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The Mourning and Resilience of People who have Suffered Significant Losses

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Abstract

This paper makes an analysis of the mourning facilitated by a study that is in progress on the identification of differences in the resilience in people (Christians versus atheists) who have suffered significant losses. We have presented some impressions about how believers respond/ react to death. We found that exceeding the critical period is conditioned for Christians by their resilience which is based also on their beliefs regarding death.

Keywords: mourning, resilience, support forms

Introduction

Death is the most disconcerting, incomprehensible and in even in some way fascinating event, that a human being can live throughout his life. Anthropologists, philosophers, theologians and psychologists have approached death from different perspectives. The main crossing will remain an ongoing concern for people. Why? Because in one way or another we all face our own death. And this is not the most "feared" experience; to remain alive after the death of a loved one, this is truly a trauma or, even more than, it is the beginning of a new life, "I did not believe I would ever learn to die," said Eminescu. But this is exactly what we should do when we lose a loved one: learn to accept and above all to understand and to live without the person who has disappeared.

We approached this issue to highlight the need to understand death as a stage or a step in the process of adapting to a life without the person who died. Death itself is disturbing even for a person who assists from the outside and who is not emotionally involved. The event bears significant experiences, it raises questions, it calls for meditation and reflection, but the tumult of life or even the defence systems lay a blanket of forgetfulness after some time. It is not the same case for the person who has suffered the loss directly: one's spouse, one's parent, one's child, one's brother etc. And yet life continues, the person is forced to go on. Sometimes one cannot even conceive life after one's loss, yet we have witnessed the incredible recoveries of people who have experienced total collapse.

Aspects concerning resilience

"Resilience can be defined as one's capacity to cope with adversity and continue one's personal development" (Tomita, 2009). Resilience is a term used in psychology that characterizes the person who has the skills to effectively and relatively recover from failures or losses in a short period of time. Being resilient is a very valuable skill in our days, when the pressure we are exposed to, the speed with which we move, the uncertainty that we feel in all areas of life can lead to critical situations. There is no need to refer to an important loss (the death of someone close) to talk about resilience; the loss of one's home, one's job or simply to cope with life as it is right now, involves a process of resilience.

In popular language it is said that "what does not kill you makes you stronger"; this is exactly what Taylor [2] says, namely the fact that traumatic experiences can have a positive impact on the development of a person, and Tedeschi and Calhoun [3] detail the benefits of such experiences: to appreciate life more, to have closer relationships with others, spiritual flourishing, changing priorities and especially an increased personal power.

Methodology

This paper presents the partial results of a study which is ongoing and which aims to identify differences in people's resilience (Christians versus atheists) who have suffered significant losses. So far we

have conducted 50 interviews with people who have suffered significant losses; 12 of them have lost their children (four as a consequence of accidents). The study shows that each of the respondents feel a pressing need to understand "why" everything happened, especially in the case of accidents, where death was sudden and the event was of course unanticipated. In the first phase of our endeavour, the interviews were applied to individuals who attend Orthodox churches in Arad, followed by questioning other 50 people who consider themselves atheists. Both categories of respondents fall into different levels of education, age, residence. The variables which differentiate the reactions and manifestations of the respondents are: age, sex, time elapsed since death, their perception of death, the quality of the relationship with the deceased, the family of origin. Practically, this study aims to make a rapid radiography of the mechanisms by which faithful believer versus atheist people succeed in rehabilitating themselves emotionally after a loss.

I will hereby present an issue which distinguished itself in all the interviews, namely the respondents' urgent need to understand death itself, the significance and the meaning of the loss they have endured.

Which are the stages and mechanisms typical to the process of resilience in this case?

Losing an important person causes severe emotional distress accompanied by a tumult of feelings: the person agonizes, he/she becomes anxious, overwhelmed by feelings of loneliness and longing, abandonment and guilt. This pain affects the self-image of the person in question, who is lost in dreams and experiences suicidal thoughts. The whole being of the person who suffers the loss collapses; the universe that he/she had perceive in a particular way is reconfigured as frightening, while the prospect of life without the lost person is inexistent. But these are just some of the types of pain: stillness, storms of movements, illogical movements or dissociative experiences complete the picture of its manifestations [1]. What follows is the logical and natural manifestation of certain techniques of emotional adjustment and adaptation to the new situation.

I have studied the phase we experience when we undergo a trauma; if the traumatic event does not permit an adjustment, then we have to go through the following stages:

- The shock phase : it is the first phase, when we refuse to accept reality and all its related emotions: insensitivity, denial and depersonalization, selective forgetfulness;
- The action phase, or the awareness of the loss associated with states of anger, depression, guilt;
- Experiencing the loss/ mourning;
- Acceptance of the loss;
- The discharge phase: This necessarily involves the discussion of experienced events, the need for social and specialized support. This is the moment when the person actually returns to his/her life.

In an interview with Vasile Diana, a specialist is psycho-traumatology she said that "psychological injuries are part of our human nature, they are necessary to form our uniqueness and to enable us to evolve." The same author emphasizes the importance of The National Congress of Psycho-traumatology held last year, which aimed at stimulating precisely those areas that can improve psychological disruptive effects of trauma and which can lead to the healing of the human being. The congress slogan was: "Beyond Trauma: resources and opportunities".

Understanding death as a stage in the recovery of the person who suffered a significant loss

The recovery or mourning process itself usually takes, according to experts, one year or two, during which the person left behind tries to give new meanings to death. One needs to understand where his/her loved one went, why, how the split will be like, how long etc. Therefore, understanding death, respectively granting new meanings to the separation that can allow him/her to go on, is a highly important step in the recovery process. The belief that the suffering we are experiencing has meaning and that life itself, as well as death, have their meaning in God, offer a new perspective on life. It's amazing how people manage to rebuild their lives giving explanations and justifications of the tragic events of their lives: some turn to superstition, others abandon God, others take it as it is.

It seems that most people embrace the religious dimension by giving biblical explanations to death. Meeting again "sometime" with the lost person appears to be the only hope left for the survivor. As life seems pointless immediately after a loss, a feeling that continues for a year or two, the person needs to grant meanings to the event, trying to give a justification of death. An old curiosity I had about this topic was: how do people overcome moments of anguish after the death of someone who was very close (especially children, parents or siblings).

Some of the findings that have guided the people surveyed in accepting the deaths of his/her offspring or life partner were: "he/she had a great soul...God wanted him/her beside him", "Both children died...now they are together in heaven", "I cannot breathe because of the pain...the only thing that helps is knowing that God took him". It seems that the prospect of a meaningless death is hard to accept. Some people turn to God, while others tackle death objectively: "he didn't die because God wanted it...he died because he was very sick." The emotional support that those interviewed received was mainly provided by: a confessor, a psychologist and the family. There are slight differences between the number of people who sought the help of a priest (28), as opposed to the number of those who attended psychotherapy sessions according to their level of education (25). 14 people received both versions of support.

The search for connections between the traumatic event and family history is apparently an important dimension in the process of resilience:

- that the child's death had occurred due to a sin or a curse cast on the family a long time before;
- the spouse died because it is a third-generation family in which the young woman becomes a widow;
- the child's death is a punishment for the mother who had intervened in her present husband's marriage, determining his separation from his first wife and their child, whom she forbade him from meeting;
- God punished them by "taking" their child because the whole family (both parents, grandparents and relatives) were people "without God."

By recognizing the absolute power of God who made justice, even in this painful way, people seem to accept His decision by resigning gradually. Others think that the baby would not have deserved such a fate, as they all thoroughly respected all moral norms, but they accept that God's actions have meanings which cannot be understood by people.

An interesting aspect noted by several people interviewed was the importance of the requiem in the process of parting from the deceased. Commemorations are important forms of support for the survivors: they are occasions where they "can still do something" for the lost person; by carefully studying their perception of these commemorations we could see that they empower the survivors through they bare. In the Orthodox rite, nine days after death the soul of the deceased needs prayer and help from the living to continue its journey, prayer and almsgiving, which are realized in the service of the Divine Liturgy. This moment also has a psychological significance: by taking place very soon after the death, when the survivor still processes the experience of a close one's death, it is a new step in the awareness of the events that took place. Thus, the prayer is an instrument through which the man-God and the deceased are united. Prayer therefore becomes a task to the parent who has lost one's parental roles following the child's death; "he can still help the child, he can still provide the child with peace wherever he may be." On the same level we can also find the benefits/ handouts to the poor, which are designed to facilitate the journey of the deceased.

Psychologists use numerous methods to overcome grief, including:

- The evocation of pleasant events/ moments with the deceased through the use of symbols such as photographs, letters etc.;
- The termination of the relationship with the deceased by writing a letter which expresses all of one's emotions;
- Expressing feelings through drawing.

Only 14 of the respondents requested mourning therapy which they consider highly beneficial, stating that "I do not think I would have borne it without the support of a psychologist." Thus, the Christian perspective on death is the most "required" by the suffering person who remains after one has died. It is a typically human attitude, that of needing to be abandoned, to believe that someone powerful controls everything, who leaves nothing to chance and who has a plan for everyone. The fact that death is not a final separation but only a temporary separation seems to be the most effective theory for the Christian who has suffered a loss.

If we made a summary of the resilience of people who have lost someone close, we could point out the following attitudes/ beliefs that constitute forms of support to go on in life:

- Trust in God's will (death happened as a result of God's plan);
- Trust that the deceased is in a better place, that he/she is well, wherever he is;
- Trust in the fact that the prayers of the living help them;
- Hope that they will meet once again;
- The support of others;
- Responsibilities to other family members;
- Continuing life as a duty to God.

It should be noted that there are behaviours that indicate non-acceptance of death (more than 3 years after death) but which represent a way to continue the relationship with the deceased. Women become rather

depressed in these situations while men sink into labour until exhaustion or prefer oblivion by consuming alcohol.

Conclusions

The period of mourning is considered a major depressive episode in our lives. Depending on certain factors, mourning lasts from one year to three years according to specialists but loss impressions for life in some cases. The family support or even specialized support (psychological or religious) is very valuable to the person, giving desire and motivation to continue life after the loss of the loved ones. Understanding the meaning of death, the reasons the tragedy happened (such as the death of a child) are important moments in mourning. The need of those interviewed (to believe that separation is not final , that God had a specific plan and that He controls everything, etc) are Christian beliefs which works as a defense mechanism in situations that severely jeopardize the emotional balance. Overcoming this period of mourning varies from one person to another depending on its resiliency, on the context in which the event occurs, the quality of the relationship with the person who died, etc. At the same time, this experience gives the person the skills and abilities to adjust to critical situations and to overcome traumatic events.

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The Experience of Resilience in People Recovered from Bipolar Disorder

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Abstract

Resilience is a dynamic process that aims to overcome adversity through the development of positive qualities. Bipolar Disorder (BD) is an adverse experience, considered a serious mental illness (SMI) and characterized by cyclical and extreme moods fluctuations between mania/hypomania and depression. The objective of this study is to explore the phenomenon of resilience, its process and factors involved in adults recovered from BD.

This is a qualitative study using semi-structured interviews and focus groups with people recovered from BD belonging to the mental health network from the Basque Country (Spain), and clinical experts in the treatment of BD. All the content from the focus groups and interviews was transcribed and analyzed according to the conventional content analysis.

People recovered from BD affirmed having experienced a resilient process. It was described as progressive, dynamic and non-linear experience. During the resilient experience inner strength emerged, providing hope and confidence in getting better and displaying and developing interrelated internal and external qualities in order to overcome the BD. Some of the resilient qualities developed involved a self-analysis, being responsible for own mental health, searching for emotional, physical and social balance and wellness, self-reinvention or reorienting a personal life project, activating some positive personality characteristics (traits), employing conflict resolution ability, and finding external (formal and informal) support. Resilience arose after experiencing a life crisis (i.e. turning point) and the person was determined to overcome it.

People recovered from BD reported having experienced resilience. The resilient qualities found coincide with the traditional qualities of resilience, while others are specific to BD. It is recommended to continue the study of resilience in longitudinal studies to analyze whether resilience predicts recovery.

Keywords: Resilience process, Resilience factors, Mental Disorder, Bipolar Disorder, Qualitative study.

Introduction

The study of health is showing a shift from an epidemiological to a salutogenic approach, which aims to study phenomena that enable a satisfying and healthy life despite adverse life circumstances. Positive psychology asserts that the study of positive human traits enables understanding how to build qualities that not only help to resist and survive, but also to grow or thrive, to reduce, regulate and prevent mental illness as a side effect [1]. Some autobiographical reports show that although bipolar episodes are traumatic and disruptive, there is a possibility that people with Bipolar Disorder (BD) can experience wellness and manage their disease and live a fulfilling life, describing a variety of strategies to achieve it [2]. Nevertheless, the positive reports of living with BD remain largely absent in the current research literature, studying instead the high rates of suicide, substance abuse, criminal behavior and divorce.

BD is a mood disorder characterized by recurrent and cyclical periods of extreme moods, including depression –during which sadness, inhibition and ideas of death prevail- and mania –which is a phase of exaltation, euphoria and grandiosity- or hypomania [3]. BD is a chronic disease with periods of remission and relapse. Along the course of the disease, the patient may develop psychotic symptoms, rapid cycling, psychiatric and medical comorbidity, and cognitive and psychosocial impairment. Patients have a high risk of committing suicide.

This illness remains in the top ten causes of Years Lived with Disability (YLD) at global level, accounting for 2.5% of total global YLDs [4]. It is incorporated by the World Health Organization (WHO) as one of the six most debilitating conditions [5] and also classified among the Serious Mental Illness (SMI) [6]. According to the WHO World Mental Health Survey Initiative [7], the aggregate lifetime prevalences were 0.6% for bipolar type I disorder (BP-I), 0.4% for BP-II, 1.4% for subthreshold BP, and 2.4% for Bipolar Spectrum Disorder (BPS).

To be in line with the focus of current salutogenic approach and cover the lack of knowledge of positive qualities that contribute to recovery in this high health burden disease, the present study aims to study psychological resilience in BD.

According to several authors such as Grotberg [8] and Luthar, Cicchetti, & Becker [9], the resilient term must be understood as a universal and dynamic process in which both personal and interpersonal skills, as well as internal forces interact to allow positive adaptation despite adversity. Other authors argued that individual psychological variables are an essential part of resilience in terms of adverse circumstances [10]. Moreover, Richardson [11] and Grotberg [12], not only describe resilience as a disruptive and reintegrative process for accessing resilient qualities towards overcoming adversities, but also as a phenomenon that strengthens protective factors and drives to personal growth through adversity and disruptions.

There is evidence of the importance of resilience to overcome adverse events on somatic health and physical problems [13] as well as on mental ones [14]. Grotberg maintains that resilience is recognized as a contribution to the promotion and maintenance of mental health and quality of life [12]. For instance, a study found the presence of resilient qualities in a sample of eight participants in remission of various mental disorders, including BD [15]. Meanwhile, it has been shown that resilience could play an essential role in personal recovery and in improving psychosocial functioning and quality of life as well as in reducing symptoms in people with schizophrenia [16]. However, the review of the scientific literature by the major search engines (Web of knowledge, Ebscohost, Pubmed and Google Scholar), and the combination of keywords, "resilience" or "resilient "and "bipolar disorder" did not produce any results in reference to psychological resilience.

Therefore, the primary aim of the study was to explore from a qualitative perspective the resilience process phenomenon and the positive qualities or factors involved in it within a clinical adult sample of people recovered or functionally improved from BD. It is hypothesized that resilience is experienced by these individuals and it will be described as a multidimensional process. Also it is expected to find a number of resilient components similar to those studied in other diseases and adversities, and a few BD specific resilient components. Moreover, it is hypothesized that people affirmed having experienced a resilient process would also display high rates of posttraumatic growth and quality of life.

Methods

1.1 Design

This is a phenomenological qualitative study. Multiple triangulation technique was used: a) Methodological triangulation (semi-structured individual interviews and focus groups), b) Data triangulation (focus groups composed of both people recovered or functionally improved, as experts in the area), c) participants with BD also completed a battery of tests.

1.2 Participants

Participants came from various psychiatric services and Mental Health Centers of Basque Country (Spain): Mental Health Center Bombero Echaniz and Uribe-Kosta from Biscay, and Santiago Apostol Hospital from Álava.

The inclusion criteria for the individual interview and focus group patients were: (1) be functionally recovered or significantly improved from their BD diagnosis (BD type I, type II, and not Specified diagnosis were accepted). Additionally, a psychiatrist of each BD participant had completed the *"Clinical Global Impression Scale for Bipolar Disorder Modified (CGI-BP-M)"* [17]. To be eligible to participate, participants symptoms had to had been rated as "normal" and "mild" in severity. (2) Be between 18 and 65 years old. (3) Have appropriate levels of expression, understanding and insight to carry out the study. (4) Participate based on informed and voluntary consent. Patients who (1) did not meet the above criteria and (2) that also had other psychological, biological or physical conditions that would impede participation in the study were excluded.

The inclusion criteria for participating experts in the focus group were: (1) Possess more than two years of experience in treating patients with BD, and (2) agree to participate in an informed and voluntary way.

1.3 Procedure

The study satisfies ethical aspects of informed consent, voluntary participation, and confidentiality. Participants gave the informed consent to participate and they also allowed the interview to be taped in audio. Therefore, each interview and focus group was fully transcribed on paper.

Conventional content analysis [18] of each individualized interview and focus group was performed following steps proposed by Morse & Field [19] in order to identify most relevant topics, leading to the creation of a final model of resilience in BD.

The first draft model of resilience was obtained from the individualized interviews in which patients were asked about their resilient experience, and about qualities used during this process. Later, a patient focus group was carried out in order to discuss their resilient experience and validate the created first resilient model. This led to the creation of a second draft model of resilience, which was presented to six mental health professionals that participated in the expert focus group. They discussed and validated the second draft model of resilience from their objective view of the topic. Last, a final model of resilience in BD based both on users and on professionals views was created.

1.4 Instruments

Patients had to complete standardized questionnaires about their symptoms of BD "*Bipolar Spectrum Diagnostic Scale (BSDS) Spanish Version"* [20], general resilient level "*Spanish Version of the Resilience Scale 25 (RS-25)"* [21], posttraumatic growth "*Short Form of the Posttraumatic Growth Inventory (PTGI-SF) Spanish version"* [22], quality of life "*Brief Quality of Life in Bipolar Disorder (Brief QoL.BD) Spanish Version"* [23], and socio-demographical and clinical data. Additionally, an analogical visual scale (AVS) for recovery ranging from 0 "I have not experienced any recovery" to 100 "I am completely recovered" was administered.

Experts completed the "*CGI-BP-M"* [17] of their patients to report the severity of symptoms at present.

1.5 Statistical Analyses

Descriptive statistics and frequencies were performed, using the statistical package SPSS for Windows version 20.

Results

1.1 Quantitative Data

According to CGI-PB-M (Overall) and BSDS mean scores, participants showed no significant active BD symptoms (M = 1.60, *SD* = 0.83, within the range "Normal (1.00)" and "Minimal (2.00)"; M = 2.73, *SD* = 2.40, mean score was below the cut off value of 13 points necessary for screening BD). Furthermore, patients indicated to be highly recovered in the AVS for recovery (85.00, *SD* = 11.01).

Of the 15 patients enrolled (11 women , 4 men), nine of them from Santiago Apóstol Hospital, and six from Mental Health Center Bombero Echaniz and Uribe–Kosta, with a mean age of 42.87 years old (SD = 11.99), 7/15 were married, while most of the others were single (6/15) at the time of the interview or focus group. Although 8/15 patients had university degrees, and 4/15 worked in a job related to their university degrees, the majority of patients (11/15) were occupationally inactive at the time of the interviews were taped (mainly by occupational disabilities resulting from the BD).

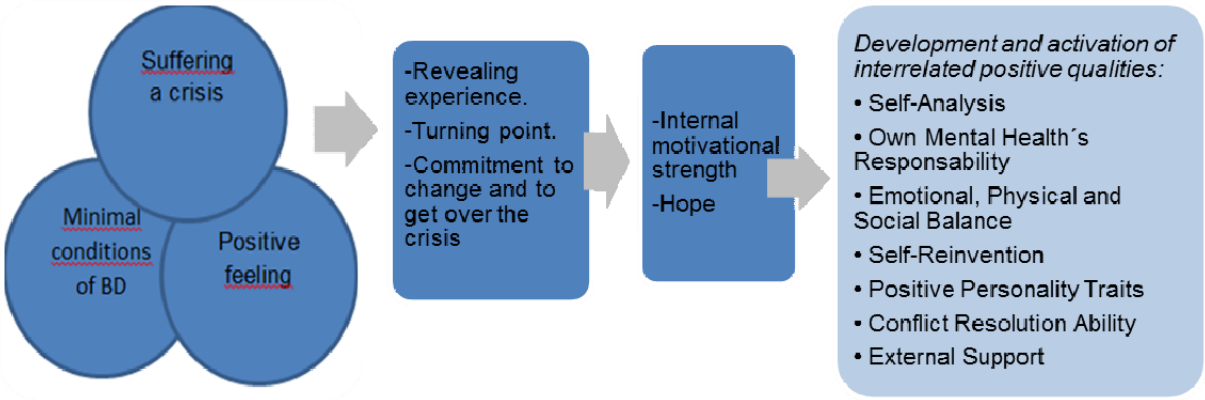
BD came out in early adulthood (M = 25.00 years old, SD = 9.71). All were receiving prescribed drug therapy (predominantly antipsychotics, mood stabilizers and anticonvulsants) and most had also received individual and/or group psychological therapy. Some participants indicated the presence of thyroid-related diseases as a side effect of the lithium carbonate.

Participants show medium-high levels of intrinsic factors in resilience, posttraumatic growth, and quality of life indicated by the mean scores of RS-25, PTGI–SF, and Brief QoL.BD (M = 137.80, SD = 16.97, range 25-175; M = 32.87, SD = 7.23, range: 0-50; M = 48.80, SD = 6.89, range: 12-60, correspondingly).

1.2 Qualitative Data

All patients affirmed having experienced a resilient process, which was described as a progressive, dynamic and non-linear process. The qualities or factors that contributed to the origin and function of resilience in BD are described in the diagram presented in Fig.1.

Fig. 1 Factors that contribute to the origin and functioning of Resilience in Bipolar Disorder Process



Participants agreed that resilience was originated within the context of having a minimal mental health condition. Being there they went through a bipolar crisis, and experienced positive flashbacks that made them feeling well. This situation worked as a revealing experience, which led them to a turning point. In this context, they referred feeling an enhanced commitment to change one's beliefs and attitudes and being determined to face the crisis. This generated an inner strength or motivation and increased hope and confidence in order to get over the adversity.

In this context, participants narrated the development and activation of various interrelated positive qualities which enabled them to overcome the BD:

1) Self-analysis: They agreed that self-knowledge about personal strengths, weaknesses, goals, values, and hobbies allowed them to redefine their identity and to differentiate themselves from the illness.
2) Being responsible for own mental health: They stressed the importance of knowing about the clinical features of BD, and trying to regulate it through the management of early warning signals and the adherence to psychopharmacological treatment. That gave them sense of empowerment above their lives. They also narrated the importance of dealing and re-establishing personal limits.
3) Searching for emotional, physical and social balance and wellness: Having a discipline and a healthy life-style, as well as having or searching for an interpersonal and occupational network in order to perceive emotional support. Participants agreed that enjoying relaxing and distracting activities were also necessary so that they could set aside their suffering.
4) Self-reinvention or reorienting a personal life project: These factors implied to undertake personalized goals that nurture one´s inner life. They also narrated the need for self-realization and personal growth, which it was also strengthened as a result of resilient process.
5) Activating some positive personality characteristics (traits) such a self-worth, courage, perseverance, humility, extroversion, optimism and sense of humor.
6) Employing present focused conflict resolution ability or being able to do an objective analysis of the problem and available resources. This allowed them to adapt their goals and to find out and get needed support to solve their problems. Creativity, assertiveness and social skills were also emphasized.
7) Finding external support both formal (psychopharmacological therapy) and informal (family, friends and colleagues).

Conclusions

The study provides evidence that resilient process is an experience in people recovered from BD. The resilient qualities found coincide with the traditional qualities of resilience [8, 9, 10] such as hope, optimism, creativity, dreams, self-control, and subjective wellness, while others are specific to BD, such as BD knowledge, redefinition of identity, and adherence to treatment. On the other hand, a few studies have explained a number of factors related to recovery from BD such as identity development, self-management, and development of social roles [2], when actually, they are resilient factors that lead to recovery. In addition, this study provides evidence that people recovered from BD and have gone across a resilience process, also show medium levels of quality of life and posttraumatic growth.

This study involved a small number of people. However, data saturation was obtained in individualized interviews and multiple triangulation was carried out, thus giving more validity to the results. An added limitation was that all patients with BD were recovered, so precautions should be taken when generalizing the results to people with active BD. However, as it is the first study in the area, people who more likely had

experienced resilience (ergo the recovered ones) had to be included in the study in order to ensure the exploration of the resilient phenomenon.

It is recommended to continue the study of resilience in longitudinal studies to analyze whether resilience predicts recovery. The severity of BD and the resulting socioeconomic and health burden [24] could be reduced through the development of specific resilience programs for people with BD that promote recovery.

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Identifying Protective Factors in adults – a systematic review to inform Resilience-Building Programs

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Abstract

Objective: This study aims to identify validated psychological protective factors that promote healthy mental development in adults confronted with life-risks. Background: Adult education aims to identify protective factors that build resilience with the goal of creating the foundation for resilience-building interventions. However, the expansion of empirical research on adult resilience has brought problems in terms of systematically comparing and combing heterogeneous studies. Factors that should be integrated into resilience-building measures must be validated by research which defines specific protective effects with regard to specific groups. Methodology: A systematic review on empirical studies was conducted across six databases. Inclusion criteria were relational resilience concept, stress-inducing risks, population aged 18 and older, psychological factor type, interactive protective effect, mental-health-related outcome, and, to make a qualitative pre-selection, a minimum two-fold confirmation of protective effects throughout longitudinal studies with no conflicting results. Results: The database search resulted in 664 studies; six studies matched all inclusion criteria. Validated factors were perception of personal control, responsibility, and socialization. Conclusion: The validated protective factors should be discussed in the context of mental-health-prevention programs targeting adults.

Keywords: resilience, adults, systematic review, protective factor, mental health, adult education.

Introduction

Resilience researchers suggest that future studies which aim to identify protective factors that are consistently associated with resilience are necessary for intervention research [1]. Adult education aims to identify factors that promote resilience, with the goal of developing resilience-promoting programs. However, the expansion of empirical research on adult resilience has brought problems of comparability between heterogeneous studies due to the lack of a consistent theoretical base which has made it difficult to combine results systematically. When a protective effect of a factor is validated in a specific study population, this does not mean that this factor is protective in another population and in the same way. Resilience research shows the interdependence between protective effects in terms of population characteristics, for example risk-type [2], risk-level [3], gender [4] and age [5], as well as in terms of the focused outcome-variable chosen by researchers to gather information on psychological functioning. If an individual shows competence in developmental tasks, it does not mean the individual has not, for instance, high levels of distress [6]. Furthermore, protective factors can be based on the observed resilience patterns of *recovery* and *sustainability* [7]. Research depicts the interdependence between protective factors in reference to these patterns [1]. Additionally, a factor may display a stronger compensation-effect – i.e. an effect that is independent of a risk assessment – as an interaction effect – i.e. an effect emerging from the interaction with special risks [1].

Since adult education cannot generalize on validated protective factors, program developers are facing the challenge of cautiously applying current research findings on confirmed protective factors to the target group, effect, and outcome according to their own interests. Systematic procedures that identify validated factors in their modes of action are required.

This study aims to systematically identify validated psychological protective factors in adults that promote healthy mental development despite life-risks. The focus lays on factors that could be integrated into stress prevention programs, as these programs provide a foundation for psychological functioning despite stress.

Methodology

A systematic review was conducted by following guidelines of manuals for systematic reviews and meta-analysis [8] [9].

1.1 Data Sources and Searches

A systematic search of six electronic databases (PubMed, PMC, PsycINFO, PsycNet; ERIC, FIS) was conducted for empirical primary studies measuring protective factors in adults and using quantitative design, published between 1970 and 2013 in English or German. Search terms included resilience [resilien*; risk* (AND) competen*], adulthood [adult*, late adolescen*, lifespan], protective factor [factor*, asset*, resource*] as well as the German variants.

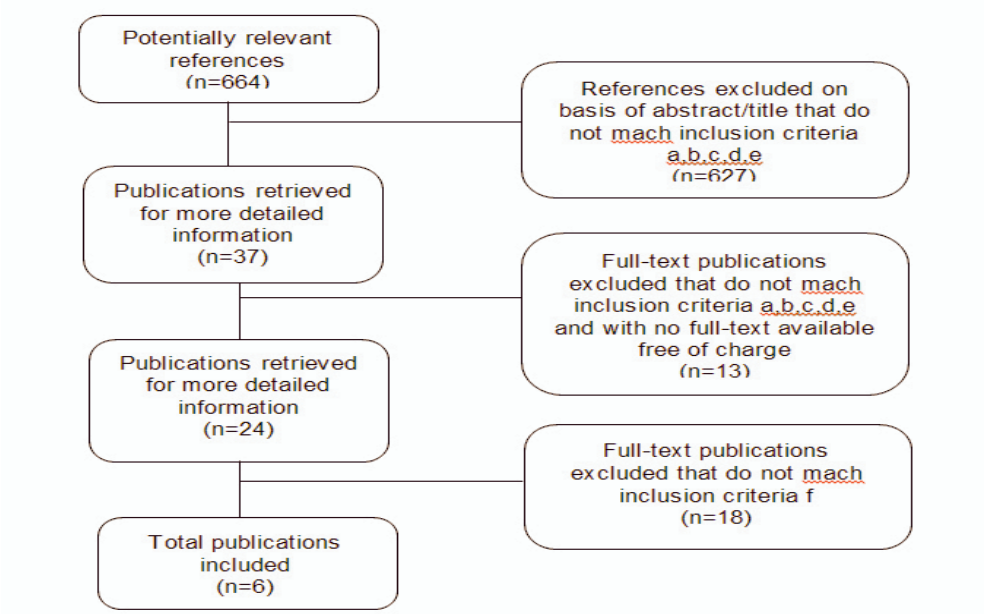
1.2 Study Selection

All article titles and abstracts (n= 664) were screened for inclusion. Inclusion criteria consisted of:

a) protective factor: psychological factors that are assumed to have a relational effect as consistent with research status quo; factors that interact with risk and buffer stress
b) population: adults aged 18 and older who had at least one stress-inducing risk
d) outcome: maintenance of mental functioning, measured only with indicators of psychopathology and/or wellbeing
c) study design: cohort studies, case-control studies and cross sectional studies that included a population size over 100
As the review searches purely for factors possibly seen as validated and relevant for discussion of resilience promotion; study result as well as validation of study result are also specified.
e) study result: protective factors show a significant positive relationship with outcome
f) validation of study result: a minimum two-fold confirmation of protective effects through prospective longitudinal studies measuring comparable constructs of a protective factor and no conflicting results in terms of a comparable construct within the studies

Figure 1 illustrates the study screening.

Figure 1: Flow diagram showing details of the studies included and excluded in the current review.



1.3 Quality Assessment

To analyze the quality of the selected studies, the review uses adapted criteria from NHS Centre for Reviews and Dissemination [10]. Of the nine criteria, two are left out because they refer to intervention studies. Criteria of internal validity (IV) were:

IV1: Adequate description of the study participants
IV2: Adequate measurement of the independent and dependent variables
IV3: Relevance of measures for answering the research question
IV4: Drop-out rate in studies following people over time introduced no bias
IV5: Study length that allow identification of changes in the outcome of interest
IV6: Similarity of groups being compared
IV7: Blind outcome assessment to exposure status

Although it is considered necessary, the generalization of the results assessed with reference to the individual research subject of a review is rarely specifically examined [8] [11]. It is crucial, particularly for intervention research, to know in which target population the validated factors have an effect. The review focuses on protective factors in populations aged 18 and older, which have at least one stress-inducing risk. Thus, it was important to assess, whether study results can be projected on this population, by assessing the following criteria of generalizability (G):

G1: Age the individual was when exposed to protective factor
G2: Gender
G3: Risk-type
G4: Risk-level
G5: Cultural background

Results

1.1 Included Studies

In total, three prospective longitudinal studies and three cross sectional studies were included. They validate the following protective factors: Perception of personal control, responsibility and socialization. Table 1 illustrates perception of personal control is confirmed by five studies; responsibility and socialization are both confirmed two-fold [4][12]. Comparability of the measured constructs was given.

Table 1: Studies which match all inclusion criteria ordered by validated factors.

Protective factor	Study	Study design
Perception of Personal Control	Fife et al. (2008)	Cohort study
	Werner & Smith (1992)	Cohort study
	Alim et al. (2008)	Cross sectional study
	Pitzer & Fingerman (2010)	Cross sectional study
	Lam & Grossman (1997)	Cross sectional study
Responsibility	Werner & Smith (2001)	Cohort study
	Werner & Smith (1992)	Cohort study
Socialization	Werner & Smith (2001)	Cohort study
	Werner & Smith (1992)	Cohort study

1.2 Results of Quality Assessment

All of the studies show high internal validity in population description as well as in choosing the measures that address the research question. For the three cross-sectional studies done by Alim and colleagues [1], Lam and Grossman [13], and Pitzer and Fingerman [5], the issue of drop-outs is not relevant. Furthermore, since there is only one measurement point, only correlative relationships are represented. However, as these studies, as well as by two longitudinal studies [4] [14], confirm personal control as a protective factor, a predictive effect on the outcome can be assumed. Although tested reliability and validity of outcome measurement instrument is not apparent in the Werner and Smith studies [4][12], these two studies are particularly characterized by a strong internal validity in terms of the other criteria. Both studies confirm many years of stable development of mental functioning in the face of risk effects. Personal control is confirmed to

predict fourteen years of stable psychological functioning [4] and responsibility and socialization fourteen and twenty-two years respectively [4][12]. Overall, none of the studies has such major shortcomings that it should be excluded from further discussion.

Table 2 illustrates the results on generalizability assessment.

Table 2: Study information ordered by validation of factors and criteria of generalizability.

Protective factor	Study	G1	G2	G3	G4	G5
Perception of Personal Control	Fife et al. (2008)	mean: 50.4 (range: not stated (n.s.); SD: 11.5)	m,f/m,f	Care for an ill family member during transplantation phase	1	Sample of mostly Caucasians; also African Americans, Hispanics, and Native Americans
	Werner & Smith (1992)	18	m,f/m,f	Range of critical life events, chronic disadvantages	4+	Residents of the Island of Kauai; inter alia, Phillipinos, Chinese, Japanese)
	Alim et al. (2008)	mean: 42,4 (range: n.s.; SD:14,9)	m,f/m,f	Traumatic event (Unspecified)	1+	Urban sample; African American Culture
	Pitzer & Fingerman (2010)	mean: 47 (range: 25-74; SD: n.s.)	m,f/m,f	Very severe physical abuse in childhood	1 dicho-tomous	n.s.
	Lam & Grossman (1997)	mean: 18.8 *(range: 17-46; SD:* 2.3)	f/f	Abuse in childhood	1 dicho-tomous	Students at a large Northeastern university; African Americans, Asian Americans, Hispanics, Caucasians; religion: inter alia Catholic, Jewish, Protestant
Sociali-zation and Respon-sibility	Werner & Smith (1992)	18	S: m,f/f R: m,f/f	Range of critical life events, chronic disadvantages	4+	Residents of the Island of Kauai (inter alia, Phillipinos; Chinese, Japanese)
	Werner & Smith (2001)	18	S: m,f/m,f R: m,f/f	Range of critical life events, chronic disadvantages	4+	Residents of the Island of Kauai (inter alia, Phillipinos; Chinese, Japanese)

While some studies [4][12][13] focus upon protective factors in young adults, the other studies include a wide range of adult ages. Most of the studies measure protective factors in both genders. Stress-inducing risks are very heterogeneous. From child abuse and its negative long-term consequences [5] to caring for a family member with a serious illness [14], as well as to a range of critical life events, for example a hurricane or growing up poverty stricken [12]. Risk levels differ among the referenced studies from one [14] to at least four and more risk factors [4].The level cannot be quantitatively detected in every case as risk measures sometimes use dichotomous assessments. There is very little comprehensive information about the cultural background of the study samples as most studies focus upon single aspects such as nationality or religion.

Discussion

1.1 Perception of Personal Control

The review results refer to a protective effect of personal control in young, middle-aged, and older adults. This is underlined by Pitzer and Fingerman [5] who control age in their wide-range age-sample and find no significant discrepancies. This review result somewhat contradicts Hay and Diehl [15] as they show that an internal locus of control is protective in all age-groups, but especially in young adults. Furthermore, personal control seems to be independent of gender. Due to the range of measured risk-types and levels, the studies rather suggest a broad-based protective effect against diverse stress-inducing chronic, or acute risks with short-and long-term effects acting on different risk levels. However, the generalizability of risk type in particular must be evaluated with caution since it is possible that there may be certain kinds of situations in which the individual has no control. A high perception of personal control can then cause more negative psychological effects [16].

When facing the cultural background, only few conclusions can be made about generalizability of the effects in terms of the entire adult population. Looking at the specified nationalities, the protection factor seems particularly validated in Americans [4][1][13]. As also other nationalities and living-worlds are assessed, personal control also portrays a rather generalizing effect when considering cultural background.

1.2 Responsibility and Socialization

The psychological constructs of responsibility and socialization are both validated two-fold by the same studies of Werner and Smith [4][12]. Since the studies confirm the protective factors solely in young adults, conclusions on protective effects cannot be extrapolated onto middle or older aged adults. The results of the studies suggest a stronger effect on women than on men, especially in terms of responsibility. Based on an developmental psychology-argument, the authors suggest that psychological protective factors are particularly significant for women in transitioning to adulthood [4].

The effect of responsibility and socialization is only validated in terms of high-risk individuals; assumptions of an equally protective effect on people facing lower risk levels cannot be made. As the Kauai Study focuses on a range of different risk factors, the interaction-effect seems to be given in adults facing multiple stress-inducing risks. However, the effect of responsibility and socialization in an environment other than that of the island remains unknown.

1.3 Excluded Studies

The excluded studies confirm a factors range from more general and often validated factors, such as emotional control [17][18], active coping [19], self-esteem [20], optimism [21][22], religiosity [23][24], or intelligence [25][18], as well as more specific factors such as Anglo-orientation [19] and self-compassion [26]. The relatively small number of six studies that met all inclusion criteria speaks for the problems identified in the current state of resilience research. Although there are many empirical studies investigating protective factors in adulthood, the studies are extremely heterogeneous, especially in the measured constructs of interest. This may result in a modest validation of a factor when the contingencies of the protective effect are kept to a minimum. While responsibility and socialization were not investigated by any other study within the 664 excluded studies, there is supporting evidence for the positive effect of personal control. However, in this cases a similar but not the same construct is measured [27][15][28] or the relation to solely health-based outcomes [29] is not given. Adult education cannot disregard these contingencies when aiming to identify validated factors for special target groups that make a specific promotion-outcome likely.

1.4 Limitations

Only one reviewer conducted the review. Another limitation is leaving out a view on generalizability of socio-economic status as well as a differentiation between well-being and psychopathology.

Conclusion and Future Directions

The review shows that adult related resilience research provides reasonable indications of personal control, responsibility, and socialization as being psychologically protective factors that buffer the negative effect of a variety of stress-inducing risks and predict the maintenance of mental health. It is relevant to discuss them in the context of prevention programs. However, all of the three factors need further conformance by empirical research. Further research should discuss the relatively but not absolutely stable personality factors in their plasticity through adult educational measures.

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Vocational recovery in first-episode psychosis

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Abstract

Introduction. Resumption of the vocational activity is an important sector when considering the management of first-episode psychosis and the overall process of recovery. In clinical practice this goal is not always easily attainable.

Objectives. To assess the vocational status after the first-episode psychosis, along with the difficulties related to resuming professional activities and the potential clinical correlations that might have an impact on this issue.

Method. A total of 59 patients with a first-episode psychosis in 2012 were included in the study. We analyzed the demographic data (gender, education, type of work at their last job, working hours previous to the episode, financial satisfaction, own family existence, independence from parents), clinical data (age at onset, diagnostic according to the ICD 10). There was a follow-up at 12 months, which served to analyze the professional situation, as well as to test any potential reintegration difficulties.

Results. Job loss after a first-episode psychosis is a common occurrence. Resumption of the vocational activity and the related difficulties depend on: the type of diagnosis, presence of cognitive symptoms, the existence of psychotropic medication side effects, family induced stress, financial needs.

Conclusions. Vocational reinstatement after a first-episode psychosis is an important element that the clinician should consider during the overall process of recovery of patients with a first-episode psychosis. In addition to clinical monitoring and of medication side effects, counseling interventions for patients and their families are required, as well as interventions at the workplace.

Keywords: psychosis, vocational recovery, employers, counseling

Introduction

The first episode psychosis is an important event in a person's life because of the symptoms, the need for hospitalization but also the need for medical treatment. Thus, it represents a factor that influences many aspects of daily life including: employment and financial stability.

Furthermore, the onset of the disease is usually placed in the chrono-biological stage of young adult when a person is about to find a way of life and a professional trajectory. The disease affects on one hand the skills related to job performance, their competitive aspects, the capacity to cope with various stressors and on the other hand problems arise regarding saving self-esteem, worthlessness and stigma related to mental illness, situation that is extremely common [1]. One of the things that are now a harsh reality: in good economic times subjects with schizophrenia are the last to be employed and during the economic downturns they are the first to be fired [2].

Resumption of professional activity of a person who has experienced a psychotic disorder should be a priority in the process of recovery [3]. Resumption of professional activity is influenced by the patient's ability to negotiate, but also by the employer's acceptance [4].

Objectives

The study aims to assess the professional situation and the difficulties related to the resumption of professional activity after a first episode psychosis.

Method

The study sample consisted of 59 subjects who had a first episode of psychosis in 2012 and have been selected based on inclusion/exclusion, without using statistical methodology.

Inclusion criteria:

1. first episode of psychosis was in 2012 and required hospitalization in Timisoara Psychiatric Clinic
2. diagnosis established according to ICD-10 criteria
3. subjects are active outpatients of Timisoara Clinical Ambulatory
4.subjects agree to participate in the study

Exclusion criteria:

1. presence of personality disorders or mental retardation
2. presence of organic pathology or caused by substance abuse

The following parameters were analyzed at the onset:

- socio-demographic (gender, age at onset , educational level, family status , professional status)
- clinical (diagnosis at onset, duration of untreated psychosis)

After a year of evolution we found 25 subjects as active outpatients in clinical ambulatory and we assessed them on their current professional status and they also responded to a questionnaire regarding this issue. The questionnaire has been created by us and contained questions about: professional activity, financial satisfaction and factors correlated with professional integration difficulties. We mention that the questionnaire was applied to all the 25 subjects in order to assess their expectations from their professional activity.

Given the small number of subjects, a qualitative analysis of the data was performed.

Results

The sample we assessed in 2013 comprised only 25 subjects (42.3%). As regards the rest of the subjects from the initial sample, we couldn't find current information on them since they stopped presenting monthly in the clinical ambulatory.

Table 1. Socio-demographic and clinical data

	Subjects
Gender	
Male	32%
Female	68%
Average age at onset	37,5 years
Average education period	11,04 years
Family status	
Married	48%
Single	32%
Divorced	12%
Widow	8%
Duration of untreated psychosis	125 days
Clinical diagnosis at onset (ICD 10)	
F20	4%
F22	24%
F23	28%
F28	28%
F30	8%
F32	8%

F20-schizophrenia , F22- persistent delusional disorder, F23- acute and transient psychotic disorder, F28 other types of non-organic psychoses, F30 manic episode with psychotic symptoms, F32 depressive episode with psychotic symptoms

Current professional situation was analyzed after a year of evolution and compared with the one at onset and is presented in Figure 1.

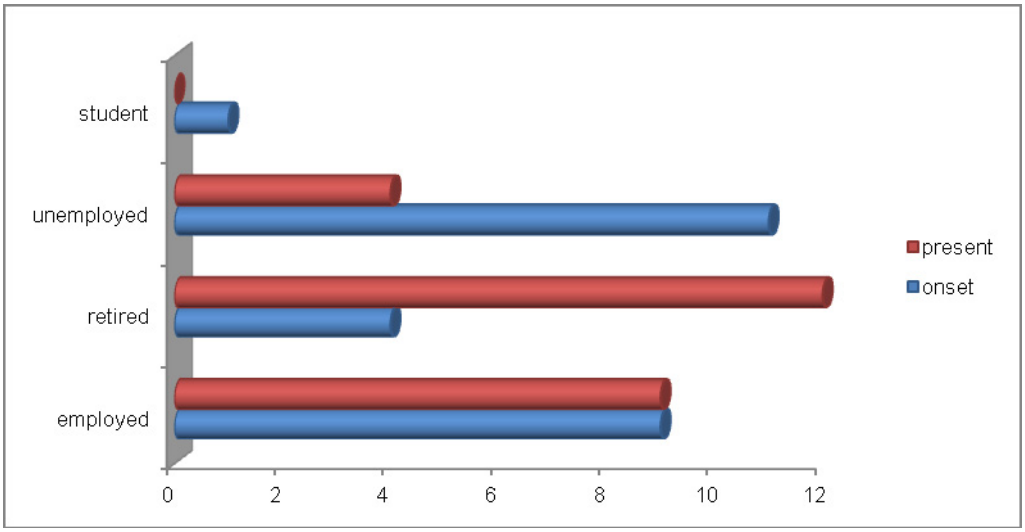

Figure 1. Professional situation present/onset

The questionnaire we applied contains more items and a part of the results we obtained are summarized in Table II.

Table 2. Questionnaire results

Questionnaire	Subjects (%)
Professional performance	
Satisfactory	76%
Unsatisfactory	24%
Financial satisfaction	
Present	16%
Absent	84%
Factors to influence professional life	
Remission of the disease	60%
Society support	20%
Family support	20%

Discussions

The term "recovery" should be understood as an active process in an ongoing dynamic that involves much more than simply "the return to the original state of normality". Illness should be understood also from a psychopathological perspective as an experienced life event, the important issue being the regain of the safety and control in the patient's personal life. Recovery means a life lived with purpose, meaning and even wealthy, along with the symptoms.

Recovery means gaining wisdom and the capacity to extract positive aspects even from the negative events. The issue is not between healthy or sick, but healthy and sick at the same time.

Job loss after a first episode psychosis is a common situation. Resumption of professional activity and the related difficulties depend on: the type of diagnosis, the presence of cognitive symptoms, coping difficulties, stigma, side effects of psychiatric medication, family pressure and financial needs.

Analyzing professional evolution a year after a first episode psychosis we observed the following dynamics:

- Of the 9 subjects who were employed only 6 have kept their workplace, 2 subjects retired due to mental illness and one of the subjects who had no job at onset is currently employed
- The number of retires subjects is higher at present since at onset the sample included 4 subjects that were already retired due to somatic illness to which, after an year, 6 other subjects retired due to mental illness were added;

- Of the 11 subjects that were unemployed at onset, only 4 of them remained unemployed, 6 retired and 1 is currently employed

It can be seen that most subjects who had a job were able to maintain it. This is favorable for the course of the disease because maintaining vocational functioning is one of the factors of protection.

The questionnaire was filled in by all of the subjects we have found as active outpatients after an year of evolution. The results show that the majority are satisfied with their current professional status even though they are retired on medical reasons which outlines the low expectations they have in relation to the professional activity. In terms of financial satisfaction, this is low even for those who work. To increase the professional level most subjects see healing as a possible solution and fewer subjects count on help from family or social programs.

After a first episode of psychosis in addition to clinical monitoring, counselling interventions for patients, families , and interventions at work are needed(negotiating with the employer, the identification of new professional skills , fight stigma). Professional functional outcome is as equally important as clinical symptomatic outcome. In the scientific literature the percentage of people that are unemployed after a first episode psychosis is 40-50%, but it can rise to 75%, which is actually a dramatic situation [5]. The status of being an employee is an important element in managing symptoms and preventing relapse and also is a factor of social validation and strengthening of self-esteem. In order to achieve a proper professional performance the following are need: a graded and flexible program, the acceptance of abilities and performances lower than professional requirements, the restructuring of everyday life, interpersonal empathy and acceptance, acceptance of limitations from the patients (including financial), new priorities for professional life (see focusing on well-being), training for employers to improve their visions of patients with first episode psychosis.

The limitations of this study are represented by the small number of subjects due to the restrictive inclusion criteria. It is necessary that the period for the inclusion in the study is longer, of approximately 3 years in order to increase the number of subjects.

Conclusions

- Professional functioning after a first episode psychosis is influenced by the disease but also by the functioning prior to the psychotic episode
- Decline in social functioning is common after an episode of psychosis
- Interventions for rehabilitation and for increasing resilience are needed for subjects with first episode psychosis
- Rehabilitation programs carried with employers and society are also important and needed.

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L'objet inanime comme facteur de protection dans le processus de resilience

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Abstract

Protective factors involved in the resilience process are usually classified as individual, family-related and environmental. To our knowledge no publication refers to the protective property of inanimate objects. This research, conducted at the Reunion Island, on 120 university students, aims to answer the following three questions: (1) is the possession of amulet-like objects frequent in such a population? (2) What protect these objects? (3) From what are they protecting? The results show that 35 % of participants have an amulet-like object. Objects serve primarily to protect the holder from «malicious» persons, from what can motivate these persons or from means used by these people.

Keywords: Resilience, inanimate objects, protective factors, university students, Reunion Island

Introduction

Conçue actuellement comme un processus, la résilience se construit dans le cadre de l'interaction entre les facteurs de risque auxquels est exposée une personne et les facteurs de protection dont elle bénéficie [1-2]. Sur cette base, plusieurs propositions de modélisation du processus de résilience ont été avancées. Si au départ Garmezy, Masten et Tellegen [3] ont proposé trois modèles – compensation, défi et protection – d'autres modèles ont été décrits et testés par la suite [4, par exemple].

Les facteurs de risque et de protection impliqués dans le processus de résilience peuvent être individuels, familiaux et environnementaux [5]. À notre connaissance, aucune publication n'a été jusqu'à présent consacrée aux objets inanimés en tant que facteurs de protection pouvant participer au processus de résilience. Par contre, il existe depuis la première moitié du 20ème siècle de nombreux travaux ethnographiques, anthropologiques ou historiques concernant les amulettes, talismans ou porte-bonheurs [6-10, par exemple]. Quelques travaux, seulement, ont été réalisés dans une perspective clinique, les objets de type «amulette », y étant présentés comme des objets «de soutien» [11-12], des outils thérapeutiques [13-15] ou des «promoteurs» d'auto-efficacité et d'optimisme [16].

Des observations préalables [17] nous ont montré la présence relativement importante d'objets de protection, appelés *protéksyon*, *méday* ou *garanti* à l'Île de la Réunion. Nous avions alors observé plusieurs dispositifs thérapeutiques traditionnels au cours desquels des *garantis* étaient fabriqués et prescrits par des tradipraticiens. La présente communication vise à répondre, à partir des données recueillies sur une population d'étudiants d'université réunionnais, aux trois questions suivantes : (1) dans cette population, la possession de tels objets est-elle fréquente? (2) que protègent ces objets ? (3) de quoi protègent-ils? Elle constitue une partie d'un travail doctoral plus ample consacré aux objets comme facteurs de protection intervenant dans le processus de résilience.

Méthode

L'étude a été menée auprès de quatre groupes à effectifs égaux (N=30), composés d'étudiants d'université. Les groupes se différencient par le genre et les programmes universitaires dans lesquels les sujets sont inscrits : étudiantes en sciences humaines (groupe 1) et en sciences (groupe 2), étudiants en sciences humaines (groupe 3) et en sciences (groupe 4). Les participants sont âgés de 18 à 29 ans (moyenne de 21 ans et 4 mois; écart-type de 2,29). Les participants à l'étude ont répondu à un questionnaire qui leur a été proposé en français et en créole réunionnais. Les trois questions mentionnées ci-dessus faisaient partie de ce questionnaire.

Résultats

Les résultats obtenus montrent que 42 étudiants (soit 35 % des 120 participants à l'étude) possèdent un objet de protection. Ce pourcentage est inférieur à celui mis en évidence par Arakawa et Murukami [9] qui, dans une étude menée auprès d'étudiants japonais (75 hommes et 123 femmes), montraient que 60,6% d'entre eux étaient porteurs d'amulettes.

Sur l'ensemble de la population étudiée, le taux de possession d'objets de protection est moins élevé chez les hommes (30 %) que chez les femmes (40 %). L'influence du type d'études sur la possession n'est pas significative pour l'ensemble des étudiants. Cependant, pour les étudiants en sciences, le genre influence la possession de tels objets ($p = .046$), cinq hommes par rapport à douze femmes étudiant en sciences possèdent des objets protecteurs ; en sciences humaines la différence n'est pas significative. Nous notons que, chez les femmes, le cursus universitaire suivi n'a pas d'influence sur la fréquence de possession de ces objets : elles sont 12 sur 30 à en posséder aussi bien en sciences humaines qu'en sciences. Par contre, les hommes en sciences humaines possèdent plus d'objets de protection que ceux qui étudient en sciences (13/5).

Les participants à cette étude possédant de tels objets le font, en premier lieu, pour *se protéger eux-mêmes* ; ils sont 39 sur 42 (soit 92,8 %) à valider cette proposition. Ce constat nous indique un lien étroit entre le sujet et l'objet protecteur. En même temps, nous avons noté, pour cet aspect, l'absence de différence significative entre les groupes aussi bien en fonction du cursus suivi que du genre.

En deuxième lieu, le bénéficiaire de la protection est *l'habitat* (chez 40,4 8% des possesseurs d'objets). Il n'y a pas de différence significative entre les groupes par rapport au cursus suivi. Si 50% des hommes utilisent une protection pour leur domicile, les femmes ne sont que 33,33% à en utiliser. Le *véhicule* apparaît en troisième position avec 30,95 % des participants usant d'une amulette. Dans ce cas, il n'y a pas de différence significative ni en fonction du genre ni en fonction du cursus suivi. Notons, toutefois, que l'étude ne permet pas de connaître, parmi les participants, le nombre de ceux qui possèdent un véhicule. La *cour de la maison* est évoquée par 7,14 % des participants comme constituant la quatrième cible de la protection apportée par l'objet. Ces réponses concernent deux hommes – l'un en sciences, l'autre en sciences humaines – et une femme en sciences. La *famille* est également évoquée à 3 reprises, par des femmes uniquement : deux en sciences et une en sciences humaines. Par famille, il faut considérer uniquement les adultes de la famille puisqu'aucun participant n'a d'enfant. Notons, enfin, des réponses données seulement par un répondant : «les proches» (autres que la famille) sont évoqués par une étudiante en sciences humaines, «l'entourage» par un étudiant en sciences humaines et «un ami» par une étudiante en sciences.

Enfin, lorsque nous cherchons à identifier *contre quoi* les participants estiment avoir besoin de se protéger, nous constatons qu'il s'agit, en premier lieu (64,28% des réponses), *de personnes* «malintentionnées» (2 réponses), des «autres» (2), des «méchants» (1) de «mauvaises présences» (1), de *ce qui peut animer ces personnes*, comme la «jalousie» (2 réponses) et la «méchanceté» (1) ou enfin, des *moyens utilisés par ces personnes*, comme les «mauvais esprits» (5 réponses), les «mauvais regards» (4), les «mauvaises pensées» (3), le «mauvais œil» (2), les «mauvais sorts» (2), les «mauvais coups» (1), les «mauvaises intentions» (1).

La deuxième menace évoquée nécessitant une protection (correspondant à 35,71% des réponses) est *l'adversité* en général, plus précisément le «malheur» (4 réponses) et le «mal» (11). Les *accidents* viennent en troisième position (avec 11,9% des réponses, soit cinq étudiants).

Conclusion

Les résultats obtenus montrent qu'un peu plus d'un participant sur trois possède un objet de type «amulette».

L'influence du type d'études sur la possession n'est pas significative pour l'ensemble des étudiants. Cependant, pour les étudiants en sciences, le genre influence la possession de tels objets (cinq hommes/douze femmes étudiant en sciences possèdent des objets protecteurs) ; en sciences humaines, par contre, aucune différence n'est observée en relation avec le genre. Nous notons que chez les femmes le cursus universitaire suivi n'a pas d'influence sur la fréquence de possession de ces objets. Par contre, les hommes en sciences humaines possèdent plus d'objets de protection que ceux qui étudient en sciences.

Les objets servent en priorité à protéger le détenteur des «autres». Le volet suivant de cette recherche, actuellement en cours, concerne notamment les mécanismes par lesquels les différents objets exercent leur rôle de facteurs de protection.

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Impact of personality spiritual dimensions on quality of life and resilience

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Abstract

Self-transcendence is considered the landmark of spirituality in the structure of human personality. Self-transcendence can be defined as a high rank multifaceted descriptor, formed of the following inferior rank traits : Creative self-forgetful vs. Conscious individual experience, Transpersonal identification vs. Individual identification, Spiritual acceptance vs. Rational materialism.

Objectives: In an attempt to study the impact of personality factors on quality of life and personal resilience, personality resistence to stress and the role of personality dimensions in triggering suicidal behavior, we studied a lot of 131 patients diagnosed with personality disorder.

Results and discussion: By analyzing the correlations between the values obtained by the subjects in personality dimension tests and the scores they obtained on a scale of life quality – Multicultural Quality of Life Index (MCQL), we found significant correlations between the scores obtained for Self-transcendence and the scores for the quality of life.

Conclusion: Our study proved that patients with low self-transcendence scores manifest a decrease in quality of life, were less resilient and manifested a suicidal behavior.

Keywords: person, personality, self-transcendence, spirituality, quality of life, resilience .

Introduction

The concept of personality is an operational concept belonging to general psychology while the concept of person designates the unique human being, aware of himself/ herself as personal identity and existence in relation to the world. The concept of person is circumscribed to personality and has self-transcendence in its structure as central dimension. [1].

The analysis of self-transcendence as belonging to the person /human personality opens the door to self-knowledge in personology. At the same time Self-transcendence is considered the landmark of spirituality in the structure of human personality. Self-knowledge as a high moral duty was inaugurated in history by Socrates' "Daimonion" and seemed to end with Freud's "Unconscious". After Freud the concept of "self-knowledge" was not particularly addressed by psychologists/ psychiatrists and it became more of the psychotherapists' duty to invite their patients to self-discovery during the therapeutic process. [2].

Robert Cloninger is a particular researcher who stated that full assessment of the individual includes a moral and spiritual dimension involving deep self-knowledge, in the absence of which a person's subjective well-being is not possible.

Thus in Cloninger's vision self-transcendence is a character dimension, the 7-th personality dimension that can be evaluated using the Temperament and Character Inventory. Self-transcendence can be defined as a high rank multifaceted descriptor, formed of the following inferior rank traits: Creative self-bliss vs. Conscious individual experience, Transpersonal identification vs. Individual identification, Spiritual acceptance vs. Rational materialism . [3], [4], [5]

The presence of self-transcendence in personality

Self-transcendent people are often described as unpretentious, successful, patient , creative, unselfish, spiritualized . In eastern societies they are described as enlightened and wise, while in western societies the same traits are described as naive.

Those individuals seem to be able to tolerate ambiguity and uncertainty, they can enjoy most of their actions without feeling pushed to obtain results and without feeling the urge to control them.

In fact, many of these people feel that their spiritualization helped them understand the real purpose of life.

Self-transcendent people are perceived as humble, modest, accepting failure even after having done their best, satisfied with both failure and success. However, they may be criticized for what is considered in Western society as simplicity, magical thinking, subjective idealism that can interfere with the acquisition of wealth and material power. Self-transcendence has highly adaptive advantages when the individual is facing suffering and death, which are inevitable to appear in life with aging. Thus the spiritual dimension can be considered an important factor in personal resilience, since studies show that individuals with low scores presented a suicidal behavior. At present resiliency is considered the science of mastering life's greatest challenges. [3], [4], [5], [6].

Personology study

In an attempt to study the impact of personality factors on quality of life and personal resilience, personality resistence to stress and the role of personality dimensions in triggering suicidal behavior, we studied a lot of 131 patients diagnosed with personality disorder.

Sociodemographic characteristics of the study sample

A total of 131 patients with personality disorder, aged between 19 and 62 years (average = 34.13 years, standard deviation (SD) = 9.51) were included in the study.

Specific objective of the study

Evaluation of the relationships between the values obtained for personality dimensions and those for quality of life .

Research instruments

- Temperament and Character Inventory – TCI
- Multicultural Quality of Life Index - MQLI. [7].

Multicultural Quality of Life Index (MCQL)

Quality of life is defined as a subjective psychological dimension.

MCQL is an effective culturally adapted tool. It consists of 10 items, corresponding to some widely recognized dimensions of the quality of life concept.

The items include:

- psychological / emotional well-being ;
- independent occupational and interpersonal functioning ;
- emotional and community support ;
- personal and spiritual fulfillment ;
- overall perception of quality of life.

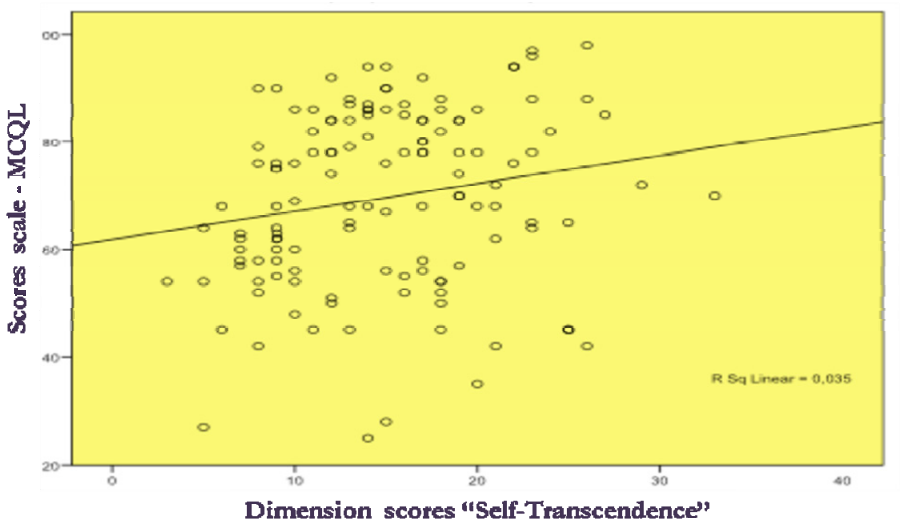
Each item is rated on a scale of 10 points, from poor to excellent. [7].

Results and discussion :

Significant correlations were found in the size of character Autotranscendenta the Multicultural Quality of Life Index .

Significant correlations were found between Self-transcendence and Multicultural Quality of Life Index.

Figure 1. The correlation between the scores obtained by the subjects at Self-transcendence and the scores on scale MCQL.



Thus according to that correlation analysis, 3.5% ($r^2 = 0.035$) of the variation in quality of life scale is due to the score variation on Self-transcendence dimension scale.

Our study proved that patients with low self-transcendence scores were less resilient and manifested a suicidal behavior with conotation of iresilient behavior.

Many people turn to religion or spirituality as a way to cope with personal adversity. [7].

Some find solace in formal religious services, while others seek inspiration and strength through private spiritual practices, only if they had the self- transcedence in medium through high scores and this personality dimension help them to connect to God or to find their place in the universe. [8].

Conclusions

1. Analysis of self-transcendence dimension as belonging to human personality opens the door to self-knowledge in personology.
2. Few researchers include nowadays the analysis of a person's spiritual dimensions when assessing his/her personality.
3. Human personality directly influences the scores on scales of quality of life, mainly by character dimensions.

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Le symptome comme resilience

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Abstract

The concept of resilience is used to describe the process that, in the face of adversity, trauma or stress, individuals, families, groups of people are faring not have psychological problems and continue to live like before viewing better than before. The term resilience is often associated with the notion of material success, emotional or social which is to say, tends to designate a psycho-social fact. But it appears that resilience can take forms less positively connoted by the society. Thus certain subjects that are psychologically suffering try to improve their lives by creating a symptom that allows them to complain to others, to numerous requests to specialists or their relatives, to be heard and recognized in their singularity and gives them the feeling of existence. The symptom appears as an invention, a creation of the subject to overcome the anxieties and fears that arise whenever the unexpected and abroad occurs. Clinical psychologist or psychoanalyst allow him to be heard in the depths of his being without judgment and will allow him to be part of a process of re-subjectivation. Resilience could then designate by the effect of this intrapsychic work of the subject who can take place only from a meeting that Freud referred to as "transfer" and psychoanalytic work and would aim to create the conditions for resilience. From clinical cases this is the link between transfer and resilience that will be questioned.

Key words: transfer, unconscious, symptom, resilience

A la lecture des nombreux travaux et écrits concernant le concept de «résilience » et à partir de ma pratique en tant que psychologue clinicienne orientée par la psychanalyse il m'apparaît que cette notion pourrait s'appliquer à celle de « symptôme » dans son acception psychanalytique c'est-à-dire comme invention, création du sujet destinée à surmonter les angoisses et les peurs qui surgissent à chaque fois que survient de l'inattendu ou de l'étranger. Cette conception du symptôme comme une production, une substitution à un évènement appréhendé à l'origine comme inassimilable et comme tel refoulé, substitut à une satisfaction pulsionnelle qui n'a pas eu lieu, qui n'a pas pu se satisfaire, ayant le même statut que celui du rêve, du mot d'esprit et du lapsus, a été décrite par FREUD [1] comme formation de compromis, parole d'une vérité que FREUD reconnaîtra comme l'inconscient. LACAN après FREUD ira plus loin en décrivant le symptôme « structuré comme un langage » et non réduit au seul champ du symbolique mais en lien aussi avec l'imaginaire du corps et avec le réel en tant qu'impossible à dire [2]. Ainsi l'angoisse c'est ce qui pénètre du réel dans l'imaginaire c'est-à-dire dans le corps et se traduit par les manifestations physiques telles que le cœur qui bat la chamade, le ventre serré, les jambes qui flageolent…etc. Il ira jusqu'à montrer les effets de création du symptôme [3].

«La résilience n'est pas à rechercher seulement à l'intérieur de la personne, ni dans son entourage mais entre les deux parce qu'elle noue sans cesse un devenir intime avec le devenir social »[5]. Ainsi le symptôme, création originale d'un sujet lui permet-il de se plaindre à d'autres, d'attirer l'attention de son entourage sur lui, d'être reconnu dans sa singularité, d'être écouté, de se sentir exister et peut lui servir d'appui. C'est la rencontre avec un autre mis en position de savoir qui va rendre possible la transformation de la plainte en une demande qui, dans certains cas, va créer de la résilience. Le plus souvent cette rencontre se fait dans ce que FREUD a nommé le «transfert» dans la cure psychanalytique. Le transfert existe dans toute relation basée sur la parole dès lors qu'un savoir est prêté à quelqu'un et peut être défini comme un ensemble de projections, sentiments, pensées, affects, sur la personne « supposée savoir». Ce qui caractérise le transfert, répétition de prototypes infantiles vécus avec un sentiment d'actualité, c'est qu'il permet, par le jeu de la répétition, l'ouverture de l'inconscient. Il est donc la répétition dans le présent d'une relation imaginaire du passé marquée par la confiance et la sécurité. C'est la capacité de neutralité bienveillante du psychanalyste qui va créer l'ambiance nécessaire à son établissement. Carl ROGERS [4] parle de « l'attitude inconditionnelle bienveillante» de l'écoutant comme condition indispensable de la relation d'aide, qui va amener le demandeur d'aide à s'identifier à l'image qui lui est renvoyée pour se trouver aimable et digne d'intérêt. De ce fait il va commencer à croire en

lui et à faire confiance à ses pensées et ses affects. Aller parler à un analyste institue ce phénomène qui inclut le sujet et l'analyste, le transfert, qui place l'analyste en position de supposé savoir. Ce que pense trouver le névrosé en adressant sa plainte à un psychanalyste c'est l'interprétation de ses symptômes. Il lui suppose un tout savoir sur la cause de ses symptômes. Aller parler à un analyste institue ce phénomène qui inclut le sujet et l'analyste, le transfert qui place l'analyste en position de supposé savoir. Ce que pense trouver le névrosé en adressant sa plainte à un psychanalyste c'est l'interprétation de ses symptômes. Il lui suppose un tout savoir sur la cause de ses symptômes.

Boris CYRULNIK décrit trois facteurs déterminants dans la capacité de résilience à savoir la génétique, la stabilité affective des premiers mois et enfin l'école, la famille et la culture. De nombreux exemples cliniques montrent en effet qu'une relation de confiance est en effet plus difficile à instaurer lorsque l'un des partenaires dans la relation a connu une dé privation affective dans les premiers mois de sa vie qui ne lui a pas permis d'acquérir le sentiment de sécurité minimum à l'établissement d'une relation d'objet satisfaisante. Les enfants des rues en Roumanie et dans d'autres pays d'Amérique du sud, d'Afrique et d'Asie en sont le témoignage. Les familles dans lesquelles les liens avec l'extérieur sont très réduits voire inexistants laissent peu d'accès à leurs membres pour une rencontre susceptible de leur permettre de sortir des schémas répétitifs qui se transmettent de génération en génération. Un cas clinique va nous permettre d'apporter un éclairage sur ces assertions.

Edouard est un enfant de 9 ans suivi en thérapie depuis quelques mois par une collègue psychologue dans le cadre d'un service de consultation pédopsychiatrique. Il souffre depuis deux ans d'angoisses massives qui l'empêchent de dormir et de se concentrer à l'école. Des comportements bizarres à l'école ont été à l'origine des consultations. Après plusieurs séances au cours desquelles Edouard évoque une «grosse question dont la réponse est dans la famille» sa thérapeute décide de rencontrer les parents pour les adresser vers le centre de thérapie familiale où je travaille. C'est ainsi que je reçois Edouard, sa petite sœur âgée de 7 ans et les parents. Nous nous rencontrerons régulièrement pendant 4 ans.

Monsieur et madame se présentent d'emblée comme des parents très préoccupés par leur rôle de parents. Madame a arrêté de travailler à la naissance d'Edouard pour s'occuper des enfants. Monsieur a un métier qui lui permet d'avoir le même rythme que ses enfants scolarisés. A chaque période de vacances scolaires ils partent ensemble dans une autre région de France. Leur vie est organisée autour des enfants. La maison est conçue pour les enfants. Ils voient peu de monde. Madame s'occupe de sa mère, veuve et presqu'aveugle. Monsieur garde des liens avec sa mère assez âgée. Ils n'ont jamais confié leurs enfants à quiconque en dehors de l'école.

Edouard présente sa demande. Il a une grosse question dans la gorge (il montre l'emplacement de la question sur son corps) et il sait que la réponse est dans la famille. Ils sont tous d'accord pour aider Edouard. Pendant les premiers entretiens les histoires familiales de monsieur et madame sont déclinées ainsi que la naissance des enfants. Madame est la plus jeune d'une fratrie de deux enfants. Son frère est schizophrène et elle relate une enfance où elle avait le sentiment de ne pas exister à côté d'un frère qui faisait la fierté de sa mère et qui la remplissait, elle, d'effroi. A côté de son frère elle se sentait « pétrifiée » selon ses dires sous le regard de sa mère. Monsieur est fils unique. Sa mère, benjamine d'une fratrie de trois filles, s'est mariée à l'âge de 40 ans pour donner un héritier à la famille, les deux ainées n'ayant pas eu d'enfant. Dès la naissance de monsieur le père de celui-ci a été renvoyé et l'enfant a été élevé par sa grand- mère, sa mère et ses tantes. Il était l'héritier de la famille, l'objet cause du désir de sa mère, sa grand-mère et ses tantes. Il n'y avait pas de place pour le père. A la sixième séance Edouard parvient à verbaliser sa « question » : « Papa, maman est-ce que vous m'avez désiré?», soit la question de l'origine qui touchait au mythe et à l'idéal familial. Les enfants étaient nés du désir de leur mère. Monsieur, quant à lui, ne se sentait pas capable d'être père. Il s'efforçait d'être un père idéal c'est-à-dire un père sans manque pour ses enfants. C'est ce qu'Edouard avait besoin de questionner. Grâce à la relation transférentielle établie avec sa thérapeute il a pu dans le cadre de la thérapie avec sa famille décompléter l'image du père et se faire une place, ce qui lui a permis de réinvestir le travail en individuel avec sa thérapeute. Quant aux parents d'Edouard ils ont entrepris chacun un travail psychanalytique.

Edouard était un enfant psychotique. Suite à ce travail il a pu suivre une scolarité normale jusqu'à l'obtention d'un BEP technique à l'âge de 18 ans. Il a son appartement et le même emploi depuis. La petite sœur, grâce à lui, a grandi sans problème. Elle est mariée et a deux enfants. Le symptôme d'Edouard, parce qu'il a rencontré le désir de sa psychothérapeute dans le transfert, a créé un processus de résilience qui a amené l'arrêt d'une répétition mortifère dans la famille, l'arrêt de ses angoisses destructrices et lui a permis de rebondir d'une position d'enfant porteur de symptôme et voué à devenir «fou» à celle d'un jeune homme qui a pris sa vie en mains. On peut parler de résilience puisqu'il y a bien eu reprise d'un bon développement après un traumatisme, sans retour à l'état initial, et que l'on peut repérer un processus naturel et interactif qui a dépendu autant de l'environnement que du sujet lui-même. Mais ce processus n'a pu se faire que parce qu'il y a eu rencontre à un moment donné, dans le transfert, avec le désir de sa psychothérapeute qui a accueilli sa demande et a été à l'origine de la démarche familiale.

C'est donc bien en tant qu'il y a une personne qui est là pour accueillir et entendre ce que dit le symptôme et ce que le sujet a à en dire, en lui permettant de trouver du sens et des signifiants, qu'il pourra y

avoir un effet de résilience pour le sujet. Ainsi en est-il pour Jean Valjean, le héros de Victor HUGO, dans son roman «Les misérables», après sa rencontre avec l'évêque qui lui fait confiance, le nourrit, lui fait des cadeaux et refuse de l'accuser pour le vol qu'il a commis. La rencontre de cette figure paternelle bienveillante va mettre un terme à sa vie de misérable et de voleur. Par identification à « son sauveur » il va transformer sa vie et devenir à son tour un homme bon et généreux. Son symptôme qui le fait se considérer comme un rebus, un moins que rien et à s'identifier à cette position de déchet, par le traitement qu'en fait l'homme d'église devient facteur de résilience.

On pourrait évoquer d'autres cas célèbres où la rencontre d'un signifiant à partir d'un processus d'identification à un autre a été facteur de résilience. La littérature nous donne de nombreux exemples de cas semblables. James JOYCE, l'écrivain anglais, à travers sa rencontre avec l'écriture parvient à se faire un nom là où rien n'avait eu valeur de nomination auparavant. Virginia WOOLF, célèbre auteure du début du 20ème siècle, dont l'œuvre est bâtie sur sa « bataille avec les mots contre une douleur d'existence » qui avait commencé très tôt dans sa vie. « La lecture de son œuvre révèle la tâche infernale à laquelle elle s'est livrée et les moyens qu'elle a trouvés pour se protéger de ce qu'elle nomme son « horreur ». La rencontre avec son mari fut à l'origine de sa production littéraire. Il sut la convaincre de ne pas cesser d'écrire et lui permis, de ce fait, « de se tenir dans le monde » assez longtemps avant que de se suicider. La liste est longue des romanciers et écrivaines, des artistes, des philosophes qui, à partir d'une rencontre avec un homme ou une femme qui a su se mettre à l'écoute de leur symptôme, ont réussi à se tenir dans le monde grâce à leur œuvre.

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Le role de la flexibilite psychologique pour la resilience et la sante psychologique

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Abstract

Health and psychological well-being of educators now represent a concern of psychological research since the advent of a field of study based on stress and teacher burnout. However, out of a traditional approach that tilts towards the adoption of pathological models of work, the study of resilience rather allows for a positive perspective on mental health and its relationship to the work, including education. The fundamental plane of the definition of resilience, we adopt the dynamic person-environment [1], which establishes resilience as a provision to develop context model. We ask more specifically the role of psychological flexibility, a concept that takes shape in psychological theory and psychotherapeutic models. Empirically, this question of the relationship between flexibility and resilience was operationalized through research by electronic questionnaire conducted among schools staff, including 232 in Quebec. Although conceptual analysis may reveal a relationship between resilience and flexibility, this statistical exploration of the role of flexibility for psychological health as well as links between the two concepts seems first to have been conducted with a population non-clinical, in the context of their work. The results show that psychological flexibility may explain part of the resilience of these education professionals as well as several aspects of their health to the work place. These results seem particularly interesting to us on two levels, basic and applied, in that it help to understand a fundamental psychological mechanism of resilience and also help develop practical ways to stimulate its development.

Keywords: Resilience, Psychological flexibility, acceptance, emotions, health.

Problématique

1.1 La santé psychologique et la résilience des gestionnaires scolaires

Peut-être en raison des démonstrations de la complexification de la tâche des directions d'établissements scolaires, qui abondent depuis une vingtaine d'années, accompagnées par des indices que ces éducateurs travaillent souvent dans un environnement tumultueux, la recherche sur leur santé psychologique au travail est encore clairsemée, au détriment de celle qui porte sur leur détresse. Le choix d'une telle question relève clairement du paradigme de la résilience au travail. Ainsi vues, les questions du maintien du bien-être et de la santé au travail apparaissent d'autant plus critiques à examiner dans la conjoncture actuelle, où le recrutement et la progression en carrière de ces professionnels demeurent difficile [2]. L'une des raisons qui peut expliquer cette faille relève sans doute de l'envahissement du paradigme du stress dans le champ de la santé psychologique, et en particulier dans celui du travail des professionnels de l'éducation. Il est vrai que plusieurs études abordent indirectement leur santé psychologique à partir d'un point de vue négatif, montrant ainsi qu'ils vivent beaucoup de stress et se sentent souvent dépassés par les contraintes administratives, l'application des réformes et la gestion des conflits interpersonnels [3].

1.2 Les facteurs de la résilience éducationnelle

L'une des premières études qualitatives explorant leur travail d'un point de vue positif à partir de leur résilience suggérait que les directions d'écoles résilientes pourraient s'appuyer sur leurs compétences professionnelles devant l'adversité du travail en milieu défavorisé pour en tirer bénéfice pour eux-mêmes et leur communauté [4] .Dans une enquête menée par voie électronique auprès de directions d'écoles (N=627), Pepe [5] a trouvé une relation positive entre la résilience des directions et leur satisfaction au travail, de même qu'avec

leur engagement affectif au travail. Cette variable s'exprime par l'alignement du gestionnaire avec la mission et la vision de l'organisation, c'est-à-dire lorsqu'il s'identifie avec les valeurs et les buts de son institution. À elle seule, la variable de l'engagement affectif explique la variance dans la résilience observée chez ces directions d'écoles du primaire et du secondaire. Il nous apparaît dès lors pertinent de questionner les liens entre les variables affectives et la résilience.

En tout état de cause, la recherche sur cette fonction administrative semble indiquer que la résilience des gestionnaires scolaires engage bien plus que des compétences professionnelles et organisationnelles, mais émotionnelles aussi, surtout quand ils sont confrontés au stress chronique. De plus, exactement comme chez les enseignants [6], les émotions les plus fréquentes des gestionnaires scolaires sont de valence négative, notamment de colère, de frustration et d'anxiété [4]. En raison de la conception de leur rôle, qui doit les montrer en contrôle de leurs émotions, ils tentent alors de s'ajuster en inhibant leurs émotions négatives[7]. Or, on sait que la suppression des pensées et des émotions négatives produit un effet rebond, très nocif pour la santé [8]. En adoptant la perspective de la résilience et de la santé psychologique au travail, il importe donc de chercher des facteurs de protection plus efficaces que l'inhibition des émotions négatives, pour aider ces professionnels à développer leur résilience, de manière à maintenir leur santé psychologique et leur efficacité au travail.

Cadre théorique

Deux modèles théoriques servent à mettre en perspective notre problème de recherche, celui de la résilience établi comme un processus du développement adulte et celui de la flexibilité psychologique, issu de la théorie des cadres relationnels, une théorie du développement du langage et des cognitions appliquée à l'intervention.

1.1 Les dynamiques de la résilience dans le contexte du travail

Plus loin que ses pivots d'adversité et d'adaptation, le concept de résilience n'est certes pas facile à définir, sans doute parce qu'il recouvre plusieurs dimensions et qu'il résulte de divers processus qui se profilent distinctement selon la perspective théorique adoptée [9]). Dans le contexte de la résilience des adultes au travail, on convient généralement que les personnes résilientes sont moins stressées, plus efficaces et en meilleure santé, mais on s'interroge toujours sur les mécanismes responsables de ces adaptations positives à des situations de travail difficiles. On retrace plusieurs mécanismes selon les approches, mais le modèle le plus intégrateur insiste sur trois processus principaux: la récupération de la santé par la diminution des dommages, l'équilibration par la protection de la santé et l'amélioration des habiletés de vie saines et productives par la promotion de la santé [10]. On comprend que ces trois mécanismes s'échelonnent dans le temps, suivant la rencontre de stresseurs avec lesquels l'individu n'arrive pas à composer et qu'ils constituent en tout ou en partie, ce qu'il est convenu de nommer la résilience. Écartelées entre facteurs de risque et de protection, personnels et environnementaux, ces dynamiques qui sous-tendent la résilience mènent de plus à des hypothèses étiologiques variées, selon que l'on considère le phénomène sous l'angle des traits ou sous celui des processus développementaux et qu'on opérationnalise ses mécanismes davantage en termes de résistance aux obstacles, comme la dépression, l'anxiété, le stress, les émotions négatives, ou en termes de développement des forces. En ce qui concerne ces dernières, on reconnaît généralement six grandes catégories de facteurs de protection, qui sont celles de la satisfaction avec la vie, des relations interpersonnelles ou du soutien social, de l'auto-efficacité, de l'estime de soi, de la résolution de problèmes, des émotions positives et de l'optimisme [11].

En questionnant ainsi l'importance relative des liens entre la résilience et la résistance aux obstacles, le développement des forces et les variables de la personne dans l'explication de son développement, une récente méta-analyse [11] a permis d'ordonner statistiquement l'effet de ces trois grandes catégories de facteurs explicatifs de la résilience, en référence à un corpus de recherches regroupant 33 études et plus de 31,000 participants. En termes de prédiction statistique, les chercheurs concluent que la résilience est fortement redevable à l'impact de mécanismes de protection et des facteurs d'autoefficacité et d'émotions positives qui leur sont associés, qu'elle est modérément reliée aux mécanismes de résistance aux obstacles comme le stress et l'anxiété et faiblement redevable aux données démographiques de la personne, comme son âge et son genre. Dit autrement, la résilience se déploierait plus facilement grâce aux facteurs de protection personnels et environnementaux.

1.2 La flexibilité psychologique

Tenant compte de l'importance des facteurs de protection personnels, la synthèse de ces écrits peut nous aiguiller sur la voie de l'auto-contrôle ou de la régulation émotionnelle, ou inversement sur celle de l'acceptation des émotions et des contenus psychologiques négatifs. Dans le premier cas, on tentera de modifier les contenus de pensée et d'émotion alors que dans le second, on les observera sans tenter de les diminuer ou de les supprimer. L'acceptation diffère de l'inhibition et de l'autorégulation, en ce qu'elle amène l'individu à limiter

l'évitement des événements désagréables pour au contraire, s'y exposer davantage. Elle diffère de la résignation en ce qu'elle amène l'individu à pouvoir évaluer une situation comme négative, sans fonder ses agissements sur ce jugement.

L'acceptation sert à augmenter la flexibilité psychologique, qui peut se définir comme un changement radical de perspective sur ce que l'on fait, ce que l'on pense et ce que l'on ressent, dans un sens d'élargissement cognitif plutôt que de restriction cognitive [12]. Elle permet à un individu d'accepter la situation telle qu'elle est, ce qui présente l'avantage de tolérer l'anxiété associée, plutôt que de l'éviter. La flexibilité psychologique offre aussi de considérer des pistes d'action réalistes [13]. Un survivant des camps de concentration exprime magistralement ce que nous définissons comme la flexibilité psychologique. Rapportant un moment où il s'était surpris à être absorbé dans des préoccupations et des inquiétudes autour de ses conditions de vie quotidiennes dans le camp de concentration où il était retenu prisonnier, Frankl [14]) s'exprime ainsi:

«J'ai alors orienté mon flot de pensées vers un autre sujet. Soudainement, je me suis vu sur l'estrade d'une salle de conférences chaude et claire. Devant moi, était assis un auditoire attentif sur des fauteuils confortables. Je donnais un cours sur la psychologie des camps de concentration ! Tout ce qui m'oppressait à ce moment, devint une réalité objective vue et décrite par la science. Grâce à cette technique de pensée, j'ai réussi à m'élever au-dessus de la situation, des souffrances de cette journée et je les ai observées comme si elles étaient des souvenirs du passé.» trad.libre, p.82 (Frankl,1992).

Si en rapportant la citation, Pepe (2011) rattache la description de ce processus cognitif à la résilience dont a fait preuve Frankl, nous ajouterions que cet exemple décrit bien l'élargissement de l'expérience de la pensée et la flexibilité psychologique, en ce que le témoin démontre qu'il observe ses propres processus internes et qu'il a conscience que le contenu de sa pensée anxieuse ne reflète pas toute la réalité.

Le concept de flexibilité psychologique que nous utilisons ici vient de la théorie des cadres relationnels, qui postule que la rigidité ou l'inflexibilité psychologique est à la source de la majorité des problèmes psychologiques et qu'elle émerge des processus langagiers que l'humain utilise pour s'expliquer les événements contextuels [15]. En ce qui concerne l'intervention sur la santé psychologique au travail, la flexibilité psychologique se retrouve au centre du modèle d'acceptation et d'engagement (ACT) [16]. Dans le domaine de la résilience, une des toutes premières mentions de la flexibilité psychologique est retracée chez Block & Block [17], alors qu'on la retrouve mentionnée comme un facteur de protection personnel relié à la résilience des enseignants, chez des chercheurs contemporains [18] et qu'on y réfère comme un facteur de la santé [13].

1.3 Question de recherche

En nous situant au point de convergence d'une perspective positive de la santé psychologique et développementale de la résilience, notre question spécifique concerne les relations qui existent entre la flexibilité psychologique et la résilience au travail, en questionnant le rôle de l'acceptation des émotions et cognitions difficiles dans un contexte de gestion, qui valorise plutôt leur inhibition. Découlant du modèle théorique de la flexibilité psychologique, nous posons l'hypothèse que les directions qui acceptent leurs émotions et leur vécu difficiles seraient plus résilientes et éprouveraient davantage de bien-être au travail.

Méthodologie

1.1 Participants et questionnaires

À l'automne 2012, les directions d'établissement du primaire et du secondaire ont été invitées à participer à une étude sur leur santé psychologique au travail par une équipe de chercheurs canadiens. L'enquête visait à mieux cerner les facteurs organisationnels, psychosociaux et individuels qui affectent la santé psychologique et la performance au travail. L'invitation a été lancée via une plateforme internet dans deux provinces canadiennes dont nous rapportons ici une partie des résultats issus des directions d'écoles du Québec (N=232). Outre treize questions d'ordre sociodémographique, l'instrument de mesure est constitué de quatorze échelles et 232 items. Il couvre différentes dimensions du travail de direction d'une école et du bien-être au travail et leur est parvenu sous la forme d'un questionnaire électronique.

Parmi les domaines de la santé investigués pour cette enquête, la flexibilité psychologique est mesurée par un questionnaire conçu par Hayes et ses collègues [19] dont la version courte a été validée [16] sous le titre "Anxiety Acceptance Questionnaire" (AAQ-II), que nous avons traduit en français. Il comporte sept items formulés négativement, dont *«Mes inquiétudes peuvent m'empêcher de réussi* », que le sujets sont appelés à rapprocher de leur expérience vécue, selon une échelle Likert en 7 points (1 = jamais vrai à 7 = toujours vrai). L'analyse factorielle révèle un seul facteur, qui explique 68% de la variance et un alpha de Cronbach de 0.92.

La résilience est mesurée par l'échelle de résilience [20] .Elle comprend 23 items sur une échelle en 5 points (1 = presque jamais et 5 = presque toujours) dont «*Lorsque survient une grande difficulté, j'ai tendance à : chercher une solution pour y faire face*». L'alpha de Cronbach est de 0.86.

Le bien-être psychologique (BEP) est mesuré par l'échelle de bien-être au travail [21]. Elle comprend 25 items sur une échelle en 5 points (1 =presque jamais et 5 =presque toujours) dont «*J'ai un bon mora* ». L'alpha de Cronbach est de 0.85.

Tableau 1-Description des variables à l'étude

ÉCHELLE	MOYENNE	ÉCART-TYPE	N
Flexibilité psychologique (AAQ-II, 7 items)	2,14	1,05	232
Résilience (23 items)	3,95	0,57	232
Bien-être psychologiqueau travail (25 items)	3,79	,65	232

Résultats

Les résultats divulgués ici sont partiels et leur présentation se concentre sur les liens entre la flexibilité psychologique et les dimensions positives de la santé au travail. Au plan descriptif des données sociodémographiques tout d'abord, les analyses de test T ne révèlent pas de différence significative sur la flexibilité psychologique entre les hommes et les femmes, lesquelles sont au demeurant majoritaires dans cet échantillon. Aucune différence significative n'est décelée sur cette variable et la scolarité, la charge de travail, ni sur la charge familiale. Par contre, on relève une différence significative entre les directions (M=1,98 ET= .08) et les directions adjointes (M= 2,34 ET= 1,16), indiquant moins de flexibilité chez ces dernières (vu l'inversion des énoncés, plus le score est bas, plus la flexibilité est grande), avec un petit effet de taille, selon les standards proposés par Cohen [22].

La distribution des scores de l'AAQ-II établit la moyenne de flexibilité psychologique à 2,14, révélant qu'elle est assez élevée pour cet échantillon de directions d'établissement. Les corrélations de Pearson montrent que la flexibilité psychologique et la résilience sont corrélées (R^2= 0.71 p ≤,001), de même que la flexibilité psychologique et le bien-être psychologique au travail (R^2= 0,52 p ≤,001).

Après avoir constaté ces corrélations, des analyses de régression ont été conduites pour tenter de fournir une meilleure explication des liens et explorer le rôle de la flexibilité. Les analyses de régression simple montrent que la flexibilité psychologique, comme variable indépendante, explique une part des variances de plusieurs dimensions de la santé psychologique au travail: elle explique ainsi 24% de la variance du score de résilience F [1, 230]= 71,688, p < ,001) et 27% du score de BEP (F [1, 230]= 86.602, p < ,001). Elle explique encore 13% de l'adaptation au travail (F [1, 230]= 34.121, p < ,001),15% de l'harmonie au travail (F [1, 230]= 41.809, p < ,001), 19% de l'implication au travail (F [1, 230]= 55.443, p < ,001) et 29% de l'équilibre personnel au travail (F [1, 230]= 95,099 p < ,001). Par la suite, le rôle de médiation de la flexibilité psychologique a été estimé selon la procédure suggérée par Preacher & Hayes [23]. En explorant ces relations, on note que la FP exercerait un effet de médiation partielle entre la résilience et le BEP. Nous constatons aussi un effet de médiation de la FP dans la relation entre la justice organisationnelle et le BEP. La FP exerce encore un effet de médiation partielle dans la relation entre le climat organisationnel et le BEP, de même qu'entre les ressources organisationnelles et le BEP, et entre les demandes organisationnelles et le BEP.

Discussion

Dans l'avancement de l'étude des processus de la résilience, ces résultats indiquent que la flexibilité psychologique, par l'acceptation des émotions difficiles, éclaire d'une façon différente la résilience et le bien-être psychologique au travail, tout en permettant de concevoir des liens nouveaux que nous n'avions pas prévu au départ. Toutefois, la forte corrélation entre la résilience et la flexibilité psychologique impose une révision de la validité des deux construits, qui devrait permettre de vérifier qu'aucun recouvrement significatif n'explique cette relation. Sans doute importerait-il d'examiner l'instrumentation avant de pousser plus loin le questionnement sur des processus distincts.

Mais, vu ses liens convergents et de bonne ampleur avec plusieurs dimensions positives, on peut supposer que la flexibilité psychologique pourrait bien être en soi, un facteur de protection personnel. La promotion de la flexibilité psychologique, particulièrement dans ce type de travail, aiderait les gestionnaires à maintenir ou accentuer les dimensions de leur santé, plutôt qu'à inhiber toute forme d'expression négative. Sans confirmer l'hypothèse d'une médiation de la résilience par la flexibilité, ces résultats montrent assez clairement que les directions d'établissement qui acceptent leurs émotions et leur vécu difficiles sont aussi résilientes et lorsqu'elles sont flexibles, elles éprouvent du bien-être au travail. Ces relations empiriques viennent enrichir les concepts à l'étude, mais ne permettent pas d'établir qu'un processus les relie l'un à l'autre. Tout au plus, pouvons-nous indiquer que la présence de flexibilité psychologique, en termes de mesure fiable [16] montre des liens théoriques avec la santé psychologique, mais sans pour autant confirmer la nécessité d'en tenir compte comme une voie qui mène à la résilience. Plusieurs processus pouvant être en jeu dans la résilience, cette

conclusion n'invalide pas les interventions porteuses pour la santé psychologique, surtout lorsqu'elles révèlent des índices probants [12].

Bien qu'exploratoire, ce type d'analyse fine des processus de la résilience invite à accentuer les démarches d'explication des états positifs, en situation d'adversité [10]. De tels résultats permettent aussi de redéfinir la terminologie de la régulation des émotions négatives, souvent comprise en termes de diminution ou d'inhibition, en lui ajoutant l'acceptation, elle-même une notion encore peu connue. La capacité à observer pour ce qu'elles sont, ses émotions négatives comme une partie du vécu au travail pourrait permettre la récupération, l'équilibration, voire la promotion de solutions aux problèmes rencontrés, ce qui constitue la résilience. Surtout si la santé psychologique au travail des professionnels de l'éducation peut en être tributaire, on comprendra toute l'importance d'ajouter ce type de compétence émotionnelle à leur formation. On peut en effet supposer que l'amélioration des capacités fonctionnelles des gestionnaires est un critère important, lorsqu'il s'agit de dépasser les difficultés reliées au travail de gestion.

Ayant déjà constaté que les facteurs de risque et de protection se ressemblent, tant au plan personnel qu'environnemental pour les enseignants et les directions d'écoles[24], il restera à vérifier si les enseignants peuvent aussi bénéficier des mêmes facteurs de protection personnels que les directions, particulièrement sur leur flexibilité psychologique et leur acceptation des émotions difficiles.

Conclusion

Bien que comportant certaines limites méthodologiques, dont la passation par voie électronique qui rend impossible toute vérification de la qualité des réponses, cette recherche sur la santé psychologique au travail représente une certaine avancée sur le plan de l'explication des sources de la résilience. En considérant au rang des facteurs de protection, la flexibilité psychologique évaluée par l'acceptation des émotions difficiles, nos résultats apportent une validation supplémentaire du concept. En autant que l'on puisse mieux isoler son action au sein des processus, l'explication pourrait conduire à l'élaboration de stratégies d'intervention sur la résilience, et sur la résilience au travail.

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The Resilience-Oriented Therapeutic Model: A Preliminary Study On Its Effectiveness In Italian Polyabusers

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Abstract

The present article was intended to outline the guidelines of a new resilience-oriented therapeutic model of intervention and to present preliminary data about its effectiveness on a sample of polyabusers undergoing residential treatment.

Resilience being a multidimensional process not easy to measure, in order to evaluate the effectiveness of our model we considered as indicators of resilience some of its outcomes that extant literature has described; in particular, we assessed, pre- and post-intervention, coping styles and perceived stress and psychological well-being, together with levels of anxiety and depression.

Student's t-test showed significant differences in all the scales, with the exceptions of the "humour" coping strategy and anxiety. The preliminary findings suggests that a targeted intervention shaped within the framework of a resilience-oriented model can facilitate the raising of resources that are useful to activate a resilient process.

Keywords: Resilience, Intervention Model, Substance Abuse, Stress, Coping

Introduction

Nowadays resilience must be considered as a major factor directing public health policy strategies aimed at promoting individual and collective functional responses to adversities. Recent advances in the study of resilience have considerably contributed to the knowledge of individual adjustment by focusing, among others, on the possibility to implement interventions aimed at activating a person's resilient resources. Contemporary research on resilience is focused on the investigation of factors leading to wellbeing [1] and also seeks to highlight the underlying social and psychological processes and practices through which resilience may be achieved [2], [3], [4].

Intervention, in the field of substance use disorder, based on a resilience framework still represent a partially unexplored domain, since much of the extant literature on resilience has dealt with children's and adolescents' development within unfavourable contexts [5] or with responses to trauma and loss in adulthood [6]; furthermore, to date research on resilience and substance use disorder has been focused on the development of children with at least an addicted parent, or on community-based prevention actions, while researching on the implementation of intervention programs for adult with substance abuse problems is still a challenge.

Resilience refers to a dynamic process by which an individual, a family, or a community system is able to adapt to and function well within a context characterized by significant adversity or risk [7], [8], [9]. Rather than as a trait, resilience should be construed as a set of processes that can be inferred when the individual or the system being considered shows competence in response to substantial risk exposure [8]. This ability can change over time and may be enhanced by protective factors related to the person and/or the environment [10].

The resilient process includes also the practices and strategies individuals resort to in order to mitigate the psychological distress related to the exposure to an adverse event. This evidence indicates that coping is a crucial construct for research on resilience that it is considered jointly a function of the stressful situation and the individual's resources [11].

Various studies investigating stress-and-coping interaction models have been focused on the moderating role of certain strategies useful to face hostile situations and have shown how an addictive behavior, such as the use of alcohol and drugs, can be utilized to reduce or counter the effects of stress [12], [13]. It seems therefore that a central aspect of the resilient process can be identified in the quality of the regulatory competence that an individual displays when facing daily stressors. To respond in an adaptive way to unfavorable events or

situations everyday life entails represents an essential prerequisite with reference to the ability to face major adverse events in a similarly adaptive way, by activating a resilient process [14].

The Resilience-Oriented Treatment Model

The intervention model we designed [15] stems from resilience concepts, some key assumptions of Milton Erickson's (1901-1980) intervention approach and from the evolutions of modern systemic theories on chaos [16], [17].

The intervention is articulated into four phases based upon three levels.

The four phases are: 1) entrance, including a watching period during which an observation of the patient is carried out together with a first assessment consisting of the administration of tests specifically designed for measuring resilience and the associated constructs, and of an investigation into the patient's life story with the collection of biographical information 2) treatment, carried out on three specific levels: vertical, horizontal and cross-domain 3) exit, with a re-assessment of resilience and finally 4) follow up, after 6 months and again after 1 year.

The core of the resilience-oriented intervention develops through three levels, vertical, horizontal and cross-domain.

1.1 Vertical Level Of Intervention

The *vertical intervention* addresses each single patient and thus it must be "tailored" to the individual on the basis of her/his story, taking into account peculiar risk and protective factors. With the patients' active participation a Resilient Therapeutic Program (from now on RTP) is planned: stress indicators related to the three areas – individual, familial and social – of resilience development are identified.

For each indicator a prescription is given with reference to a concrete, feasible and measurable objective, on the basis of the person's resilient characteristics (resources and protective factors) and of the analysis of the "attempted solutions", that is, the dysfunctional modalities used in the past when trying to overcome a given stressful situation. Prescriptions, designed *ad hoc* for the patient and by the patient, stimulate the activation of a small-steps resilient process: trying their hand at facing minor, but significant daily stressful situations, individuals are given the chance to develop skills by activating coping strategies related to salient risk factors in their treatment and life trajectories [18], [19].

Cognitive and behavioral responses to these stimuli can activate one or more "turning points" [20], [21] helping the individual restructure her/his experiences through new learning. The RTP is constantly monitored and supervised by mentor figures (social workers, psychologists etc.)

A roadmap is traced, that is a schedule by means of which patients actively commit themselves to organize their time (interviews with clinicians, participation in group activities, test completion etc.). The roadmap has the function to assign each patient the responsibility of her/his treatment course and, at the same time, to provide feedbacks stimulating self-regulation and self-reflexivity processes.

Another example of vertical intervention is the assignment of a care-manager (that is, a figure in charge of tutoring and monitoring activities) to each patient, in accordance with the crucial relevance of the relationship with at least one reference figure in the activation of a resilient process extant literature on resilience has emphasized. Therefore, the care-manager represents the mentor with whom the patient, by means of interviews on a weekly basis, can discuss about the various aspects of the course of her/his treatment.

1.2 Orizontal Level Of Intervention

The *horizontal intervention* refers to experiential moments involving patients in group activities, and is structured in a way that allows to work on the risk and protective factors characterizing the problematic situation shared by all group members, for example: addiction (tailoring on the category of users). The intervention is carried out within specific settings designed to facilitate and foster the activation of implicit associative processes between the risky situation (stressor) and specific protective factors related to the specialist activity being performed, in order to generate functional coping and regulation strategies. This kind of intervention helps participants to use social resources like the group and/or the activity conductor (with tutoring or mentoring functions), in addition to the resources the activity itself provides.

At the horizontal level, both a direct form of learning (achieved by doing) and an indirect one (through the observation of the other group members) are stimulated.

1.3 Cross Domain Level Of Intervention

The *cross-domain intervention* pertains to the context within which the model is applied. The physical and relational space the therapeutic program develops within must be structured and managed in a way that

allows it to become a "container" of resources. According to this perspective, the intervention is structured in order to provide a continuous and constant monitoring and supervision of the work carried out by educators, social workers and specialists.

Emphasis is put on the communication, support, coordination and reflection systems. The staff, activities, rules, values, team meetings, activity planning, physical environment, represent crucial context-related protective factors.

At this level the intervention targets the organizational system and consequently the workers who represent one of the key components of the work setting. Indeed, some actions (implemented both at the vertical and the horizontal level) are tailored to the workers' characteristics. In particular, actions of supervision and training specifically related to the theme of resilience. Furthermore, similarly to what has been established for patients who are required to complete the RTP, instruments were created for the assessment of the workers' and the whole structure resilient processes: the RWP (*Resilient Work Program)* and the RSP (*Resilient Structure Program*); their aim is to help workers identify individual, group, organizational and structural resources and protective factors, useful to cope with difficulties and work-related stressful conditions.

The groundbreaking and, in our view, particularly relevant element is the introduction of the *Online Diary*, an electronic tool accessible through an Internet connection, organized as an online forum. By this diary each worker can be updated in real time about the organizational decisions, the course of the collective activities, the patients' conditions. The diary also makes it possible to examine patients' tests and intervention programs and to check the course of each single activity every patient participates in. In general, the diary is associated to the acronym SIL, representing its three basic functions: Sharing, Informing, Learning.

The cross-domain level is, in our view, perhaps even more important than the other two; it does not involve directly the individuals undergoing the treatment, but it is based upon the idea that patients need to be supported by a resilient context and it is designed to allow the structuring of such a context. In a systemic perspective, resilience is a phenomenon strongly mediated by environmental factors, and consequently it is essential to build a resilient community context: the activation of a resilient process can be very difficult, if not impossible, if the context does not provide or facilitate the access to resilient resources.

Method

1.1 Hypotheses

We postulated that our resilience-oriented intervention model could be effective in triggering resilience in polyabusers. Resilience being a process, its assessment is not easy, unless we consider as indicators the outcomes of the process itself in terms of coping skills and stress perception.

Thus, to demonstrate the effectiveness of our model, we hypothesized that the treatment would a) have positive effects on participants' perception of their psychological condition, b) decrease their levels of perceived stress and c) elicit an improvement of the use of adaptive coping strategies.

1.2 Participants

Our sample includes 57 subjects (M=37; F=20), mean age 42.3 years (SD = 9.8), undergoing a residential treatment program in two therapeutic rehabilitation centers for polyabusers located in the Lombardy region (Italy). Both centers apply a resilience-oriented therapeutic intervention model and host individuals diagnosed with alcohol or substance abuse associated to poly-abuse of other psychotropic substances. The two centers differ in that one carries out a rehabilitation program that lasts two and a half months (P1), while the other's program (P2) takes 6 months to be carried out. Among the 57 subjects involved in our research, 37 participated in P1, the other 19 in P2.

1.3 Measures

Coping Strategies. The Italian validated version of the Coping Orientation to Problems Experiences (COPE – [30], [31], consisting of 60 items subdivided into 15 subscales. Respondents are asked to indicate to what extent they adopt the investigated coping strategies while experiencing stressful or difficult situations. Items are rated on a 4-point scale: I usually don't do this at all; I usually do this a little bit; I usually do this a medium amount; I usually do this a lot. The 15 subscales are: 1) active coping; 2) planning; 3) suppression of competing activities; 4) restraint coping; 5) seeking support for instrumental reasons; 6) seeking support for emotional reasons; 7) emotional venting; 8) positive reinterpretation and growth; 9) acceptance; 10) religion; 11) humour; 12) denial; 13) behavioral disengagement; 14) mental disengagement; 15) alcohol and substance use.

Psychological Condition: Cognitive Behavioural Assessment - Outcomes Evaluation (CBA-VE – [24], consisting of 80 items assessing the patients' psychological condition during the last 15 days. Answers are rated

on a 5-point scale: No at all / A little /A medium amount / A lot / Extremely. The test comprises five scales: 1) anxiety; 2) wellness; 3) perceived positive changing (i.e., being able to manage difficulties and to receive support from others); 4) depression; 5) psychological discomfort (i.e., the presence of serious symptoms and low impulse control).

Psychosomatic response to stress: the PHIT Subscale is part of the Italian validation of the Occupational Stress Inventory (OSI – [25]. It consists of 12 items rated on a 6-point scale: very often / often / sometimes / seldom / very seldom / never.

1.4 Procedure

Participants were recruited in two therapeutic rehabilitation centers for polyabusers located in the north of Italy. All the subjects were not intoxicates or in need of medical assistance at the time of the test administration.

The instruments described above were counterbalanced in an attempt to offset possible ordering effects and were administered to participants individually, during scheduled appointments in two different times: one week after the beginning of the residential treatment and one week before the release of the residential treatment. The pre and post-test screening battery were administered to participants by computer, under the supervision of a researcher, and it takes forty-five minutes to complete. Instructions on how to respond to items in each instrument were provided by professional clinical psychologist. Informed consent was obtained from all participants. This study was approved by the appropriate ethics review board prior to initiation.

1.5 Data analyses and results

To evaluate the effectiveness of the treatment a One-Sample Student t test was performed to compare scores at the beginning and at the end of treatment in the COPE, CBA-VE scales, and with reference to the dimension of psychosomatic stress as it can be measured by the subscale PHIT. Please note that the following findings refer to the global sample, because no statistically significant differences emerged between the two subsamples (participants in the P1 and P2 programs) and between gender.

Following the authors' scoring instructions, scores were calculated with reference to each subscale, by summing its items. Missing data were replaced by the means of the series. All scales had positively-oriented scores: high scores showed the presence of the measured dimension, while low ones indicated its absence.

Significant pre- and post-treatment differences were found with reference to all the analyzed scales, with the exception of the *humour*, *focus on and venting of emotions* and *turning to religion* ones. The table below (Fig. 1) shows the means referring to each scale.

COPE	Pre-treatment mean	Post-treatment mean	t	df	Sig.
mental disengagement	9.2	8.1	2.9	56	.005
focus on and venting of emotion	9.5	10.2	-1.9	56	.057
seeking social support for instrumental reasons	9.1	11.1	-5.1	56	.001
active coping	9.6	11.1	-4.5	56	.001
Denial	7	6.1	2,4	56	.020
Humour	7.3	7	.7	56	.506
turning to religion	7.4	8	1.7	56	.102
behavioural disengagement	7.2	9	3.8	56	.001
restraint coping	8.7	10.5	-3.7	56	.001
seeking social support for emotional reasons	8.7	10.2	-3.6	56	.001
alcohol-drug disengagement	11.1	5.9	7.9	56	.001
acceptance	9.2	10.9	-4.5	56	.001
suppression of competing activities	9	10.5	-3.9	56	.001
planning	10	12.4	-6.2	56	.001
positive reinterpretation and growth	10.6	12.7	-5	56	.001

CBA-VE					
anxiety	15.8	12.6	4.1	56	.001
wellness	42.4	48.3	-3.5	56	.001
perception of positive changing	24.9	26.9	-2.3	56	.011
depression	17.4	13.8	3.8	56	.001
psychological discomfort	44.4	35.7	3.5	56	.001
PHIT					
psychosomatic stress	26.4	21.1	3.4	56	.001

Figure 1. Shows the means referring to each scale, reporting pre- and post-treatment means, t values, degrees of freedom and significance.

With reference to the adopted coping strategies, results showed an improvement, with an increase of scores between the beginning and the end of treatment, an increase that was statistically significant in relation to adaptive strategies as *seeking social support for instrumental reasons, active coping, restraint coping, seeking social support for emotional reasons, acceptance, suppression of competing activities, planning, positive reinterpretation and growth.*

Pre- and post- treatment difference in the *humour* and *turning to religion* strategies was not significant; pre- and post- treatment difference in the *focus on and venting of emotions* strategy was near significant.

As for maladaptive strategies like *denial, behavioral disengagement, mental disengagement* and *alcohol-drug disengagement*, post-treatment scores were significantly lower, thus indicating the participants' tendency to use these strategies less.

Results in the CBA – VE scales (referring to the subjects' perception of their psychological condition) showed a positive trend in the measures of *wellness* and *perception of positive changing*; as for scores in the *depression* and *psychological discomfort* and *anxiety* scales, significant decreases between the beginning and the end of treatment were shown.

Finally, levels of psychosomatic stress, measured with the subscale PHIT, were found to have significantly decreased at the end of treatment.

Discussion

The aim of the present work was the preliminary assessment of the effectiveness of a new resilience-oriented intervention model on a sample of polyabusers undergoing residential treatment.

Extant literature on the possible measures to take in order to activate a resilient process present inconsistent evidence. Resilience is construed as an abstract concept and a process whose indicators can be assessed only through the evaluation of its outcomes, in terms of adaptive coping strategies that are useful to manage stressors. Therefore, on the basis of the landmark studies on the issue [26], [27], [28], [7], we chose to take into consideration hypotheses related to the decrease of stress levels, the increase of perceived well-being, and to the adoption of functional strategies for coping with stressful conditions and difficulties, in order to evaluate the treatment we proposed.

The findings we presented allow us to consider the resilience-oriented model, whose guidelines were described in detail, as a valid instrument for the residential treatment of patients with alcohol and substance abuse problems. In fact, our hypotheses were confirmed, thus giving positive indications on the model effectiveness, at least in relation to the investigated aspects.

Despite its encouraging preliminary findings, this work has some limitations that are worth noting. First, it does not demonstrate that a subject can become resilient, but it only suggests that a targeted intervention shaped within the framework of a resilience-oriented model can facilitate the raising of resources that are useful to activate a resilient process. Furthermore, the small sample cannot give guarantees about the model effectiveness, and the lack of a follow-up assessment makes it impossible, to date, to provide any evidence of the stability of the triggered changes over time.

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Resilience in Oncology Patients: the role of coping mechanisms

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Abstract

Introduction. Cases of cancer have increased greatly over the last decades. Over the same period, medical progress in the field of oncology (including developments in surgical interventions, chemotherapy and radiotherapy) has led to an increase in the survival rates of people diagnosed with cancer. In light of this, there is growing interest in the concept of resilience and understanding which factors enable individuals to enjoy a good quality of life in spite of a diagnosis of cancer.

Objectives. To identify the coping mechanisms of individuals diagnosed with cancer compared with non-clinical subjects.

Method**.** Nineteen individuals diagnosed with cancer who were receiving chemotherapy were recruited to the study. For comparison, a control group of non-clinical participants were also recruited. Participants were included into the study according to particular inclusion / exclusion criteria. The evaluation was conducted during 2013 and consisted of the analysis of the following parameters: socio-demographic data (gender, age, level of education- demographic questionnaire), clinical data (diagnosis according to the ICD 10, level of functioning as assessed by GAF scale), and coping mechanisms (COPE scale).

Results. The group of individuals diagnosed with cancer demonstrated coping mechanisms that were characterised by an emphasis on social support (religiosity, social and emotional support), whereas the control group had coping mechanisms that focused on emotions.

Conclusions. There are differences in coping mechanisms between subjects with cancer compared to the non-clinical group. It may be that coping mechanisms can be optimized through psychotherapy interventions to increase resilience of individuals diagnosed with cancer.

Keywords. resilience, coping mechanisms, oncological pathology

Introduction

Oncological pathology falls into the chronic diseases category affecting the overall functioning and quality of life of patients, both through the clinical symptoms and by the therapeutic scheme to be followed. The presence of oncological illnesses causes a change in a person's life by bringing on an intense state of anxiety induced by the negative situation, but also the need for adjustment. Adaptation is reached through the process of coping, which can be defined as the cognitive and behavioral effort to reduce, control or tolerate the internal or external demands that are required to overcome the situation [1].

The available literature [2] describes several ways of coping:

- The process of coping centered on the issue that includes an active approach, planning, suppression of competing activities
- The coping mechanism centered on emotions that includes: positive interpretation, abstention, acceptance, the religious approach
- The coping centered on social support: the use of instrumental social support, the use of emotional social support, expressing the emotions
- The coping focused on avoiding problems: denial, mental disengagement, behavioral disengagement

As is the case in general medicine, the scope of oncology is to ensure that a person who has a diagnosis of cancer should be able to still develop well, to continue, as much as possible, with their future projects, and to ensure that they have an ability of resilience. Coping mechanisms are part of resilience, along with other factors, such as high intellectual endowment, the capacity for autonomy and adaptation, empathy, appropriate humor etc.

The purpose of this study was to identify the coping mechanisms of some subjects with an oncological pathology compared with those of subjects without a pathology.

Method

In this study we comparatively analyzed two groups: group A (n = 19) consisting of subjects with an oncological pathology and a group B (n = 19) with persons without a cancer pathology. Subjects in group A were introduced in the study on the basis of inclusion / exclusion criteria that included: a clinical diagnostic of cancer (according to the ICD 10), currently treated with chemotherapy, the absence of an organic cerebral pathology, and the subjects' consent for participation in the study. Group B was a control group formed in accordance to the demographics of group A.

Data were obtained through: direct interviews with the subjects, medical records and discussions with the attending oncologist for each of the cases. We analyzed the following parameters:

- Socio-demographic: current age, gender, origin, instructional level, family status
- Clinical: oncology clinical diagnosis, duration of evolution of the pathology, family history of cancer
- Coping mechanisms: COPE scale - which is a self-assessment tool that comprises of 60 items. This scale examines the 15 coping strategies, with each strategy being assessed by 4 items. The answer for each item is made on a Likert scale from 1 to 4, with 1 meaning 'I do not do this' and 4 meaning 'I often do this' [2].

Results

Socio-demographic data are presented in table 1.

Table 1 Socio-demographic data group A

	Sample A , N = 19 subjects
Gender	
Men	68,4 %
Women	31,6 %
Current average age (years)	60,89
Origin	
Urban	42,1 %
Rural	57,9 %
Average time of education (years)	10,94
Current family status	
Married	84,2 %
Unmarried	5,2 %
Widowers	10,6 %

Evaluation of cancer history showed that this was present in 37% of subjects, and the average duration of evolution was 4.42 years (maximum 16 years - minimum 1 year). The clinical diagnosis of the subjects in group A is shown in Fig 1.

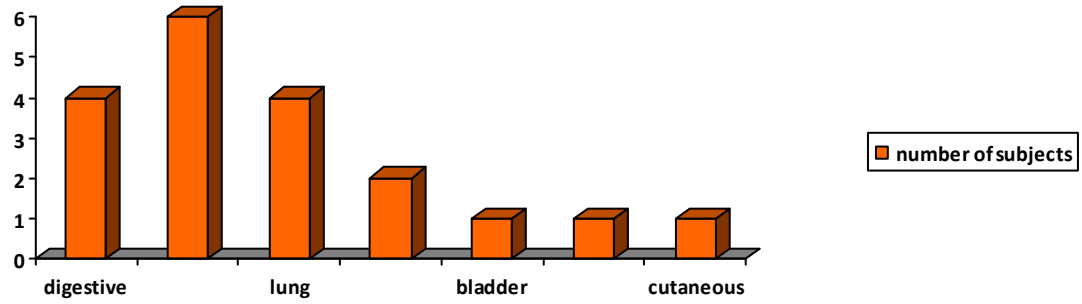

Fig.1 Clinical diagnosis group A

The COPE questionnaire results were analyzed in comparison with those of a group of subjects without a cancer pathology, and are shown in Fig 2.

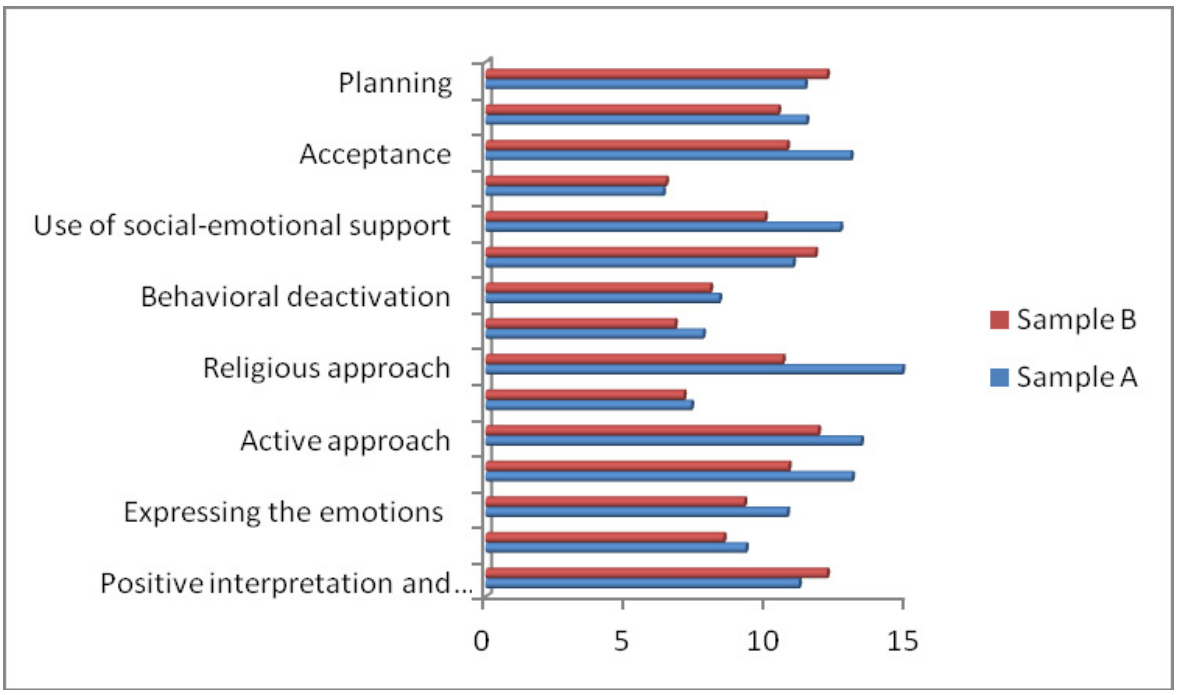

Fig.2 COPE questionnaire sample A/ sample B

Discussions

The socio-demographic data in this study have no epidemiological value, because of the reduced number of subjects, as well as their inclusion having been done without a statistical methodology. The group was comprised of several types of subjects, i.e. with different oncological pathologies, with different staging, with different duration of evolution and treatments. We might say that the group is quite varied.

The COPE questionnaire assesses 15 categories of coping: positive interpretation and growth, mental disengagement, focus on expressing emotions, the use of instrumental social support, active approach, denial, religious approach, humor, behavioral disengagement, abstinence, use of emotional social support, substance use, acceptance, suppression of competing activities and planning. The comparative analysis of these mechanisms showed no statistically significant differences in any of these areas, except for the religious coping, meaning that this mechanism is more developed in individuals with a cancer pathology.

By analyzing religious coping we can say that it consists of two components: the cognitive one (the subject perceives the neoplastic disease as part of God's plan) and the behavioral component (the subject is praying or attending religious services). In literature there are several studies on subjects with oncological pathologies, with most being performed on patients with the same type of cancer. The most frequently analyzed

pathologies are: breast, head, throat, skin, and gastrointestinal. Fewer studies are composed of patients with various types of neoplastic pathology.

In general, research focuses on the relationship between religious coping and maintaining a state of well-being, of increasing the quality of life and possibly enhancing the survival period. Religious coping may be associated with disease stage, the type of treatment received, usually being more developed in cases with high malignancy or those who have to undergo more complex surgical interventions [3][4].

This study only managed to perform a cross analysis of coping mechanisms and their comparison with those of a group of subjects without a pathology. We would have expected to find other coping mechanisms to be developed in people with an oncological pathology, such as: active approach, the use of instrumental social support, and acceptance, besides the religious coping mechanism. The role of this type of coping can be varied, i.e. it can give meaning to a negative event, it can provide a sense of control in a difficult situation, it can offer a support group conducted by people who do not suffer from this serious health problem. Through all of this, in reality, religious coping has a positive role in the life of a person suffering with cancer, but it might also have a negative role, when considering the refusal of treatment, with the patient is certain of the idea that God would solve them all.

Another possible explanation for the development of religious coping is the age of the subjects that can be seen as more advanced (average age - 60.8 years) and, therefore, it generally appears as a return to the religious aspect of life, with the perspective of death also occuring in a greater percentage for some of these subjects.

Conclusions

Subjects with an oncological pathology have a more developed religious coping than those without. It may be that coping mechanisms can be optimized through psychotherapy interventions to increase resilience of individuals diagnosed with cancer.

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Resilience, coping strategies and metabolic control in adolescents with type 1 diabetes

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Abstract

Many adolescents with type 1 diabetes have difficult time adjusting to their treatment. Increasingly, researchers have focused on the factors that influence resilience in coping to this chronic disease. Social cognitive theory suggests that dealing with a chronic disease requires a strong sense of self efficacy in the face of personal, social and, environmental barriers.

We aim to document the association between coping strategies and metabolic control in relation to eating pattern among adolescents with type 1 diabetes as indicator of resilience. More specifically, we focus on the association between self efficacy and compensatory behavior, as coping strategies, and their effects on metabolic control.

Based on the results, suggestions for designing intervention to increase metabolic control and resilience in coping with the challenges of the disease for adolescents with type 1 diabetes will be made.

Key words: diabetes, adolescents, resilience, coping style

Introduction

One well-known fact about living with diabetes is the requirement to establish optimal blood glucose levels and to maintain the individual's quality of life for as long as possible. This requirement proves difficult to keep, especially during adolescence. Many adolescents with type 1 diabetes (T1D) have difficult time adjusting to their treatment, which can have a negative impact on their health [1].

Investigating the literature, resilience is related to metabolic control and it is defined in terms of resources that may be protective to those facing the stressors associated with living with diabetes [2]. Although there is a large amount of data investigating the relationship between coping styles and diabetic outcomes [3], there are few studies that explore the relationship between resilience, coping styles and metabolic control. Lately, researchers have focused on understanding how maladaptive coping styles, as compensatory behavior and low self efficacy, relate to eating pattern in order to shed a light on poor metabolic control in adolescents with T1D [4].

We aim to document in the literature the association between coping strategies and metabolic control in relation to eating pattern among adolescents with type 1 diabetes as indicator of resilience. More specifically, we focus on the association between self efficacy and compensatory behavior, as coping strategies, and their effects on metabolic control.

The relationship between resilience, coping styles and metabolic control

Resilience is a psychosocial construct referring to an individual's capacity to maintain psychological and physical well-being in the face of adversity [2]. Although this concept has been investigated in children and adolescents [5], little is known about resilience in children and adolescents living with diabetes. One explanation for this lack of research is that there is no universal agreement on what constitutes resilience. On the other hand, in the literature, there is not a clear distinction between predictor and outcome in terms of resilience [6].

Reviewing the literature, resilience resources appear to predict metabolic control and also to buffer self care behaviors. Those with lower levels of resilience resulted in fewer self-care behaviors when faced with rising distress [7]. Another study shows that low resilience is associated with poor quality of life and poor glycemic control [7]. Specifically, those with low resilience showed deteriorating A1C levels and self-care behaviors in

the face of stress, while those with high resilience did not. The follow up study showed that maladaptive coping is an important mechanism of this association [8].

Understanding the role and impact of personal resilience may be an important way to improve outcomes among youth with T1D. Specifically, the literature suggests that promoting resilience helps improve coping which thereby may enable better health outcomes [7]. Therefore, understanding the coping styles used by adolescents with T1D can shed a light on ways to improve metabolic control.

On one hand, there is a large amount of studies investigating coping styles in adolescents with T1D and on the other hand, there are few studies that show the relationship between resilience and coping styles. There are two approaches used in the literature: problem or emotion focused coping [9] and primary, secondary and disengagement coping [3] . Coping styles refer to strategies that people use to cope across wide range of stressors [9]. It has been suggested that problem-focused coping is associated with better adjustment to diabetes [6]. On the other hand, avoidance coping and venting emotions have been found to predict poor illness-specific self-care behavior but were unrelated to metabolic control [10]. These evidence are also supported in a study [11] showing that greater use of active coping was related to better metabolic control. Authors highlight the fact that adolescents might "choose" a particular coping style in response to poorly controlled diabetes, meaning that beliefs about control play an important role in determining the degree to which a person feels threatened or challenged in stressful encounter [9]. Mental disengagement and aggressive coping might thus serve as adaptive mechanisms.

Another approach used in the literature shows that is important to consider developmental stage when assessing coping strategies in adolescents [3]. In recent lights, emotion and problem focused coping are considered broad categories of coping, neither exclusive nor exhaustive [12]. For example, a coping strategy such as forming a plan may help to solve a problem and also help to relieve negative emotions. Revisiting this evidence, there is a clear shift into a new model of assessing coping strategies in adolescent with T1D. Authors of this new conceptualization recognize the role of development proposing three coping strategies [3] . Primary control engagement coping strategies are defined as coping attempts directed towards influencing objective events/ conditions or directly regulating one's emotions. Secondary control engagement coping strategies are defined as efforts to fit with or adapt to the environment. Disengagement coping strategies are defined as responses that are oriented away from the stressor or one's responses to it [13] .

One study investigated coping in relation to resilience in adolescents with T1D using a developmentally sensitive measure of coping [2]. The results indicated that adolescents that were more likely to use secondary control coping strategies, such as acceptance and distraction, had higher quality of life and metabolic control. Regarding the use of primary control coping strategies, such as problem solving and emotional expression, it was associated with positive outcomes of resilience, including metabolic control. Disengagement coping strategies, such as avoidance and denial, were associated with lower levels of resilience and poorer metabolic control [2].

Another line of research shows the relationship between coping strategies, compensatory behavior and metabolic control. Specifically, the most investigated relationships are between treatment related factors and poor metabolic control and, to a lesser extent, on psychosocial factors underlying maladaptive coping styles. The risk of disordered eating behavior is considered to be higher in type 1 diabetic adolescents than in general population due to combined factors related to diabetes and its treatment [14]. Because the diabetes regime often requires the restriction of food, adolescents are more prone to activate compensatory behaviors, in terms of splitting insulin doses, insulin omission, restricting food intake in order to reduce weight. These are considered maladaptive coping styles which have a negative effect on metabolic control. Poorer adherence to diabetes care is related to self efficacy- the degree to which adolescents with T1D feel confidence in their ability to follow their diabetic regime [15]. Among youth with diabetes, lower self efficacy was related to poorer metabolic control [4].

Conclusions

The purpose of this paper was to document the relationship between resilience, coping styles and metabolic control in adolescents with T1D. Revisting the literature, we aimed to integrate both classical and recent studies attempting to highlight different coping styles in relation with metabolic control. Two general types of approaches have been analyzed: problem-focused and emotion-focused coping [9] and primary engagement, secondary engagement, and/or disengagement coping strategies [3]. Studies suggest that primary and secondary control coping strategies are associated with better metabolic control [2]. Lately, researchers have focused on understanding how maladaptive coping styles, as compensatory behavior and low self efficacy, relate to eating pattern in order to shed a light on poor metabolic control in adolescents with T1D.

Health promotion interventions should be designed to help adolescents to better integrate the challenges of the illness into routine outpatient care. Management of maladaptive coping styles should address cognitive behavioral modification, social problem solving, coping skills training. Adopting more constructive self care

behavior and coping mechanisms will form healthy life routines in order to optimize metabolic control and quality of life.

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Resilience et coping chez les adolescentes agressees sexuellement

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Abstract

Scientific research on sexual abuse in childhood has experienced long-term growth show great variation. The fact that as high as half proportion of sexually abused children show no symptoms turned out one of the most stable [1] data. Adaptation or coping strategies [2] and resilience (complex process of adapting flexibly to trauma or stress [3]) have been proposed as factors that may explain the variability or absence of symptoms in some victims sexual abuse. The objective of this research is to attempt to clarify the variables that promote good adaptation of adolescent victims of sexual assault. Participants (19 sexually abused adolescent aged 13-18 years) were recruited through announcements. The instruments used were: the French translation of the Brief COPE [4] and the Questionnaire Resilience by Wagnild & Young [5]. The evaluation of symptoms of post-traumatic stress disorder was made using the criteria of PTSD [6]. We will present the results to both questionnaires based on the determined diagnosis for each participant.

Key-words: resilience, sexual abuse, adolescent

Instruments

1.1 Defense Style Questionnaire (DSQ).

Les mécanismes de défense ont été identifiés à l'aide de la traduction en langue française de la forme à 40 items du *DSQ* [7]. Cet instrument explore 20 mécanismes de défense (deux items par défense) regroupés en trois facteurs : matures, névrotiques et immatures. Le mode de cotation est de 9 degrés (échelle Likert) allant de pas du tout d'accord jusqu'à tout à fait d'accord. Trois études ont étudié la validité de façade. Dans la première étude [8], un accord a été observé pour 74 % des items mais les auteurs n'ont pas donné les précisions. Les auteurs de la deuxième étude [9] indiquent que quelques items n'ont pas fait l'objet d'un consensus parfait. Cependant, l'attribution de tels items à une défense particulière a été faite sur d'autres critères évaluant la validité de construit et la validité critériée. Enfin, dans la troisième étude [10] ont réalisé la première étude publiée de validité de façade. La validité de façade excellente. Ce questionnaire a été le plus utilisé dans les études empiriques.

1.2 L'Échelle de résilience de Wagnild & Young [7]

Les réponses aux items se situent entre 1 (accord) et 7 (désaccord). On demande au participant de lire l'énoncé et de marquer le chiffre qui correspond le mieux à ce qu'il pense de lui. Un score global est calculé et deux autres scores pour les dimensions «comportements» et «acceptation de la vie». Plusieurs études de petites envergures effectuées au début des années 90, mais en 1993, l'Échelle de résilience a été testée sur une population de 810 adultes d'âge moyen et d'âge plus avancé dont 48 % étaient des hommes. Les mesures de validation incluaient la dépression, la morale et la satisfaction. La validité de contenu (0,62) et la fidélité (0,91) ont démontré des scores acceptables comme les études précédentes. Le coefficient alpha de Cronbach s'est situé à 0,82. L'analyse factorielle a indiqué deux facteurs principaux, qui ont été nommés «l'acceptation de soi et de la vie».

1.3 Brief COPE.

Le questionnaire utilisé dans cette recherche est la traduction française du *Brief COPE* [11] Cet instrument est une version abrégée de l'*Inventaire COPE* [4]. Il comprend 14 échelles évaluant toutes des dimensions distinctes du coping. Chacune de ces échelles comprend 2 items (28 items au total). Le choix des réponses proposées est : «pas du tout», «de temps en temps», «souvent» et «toujours» et leur score respectif s'établit de 1 à 4. La traduction a été faite en France et validée sur cette population [7]. Deux études ont été

effectuées pour la validation. Cet outil présente de bonnes qualités psychométriques dans sa version situationnelle. Sa structure factorielle est congruente avec celle attendue. Quant à la validité externe, l'étude des relations entre perceptions du contrôle de la situation et de l'évolution de celle-ci, et stratégies mises en place montre que la perception d'un faible contrôle est associée à des stratégies décrites comme dysfonctionnelles, alors que la perception d'un contrôle important ou d'une évolution favorable est associée à des stratégies décrites comme fonctionnelles.

Résultats

Dix-neuf adolescentes âgées entre 12 ans et 18 ans, ont participé à notre recherche. L'âge moyen était de 189 mois (15 ans et 10 mois; ÉT = 20,58). Les âges des participantes étaient répartis entre 152 mois (12 ans et 8 mois) et 214 mois (17 ans et 10 mois). Le niveau socioéconomique de la famille de six participantes était faible, pour douze autres, il était moyen et une seule vivait dans une famille de niveau socioéconomique élevé. Quatre participantes ont vécu dans un environnement familial de négligence. Douze adolescentes ont rapporté la présence de maladie mentale du côté familial maternelle et paternel. Tous les abuseurs sexuels étaient des hommes, le plus jeune avait 13 ans et le plus âgé avait 60 ans (M = 34,11; ÉT = 16,12). Onze jeunes ont été victimes d'un ASE intrafamilial (père, beau-père, frère, demi-frère ou cousin), huit ont vécu un ASE extrafamilial. Une seule adolescente a connu les deux situations, intrafamiliale et extrafamiliale, soit le père, le cousin et trois hommes connus de la famille. Sept participantes ont rapporté entre un et trois épisodes (M = 1,8) et le plus long intervalle entre deux épisodes était deux ans et le plus court six mois. Les autres participantes (12) ont été victimes d'AS sur une base continue. La plus courte période rapportée est six mois et la plus longue est 8 ans. La plus longue période d'AS sans arrêt a été révélée par une participante qui a été victime pendant huit ans d'attouchements et d'exhibitionnisme de la part de son beau-père. L'âge de survenue de la première agression est répartie entre trois ans et 16 ans (M =10,16; ÉT = 4,21). Seize adolescentes ont rapporté des attouchements, quatre la pénétration, quatre le viol, quatre d'entre elles ont signalé la présence de violence physique, trois de pornographie, une de l'utilisation d'internet, deux d'exhibitionnisme et enfin deux avec menace de mort, de tuer la famille, etc. La comparaison entre les statuts «avec diagnostic» et «sans diagnostic» et l'âge de survenue n'est pas significative au test de Mann-Withney ($\chi 2$ =.318).

Échelle de résilience. Les scores globaux varient de 25 à 175. Les scores obtenus dans notre cohorte se situent entre 59 et 156 (M = 127,16; ÉT = 25,02), à la dimension «compétence» ils se répartissent entre 35 et 112 (M = 91,8; ÉT = 19,08) et à la dimension «acceptation de la vie» ils sont entre 18 et 46 (M = 35,2; ÉT = 8,7). Dans une recherche précédente auprès d'étudiants québécois, la moyenne du score global obtenu était de 135,88 (É.T.= 18; la dispersion allait de 135 à 176). Les résultats ont aussi démontré que sept items n'avaient pas reçu la cotation 1 («totalement en désaccord»; items 2, 4, 9 10, 17 et 24) deux items avaient été cotés de 3 à 7 (items 15, 16) et un item de 4 à 7 (item 23).

Brief COPE. Les résultats obtenus dans l'évaluation du coping montrent que les adolescentes utilisent en moyenne huit types de stratégies (M=8,4) pour faire face au traumatisme de l'ASE. La stratégie la plus utilisée est la *distraction* (84 %) et celle la moins utilisée est la *religion* (16 %). D'autres stratégies sont régulièrement utilisées par les participantes : l'*acceptation* et le *soutien instrumental* (79 %), le *coping actif*, *l'expression des sentiments* et le *déni* (74 %), le *soutien émotionnel*, le *blâme* et le *désengagement* (68 %). Dans sa recherche prédisant l'expérience de stress chez les adolescentes, Michelle Dumont [12] a rapporté que les adolescentes se sentent davantage menacées par le stress chronique que les adolescents et elles utilisent plus souvent des stratégies adaptatives cognitives ou de recherche de soutien social. Ses résultats indiquent aussi que l'*évitement* prédit la fréquence et la sévérité du stress à l'adolescence.

Résilience et coping. En ce qui a trait à la résilience et le coping, les résultats nous révèlent que les quatre adolescentes ayant obtenu les scores de résilience les plus élevés (145 et plus), utilisent (toujours ou de temps en temps) en moyenne huit stratégies de coping. Parmi celles-ci, deux participantes avec des scores de résilience homologues (152) et manifestant des symptômes post-traumatiques sans toutefois répondre à tous les critères *ÉSPT*, utilisent sept stratégies de coping (m=7) alors que les deux autres avec des scores de résilience de 156 et 146 et diagnostiquées *ÉSPT*, ont recours en moyenne à huit stratégies différentes (m=8,3). Par ailleurs, l'*expression des sentiments* est corrélée positivement et significativement avec la dimension acceptation de la résilience (corrélation r de Pearson = .52 p=,022). Nous observons de plus, trois tendances : le blâme est relié négativement à la dimension acceptation (corrélation de Pearson = -4,25 p=,070), la distraction associée positivement au score global de résilience (corrélation r de Pearson = .43 p=,06) et à la dimension compétence (corrélation r de Pearson = .46 p=,047). En présence d'un plus grand nombre de participants, ces corrélations auraient été significatives.

Discussion et conclusion

Les résultats de cette étude permettent de constater que les variables reliées directement à l'AS (âge de survenue, type d'AS, lien avec l'agresseur et durée de l'AS) ne sont pas associées significativement au statut «sans diagnostic *ÉSPT*» et «avec diagnostic *ÉSPT*». Trickett et ses collaborateurs [12] rapportent que même si les variables reliées à l'AS ont reçu une attention considérable dans les écrits scientifiques depuis les années '80, les résultats variaient toujours d'une recherche à l'autre. De plus, les auteurs ont suggéré que les différences dans la nature et la sévérité de l'AS provoqueraient différents degrés de traumatismes qui en retour auraient une incidence sur la variabilité des séquelles [13].

Les résultats de notre étude montrent cependant des corrélations entre la résilience et les stratégies de coping qui, selon Lazarus & Folkman [2], sont d'importants modulateurs des conséquences liées à des évènements stressants. Nous avons observé chez les adolescentes résilientes que *l'expression des sentiments* est positivement associée à la dimension de la résilience «acceptation de la vie». Ainsi, le fait de pouvoir exprimer ses sentiments favorise leur adaptation en les aidant à accepter, à faire du sens avec le traumatisme de l'AS. Pour Lengua et Long [14], la catharsis et le fait de ressentir des émotions douloureuses peuvent être néfastes si l'acquisition d'habiletés pour les gérer ne se fait pas simultanément ou préalablement. En fait, le coping «*expression des sentiments*» est considéré comme étant souvent peu fonctionnel, car il est associé avec une détresse émotionnelle chez la personne qui ne parvient pas à évacuer ses sentiments. Il est souvent réalisé au détriment d'un effort pour un coping plus actif. Cependant, il peut être transitoirement fonctionnel, par exemple, pendant la phase de deuil [11]. Il est donc fort possible que pour les adolescentes de l'étude *l'expression des émotions* soit utilisée au début de leur adaptation à la situation traumatisante. Cependant, la seule stratégie de coping actif qui s'est avérée avoir une tendance significative avec le score global de la résilience et la dimension «compétence» est la *distraction* classée parmi le coping actif et efficace parce qu'il impliquait un engagement avec une pensée ou une activité sans relation avec le stresseur et qui avait comme but de diminuer l'intensité des émotions [15]. À la décharge de ces chercheurs ci-haut mentionnés, il n'en demeure pas moins que *l'expression des sentiments* entrave le coping actif.

Une autre stratégie d'adaptation qui a démontrée une tendance significative avec la dimension «acceptation de la vie» est le *blâme*. Ces deux variables sont corrélées négativement, le fait de se blâmer nuit à l'adaptation des adolescentes. Les adolescentes qui acceptent davantage avoir été victime d'AS se perçoivent plus résilientes. Cependant, se blâmer par rapport aux AS peut être une réaction normale momentanément dans un contexte abusif. Feiring & Cleland [16] ont démontré que les enfants avaient une tendance décroissante à se blâmer et à attribuer le blâme à l'abuseur au fil du temps. De plus, le fait que nous ayons utilisé un questionnaire peut avoir une incidence sur les résultats tel que l'a démontré cet auteur : les enfants semblent s'attribuer plus de blâme quand ils répondent aux questionnaires que lorsqu'ils sont en entrevues cliniques. Et enfin, dans notre étude, les attributions de blâme à l'abuseur n'ont pas été significativement associées aux symptômes, corroborant ainsi les résultats de leur recherche.

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Coping and survival strategies during repression – the romanian former political prisoners` experience.

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Abstract

Numerous studies deal with the explanatory factors and the resources needed for survival and maintaining the psychological health after political repression or collective violence. They are concerned with coping strategies, attachment, as well as historical and social determinants of the development of protective factors [1], [2], or how the effects of repression are moderated by the political involvement and beliefs [3], [4]. In a group of 45 former political prisoners (mean age = 80.5 years) we aimed to reveal the coping styles and the key elements of their survival during political repression (1948-1989).

The coping strategies developed by participants were evaluated using the Brief COPE inventory [5], while the biographical interview aimed to find the significant elements related with the survival during repression.

Participant's scores to the Brief COPE scales show a significant presence of active coping and seeking instrumental support dimensions, suggesting their usefulness when confronting difficulties after release (insertion in a changed social environment, finding a job, etc.). Thematic analysis of the narratives identifies a number of key elements in dealing with adversity: beliefs, social or political concerns, perception of social changes after release, the presence of challenges, social activism, professional achievement.Moreover, the flexibility in the choice and the ability to use different strategies appears to be an adaptive aspect in dealing with stressful situations and lived problematic experiences.

Keywords: Coping, surviving strategies, adversity, repression, political prisoners.

Introduction

The consequences of collective or political violence has been for decades studied, with an emphasis on negative symptoms such as chronic depression, anxiety, sleep disturbances, nightmares and psychosomatic disorders. More recently, the data regarding the explanatory factors for the resources needed for survival and maintaining the psychological health have increased considerably. Among them, we found the studies on Kurdish political prisoners from Turkey [3], [4], considering the effects of repression and the role of the political involvement and beliefs. Also, other authors [6],[7] studied a certain capacity to overcome the difficulties and trauma following Nazi concentration camps, capacity named sense of coherence. Further studies conducted by a group of Finnish researchers [1], [2], on former Palestinian political prisoners gave a good comprehension on how people survive after political repression or collective violence. The later studies are concerned with coping strategies, attachment, sense of coherence and post-traumatic growth.

Another concept to consider in the study of reactions on a adversity context is resilience, which generally refers to one's ability to "cope well with adversity" and "persevere and adapt when things go awry. Resilience helps people deal with stress and adversity... and reach out to new opportunities"[8]. Considering the political repression in the communism regime from Romania, the survivors of the imprisonment and persecutions made a large inventory of the threats, difficulties and traumatic events lived during that era [9], [10], [11].

Still, the development of strategies to cope with the adversive events are not sufficiently clarified. Thereby, the present study intends to unreveal the coping strategies developed by participants and to find significant elements related with the survival during repression.

Methods

Participants are 45 former political prisoners (M = 80.58, SD = 5.03), mostly men (39 from 45), structure representative for the population of former political prisoners, according to historical data. They were subject to imprisonment and to persecution during the political repression during the communism regime (between 1948 and 1964). Data were collected in familiar locations, in 2008-2009.

51.1% of participants graduated high school, while 35.6% completed university studies. About 20% (9 individuals) were arrested during their studies; 6 of them fulfilled their studies after imprisonment.

Using a mixed design - quantitative and qualitative, we evaluated the presence of the coping strategies as described by Carver (1997) and searched for significant elements related to the survival during their lifelong experiences. The instruments were an in-depth (biographical) interview and the BriefCOPE inventory [5]. BriefCOPE is an abbreviated version of the COPE inventory [12], perfected to evaluate the coping strategies developed by individuals in stressful situations.

This inventory contains 14 subscales of 2 items (outlined in table nr. 1), with a Cronbach alpha coefficient of validity between 0.50 and 0.90. Brief COPE questionnaire is especially useful when time constraints are significant, or when participants have difficulty in concentrating for a long time. Data from the questionnaire were analyzed using SPSS 14.0, being treated in a descriptive manner.

The content analysis sought to identify themes in the subjects' narratives; the selected themes had to hold a significant part in the participants' personal history, and a satisfactory representation of the whole group.

Results

1.1 *Descriptives of Brief Cope scores*

The data presented in the table 1 indicate that the most frequent coping strategies are the active coping, followed by seeking instrumental support and religion. Scores reported by subjects in the active coping (range 4-8, M= 5.6) suggest that each of our subjects used at least a few times this strategy. Regarding the use of instrumental support, the mean scores suggest the habit of most participant to frequently appeal to this strategy in a number of problematic life situations.

Among the less frequent chosen ways of coping reported we noted the use of drugs or alcohol strategy, with scores not higher than 3 for a subject, meaning that for maximum one question of the two items indicating this dimension the answer was "sometimes". Further, we found low than average scores on dimensions like humor (M = 3.07), self -blame (M = 3.4) and denial (M = 3.64). Scores variability shows that subjects did not report the maximum possible scores on these scales, indicating a low presence of humor coping strategies, denial and self-blame for the whole group.

Table. nr. 1. Descriptives of scores reported on coping dimensions (N = 45, two items scale, range from 2 to 8)

	Coping strategies	Statistics of scores			
		min	max	Mean	SD
1.	Active coping	4	8	5.60	1.03
2.	Planning	3	7	4.82	1.11
3.	Positive reframing	2	7	4.04	1.10
4.	Acceptance	2	8	4.53	1.50
5.	Humor	2	5	3.07	.75
6.	Religion	3	8	5.00	1.34
7.	Use of emotional support	2	8	4.82	1.26
8.	Use of instrumental support	2	7	5.33	1.16
9.	Self-distraction	2	7	4.93	1.03
10.	Denial	2	7	3.64	1.09
11.	Venting	2	7	4.47	1.23
12.	Substance use	2	3	2.33	.47
13.	Behavioral disengagement	2	6	4.00	1.06
14.	Self-blame	2	6	3.40	.93

1.2 *Cathegories and themes related with adversity conditions (biographical data)*

Personal beliefs. A significant number of subjects (51.1%) refer to their beliefs as relevant in the period prior to arrest; during imprisonment the proportion decreases to 33.3% of the total group, proportion which

remains relatively constant in subsequent periods, with a slight recovery after 1989 (fall of the communist regime).

Political interest. A similar trend seems to be followed: a relative decrease of this interest in the period after the liberation could be related to the impossibility to activate or to discuss matters of this kind with the close ones.

Expectation of the arrest: Two thirds of the participants in our study were expecting to be arrested, which could indicate us that they were considering the deployment of socio-political events, and they were aware of being under their incidence.

Confronting the social and political changes. The confrontation with the environmental changes seems to occur even before incarceration, period during which the Communist party has already gained influence over all the social or decisional segments. Most assessments assert the difficulties to support changes occurring during arrest and imprisonment, when it was a direct confrontation with the repressive and coercive environment, the individual having to live in a way totally different from the known one.

Persecutions are appreciated as significant in the period of imprisonment and after the liberation. During imprisonment, the references include: confinement, lack of privacy, disregard for any personal rights, etc. Considering the post-release period, the persecutions include administrative barriers when applying for a job, police citation; the subjects assess the persecutions as difficult to avoid. The possibilities for avoidance were related to the nature of the profession, to the security staff from the administrative region, and the personal capacity to anticipate the actions of the repressive actions.

Solicitations (challenges, demands) from the environment and the assessment of life situations suggest a considerable variability and the absence of a typical pattern for the adversity situations encountered (historical data assert that the repression was not organized in a unitary way).

The positive or negative *assessment of life situations* seems to be related to the resources available at the time of liberation, but also to the duration of incarceration. As major sources of support are mentioned: the profession, the family, the people encountered, and also a certain way of approaching the situations they were confronted with. The same issues are often the source of the most important difficulties during their lives, when the expected support does not become a resource.

Discussion

The results show a significant presence of types of active coping and seeking instrumental support, potentially explained by the specificity of this type of coping, and the social political context necessary after release. Having faced numerous restrictions to further studies or employment, often facing persecution against them or family of origin, former political prisoners had to adapt to the new administrative system. They endeavored substantially to continue their education, facing numerous bureaucratic barriers. Moreover, job search involved in some cases a waiting period of several months or years, during which they needed the support of relatives or acquaintances and in most cases certain administrative "juggling" to avoid rejection as "undesirable". All these challenges may require as strategies an active coping or seeking instrumental support, in order to overcome the mentioned difficulties.

Among the possible explanations for the extremely low use of substances as a way to cope with difficult situations we can first think to our group characteristics: surviving after many years of adversity, this may be a vital selected population, including the avoidance of health risk factors. We also had to consider the impossibility to buy drugs or alcohol during detention; further, demands and difficulties after release (graduation issue, employment or job maintenance, sometimes persecutions) did not allow the recourse to this means of mitigation of negative psychological states. In very few cases, the use of drugs was mentioned sporadically, mainly because it did not bring any relief to their psychological condition.

The affirmation of personal beliefs and the relevance for the individual don't seem to be affected by repression in the long term; a similar tendency seems to be followed by political interest stated by subjects, when a relative decrease of interest after release may be related to the inability to activate or to discuss this kind of matters with the closest people.

Considering the competence to deal with a changed environment, the narrative suggests that a longer imprisonment leads to the development and the constant affirmation of distinct coping strategies; as a consequence, more years of prison demanded the use of these strategies, making the subject more prepared for the adversive environment encountered after release.

Concepts like coping and resilience provide some support for this assertion. Thus, every change generates a certain amount of stress, or at least a request to which the body reacts; an eventual success in adaptation will result in a higher capacity to cope with stress [13]. On the other hand, it is described as resilience the characteristic of a person who lived or is living events of traumatic nature or chronic adversity, and proves good adjustment as a result of an interactive process between the individual, the family and its environment [14].

Conclusion

Among the dimensions of coping, the most commonly reported are active coping, seeking instrumental support and religion. As mentioned, these strategies may be required by the characteristics of difficulties and adversity lived during or after imprisonment. On the other hand, the most underrepresented coping strategies are the use of substances, humor, self-blame, and denial.

Data from narratives suggest that own values and beliefs were important milestones in the decision-making in critical situations or experiences. Moreover, the conditions of adversity and organized repression seem to reinforce the subject's own beliefs and judgments of a particular fact or event.

In a broader acception, the last decades of research show that we can learn to be more resilient by changing how we think about challenges and adversities [8], [15], [16].

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Stress, coping et qualite de vie de parents belges d'enfants a trouble du spectre autistique

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Abstract

Based on the integrative psychology and multifactorial health model of Bruchon Schweitzer (2002), an empirical study was conducted among parents of Belgian children with autism spectrum disorders. During the diagnostic process and throughout the education of their child, parents are faced with situations of stress and burdened parenting threatening family well-being. Several questionnaires were completed online or in paper form by the parents in this case: the Appraisal of Life Event Scale [9] assessing perceived stress, Perceived Control Scale (adapted from Cancer Locus of Control Scale, Cousson-Gélie, 1997), Perceived Social Support Questionnaire [5], the adaptation of the Ways of Coping Checklist Revisited, [6] to assess coping strategies, focusing on the problem, on the emotions or seeking social support and the Scale of Quality of Life for parents of children with ASD [8].An analysis of their perceived stress, their control, the type of social support and coping strategies, allows us to understand their perception of subjective quality of life and their psychological needs and family support.

Key-words: coping, autism, quality of life

Introduction

Notre étude se penche sur la qualité de vie et les processus d'adaptation de parents belges ayant un enfant présentant par un trouble du spectre de l'autisme (TSA) et sur les facteurs de risque et de protection en jeu. Des études ont montré que les parents d'enfants TSA sont plus sujets à la *dépression,* au *stress* à différents moments de la vie de leur enfant, vu la confrontation à de multiples problèmes au quotidien et pour son éducation. Ceux-ci sont difficiles à gérer et induisent un *sentiment de perte de contrôle*. Les parents utilisent des *stratégies de coping* pour faire face à ce stress. Le *soutien social* de l'entourage et des professionnels peut contribuer à leur qualité de vie (QV). Celle-ci peut être influencée par des facteurs individuels et environnementaux. La littérature s'est développée ces dernières années à ce sujet alors que les parents expriment depuis longtemps leur souffrance liée au handicap de leur enfant [1], [2]. Cette étude se base sur le modèle intégratif et multifactoriel de Bruchon-Schweitzer [3], développé en psychologie de la santé, fondé sur une conception transactionnelle du stress de Lazarus et Folkman [4]; stress qui peut provenir de causes individuelles, familiales ou sociales (Fig. 1). Ce modèle intègre trois types de variables:

(1) *les prédicteurs* comprenant les *antécédents* avant le stresseur (dont les caractéristiques des individus) *et les déclencheurs* de l'apparition du stress;
(2) *les processus transactionnels* ou stratégies cognitives, émotionnelles et comportementales de la personne pour faire face à la situation stressante comportant: (a) l'évaluation primaire du stress, (b) l'évaluation secondaire des ressources personnelles (ou contrôle perçu) et des ressources sociales (ou soutien perçu) ainsi que (c) les stratégies de *coping*;
(3) l*es issues adaptatives* se reflétant par l'état somatique et émotionnel de la personne ou sa QV.

Les processus transactionnels jouent un rôle modérateur ou médiateur sur les relations entre *les prédicteurs* et les *issues adaptatives.*

Concernant le *contrôle perçu*, dans ce cadre, nous distinguons la perception de contrôle sur le trouble, sur l'évolution de développement de l'enfant et les croyances irrationnelles à propos du trouble. Le *soutien social perçu* concerne le sentiment de la personne d'être aidée, protégée et valorisée par son entourage, ou pas [5]. La personne est invitée à estimer la disponibilité du soutien social par le nombre de personnes sur qui elle peut compter ainsi qu'à apprécier le degré de satisfaction à propos du soutien. Ils se différencient en «soutien émotionnel» par le réconfort, l'expression d'affects positifs à son égard; en «soutien informatif» par l'apport de

connaissances face à un problème; en «soutien d'estime» par la rassurance quant à ses compétences lors de doute; et en «soutien matériel et financier» [5]. Lorsque la personne met en œuvre des stratégies de *coping, elle exerce des «efforts cognitifs et comportementaux, constamment changeants, destinés à gérer les existences externes et/ou internes spécifiques qui sont perçues comme menaçant ou débordant les ressources d'une personne»* [4]). Celles-ci sont déterminées par les caractéristiques du contexte et peuvent changer dans le temps [3]. On distingue le coping «centré sur le problème» par la recherche de ressources diverses dont l'information, le soutien, «centré sur l'émotion» par l'expression et la régulation des émotions engendrées par la situation, et induisant le déni ou l'évitement; et enfin «la recherche de soutien social» [6], [7].

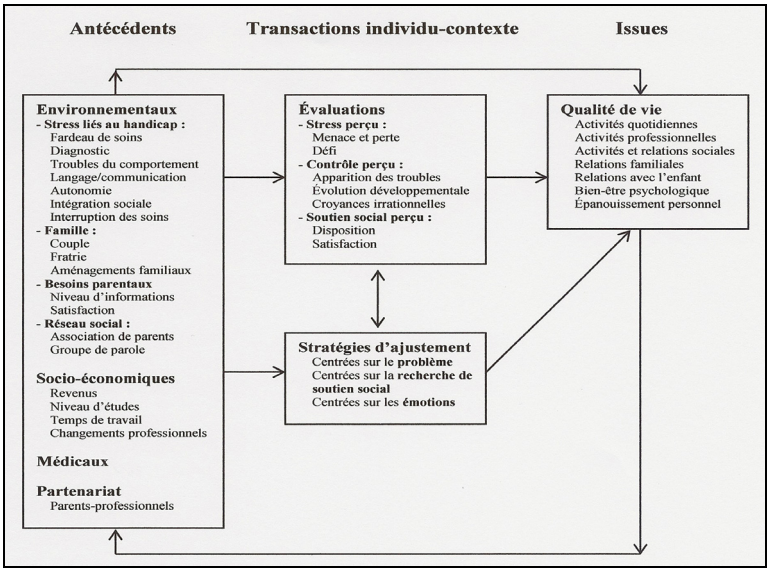

Fig. 1. Modèle intégratif et multifactoriel adapté à la situation des parents d'un enfant TSA [8]

L'étude vise à examiner les questions suivantes. *Quels sont les facteurs individuels et environnementaux qui font varier la perception du stress, du contrôle, du soutien, des stratégies de coping et de la qualité de vie des parents ayant un enfant TSA? La qualité de vie des parents ayant un enfant TSA varie-t-elle en fonction de leurs perceptions du stress, du contrôle, du soutien social et de leurs stratégies de coping?»*

Méthode

1.1 Participants

31 parents (27 mères, 4 pères) âgés de 28 à 55 ans (M = 41 ; ET = 6.5) ont participé à l'étude. Leurs enfants TSA (25 garçons, 6 filles) sont âgés entre 35 et 261 mois (M = 125 ; ET = 63).

1.2 Instruments

Une *estimation des besoins* de soutien psychologique et de conseils, d'aides concrètes et de partage d'expériences ou collaboration (max = 66) est obtenue par une échelle de 22 items. Une *estimation de satisfaction* concernant l'annonce du diagnostic, les prises en charge, le suivi médical et thérapeutique après l'annonce, la scolarité de l'enfant, le partage des tâches au sein du couple, l'aide apportée par les associations et les relations avec les professionnels est obtenue au moyen d'une échelle de 14 items (max = 30).

L'échelle *ALES* (*Appraisal of Life Event Scale* [9]) mesure le stress perçu selon que l'expérience est perçue comme une menace, une perte (max = 50) ou comme un défi (max = 30).

Le *CLCS* (adaptation de la *Cancer Locus of Control* [10]) évalue degré de contrôle perçu des parents concernant l'apparition du TSA, l'évolution du développement de l'enfant et les croyances irrationnelles.

Le *QSSP* (*Questionnaire de Soutien Social Perçu* [5]) évalue le soutien social perçu en différenciant les soutiens émotionnel, informatif, d'estime, matériel et financier.

La *WCC-R* (*Adaptation du Ways of Coping Checklist Revisited* [6]) mesure les stratégies de coping des parents «centré sur le problème», «centré sur l'émotion » et « la recherche de soutien social».

Une échelle de qualité de vie [7] évalue les conséquences du TSA dans 7 domaines : activités et relations quotidiennes, professionnelles, sociales, familiales et de couple, relations avec l'enfant TSA, bien-être, épanouissement personnel.

1.3 Procédure

Le recrutement s'est réalisé par une information et un appel aux parents par l'intermédiaire de la présidence de l'Association de Parents pour l'Epanouissement des Personnes avec Autisme, par affichage dans des services spécialisés assurant des suivis d'enfants TSA, par un stand d'information à des journées d'études ainsi que par une demande postée sur Facebook «Autisme TED Belgique: groupe d'entraide». Une fiche signalétique relative aux informations sociodémographiques et d'anamnèse et les cinq questionnaires ont été intégrés en un dossier, envoyé sous format papier ou rendu accessible en Limesurvey, à l'intention des parents ayant donné leur consentement.

Résultats

1.4 Processus

Le tableau 1 présente les statistiques descriptives des processus étudiés. Le score de satisfaction globale (relative aux informations sur le TSA, à l'évolution de l'enfant, à l'intervention, à l'écoute, l'aide et aux relations avec les professionnels) ainsi que le score en besoins varient beaucoup selon les parents.

Tableau 1. Moyennes, écart-type, min, max des scores aux échelles

		M	ET	Min	Max
Besoins (max = 66)		28.5	14.5	7	61
Satisfaction (max = 30)		17	6	0	28
Perception du TSA (%)					
	menace/perte	53.6	20.5	22	100
	défi	47.9	27.1	0	100
Contrôle (%)					
	apparition TSA	8.9	13.7	0	53.3
	évolution TSA	76.15	18.6	38	100
	croyances irrationnelles	11.41	20.1	0	77.8
Soutien					
Nombre de personnes	émotionnel	5	3.8	0	15
	informatif	4	4	0	13
	estime	10	6	0	28
	matériel et financier	1.7	2.5	0	10
(%)	Satisfaction	26.1	7.9	0	36
Coping (%)					
	problème	68	19.2	26	100
	émotions	47	22.1	7.4	81.5
	recherche soutien social	64.7	24.8	0	100
Impact TSA sur qualité de vie (%)					
	Globale	51.7	12.6	23.6	85.5
	Quotidien	63.7	17.1	27.8	92.6
	Profession	49.3	33.8	0	100
	Social	52.6	18.5	6.7	85
	Famille-couple	54.7	13.1	30	91.7
	Relations-enfant TSA	40.1	22.3	0	76.2
	Bien-être	50.9	19.2	9.8	98.5
	Epanouissement	31.6	23.1	0	100

Des comparaisons par *t* pairés de Student et des analyses de variance des moyennes des sous-scores relevant des cinq échelles mettent en évidence certaines différences significatives. Préalablement, les sous-scores à ces échelles ont été transformés en pourcentage. Concernant le stress perçu, le TSA n'est pas plus perçu comme une menace, une perte que comme un défi. Concernant le contrôle perçu, la perception de contrôle est plus élevée pour l'évolution du développement de l'enfant que pour l'apparition du TSA et les croyances irrationnelles. Concernant la perception du soutien, le nombre de personnes disponibles varie beaucoup selon le type de soutien et les parents : c'est le soutien d'estime qui est le plus présent. La satisfaction du soutien varie très fort selon les parents. Concernant le coping, la stratégie de coping centrée sur les émotions est moins mobilisée que les stratégies de coping centré sur le problème et de recherche de soutien social.

Quant à la QV des parents, elle varie significativement selon les domaines. La QV des activités quotidiennes est plus atteinte que celle relative aux activités professionnelles, aux relations sociales, aux relations familiales et de couple, au bien-être et à l'épanouissement personnel. La QV des relations sociales est

plus touchée que celle relative à l'épanouissement personnel. La QV des relations familiales et de couple est plus affectée que celle relative aux relations avec l'enfant, et à l'épanouissement personnel. La QV relative au bien-être est plus atteinte que celle relative aux relations avec l'enfant TSA et à l'épanouissement personnel. Bref, l'épanouissement personnel semble être le domaine le moins affecté par la présence du TSA de l'enfant.

1.5 Variation des processus en fonction des caractéristiques de l'enfant

Des analyses de variance ont mis en évidence que la QV en relations familiales varie en fonction de l'autonomie de l'enfant; la QV en activités quotidiennes varie en fonction de la communication de l'enfant, de son usage d'un système alternatif de communication ainsi que de sa pratique de loisirs ; la QV en épanouissement personnel varie en fonction de la pratique de loisirs.

Le soutien matériel et financier varie en fonction de la propreté de l'enfant le jour et la nuit. La propreté la nuit fait aussi varier le score de besoins, le score de satisfaction et le TSA perçu comme une menace ou perte. Le coping centré sur le problème varie selon la présence de troubles associés.

1.6 Variation des processus en fonction des caractéristiques des parents

La répartition des tâches fait varier le score de satisfaction, le coping centré sur les émotions, la QV globale, en activités quotidiennes et en relations sociales. Les revenus font varier le score en besoins, le soutien matériel et financier, la satisfaction du soutien, le coping centré sur le problème, la QV globale, en activités quotidiennes et en relations sociales. Le fait de considérer leurs revenus comme suffisants fait varier le score en besoins et le score de satisfaction, la QV globale et en bien-être. Le temps de travail fait varier la QV en activités professionnelles. Les changements professionnels font varier le contrôle perçu sur l'évolution de l'enfant TSA, la QV en activités professionnelles. Le fait d'être membre d'associations de parents fait varier la perception de contrôle sur l'évolution de l'enfant TSA, la QV en activités professionnelles, en relations familiales et de couple.

1.7 Variation des processus selon la procédure diagnostique et le parcours de l'enfant

La personne ou l'équipe qui établit le diagnostic fait varier la perception de contrôle sur l'évolution de l'enfant TSA. Le fait d'avoir des doutes fait varier le coping par recherche de soutien social. Le fait d'avoir son mot à dire lors de l'intervention précoce fait varier le score en satisfaction, la perception du TSA comme une menace ou perte, la QV en activités quotidiennes et en bien-être. Le fait d'avoir son mot à dire pour la scolarisation de l'enfant fait varier le score en satisfaction, le coping centré sur les émotions, la QV globale, en activités quotidiennes et en relations sociales. Le fait de considérer la scolarité adaptée à leur enfant fait varier le score de satisfaction, les soutiens d'estime et informatif.

1.8 Liens prédictifs des processus sur la qualité de vie

Des analyses en régression montrent des liens prédictifs suivants.

L'âge de la première intervention et la perception de contrôle sous forme de croyances irrationnelles expliquent 57% de la variance du soutien d'estime. L'âge de la première intervention et la perception de contrôle sur l'évolution de l'enfant explique 54% de la variance du soutien informatif. Le temps de scolarisation de l'enfant explique 19% de la variance du soutien émotionnel. Le score de besoins, la perception du contrôle sur l'évolution de l'enfant et le temps de scolarisation explique 62% du coping centré sur le problème. Le soutien émotionnel explique 24% du coping centré sur les émotions. La perception de contrôle sur l'évolution de l'enfant explique 40% de la variance du coping centré sur la recherche de soutien social.

Le score en besoins explique 33% de la variance de la QV globale. Par domaine, la QV par domaine est prédite par des variables plus spécifiques. Le score en besoins, la perception du contrôle sous forme de croyances irrationnelles et de fréquence de scolarisation explique 78% de la variance de la QV des activités quotidiennes. Le coping centré sur le problème explique 19% de la variance de la QV des activités professionnelles. Le score en besoins explique 28% de la variance de la QV des relations sociales. La perception du contrôle sur l'évolution de l'enfant, l'âge des parents et le temps de scolarisation explique 51% de la variance de la QV des relations familiales et de couple. La fréquence de scolarisation explique 33% de la variance de la QV des relations avec l'enfant TSA. Le score en besoins, la perception du TSA de l'enfant comme une menace ou perte explique 70% de la variance de la QV en bien-être. Le coping centré sur le problème, l'âge de l'enfant et la perception du TSA de l'enfant comme une menace ou perte explique 76% de la variance de la QV en épanouissement personnel.

Pour conclure, les professionnels doivent considérer les besoins, le parcours d'intervention et de scolarisation, pour soutenir la perception de contrôle sur l'évolution de l'enfant, le coping centré sur le problème et la qualité de vie des parents dans plusieurs domaines.

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Critical discourses on resilience: Exploring alternatives strategies used by young people at-risk

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Abstract

The concept of resilience is often situated in a dominant discourse that reflects medical and developmentalist epistemology, in Western models, with the ideology of white people, and middle class hegemonic norms. Behavior that falls outside of the "normal", or what is "socially acceptable", is associated with riskiness and tacitly if not explicitly labeled as pathological, and then, not resilient. However, the context of social injustice of many young people at-risk can have drastic effects on them. When we offer institutions such as schools that do not understand their needs, they may refuse our services and some of them may engage in anti-social activities, since they are looking for personal validation, pathways to recognize themselves, and places and organizations that contribute to the building of their social identity. This paper analyses how the denial of support and resources for the wellbeing of young people can lead them to situations that are socially unacceptable, such as sexual exploitation and drug trafficking. The main argument is that these activities, in the absence of conventional mechanisms, may bring some benefit to the subjects. Benefits may be in material conditions, though strongly marked by issues of social inequality; or subjective, in gaining relationships with people outside the normative places and institutions for young people. Unconventional circumstances produce unconventional attitudes that are expressed in alternative forms of resilience.

Keywords: resilience, adolescents, sexual exploitation, drug trafficking

Epistemological issues on resilience theory

Although there are different assumptions about the concept of resilience and its implications in the human development, the main concern is to understand what makes people deal with hard situations and still show personal positivity even when the circumstances are unfavorable. Based on this understanding, the proposal of this paper is to problematize aspects involved in resilience processes for adolescents involved in drug trafficking and sexual exploitation

In general, resilience has been conceptualized as psychological capacity to deal with positively problematic situations, including social issues (poverty, natural disasters, lack of resources) and concerning to subjectiveness (trauma, history of violence, disabilities, etc.). Bolzam & Gale [1] describe the studies on resilience in recent decades and show us "four waves" of investigation, which can be understood as explanatory models that supported the researches. Such movements reveal theoretical propositions ranging from more static positions, once resilience is conceived as a personality trait, and therefore hereditarily assigned as a mark of the individual, even speeches that overvalue social issues such as producing resilience.

We stand opposed to theoretical perspectives that claim that resilience is related exclusively to biological attributes. We define emphatically that resilience is a social construction process. It means that the offering of protective and useful resources can contribute to minimize the negative effects of challenging contexts. Thus, our proposal is to discuss the social aspects that collaborate in the social construction of resilience, once we understand that the required resources for the subjective strengthening are extracted from the context, including interpersonal relationships, social programs, public policy and culture itself.

The approach of Canadian researcher Michael Ungar inspires us. He emphasizes in his work the role of community and cultural issues to show how children and adolescents at-risk navigate through pathways into resilience. It changes the focus on the individual and allows us to create a systematic evaluation about the role of the society in promoting resilience [2] [3] [4].

Unfortunately, resilience as an academic concept is most often located at a dominant discourse. The knowledge in the medical field, as well as in the psychology or even social work, defines arbitrarily what it means to be "good enough", therefore, "resilient". Wherefore, resilience has being grounded in dominant models

of human development and centred within “right patterns” linked to dominant culture: Western models, ideology of white people and in the middle class.

Challenging the notion of patterns of resilience

Based on that, the behavior expected for young people are also assigned in terms of social expectations. The behavior that falls outside of the “normal”, or what is “socially acceptable”, is associate to a risk behavior and probably labeled as pathologic, and then, not resilient. Bottrell [5) says in her work that “resilience and psychopathology are dichotomized responses to risks to development defined by normative criteria, which minimize the significance of cultural diversity and social positioning”.

It makes sense when you listen to marginalized people telling about their own experiences. A study conducted by Fefferman [6] with young boys involved in drug trafficking in favelas at Sao Paulo (Brazil) challenges our notion of resilience. Some of the participants reported during the interviews positive aspects for their development through the engagement in those activities, especially associated with obtaining financial resources, actions of the drug dealers in the communities, and social status gained.

Similarly, Davidson and Taylor [7] point out that the classification of the involvement of children and adolescents in the sexual market as "violence, forced labor or slavery, and the emphasis on the inability of children to choose prostitution " limited the discussions to immediacy and impoverished analyses. The authors claim that some adolescents engage themselves to prostitution because the places where they live and grow up do not offer satisfactory opportunities to develop, or when they can not find work or even to escape of forms of violence experienced within their home.

Of course we are not defending the involvement of adolescents in the drug trafficking or in the sexual trade. But their speeches are showing us that we are failing in somewhere or somehow as a society which it should be responsible for offering opportunities for their development. When they do not find pathways to resilience in the conventional mechanisms, they need to search it in alternative places. Unfortunately, for some of them, the only possibilitie is through the engagement in anti-social activities.

The context of social injustice of many young people at-risk can have drastic effects on them. When we offer services that do not understand their needs, they will refuse our services and some individuals will engage in anti-social activities, because they are looking for validation, a way to recognize themselves, and places and institutions that contribute for the building of their social identity.

The lack of meaning in educational programs, as well as the inefficiency of youth services is often replaced by a sense of belonging that was found only by engaging in anti-social activities, and sometimes within groups of people that share similar histories. The meeting with people in the same conditions may be advantageous to create meaningful relationships, even when it requires to take on the stigma of "misfits". Thus, based on Kaplan’s work: “From the subjective point of view, the individual may be manifesting resilience, while from the social point of view the individual may be manifesting vulnerability” [8].

The denial of support and resources for the wellness of young people can lead them to situations that is socially unacceptable, as the cases of sexual exploitation and drug trafficking. Furthermore, it is true that some of these activities in the absence of conventional mechanisms may bring some benefit to the subject, whether in the material conditions, strongly marked by issues of social inequality, or subjective, once the inefficiency of relationships with other people and services lead to unconventional attitudes.

This theme can evoke polemical debates, especially regarding to theoretical models grounded on traditionalist mental health approach and human development within a conservative perspective. For us, it is also quite challenging to find plausible justifications to support our arguments. It is not comfortable to recognize that the involvement in illegal or criminal activities can be configured as paths of personal empowerment. But we have to denounce that public policies, including the Federal interventions, as well as academic studies, neglect the understanding of children and young people on their trajectories of involvement in illegal activities [9] [10]. When we start to listen to them, we will find that their personal stories of engagement in crime or illicit activities may differ from the understanding of scientific rhetoric.

Armstrong [11]suggests that researches conducted with young people involved in crime are based on statistics correlations which ignore the reality of these groups, since the criminological perspective disregards completely the perspective of young people themselves, as well as other variables that support the annulment of comprehension of risk factors as a social construction. Other studies on the subject, despite being based in different theoretical and methodological propositions, reveal the complexity of the social contexts where young people were inserted in the illicit drug trade [12] [13].

Through all this inhumane process of marginalization and the evident lack of opportunities, some adolescents need to adopt unconventional strategies of personal recognition which can help them to replace unachievable expectations within a system that label them as "youth in trouble". Even when they recognize the implications of dealing drugs, such as the risk of death experienced daily, some of them “choose” to be part of the trade, hoping to improve their lives or at least overcome the miserable conditions experienced before.

The same arguments can be used to explain some cases involving adolescents and young people in sexual exploitation trade. A study conducted by Rubenson, Hanh, Höjer & Johansson [14] aimed to understand the perspective of Vietnamese adolescents involved in sexual exploitation, emphasizing themes regarding how they live and the strategies to deal with challenges in their lives. The first core discussed by researchers refers to poverty, which implies a precarious repertoire of opportunities for social participation. Unexpectedly, another group presented that sexual activities contribute to make their dreams come true. And only a small group see themselves as victimized, and in these cases the adolescents demonstrated other vulnerabilities (financial debt, oppressive relationships and addict behavior). These findings also dialogue with the surveys conducted in the Brazilian context by Libório [15] [16].

In a society that overestimate the consumption, producing the need to access manufactured products, it is understandable that adolescents and young people desire to be part of this, once they have been highly encouraged to become costumers in the capitalist society. As they are prevented to participate in conventional ways (accumulating capital enough through work), some of them go to alternative strategies. Drug trafficking and sexual exploitation, highly profitable activities for their realities, become attractive for this segment.

Brief considerations

The main argument is that anti-social activities, in the absence of conventional mechanisms, may bring some benefit to the subjects [17] [18] [19]. Benefits may be in material conditions, strongly marked by issues of social inequality, or subjective, in gaining relationships with people outside the normative places and institutions for young people. Unconventional circumstances produce unconventional attitudes that are expressed in alternative forms of resilience.

Our intention is not to validate the drug trafficking and sexual exploitation of children and adolescents in the contemporaneity. But it is necessary to admit that the social model, marked by inequalities and oppressive realities, lead some young people to alternative ways to build their resilience processes. Thus, we need to eliminate moralist speeches, as well as recognize that the precariousness of resources, inefficiency and lack of social policies, often lead children and adolescents to situations socially undesirable, but these were the only possibilities to generate the sense of wellbeing, belonging and self-esteem, and it supplies something that was not found in settings such as family, school, community, church, and certainly in public policy in general.

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Exposure to adverse childhood experiences and health problems in adulthood: the role of family related protective factors

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Abstract

The exposure to adverse experiences (ACEs) during the first 18 years of life can have long negative term effects on people's mental and somatic health. ACEs include verbal, physical, or sexual abuse, as well as family dysfunction (e.g., an incarcerated, mentally ill, or substance-abusing family member; domestic violence; divorce or parental separation). Using a CDC-WHO methodology (the Adverse Childhood Experiences Study), the present study aims to investigate the relationship between ACE and mental and somatic health problems in young adults. Secondly, we investigated the role of family related protective factors (e.g. there was someone in your family to take care of you, to make you feel important or loved) in the relationship between the exposure to adverse childhood experiences and health problems. Our sample consisted from 2088 Romanian university students. The results indicate that as the exposure to ACEs categories increases, the odds for experiencing mental health and somatic health problems also increase. The presence of positive related family factors did not change the association between exposure to ACE and health outcomes. Several recommendations for future research are presented.

Keywords: adverse childhood experiences, mental health problems, somatic health problems, family protective factors.

Introduction

During their development, in their first 18 years of life, children can be exposed to an increased number of adverse experiences and situations. These experiences vary from child abuse and maltreatment (physical and psychological abuse and/or neglect) to a large number of family dysfunctional situations (mother's abuse; alcohol, illicit drug consumption by one of the family members; mental illness of one of the family members) [1]. Researchers, practitioners, educators, policy makers, NGOs, and other community members offer a constant attention towards this issue [2].

1.1 Exposure to adverse experiences during childhood

Being exposed to abuse and neglect throughout childhood can have for a person immediate and long term negative consequences [3, 4]. Using a retrospective research methodology, a number of studies (ACE studies) had investigated the prevalence of exposure to adverse childhood experiences (ACE) and its relationship with health outcomes in adulthood [3, 5, 6, 7]. A consistent number of studies indicated that certain abuse categories (physical abuse and neglect, psychological abuse and neglect, sexual abuse) co-occur throughout childhood with several categories of family and household dysfunctions (from domestic violence and substance abuse by a family member, to criminal behavior or mental illness of a family member). These categories have been labeled ACE categories in the studies which adopted the same methodology. According to these studies, as the child is exposed to a higher number of ACE categories, risk for developing health problems such as: chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD), or liver disease increases also [3]. Moreover, experiencing adversity during childhood has been linked to a higher risk for developing mental health problems in adulthood, such as: depression [7], suicidal ideations and suicidal attempts [5].

According to a WHO international report, in a Romanian university sample, the exposure to adverse experience during childhood has high prevalence among young adults. Specifically, the most prevalent ACE categories to which the participants were exposed are: physical abuse (26.9%); psychological neglect (26.3%); psychological abuse (23.6%); alcohol misuse by a family member/FM (21.6%); mother treated violently (16.5%) and physical neglect (16.5%). Female participants were exposed more often to psychological neglect, sexual

abuse, alcohol misuse by family member, mental illness of one family member, and domestic violence; on the other hand, male participants experienced more often physical abuse and physical neglect [9].

Similarly, other studies which have used other research methodologies evidence that an increased exposure to childhood adversity has a corresponding increased levels of conduct/antisocial personality disorder, violent and property crimes, alcohol and drug dependence. Moreover, the exposure to a higher number of adversities (more than 6) during childhood increased the risks for externalizing and internalizing problems later in adolescence and young adulthood [10].

Despite all the evidence previously presented, the relationship between exposure to adverse experiences during childhood and negative outcomes later on in life it is not a deterministic one. There are plenty of evidence which indicate that even children who had lived in extremely adverse conditions had not develop adjustment and health problems later on in life [11, 12].

1.2 Resilience and child maltreatment

Resilience is viewed as the dynamic developmental process which facilitates the attainment of positive adaptation within the context of significant adversity [13]. The two main critical conditions required to conceptualize resilient development as exposure to severe adversity, threat or trauma and the manifestation of positive adaptation despite experiencing those adversities [13, 14].

Experiencing abuse and neglect while growing up can have a negative impact upon the physical, social, psychological development. Nonetheless, not all individuals who experienced those negative life situations end up by having an impaired development. Cicchetti and Rogosch [15] identified that ego-control and ego-resilience (as personality characteristics), and positive self-esteem act as factors which foster resilient development in disadvantaged maltreated children. In addition, the use of functional emotional regulation strategies has been identified as predictors for resilience. The same authors indicated that EEG asymmetry and cortisol levels are related with resilience in maltreated children (physically abused children with higher levels of morning cortisol displayed higher resilient functioning) [14, 15]. Moreover, resilient functioning for abused children has been associated with the availability of emotional support at the time of the abuse [16] and with the ability to form, maintain and benefit from good inter-personal relationships [17]. The extent of recalled parental care and support, and the quality of adolescent peer relationships have been reported to be protective factors in a longitudinal study for children exposed to child abuse [18].

The present study has two main objectives. First, we investigate the relationship between exposure to adverse childhood experiences and health problems in young adults; secondly, we assessed the role of family related protective factors in the relationship between the exposure to adverse childhood experiences and health problems.

Methodology

1.3 Participants

In the present study were included 2088 participants (64.3% were female and 35.7% were male). We selected a representative sample for Romanian university students. The mean age of respondents was 24.51 years old (SD=± 7.09).

1.4 Instruments

The Adverse Childhood Experiences (ACE) questionnaires were used for this study. These questionnaires were developed by the Center for Disease Control and Prevention (Atlanta) in 1997, (www.cdc.gov/nccdphp/ace) and include *Family Health Questionnaire* and *Physical Health Appraisal Questionnaire*, both with separate versions for men and women. For the purpose of this study, the following dimensions were included: exposure to adverse childhood experiences, family protective factors, mental and somatic health problems.

1.4.1 Exposure to Adverse Childhood Experiences

Exposure to child maltreatment (physical abuse and neglect, psychological abuse and neglect, sexual abuse) and *household dysfunctions* (alcohol abuse, mental illness in the family, mother treated violently, parental divorce, family member incarcerated) was measured. A composite score (ACE score) was computed to form an indicator of exposure to adverse childhood experiences by adding individual items score, the score ranging from 0 up to 11 (0 means that the absence of any of adverse experience) (3, 7).

1.4.2 Positive Family Related Context

Positive family related context (PFRC) was measured using 7 items: *there was someone in your family: who took care of you; took you to the doctor; who loved you; who helped you feel important*; *your family members felt close to each other, your family members took care one of other; your family was a source of strength and support*. In order to verify the single-dimensionality of the scale, we used a confirmatory factorial analysis, and the computed fit indices supported the existence of a single factor. A composite score was computed by summing the score to each of the seven items, the score ranged from 5 to 35.

1.4.3 Mental and Somatic Health problems

Mental health problems score was generated by adding the score of two items: "have you had depression" and "have you had sleep problems". *Somatic health problems* score was computed by adding the score of the following items: constipation, high blood pressure, back pains, headaches, and problems with urinary tract.

1.5 Data analysis

For the purposes of the study we used univariate and bivariate descriptive statistics. In order to verify the hypothesis of our study, we tested a path analysis model. All the statistical procedures and analysis were done by using SPSS-IBM 20.

Results

About one third of the participants (35.5%) haven't been exposed to any ACE category. More than 64% of participants have been exposed to at least one ACE category (64.4% of males and 65.5% of females). One ACE category was experienced by 25.9% of females and 19.8% of males. The experience of any two categories of ACEs occurring together was common for 25.9% of males and 19.8% of females. Any three categories of ACEs were experienced by 9.3% of males and 9.5% of females. Four or more ACEs categories were experienced by 15.2% of males and 20.1% of females.

The odds of having most of these health problems were higher as the number of ACEs increased. The odd ratio for having depression was 1.9 times more likely as the person was exposed to one ACE category, and it increased to 6.33 times as the number of ACEs reached four and more (OR=6.33, 95% CI=6.64-8.65). The chance of having sleep problems was 1.62 more likely (OR=1.62, 95% CI=1.25-2.11) when the person was exposed to one ACE category, and it increased to 3.32 times more likely if the person was experienced four or more ACE categories (OR=3.32, 95% CI=2.53-4.35).

In the case of somatic health problems, the chance of experiencing constipation was 1.46 (OR=1.46, 95% CI=1.08-1.97) more likely if the person was exposed to one ACE category, and the chance increased to 1.65 (OR=1.65, 95% CI=1.22-2.24) as the person was exposed to four or more ACE categories. The chance of experiencing back pains was 1.52 (OR=1.52, 95% CI=1.18-2.09) more likely if the person was exposed to one ACE category, and the chance increased to 2 (OR=2, 95% CI=1.54-2.62) as the person was exposed to four or more ACE categories. Experiencing headaches was 1.41 more likely (OR=1.41, 95% CI=1.08-1.85) if the person was exposed to one ACE category, and it increased to 1.82 (OR=1.82, 95% CI=1.38-2.4). Reporting having problems with urinary tract was 1.86 more likely (OR=1.86, 95% CI=1.22-2.83) for the persons exposed to one ACE category, and the likelihood increased to 2.55 (OR=2.55, 95% CI=1.77-3.7) when the person was exposed to four or more ACE categories.

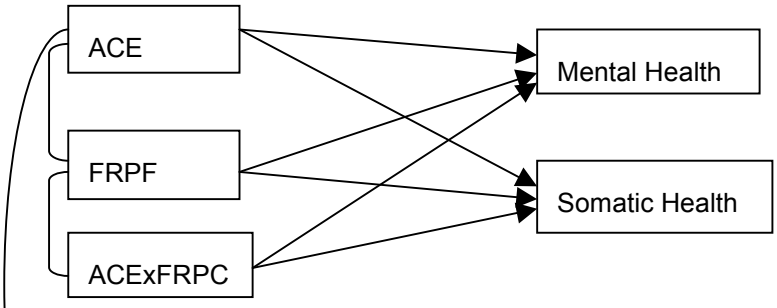

Fig. 1. Proposed Path Model

In order to verify our hypothesis, we specified a path analytic model using ACE, PFRC and ACExPFRC as exogenous variable (predictors) and mental and somatic health as endogenous variable (criteria). The resulted model was just identified as a consequence no global model fit was computed. Path indicators are presented in Table 1 (unstandardized coefficients).

Table 1 Path indicators for the proposed model

	Estimate	S.E.	C.R.	P
Mental Health <--- ACE	-.212	.020	-10.749	***
Somatic Health <--- ACE	.218	.032	6.867	***
Mental Health <--- PFRC	.033	.022	1.475	.140
Somatic Health <--- PFRC	-.033	.036	-.906	.365
Mental Health <--- Moderation	-.002	.018	-.117	.907
Somatic Health <--- Moderation	-.001	.029	-.034	.973

An increase with one unit of the ACE scores is significantly associated with a -.212 decrease of the scores of mental health (p>.001). Also, an increase with one unit of the ACE scores is significantly associated with a .218 increase of the scores of somatic health (p>.001). We indentified no significant associations between PFRC and somatic and mental health. Moreover, the interaction of ACE and PFRC did not moderate the relationship between exposure to ACE and health outcomes.

Conclusions

This study evidenced the relationship between exposure to adverse experiences during childhood and health outcomes. As a person was exposed to more ACE categories the chances of having poor health outcomes increased. These results come in line with recent literature [3, 7, 8]. The strongest indentified associations were between being exposed to ACE and mental health problems in young adulthood, especially experiencing depression.

For the present study, we conceptualize that a resilient development will characterize individuals who have been exposed to ACE, but had low scores for mental and somatic health outcomes. That fact that we identified no moderation effect between being exposed to ACE and health outcomes in adulthood could be attributable due to measurement issues. All measures indicating childhood abuse history, family interaction history and health outcomes were done by self report, and in the same session. Moreover, we might have not identified this effect because our sample was formed by young adults, who due to their age have lower chance of experiencing serious health problems.

This study brings some insight regarding the prevalence and the effects of experiencing adversities during childhood on several health outcomes during adulthood. In addition, future studies should employ more precise and valid measures when evaluating health problems in adulthood in order to have a more clear understanding about the possible resilient outcomes. Also, other inter-personal (parental attachment style, relationships with peers) or intra-personal factors (self-esteem, self-regulation, attributional style) should be tested as possible moderators in the aforementioned relationship.

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Bullying victimization in childhood: which factors act as buffer for health problems in adulthood?

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Abstract

Bullying behaviors among children are a worldwide problem and their effects, especially for victims, can be long lasting throughout adulthood. The present data was collected for the Adverse Childhood Experiences Study (N= 2088 Romanian university students). By using a retrospective approach, the first aim of this study was to identify the prevalence of bullying victimization for Romanian university students. The second aim was to assess the role of positive related family context in the relationship between the being bullied during the first 18 years of life and health problems during adulthood (mental and somatic health). Our results indicate the existence of a high history of bullying victimization for the Romanian university students. The exposure to positive related family context was a moderator in the relationship between bullying victimization and somatic health problems. Several research directions are proposed.

Keywords: bullying victimization, mental health problems, somatic health problems, family protective factors.

Introduction

Bullying behaviors are a particular type of aggressive behavior, which can be defined as any acts intended to inflict injury and discomfort upon another individual [1, 2]. There are several criteria used by specialists to distinguish bullying behaviors from other types of aggressive behavior: intentionality, repetitiveness and the imbalance of power [2]. Bullying involves also some specific roles: bully, victim, bully-victim (or reactive victims), and by-standers [1, 3].

1.1 Bullying victimization: prevalence and consequences

According to recent international epidemiologic studies, bullying behaviors have high prevalence worldwide, with estimates ranging from 8.6% to 45.2% among boys, and from 4.8% to 35.8% among girls [4]. At European level, the school children from Baltic countries reported higher rates of bullying and victimization, whereas northern European countries reported the lowest [4,5]. Among Romanian school aged children, bullying behaviors have a high prevalence. More specifically, 25.7% of 11 years old boys, 35.3% of 13 years old boys and 30.4% of years old boys have been experiencing victimization at least 2-3 times per month. Following a similar trend, 17.2% of 11 years old girls, 26.1% of 13 years old girls and 18.9% of 15 years old girls have experienced victimization for more than two-three times in the last month [6]. The authors identified a significant difference among the two genders, with boys reporting the engagement in these type of behaviors significantly more often. These findings come in line with research literature which emphasize that boys report higher rates of involvement in bullying [2,4]. Also, it appears that for Romanian school children, having a low social economical status has been associated with higher rates of bullying victimization for both genders [7]. Romanian school aged children, reported higher percentage for bullying other and being bullied compared to the HBSC average [6].

The negative effects of bullying involvement upon children's health are very well documented. Bullies tend to report a higher level of externalizing problems; victims tend to report more internalizing symptoms, and bully/victims tend to report both a higher level of externalizing and internalizing symptoms compared to other two groups [8]. Moreover, bullied children have significantly higher levels of anxious and depressive symptoms compared to bullies or non-involved peers [8, 9,10]. In the debate if depressive symptoms act as predisposing factors for bullying victimization, or it is a consequence of it, several studies indicate that internalizing symptoms seem to increase as a consequence of bullying victimization [10, 11]. In a longitudinal study, children who were bullied had significantly higher chances for developing new psychosomatic and psychosocial

problems compared with non-involved peers. Also, children with depressive and anxieties symptoms had significantly higher chance of being bullied 6 months later [12].

1.2 Resilience and bullying victimization

Resilience it is present when an individual manifest positive development despite of experiencing several significant adversities [13]. Positive relationships within family are one important aspect that has been related with resilient development for children [14,15]. According to this research, the experience of positive relationships with family diminishes the negative impact of adversity to which children had experienced [15]. One study which conceptualized the existence of resilient functioning for bullied children through the low depression scores indicate that being male, having high self-esteem, having low levels of conflict with parents and no victimization from siblings were characteristics associated with resilience [16]. Moreover, other longitudinal studies indicate that for children who experience bullying victimization characteristics such as: maternal warmth, sibling warmth and a positive atmosphere at home were associated with fewer emotional and behavioral problems [17].

The present study had two main objectives. First, we investigated the prevalence of being bullied while growing up for the young adults. Secondly, we assessed the role of positive related family context in the relationship between the being bullied during the first 18 years of life and health problems.

Methodology

1.3 Participants

Present study included 2088 participants (64.3% were female and 35.7% were male). We selected a representative sample for Romanian university students. The mean age of respondents was 24.51 years old (SD=± 7.09).

1.4 Instruments

The Adverse Childhood Experiences (ACE) questionnaires were used for this study. These questionnaires were developed by the Center for Disease Control and Prevention (Atlanta) in 1997, (www.cdc.gov/nccdphp/ace) and include *Family Health Questionnaire* and *Physical Health Appraisal Questionnaire*, both with separate versions for men and women. For the purpose of this study, the following dimensions were included: exposure to adverse childhood experiences, positive family related context, mental and somatic health problems.

1.4.1 Bullying Victimization

Questions about bullying experiences were preceded by the following introduction: *Here are some questions about bullying experience. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. But it is NOT BULLYING when two students of about the same strength quarrel or fight*. Being bullied was assessed by one question that respondents had to report the frequency with which they were bullied in school and away from school in the last 2 months. Response categories were: "I refuse to answer", "I haven't . . . ," "once," "a few times", and "several times" We included in our analysis all answer which indicated a frequency of at least "once". Also, participants were asked to indicate the type of bullying to which they have been subjected to.

1.4.2 Positive Family Related Context

Positive family related context (PFRC) was measured using 7 items: *there was someone in your family: who took care of you; took you to the doctor; who loved you; who helped you feel important*; *your family members felt close to each other, your family members took care one of other; your family was a source of strength and support*. In order to verify the single-dimensionality of the scale, we used a confirmatory factorial analysis, and the computed fit indices supported the existence of a single factor. A composite score was computed by summing the score to each of the seven items, the final score ranged from 5 to 35.

1.4.3 Mental and Somatic Health problems

Mental health problems score was generated by adding the score of two items: "have you had depression" and "have you had sleep problems". A composite score was computed by summing the score to each of the seven items, the final score ranged from 0 to 2.

Somatic health problems score was computed by adding the score of the following items: constipation, high blood pressure, back pains, headaches, and problems with urinary tract. A composite score was computed by summing the score to each of the seven items, the final score ranged from 0 to 5.

1.5 Data analysis

For the purposes of the study we used univariate and bivariate descriptive statistics. In order to verify the hypothesis of our study, we tested a path analysis model. All the statistical procedures and analysis were done by using SPSS-IBM 20.

Results

Overall, 39.2% of participants reported they have been bullied during their childhood (first 18 years of life). We identified a significant gender difference ($p<0.05$), male participants reporting that they were bullied more frequently than female participants (46.3% of males vs. 35.5% of females). The most frequent victimization categories to which participants have been exposed to were: situations when other persons made fun because of the way they looked (28.7% of females vs. 7.8% of males), situations in which they were left out of activities on purpose (18.1% of males and 20.7% of females) or situations in which they were made fun of by the use of sexual jokes (13.8% of males and 11.6% of females). Female participants reported significantly more often than male participants that they have been made fun of because of the way they looked.

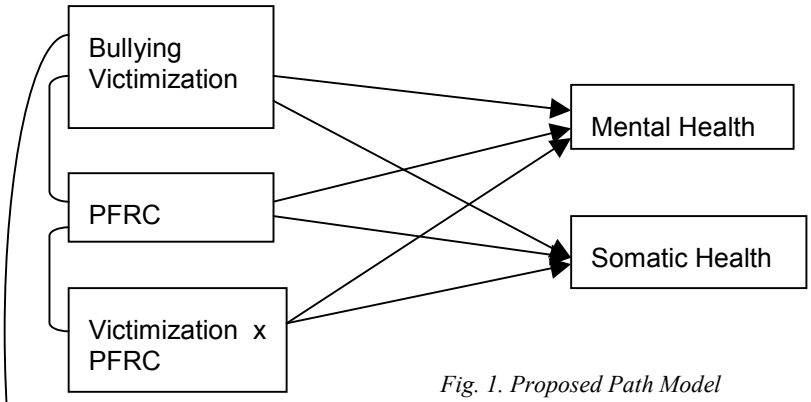

Fig. 1. Proposed Path Model

In order to verify our hypothesis, we specified a path analytic model using bullying victimization, PFRC and Bullying VictimizationxPFRC as exogenous variable (predictors) and mental and somatic health as endogenous variable (criteria). The resulted model was just identified, as a consequence no global model fit was computed. Path indicators are presented in Table 1 (unstandardized coefficients).

Table 1 Path indicators for the proposed model

			Estimate	S.E.	C.R.	P
Mental Health	<---	Bullying Victimization	.175	.017	9.992	***
Somatic Health	<---	Bullying Victimization	-.104	.028	-3.692	***
Mental Health	<---	PFRC	.095	.018	5.402	***
Somatic Health	<---	PFRC	-.108	.029	-3.786	***
Somatic Health	<---	Bullying Victimization x PFRC	-.069	.027	2.603	.009
Mental Health	<---	Bullying Victimization x PFRC	-.029	.016	-1.788	.074

An increase with one unit of the bullying victimization scores was significantly associated with a .175 increase of the scores of mental health ($p>.001$). Also, an increase with one unit of the bullying victimization scores is significantly associated with a -.104 decrease of the scores of somatic health ($p>.001$). We indentified a significant association between PFRC and somatic and mental health. Specifically, an increase with one unit for

the PFRC scores was associated with a .095 increase for mental health scores (p>.001). An increase with one unit for the PFRC scores was associated with a .095 decrease for somatic health scores (p>.001). Moreover, the interaction of bullying victimization and PFRC did moderate only the relationship between exposure to bullying victimization and somatic health scores.

Conclusions

This study brings new information upon the prevalence of retrospective bullying victimization for the Romanian university students' population and the role played by a positive family related context in the relationship between victimization and health outcomes. Bullying victimization experienced during the first 18 years of life by the young Romanian adults has a high prevalence. The prevalence is higher than the one previously identified in a Romanian school aged sample [6]. This difference could be attributable to the measurement scale. In the present study, participants were asked to recall how often they have been victimized in bullying episodes in their first 18 years of life, whereas the other study had a stricter time frame: only the incidents that have occurred in the last two weeks.

Being bullied during childhood has been associated with an increase in mental health problems in young adulthood. This finding comes in line with previous findings which emphasize the long term effects of bullying victimization [18]. Moreover, the fact that we identified a negative relationship between being bullied and somatic health problems (an increase of bullying victimization was associated with a decrease of somatic health problems) could be due to the fact that our sample was formed by young adults who do not have yet seriously medical conditions.

One important aspect revealed by the present research is that for children who were bullied, the experience of positive related family context decreased the score for somatic health problems. Thus, in the context of having someone in their family who fostered positive interaction and care, the reported somatic health problems for bullied children were lower. The trend is similar for the mental health problems, but the association was not statistically significant. Future studies should focus on analyzing the role of positive family related factors in the interplay between different types bullying victimization (social bullying, physical bullying, cyberbullying) and health outcomes.

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Risk factors and resilience in the offspring of psychotic parents

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Abstract

Introduction: We approach an integrated research-action model of the interactions between the psychosis of the parent, parenting, family relations, the child's development, risk and resilience factors.

Objectives: Identifying the resilience factors, the research of the interaction between the risk and resilience mechanisms, predicting or not the development of psychopathology in children of psychotic parents, the dynamic evaluation of the resilience.

Methods: The longitudinal study was conducted in the period 2003-2013 on a group of 75 children with a schizophrenic parent and 70 children with a parent with bipolar disorder. We applied the scales: CBCL, Vth Axis ICD 10 , PANSS and CD-RISC (Connor-Davidson Resilience Scale).

Through PANSS for the psychotic parents, we correlated the scores for specific items with those obtained by the children through CD-RISC. Through MANOVA and the Pearson test we correlated the dependent variables with the predictive influence factors.

Results The high PANSS scores for specific items were correlated negatively with the resilience scores of the children with psychotic parents. The maximum frequency of positive codifications on the Vth Axis, found for: rejection behavior from one parent (76, 4%), family disharmony (73, 52%), distorted family communication (70, 58%), was significantly correlated ($p<0.001$) with low scores of the child's resilience for personal competency, negative effects tolerance, safe interpersonal relations, high performance.

Conclusions: The social, family support and social connectedness proved to be relevant variables. Resilience can be modified and improved through targeted interventions, so that the understanding of the resilience process and of the concurrent factors is needed.

Keywords: Resilience, research-action, parenting

Introduction

Research in the frame of developmental psychopathology, which is focused on children exposed to high-risk family environments, identified children having parents with severe psychopathology, who develop maladjustment or symptomatology or who adapted well despite the challenges posed to their adjustment [1, 2, 3]. Children of parents with schizophrenia/affective disorders who avoided a psychopathologic outcome through developing a healthy pattern are considered to be more resilient [4, 5, 1]. The "high risk" design of choosing children, offspring of psychotic parents who developed and who didn't express psychopathology, encourages the examination of gene-environment, risk and protective factors interactions [6, 7]. Developmental psychopathology and well-being are a function of the interplay of bio-psychosocial risks and resilience factors in children and their supportive environments [8]. Previous research showed the multiplicative effects of cumulative and interactive risks on child adjustments and on the expression of psychopathology [9].

Recent studies converge on the idea that high risk children may acquire cognitive vulnerability by receiving direct inferential feed-back from significant others or as result of negative parenting practice. Prevention interventions should target at-risk populations because the goal is to prevent a high risk person from developing psychopathology [10].

Objectives

Our aims were: the quantification of the resilience mechanisms in high risk children; to assess how multiple risk factors during different developmental periods work together and express psychopathology or provide the offspring of a psychotic parent, the opportunity to be resilient; the identification of protective factors in the subgroups that were less prone to develop psychopathology despite exposure to risk; the evaluation of resilience in different timepoints in order to assess the efficacy of targeted interventions. We also targeted the prospective identification of children with a high probability to develop a mental illness in order to prevent through improving the resilience mechanisms or to apply a proper intervention.

Methodology

Our prospective research was performed in the University Hospital of Psychiatry for Children and Adolescents, Timisoara, in the period from 2003-2013, on high risk children, with ages between 10-19 years, who were offspring of psychotic parents:75 children with a parent suffering of schizophrenia and 70 children of parents with bipolar disorder [10]. We identified help-seeking families, with one psychotic parent, having children, who needed care in our clinic in that period [11]. We signed the informed consent with the parents and the assent to participate with the children. From the 75 high risk children, being offspring of parents with schizophrenia, 55 developed psychopathology and 20 were without. From the 70 high risk children of parents with bipolar disorder: 40 children were with psychopathology and 30 without. The children without psychopathology in both groups, were siblings of those who developed psychopatholgy, living in the same environment.

We applied the standardized research instruments: PANSS-Positive and Negative Syndrome Scale was applied on the psychotic parents; CBCL and the Fifth Axis ICD 10 were applied on all the parents in the study groups; CD-RISC-Connor-Davidson Resilience Scale on the two groups of children; CD-RISC consists of 25-items that measure the ability to cope with stress and adversity. It was designed to quantify self-reports of resilience and to measure response to treatment in a clinical population. Each item is rated on a 5-point scale (0-4), higher scores reflecting greater resilience. The items reflect several aspects of resilience that include: a sense of personal competence, tolerance of negative affect, positive acceptance of change, trust in one's instincts, sense of social support, spiritual faith, and an action-oriented approach to problem solving [12, 2]. Through PANSS, we evaluated the positive, negative and general symptoms of the psychotic parents and we correlated the scores for specific items with those obtained by the children through CD-RISC for the resilience. Through the CBCL, we evaluated some symptomatic categories referring to behavioral and social competence problems of the children, perceived by their parents. Through the Fifth Axis we evaluated the abnormal psycho-social conditions. The categories included in this axis, have been chosen, knowing the fact that they can represent significant risk factors [10]. We applied the scales in different time-points in order to evaluate and quantify the efficacy of proper interventions through the resilience scores.

We used: descriptive statistics-average, standard deviation, absolute and relative frequencies, parametric statistical tests-simple ANOVA and simple factorial ANOVA; the Pearson correlation test to check for the presence of statistically significant correlations between the CD-RISC-CBCL results, the CD-RISC-Fifth Axis results and the PANSS-CD-RISC results; We applied the qui square analysis to evaluate if the variation of the resilience scores from CD-RISC, was statistically significant in different timepoints. We had the support of SPSS and MedCalc statistics. We evaluated the differences between the children with and without psychopathology in both groups concerning their own mechanisms of resilience or their risk factors.

Results

The most frequent diagnostic categories of the offspring with psychopathology are illustrated in **Fig.1-** HR SZ-high risk children with schizophrenic parents and HR BPD-high risk children of parents with bipolar disorder:

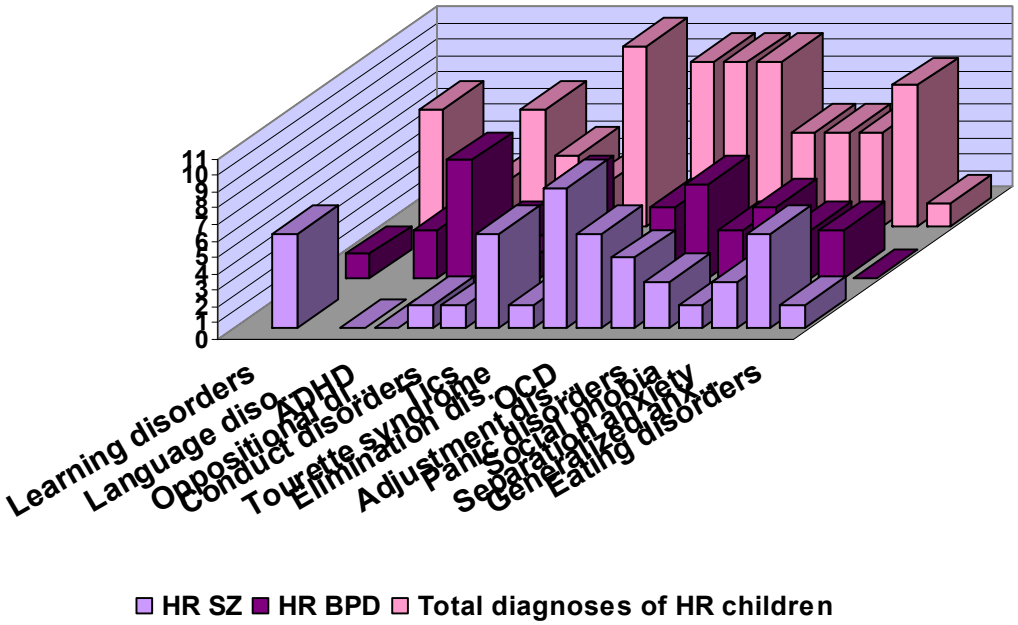

Fig. 1 Diagnoses of the high risk children

Concerning the diagnoses of the high risk children we found the lowest CD-RISC scores of resilience for the offspring with generalized anxiety disorders, OCD-Obsessive-compulsive disorder and ADHD, as a marker of low self-efficacy and low self-esteem.

1.1 The CD-RISC, CBCL, DSM IV Fifth Axis, PANSS scores and the Correlations Analysis

Through the CD-RISC application, we noticed in both groups of children who developed psychopathology, low resilience scores in the main domains, coded through the key factors: strong sense of self-efficacy, tenacity, emotional and cognitive control under pressure, adaptability, control and meaning. The lowest resilience scores were registered for the children of parents with schizophrenia with one exception concerning the domain-aspects of persistence/tenacity, where the offspring of depressive parents had the lowest resilience score. The mean total CD-RISC score for the high risk children who developed psychopathology was 45.5 (standard deviation-sd=8.7) for the offspring of schizophrenic parents and 52.8 (sd =9.4) for the offspring of bipolar parents [12].

Fig. 2 illustrates the mean scores in CD-RISC on the 5 domains coded through the 25 items of the scale for: HRPBPD-high risk children of parents with bipolar disorder, HRPSZ-high risk children of parents with schizophrenia, T2HRPBPD-timepoint2 scores - children of parents with bipolar disorder, T2HRPSZ-timepoint2 scores - high risk children of parents with schizophrenia and for the offspring, who didn't develop any psychopathology.

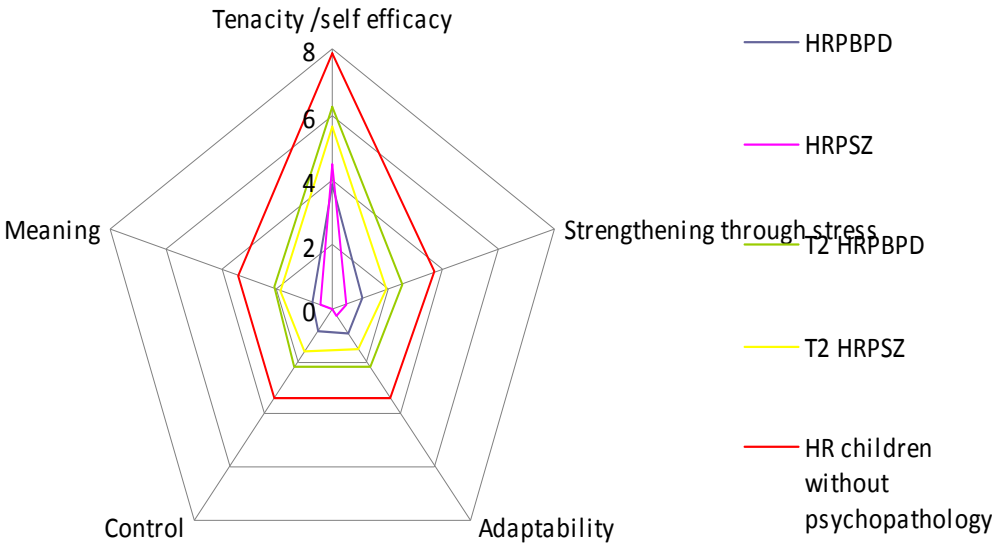

Fig. 2 Mean scores in CD-RISC on the 5 domains in timepoint1 and 2

We evaluated the CD-RISC scores of the high risk children with psychopathology for timepoint1 and after applying proper intervention strategies in timepoint2. We noticed higher mean total resilience scores (improved from 45.5 to 58.2 for the offspring of schizophrenic parents and from 52.8 to 69.7 for HRPBPD) and on the 5 key domains, reflecting greater resilience in both studied groups after the individualized interventions. We noticed that the children without psychopathology in both groups had generally higher mean scores for resilience in CD-RISC, as well as concerning the 5 key factors: tenacity/ self-efficacy, strengthening through stress, adaptability, control and meaning. Their mean total resilience scores in timepoint1 were 70.6 for HRPSZ and 74.3 for HRPBPD (sd=10.4) and their highest mean scores found were for tenacity/self-efficacy. In their case, targeted intervention has not been applied and in timepoint2 we found for HRPSZ-25% and for HRPBPD-30% developed psychopathology and their mean total resilience scores were 57.3.-HRPSZ and 60.1-HRPBPD.

Through the CBCL, we found in both offspring groups, who developed psychopathology lower median total competencies scores, high, clinically significant externalizing scores, the high risk children of schizophrenic parents being most affected. These values in high risk children prove the fact that a high percentage of children with psychotic parents show a dysfunctional social functioning. High risk children in both groups, showed high scores for depression, hyperactivity and aggressiveness.The siblings who didn't develop psychopathology had higher median total competencies scores and their CBCL externalizing and internalizing scores were in non-clinical range. They were very close to the healthy parent, finding a meaning even in the disturbed family system.Therefore the availability of a stable attachment person was crucial.Their age was higher than the age of their siblings with psychopathology, when their parents developed psychosis. We found high statistically significant correlations (Spearman's p =0.012) between the CBCL externalizing, total, competencies scores of the children in both groups and the resilience scores on CD-RISC.

Fig. 3 represents, through the dispersion diagram, the negative correlation between the Externalizing scores of the children in both high risk groups through CBCL and the resilience scores through the CD-RISC. So that, high Externalizing scores of the high risk children predicted low CD-RISC resilience scores.

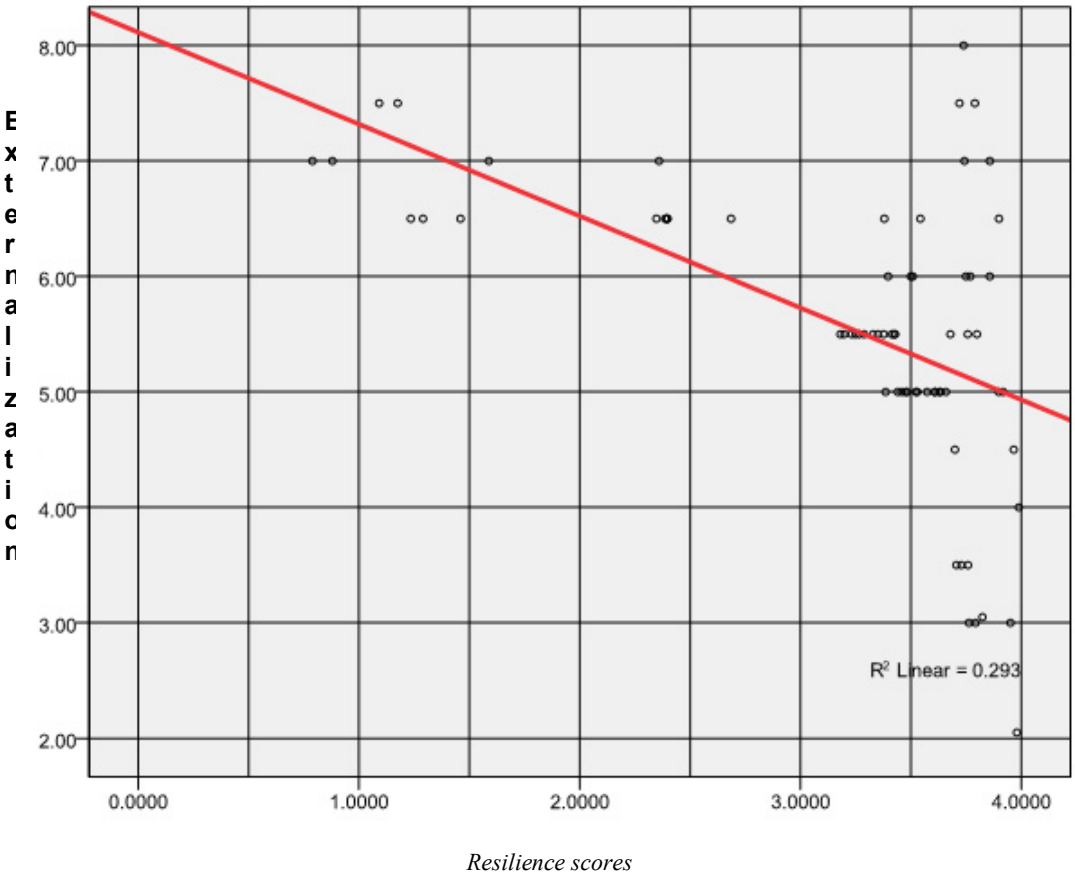

Fig. 3 The Negative Correlation between Externalization(CBCL) and Resilence scores(CD-RISC)

In the cases of children without psychopathology from both high risk groups, the more the child exhibited overall competence and skills through the CBCL, the less likely it was that the child showed externalizing behavior problems and his scores for resilience in CD-RISC were higher.

The Pearson correlations between the high PANSS scores of the parents and low resilience scores were statistically significant, especially in the case of psychotic mothers and concerning the negative symptoms of the schizophrenic mother and the resilience scores of the offspring ($p<0,001$).

The maximum frequency of positive codifications on the Fifth Axis in both study groups of high risk children of schizophrenic and bipolar parents, was significantly correlated ($p<0.001$) with low scores of the child's resilience for personal competency, negative effects tolerance, safe interpersonal relations, adaptability. We found through the Pearson correlations between CD-RISC - Fifth Axis, high negative correlations, meaning that higher scores for the abnormal family relations and distorted communication predicted low resilience scores.

Conclusions

Resilience is modifiable and can improve after targeted interventions. The presence of seemingly healthy adaptation of high risk children at one developmental stage may change in time, positive adaptation never being permanent, so they need early intervention and support, too.

The quantification of resilience remained a significant predictor of outcome, proving to be a target for early detection and prevention of psychopathology.

Concerning, the risk/protective factors, non-shared environmental influences are important for age-specific behavioral problems, in our case the age of the sibling at the onset of the parent's psychosis was crucial.

The abnormal psychosocial conditions for the children are higher in the families with a schizophrenic parent, especially the mother, this fact becoming a burden for the psychological development and the prognosis.

Discussions

The fact that the resilience of the high risk children improved in time after targeted interventions, gives hope that the outcome and the onset of psychopathology can be influenced.

Our research-action model of systemic, family-centered evaluation and intervention, proved to be a succesful way to enhance the empowerment, the positive aspects of individual and family functioning even under high risk conditions. Through the whole research, the needs of the parents as well as of the children, were approached concomitantly creating an interface between the mental health services for children with those of the adult services [10, 11].

Our study of resilience, including children with and without psychopathology, assessing genetic and environmental factors, is likely to lead to improvements in the ability to design effective interventions [6]. The vulnerable child has some characteristics, which put him in a risk position. If proper intervention strategies are applied, the vulnerability can be balanced through protective factors. So that we have to work on the rehabilitation of the child and of the parental capacities. Through the resources and quantification of resilience, we achieved new perspectives of implementing a complex and individualized model of interventional strategies.

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Explanatory variables of resilience in latin american youngsters

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Abstract

This study tested an explanatory model of resilience in youth and adolescents. All variables introduced in the model were rooted in published theoretical and/or empirical evidence. Because of the nature of the variables included (optimism, sense of humor, personal values, positive emotions, well-being, positive coping, emotional intelligence), the model meets the guidelines of Positive Psychology. The model was tested with a sample of 1478 students (450 Argentines, 493 Brazilians, and 535 Mexicans). Stepwise regression analyses showed that all the variables considered explained significant amounts of the total variance of resilience, although subjective well-being and optimism emerged as the strongest predictors. Mediated regression analyses indicated that horizontal collectivism moderates the relationship between positive coping and resilience. These results suggest that collectivist orientation, characterized by a sense of equality (i.e., by the active rejection of any socially constructed hierarchy), is the primary mediator between the young, the demands of the environment, their resources to cope with stress, and their level of resilience. The current predictive and moderating model can be useful to build knowledge about resilience among Latin Americans youngsters. To conclude, we discuss the strengths and limitations of the empirical verification performed.

Keywords: Explanatory model, empirical verification, Latin American youngsters, positive emotions, well-being, optimism, positive coping, emotional intelligence, values.

Introduction

There is growing support that resilience is influenced by protective factors, both personal and environmental. Although many of these factors have been identified, little is known about the way they contribute to the development of resilience among adolescents and young people. So much so that several scholars [1], [2] have called for research that expands beyond the simple examination of the direct effects of protective factors, to explore how resilience interacts with either individual differences (e.g. demographics, personality) or contextual factors (e.g. values). Hence the importance of developing models that attempts to reproduce the dynamics of the interrelationships between predictive or moderator variables and a subsequent dependent variable (resilience). Moreover, a better understanding of these aspects would help identify the interplay between the variables involved, and would promote the implementation of programs to develop and/or enhance the resilience of youth and adolescents at risk.

The aim of this study was to verify the conceptual model of resilience in adolescents and young people, developed by Omar et al. [3]. The model has its basis in evidence published so the inclusion of each variable, far from reflecting subjective speculation, is rooted in both theoretical and empirical reasons. Because of the nature of the variables considered (optimism, sense of humor, positive emotions, subjective well-being, positive coping, emotional intelligence), the model meets the guidelines of Positive Psychology. The model also includes personal values, since we postulate that cultural variables act as differentiating factors of resilient behavior. Because we studied values as mediators between resilience and positive aspects that contribute to its emergence and development, the verification of the model required the examination of samples of youth and adolescents from different cultural contexts. This cross-cultural perspective allowed us not only to analyze the variability in the emergence of resilient behaviors in each cultural group, but also to compare the results across groups in order to detect commonalities and/or differences.

1.1 Theoretical development and hypotheses

Recent studies have shown positive relationships between resilience, confidence to face difficulties, and perceived social support [4], as well as between resilience, positive emotionality, and expectation-achievement

congruence [5]. As these variables constitute different facets of subjective well-being, we predicted *hypothesis 1: subjective well-being will be positively related to resilience in adolescents and young adults.*

It has been reported that positive attributions made by optimists impact favorably on their immune system, and increase their well-being and resilience [6]. It has also been demonstrated that people who come out strengthened from crucial events are those with greater emotional stability and with an optimistic perspective of life [7]. Based on such evidence, we postulated *hypothesis 2: optimism will be positively linked to resilience in adolescents and young adults.*

Nielsen and Hansson [8] have pointed out that sense of humor of adolescents contributes to increasing satisfaction with their achievements, which could lead to the development of resilience. Meanwhile, other authors [9] have shown that humor is directly associated with the ability to cope with difficulties, which could also impact positively on resilience. In view of these findings, we proposed *hypothesis 3: sense of humor will be positively related to resilience in adolescents and young adults.*

The most recent empirical evidence [10] relates emotional intelligence to higher levels of life satisfaction, quality of social relations, maintenance of good health, and less somatic symptoms in stressful situations. A growing number of studies [2] link the emotional intelligence of young people and adolescents with better indices of social adaptation, and better stress management in the presence of social and academic pressures. In light of such evidence, we postulated *hypothesis 4: emotional intelligence will be positively related to resilience in adolescents and young adults.*

Other scientific findings show that resilient individuals tend to use active strategies to cope with stress [11], [12]. In this regard, it has been reported that strategies such as seeking social support and active problem solving play an important role in the process of resilience. In this line of studies, Alumran and Punamaki [6] reported significant relationships between resilience and coping focused on the task among Arabs teenagers, while Omar et al. [13] informed positive associations between resilience and strategies of active problem solving and seeking social support, among Mexican, Argentinean, and Brazilian youth and teenagers. Although a substantial body of studies shows clear relationships between resilience and positive coping strategies, it could be assumed that socialization processes play a role in such relationships. In this regard, the most current research attempt to explain whether cultural variables act as differentiating factors of resilient behavior. Values that characterize a society (especially individualism and collectivism) appear among the most frequently studied cultural variables. Utsey et al. [14] argued that collectivism contributes to subjective well-being, while individualism hinders the use of positive coping, decreasing resilient behavior. Wilson et al. [15] reported that collectivists, because of their greater need for affiliation, opt for seeking social support as a coping strategy to deal with stress. These observations are consistent with those of Pinkerton and Dolan [16], who showed that members of collectivist cultures generally have family and friends as sources of social support. It seems that these links with the primary group may have a buffering effect on the anxiety and stress provoked by postmodern hostile environments, and that perceived social support may play a crucial role in successfully coping with stress [12], thus contributing to building resilience. From such evidences, we predicted *hypothesis 5: collectivist orientation will mediate the relationship between the use of positive coping strategies and resilience among adolescents and young adults.*

Method

1.2 Participants

We worked with a sample of 1512 adolescents and young adults who attended public and private schools and universities in Argentina (n = 484), Brazil (n = 363), and Mexico (n = 665), 876 of whom were women. The age of participants ranged between 16 and 26 years (mean = 19.61; standard deviation = 2.49).

1.3 Instruments

Subjects were invited to answer a booklet prepared in its official language (Spanish for Argentineans and Mexicans, and Portuguese for Brazilians), which was designed to explore the following variables:

Resilience. It was measured using the cross-cultural adaptation [17] of the Resilience Scale designed by Wagnild and Young [18], which consists of 12 items ($\alpha = .85$) with a 5-point Likert format.

Positive coping with stress. This variable was measured using the subscales of Problem-focused strategies, and Adaptive and seeking social support strategies, from the Adolescents' Scale of Coping with Stress developed Frydenberg and Lewis [19], previously adapted for their use in the current study. The score for positive coping ($\alpha = .80$) was represented by the mean of the two subscales. Higher means indicate more positive coping.

Sense of humor. It was assessed by means of the cross-cultural adaptation [17] of the subscale Generation and Social Uses of Humor (α = .92), from the Multidimensional Sense of Humor Scale designed by Thorson and Powell [20]. The subscales consists of 5 items with a 5-point Likert format.

Emotional Intelligence. It was measured through the cross-cultural adaptation [17] of the subscales of Evaluation, expression and regulation of emotion, and Uses of emotion, from the Emotional Intelligence Scale developed by Schutte et al. [21]. Each subscale consists of 11 items with a 5-point Likert format. The total score of emotional intelligence (α = .86) was represented by the mean of the scores on the two subscales.

Optimism. It was examined with the homonymous subscale of the cross-cultural adaptation [17] of the Optimism-Pessimism Scale published by Dember et al. [22]. Optimism subscale consists of 8 items (α = .94) with a 5-point Likert format.

Subjective well-being. It was measured using the cross-cultural adaptation [23] of the homonymous scale developed by Nacpal and Shell [24], which consists of 21 items (α = .81) with a 5-point Likert format.

Personal values. These were assessed with the cross-cultural adaptation [17] of the subscales of Horizontal Collectivism (α = .80) and Vertical Collectivism (α = .87) from the Values Scale developed by Singelis, Triandis, Bhawuk, and Gelfand [25]. Each subscale consists of 8 items with a Likert 5-point format.

1.4 Procedure

Participants were contacted during school hours in their classrooms. After informing them of the objectives of the research, they were invited to participate in the study. Only subjects who voluntarily agreed to participate took part in the research. They all signed an informed consent protocol and/or had the written consent of their parents, depending on their age. Anonymity and confidentiality of the information provided was guaranteed.

1.5 Data analysis

First, descriptive indices (means and standard deviations) for each measured variable were calculated considering country of origin of the subjects. Then, with the purpose of comparing means across the three nationalities considered, analyses of variance (ANOVA) were calculated. Since these analyses yielded no statistically significant differences, the total sample was considered as a single group. Next, in order to determine the contribution of each variable to the variance of resilience, a stepwise regression analysis was calculated. Finally, with the aim of understanding the role of personal values (HC: Horizontal Collectivism, and VC: Vertical Collectivism) in the relationship between resilience and coping, mediated regression analyses were calculated. In each of these analyses, positive coping was entered as the independent variable, and resilience as the dependent variable. We used the process developed by Baron and Kenny [26] to determine the mediation effect.

Results

Stepwise regression analysis was used to test hypotheses 1-4, entering psychosocial variables as predictors, and resilience as the dependent variable. In step 1, the variable well-being contributed significantly to the regression equation, accounting for about 19% (ΔR^2 = .189) of the variance in resilience. In step 2, optimism contributed with 9.8% to the total variance (287-189 = .098), whereas sense of humor, incorporated in step 3, contributed with an additional 2.8% (.315 - 287 = 028). Finally, emotional intelligence, incorporated in step 4, contributed with a reduced 1.3% to the total variance (328 - 315 = .013). Taken together, the predictor variables accounted for 32.8% (18.9% + 9.8 + 2.8% + 1.3% = 32.8%) of the total variance, and values (and signs) of the standardized beta coefficients (β) indicated that although all emerged as explanatory variables, well-being and optimism were the constructs that better explained resilience. Such results gave full support for hypotheses 1-4, which postulated the predictive role of subjective well-being, optimism, humor, and emotional intelligence on resilience.

Next, and in order to test hypothesis 5 which predicted the mediating role of collectivism in the relationship between resilience and positive coping, two separate mediated regression analyses were calculated (one for HC and another for VC). In each of these analyses positive coping was entered as the independent variable, resilience as the dependent variable, and collectivist orientations (HC and VC) as the mediating variables. The results gave partial support for hypothesis 5, since only horizontal collectivism orientation emerged as a mediator in the relationship between positive coping and resilience.

Conclusions

From the verification carried out on large samples of young Argentinean, Brazilian, and Mexican adolescents, information is now available about the predictive role of some human strengths and positive qualities (subjective well-being, sense of humor, optimism, and emotional intelligence), as well as about the mediating role of horizontal collectivism in the relationship between positive coping and resilience. Variables that showed a greater explanatory power were the perception of subjective well-being and optimism, while sense of humor and emotional intelligence made a smaller contribution. Such findings are in line with those previously reported by other researchers who have worked with samples from other countries. Regarding the role of subjective well-being, it has been reported that most of the dimensions of this construct (such as achievement of personal goals, confidence in facing difficulties, and the experience of positive emotions) have a positive impact on the development of resilience [5], [15], [27]. As far as optimism is concerned, it has been repeatedly informed [28] that it may act as an important source of resilience among both children and adults.

With respect to the limited predictive ability of sense of humor, one might assume that because they are adolescents and young people, they still have not learned to use humor to cope with difficulties and to overcome adversity. In this sense, although researchers agree on the benefits of humor to overcome adversity, they also agree on the need and importance of implementing programs to increase it as an effective mechanism to enhance control of stressors, problem solving, social skills, and interpersonal relationships [9]. Such interventions may contribute to developing mechanisms through which the use of humor may positively influence overall health.

As for emotional intelligence, the reduced predictive ability of this variable could be attributed to the selection of the subscales used in this study to measure this construct (Evaluation, expression and regulation of emotion, and Uses of emotion). This limitation coincides with that reported by Zeidner et al. [10], who pointed out that not all of the multiple facets of emotional intelligence are equally important for the development of resilience, since only positive beliefs about one's own social skills in interpersonal relationships may play the role of a protective factor.

Regarding the impact of personal values on the relationship between resilience and positive coping, the results indicate that horizontal collectivism mediates the relationship between these two variables. To properly interpret this finding, it is worth considering, at least, two crucial aspects. First, we must not lose sight of the fact that since psychology has begun to recognize the contribution of culture to mental health, different models have been proposed with the intention of explaining how cultural variables impact on the healthy functioning of people. In this regard, for example, Utsey and his colleagues [14] explain that collectivist cultures emphasize interrelationships and the connection with extended family and, precisely, these are the components that make up their coping strategies. Such observations are consistent with those of Pinkerton and Dolan [16], who showed that members of collectivist cultures generally have family, friends and neighbors as sources of social support. The perception of this type of social support not only plays a crucial role in successfully coping with stress, but also contributes to well-being and resilience. Second, we must not overlook that the horizontal and vertical attributes are proper to the power distance dimension, associated with the degree to which members of a society accept an unequal distribution of power, prestige, and wealth. When Triandis and his colleagues [25] enriched the axiological typology proposed by Hofstede [29], combining the dimensions of individualism and collectivism with the attributes of horizontal and vertical, they gave rise to the constructs of vertical individualism and vertical collectivism (if the emphasis is on differences in status and hierarchies) and horizontal individualism and horizontal collectivism (if the emphasis is on equality in status). The results obtained in this study indicate that collectivist orientation (characterized by perceiving oneself similar to other members of the group, especially in social status and position) would influence the relationship between resilience and the specific use of positive coping strategies among adolescents. So it could be concluded that the orientation to collectivism, imbued with the sense of equality, would be a mediating factor between the adolescents, the demands of the environment, their resources to deal with such demands, and the development of resilience.

Like all empirical research, the present is characterized by certain strengths and limitations. Among the latter, we should point out the composition of the sample under study. The convenience sampling method would limit the generalization of the results to the whole population of Argentinean, Brazilian, and Mexican youth and adolescents. Another limitation of the study would be linked to the self-report nature of the instruments we used for data collection, which could have generated both biases resulting from common method variance [30], as well as a greater tendency toward social desirability. For this reason, it would be desirable that future explorations incorporate one of the many reliable and available social desirability scales, as well as other data collection techniques, such as observations, interviews, focus groups, or similar. In this sense, our proposal would be to address the problem from a real methodological triangulation, avoiding paradigmatic subordinations.

With regard to the strengths of the current study, it is noteworthy that it represents a significant contribution to understanding the relationship between resilience and some psychosocial variables, highlighting the impact of cultural values. In this sense, it would be particularly desirable that both schools and government agencies contribute to raising awareness about the predictive role of human capabilities and strengths, as well as about the moderating role of personal values on the development of resilience in youth and adolescents. These

suggestions are aimed at implementing new explorations with samples from different cultures, which might also include other constructs potentially linked with resilience, as well as some of the protective factors, at either the institutional, familiar, communal and/or social level. Furthermore, it would be interesting not only to consider other countries as a way to build a truly representative body of knowledge of the Latin American reality, but also to incorporate contrasting samples in terms of their basic cultural values, in order to gather more evidence about how the cultural context may contribute to resilience by promoting healthy adaptation.

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Qu'est-ce qu'a a dire la resilience au sujet du bullying (l'intimidation)

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Abstract

This work is a theoretical and practical contribution for applying the concept of resilience in the therapy of children involved in bullying, and which are "victims" of it.

From the concept of "shame" developed by Boris Cyrulnik [1], the text shows how the child who commits violence, feels ashamed of himself and fear that the other knows and makes public its weakness, deviates the others regard and make a falsehood of its apparent strength. Thus, the attacker is presented as strong in his attack on the child, perceived as weak. In turn, the child who is identified as a victim is a child by excess protection or failure to act, which has not developed an ability to deal with confrontation. For out of the problem it seeks the support of third (of others), which confirms its weakness. The purpose of this therapeutic work share the importance of strengthening each child protagonists of this story, for they get to change the feeling of shame related to a relationship and allow their work with his weaknesses.

That's when the bullying is understood how a situation that can be used as a pretext for a new representation of oneself.

Key words: Bullying (bullying), Resilience, Shame, re-signification, complexity

Penser au travail avec et sur le Bullying fait revenir dans la mémoire une série d'images et de conversations avec enfants et adultes ayant été soit victimes, soit victimaires de harcèlement. Dans ces images, on trouve des enfants ayant été intimidés, des enfants ayant suivi une thérapie parce qu'ils intimidaient leurs camarades et étaient difficiles à mener, des adultes qui ont eu des difficultés causées par le harcèlement qu'ils avaient subi pendant leur enfance; mais, curieusement, on ne trouve aucun adulte qui eut été harceleur et qui ait discuté ce sujet en thérapie. Alors, il est inévitable de se demander, où sont les adultes qui ont harcelé pendant leur enfance? Ont-ils subi une transformation qui leur a permis de s'intégrer tranquillement à la vie?

Les contes de fées ont marqué notre façon de voir le monde, divisant celui-ci en «bons» et «mauvais».Cette vision simplifie les histoires de vie –naturellement plus «complexes» (concept largement développé par Morin) – négligeant la multiplicité de récits qui se récréent dans l'interaction avec les autres, et ainsi limite les thérapeutes au moment de faire une intervention. La plupart du temps, lorsqu'on parle du Bullying, on a l'habitude de faire une lecture antagoniste. Dans cette lecture on assume qu'il y existe un individu «bon» et un autre «mauvais», autrement dit, une victime et un victimaire. Ce dernier, dans le meilleur des cas, est excusé parce qu'on suppose que l'enfant qui manifeste ce type de comportement a été ou est victime de agression –ce qui le pousse à agresser et profiter des autres.

Pour rendre compte de l'énoncé on discutera deux histoires. Celles-ci illustrent plus clairement le travail clinique réalisé afin de donner une réponse à cette problématique. On appellera Juana le personnage principal de notre première histoire. Il s'agit d'une petite fille de dix ans qui arrive accompagnée par sa mère en thérapie parce qu'elle se sent incapable de contrôler la situation de harcèlement qu'elle subit au lycée. Pour la deuxième, on nommera le protagoniste Pedro, un enfant d'environ 12 ans qui continuellement harcèle ses compagnons. (Les noms utilisés ne correspondent pas à ceux des enfants avec lesquels on a travaillé.) Le thérapeute commence à travailler avec lui à cause de certains problèmes qu'il a dû assumer dans sa vie et à cause de son comportement agressif. Pedro habite dans une institution, avalée par l'État colombien, qui s'occupe du soin d'enfants ayant vécu une situation d'irrégularité dans leur milieu familial. Il doit demeurer dans cette institution jusqu'à qu'une décision soit prévue au sujet de sa résidence et ainsi garantir sa place dans un foyer en sécurité.

Le réseau social qui existe autour de ces personnages est généralement mis en mouvement chaque fois que l'un d'eux agit, ainsi une synergie face à la situation est générée. Quand un sub-système est activé, un

système relationnel est à son tour mis en mouvement: celui-ci s'autorégule avec le seul but de maintenir un patron (phénomène démontré par Bateson). Et ceci peut aggraver le problème.

Mais, que comprenons-nous par *bullying* ou «matoneo» (mot utilisé en Colombie, construit avec le verbe «tuer»)? Il s'agit d'une agression systématique et répétée qui est exercée par une ou plusieurs personnes contre un tiers [2] dans laquelle il y a une volonté manifeste de nuire l'autre avec des comportements de provocation directe ou indirecte, propre à une relation asymétrique [3].

Pendant l'entretien le thérapeute perçoit que Juana est une petite fille renfermée qui a du mal à parler de ses émotions, penche son corps et fuit le contact visuel. Lorsqu'on lui pose une question, elle cherche le regard de sa mère en attendant qu'elle réponde à sa place. Sa mère parle angoissée de la situation qui se présente dans le lycée de sa petite fille: Juana lui a confié que ses camarades l'intimident et la harcèlent. Les enfants profitent des compétences académiques de Juana et la forcent à faire les devoirs pour eux. En plus, ils l'insultent quand elle marche dans les couloirs du lycée, lui donnent des surnoms, la frappent et cachent son sac-à-dos ainsi que d'autres objets personnels.

Lorsque le praticien enquête sur les solutions prises jusqu'à présent pour résoudre la situation, c'est-à-dire les Solutions Tentatives, outil précieux fourni par la Thérapie Stratégique [4] la petite indique que sa mère lui avait conseillé de ne pas faire attention aux insultes; néanmoins, son conseil avait été peu efficace. Elles ont donc décidé de contacter les professeurs du lycée. Ceux-ci ont, à leur tour, parlé avec diligence aux enfants qui harcelaient Juana. Les enseignants ont expliqué aux élèves les effets que leurs comportements pouvaient avoir sur une fille comme Juana et ils leur ont clarifié que, dans le cas où le harcèlement continuait, ils devraient subir les conséquences de leurs actes.

Néanmoins, en absence des professeurs, les enfants ont continué avec l'intimidation. De plus, ils ont menacé les autres élèves de la classe: s'ils refusaient de poursuivre les moqueries ils deviendraient similaires à Juana, c'est-à-dire, «rares», «nuls» et «ennuyeux». Ainsi, Juana a été rapidement isolée du groupe. Quand elle rentrait à la maison, sa mère, avec l'espoir de la faire sentir protégée, lui posait des questions sur sa journée scolaire. Initialement, Juana lui racontait en détail les évènements de la journée. Cependant, peu à peu, elle a commencé à taire ce qui se passait à l'école et limitait ses réponses à de simples monosyllabes. Néanmoins, prise par le désespoir, elle éclatait en larmes et admettait que la situation empirait.

En ce qui concerne Pedro, il s'agit d'un enfant qui parle très peu de ses émotions, qui a du mal à fixer le regard et qui penche son corps lorsqu'il doit parler au sujet de ses difficultés. En présence d'adultes, il fait de son mieux pour devenir invisible. Ce comportement disparaît lorsqu'il harcèle un autre enfant. Au contraire, Pedro est perçu par ses pairs comme un enfant sûr de lui. Cette situation conduit certains enfants à obéir à ses incitations d'intimidation d'un autre enfant de l'Institution. Ces enfants reproduisent les insultes, injures, moqueries et autres agressions. Le harcèlement psychologique dégénère parfois en violence physique. Quant au reste du groupe, face au harcèlement il préfère garder le silence. Dans le cas de Pedro, l'agression se présente même en présence de ses responsables. Il perd régulièrement le contrôle de soi et commence à briser certains objets de l'Institution. Les mêmes solutions que pour le cas de Juana ont été mises en place (Solutions Tentatives): les enseignants ont parlé avec lui dans le but de le ramener à la raison et il a été puni avec l'élimination de certains privilèges. Parallèlement à cela, on a conseillé à l'enfant harcelé d'éviter de réagir face aux provocations de Pedro et de signaler les abus aux adultes.

Ces solutions ne sont que temporelles, et l'intimidation ne cesse pas de manière définitive. Au contraire, Pedro obéit de moins en moins, son comportement est encore pire face aux personnes qu'il ne perçoit pas comme figures représentatives de l'Institution. D'ailleurs, cela conduit à demander le soutien de l'Avocat de Famille (avocat chargé de travailler avec le cas d'enfants en situation de danger). L'Avocat de Famille, une autre autorité, parle avec l'enfant et tente de le transformer. Ainsi le nombre d'agents augmente.

Pourrait-il y avoir quelque chose en commun entre les deux personnages? La difficulté pour faire face à un problème: les deux enfants sentent qu'ils ne possèdent pas la force nécessaire ni les moyens suffisants pour s'en sortir. Cette situation se produit à cause d'une protection excessive ou de l'absence d'un environnement protecteur. Ceci, les a empêchés de développer les outils pour affronter une situation où leur confiance en eux est menacée. Évidemment, cette faiblesse n'accompagne pas les enfants dans tous les domaines de leur vie. Par exemple, Juana est très bonne académiquement et ne présente aucun problème pour assumer les défis des travaux scolaires. Pedro est habile dans les activités où sa motricité est mise en jeu –tel que grimper, jouer au football, etc.

Il est évident que les deux enfants éprouvent un sentiment de pénible humiliation. La *honte* les conduit à taire ce qu'ils considèrent une imperfection, signale Cyrulnik: «Puisque le silence établit une fonction défensive, la révélation du secret met en danger celui qui parle»[1]. Les deux enfants évitent le regard de l'Autre parce qu'ils craignent que leurs faiblesses soient mises en évidence. Cyrulnik d´un manière savante explique: une personne qui a honte est susceptible de penser «Je ne supporte pas de voir que vous me voyez dans cet état. Votre regard me transperce jusqu´à mon intime médiocrité» [1]. Ainsi, l'enfant sent que le regard d'autrui fait sa faiblesse visible. Ce regard devient par conséquent un fardeau.

L'enfant objet de harcèlement parle des agressions aux adultes seulement quand il est désespéré. Ce désespoir surgit à cause de l'isolement qu'il subit au lycée: il est humilié constamment face à ces camarades–sa faiblesse est continuellement rappelée– et donc ceux-ci commencent à l'écarter. De plus, souvent l'enfant ne trouve pas comment sortir de cette situation, alors, la *honte* augmente. Celui qui pratique le *bullying* détecte habilement la faiblesse de l'autre: il peut identifier le point de vulnérabilité de l'enfant qu'il harcèle, celle si coïncide avec le éloignement du groupe. Autrement dit, le harceleur annule socialement sa victime. On peut alors affirmer que le mot utilisé en Colombie et en Argentine pour signaler ce type de comportement illustre bien son objectif: «Matoneo», c'est-à-dire, tuer l'autre symboliquement.

L'enfant agressé se trouve face à un paradoxe lorsqu'un adulte, ou même un de ses pairs, prend en charge la situation: lorsqu'il reçoit du soutien (comme substitution) il est convaincu de son incapacité, il ne peut pas s'en sortir par ses propres moyens. Donc, la sensation d'inutilité est accentuée par rapport à la relation avec l'Autre. Par conséquent, lorsque l'enfant agresseur est renvoyé du lycée, celui qui a été harcelé est sensible de penser: «Que va-t-il arriver lorsqu'un autre enfant identifie ma faiblesse?».

D'un autre côté, le harceleur cache de son mieux son point de vulnérabilité en agressant l'Autre. Il dirige le regard envers l'Autre pour éviter que sa propre faiblesse soit évidente. Ce comportement le situe dans un paradoxe relationnel. Il s'identifie comme une personne fragile. S'il avoue la *honte*, les autres ne le respecteront plus et il deviendra la nouvelle cible du *bullying*. Mais, s'il ne parle pas de ce qu'il perçoit comme son point d'inflexion, celui-ci ne changera jamais de forme –puisqu'il refuse de nommer sa faiblesse il ne pourra pas réparer cette représentation négative de lui-même. Et donc, sociabiliser devient impossible. Ainsi, l'enfant ne se sent jamais satisfait dans la relation qu'il entretient avec les autres.

Tous deux vivront comme Sanson, avec la crainte de que quelqu'un coupe leurs cheveux. Si la vie ne conduit pas ces deux personnages à trouver un évènement ou une conversation qui leur permette de reconstruire leur faiblesse, il faut se demander, comment peuvent-ils porter leurs cheveux. Surtout l'enfant qui a exercé le *bullying*; généralement il est moins en mesure de partager sa faiblesse avec un autre parce qu'il est perçu comme un individu fort.

Le système relationnel doit éviter de faire partie du problème en protégeant celui qui est harcelé: en bloquant l'agresseur grâce à des argumentations et punitions dans le but de l'obliger à avoir un comportement adéquat ou le renvoyer du lycée.

Deux messages superposés existent lorsqu'on offre de l'aide [5]. Le premier: «ce qui arrive est injuste, je t'apprécie et donc je te soutiens et je ne permets pas que ceci se reproduise ». Ce premier message ne posse aucun problème puisqu'il fait sentir l'enfant estimé. Le deuxième sème le doute: «tu n'es pas capable de sortir du problème par tes propres moyens, tu as besoin de moi». Avec ce message, l'insécurité de l'enfant est augmentée puisqu'il se sent encore plus incapable de ce qu'il ne l'était avant d'être protégé. La seule possibilité de transformation qui peut se produire chez un enfant agressé serait de créer des stratégies qui augmenteraient progressivement sa confiance et ainsi sa capacité à se défendre. À son tour, la seule possibilité de transformer l'agresseur est qu'il comprenne qu'il peut entretenir une relation avec les autres sans être menacé et qu'il puisse parler de sa «faiblesse».

Il est inévitable sentir qu'il y a des points de faiblesse dans la vie. La reconnaissance et l'exploration de ces points nous permettent d'enrichir la vision de soi-même. Le problème s'origine quand ces «faiblesses» ne peuvent être re-signifiées.

Ici on propose de travailler avec pour logique, la résilience. Selon ce concept, la difficulté et le traumatisme –lorsque re-signifiées– permettent à la personne de se fortifier. Toutefois, sous la définition stricte de la résilience, il est nécessaire de partir d'un traumatisme qui permettra para la suite d'en parler.

La plupart des situations de bullying génèrent chez les personnes harcelées des traumatismes. Dans le cas de l'agresseur, la situation traumatique se présenta peut-être antérieurement ou peut se produire comme résultat d'interventions réalisées par le système relationnel.

Une des interventions proposées fait appel à la logique thérapeutique développée par Giorgio Nardone [5]. D'après celle-ci, la solution doit maintenir la même structure que le problème. Le professeur ou adulte en charge doit remercier l'agresseur pour le sacrifice qu'il est en train de faire en s'exposant à l'humiliation et au pointage puisque le seul but de son harcèlement est de forcer le regard des adultes envers un enfant qui a besoin de soutient. On pourrait, à son tour, ordonner à Juana (comme fait en thérapie brève) d'aller chez l'enfant qui l'agresse et remercier ses agressions et autres injures puisque chaque fois qu'il l'insulte cela l'aide à devenir encore plus forte –elle lui demanderait alors de continuer avec les insultes-. De cette façon, on parvient à faire rentrer l'enfant agresseur dans un paradoxe relationnel où le harcèlement perd son sens.

La thérapie «Narrative» développée par White [6] est une autre possibilité. Celle-ci propose réaliser une déconstruction du récit dominant à travers le dialogue. Dans le cas de Juana, le récit dominant raconte une histoire où il y a une fille faible et un garçon fort, définitions d'une caractéristique identitaire. Il est conseillé de chercher, en sortant d'une vision saturée du problème, à créer une narrative où ces structures soient mises en question et ainsi ouvrir les possibilités d'une lecture différente et d'actions de transformation. L'externalisation

du problème est un outil thérapeutique clé dans la thérapie narrative. L'externalisation permet à l'enfant de différencier le problème de son identité, de devenir un agent actif et ainsi, de s'en libérer du problème.

Dans les thérapies avec des enfants comme Juana –enfants qui s'identifient comme des êtres "faibles"– il est important que la faiblesse soit extériorisée dans une conversation pour pouvoir la différencier de l'identité même. Il est nécessaire de poser des questions comme: «Quand est-ce que la faiblesse te rattrape?»; "Es-tu capable de vaincre cette faiblesse?»; "Que font les adultes lorsque la faiblesse te rattrape?»; «Comment sera le jour où la faiblesse ne parviendra pas à t'affecter?»; entre autre. Postérieurement, le thérapeute doit fournir des stratégies créatives où le patient fait partie du processus de planification: la victime peut alors se transformer en acteur actif, en proposant des solutions au conflit et, ainsi, gagner la lutte contre la faiblesse.

Dans le cas de Pedro on peut utiliser la même ressource: externaliser la difficulté. Par exemple, demander: «Quand est-tu influencé par *l'agresseur féroce*, celui qui te fait dire ces choses aux autres enfants?»; «Que se passe-t-il avec les adultes quand *l'agresseur féroce* t'oblige à acculer un enfant dans l'institution?»; «Comment, d'après toi, pourrait être le jour où tu réussiras à vaincre *l'agresseur féroce*?». Ceci n'étant que quelques exemples de questions pouvant le mener à se détacher du problème.

Il est nécessaire de connaître en profondeur ces deux thérapies pour pouvoir les mettre en place de façon adéquate. Le principal dans les deux thérapies est que la *honte* de la victime et du victimaire soit modifiée dans la relation avec l'Autre.

Quand la résilience est activée, le cerveau se transforme, fait qu'on ne peut pas ignorer. Ces changements sont semblables à ceux produits par nos actions face à n'importe quelle situation ou lorsque on fuit pour ne pas affronter un évènement de notre vie. Accompagner l'enfant qui agresse et l'enfant agressé dans la réparation de la *honte* est fondamental. Kevin Ochsner et ses collègues de l'Université de Columbia [7] affirment qu'une transformation se produit dans le cerveau au niveau du cortex préfrontal lorsqu'on parvient à faire une réinterprétation d'une situation considérée comme négative précédemment –cet organe nous permet de planifier, adresser et inhiber certains comportements. De même, l'activité de l'amygdale –centre qui opère quand on a peur– diminue.

Dans ce sens, une situation de Bullying peut être vue comme une opportunité pour qu'un enfant, un adolescent, un jeune adulte puisse développer la gestion de ses émotions au niveau neurologique et ainsi, avoir plus d'outils pour faire face aux difficultés qu'il trouvera tout au long de la vie.

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The impact of cumulative risk on adolescents: how it acts on different outcomes and which assets can moderate it

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Abstract

Cumulative risk is one important threat to positive development in adolescence. This study aims to contribute to a further understanding of the cumulative risk effect on different outcomes and how protective factors can moderate its impact.

The sample included 2840 adolescents, 46% boys, mean age 14 years old, in the 6th, 8th and 10th grades of the public school system from Portugal. Data collection was held within the Health Behaviour in School-aged Children (HBSC) survey. For the purpose of this specific study, the questionnaire included questions concerning socio-demographic and behavioural risks, health related quality of life, psychological symptoms, academic achievement, substance use, and environmental and internal resilience assets.

Results showed three different risk effects: a cumulative effect, as referred by Rutter (1979), for substance use, where the significant impact of risk is possible to observe only in the presence of four or more risk factors; a linear effect for academic achievement, where it is possible to verify that each risk factor contributes to a significant decrease in academic achievement; and an effect, between the above mentioned cumulative and linear effects, for health related quality of life and psychological symptoms, where there is a significant increase of psychological symptoms, or decrease of health related quality of life, only in the presence of three risk factors, that is accentuated again in the presence of four or more risk factors. In this context, and for the different outcomes, moderator effects of environmental and internal resilience assets are also explored and discussed.

Keywords: Adolescence, risk effects, protective moderator effects, health related outcomes

Introduction

It is commonly recognized that family poverty and stress, exposure to family or community violence, maltreatment, divorce, poor schools, school disengagement, and lack of local resources constitutes a severe environmental hazard to children's adaptive and healthy development [1]. Several studies refer that children living in these contextual conditions are at greater risk for developing externalizing and internalizing problems [2, 3, 4, 5], such as substance use, psychopathology across the life span [3, 6, 7], poor quality of life [8, 9], and poor academic achievement [1].

Research has shown that generally, in adverse circumstances, risks tend to accumulate [10]. Moreover, in a cumulative risk context, there appears to be a consistent and strong negative relationship between the number of risk factors that children are exposed and their adaptive functioning [11, 12]. Cumulative risk can act through different mechanisms: the presence of multiple risk factors; multiple occurrences of the same risk factor; or the accumulating effects of ongoing adversity [13].Different effects had been reported for cumulative risk. Some studies refer an additive effect [7], or a linear effect, where each risk factor has a significant impact on the outcome, namely some studies found this effect on academic performance [1]. Other studies point to another kind effect, an exponential effect, generally known as cumulative risk, where the combination of four risk factors quadruplicates the likelihood of maladjustment, comparatively with the combination of three risk factors [14]. This hypothesis, emphasizes to a large extent the quantitative aspects of risk as the crucial question comparatively to the qualitative aspects of risk [15, 16].

Those findings point to the conclusion that when children experience significant dysfunction at home and at community environments, their risk for maladjustment and poor health outcomes becomes substantially higher. That comes in line with research showing that if children are faced with continuing and severe assaults from external environmental risks, they cannot sustain a resilient adaptation over time [17].

However, it is essential to highlight that these risks interact with adolescents internal and environmental (family, friends, teachers) assets and in some case this can revert the negative effects of risk factors [18, 19]. Some of these assets and effects are going to be under analysis in this study. This study aims at:

(1) Verifying the relationship between cumulative risk and different health outcomes (substance use, psychological symptoms, health related quality of life,) and academic achievement;
(2) Verifying if internal resilience assets (social and emotional competences) and environmental assets (family social capital, friends' social capital) are moderators of the relationship between cumulative risk and the different outcomes.

Method

1.1 Sample

The sample included 2840 adolescents, 46% boys, aged from 11 to 18 years old (M=13,95; SD=1,80). Data collection was held within the Health Behaviour in School-aged Children (HBSC) survey [20, 21].The study provides nationally representative data of Portuguese adolescents, from 139 Portuguese public schools using cluster sampling with class as the basic sampling unit (28.2% were attending the 6th grade, 31.4% the 8th grade and 40.3% the 10th grade).

1.2 The survey

The main HBSC survey included questions on different aspects of adolescent behaviour and life style [more details about the survey variables can be found in Matos, et al. (2012)]. For the purpose of this specific study, the following variables were used for different purposes:

- Cumulative risk index – father and mother employment, family structure, school satisfaction, skipping classes, and bullied at school;
- Outcomes variables - school achievement, psychological symptoms (3 items), health related quality of life (10 items), substance use (tobacco, alcohol and cannabis – 3 items);
- Moderator variables: Internal resilience assets scale (18 items), family social capital (4 items), friends and other relevant social capital (8 items), teachers relationship (3 items).

1.3 Procedure

Data were collected through anonymous self-completion questionnaires administered in the classroom by teachers [details about the survey procedures can be found in Roberts, Tynjälä, Currie, & King [22]. During the data collection procedure, a letter was sent to all the selected schools with the questionnaires and the information about procedures. The questionnaire took about 60 to 90 minutes to respond. The study had the approval of a Scientific Committee, the National Ethics Committee and the National Commission for Data Protection and followed strictly all the guidelines for human rights protection.

1.4 Analysis

SPSS Statistics 21 was used in data analysis. To obtain the cumulative risk index, each of the six variables were categorized into two categories (0=father/mother have a job, nuclear family, like school, doesn't skip classes, not victim of bullying; 1=father/mother doesn't have a job, single parent or reconstructed family, doesn't like school, skipping classes, victim of bullying). The six dichotomous variables were summed to obtain a score from zero to six. The outcome variables, namely substance use related variables, health related quality of life items, and psychological symptoms variables, were submitted to an *optimal scaling* procedure [see Simões, Batista-Foguet, Matos, & Calmeiro [23], for more details].The object scores were saved to obtain these three outcome factors. For the academic achievement the variable Z score was used. For the moderator variables, reliability analysis were conducted with the items of each moderator under study (internal assets α=.93; family social capital α=.92; friends and other relevant social capital α=.91; teachers relationship α=.64). After the reliability analysis, the items of each scale were summed to obtain the summative scales score. For the moderation analyses, the summative scales scores were categorized in two categories (1=low/medium scores; 2=high scores). In the analyses of variance, when homogeneity of variance wasn't verified, robust tests of equality of means (Brown-Forsythe) were used.

Results

Table 1 presents descriptive statistics for the cumulative risk index, outcomes and moderator variables. Since the last two categories of cumulative risk index had a small number of cases, they were aggregated to the fourth category.

Table1. Frequencies and percentages of cumulative risk index, mean values, standard deviations, maximum and minimum values of outcomes and moderator variables

Variable/Factor								
Cumulative Risk Index		**0**	**1**	**2**	**3**	**4**	**5**	**6**
%		13,7	21,1	31,1	22,3	9,0	2,5	0,3
Outcome variables/factor		**Min.**		**Max.**		**Mean**		**SD**
Substance use		-.37		9,84		0.00		1,00
Psychological symptoms		-.78		3.11		0.00		1,00
Health related quality of life		-.2.56		1,51		0.00		1,00
Academic achievement		-.2.03		2.04		0.00		1,00
Moderator variables								
Internal assets	Low/Medium	54.03		8.71		18		63
	High	76.14		7.33		64		90
Family social capital	Low/Medium	18.85		4.92		4		24
	High	27.21		1.06		25		28
Friends social capital	Low/Medium	38.64		9.80		8		48
	High	53.77		2.38		49		56
Teachers relationship	Low/Medium	5.07		1.03		3		6
	High	8.57		.50		7		9

1.5 Relationship between cumulative risk and different health outcomes (substance use, psychological symptoms, health related quality of life) and academic achievement

Four one-way ANOVA were carried out to analyse the relations between cumulative risk and health related outcomes and academic achievement. The variance analyses reveals a significant effect for cumulative risk on all the outcomes under study (substance use: $F4, 2652=12.37$, $p<.001$; psychological symptoms: $F4, 2652=14.74$, $p<.001$; health related quality of life: $F4, 2652=18.92$, $p<.001$; academic achievement: $F4, 2652=46.91$, $p<.001$). Despite reaching statistical significance, the effect size, calculated using eta squared, was small for the majority of the outcomes (.02 for substance use and psychological symptoms and .03 for health related quality of life). Only for academic achievement a medium effect size was verified (.07). Post-hoc comparisons using the Scheffe test (for academic achievement) or Dunnett T3 (for health related outcomes) indicated the present of different types of effects. For substance use, a cumulative effect was verified, as previously described, which means that only in the presence of four or more risk factors the levels of substance increase significantly. No differences were found between previous levels of risk (0 to 3). For academic achievement a linear effect was verified, after the first risk factor (no differences were found between no risk factors and one risk factor) where is possible to verify that each risk factor contributes to a significant decrease in academic achievement. For health related quality of life and psychological symptoms an effect between the above mentioned cumulative and the linear effects was verified, where there is a significant increase of psychological symptoms, or decrease of health related quality of life, only in the presence of three risk factors, that is accentuated again in the presence of four or more risk factors.

1.6 Internal and environmental resilience assets as moderators of the relationship between cumulative risk and health and academic outcomes

Since it was verified a significant relation between cumulative risk and health and academic outcomes, four sets two-way ANOVA's (one for each outcome) were carried out in order to see whether internal resilience assets (IA) and environmental assets (family social capital–FamSC, friends and other relevant-FriSC, teachers relationship-TR) can mitigate the effect of cumulative risk (CR) over the outcomes under study. The results are presented in Table 2.

Table 2. Two-way Anova: main effects and interactions of internal and environmental assets, and cumulative risk, and effects size (η^2) for the four outcomes

	Substance Use	Psychological Symptoms	Health Related Quality of Life	School Achievement
CR	*F*4, 1583=4.88, *p*<.01, η^2=.01	*F*4, 1583=10.52, *p*<.001, η^2=.03	*F*4, 1583=8.44, *p*<.001, η^2=.02	*F*4, 1583=22.01, *p*<.001, η^2=.05
IA	*ns*	*ns*	*ns*	*F*1, 1583=4.30, *p*<.05, η^2=.00
CR x IA	*ns*	*ns*	*ns*	*ns*
CR	*F*4, 2603=13.33, *p*<.001, η^2=.02	*F*4, 2603=10.41, *p*<.001, η^2=.02	*F*4, 2603=11.67, *p*<.001, η^2=.02	*F*4, 2603=38.62, *p*<.001, η^2=.06
FamSC	*F*1,2603=11.09, *p*<.01, η^2=.00	*F*1, 2603=89.90, *p*<.001, η^2=.03	*F*1, 2603=192.89, *p*<.001 η^2=.07	*F*1, 2603=10.59, *p*<.01, η^2=.00
CR x FamSC	*ns*	*ns*	*ns*	*F*4, 2603=2.67, *p*<.05, η^2=.00
CR	*F*4, 2556=13.25, *p*<.001 η^2=.02	*F*4, 2555=10.81, *p*<.001, η^2=.02	*F*4, 2555=14.30 *p*<.001, η^2=.02	*F*4, 2555=34.81, *p*<.001, η^2=.05
FriSC	*F*1 2556=7.21, *p*<.01, η^2=.00	*F*1, 2555=4.52, *p*<.05, η^2=.00	*F*1, 2555=65.49, *p*<.001, η^2=.03	*ns*
CR x FriSC	*ns*	*ns*	*ns*	*ns*
CR	*F*4, 2591=12.43, *p*<.001, η^2=.02	*F*4, 2591=12.53, *p*<.001, η^2=.02	*F*4, 2591=17.10, *p*<.001, η^2=.03	*F*4, 2591=41.18, *p*<.001, η^2=.06
TR	*F*1, 2591=14.26, *p*<.001, η^2=.01	*F*1, 2591=41.55, *p*<.001, η^2=.02	*F*1, 2591=54.24, *p*<.001, η^2=.02	*F*1, 2591=27.33, *p*<.001, η^2=.01
CR x TR	*ns*	*ns*	*ns*	*ns*

As shown in Table 2, only one significant interaction, between cumulative risk behaviour, and family social capital, for school achievement was significant, although with a very small effect size. Nevertheless, significant main effects of cumulative risk (as mentioned in the previous analysis, with medium effect size for school achievement) and internal and environmental assets were obtained. Internal assets present a significant main effect on school achievement, which means that independently of the cumulative risk, adolescents that have higher internal assets present a better school achievement. For the environmental assets, it was possible to verify that family social capital, and teachers' relationship have a significant and positive effect on every outcomes (adolescents with higher levels on family social capital and teachers relationship present lower levels of substance use and psychological symptoms, and higher levels of health related quality of life and school achievement). The same occurs with friends' social capital, except for school achievement, where friends' social capital didn't show a significant effect. Again, for these main effects, the effect sizes were, generally, small. A medium effect size was found for the family social capital on health related quality of life.

Conclusions

Cumulative risk presents an important threat to adolescent well-being and positive development. Our results support the theoretical framework stressing the impact of cumulative risk. We found that there is a significant impact of risk in all of the four outcomes under study (substance use, psychological symptoms, health related quality of life, and school achievement). This impact is higher on school achievement, as revealed by a medium effect size. For these results it may contribute the fact that in the composition of the cumulative risk index, three of the variables are school related variables (school satisfaction, skipping classes and bullied at school). Notably cumulative risk acts differently according to the outcome under analysis. For substance use, a cumulative effect was verified. This finding is similar to the one described by Rutter [14] and verified in other studies [15, 16], since the effect of risk is significantly higher in the group that refers four or more risks, comparatively to the groups that have fewer than four risks. Thus it appears that the risk only acts promoting a significant increase in substance use when it becomes accumulated. For school achievement another kind of effect was verified, a linear or addictive effect as mentioned by other authors [1], was verified after a non-significant impact of the first risk factor, where each risk factor contributes significantly for a progressive decrease in academic achievement. For psychological symptoms and health related quality of life, again a different effect was verified, which can be described as being between the previous mentioned effects. For these outcomes, we found that the first two risk factors don't present a significant impact, but that happens with the third risk factor and again with fourth risk factor.

The search for moderators of these cumulative risks had only revealed a small but significant effect of family social capital on school achievement. All the other internal and environmental assets analysed only appeared as protective factors. Family social capital and teacher's relationship present a significant protective effect for all outcomes under consideration, since adolescents that present higher levels of these assets present lower levels of involvement in substance use and psychological symptoms, as well as a better health related quality of life and higher school achievement. Internal assets present a protective effect only for school achievement and friends and other relevant for all outcomes, except for school achievement.

The findings should be interpreted within the limitations of this study, namely the cross-sectional design and potential errors or bias. Notwithstanding this limitation may have been overcome since our study used a large sample of adolescents with sampling procedures that ensured a nationally representative sample. Finally the procedures to define the cumulative risk variable were created considering similar weight of each item, and it may be the case that each item score has varying levels of weight for the cumulative risk.

Nevertheless, our results point towards two important directions in adolescent resilience: (1) the reduction of risk exposure and its effects, since cumulative risk impact significantly, and negatively, on health and academic outcomes; (2) the importance of internal and external resilience assets promotion, since they act as protective factors for positive outcomes. A special attention to the role of families should be taken in consideration, as well as embrace them as crucial partners for resilience promotion interventions, as it already is advocated in some of these programs [24].

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Break rules behavior problems of children in long term foster care: a profile using the child behavior checklist 6-18

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Abstract

Many international studies describe the psychosocial functioning of children in foster care using the Child Behaviour Checklist (CBCL). Although children in foster care have been reported to show high rates of behavior and emotional problems (Bolger & Patterson 2001; Cicchetti & Barnett 1991; Fanshel & Shinn 1978; Kaufman & Cicchetti 1989; Dubowitz et al.,1994 ; Toth & Cicchetti et. al. 2000; Pecora et al., 2000), in our country we found little research on this topic. This article report findings on intake CBCL scores for a group of 92 Romanian children, 6 to18 years old served in long term foster care by 52 foster parents. The findings of this article show that children and youth in foster care experience high rates of break rules behavior problems and olso the implications for future research using Child Behavior Cheklist are discussed.

Keywords: foster children, behavior problems, break rules behaviors, CBCL.

Introduction

The best interest of a child at the beginning of his life, is to have a family able to satisfy the most needs for a healthy development, a family able to love and respect him. Children placement in foster families was designed as a temporary protective measure, to prepare the child reintegration in the biological family or to find an adoptive family. With a growing number of children living in family foster care, it is important to use standardized measures for studying behavioral and emotional problems of these children and youth. The foster care system was created to offer a normal family environment for normal children. Unfortunately, research proves that those children placed in foster care system „are not normal,, in the sense that they present serious emotional and behavior problems. Under these circumstances it is desired that the foster care families to offer the child a healthy environment, so that he/she acquires new skills, modifies the nagative aspects and increase their resilience prompting factors [1]. Children and adolescents living in foster care have often experienced adversities such as physical abuse, neglet, sexual abuse, parental psychopatology and family breakdown [2]. A large body of international previous studies have reports high rates of emotional and behaviour problems (mental health problems) among children in welfare systems [3,4,5,6]. Antisocial behavior appears to be a developmental trait that begin in early life and often continues into adolescence and adulthood. Aggressive behaviour measured from ages 6 to 13 consistently predicts later violence among males. Delinquency is a natural outcome of an emotionally deprived life.The approach of delinquency must always be governed by an attempt to understand the frustrations, the deprivations that have led the child to a particular expression of his unhappiness [7]. In social work practice it is not easy to find foster parents who will live with troubled children, one foster parent will be able to accept one form of delinquent behavior and another will be more comfortable with another variety. In general, studies show that during adolescence or adulthood, children who have experienced foster care are at increased risk for substance abuse [8], depression [9], anxiety [10], delinquency [11], school failure [12], incarceration [11]. To be effective, the community reinsertion of delinquent child must be done by a network of state institutions and non-governmental organizations which have as a primary or secondary target group the child [13] .

Methods

The sample was performed according to the eligible population of foster children and adolescents at the beging of September 2010 in Timiș and Arad country, Romania. The sampling frame included 52 foster parents and 92 children aged 6-18 years residing in foster care. To ensure that caregivers were sufficiently familiar with

children they care, we required that children had lives with their caregivers for at least three months. Data collection took place between Octomber 2011 and November 2011 and all the children and substitutive parents were evaluated at the foster parents residence, both in urban (n=14) and rural area (n=78). For the purposes of access of these foster families, collaboration agreements have been closed with DGASPC from the Arad and Timis countries.

Measures

The Child Behavior Checklist (CBCL) is a 113-item questionnaire which is completed by parent or foster parents in order to reflect their view of the child s behavior at the time of administration or within the previous 6 months [14]. It provides a Total Problems score, two broadband scales (Internalizing, Externalizing) and the following dimensions: Withdrawn Behaviour, Somatic Complaints, Anxiety/Depresses Behavior, Break rules Behavior, Aggressive Behavior, Social Problems, Thought Problems and Attention Problems. Foster parents rate each item from 0 (never true), 1 (sometimes true) to 2 (often or always true) for the chid. In this article we focus only on Break rules behaviour scale. Break rules behaviours represent Externalizing behaviours (publicly observable) and the children and youth tend to underestimate their misbehaviour and adults are generally considered the optimal informants on this scales.

Results

Child Behaviour Checklist scale VII examines foster parent perspective on behavior problems such as misbehavior, aggression, violence, interpersonal hostility, disturbing others behaviors and delinquency. This scale measures the overall well-established symptoms within antisocial problems, that are not necessarily characterize the pathological condition, but can express a certain pathogenic path. From this scale perspective, at the level of the total sample of children and adolescents in foster care, foster parents report symptoms whith a particulary high frequencies at the following items: 63. Prefer the company of older children (68.5%); 43. Lying, cheating (66.3%); 28. Violating rules (63.1%) and 26. Do not feel guilty (59.8%). Generally, present symptoms in the scale are influenced by age of children at the evaluation moment and another important fact is that with age these antisocial symptoms changes direction. Many researchers have noted the continuity in antisocial behaviour from early aggression to violent crime, more likely, the delinquent behavior among children and youth evolves from simple to complex and from minor to severe as the child develops in age and in negative social experiences [15, 16]. Most longitudinal studies show a negative trend in the incidence of aggressive behaviour with adolescence, so some forms of antisocial behaviour o occurring at different ages (theft, vandalism) appear to adolescence while other forms are decreasing with age (interpersonal aggression). Due to the principle that the Covert Pathway begin with child aggression such as annoying and bullying others as the first step, followed by physical fighting, and then violent crime.The Covert Pathway begins with minor covert behaviours such as shoplifting and lying and than progressed to property damage such as vandalism and fire setting. Some families produce children characterized by two problems [17]. They have antisocial symptoms and they are socially unskilled [18]. Olso the association between antisocial children, school failure and rejection by the normal peers group is well documented [19]. All these behaviours predisposes children to poor outcomes and to a life dependent on social services. Based on what is known about the attachment of abused, abandoned and neglected children, foster children have most probably an insecure attachment towards their biological parents [20, 21, 22].

Table 1. CBCL, Scale VII: Break-rules behavior symptoms – overall situation in percent

item	never true	sometimes true	always true
2. Drinks alcohol without parents' approval	96,7%	1,1%	2,2%
26. Do not feel guilty	40,2%	47,8%	12,0%
28. Violating rules	37,0%	62,0%	1,1%
39. Hangs around with others who who get in trouble	89,1%	9,8%	1,1%
43. Lying, cheating	33,7%	57,6%	8,7%
63. Prefer the company of older children	31,5%	45,7%	22,8%
67. Runs away from home	93,5%	5,4%	1,1%
72. Sets fires	91,3%	7,6%	1,1%
73. Sexual problems	98,9%	1,1%	,0%
81. Steals at home	90,2%	9,8%	,0%
82. Steals outside the home	94,6%	5,4%	,0%
90. Swearing or obscene language	73,9%	22,8%	3,3%
96. Thinks about sex to much	96,7%	3,3%	,0%
99. Smokes, chews, or sniffs tobacco	98,9%	1,1%	,0%
101 Truancy, skips school	94,6%	5,4%	,0%
105 Uses drugs for nonmedical purposes (don't include alcohol or tobacco)	100,0%	,0%	,0%
106 Vandalism	96,7%	3,3%	,0%

Statistical analysis result using Chi2 test antd t test did not identified any statistically significant association coefficients according to gender variable. As the values are above the threshold of $p<.05$ will not confirm the hypothesis that gender influences the incidence of child antisocial behavior in the items above. Overall, the gender variable does not induce significant statistical differences, althrouhg boys recorded higher antisocial behaviour problems than girls.

Table 2. CBCL VII mean according to gender variable

Mean CBCL	General mean	Boys mean	Girls mean
CBCL VII Break-rules behavior problems	3.93	4.06	3.80

Conclusions

The results of this study are consistent with those of prior studies that found higher levels of antisocial behavior problems, as manifeste in high CBCL scores. Because parent-child interaction is central in the etiology of antisocial behaviour the substitute care which they receive may have significant results (positive or negative) on their ability of adjustement and becoming resilient. Thus, after leaving the child protection system, many foster children become a social and economic burden for the community. The fact that children in foster care present a wide range of antisocial beahaviours is not surprising considering the relatively small number of protective factors and the large number of risk factors. To support this statement a large body of evidence suggests that broken homes, abusive parents, early childhood violence, physically abuse and neglet precedes a greater degree of delinquency in later life [23]. In conclusion, foster children demonstrate behavioral problems, as a result of the disturbed parent-child relationships. In dealing with troubled children, the foster parents must be especially careful to let the child know she feels that there are reasons behind his behaviour and that she is concerned in helping him to get at them. Children in foster care are clearly in nedd of follow-up assessment and counselling services. There is a need for more research on effects of foster placement, more longitudinal studies in which children are assessed as they enter the child welfare system and followed through their time in care and after they leaving care.

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The significance figures in the foster care system as a source of resilience for adolescents

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Abstract

This research is contextualized in the foster care system, focusing on the area of adolescent relationships and in the support that the figure of a natural mentor offers. Dealing with the situation generated by the childhood vulnerability constitutes a challenge for these adolescents (Grotberg, 2003) and in this way, some specific needs in interpersonal (Amorós & Fuertes, 2000; Fuentes et. al, 2013; Cyrulnik, 2005) and emotional areas (Barudy, 2005) have been identified. From the resilience paradigm, what is consistently found is the presence of significant persons as an essential element to make the process of resilience of maltreated children possible (Lecomte & Manciaux, 2003; Cyrulnik, 2002, 2005), the stage of adolescence being a special fertile period for its promotion.

The purpose of this communication is to show the adolescent's perspectives and perceptions of people who have been significant for them during their stay in a protection resource. A descriptive-comprehensive methodology is used, proposing 17 interviews as strategy to gather information which has been analysed on qualitative software Atlas-ti v.6.0.

Our findings show the value of the mentor, as well as some salient qualities of the relationships and many different benefits from these meaningful connections. As a salient issue, the importance of people from the informal network is highlighted. It evidences the importance of being connected with a key person for the development of the resilience process in youth (Barudy, 2005; Gilligan, 2009; Vanisteandel, 2003), this supportive figure becoming a mentor (Burguet & Forés, 2012).

Keywords: Foster care system, resilience, support relationship, mentoring.

Introduction

Our investigation is into part of the field of child protection, focusing on adolescents who as a consequence of a situation of vulnerability have had to leave the family nucleus and go and live in foster care. This and the later adaption to the protection measure is a significant moment of special adversity [1], to which we must add the necessities existing before they found themselves in a situation of vulnerability or defencelessness.

Looking at it from this perspective, several authors coincide in pointing out the specific interpersonal necessities of the adolescents taken into care [2] [3] [4] [5] [6] [7], and those necessities in the relationship and emotional area [3] [8]. In this sense it is manifest that for the adolescents there is a great need for a connection with figures who can meet these necessities and offer supportive elements that help them develop and add to their welfare.

It is at this point that the concept of resilience appears as an opening into the future, making possible a hopeful outcome for these young people. Although it is a concept that has diverse definitions, we shall take the definition accepted by the authors of reference, such as Manciaux, Vanisteandel, Lecomte and Cyrulnik [9], because they include the two elements common to any definition and their contributions in the field of resilience given to children in protection: "resilience is the capacity of a person or a group to develop healthily, to continue with a project for the future despite destabilising events, difficult decisions in life and sometime serious traumas". On the paradigm of resilience, there is great consensus that one of the most vital elements for the development of resilience processes is coming into contact with meaningful and affectionate people [4]; [10],

[7]; [11]; [1]; [9]. In particular, Lecomte and Manciaux [12) affirm that "the principal factor for an abused child's resilience and the growth thereof, is the presence of an affectionate person [...] with whom they have an intense link [...], who gives the sensation they accept and love them." The psychological development after the trauma is related, as Cyrulnik [7] says, with the possibility of finding an affective and social context, mentors of resilience, that is to say, people with whom they are able to feel loved unconditionally, to grow and to overcome the situation. Therefore, to achieve an integral development and to make possible resilience, it is vital there are significant people with whom the young people can establish a positive affective bond [7]. They become mentors of resilience [13]. After what we have set out, it is clear it is relevant to respond to the child's necessities at an emotional and relational level, and as well as to provide support figures capable of encouraging this resilience development in young people.

The objective of this paper is focused on making known the perceptions of the young people fostered and how they feel towards to these people who have been significant for the time during which they have been in the protection system. The paper analyzes the establishment of certain interpersonal relationships that have helped the young people to face this process and how they have done so. In this way, we have gone into the contributions and fundamental elements that sustain these types of relationships. Then we look at the role young people give to these people with whom they maintain the relationship or connection.

Methodology

To fully achieve the objective the descriptive-comprehensive method is used. It aims to explain the significance of the phenomena studied [14] with the intention of understanding and gaining insight into the experience of the participants, as they themselves feel it.

It is worth pointing out the added value represented in gathering together and listening to the voices of the adolescents. By doing so we encourage their right to participate in those questions which are directly their own, and affect them [15]; [6]. In this way we are working from a perspective close to the new policies and regulation on child protection, in which the child's rights to participate in research and practice are recognised.

To clearly achieve this proposal seventeen semi-structured interviews with adolescents were carried out. All of them had gone through or suffered a process of family break up and being taken into care in a residential centre of in a foster family. The interviews were transcribed literally in a text processor so the data could be processed and analyzed using a qualitative analysis methodology. To reduce the amount of the data and information a system of categories was created following an inductive strategy, reinforced afterwards by contrasting it and complementing it with the most relevant aspects indicated in the literature. The result was a system of fourteen codes. In the final stage, to carry out a codifying process we used the Atlas-ti, v.6.0 software, which facilitated the good organization and information processing analysis.

Results

In first place, the results showed that the adolescents are capable of identifying certain interpersonal relationships as sources of support. These help them to take on a situation in which they were in the protection system for a period.

We can observe that these relations may be constituted with figures who are either part of the formal network -we are referring to professionals who count on formal resources, for example, teams from the protection system, teachers, etc.- or informal network -people from their natural surroundings, such as friends, relatives, and "non-kin"-. The most mentioned figures from the formal network has been the educator and from their natural circle their parents and siblings.

From this perspective, there stand out a series of elements with common characteristics in the significant relations, both with people from the formal network and informal network. Firstly we can see the essential elements that frame the significant interpersonal relations are trust, support and emotional aid.

*"**What is it that has most helped you?** That they gave me a lot of trust"*

"[...] first you should speak with your parents, because family support is very important."

Secondly, we observe how this trust is generally accompanied by the sensation the young people have understanding with the other person, that there is a link, a feeling and an empathy which makes this relation special. We can also see that this type of relation is framed in a context of listening, comprehension and respect.

"Yes, this person helped me a lot, because they spoke to me, it let me vent my feelings, because I got to feel at ease with her too."

Another question is that they are relations based on esteem and affection. The affectionate context is fundamental and the security they have that the other person is accessible, there for them in the future. In addition the image the significant figure transmits back to them has an important positive effect or repercussion on the young people's self value: they can feel valued people.

"[...] your mother, well your parents, what they should do is spoil you."

"He's a boy that if I would have problems now with drugs or anything, the first person who I fall back on, together with my mother, would be him."

With regards to what the relationship contributes, what the benefits have been for the adolescents, we have been able to identify three large areas. First, the relationship gives a reference to the emotional support, referring above all to providing affective company.

"They always told us they were there for anything, to talk or anything else, and if anything happened to us we could talk to them, that they'd help us a lot."

Secondly, there is the supply of information with respect to the process, what we have called informational support. And the third is the instrumental support, based on the contribution of tangible aspects and infrastructure.

"Eva helped us a lot […] she went along telling us how we had to do things, what was positive for us, what was negative..."

Finally, we want to highlight the vital role of the significant figures during this process. As the evidence makes clear, the adolescences recognise their value and transparency, perceiving them as a value key for their development.

"[...] s*tart over your life again from zero, they give you the opportunity to come through this and from zero, you believe you are being reborn, because if you let them help, they'll help you."*

Discussion and conclusions

In the light of the results, it is evident that adolescents can identify the characteristics and contributions from these significant relationships, highlighting the emotional support as a key element that helps them in their process of taking on and facing up to this situation of protection and the child's projection into the future. The elements that define these types of relations coincide with those described in other investigations and research - among them Ahrens et al. [16]; Barudy & Dantagan [4]; Gilligan [17]; Greeson & Bowen [18]; Osterling & Hines [11] & Triseliotis, Borland, Hill & Lambert [19]. The confidence and support (emotional, informational and instrumental) provided by these figures are vital. Another question is that it has been seen that as the adolescents value these relations as empathetic, in which they feel respected, listened to and understood. These results match up with the previous literature. As a third key element, esteem and affect have been identified, coinciding with the results of Greeson and Bowen [18], which point in the same direction of love, care and nurture. Another contribution that stands out is the fact that the adolescents feel valued and respected, coinciding with Munson et al. [20]; Greeson and Bowen [18] and Triseliotis et al. [19], in contrast to what they feel in other relationships.

Evidence is provided that the emotional support and the interpersonal links are the vital elements that truly mark the difference and mean the relationship begins to be of aid in the process of resilience building. We also point out the diversity of roles and figures that appear as sources of support, figures that belong to the formal network and others from the informal network can be there. The figure who stands out in the formal network is the social educator, coinciding precisely in the fundaments of their accompanying methodology and type of educational relationship, with the characteristics we have mentioned before.

The fact of contemplating figures from the informal network is revealing, as there are few investigations focusing their attention on the contributions these figures can offer in the providing of support in this context. The figures from the nuclear family are highlighted: parents and siblings. It is paradoxical as even being removed from their parents because they did not comply with parental functions, in many cases they continue to be a source of support. Nevertheless, on occasions there seems to be an idealisation of the symbolic role the family represents as the description they make of the support provided is much more diffuse and imprecise compared with the support from the formal network. In the case of brothers and sisters it is different as all the support comes together with the following effect: on one hand the siblings are there and will always be there, standing by the person as a source of help and on the other hand, they make them feel near to the biological family. Coinciding with Fuentes et al. [5] and Gilligan [17], emphasis is made of the relevance and necessity of going in deep to the role that these figures, who are relatives, could have.

In conclusion, this study provides evidence which enables us to see the importance certain people have for adolescents: they consider them significant figures in their process of coming to terms with, facing up to the situation of foster care and their projection for the future. In accordance with Ahrens et al. [16], Barudy [3], Gilligan [17] and Vanisteandel [21], it is a key piece for their development in this process of resilience. Barudy [3] indicates that a policy of protection based on the child's necessities or rights has to strengthen the link between the child and the significant figures who offer relationships of care, affection, education and support. Having seen the importance of the relations of support in the development of the resilience and personal welfare for the child, the challenge is to put forward proposals that promote these types of relationships, just as Cyrulnik [10] affirms, "these children need to find adults with sufficient talent to be able to give them a hand up, despite the difficulties they have in establishing affective links". These figures can become mentors of resilience [13].

A final point: the necessity exists to continue to look into these significant figures and their role as mentors in resilience is highlighted [4] [10] [7]; [12], and the special importance the availability, or being there, of these figures in this stage of adolescence [7].

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Rpm-android: a tablet application to cooperate with vulnerable families

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Abstract

One of the main requests professionals make is for new tools connecting theory and practice, while facilitating their complex work with vulnerable families. Within P.I.P.P.I. (Intervention Program for Prevention of Institutionalization), particular focus is placed on tools supporting the intervention process within a participatory and transformative evaluation perspective where the link between assessment, planning, intervention and evaluation is key.

RPM-Android app is a novel tablet application that aims at providing integrated support for all the parties involved in the intervention process. To professionals, the app currently:

- allows for an easy document practice with the support of assessment, (micro)planning, evaluation, and a log of meetings with families;
- provides retrieval and storage of information from/to the centralized data management tool RPMonline, while on the field.

To children and parents, the app:

- fosters the "story telling" process within a resilience-based approach;
- allows children to be actively involved in the assessment by making them interact directly with the tablet at an appropriate level of complexity;
- offers the possibility of sharing with parents information about the intervention process in an easily understandable way, thus making the parents more involved and thinning the relational barrier with the professionals.

RPM-Android provides a streamlined, intuitive human-machine interface that leverages on hardware facilities in tablets such as the touch screen, the camera, the on-board accelerometer.

From a technical standpoint, RPM-Android – and RPMonline as well – are based on the Italian adaptation of the triangular model of the British Common Assessment Framework. RPM-Android builds on the Android software platform, which ensures the app can be widely adopted at low cost.

The paper will present the app, how it works and its first use with children and families by a group of professionals within P.I.P.P.I..

Keywords: vulnerable families, family participation, resilience based tool, tablet app.

P.I.P.P.I.: Framework and tools

P.I.P.P.I. (Intervention Program for Prevention of Institutionalization) [1] is a research-training-intervention program developed as an intensive care program for vulnerable families, funded by the Italian Ministry of Welfare (2011-2012 1st implementation; 2013-2014 2nd implementation in 10 cities; 2014-2015 3th implementation in 50 cities). It is developed from 2 main goals of European Community that aim at decreasing the number of children that live out-of-home and improving the effectiveness of child placement and Child Protection Services. Hence, P.I.P.P.I. aims at preventing child placement by balancing risk and protective factors, and focuses on supporting parenting through multi-professional and resilient-based-intervention.

P.I.P.P.I. is designed as research-training-intervention program whose ultimate aim is to codify, test, evaluate an intensive approach, structured and flexible at the same time, for the family's care process, able to decrease children's risk of placement and/or to promote family reunification.

The theoretical framework underpinning P.I.P.P.I. is the bio-ecology of human development [2,3], with its awareness that, to promote child wellness, it is necessary to work with all the people involved within the child's world.

P.I.P.P.I. firstly expected to involve parents and children in care planning and intervention, knowing that the best predictor of success is the engagement of families [4]. It's key to really involve family and to listen to them, to listen to what they want and to be aware of not blaming them.

In order to support child wellbeing and parenting, different levels of interventions are used according to the needs and situation of each family:

- intervention of social services (meetings with case manager and social worker);
- home care intervention;
- parents' group;
- support family, that is a family that supports the target family;
- participation of school.

The different types of intervention attempt to supervise the various levels of the ecosystem and they have been required to work together in a sole care plan, shared with the participation of parents and children. For this reason the practitioners working with a family are members of a multidisciplinary team and are required to work together within a unique care plan in which everyone (parents, children and practitioners) give his/her contribution to the improvement of the situation according to his/her resources and role.

1.1 Subjects and methods

P.I.P.P.I. is the result of a collaboration between the Ministry of Welfare, the Laboratory of Research and Intervention in Family Education (LabRIEF, University of Padova), care and protection services, schools and local health authorities of 10 Italian cities (Bari, Bologna, Florence, Genoa, Milan, Naples, Palermo, Reggio Calabria, Turin, Venice) that joined the program for the first 2 implementations (2010-2012, 2013-2014) involving more than 350 children 0-11 years old and 260 families.

The method used in P.I.P.P.I. is based on the principles of participatory research, that aims to co-create knowledge starting from comparison of different actors' points of view. Negotiation is key [5]: through negotiation it is possible to discuss practice, rules, routines, etc. The final goal is to change and to improve practice [6].

1.2 RPMonline

RPMonline in Italian stands for "Assessment, Planning and Monitoring", and it is an online tool designed and developed at the University of Padova in a joint work between the FISPPA Department, the CSIA (Elisabetta Piva and Anna Maria Fornea of the Information Technology Center of the University of Padua), that can be used by practitioners and families to make the care plan for each child. RPMonline is based on Multidimensional Model of the Child's World that consists in the Italian translation and adaptation of the triangle of the Assessment Framework [7]. It aims to represent all the systems that compose the child's life, as shown in the Bronfenbrenner theory.

RPMonline is meant to foster all the process of the care plan (assessing risk and protective factors, planning and evaluating intervention) and aims at empowering the participation of all the actors involved in the intervention (firstly children and parents, and then practitioners, teachers, etc.) giving them voice, collecting their point of view and using their resources [8].

The sides of the Triangle refer to Child's Needs, Parenting Capacity and Environmental Factors that includes respectively 7, 5, and 5 dimensions that are provided with a space for assessment (child/family/community's need or resources, that is the initial situation) in order to record the multidimensional narrative about the child and family's situation.

Where a change, improvement and/or empowerment is expected, each dimension provides a section for care plan where children, family and professionals are asked to write goals, actions, responsibilities, time, monitoring, and verification.

A quantitative scale with 6 levels, from serious problem to evident strength, provides a synthesis in each dimension, in order to outline changes of families. Alongside the triangle, the quantitative scale creates a Child's World Questionnnaire (CWQ) that can be used for evaluating with the family or for a wider evaluation (city or nation-based).

All the information recorded in RPMonline can be automatically retrieved through a Pdf report of:

- Assessment (text and quantitative levels)
- Micro-planning
- Planning Memo for family

- Radar Graph of the WCQ

From practitioner perspective, it is an online instrument to promote cooperation:

- each child has his/her own RPM space where all the members of the Multidisciplinary Team working with the family (MT) are asked to focus at and to cooperate;
- each practitioner of the MT is provided with a login and password to access only to care plan he/she work with;
- when you log-in you can see what other members of the MT added;
- in the log of "Meetings with family", practitioners can easily and quickly report for each family the meetings with other colleagues and/or members of the family, recording date, place, duration of the meeting, people present, goals, tools used and a brief comment about the meeting.

All the data are stored in a central database and can be retrieved by a local/city administrator (data only about the city he/she is in charge of) or by the full administrator (data about all the children that are used for research purposes).

RPM-Android

RPM-Android is a novel tablet application that aims at providing integrated support for social practitioners working with parents and children 4-11 years old. RPM-Android provides professionals with the same core functionalities as RPMonline, and augments them along the following two directions.

1. According to the principle of participatory research, RPM-Android makes it possible to involve parents and children in the intervention process by adapting its user interface (UI) to the level of experience of the person looking at the displayed information.
2. RPM-Android provides retrieval and storage of information from/to the centralized database of RPMonline while on the field, and it can operate even without a network connection.

To all parties, RPM-Android provides a streamlined, intuitive human-machine interface that leverages on hardware facilities in tablets such as the touch screen, the camera, the on-board accelerometer. Such a nontrivial design made it possible to extend some functionalities of the app to non-professionals and even to children 4-11 years old. In the rest of this section, we will first explain how core RPMonline functionalities are implemented in a streamlined, intuitive way by leveraging on tablet features which are not available in web-based applications such as RPMonline; we will then elaborate on the two directions that make RPM-Android unique.

RPM-Android, as RPMonline, supports the key functionalities of assessment, micro-planning, evaluation, and a log of meetings with families. Such functionalities are accessible via a touch-based UI whose aspect perfectly mimics the multidimensional model of the Child's World.

Fig. 1 The Multidimensional Model of the Child's World as i appears in RPM-Android

The UI – and the whole app as well – is currently in Italian, but further languages can be added with limited effort thanks to the multi-language facilities in the Android platform.

The book icon in the upper right corner provides immediate access to the log of meetings were each member of the Multidisciplinary Team can easily record each meeting reporting date, duration, place, people involved, topic, tools used, and a short description or notes about the meeting.

The knob on the right selects whether the UI should show the full range of available information or a reduced set, suitable for parents or children. A representation of the multidimensional model occupies the middle of the screen and it is the best example of how ideas in RPM can be adapted to exploit functionalities in tablets. A picture of the children, acquired with the tablet camera, shows who is at the centre of the intervention process; thanks to the presence of a touch screen, touching a dimension (e.g., "Stare bene" – "Being well") immediately takes to the corresponding assessment page.

Each dimension displays the status of the assessment in a graphical fashion: the darker the dimension, the more data have already been entered. When the assessment is complete, the dimension starts to gently float. An icon in the top-right corner of a dimension notifies where a planning action has been defined. The dimensions are written in a child-parents understandable way, and not in professional language, in order to foster the fully involvement and participation of the family.

When the knob is set to "Operatore" (i.e., practitioner), the full set of information for assessment and planning is available. When the knob is moved to "Genitore" (parent) or "Bambino" (child) and a dimension is touched, new UIs are shown that display a reduced amount of information in a clear and engaging fashion, so that parents and even children can interact with the tablet and can thus be involved in the assessment. Different dimensions need, of course, different UIs: we hereby describe one UI that targets parents and two UIs for children.

Radar chart (parents). A radar chart summarizes the results of the quantitative assessment (CWQ), thus allowing to share them with the parents in an understandable fashion. Multiple datasets, corresponding to evaluations along all dimensions at different times, are superimposed so that improvements and failure points are immediately apparent. If the need arises, one or more datasets can be hidden by the click of a button. We designed the radar chart so that it can be panned and zoomed via standard touch screen gestures: given the amount of information that can be displayed in the chart, we think the possibility of zooming in on a subset of it is a must.

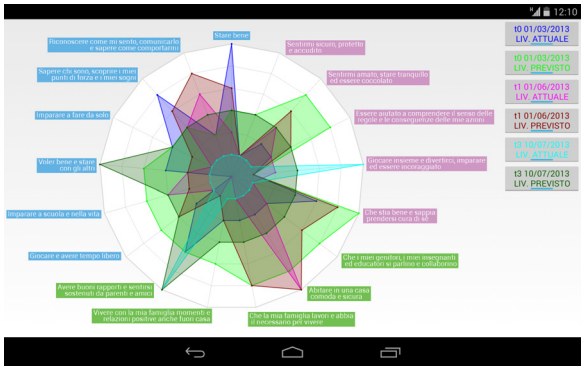

Fig. 1. Radar chart in RPM-Android

Score acquisition (children). The purpose of this UI is to acquire a simple score, expressed on the same 6-level scale professionals use for the assessment (see Section 3). This score makes the voice of the children heard along dimensions – such as being well – where this is possible. Different versions of this UI have been developed. In a first version, the child expresses her/his mood by moving the Android device down or up in the air: the position of the tablet is detected via the embedded accelerometer, and transformed into a numerical score. Audible feedback about the score is given back to the child via the chirp of a bird: the pitch of the chirp increases with the score. In another version of this interface, the child states her/his mood by whistling or vocalizing: the app samples the sound, detects the dominant pitch via spectral analysis and assigns a score accordingly. In this case, the feedback to the child is visual, i.e., a bar whose length is proportional to the score.

Fig. 3 Score acquisition by whistling or vocalizing

Further UIs have been developed: we are planning an experimental validation to understand which solution is more engaging for children.

Eco-map (children). An eco-map [9] (dubbed "MAPPA-MONDO" in our app) allows a child to interactively draw the connections in her/his life and specify the quality of the relation with each individual. It is not necessary for the child to draw individuals, as they can be picked up from a palette of male and female characters. For each individual a name can be typed in, maybe with the help of the professional performing the assessment. A picture of the child is automatically retrieved from the child's profile and placed at the center of the map. The colour of the arc connecting the child with each character can be changed – by clicking on it – from green (supportive relation) to red (stressful relation) and yellow (ambivalent relation). Characters can be repositioned on the map by dragging them, so that room can be made for further characters. All in all, our tablet implementation of the eco-map is faster to draw and more flexible than its pencil-and paper counterpart, thus freeing a fraction of the short attention span of the child for more productive activities. The eco-map UI can be used for dimensions such as "Voler bene e stare con gli altri" (to love and to be with others).

To conclude this section, we briefly elaborate on some purely technical considerations. First of all, the app – as we have already stated – is truly mobile, as data can be uploaded and downloaded into RPMonline even while on the field: there is no need to re-type anything after leaving the family. If no network (Wi-Fi or cellular) connection is available, data are temporarily stored into the tablet and can be synced back into RPMonline at a later time, when connectivity is restored. A password system ensures each professional can see only the subset of families s/he is supporting. If multiple professionals modify the same data while offline, the app detects the conflict at sync time and provides a way to resolve it. Some words must also be spent on why Android was chosen for development, and why smartphones are not supported. RPM-Android builds on Android because it is the most open mobile ecosystem: the operating system and core libraries are available – even in source form – at zero cost; no royalties must be paid to distribute the app; Android devices are available at low (and plunging) prices thanks to competition between hardware vendors. All in all, this ensures that RPM-Android can be widely adopted at minimal costs for professionals and families. In the Android ecosystem, tablet devices were choses instead of smartphones because displays in smartphones are too small to type a significant amount of information – as required by professionals – in a comfortable fashion, and they also make it difficult to display complex information such as an overview of the triangular model or a full-blown radar chart.

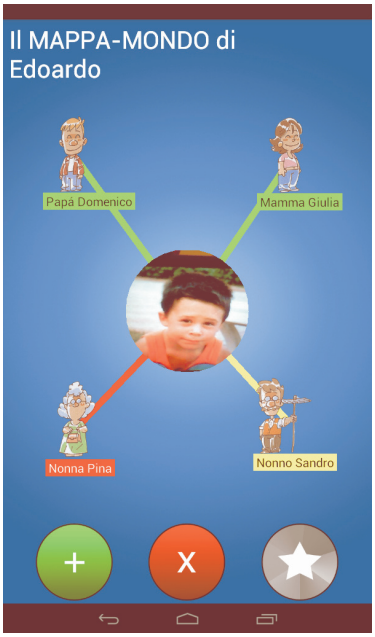

Fig. 4 Eco-map

1.3 Development and validation

The app has been developed with the substantial contribution of students Filippo Beraldo, Filippo Damuzzo, Loris De Marchi, Edoardo Degli Innocenti, Gianmaria Parigi Bini, Pier Tirindelli, from the Department of Information Engineering. After development, validation is now in progress. Since the UI, and any choice on how information is displayed, play such a central role in RPM-Android, the first real-world test we decided to perform was a usability test. The test was administered to a small set of professionals in Venice and Genoa which were part of the P.I.P.P.I. project from its early stages. The degree of familiarity of such professionals with the web-based RPMonline tool was variable, but all of them were definitely skilled about the

intervention process defined in P.I.P.P.I. and implemented by both RPMonline and RPM-Android. The test – which did not cover UIs for parents and children – was performed in two stages.

- In the first stage, each professional was given a tablet and the functionalities of the app were shown to her/him by one of the authors of this paper. Then, the professional was free to interact with the tablet as s/he liked. During the whole process, the professional was encouraged to give feedback about her/his sensations and to ask questions. Feedback and questions were annotated for later analysis.
- In the second stage, each professional was asked to perform a series of 6 tasks without the supervision of an expert (i.e., an author of this paper). The tasks covered the basic activities of assessment, planning and logging. After having performed the tasks, the professional was asked to fill in a 16-question questionnaire about her/his experience.

The response was definitely positive: all of them stated PIPPI-Android organizes information in an engaging fashion and can become a useful tool that speeds up day-to-day operations. Some concerns were raised about the typing speed on the virtual, touch-only keyboard provided by the Android platform, but professionals were aware a trade-off must be made between ease of typing and ease of carrying a compact device without accessories. Incidentally, such concerns corroborate our choice of not supporting smartphones, where typing issues would be exacerbated.

Conclusions

Building on the implementation of the Child's World made in RPMonline, the novel tablet application RPM-Android facilitates and supports practitioners in their everyday practice with vulnerable families. Furthermore, it fosters participation of parents and children to a deeper level and makes the process of "doing together" a resource for their resilient trajectory. Indeed, the first feedbacks of practitioners shows the all the potential of the app and encourage us test it on the field. Our first steps along this directions will be a broader test with a bigger number of professionals and a validation of UIs for parents and children with a group of families involved in the implementation of P.I.P.P.I.. As a further benefit of these tests and within a participatory approach, families will contribute to the improvement of tools to support other families in need.

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The kinship fostered youth: a program to promote resilience

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Abstract

Kinship foster care (KFC) is the child protection alternative most used in many countries, including Spain. Nevertheless, KFC is the least attended child protection alternative by professional supports. Fostered youth, as part of a foster family system, has specific needs of support due to family history and process of separation and adaptation to a new family, even if it is with relatives. This article presents a *Support program for teenagers in kinship foster care* developed by the research group GRISIJ. The program is based in a need analysis assessment. The most relevant needs found are: characteristics of Foster care in kinship family; family history; foster family and foster child; biological family and foster child; self-awareness; healthy family life; free time; the future after fostering. These needs were transformed into an educational group program which goes from problem intervention to resilience intervention. The program has 9 sessions of 2 hours each and has being piloted with a group of kinship fostered youth. As result some changes have been introduced in the program, especially in the area of managing their personal histories. Here we present the revised program, as well as a reflection of the main changes introduced to promote resilience after the experience.

Keywords: Kinship foster care, youth, resilience, support program.

Introduction

Kinship foster care is a child protection alternative defined by the connection between the foster parents and the fostered children. Spanish law, same as in other countries, recommends it as a primary option when a child has to be separated from their birth family, but only, if their relatives are able to address the child's needs. So, it's not a surprise that Kinship foster care is the most frequently used type of family foster care in Spain [1], as in other countries [2], [3]. But, several studies [4], [5] show that kinship foster families receive less training and less support than non-kinship caregivers [6], [7]. As a result, kinship families have specific needs that are currently unfulfilled.

The fostered youth are the most important element of this family system, and in terms of receiving support they are the most forgotten. They have experienced adversities due to family history and the process of separation and adaptation to a new family situation, even if it is with relatives [8], [9]. As all adolescents, they are in the process of building their own identities but they have the additional task of being confronted with a series of questions about their past, present and future family background which makes the process even more complex [10], [9]. It is therefore, logical that previous research has proven that the fostered youth has specific needs [11], [12], in particular the research highlight difficulties of sharing their foster care experience and dealing with their family history [9], [13], [14].

If we want to help these young people what are the basic issues we must consider? Information from research encourages to explore the perspective of resilience with this youngsters. According to research about resilience we know that youngsters can overcome the traumatic experiences that they have suffered in childhood by helping them to clarify the doubts and to teach them how to overcome the emotional issues and learning how to express their emotional life in a different way [15], [16]. This means that the use of resilience strategies with these youngsters is a major educational goal to achieve [8]. But, how we can enhance resilience in fostered youth? As Rutter [17] has demonstrated, working to enhance protective factors reduces the impact of the risk and works against the patterns of negative behavior. While on the positive side it contributes to and maintains the young person's self-esteem and self-efficacy, and opens up new opportunities for them. In this sense, working to increase resilience, both in terms of internal strengths (problems-solving skills, emotional control, divergent thinking, personal skills, future orientation, day to day coping skills) and of external strengths (family

relationships, school relationships, and we would add, community relations) can be of great help to the young person [18]. Grotberg [15] suggested that professional interventions promote resilience if they deal with emotional difficulties. And Lee [18] add three lines of work to be developed in group through educational activities: (a) improving skills, especially those involved in handling emotions, resolving problems and setting goals, (b) reinforcing the sense of belonging, and (c) improving optimism by advocating hope, coping with challenges and positive thinking.

Taking this into consideration and using the information from the previous research carried out by the GRISIJ, it became evident that the young people also needed a specific support program to help them progress within their kinship family, their parents and in their personal life. In these regard, we proposed an educational program designed to reduce the risks and promote their resilience.

The objective of this article is to present the *Support program for teenagers in kinship foster care* developed by the research group GRISIJ, explaining the changes that have been introduced after the program has been tested.

Methodology

The research is based on a cooperative action research developed in two phases:

a) The design program involved 57 fostered youths, 79 professionals and 15 academics from different areas in Spain divided into two phases. The first phase of the design was to assess the needs of young people in foster care. Because of that we carried out focus groups with youth and professionals. The second phase of the design was directed to work with professionals with the purpose of creating the first draft of the educational program.

b) The program was tested with a group of adolescents in collaboration with the professionals of one of the specialized social services. This phase involved 12 fostered children between 13 and 18 years old, 3 professionals (social educators), 3 students (master degree) and 5 academics. We gathered information after each session: the professionals and children fill out a questionnaire. At the end of the program we gathered more comprehensive information by collecting information from a focus group with youngsters and a focus group with professionals.

Results

1.1 From needs to an educational group program

We transformed the needs of the adolescents into an educational group program which goes from problem intervention to resilience intervention [19]. The needs of adolescents justify the use of a comprehensive model of attention where it must be included emotional, cognitive and behavioral dimensions in permanent interaction. In general terms, the objectives and contents of the program were the following:

- *Regarding the Emotional dimension:* helping to deal with emotions in aspects such as: the willingness to accept its their own history, feelings and the memories of their family, the willingness to show respect towards their parents and the circumstances that led to the separation, to accept their feelings of ambivalence and insecurity, as well as contacts with their parents.
- *Regarding the Behavioral dimension:* developing skills to deal competently with foster care issues (history, visits, origins, roles, relationships, etc.) and allow integrate better into their community.
- *Regarding the Cognitive dimension:* enabling a greater understanding and a greater knowledge of the aspects related to the process of fostering and its implications (duties and rights, differential aspects, conflict situations, society's resources, proposals for the future, etc.), and valuing the influence that these have on adapting the family and society.

From the resilience perspective, the program aims to create support through the participants, increase their social resources, improve their personal skills and improve their family relationship.

The table 1 summarizes the objectives and the contents of the *Support program for teenagers in kinship foster care*.

OBJECTIVES	CONTENTS
	Characteristics of fostering
Understanding the meaning of foster care. Awareness of the responsibilities of the different members. Analyzing the feelings that are produced in the fostering (alliances, coalitions, loyalties, etc.). Recognizing the foster care as a family model.	Legal Aspects of Fostering in Extended Families. Responsibilities, rights and duties as a fostered person. Functional role of each member of the family structure. Advantages and disadvantages of fostering.
	Identity and family history
Awareness of the right to know their history and their family situation. Analysis of the feelings and the consequences of discovering their origins. *Recognizing their own strengths, as well as those from the context.*	The search for identity. The emotional situation with regard to fostering. The process of deciding what information to ask for, and how and who to ask. The origins. *The personal, family and social strengths.*
	Foster family
Analyze the changes and the process of adaptation to the foster family. Promoting reflection on the bonds and communication between young people in foster care and their foster careers. Analyze the fit between the rules of family life and fostered adolescents' behavior.	Assertive, fluid and positive communication. The rules for living together as a family. The behavior of fostered adolescents.
	Biological family
Analyzing the bonds and the feelings of young people towards their biological parents. Valuing the importance of the bonds and the feelings with regard to their siblings. *Learn strategies to improve the bonds and communication between the fostered youth and their parents.*	Frequency and quality of contacts with the biological family. Feelings toward their parents. The quality of the bonds with their parents and siblings. The visits and contacts. Communication and expression of affection.
	Self-awareness
Identifying what concept fostered adolescents have of themselves. Analyze the changes perceive by adolescents when they reach adolescence. Reinforcing self-esteem by identifying positive aspects. Reinforcing an adjusted and positive perception of themselves.	Identity, self-concept and self-esteem. The bond of attachment. Puberty and adolescence: physical, emotional and social changes. Positive Self Esteem.
	Healthy coexistence
Identifying attitudes and lifestyles that are positive for health and coexistence. Becoming aware of sexuality as a positive experience. Generating an analysis of perceptions and beliefs that may promote sexual risk behavior.	Health as physical, psychological and social well-being. Self-esteem and self-efficacy as a preventive effect of risk behavior and health protector. Positive social coexistence and social skills: empathy and assertiveness. Sexual behavior and identity. Sexual risk behavior: myths, beliefs and truths.
	Free time
Understanding the value of free time and its use. Recognize the elements that influence the decision-making. Analyze the risks associated with drug abuse. Experience physical activity as an element of well-being and health.	Active and positive idea of leisure based on creativity Information and strategies for the prevention of risks involved in the consumption of drugs Physical activity, leisure and healthy development.
	The future: after fostering
Discovering the alternatives to foster care once	Alternatives or situations after fostering.

adulthood is reached. Thinking about the importance of devising a project for the future. Thinking about the proposals that will help them to adjust their interests and needs in their paths through life and in their careers.	Situations of connecting with, and disconnecting from, the family. The personal, academic, professional, family and social future. Paths through life.

Table 1. Objective and contents of the support program for adolescents

All of these were specified in 9 sessions (table 2). Each session has clear objectives that are shared with the participants, and each session has a specific focus. The program runs for a specific duration – two hours each session, on a weekly basis for 9 weeks.

Session 1	Welcome
Session 2	What does it mean to be in foster care?
Session 3	Myself
Session 4	My foster family and me
Session 5	My biological family and me
Session 6	Knowing me better
Session 7	Taking care of ourselves
Session 8	My free time options
Session 9	After foster care

Table 2. Title sessions of the Support program for teenagers in kinship foster care

1.2 The program after being test

During the trial, the adolescents attended regularly. And, once the program has finished, they requested to continue with the group. All the sessions took place as planned, with the exception of session 3 (content of identity and personal history). For young people was difficult to manage issues related to their biological family and talk openly about their parents. So, the major changes introduced in the program after are in the area of managing their personal histories.

Despite this, we identified benefits in all the systems:

- The adolescents told us that the program allowed them to share their anxieties, to identify with other young people, to talk freely about issues that interested them and helped them to develop their informal support network.
- Professionals also noted that group work is more rewarding than individual work. After the experience, professionals are more motivated to implement support groups with young people in the future. Also they noticed that individuals attending the sessions are subsequently easier to work with.
- Families and other significant adults also observed improvements, small but significant, in the adolescents' behavior, and in their relationship with them. The families and teachers ask professionals to continue with the group for better family and school relationships.

More relevant information to enhance program benefits was found. Related to participant selection and group size, after the experience, professionals and children agree that the population that makes the best use of the program is adolescents from 12-16 years old who would like to participate voluntarily and who are not currently experiencing crisis. The ideal group size is 8 to 16 participants. Related to methodology, to manage the group, the ideal number of professionals is two. The professionals need to understand that: a) groups function as a support mechanism sharing of similar experiences; b) the contents of the program help young people to connect with their personal experiences and the group dynamics should allow adolescents to have interactive discussion and take an active role within a group setting; and c) introduced the resilience perspective helping adolescents to think how to envisage the future despite current adversity.

Conclusions

The program tries to respond to the fostered needs of adolescents. These needs are consistent with our expectations and with previously published papers [12].

After being participated in the program, we found that a positive change will be the result of an effort to support young people and their kinship families. The support program allows young people to reflect upon their

situation, and to alter their attitudes using their emotions and actions. The youngsters expressed that they understand that foster care is not an issue; they can recognize the features that distinguish foster care from a variety of other situations and family models.

Then, the comprehensive model use in the support program presented here (cognitive, behavioral and emotional dimension) offers the possibility of promoting resilience because, as Grotberg [15] defends, the program helps to address the emotional difficulties experienced by fostered youth, and furthermore, include the possibility to identify the internal and external strengths of young people, suggested by Lee [18]. On one hand, the support program gives young people opportunities for participation, establishing a new support relation with the professionals and become more aware of what resources are available. And on the other hand the program minimizes risk factors by providing better social resources, i.e. creating an informal network amongst the group, by helping them learn life skills and by setting clear, firm boundaries, and a better understanding of the relationships within the foster family.

Moreover, this program brings about a change in the professionals' intervention concerning foster care: from individual to group intervention, from problem intervention to prevention, promotion and resilience intervention.

Despite of everything mentioned, more research is needed to analyse the effectiveness of the program to promote resilience in other groups and move towards evidence-based interventions.

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P.I.P.P.I. program of intervention for prevention of institutionalization. Participatory strategies to prevent child placement

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Abstract

P.I.P.P.I. is a research-training-intervention program funded by Italian Ministry of Welfare and developed as an intensive care program for vulnerable families. P.I.P.P.I. is inspired by Pippi-Longstocking, whose life is a particular resilience metaphor, and stands for Program of Intervention for Prevention of Institutionalization. It aims at preventing child placement supporting parenting through a resilience based care process within an ecological perspective participation and multi-professional and intensive-intervention are key.

Tools were used with children and parents, in order to give them voice, to collect their points of view on their life situation, and therefore to develop a shared care plan where everyone is a main character of the intervention.

The main tool is RPMonline, an online-tool developed by University of Padua, that is based on the British Assessment-Framework and it is used for each child to assess, plan and evaluate intervention.

The first implementation (2011- 2012) involved more than 200 practitioners working in 10 Italian cities with 10 vulnerable-families each city (122 children 0-11 years old, 89 families). Data were collected using questionnaires to measure parents' satisfaction, children's behaviour (SDQ), families' social support (MsPSS), and family-functioning (Assessment-Framework). The second implementation (2013-2014), currently in progress in the same cities to consolidate and extend P.I.P.P.I., involves about 500 practitioners and 241 children (166 families). The third implementation has started on January 2014 as the first national scaling up of the program involving 50 cities, 500 families and about 2.500 practitioners.

The results of first implementation and the available data of the second one will be presented to give evidence to the program and to show how a participatory resilience based practice can foster social work with families and promote their improvement.

Keywords: vulnerable families, placement prevention, family participation, resilience based tool

The intervention program and its background

P.I.P.P.I. stands for Program of Intervention for Prevention of Institutionalization and is inspired by Pippi-Longstocking, a vulnerable and very strong girl whose resilient life is known all over the world.

P.I.P.P.I. [1] is an intensive care program for vulnerable families, funded by Italian Ministry of Welfare developed from the 2 main goals of European Community which aim at decreasing the number of children that live out-of-home and improving the effectiveness of child placement and Child Protection Services. These two main goals deal with Europe 2020 - Fighting poverty and social exclusion, and with Recommendation Rec (2006) 19 of the Committee of Ministers to member states on policy to support positive parenting. According to European Community, P.I.P.P.I. works to promote "the conditions for positive parenting, by ensuring that all those rearing children have access to an appropriate level and diversity of resources (material, psychological, social and cultural) and that broad social attitudes and patterns of prevailing life are receptive to the needs of families with children and also those of parents" (art. 3).

The theoretical framework underpinning PIPPI is the bio-ecology of human development by Bronfenbrenner [2,3], with its awareness that, to promote child wellness, it is necessary to work with all the people involved within the child's world. Hence, the self core of P.I.P.P.I. is:

- working on parental problems related to child neglect, that is intended as a significant deficiency or a failure to meet to child's needs recognized as fundamental on the basis of current scientific knowledge [4];

- preventing child placement by balancing risk and protective factors;
- supporting parenting through multi-professional and resilient-based-intervention [5];
- being a research-training-intervention program were participation and working together are key in every level and context (university, services family).

Goal and intervention

P.I.P.P.I. is designed according to the formula SI=f(E,C,P) that underline how Successful Intervention has to be considered as an intervention leading to socially significant outcomes that are made of three main factors: Evidence (What/Effective Intervention), Context (Where/Enabling Contexts) and Facilitation/Process (How-Who/Effective Implementation Methods) [6,7].

The general aim of P.I.P.P.I. is to implement and evaluate an intensive approach, structured and flexible at the same time, for family care process, able to decrease children's risk of placement out-of-home and/or facilitate family reunification by:

- articulating interventions between the different areas of activity involved around the needs of children,
- promoting the full participation of parents and children in the whole care process, building analysis, assessment and plans together to meet their needs, starting from the point that "the best predictor of success is the engagement of families" [8,9].

1.1 Outcomes of the implementation

Final Outcome (Referring to families)

- to ensure the safety of children, to foster their optimal development, to help to improve their future by avoiding the placement out-of-home;
- to improve the psychosocial functioning and cognitive development of children within the different contexts of life.

Intermediate Outcome (Referring to families)

- to enable parents to positive parenting;
- to empower parents in learning how to adequately respond to development needs of their children.
- the psychological availability of parental figures and responsible and sensitive behaviour to the needs of children improve.

Proximal Outcome (referring to practitioners and therefore aiming at building communities of practice and ensuring replicability of the intervention)

- to foster parent participation and collaboration through the care process, especially in decisions that impact the family;
- parents have the support necessary for the exercise of their responsibilities towards their children (in a sufficiently intense, coherent and continuous);
- to promote the cooperation between all the professionals involved in the care process and all significant adults caring for the children in order to allow effective integration of interventions that will ensure the well-being and optimal development of children.

1.2 Interventions

In order to support child wellbeing and parenting, different levels of interventions are used according to the needs and situation of each family:

- Intervention of Multidisciplinary Team made of case manager, social worker, home carer, psychologist, teachers, other practitioners, parents, children, other relatives, and every people involved in the promotion of children's wellbeing;
- Home care intervention;
- Parents' group;
- Support Family, that is a family that supports the target family in the informal network;
- Participation of School.

The different types of intervention attempt to supervise the various levels of the ecosystem by Bronfenbrenner and they have been required to work together in a sole care plan, shared with the participation of parents and children. For this reason the practitioners working with a family are members of a multidisciplinary team and are required to work together within a unique care plan in which everyone (parents, children and

practitioners) give his/her contribution to the improvement of the situation according to his/her resources and role.

Subjects and time

P.I.P.P.I. is the result of a collaboration between the Ministry of Welfare, the Laboratory of Research and Intervention in Family Education (LabRIEF, University of Padova), care and protection services, schools and local health authorities of 10 Italian cities (Bari, Bologna, Florence, Genoa, Milan, Naples, Palermo, Reggio Calabria, Turin, Venice) that joined the program for the first and second implementation thanks to a specific fund by the Law 285/1997, implementing it with about 10 families per city.

In the first implementation the Experimental Group consisted of 122 children 0-11 years old belonging to 89 families, and Control Group by 37 children, same age, for 35 families. More than 200 practitioners took part in the program. The second implementation, still in progress, involves 241 children 0-16 years old belonging to 166 families, and 53 children, same age (48 families) for Control Group. More than 500 practitioners are currently involved.

In January 2014, a scaling up of P.I.P.P.I. at a national level started aiming at implementing the program in 50 cities/local authorities in all the Italian Regions. Each city will choose 10 families to include in the program, therefore the implementation will involve about 500 families and approximately 2000 practitioners.

1.3 The implementation Team

The **Scientific Team** is made by researchers of the University of Padua, social practitioners and professionals of the Minister of Welfare, and is in charge of:

- organizing and supporting the use of the necessary planning, assessment and action tools;
- training, and tutoring Multidisciplinary Teams in the evaluation of processes and outcomes;
- collecting and analysing the experimentation results, discussing and presenting them to the scientific community and mostly to all the professionals, taking care of closely and constantly connecting research results with field work.

Each city has its own **Local Stakeholders Team**, made of the Leader of Child Care and Protection Service, Local Health Autority, Heads of County Education Office and N.G.O.. This team:

- plays a political-strategic role which guarantees the continuity of funding, the presence of all the professionals and the possibility to have an actual impact on the community;
- discusses, prepares and is in charge of organizing, monitoring and supporting the specific planning, monitoring and evaluation activities of every single project and of the whole programme in general;
- works to create social consensus on the project.

Each family is linked to a **Multidisciplinary Team** of professionals that is composed in a flexible way of case manager, social worker, home care worker, psychologist, teacher, G.P. ecc. The M.T.:

- has an operational function, i.e. to guarantee quality, continuity and pertinence in child and family care processes, in the implementation of the process and in the use of the existing instruments;
- Is in charge of the operational aspects and of coordinating the programme for its entire length of implementation;
- must be considered as a "variable geometry" group (core of professionals + a number of person and professionals who may join the group when needed and according on the situation and its needs).

The Coaches

In the second implementation, 3 practitioners per city who took part in the 1st implementation, are involved in peer-coaching together with the tutors of S.T. the new colleagues who will enter in the program. In the third implementation, due to the number of cities involved and to their extent, a new approach will be experimented: the S.T. that will not directly tutor the professionals and 2 professionals per city will be selected and intensively trained to peer-coach their colleagues being supervised by M.T.

Methods

The methodology used in PIPPI is based on the principles of participatory research, that aims to co-create knowledge starting from comparison of different actors' points of view. Negotiation is central in participatory research [10]: through negotiation it is possible to discuss practice, rules, routines, ecc. The final

goal is to change and to improve practice. It requires the activation of learning by doing, where participants are subjects, not only objects of the research path [12].

So, evaluation tools of PIPPI answered for a dual purpose:

- Rendicontative evaluation: to verify what happens, in order to determine the accordance with the program provisions and to report it to third parties (accountability);
- Formative and trans-formative evaluation: to allow the creation of new learning and reflexion context, for professionals, but also for families, in order to experiment new practice [11].

Mixed-methods are used, using both quantitative and qualitative tools in three data collections.

For each child the M.T. uses R.P.M.online, It is meant to foster all the process of the care plan (assessing risk and protective factors, planning and evaluating intervention) and aims at empowering the participation of all the actors involved in the intervention (firstly children and parents, and then practitioners, teachers, etc.) giving them voice, collecting their point of view and using their resources. All the tools were chosen because they allow practitioners to self-evaluate their intervention with family and because they can be use also to involved families into the evaluation process.

The main tool is RPMonline, a web-tool based on the Multidimensional Model of the Child's World that consists in the Italian translation and adaptation of the triangle of the Assessment Framework [13] and has been developed by LabRIEF and C.S.I.A. (Information Technology Center, University of Padua) [14].

R.P.M.online is meant to foster all the process of the care plan (assessing risk and protective factors, planning and evaluating intervention) and aims at empowering the participation of all the actors involved in the intervention (firstly children and parents, and then practitioners, teachers, etc.) giving them voice, collecting their point of view and using their resources.

The sides of the Triangle refer to Child's Needs, Parenting Capacity and Environmental Factors that includes respectively 7, 5, 5 dimensions that are provided with a space for assessment (difficulties and resources) in order to record the different points of view about the child and family's situation and a section for care micro-plan (to improve a situation or to empower a strength), where goals to achieve, actions to take and responsibilities are written down.

Where a change, improvement and/or empowerment is expected, each dimension provides a section for care plan where children, family and professionals are asked to write:

- goals, that are the results to reach with the intervention;
- actions, that are what the people have to do to achieve the goal;
- responsibilities, the people who carry out the actions;
- time: the time within which it is expected to achieve the goal (and in any case there will be the verification);
- monitoring: during the intervention, it is necessary to adjust the micro-planning or note key aspects of the process;
- verification: after the intervention, it is necessary to verify the achievement of the goals.

A quantitative scale with 6 levels, from serious problem to evident strength, provides a synthesis in each dimension, in order to outline changes of families. Alongside the triangle, the quantitative scale creates a Child's World Questionnnaire (CWQ) that can be used for evaluating with the family or for a wider evaluation (city or nation-based).

Other measures are used such as the Strengths and Difficulties Questionnaire – SDQ [15], completed by mother, father, home care worker and teacher; the Multidimensional Scale of Perceived Social Support – MsPSS [16], completed by mother and father.

At the end of the third (T2) data collection of the first implementation, one focus group discussions in each city were set up to highlight difficulties and strengths of the research-intervention path.

Results of first implementation

The first gathering of data was done between May and September 2011, both by the control group and the experimental group. The experimental group followed PIPPI interventions, whereas the control group followed the mainstream social work intervention. The long period of data collection was due to practitioners' needs to practice with research tools. Between April and June 2012 data were collected for the second time, only in the experimental group. The last data collection occurred in October-November 2012, both in the experimental and the control group.

Data from the analysis of care plans created using RPMonline show that:

- a unique care plan was provided for each child allowing multi-dimensional narration of the family, involving children and parents voices and promoting cooperation between family and professionals;

- in T0, interventions were mostly planned on problems and risks, while in T1 and T2 data show the planning work not only focused on vulnerabilities but also on resources of families and/or their members (micro-plans in dimensions assessed from serious problem to light problem are respectively in T0 and T2, 85% versus 65% in the side Child's needs, 90% versus 72% in Parenting Capacity and 92% versus 78% in Environmental Factors). The possibility to define goals and actions together with the family, and to walk together to achieve what expected, facilitates the focussing on change and what works better than before. This let to plan also starting from the success and from the achieved outcome, in the next time, and seem to foster the resilient path of families;
- the 70% of the goals planned were totally or partially achieved both in the first verification (T1) and in the second (T2). However, about 15% of the care plans are not evaluable because they are not written in a measurable way. Practitioners still struggle in learning a new way to define intervention plans;
- the quantitative scale, shows on average an improvement in all the evaluated areas (Child's needs: 14,2%; Parenting Capacity: 17,1%; Environmental Factors: 16,5%). Also control group improved, but less than experimental one (Child's needs: 7,8%; Parenting Capacity: 14,3%; Environmental Factors: 17,7%). The Wilcoxon test has shown significant improvements for all dimensions only for the experimental group ($p<.05$).

The SDQ regarding the Experimental Group reports a decrease of problematic situation in children's behaviour for each person that filled in the tool (Father: -12,9%, Home care worker: -22%; Teacher: -18,7%) recognized as significant by Wilcoxon test, except for mothers (-2,4%) who recognized less problematic situations at intake level. This is probably due to the "ghost of institutionalization" they were afraid of and consequently the need to show the situation of their children better that the real one. Statistical analysis confirms the improvement, showing significance particularly on Total Difficulties factor.

Same improvements aren't visible in control group (Father: -3,3%, Home care worker: -8,9%) except for the mother (-14,8%), that registered more problematic situations at intake levels than the mothers of experimental group (percentage change of 22%, shown significant by Wilcoxon test).

Multidimensional Scale of Perceived Social Support showed high level also at the first filling out for both Experimental and Control Groups. Mothers of Experimental Group show a significant variation in the factor "other adult" (8,4%, shown significant by Wilcoxon test), probably related to the introduction of Family support.

Practitioners in the final focus groups reported that PIPPI for them represented:

- a place for a multi-disciplinary and shared decision making;
- an opportunity of reflection in action;
- an opportunity to learn new practices of family's participation;
- an opportunity of document and evaluate their work with families.

Finally, data about care process refer that 8 out 89 children of Experimental Group are not in care anymore, and for 50% of families the intervention was lightened, versus 35% of families in Control Group. Moreover, 55% of the Control Group Families worsened versus 8% of Experimental Group.

Conclusions

Results give evidence to efficacy of the program in terms of goals that were achieved, of positive changing in families and of process of change in social practice that significantly started. The implementation gave evidence to the importance of an holistic and integrated approach in evaluation, planning and intervention with families. On one hand the research show the first implementation let to identify, codify and evaluate an intensive approach of reducing risk of placement care path. On the other hand, it underlines that is key to guarantee an intensive and continuous intervention that need to be promoted by inter-institutional network of services.

Referring to the intervention with families, the main challenging to deal with and to take in account in the future are:

- on one hand practitioners learned how to used the tools, on the other hand it is still difficult integrating tools into everyday care practice;
- the process of multiprofessional intervention was harder than expected because the integration with some services (mainly school and health services) is still difficult and often it's no easy to involve a family of support within the planning process;
- the real involvement and a fully participation of the family in assessing, decision making, planning and evaluating together needs to be improved in order to really develop a resilience based approach in working with families.

To face these challenges and to keep the connection between research and intervention, training for new practitioners were run, tutorials on working with family and planning and organising integrated work within multidisciplinary team are planned for the time of implementation. P.I.P.P.I. on one hand shows and prove change, and on the other shows that changing practice is a long process that requires a co-development between practitioners and researchers. The presence of peer-coaches aims at fostering practitioners and researchers in achieving and realizing the learning and gradual adjustments that are necessary to integrate into practice P.I.P.P.I.'s new model of care process. Coaches also are the first step towards the long-term goal of P.I.P.P.I. that consist in helping each city in being able in the future to take care of the whole implementation process, as the role of the tutors decreases. The 2nd implementation has been key to identify and define with the 3 levels of the Implementation Team the future steps for scaling up the program in a way that:

- is sustainable within the Social Services work, mostly in the current time of social-economical issues, and empowers the full potential of social professionals and M.T.;
- promotes and reaches socially significant outcomes for children and family wellbeing;
- keeps the optimism in social work and empowers all the resources available in the community.

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Strategies to strengthen resilience for children in the child protection system

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Abstract

Children, who are in the child protection system, in residential care or foster care, have to face different stressful situations brought about by being separated from the family context. To achieve a successful family reunification afterwards these children have to overcome a series of phases throughout the reunification process such as: the notification of the measure (separation from the family) visits and contact during foster care, preparation for the family reunification and lastly the return home and their consequent adaptation.

To help with this process the GRISIJ group used the cooperative research framework (MCI:EDU2011-30144-C02-01) as presented, to find out which strategies strengthen resilience in the different phases of the reunification process, by analyzing the needs felt and presented by the children. Field work was carried out in 2012 with children in child protection and with the welfare staff. Focus groups were formed and interviews carried out in four autonomous regions in Spain. Thirty adolescents and pre-adolescents who were or who had been in child care and protection participated. The needs detected were: help to cope with the distress and confusion, the importance of informal support and the need of the children to participate more themselves in the process. Strategies which helped them overcome this process and achieve a successful reunification were recognized: having certain social skills; a capacity to resolve conflicts, a feeling of control, coping skills, having informal support and take the correct standpoint and attitude towards the measure.

Keywords: Foster care system, strategies to strengthen resilience, reunification process.

Introduction

The investigation which we are presenting falls within the framework of the field of child protection, and specifically it is to make known the strategies promoting resilience and used by the boys and girls who are in residential care or family fostering in order to overcome different stressful situations provoked by the separation from their family context, and which permit them to achieve a successful family reunification.

Separating a boy or a girl from their family is a traumatic experience for all the family as it represents a long and difficult process [1]. However, for the children above all it is especially difficult as it is they who must abandon the family nucleus and must face up to the challenge of living in a protection resource.

Few studies shed information on the necessities of the children in the process of reunification and the strategies they use to come to terms with the situation of entering care. Certain characteristics of the children can influence the reunification system, recognising that the children do have a role in all the process. In a study the children felt that if they had a voice in this process, there would be a greater possibility of a successful exit from the care or fostering. The lack of participation creates feelings in the children far from helping them to face the situation. This diminishes their self-esteem and self-sufficiency [2].

To achieve a satisfactory family reunification the boy or the girl has to overcome a series of phases encountered in any reunification process. These stages are 1. Taking the measure, the initial phase which consists of the period of time between communicating to the family the separation, the proposal of reunification and then the following phase. 2. Visits and contacts, is the phase of maintenance of the connection; it starts with the realisation of the communication of the measure and it ends when the child returns in the strict sense to the biological family home. 3. Preparation for the reunification, this phase takes in the time period from the moment

after the separation of the children from his or her family up to the moment before the reunification. And finally, 4. The follow up phase that goes from the first few days at home until the consolidation and stabilization of the reunification process.

An aspect highlighted by different authors as fundamental to achieve success in the reunification is to know what the children experience and the impact for the boys and girls of the communication of the measure and taking them into care in the initial moment. This is an important and influential element for the rest of the process. The fact that the children can count on information and preparation for them to face up to the changes they produce in the family situation is a necessity identified by many authors [3]. Another element highlighted is the importance of the formal and informal support which guarantee the success and stability of the reunification [4].

From the perspective of resilience and contemplating the children with capacities and resources, it can be seen that it is important to identify strategies that can help them to face this situation with the finality of contributing to their development, resilience and the family reunification. Some authors have manifested that the child's understanding of the difficulty is a vital aspect of the resilience process in the family reunification [5,6,7]. A global comprehension would imply that the children are conscious of the situation, aware of the problem and understand the reasons why the family has had to be separated, and they have the commitment, the undeniable desire to accept and make the changes necessary to facilitate the family reunification.

In response to this situation the GRISIJ group organized cooperative action investigation (MCI:EDU2011-30144-C02-01), which aimed at finding out the strategies promoting resilience in the different phases in the reunification process, starting out from an analysis of the boys' and girls' necessities in the process.

Methodology

To discover and collect the information discussion and interview groups of children were organized from four autonomous communities of Spain. In this study thirty adolescents or pre-adolescents participated: all were or had been in the protection system. We wanted to make known the voices of these children.

Listening to and making the voices of these children be heard has worked in favour of their right to participate and contemplate the questions that affect them and they are themselves [8,9] as well as recognising the right of these children to participate in the process, practice and investigation, as recommended in the new policies and national and international regulation framework.

The selection criteria for the participants were that they had to be between 12 and 20 years old and belong to the selected biological families; that they had been at least a year and a half in residential care or a foster family, and that they had no physical, psychiatric or sensorial disability.

To gather the information semi-structured discussion and interview groups were formed; to process the analysis of the data we used a qualitative analysis methodology. The Atlas-ti, v.6.0 software program was used in the coding process.

Results

The following results from the discussion and interview groups with boys, girls and adolescent participants stand out.

1.1 The communicating the measure phase

The majority of the children interviewed coincided in that they needed more information, although the results did provide evidence of two very different situations; 1. When the motive for the separation was linked to the child's behaviour, they took consciousness of the problem as they could identify the elements of their behaviour that had produced the difficulties. 2. When the causes of their vulnerability grow out of family problems, many children did not know the reason why they had been separated from their family, which made difficult the comprehension and assuming of the information. Some studies have manifest that the comprehension of the difficulties is one vital aspect of the resilience process in the family reunification [6,7,8].

> *"When I entered the centre two weeks passed without speaking with my mother, and I couldn't go out, and see her, like for one month, and this made me think a lot, and so I don't know, it helped me to think about the mistakes I had made and in everything". (Interview with boy)*
>
> *"So they hardly gave me any information, just that I was going away with my sister a while, not for long, and that was it". (Interview with boy)*

This lack of information has repercussions on the emotional control of these children. When they do not know the motive of the separation and they have not been told about the process they feel greater anxiety.

"I started to cry and my sister and I went through it real bad when they did it, but we got to the centre and that was it, we went to play with some children as if nothing was wrong. There was no problem". (Interview with boy)

With respect to the motive for the change, in some cases, above all with little children, they are not taken into account in the process and the relationship with them has to work on their behaviour, asking for their participation in the process.

"When they told me if I did the things right and if I changed, then soon I would go home, that's what made me think "if I am good I will be able to get out of here soon". (Interview with boy)

"They should let us speak too, because we have the right that they listen to us, just as we listen to them". (Discussion group of boys and girls)

1.2 Visits and contacts phase

To control the emotions in the moment of the visits is an important element. The results show that there are children who benefit from a good experience with the visits and for others they represent an emotional unbalancing, above all for the youngest children. The contradiction and ambivalence of the feelings and emotions of the children are made evident. They experience feelings of love and anger towards their parents at the same time. The children have the necessity to maintain contact with their parents, despite the situation prior to the bad treatment. Children also need to identify their educator of reference as a true support in order for them to control their emotions for the visits.

"The majority of times my mother broke down crying as soon as she came through the door". (Discussion group for boys and girls)

"Visits to see my parents, when they started a week had gone by but my mum had to come and in that moment I was still feeling rage and resentment, that is to say I did not want to see her or look at her, did not want to speak to her and, well.. And from then on the sessions went by and they were good, with my father and my mother". (Interview with boy)

"Well, when there was something that made me feel bad, I did talk it over with my educators and they gave me advice and spoke to me about it, and so on". (Interview with boy)

1.3 The preparation for the reunification

The child's feeling of wanting to form an active part of the family unit is experienced as an element for change. In turn the children manifest that space should be given for communication in the moments of the reunification to parents, children and technicians. Another important element in this phase is to adjust or set the expectations on return to the family and work on them as uncertainty in front of the reunification process produces feelings of rage, anxiety and sadness in the children. They see the figure of the social educator as significant for emotional control in this process.

"Then I believe that ... starting over your life from zero if you have been through a super-heavy case, because my case was heavy and I think "huff, how am I going to get over this? But I believe they give you an opportunity to move forward from zero, I believe you are reborn well perhaps not so exaggerated but for me it was and I am proud to have passed through all the centres in the clinic because if you let yourself be helped, they help you, because before I did not let myself be helped, they put in all their effort, isn't it like that? All the educators' effort, and until one wants you can't be helped". (Discussion group of boys and girls)

"Yes, the truth is yes, sometimes I look and I see, it's difficult not to, isn't it? However that is the way it is and sometimes you get tired of being strong because you want to be happy without having to be strong, but hey look…" (Interview with boy)

1.4 Follow up phase

The results show that the children recognise the family progress, although in the moment of the reunification different emotions all crowd in: harbouring rancour toward their parents for the situation that has happened, make a process of adaption to the change, all of this means for them that they are filled with emotions difficult to order and control. The child's perceive the educators as people of support to whom they can turn, who offer them advice and help them to order their emotions.

"Yes, it's been a time during which we received help which made us better, that we can get better as people, more tolerant, more understanding; it has changed me a lot. I have learned and my mother too". (Interview with boy)

"I felt strange, the house was smaller, it smelt different, my father was older, everything very different". (Interview with a boy)

"They always said that they were there for us for anything, to talk or anything, and if anything happened to us we could talk to them and they'd help us". (Interview with boy)

Conclusions

Starting out from the boys,' girls' and adolescents' viewpoints we have been able to identify the priority areas for favouring this reunification. From there our objective is to transform the necessities into contents that form part of the conception of a social-educational action program for families who are in a process of reunification, always from the perspective of more, stronger resilience.

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Trajectoire de vie adoptive: quelles résiliences face à la rupture originelle?

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Abstract

Resilience is the ability to make sense of the nonsense without cutting yourself from the surrounding world, "to feel a crazy experience and [to] make a coherent narrative" [1]. Making sense is a way to have taking the total discontact of precisely nonsense. [2] Psychological factors of resilience are many, research helped to identify ten: defense / protection; the equilibrium in front of tension (hold on); commitment-challenge; recovery (rebound); assessment; the significance / evaluation; positivity of self; accountability; creating and opening to the world, attachment [3].

Having lived a childhood abandonment releave most often the nonsense. This life experience can brake the feeling of existence, generating the emergence of psychic conflicts that involve conflicting evidence both emotionally and cognitively that it is difficult to connect and understand them. Resilient capacities are then needed to find and create a good mental balance.

We went to meet 18 young adults aged 20 to 25 years which having been adopted. From their narrative skills, their attachments to their restorative lines, we propose to observe how in their mental construction, they bring meaning and develop resilient behavior. We present situations Baku, Maeva, Corneille, Samy and others that each in their own way develop resilience in different areas of expertise.

Keywords: Adoption, Attachment, Abandon, Resilience.

Regard sur la résilience

Le concept de résilience est multiple et aujourd'hui utilisé dans des situations variées. Il reste toutefois cette notion de traumatisme face auquel un sujet mettra en place différents comportements qui évolueront en fonction de ses besoins développementaux et psychiques. La rencontre avec la résilience ne se fait pas aux mêmes périodes de la vie selon les personnes. C'est lorsqu'un événement est perçu comme venant déstabiliser l'assiette narcissique, lorsqu'il vient mettre en péril le sentiment d'identité personnelle amenant à une variation du sentiment d'existence que la résilience peut apparaître. Les potentiels de chacun diffèrent, les ressources internes ne sont pas toujours identiques et les désirs de vie peuvent être différemment exprimés [3].

La résilience possède une double fonction de « résistance à la destruction et la construction d'une existence valant la peine d'être vécue » [4]. On comprend en cela le principe évolutif et dynamique de la résilience mais aussi son caractère aléatoire en ce sens où en fonction de la situation traumatisante, le comportement résilient pourra varier. Ces variations peuvent être dues à l'individu lui-même mais aussi à son environnement familial, les deux s'entrecroisent et s'imbriquent [5]. En partant de l'idée selon laquelle la résilience n'est pas une dimension mais un résultat, celui de multiples processus [3,6], nous avons, au cours d'une recherche fondamentale, proposé neuf processus caractéristiques de la résilience. Ces caractéristiques ont été repérées à partir de l'étude de sujets ayant connu une ou des situations traumatiques dans leur parcours de vie (diagnostic de cancer, ruptures de liens multiples, maltraitance, handicap). Un dixième processus a été ajouté par la suite.

La défense / Protection correspond aux personnes alternatives qui jouent le rôle de tuteurs développementaux dans la trajectoire de vie. C'est la potentialité de se raccrocher mentalement à un modèle qui aidera à trouver des réponses face à des situations d'adversité. *L'équilibre face aux tensions (tenir le coup)* est relatif aux capacités de flexibilité de l'individu, sa souplesse adaptative et son habileté à développer de nouvelles stratégies lorsque les anciennes sont devenues inefficaces. *L'engagement-défi* répond au besoin d'expérimenter le risque et la prise d'initiative pour s'affirmer et se sentir exister ou se prouver sa propre existence. *La relance (rebondir)* correspond à la dynamique positive du sujet, ses capacités à refaire surface, à reconstruire après le traumatisme. *L'évaluation* est en lien avec les potentialités d'analyse et de ressourcement lorsqu'on fait une

synthèse des possibilités dont chacun dispose. Cela concerne la conviction intime que l'on a de trouver une issue plus favorable à la situation. Le processus de *Signification / Valuation* nous amène à la notion d'autonomie, autrement dit la possibilité de se constituer ses propres valeurs pour donner du sens et faire des choix. Prendre des décisions argumentées et les assumer est une forme de la résilience.

La positivité de soi est relative aux capacités d'humour qui vont de pair avec la confiance en soi. C'est encore croire au bonheur et trouver la vie belle, coûte que coûte. Le processus de *responsabilisation* peut être compris comme le fait de se sentir responsable de ce que l'on est, de ce que l'on peut devenir, il participe à l'instauration de la résilience [3]. *La création* serait en quelque sorte l'aboutissement du processus résilient, lorsque par les différentes potentialités recensées nous amènent à créer un espace de pensée qui permet de trouver une solution favorable face à la difficulté. C'est une façon de laisser trace de soi, de générer du mouvement psychique, relationnel.

A ces neuf processus, nous avons ajouté celui *d'Ouverture au monde et d'attachement* qui ramène le sujet à son contexte social présent et originel dont il ne peut se départir. C'est parce que les réponses trouvées pour gérer l'adversité ou le traumatisme sont à la fois personnelles et relationnelles qu'elles permettent au sujet de rester connecté à la réalité. Nous pouvons penser que nous avons tous ses potentialités résilientes en nous plus ou moins enfouies, faisant face à plus ou moins de résistances psychiques. Il est parfois nécessaire qu'une intervention extérieure vienne aider à la découverte de ces ressources insoupçonnées.

La trajectoire de vie liée à l'adoption comporte le plus souvent de multiples événements de vie qui peuvent chez certains générer du déséquilibre et des difficultés psychiques. Les recherches portant sur l'adoption montrent que les jeunes adolescents ayant vécu la rupture, le rejet, la détresse affective, la vie institutionnelle, parfois la maltraitance, peuvent se développer tout à fait sereinement malgré les événements aliénants composant leur trajectoire de vie [2]. La situation d'adoption semble fonctionner comme l'impulseur du comportement résilient en proposant au jeune la création d'un attachement de type sécure et un fort soutien social familial facteur de protection.

L'adoption en fournissant une famille à un enfant qui en est dépourvu, donne la possibilité d'échange verbal, de mise en paroles des vies de chacun. Par la capacité d'écoute et l'attitude ouverte au dialogue, notamment en raison de la préparation qui est faite auprès des couples adoptifs, la détresse est parlée ou montrée et partagée. « Tous les chagrins sont supportables si on en fait un récit » [7]. Les observations témoignent d'une plus forte résilience individuelle « chez les enfants qui ne sont pas séparés de leur famille ou qui, en cas de séparation, ont trouvé un substitut, si possible chaleureux et un milieu d'accueil culturellement familier » [8].

La famille, pensée selon ses capacités de résilience [5] évite le désert affectif. En fait, aucun enfant ne peut devenir résilient seul. Les ressources internes sont uniquement acquises si l'enfant a trouvé pendant sa petite enfance « une bulle affective qui permette de graver dans sa mémoire un processus de stabilisation interne qui l'incitera à chercher le tranquillisant dont il a besoin. Ensuite, ses ressources internes seront imprégnées par la stabilité du milieu » [9]. L'adoption permet l'évitement du syndrome abandonnique c'est-à-dire le sentiment de n'avoir jamais été aimé de manière stable. Lorsque les relations familiales sont faites de communication claire et ouverte, d'expression des émotions, de solidarité et d'ouverture vers le monde extérieur autour de narrations et de croyances qui cimentent le groupe et sa cohésion, alors chacun de ses membres peut développer des capacités résilientes face aux traumatismes de la vie [10].

Les événements de vie dans la trajectoire adoptive initiateurs de comportements résilients

Même si chaque histoire d'adoption est une rencontre singulière, il existe des étapes qui sont communes à l'ensemble des enfants adoptés. Chacune de ces étapes fera l'objet d'une activité de représentation mentale plus ou moins positive, plus ou moins aliénante. Nous pensons que lorsqu'au moins une de ces étapes suscite des représentations négatives, des émotions fortes envahissantes, des points de blocage, alors des comportements résilients peuvent être mis en place par le sujet venant en quelque sorte compenser cette partie de l'existence faisant traumatisme. Nous comprenons le traumatisme non pas comme l'événement en lui-même mais plutôt comme l'effet de l'événement sur le psychisme. Nous rappelons ici succinctement les différentes étapes de la trajectoire adoptive.

1.1 Le contexte originel familial

Chaque enfant adopté s'interroge à un moment de sa vie à propos de ses origines. Dans quelles conditions est-il né ? A-t-il été désiré ou résulte-t-il d'un acte violent ? Qui sont ces parents capables de se séparer de leur enfant ? Tout enfant adopté va avoir une activité de représentation à propos de son histoire et des événements émotionnels qui la composent. Une forme de loyauté filiale existerait dans l'activité représentationnelle poussant certains adoptés à prendre la responsabilité ou à assumer la culpabilité de leur abandon ou l'attribuant à leur famille adoptive. La famille d'origine est rarement représentée sans valeur. On voit

fréquemment apparaître des orientations professionnelles singulières qui viennent réparer cette étape de l'existence (sage-femme, aide-soignant en maternité, infirmier en pédiatrie…).

Se représenter ses origines et les événements qui ont orienté vers la trajectoire adoptive, amènent aussi à questionner le sens de l'abandon, de la rupture originelle. La douleur provoquée par une rupture s'accompagne toujours du sentiment intense de menace pour l'intégrité du soi et pour la continuité de sa propre existence. Une rupture représente la cessation de l'état d'union. Elle provoque la crise identitaire. La rupture nécessite un travail de deuil. L'abandon est une forme de rupture. La cicatrice de l'abandon reste sensible toute la vie et peut à tout moment être réactivée douloureusement par les différents événements de vie.

1.2 Le temps entre l'abandon et l'adoption

Cette période, dans la trajectoire adoptive, est celle où l'enfant est symboliquement seul. Il perd les quelques repères établis dans sa famille biologique. Les conditions de recueil de l'enfant abandonné sont multiples, elles varient d'un pays à un autre et dépendent aussi de l'âge de l'enfant. Ce temps peut être pour certains enfants une période assortie de nombreux déplacements, un temps d'absence d'accroche en raison des ruptures de lien successives. Certains enfants vont expérimenter l'absence de figure d'attachement adulte sécurisante se traduisant par la dépression anaclitique et l'hospitalisme [11]. D'autres vivront des expériences d'errance affective, de maltraitance ou de prise de responsabilités ne correspondant pas à l'enfance. Lorsque ce temps est associé à des impressions négatives, des sensations douloureuses, beaucoup d'enfants « préfèrent » oublier, le refoulement étant alors à l'œuvre. Nous verrons dans les vignettes cliniques que nous présenterons, comment face à l'adversité et au traumatisme de cette étape certains adoptés trouvent des réponses adaptatives positives leur permettant de rebondir.

Cette étape de la trajectoire adoptive comporte également la préparation ou son absence vers une autre rupture : celle de l'adoption. Ce n'est pas tant la préparation effective que nous prendrons en considération mais plutôt le sens que cette préparation peut faire dans la construction psychique de l'individu. Préparer une rupture, c'est mettre de la parole sur le sentiment de désarroi et de cassure, c'est pouvoir exprimer sa souffrance avant même qu'elle soit réellement vécue. C'est éviter qu'elle soit accidentelle et vécue comme une effraction dans le sentiment de cohérence interne. Pour certains enfants adoptés, l'idée de l'adoption ne fait pas sens, ne génère aucune projection, aucun mouvement psychique, alors la rupture définitive d'avec le pays peut être ressentie par l'adopté comme un second abandon, comme un obstacle au besoin vital de continuité. Nous verrons dans les vignettes cliniques, comment certains jeunes adultes adoptés s'adaptent à l'absence de signification de leur histoire afin de tenir le coup, garder le cap et avoir une raison d'être en existence.

1.3 L'amorce du processus de filiation : la rencontre adoptive

Nous parlerons enfin de la première rencontre signant le début du processus de filiation. La rencontre adoptive est souvent déterminante des relations ultérieures. Le moment de la rencontre est crucial et reste pour toutes les familles adoptives un événement de vie chargé d'émotions. Les témoignages sont nombreux pour décrire la violence incroyable du choc du premier jour. Les enfants ayant reçu à l'avance des photos de leur nouvelle famille sont ceux qui développent l'attitude la plus positive. Mais d'autres enfants peuvent se mettre à hurler, partir en courant. Le comportement le plus typique consiste à marquer une certaine réserve, de la timidité, voire à pleurer silencieusement, mais à se laisser apprivoiser dans les 24 heures. Les quelques semaines qui suivent l'arrivée dans la famille de l'enfant sont fréquemment marquées des troubles adaptatifs : difficultés d'endormissement, terreurs nocturnes, troubles énurétiques. Un phénomène protecteur de régression temporelle se met en place : de la recherche de nidification au conflit exacerbé, la régression a une fonction d'amorce de l'attachement. Quel que soit l'âge de l'enfant, cette période est importante pour sa construction psychique, les parents ont un rôle essentiel à jouer par leur présence, leur disponibilité physique et émotionnelle auprès de leur enfant. Lorsque ce moment privilégié d'exploration réciproque de la qualité des sensations nouvelles est absent, cela peut entraîner des comportements de passivité pathologique notamment à l'adolescence car une étape développementale n'a pu s'effectuer.

Résultats d'observation pour 18 jeunes adultes anciennement adoptés, illustrés par des vignettes cliniques

1.4 Méthodologie de recherche

Au cours d'une recherche réalisée en 2012-2013, centrée sur la résilience et le lien social dans l'adoption, nous avons rencontré 18 jeunes adultes âgés de 20 à 25 ans (M_1 = 21,22 ans) anciennement adoptés. L'échantillon de recherche est constitué de 12 jeunes femmes âgées de 20 à 25 ans et 6 jeunes hommes âgés de 20 à 23 ans. Tous ont été adoptés au niveau international (14 de Corée, 1 du Liban, 1 de Madagascar, 2 de

Pologne). Les âges d'adoption varient de 1 an à 13 ans et demi (M_2 = 7 ans), l'âge au moment de l'abandon évolue de la naissance à 10 ans (M_3 = 5 ans). La durée écoulée entre l'abandon et l'adoption va de 6 mois à 7 années et demi, soit une durée moyenne de une année et dix mois (M_4 = 22,8 mois). La composition des familles adoptives se répartit de la façon suivante : Deux jeunes adultes sont enfants uniques, six sont dans une fratrie de 2 enfants, trois en fratrie de 3 ou 4 ou 5 enfants et un est dans une fratrie de plus de 6 enfants. Dans l'échantillon, 4 jeunes adultes ont été adoptés seuls, sans présence d'autres enfants dans la famille au moment de l'arrivée, 5 ont été adoptés en fratrie de 2 ou 3, un est arrivé avec sa sœur biologique, des frères et sœurs adoptifs étaient déjà présents dans la famille adoptive et 8 jeunes ont été adoptés seuls mais une fratrie du couple adoptif était déjà présente dans le foyer familial. La place occupée dans la fratrie est également considérée : 2 sont enfants uniques, 6 sont les aînés de leur fratrie, 3 sont les cadets, 4 sont puînés et 3 sont les benjamins.

Le recueil des données repose sur des entretiens cliniques de recherche inspirés de la grille d'entretien de *l'Adult Attachment Interview* traduite par Pierrehumbert [12] et des dix processus de résilience précédemment décrits [3]. Notre approche est qualitative tout en s'appuyant sur des données métriques obtenues à l'aide d'outils d'évaluation du discours. Ainsi, chaque entretien retranscrit est analysé à partir d'une double cotation avec l'outil Edicode [12]. Celui-ci est « destiné au recueil et à la quantification de l'appréciation subjective, par l'interlocuteur ou par un codeur extérieur, de la mise en forme de l'expérience subjective également du sujet au cours d'entretiens semi-structurés, ceci dans une perspective de recherche clinique » [12]. Une seconde cotation est établie à partir d'une échelle de résilience. Cet outil est en cours de validation statistique et est uniquement utilisé ici afin de mieux saisir les enjeux de la résilience dans le discours de la personne.

1.5 Les capacités narratives

C'est à partir des travaux de Main [13] qu'un intérêt a été porté sur l'interaction entre la qualité de l'attachement pendant l'enfance, les capacités de métacognition et les récits de l'attachement chez l'adulte [14]. Dans cette thématique, Fonagy *et al.* [15,16] se sont particulièrement centrés sur la notion de fonction réflexive, proche de la mentalisation décrite en psychanalyse ou également mise en lien dans la théorie de l'esprit [17]. Il s'agit de la capacité à percevoir, de penser les états mentaux de soi et d'autrui. La fonction réflexive est ce qui permet de donner du sens aux comportements d'autrui à partir d'une capacité de lecture de ses propres émotions, des croyances et des attentes de soi et d'autrui. Les capacités narratives font partie de la résilience dans la mesure où elles permettent d'anticiper les situations, de mieux gérer les relations avec autrui et elles garantissent la différenciation entre soi et l'autre.

Il apparait que les traumatismes de l'enfance peuvent altérer la fonction narrative et ainsi les capacités de mise en discours des personnes. Toutefois, en favorisant l'expression de soi, la mise en pensée des émotions négatives et des événements de vie marquants, il est possible de développer des comportements résilients afin de gérer les traumatismes [1]. Les 18 jeunes adultes rencontrés sont majoritairement dans une volonté d'expression. Même si leur histoire est difficile, par exemple Maeva qui a 20 ans, adoptée à l'âge de 13 ans et demi, a été victime de l'alcoolisme de son père biologique qui la battait. Comme elle, la plupart de ces jeunes adultes parlent beaucoup et expriment les émotions qui surviennent au détour de leur récit. « *Avec cet échange, les souvenirs rejaillissent et on est plein d'émotions* ». Le fait de pouvoir faire un récit de leur histoire de vie semble pour nombre d'entre eux participer à donner du sens. « *Je ne m'étais jamais autant questionnée… c'est bizarre, c'est bien…* ».

Bakou, âgée de 20 ans, adoptée à l'âge de 11 ans en France avec sa petite sœur est dans une forte volonté de participer, de parler d'elle mais il lui est difficile de dire ses émotions, par pudeur, par retenue. L'envahissement émotionnel est présent, l'amenant à faire des pauses pour reprendre son calme intérieur. Faisant suite au décès accidentel de ses parents biologiques, le récit de la séparation d'avec un petit frère est un moment douloureux où elle ne peut retenir ses larmes. Elle refuse d'arrêter l'entretien, elle veut parler, peut-être d'ailleurs plutôt témoigner. Une façon pour Bakou de donner du sens par la narration d'elle-même.

Pour Corneille qui a 20 ans et a été adopté à l'âge de 9 ans avec sa petite sœur biologique, le discours favorise la formulation d'interrogations multiples. « *Que serais-je devenu ? Qu'est-ce que j'aurais pu vivre si je n'avais pas été adopté ? Est-ce que j'aurais pu vivre autrement ? Ça se bouscule là dans ma tête… pfou…* ». Samy, qui a 23 ans et a été adopté à l'âge de 9 ans avec ses deux plus jeunes frère et sœur biologiques, est, dans le premier temps de l'entretien, dans une attitude défensive. Un peu moqueur, il paraît chercher la provocation par des images morbides dans son récit, « *alors voilà, je viens de là, c'est mes racines, je viens d'un arbre qui n'a pas de racines, il est mort et nous c'est pareil ! On est morts voilà, c'est tout… On est des morts-vivants, des fruits pourris, des rebus de la société…* ». A partir de cette entrée en matière, Samy va organiser sa narration, il va évoquer les événements de sa vie qui l'ont marqué, les moments de joie, de tristesse, de stress. En fin d'entretien, il va se remettre en question, allant même jusqu'à nous demander si ce qu'il a raconté convenait.

Une seule jeune femme, Emma, âgée de 21 ans, adoptée à 5 ans, ne présente pas de fortes capacités de narration. Ses réponses aux reformulations sont brèves, les blocages du discours sont importants masqués par de nombreux « *je ne sais pas, je ne me souviens plus, j'étais trop petite…* ». Nous percevons rapidement dans cette situation des difficultés dans les relations à autrui. Elle expliquera son impression d'être en permanence dans un

sentiment de colère envers tout le monde. Cette émotion négative qui traduit son mal-être semble l'empêcher de mettre une logique dans ses idées et dans son récit de vie.

1.6 L'attachement

L'attachement dans l'enfance se manifeste par des comportements ; l'attachement chez l'adulte se traduira notamment par ses propos, son récit concernant son histoire de vie, ses représentations de l'enfance et ses capacités d'accéder à des souvenirs précis relatifs aux relations durant l'enfance. L'attachement a beaucoup plus à voir avec un sentiment profond de sécurité. Ce sentiment de sécurité et de confiance se tisse parce que dans l'enfance des réponses adéquates aux détresses ont été apportées. Le sentiment de sécurité interne est facilité par le fait de se sentir aimé, respecté et estimé par sa famille, ses amis et les autres, il prévient le risque de troubles psychiques de la déliaison.

Dans des proportions proches à la répartition de la population générale pour la sécurité d'attachement (54 à 66%), le taux de préoccupation (11 à 18%) est toutefois plus élevé dans l'échantillon de recherche tandis que le détachement est ici nettement moins élevé (population générale : 21 à 29%). Les jeunes adultes évalués privilégient pour 13 d'entre eux la sécurité d'attachement (72%), pour 4 la préoccupation ou l'attachement ambivalent (22%) et une jeune femme, Emma, est détachée (6%) (Fig. 1).

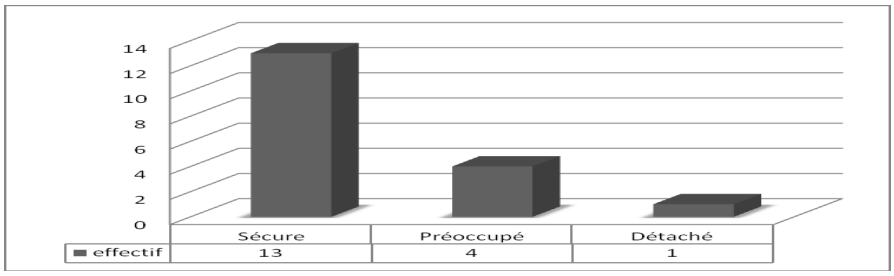

Fig. 1 – Répartition de l'attachement chez les 18 jeunes adultes

Maeva est une jeune femme préoccupée au niveau relationnel, tout comme Samy. Elle estime avoir du mal à faire confiance facilement. Ses parents sont très présents auprès d'elle, elle a un petit ami, mais elle doute souvent de sa sincérité. Elle est souvent dans une forme d'angoisse qu'elle n'a pas anticipée et qui vient lui dicter des conduites parfois agressives envers les autres. Son discours traduit son fonctionnement affectif et relationnel. Elle parle beaucoup, la fluidité est importante mais sa narration manque de cohérence et d'adéquation. En revanche, l'authenticité émotionnelle de Maeva dans l'échange ne fait aucun doute. On est facilement saisi par son récit.

Emma privilégie le détachement relationnel. Sa narration fait état de peu de fluidité, une forme de rigueur dans la cohérence et l'adéquation et sa distance affective et émotionnelle rend son discours relativement inauthentique. Emma n'a aucun souvenir de sa vie avant son arrivée en France, à l'âge de 5 ans. Elle évite d'aborder toute réflexion pouvant susciter un mouvement affectif en elle. Aussi le décès de son père il y a quelques années laissant sa mère s'occuper seule d'une fratrie de trois enfants n'est jamais abordé durant tout l'entretien. Ce n'est qu'au moment de notre départ qu'Emma déclarera « *ah, j'ai oublié de parler de la mort de mon père… oh, c'est pas grave, ça ne me fait rien* ».

1.7 Les conduites réparatrices et la résilience

Les jeunes adultes rencontrés sont, pour une majorité, scolarisés : Bakou est en Première, trois sont en Terminale, sept sont en première année universitaire ou de préparation aux concours, deux en licence 2 et 3, une en Master 1. Quatre sont entrés dans la vie active : une est technicienne de laboratoire, un est militaire et deux jeunes femmes sont au chômage après l'obtention d'un CAP (petite enfance et ébénisterie). Parmi les orientations ou projets professionnels on pourra trouver : militaire, coiffure, école de commerce, langue, comptabilité-gestion, droit, hôtellerie, infirmière, ébénisterie, pompier professionnel.

Parmi les orientations exprimées, nous trouvons Jenny qui, à 20 ans, est en troisième année de Droit. Arrivée en France à l'âge de 6 ans et demi, elle déclare vouloir choisir le domaine des affaires familiales « *parce qu'il y a du travail à faire pour les enfants en souffrance dans leur famille* ». Jenny met en place des conduites résilientes parmi lesquelles on note la souplesse adaptative face à des situations difficiles, elle trouve des compromis psychologiques lui permettant de trouver un équilibre. En relance permanente face à l'adversité, elle démontre un grande prise de responsabilité dans l'ensemble des situations. Son ouverture aux autres et aux relations sociales vient compenser plus de difficultés dans le fait de donner sens aux situations trop envahissantes au plan émotionnel.

Citons enfin Denis, 20 ans, arrivé en France à 7 ans et demi avec son plus jeune frère, qui, au moment où nous le rencontrons, semble « s'assagir » après une période de plusieurs années au cours de laquelle il a mis en place des comportements délinquants. Denis a fugué lorsqu'il avait 16 ans pendant quatre jours et trois nuits, vers l'âge de 17 ans il a volé une moto avec laquelle il a eu un grave accident, ses parents ne comptent plus les fois où la gendarmerie leur a téléphoné au sujet de leur fils. Ses résultats scolaires sont mitigés et il redouble sa terminale. Mais depuis environ un an Denis a une petite amie. Il met en avant des conduites résilientes de responsabilisation en s'attribuant ses échecs mais aussi ses réussites. Il éprouve des difficultés à trouver un équilibre émotionnel, devant se calmer, respirer ou prendre l'air à l'extérieur lorsqu'il est face à une difficulté. Il ne trouve pas de sens à sa vie mais son amie l'apaise et lui donne des objectifs à atteindre. Denis privilégie un attachement sécure, il se remémore avant son adoption la présence de sa grand-mère maternelle qui lui a apporté un sentiment de bien-être et du réconfort, tel un tuteur de résilience. Le domaine de la créativité est encore éloigné de Denis qui est en cours de changement mais a besoin d'être soutenu et encouragé.

Conclusion

Les 18 jeunes adultes anciennement adoptés témoignent de leur difficulté à trouver un sens à leur existence. Malgré des événements de vie marquants voire traumatiques ils parviennent à réparer en partie une trajectoire conflictuelle. Pour la plupart d'entre eux leur famille adoptive est très présente, leur fournissant un étayage sans commune mesure. Une majorité privilégie un attachement sécure et quelques uns font des choix de vie qui semblent venir réparer leur histoire (devenir pompier, être infirmière dans l'humanitaire, être militaire en mission à l'étranger, faire des études de droit pour « *plus de justice dans le monde* », avoir un enfant…). Mais à chaque fois, les conduites résilientes ne sont pas totales, elles sont partielles venant donner des ouvertures psychiques, des possibilités existentielles en gardant toutefois des zones plus fragiles de vulnérabilité. C'est alors dans le cadre d'un espace psychothérapeutique que les capacités de résilience pourront être développées.

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La resilience de l'enfant orphelin de mere: aspects psychosociaux

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Abstract

Our study aims to investigate the different psychosocial factors that can intervene in the process of resilience in motherless children. The death of a parent for a child is certainly not perceived similarly by an adult. Its fragility and immaturity would make it vulnerable and it would be even more traumatized if death concerns the mother. This would represent a secure base necessary to establish interaction with the outside world, since the early links between a mother and her child are weaved from the intrauterine life. These attachment relationships are involved in the proper physical, cognitive, emotional and mental subsequent child development and physical break from the mother creates anxiety due to the loss of security, inducing traumatic biological and psychological impact and compromise its harmonious development. This does not reduce every child motherless to his trauma. Resilience allows him to retake the course of its development after exposure to a situation of adversity. Resilience would be the process through which it happens to overcome this lost. It found its origins in some particularities specific to the child himself or his entourage. It is in this context of investigation focused on finding individual skills and environmental resources, we have tried to establish protocols for the observation and evaluation to identify the characteristics of these orphans and their relational and psychoaffective environment that can be or not the source of their resilience before this traumatic situation, the death of the mother.

Keywords: Resilience, grief, orphan, trauma, attachment, separation, intelligence, self esteem, social skills, tutors resilience, social support, social representations.

Introduction Problématique

Le phénomène de résilience a intéressé plus d'un chercheur dans le domaine de la psychologie et plus particulièrement le développement de l'enfant. Depuis les deux dernières décennies, les études qui se sont penchées sur l'habilité des individus à surmonter les traumatismes de la vie, n'ont cessé de s'accroître. La diversité dans les réponses de ces individus face aux mêmes agressions provenant de l'environnement ou émanant de conflits psychiques internes, témoigne de la présence de facteurs multiples intervenant dans ce processus. Cependant la complexité du phénomène de la résilience ne rend pas la tâche aisée, d'autant plus, chez l'enfant que chez l'adulte, du fait qu'il soit encore en pleine croissance, sous l'influence de modifications physiques et psychiques qui compliquent davantage la stabilité de ses caractéristiques propres et de celles de son environnement, et par conséquent, rend plus difficile, l'étude des facteurs de résilience chez lui. De plus, il ne faut pas ignorer qu'il existe une singularité dans les réactions des sujets du fait de la diversité de leur développement propre.

La résilience serait donc un phénomène psychologique qui consiste, pour un individu affecté par un traumatisme, à prendre acte de l'événement traumatique pour ne plus vivre dans l'adversité. Elle décrit également la capacité de l'individu à faire face à une difficulté ou à un stress importants, de façon non seulement efficace, mais susceptible d'engendrer, plus tard, une meilleure capacité de réagir. Cela ne veut en aucun cas témoigner d'une invulnérabilité mais plutôt d'une capacité à ajuster les réponses aux agressions subies, cette forme de résistance est connue sous le nom de «résilience». [1]

Cette résilience trouverait ses origines dans les relations primaires de l'enfant avec sa mère (ou son substitut), ces premières expériences d'attachement serait responsables de la constitution du système psychique des individus et influenceraient d'une manière importante leur résilience face aux différentes situations insécurisantes. [2]

Inégalement que chez l'adulte, la mort de la mère pour l'enfant, constituerait une énorme perte affective qui serait à l'origine d'un traumatisme important, creusant un vide dans son monde et créant de ce fait un être vulnérable au regard d'autrui. [3] L'orphelin aurait-il, dans ce cas, une chance de s'en sortir ? Pourrait-il continuer son développement en ayant perdu sa source principale d'affection et de sécurité ? La résilience chez l'enfant reposerait donc sur la construction d'aptitudes personnelles potentielles ainsi que sur le soutien tiré de

son environnement direct (famille) et indirect (groupe d'appartenance social). Il y aurait de ce fait de multiples facteurs personnels, familiaux et sociaux susceptibles de préconiser la réaction de l'enfant face un choc émotionnel pareil à celui du décès maternel. Quelles seraient donc les caractères personnels de l'orphelin résilients ? Aurait-il des relations familiales favorables ? Bénéficierait-il du soutien de son entourage proche ?

Ainsi, nous nous posons la question sur les facteurs individuels, familiaux et sociaux qui interviendraient dans le phénomène de résilience chez l'enfant orphelin, et précisément de celui qui a perdu sa mère. Nous essayerons de la sorte de rechercher les facteurs intrinsèques et extrinsèques capables de rendre un enfant, privé de la personne avec qui il établit les toutes premières relations de l'existence, d'être résilient. Et notre questionnement principal serait donc le suivant :

Quels sont les facteurs psychosociaux qui permettraient à l'enfant orphelin de mère d'être résilient ?

Méthodologie Utilisée

L'étude de la résilience a connue d'innombrables méthodes d'évaluation. Certains chercheurs ont choisis d'appliquer des échelles préconçues mesurant les facteurs du fonctionnement résilient. D'autres ont construits des échelles ou des questionnaires spécifiques à leurs tendances théoriques et suivant les aspects de leur conception de la résilience. C'est donc pour essayer d'explorer au maximum les caractéristiques intrinsèques et extrinsèques du profil résilient que les enfants orphelins de mère pourraient développer ainsi les facteurs psychosociaux qui les influencent, que nous avons choisi la méthode qualitative du protocole de cas individuel. Entre autre également, pour l'opportunité qu'il offre de pouvoir faire une description exhaustive en faisant intervenir plusieurs variables répondant à la complexité du phénomène étudié. [4]

A travers cette recherche que nous qualifions d'exploratoire, nous avons essayé d'examiner plusieurs aspects de l'enfant orphelin ainsi que ceux faisant partie de son environnement, pour mettre en évidence les facteurs qui interviendraient dans la mise en route du processus de résilience chez lui.

Pour ce faire nous avons procéder à une étude longitudinale brève (à court terme), sur une durée d'une année scolaire (de Septembre 2012 à Juin 2013), pour ainsi observer l'évolution, à plus d'un moment, les cas de l'étude, et ce à travers l'exploration de différents aspects psychosociaux, parfois, à plusieurs reprises selon les différents niveaux du protocole évaluatif.

Nous nous sommes référés à Tomkiewicz (2002) pour proposer l'adaptation de sa classification diagnostique, en désignant les critères de résilience suivants :

Un enfant orphelin est donc résilient : [5]

- S'il ne présente pas d'affection psychologique, psychiatrique ou somatique durable.
- S'il n'a pas eu des conduites ou comportements déviants pouvant nuire aux autres ou mettre sa vie en danger.
- S'il peut suivre des enseignements au même niveau que des enfants de son âge, sans présenter de grandes difficultés d'apprentissage.
- S'il développe des compétences spécifiques réalisant un exploit.

La complexité du processus de résilience exige que son protocole évaluatif soit quelque peu lourd, du point de vue de l'utilisation des outils méthodologiques. Pour cela, nous avons entrepris un suivi multidimensionnel au niveau de plusieurs pôles (individuel, familial et social) auprès des cas de l'étude. Et nous avons choisis, d'évaluer quelques-uns des différents et multiples facteurs psychosociaux de la résilience que nous avons jugé êtres les plus pertinents par-rapport à la nature de notre étude. Ce choix a été porté sur certains facteurs au niveau de chacun des trois pôles comme suit :

1.1 Le pôle individuel

Bien que sur le plan individuel il y aurait plusieurs aspects qui s'impliqueraient dans le processus de résilience, dans la présente étude, nous avons convenu, d'évaluer au niveau de ce pôle les facteurs suivant :

La faculté d'intelligence, évaluée par la mesure du Quotient Intellectuel, grâce à deux outils : l'Echelle de Wechsler VI [6] et Les cubes de KOHS. [7]

L'estime de soi, sentiment profond qu'un individu a de lui-même. [8] Se définit également comme un ensemble d'attitudes et d'opinions que les individus mettent en jeu dans leurs rapports avec le monde extérieur [9]. Elle témoigne d'une certaine maturité psychique de l'enfant, *« le seul facteur qui influencerait fortement l'estime de soi de l'enfant étant la qualité de sa relation avec ses parents »* [10]. De ce fait, ce facteur individuel nous a paru indispensable à évaluer de par son importance dans le processus de résilience. Nous avons fait appel à un test spécifique à cette mesure c'est l'inventaire de Coopersmith.

Les compétences sociales, selon un article de Jean-Marc Dutrénit sur l'Evaluation de la compétence sociale à l'usager: *«…capacité d'établir des relations de réciprocité positive avec ses partenaires»*[11], Hormis cette capacité communicationnelle, R. Pry et ses Coll. (1996), la décrivent aussi comme : *«Capacité ou habileté*

sociocognitives que l'individu manifeste dans son comportement qui lui fournissent tout à la fois une certaine connaissance de la situation et le pouvoir d'agir sur elle.» [12]. Et c'est à travers l'observation directe de l'enfant dans son milieu scolaire et grâce à une grille d'observation préconçue (inspirée des travaux d'Emelie Chanoni et Denis Jacquet[13]) que nous avons pu déterminer le types de compétences sociales de l'enfant. Les entretiens semi-directifs avec son entourage (famille, instituteurs) ont permis aussi à l'évaluation de cet aspect.

1.2 Le pôle familial

Sur le plan familial, la nature du thème de l'étude exige d'elle-même les différents aspects à évaluer. Il apparait de ce fait évident que l'on explore les aspects suivants :

Le type d'attachement de l'enfant, la nature de ces liens d'attachement aurait une importance déterminante dans la constitution de la personnalité, d'après qu'ils soient sécures ou non-sécures. L'évaluation des représentations d'attachement a été effectuée à travers les narratifs d'enfant par le codage des comptes à compléter de R. Miljkovitch et al. [14]. Nous avons également pris en considération les données issues de l'analyse du dessin de la famille.

Les tuteurs de résilience, définit par M. Delage [15] : *« sont donc tout naturellement constitués d'abord par les autres de la famille, ceux avec qui l'individu qui vient de subir une agression psychique est dans un lien affectif fort...»,* ceci représenterait les personnes qui soutiennent (intentionnellement ou d'une façon non-intentionnelle) l'individu en situation adverse pour leur permettre de rebondir et reprendre le cours normal de leur vie. Nous avons, à ce titre, examiné la nature des relations familiales (en utilisant le dessin de la famille et les entretiens), entre l'enfant et chacun des membres, pour à la fois rechercher un membre potentiel pouvant devenir un tuteur de résilience pour l'enfant.

1.3 Le pôle extra-familial (ou microsocial)

Le Soutien social, définit par Lin et al. cité par N. Michaëlis [16], est : *«le soutien accessible pour un sujet à travers les liens sociaux avec d'autres sujets, avec des groupes et l'ensemble de la communauté »,* il est déterminé ainsi par le soutien que peut apporter l'entourage de l'individu à celui-ci qu'il soit une personne, offrant une relation d'aide et de support. Nous avons retenus ce facteur comme étant l'un des plus importants aspects microsociaux qui puissent intervenir pour aider l'enfant orphelin à devenir résilient.

Les Représentations sociales, permettent de découvrir ce qu'un groupe social partage comme idées, croyances, traditions, valeurs, opinions, propres à un objet déterminé, et qui influenceraient, leurs attitudes, comportements, conduites et prises de position envers lui[17]. Notre but étant de connaitre les représentations sociales des sujets faisant partie de l'entourage proche (les proches de l'enfant étant : les membres adultes de la famille de l'enfant, tout le personnel de l'école que l'enfant fréquente) des cas étudiés sur « l'orphelin de mère », pour comprendre le regard porté envers cette catégorie d'enfants. Grâce à deux méthodes préconisées dans l'étude des représentations : l'évocation hiérarchisée et le questionnaire de caractérisation.

Nous justifions le choix du présent protocole évaluatif par la diversité des facteurs personnels et environnementaux contribuant à rendre l'orphelin de mère un sujet résilient, et que nous voulons déterminer. Pour réaliser cette étude, et puisque nous ne pouvions étudier tous les orphelins de mère scolarisés dans les écoles de la wilaya de Skikda (484 établissements) dans la période prévue pour cela, nous nous sommes restreint d'étudier des cas présents dans seulement quelques-unes des écoles (ceux qui ont accepté à coopérer). Les enfants qui ont été sélectionnés pour cette étude, selon les critères précisés précédemment, fréquentent différentes écoles dans la wilaya de Skikda sont au nombre de sept (quatre filles et trois garçons), leur âge varie entre 6 et 11 ans, ayant perdu leur mère depuis un an au moins. (*Tab. n° 1*)

Tab. n° 1 : Répartition des enfants selon leur âge, leur Sexe, leur école, leur niveau scolaire, leur âge à la mort de la mère, la durée depuis le décès maternel et les circonstances du décès materne

Prénom	Age	Sexe	Niveau scolaire	Age à la mort de la mère	Durée depuis le décès maternel	Circonstances du décès maternel
Sonia	07ans et 03 mois	Féminin	2ème Année	16 jours	Plus de 07 ans	Pendant les s/couches Thrombophlébites
Wahid	11 ans et 10mois	Masculin	4ème Année	07 ans	Plus de 04 ans	Cancer du sein
Rassim	9 ans et 01mois	Masculin	4ème Année	07 ans	Plus de 02 ans	Cancer du sein
Hichem	10 ans et 05 mois	Masculin	4ème Année	06 ans	Plus de 04 ans	Cancer
Férial	07ans et 02mois	Féminin	2ème Année	03 ans	Plus de 04 ans	Cancer
Ghalia	06 ans et 01mois	Féminin	1ère Année	Plus 05 ans	01 an	Asthme grave
Basma	07 ans et 08mois	Féminin	2ème Année	Presque 07 ans	Presque 02 ans	Asthme grave

Résultats de l'étude

Les résultats obtenus ont permis de savoir qu'effectivement, il y'auraient chez les cas étudiés, des facteurs psychosociaux pouvant influencer leur processus de résilience. Cependant, les aspects explorés à travers cette étude, ne s'impliquent pas tous, dans ce processus. Un enfant orphelin de mère résilient, serait intelligent, aurait une estime de Soi positive mais ne serait pas toujours socialement compétent. Il aurait systématiquement un attachement de type sécure et aurait au moins dans son entourage une personne pouvant être son tuteurs de résilience. Il bénéficierait d'un soutien social et évoluerait dans un environnement où les individus influencés par leurs représentations sociales interagiraient adéquatement et positivement avec lui.

Par ailleurs, et pour apporter de plus amples clarifications, nous voulons attirer l'attention vers la variabilité des résultats obtenus à partir de l'exploration des différents pôles selon l'influence des facteurs étudiés (*Tab. n° 2*). Ceux-ci, n'étant pas toujours impliqués, même chez des sujets jugés résilients (les compétences sociales), ils étaient quelques fois également, mis en cause chez des sujets jugés non résilients (l'intelligence, l'estime de Soi et les compétences sociales). Cette constatation n'a pas concernée tous les facteurs psychosociaux au niveau des trois différents pôles, il se trouve qu'uniquement sur le pôle individuel, nous n'avons pas pu vérifier toutes les hypothèses correspondantes.

Ainsi nous pouvons en déduire qu'ils y'auraient plus de facteurs impliqués dans le phénomène de résilience, au niveau du pôle familial et du pôle extrafamilial (ou microsocial) qu'au niveau individuel. Ceci irait plutôt en faveur de l'importance accrue, et du rôle indispensable que revêt l'apport de l'environnement familial et microsocial à la mise en œuvre du processus de résilience chez l'orphelin de mère.

Nous pouvons ainsi dégager les facteurs psychosociaux qui seraient plus « significatifs » que d'autre dans l'apparition du phénomène de résilience :

Le type d'attachement sécure chez l'enfant orphelin de mère, serait un facteur important s'impliquant dans sa résilience ;

La présence de tuteurs de résilience dans l'environnement proche de l'enfant orphelin de mère, serait également un facteur important dans sa résilience;

Le soutien social de l'enfant orphelin de mère, semble aussi contribuer à sa résilience.

Nous remarquons ici, que tous ses facteurs relèvent d'une relation d'échange avec l'environnement (qu'il soit familial ou extrafamilial) et non d'une faculté propre à l'enfant. C'est dire l'importance que revêt l'interaction sociale de l'enfant avec son entourage proche.

La résilience ne reposerait donc pas uniquement, sur des capacités individuelles propres à l'enfant, mais elle serait favorisée par des facteurs environnementaux les rendant plus effectifs dans la problématique résiliente.

Toutefois il faut avoir à l'esprit que, la présence de ces facteurs psychosociaux, n'impliquerait pas automatiquement un processus de résilience, nous pensons, qu'il faut admettre que la prise en compte de chaque facteur individuellement ne serait pas judicieuse et qu'il faudrait plutôt s'engager dans une perspective de dynamique résiliente qui serait une résultante de l'interaction de plusieurs facteurs émanant de différents pôles chez le même enfant.

Tab. n° 2 : Les facteurs psychosociaux de résilience

	Sonia	Wahid	Rassim	Hichem	Férial	Ghalia	Basma
La faculté intellectuelle	Intelligence Normale (QI ≥ 70)	Intelligence Faible (QI ≤ 70)	Intelligence Normale (QI ≥ 70)	Intelligence Normale (QI ≥ 70)	Intelligence très Faible QI≤70)	Intelligence Normale (QI ≥ 70)	Intelligence Normale (QI ≥ 70)
L'estime de soi	Estime de Soi Positive	Estime de Soi Négative	Estime de Soi Positive	Estime de Soi Positive	Estime de Soi Négative	Estime de Soi Positive	Estime de Soi Positive
Les compétences sociales	Compétences sociales moyennes	Bonnes compétences sociales	Bonnes compétences sociales	Faibles compétences sociales	Bonnes compétences sociales	Faibles compétences sociales	Bonnes compétences sociales
Les liens précoces d'attachement mère-enfant	Attachement Sécure	Attachement insécure évitant	Attachement Sécure	Attachement insécure désorganisé	Attachement insécure désorganisé	Attachement Sécure	Attachement Sécure
La présence de tuteurs de résilience	Présence de deux tuteurs de résilience	Absence de tuteurs de résilience	Présence de trois tuteurs de résilience	Absence de tuteurs de résilience	Absence de tuteurs de résilience	Présence de deux tuteurs de résilience	Présence d'un tuteur de résilience
Le soutien social	Soutien de la famille adoptive étendue	Pas de relations d'aide ou de soutien	Soutien des pairs et de l'institutrice	Pas de relations d'aide ou de soutien	Pas de relations d'aide ou de soutien	Soutien de l'institutrice	Soutien de l'institutrice

Conclusion

A travers l'exploration de ces différents aspects, propres à l'enfant et à son environnement proche, nous avons pu découvrir l'éventuelle relation d'interdépendance entre certains facteurs et le processus de résilience. Cependant, il apparait que la présence d'un seul d'entre eux n'induit par automatiquement une dynamique de résilience. C'est donc l'interaction de plusieurs facteurs chez le même individu qui pourrait lui permettre d'être résilient. Notons également la diversité dans le degré d'implication des facteurs étudiés chez chacun des orphelins, ce qui nous amène à nous demander si ce serait possible réellement, de dresser un profil commun pour tout enfant résilient ayant perdu sa mère. Cela pourrait être vérifié ultérieurement à travers des études traitant des thèmes similaires avec un échantillon représentatif, pouvant être généralisé.

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Peculiarities of value systems of candidate adoptive parents

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Abstract

The aim of the study was to reveal the peculiarities of value systems of persons who decided to adopt a child. 70 candidate adoptive parents aged from 21 to 57 (M=36) - 43 women and 27 men – took part in the study. The KVS-3 Questionnaire (part 1) by D. Kashirsky was employed.

The results showed that the most significant values for Russian persons at the time of the decision on adoption of a child are responsibility for themselves and close people, and life harmony, less significant are freedom, independence, enjoying the beauty. The candidates' judgments in assessing the values of love, family life and responsibilities were characterized with categoricalness and may be considered as a risk factor for future adoptive family and, therefore, should be considered by support services for adoptive families starting from the stage of work with candidates in foster parents.

Keywords: value system, candidate adoptive parents

Introduction

Recent years were marked with increase in number of adoptive families in Russia. Research on peculiarities of personality of people who choose to become an adoptive parent and their subjective values, in particular are of interest to psychologists because they allow to open the content side of the personality orientation of this category of people and thus to answer the question about what is important to them, what they tend to prefer to life. The question of personality orientation, according to S. Rubinstein [4], is one of the key in the description of a personality, but it should be noted that this aspect of the analysis of the psychological characteristics of the candidate adoptive parents, unfortunately, did not act as an independent subject of study in contemporary Russian psychology. The aim of our study was to identify the subjective value preferences, which determine the decision to become an adoptive parent.

Methodology

1.1 Subjects

70 candidate adoptive parents aged 21-57 (M = 36), who attended special program for candidate adoptive parents on the basis of the center of psycho-pedagogical support of adoptive families, participated in the study, 43 women and 27 men were among them.

1.2 Measures and procedure

The technique of KVS-3, Part 1, "The significance of spheres of life" (D. Kashirsky), which reveals the particular value orientations of the subject was employed. Respondents was presented a list of 25 areas of life that needed to evaluate a 9-point likert scale. The scale has a high sensitivity and allows to differentiate the shades of meaning attributed to each sphere of life, from its rejection or indifferent attitude to it to acceptance as the most significant.

Results and discussion

The study showed that the most important area of life for candidate adoptive parents are: health (M=6.26), family (M=6.43), love (M=6.54), responsibility (M=5.54), harmonious life (M=5.18), less significant among them are: high social status (M=2.10), belief in God (M=2.94), a pleasant pastime, recreation (M=2.71).

For better undestanding of the results it is necessary to compare the value preferences of candidate adoptive parents with the data obtained on the other ("normal", "normative", "average") sample of respondents of the same age, education level and social status. So, our previous studies indicate that adults (n=61), who were not candidate adopted parents and have no experience of adoption, mentioned the same three most important for them spheres of life: health (M=6.19), family (M=6.07) and love (M=6.06). Similarities between "normative" and "experimental" samples consern lower portions of the compared value hierarchies as well. In the group of "average" adults high social status (M=2.34), belief in God (M=3.29) and a pleasant pastime (M=3.31) also have little significance. At the same time the ratings of values such as harmonious life (M=4.72) and responsibility (M=4.59) have lower priority in the "normative" group, but more important for adults who have expressed a desire to adopt a child.

Quantitative analysis of the results allowed to reveal statistically significant differences between the compared samples. Thus , the family ($U=1571.5$, $z=2.37$, $p\leq.017$), love ($U=1560.5$, $z=2.65$, $p\leq.008$), stability and order ($U=1541.5$, $z=2.51$, $p\leq.012$), as well as responsibility ($U=1307.5$, $z=3.82$, $p\leq.0001$) and harmonious life ($U=1728.5$, $z=1.63$, $p\leq.10$), are more important for candidates in foster parents than for the control group. Searching for and enjoying fine ($U=1570$, $z=2.49$, $p\leq.012$), the recognition and respect of the people ($U=1690,5$, $z=2.05$, $p\leq.04$) and freedom as independence in the behavior and actions ($U=1607.5$, $z=2.43$, $p\leq.014$) have higher ratings in the control group.

Taking into account the results of quantitative and qualitative analysis, it can be concluded that a particular feature of value preferences of adoptive parents is a more pronounced focus on a harmonious life and the value of responsibility; health, love and family values are at the invariant set of value orientations that characterize not only investigated group, but an average adult as well. At the same time it should be noted that, according to statistical analysis, the orientation of the candidates in foster parents on the value of love and family relationships is more pronounced than in the normative group too. Freedom and enjoying fine are of less priority for candidate adoptive parents, compared with the normal sample. So, the value-profile of candidate adoptive parents is quite common for this category of people and can be explained by being at important stage of self-determination, taking on the new role of an adoptive parent. These circumstances explain accentuation of values of love, responsibility, family relations and less pronounced focus on personal values of freedom, independence and aesthetic values of candidate adoptive parents.

In E. Kuftyak's study of the socio- psychological characteristics of adoptive parents in a situation of refusal from an adopted child it was found that one of the risk factors for adoptive family functioning are "idealized and stereotyped ideas about family life in the system values" [3]. The results obtained in our study are in accordance with findings of Kuftyak research – it also revealed more pronounced categorical judgments of candidate adoptive parents in comparison with the control group, resulting in a large number of extremely high scores on values of love, responsibility and family in a sample of potential adopters. It should be also noted that according to our previous research very categorical judgments of candidate adoptive parents are typical not only for the value priorities [5].

So, it is possible to assume that most of candidate adoptive parents experience an increasing importance of altruistic values (e.g. responsibility for family members) and a declining importance of the "ego – needs" (freedom, independence, enjoying fine), and that they idealize a child they are going to adopt. It can be assumed that taking a child from foster care to the family creates a conflict of values ("ideal - a real") in the minds of adoptive parents, which can lead to a more realistic view of family, parenting and the child himself. Otherwise it can lead to child's return to the foster care. Thus the mentioned peculiarity may be considered as a risk factor for future adoptive family and therefore should be considered by the support services for adoptive parents .

Conclusion

So, the empirical study of subjective values of candidate adoptive parents revealed the more important values for this category of people they are responsibility and life harmony. This means that it is especially important for the candidate adoptive parents to be responsible for themselves and for the loved ones, to comply with moral norms and principles , exercise self-control behavior, to predict the possible consequences of their actions and to be responsible for them. It is very important for the candidates to be in harmony with the world and nature, with themselves and others, to maintain a balance between work and leisure, family and career. This finding suggests a higher personal maturity of the candidate adoptive parents in comparison with the most of adult population. It is also possible that the adoption of the child's family just acts as objectifying needs of this category of people in the inner and outer harmony.

The study revealed an increase in the importance of altruistic values (family, love of family and the responsibility for them) and a decline of importance of the "ego - needs' (freedom, independence, enjoying fine) idealization of an adopted child in candidate adopted parents.

Candidate adoptive parents experience a conflict of values ("ideal - a real"), which may become a risk factor for adoptive family as well as their categorical judgments in assessing the values of love, family life and responsibilities.

Thus, the study found out the peculiarities of value orientations of the candidate adoptive parents, useful for deeper understanding of psychological characteristics of the person at an important stage of self-determination.

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Resilient lives and autobiographical suggestions italian national training process in the field of intercountry adoption

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Abstract

This report will consider the intertwining between two virtuous factors. On one hand, the multi-factorial and interdisciplinary approach that increasingly characterizes the concept of resilience today.

On the other hand the contributions of autobiographical method that enhances the history of the individual in the family and in different contexts where they belong, contributing to the spread of the 'narrative turn' in society and emphasizing the value of writing.

The area will be referred to the training for inter-country adoptions in Italy, active continuously since 2001, and we will try to find a shared area between resilient lives and autobiographical suggestions, that tell us about the person but at the same time helps us to understand the society that surrounds it.

Keywords: autobiography, resilience, writing, international adoptions, narratives.

Introduction. about adoptions, resilience and autobiography

"A scarecrow tries not to think about. It's too painful to build an inner world full of atrocious performances. You will suffer less when you have wood in place of the heart and straw under the hat.

Is enough, however, that a scarecrow encounters a man alive that infuse a soul, because it is, again, tempted by the pain of living. (...) Then, the scarecrow begins to speak again and sometimes even write his own autobiographical chimera. "[1]

The identification of a plural class defined by Boris Cyrulnik of 'hidden children', which opens in-depth analysis of the world of adoption as non-traumatic factor, represents the starting point of a reflection characterized, as much as possible, by interdisciplinary.

The subject of resilience, or better the resilient lives, is extremely important for the world of adoptions and, particularly, for inter-country adoptions. Cyrulnik confirms this approach when he says: "The adoption is not a trauma: indeed, it is a meeting that allows evolution resilient."[1]

On the other hand, the autobiographical suggestions, always present in the adoptive paths, are spreading in a growing number of contexts, which apply an autobiographical approach (Among the various significant initiatives on this subject that have been made throughout the country: -the project of Adoption Center of ASL Province Milan 1 on the value of the adoptive tell stories ("Once Upon a Time" - Seminar on 22 October 2008);

-the regional project of Regione Piemonte-ARAI "Tale of me: the value of the narrative between parents and adopted children,"), [2] oriented to the construction of a proper autobiographical method. The confirmation of the possibility that adoptive experience could usefully contribute to implementation of the autobiographical method comes from the most national autobiography expert and a leading expert at the European level, Duccio Demetrio. Demetrio, in his speech to the European Conference in 2010, (Commission for intercountry adoptioni, Resilience and autobiographical approach in intercountry adoptions', Florence, 8-9 june 2010.) identifies the adoption as autobiographical transition and, in this regard specific that: "...the representation of the adoptive event, can better be defined thanks to narrative attentions, or better, narratological, since adoption, and not only that, it is a story generating life stories to meet, re-examine, re-organize and forget too."[3]

Focused on adoption: writing, autobiography, resilience.

Comparison with our own adoptive history begins in the early days, of course, but it does not end with the attainment of adulthood. Adulthood involves, as also indicates Marco Chistolini, a re-signification of its own adoptive history gaining greater self-awareness, particularly with respect to their origins[4].

The search for information on the origins, for some years the center of attention in Italy (In addition to the recent specialized training conducted by the Commission for inter-country adoption in 2012, entitled "Access to informations on the origins in international adoptions. Legal, psycho-social and relational.", deserves to be mentioned the most recent book of the Instituto degli Innocenti cf [5])., and the subject of recent significant legal rulings, makes it possible to take action on the part of the adopted person inquiring about his past and possibly establish a contact with the biological parents. In Italy, there are very few people active in this kind of search but the possibility of being able to start has to be consider a resilience factor.(See the recent ruling of the Constitutional Court, judgment of 22 November 18, 2013, n. 278 declaring the unconstitutionality of article 28, paragraph 7, of the Law of 4 May 1983, no. 184, in the part that does not allow the court to consult again the mother who has refused to recognize the child, even many years after.)

The autobiography, on the other hand, is considered to be an experience of re-identification, and Demetrio tells us, "The autobiographical writing is nothing more than the re-writing of our history; it goes back into the scene, we again becomes, somehow, protagonists and characters of our life, we are back into the game as if you go up on a stage."[6]

The autobiographical writing is considered a real tool to be used in the field of adoption, however, not only with adults.[7] The autobiographical writing is also considered a clinical tool in an autobiographical perspective but different from clinical therapeutic perspective.[8]

Adoption is generating multiple autobiographical stories, but they are just the different possibilities of writing that Demetrio enhances saying: "There is always something more in a script."[3]. Firstly, writing is a valuable opportunity for the author to find himself considering explicit and implicit areas dictated by the unconscious. Second, are those who have responsibilities for education, parenting, guidance or treatment that can identify more signs of comfort or discomfort of the narrator: the motivation to writing, or running away from this, allow a better understanding of the levels of self-consideration expressed by the adopted person.

If we consider the writing a sort of additional adoptive parent, we can define an experience in itself potentially 'resilient', which helps us to resist the wounds of life.

Demetrio, recognizing the central importance of the contribution of Cyrulnik about adoption as a possibility of a resilient evolution, underlines that writing can facilitate the emergence of an 'internal biographer' adoptee. The internal biographer, in fact, may be central for the mental health of the adoptive person because places themselves at the center as a major character of the story, one 'scribe' in the service of its author. This specific factor,-characterized at the same time by storytelling and writing- is not resilient only because it makes the person self-sufficient. Becomes central because it amplifies the role of the 'facilitator of storytelling' (which could be defined as 'external biographer'), whether the parent as a co-goer of everyday life of the adoptee, is also the operator that assists and supports its growth path.

However, the author that has been adopted and that writes about himself trying to observe better provides the best narrative synthesis that can help understand the close interconnection between the various factors stated. Here is what Daniele Callini tells us in his book entitled "44 steps"[9]:

"The rigor and method I've learned from Dad Franco. (...) The speed and instinct decision-making are a resource of Mamma Cristina (adoptive parents). (...) I have no doubt in saying that I have assimilated the courage of my mother. Moreover required enormous courage to give birth to a child that you do not want or are not able to keep. The tenacity, strength and endurance, I think I have received them from my natural father. Even if I do not know who he is, I feel that these resources are a gift from him."[10] A summary 'masterful', certainly resilient.

Resilience and training of operators for intercountry adoptions

"A good education for resilience requires the establishment of programs and projects that facilitate the child, in his family and in the community, building solidarity networks and the opening of a space capable of facilitating a positive development. The prospect of integration between the various professional underlies the assumption that considers the whole person, and not parceled depending on the context or the historical moment in which it appears."[11]

This passage taken from the introduction to the volume cited, edited by Cyrulnik and Malaguti, can significantly represent at least two of the cornerstones of the training activities for inter-country adoptions made in the last 15 years in Italy by the Commission for inter-country adoptions in collaboration with the Instituto degli Innocenti in Florence.

On one hand, the formation made in favor of the operators involved in international adoptions in Italy- from 200 to 300 for each year- has always sought to combine the best reading of the changing environment and tools that can be used with an enhancement of ' natural powers' of the prospective adoptive couples, adoptive parents and adopted children of the same.

As it says Franca Olivetti Manoukian: "Everyone who lives and coexists in a social context is called to share the guidelines which this discomfort should be addressed with. Operators are more competent than others simply because they have available elements of knowledge and experience to identify and to guide how to treat the discomfort."[12]

The perspective of empowerment, connected not only to the professional aspects but also to those educational parenting, has transversely concern dozens of topics in-depth over the years. By intercultural aspects to the specific teen, by the scholastic inclusion in the post-adoption - where ample space is given to the possible interpretations of the 'new development resilient' theorized by Cyrulnik[13] -to the adoptive sib ships, by professional and self-help groups to the assessment of the couple and special needs, just to name a few. Regarding assessment of the couples -to give just one example, very significant and in line with other European studies-[14] it was possible to deepen the evolution from a predominantly evaluative approach to an accompanying perspective during the entire adoption process.

On the other hand, the reference to the integration between the different professions has always been a leitmotif of in-depth training, characterized as inter-professional training (psychologists, social workers, judges, the three most consistent professionalism), but also interdisciplinary (psychological, social, anthropological and legal, the predominant contributions) and inter-organizational (teams adoptions of public services, the authorized agencies, the juvenile courts and prosecutor's offices, the organizations).

The effort of identification in the problems of the adoptive couple's perspective and adopted children, and the subsequent identification of additional factors to promote resilience was then even more significant during training experiences made in Eastern Europe in 2004-2005[15], and during joint training Brazil-Italy in 2009-2010.[16]

A further authoritative confirmation of the central inter-professional aspects in the world of adoptions comes also from two authors of the systemic approach that state: "... the more you support the training for all those people (judges, social workers, counselors) who approach the families 'dare to take', the more it contributes to social welfare."[17]

The European Conference of 2010 on adoptions and resilience, mentioned in the opening and already mentioned in the previous steps, has led to synthesis many other elements taken up in subsequent years. Along with the autobiographical suggestions already detailed, there was more and more often the centrality of the resilient lives that we would like to understand in order to better support the different contexts of growth of adopted children.

The multifactorial and interdisciplinary approach that characterizes resilience is becoming even more important in the considerations on the same occasion by Elena Malaguti. Malaguti has analyzed the process of resilience not only in reference to the individual but also to a group (family, community. .), that, in particular difficult moments, must be able to put in place resources to reorganize in a positive way his own path and life plan, according to an evolutionary approach.

Resilience is so spontaneous but requires stress to activate, becoming an opportunity for personal and social emancipation. There can be several theoretical models: cognitive-behavioral, medical, eco-systemic and clinical. Remains "a complex object that is by its nature not predictable, chaotic and does not meet the natural laws" that "does not work according to linear patterns but in a systemic and dynamic way," "as a function of the interactions and transitions occurring stable between a person in permanent development and its environment." (Malaguti, E., Research on resilience and prospects for inclusive education. Adoption and beyond, Abstract intervention at European Conference - Florence 8-9 June 2010.)

The *Lectio Magistralis* of Beràstegui Pedro-Viejo,[18] finally, starting from the studies and research on inter-country adoption in the European context, has made a significant contribution to deepening the three fundamental concepts of risk, resilience and recovery. Some authors have questioned whether the adoption itself may represent a 'risk factor' for the problems of adaptation implies for a child, already vulnerable to abandonment. [19] [20]

The research, however, –Berastegui stated- shows that adopted children often exhibit behavioral problems, cognitive, social and educational, to a greater extent than their peers not adopted, but if you compare them with their peers institutionalized or other living situations of hardship the comparison is reversed into opposite parameters. [21]

Facing the risks and trauma in childhood, we can highlight the significant differences between protection (when there is no harm in situations of risk), reversibility or recovery (recovers the normal path), resilience (with the resumption of development path that keeps track of the pain suffered) and executive functions (despite the problems, the child reaches a certain functionality in everyday life).

As specific insights, the three themes explored in the national training in the previous year - the school integration in the post-adoption, the adoption of sibling groups and the specificity of adolescents in adoption- were developed with a specific focus on resilience and autobiographical approach.

For a search of shared area

In conclusion, I would use a methodological cue usefully applied in the analysis of educational models to verify assonance and dissonance between 'education' and 'therapy'. There is no doubt, in fact, that there are characteristics of the specific scope of education and there are others definitely attributable to the therapeutic area.

It is also true that there is a common area where identified characteristics apply to both education and therapy. And yet, some other features and tools that have a priority in the educational effectiveness, sometimes favor therapeutic outcomes, while the reverse is true even when therapeutic interventions mainly involve non-negligible changes in education.

The intent is not so much to build long enumerations, but to keep in mind, on a qualitative level, that there is a resilient approach (section 3rd) and autobiographical approach (section 2nd). Both of these fields of study and research have led to a particularly close relationship with the practice, and it is the identification of specific target areas-in this case the adoptive context- that can help to operate in a limited area, and then compare between those different fields of intervention.

Alongside the adoptive area, for example, I will mark another possible area, the hospitality of residential boys and girls. An interesting reflection is the one developed by Andrea Canevaro on educating the resilience that weaves in various ways also autobiographical references.[22]

So here are some references to elements necessarily unsaturated and deepened, located in the shared area:

§ The EMPOWERMENT, like exploitation the potential of the individuals, certainly not out of context;

§ The SELF-EMPOWERMENT, which allows, getting the abstractness that is often translated the concept of empowerment, the expression of new desires, opinions and possibilities;

§ The NARRATION, as a tool that gives meaning to your path (for the construction of their own path in life, to the search for origins, for overcoming traumatic nodes, etc.).

§ The SINGLE CENTRALITY, such as re-centering on the individual (both the adopted child as well as the adoptive parent) in the network of relationships and social context (current membership and, possibly, of origin);

§ The SELF-TRAINING, like equidistant perspective between self-referentiality and dependency, 'vitality' factor, able to capture the support and advice you need.

I'll entrust the closing, in line with the spirit of this contribution, to an adoptive parent a bit special, Leo Ortolani, creator of Ratman, a well-known Italian comic book character, which describes a path adopted that last nearly a decade.

Ortolani says, describing the flight to Colombia to get to know the two girls Lucy and Johanna:

"And then I feel that I still do a lot of things that I did not just in time, I had to prepare myself better, that everything is going well suddenly, that 2001 was yesterday and you cannot do things so fast, I still need a bit 'of time, a month, a few days, it cannot happen now, not me, not so, do not ....

Passengers are requested to fasten their seat belts (...) We are landing at the airport in Cali."[24]

The effectiveness autobiographical-narrative interpreted in an ironic-resilient way.

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Early deprivation and behavioural adaptation in a sample of italian adopted adolescents

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Abstract

Introduction: Adoption is one of the major protective factors in the adjustment of children who lived experienced abandonment and institutionalization (Zeanah et al., 2009). Studying effects of early deprivation in adolescence is particularly useful, because adolescence is a critical period of development and because this period allows considering the effect of an enduring positive experience in the adoptive family. Moreover, parent's secure attachment representation can help repair early negative experiences, particularly considering their reflective function.

In this paper we will analyse the effect of adoption in relation to early deprivation in a sample of 28 Italian adolescents, adopted before the age of 6 and observed in adolescence (11-16 years). These results are part of an international research project (Pierrehumbert, 2009), collecting information on internationally adopted children.

Method: Early deprivation was rated from biographical informations provided by parents (age at adoption, changes in pre-adoptive care, period in institution, etc.) and from a retrospective form of the Disturbance of Attachment Interview (DAI)(Smyke. A. & Zeanah, 1999). Adolescence adaptation was rated by CBCL/YSR(Achenbach & Rescorla, 2001), filled by both parents and by adolescents. Measures of different aspect of parental caregiving representation, was derived from the Parent Development Interview (PDI)(Aber, Slade, Berger, Bresgi, & Kaplan, 1985), a semi-structured interview, exploring the parental representations of the ongoing relationship with their children, addressed to adoptive mothers and fathers separately. Each interview has been video-recorded, transcribed, and rated on a 4 point scale. Through correlation, we analyzed the relationship between early deprivation and adaptation in adolescence, considering the effect of parental attachment measures. We hypothesized that risk factors in pre-adoptive experience negatively correlate with adolescent's adaptation rated by CBCL/YSR, and that parental positive caregiving representation, particularly parental competence, could moderate this relationship.

Results and conclusions: Contrarily to our preliminary hypotheses, the level of pre-adoption risk was not associated with the behavioral adjustment in adolescence. This could be due to the protective effect of living for a number of years in a supporting adoptive family. With respect to the caregiving characteristics, our results are less encouraging: apparently, maternal competence does not influences adolescent's adjustment, and only the relationships between actual difficult experiences are evident. Further research could help disentangle the influence of different variables affecting adopted adolescents' behavior adaptation.

Keywords: adoption; adolescence; behavioural problems; Parent Development Interview; Disturbances of Attachment Interview; CBCL; YSR

Introduction

Adoption is one of the major protective factors for the recovery and adjustment outcome of children who previously experienced abandonment and institutionalization [1].

Age at adoption and the experience of institutionalization have been largely considered as risk factors for the adoptee's later adjustment [2, 3, 4]. Since the interest towards adoptive sample comes from the experience of attachment disruptions lived by these children, it is also important to test whether multiple changes in caregiving could affect the adolescence adjustment [5].

David Brodzinsky, one of the most important American experts in the psychology of adoption, considers family relationships as the most important background factors in the adopted child's adjustment [6]. Through continuous reiteration over time, the offering of a new and positive relational model can play a significant role on the change of the child's attachment representation [7] . It is within the context of sensitive,

thoughtful and reflective relationships with their caregivers that adoptive children learn to feel safe, to explore, to make sense, and to grow [8].

Studying the effects of early deprivation in adolescence is particularly useful, because adolescence is a critical period of development and because this period allows considering the effect of an enduring positive experience in the adoptive family. Indeed, adolescence represents a critical period for adopted children. In addition to the typical issues faced by every individual in this period of life, the variety of physical and cognitive changes of adolescence implies, among adoptees, the development of concerns about identity issues such as who they are, where they come from and what they will become [9]. Literature has also shown that adoptees, in the urgency of developing a stable identity, tend to face the typical adolescence issues before their non-adoptive peers [10]. Thus, among adoptees the possible difficulties linked to this period of life may occur even before entering the teen-ages.

In this perspective, our research will analyse the effect of adoption in relation to early deprivation in a sample of 28 Italian adolescents (11-16 years), adopted before the age of 6. These results are part of an international research project [11], collecting information on internationally adopted children.

We hypothesized that risk factors in pre-adoptive experience negatively correlate, and that time spent in the adoptive family positive correlate, with CBCL/YSR adolescent's adaptation. Moreover, we explored the relationship between parental characteristics and adolescent's adaptation.

Method

1.1 Procedure

The sample recruitment was carried out through social services and agencies for international adoption. Eligibility criteria were to be 10 to 16 years old at assessment and to have been adopted internationally (between birth and 9 years of age). Informed consents were given to both parents and adolescent before collecting the data.

1.2 Sample

Participants include a total of 27 adolescents (51.9 boys) and their adoptive parents. The adolescents' average age at assessment was 13 years old (SD=2 years). They had been adopted internationally from various geographical areas (52% from Asia, 22% from South America, 19% from Eastern Europe and 7% from Africa). Parents chose to adopt mostly because of infertility (82%). At placement, adolescents were 13 years old (SD=2 years). With respect to siblings, 14.8% are only children, whereas the remaining adolescents have one or more siblings (biological siblings, biological children of the adoptive parents -18.5%-, and adopted as well) (see Table 1).

Table 1 Sample (N=27)

	M	DS	Range	N	%
Girls				13	48%
Age	13	2	10-16		
Age at adoption (months)	44	31	1-111		
Adopted for infertility					81,5%
Siblings					85,2%
Years spent within the adoptive family	10	3	3-16		

1.3 Measures

Early deprivation was rated through biographical informations provided by parents (age at adoption, changes in pre-adoptive care, institutionalization, etc.) and through a retrospective form of the Disturbance of Attachment Interview (DAI) [12]. Adolescence adaptation was rated by both parents and their adolescents through CBCL/YSR [13]. Scores for parent's attitude were derived from the Parent Development Interview (PDI) [14], a semi-structured interview exploring the parental representations of the ongoing relationship with their children, addressed to adoptive mothers and fathers separately. Each interview has been video-recorded, transcribed, and rated on a 4 point scale. On the basis of PDI, 5 scales have been created in order to synthetize the numerous informations present in the interviews. To this purpose, items were chosen both on a theoretical basis and looking at their correlations. Thus, their internal consistency was controlled through Cronbach's alphas (>.70, see Table 2).

Table 2 PDI Scales

	Scale composition	Cronbach's alpha
Parental capacity	6 items (Coherence; Richness of perceptions; Reflective functioning; Parental competence; Level of child focus; Attachment awareness and promotion)	.922
Positive parental experience	2 items (Joy/pleasure; Warmth)	.867
Negative parental experience	3 item (Anger degree; Disappointment/despair; Hostility)	.883
Child's positive description	2 items (Child happiness; Child affectionate)	.735
Child's negative description	2 items (Child aggression/anger; Child controlling/manipulating)	.760

1.4 Data Analyses

First, descriptive analysis of risk factors and different informant adolescent's adaptation were performed. Through correlation we analyzed the relationship between early deprivation and adaptation in adolescence, considering the length of the adoptive experience and of parental experience and competence. Due to the ordinal level of some variables, in order to compare dichotomous risk groups, we used non-parametric exact tests (Mann-Whitney Exact Test, Montecarlo Method).

Results

1.1 Descriptive analyses

1.1.1 Pre-adoption risk factors

Age at placement is very heterogeneous in our sample (M=4 years old; SD=3). 85% of the adoptees had experienced institutionalization, at least for a few months. It is hard to control for the number of changes in caregiving, but we can state that they range between one and three.

With respect to the level of attachment disturbance during the first year of placement, 21 families (10% of fathers and 90% of mothers) answered the retrospective form of DAI. At placement, the average score of attachment disturbances is 7.4 (SD=3.2) whereas one year later the same scores decreases to 2.3 (SD=2.3) (see Table 3).

Table 3 Pre-adoptive experience

	M	DS	Range	N	%
Pre-adoptive care					
- Biological family					25,9%
- Foster-care					22,2%
- Institution					85,2%
- Placements			1-3		
DAI					
- At placement	7.4	3.2			
- After 1 years	2.3	2.3			

1.1.2 Behavioral adjustment

Data on adolescent's adjustment, rated bay self-report (YSR) and parent-report (CBCL, filled by mothers) are reported in Table 4, both for the total sample and for boys and girls separately. Internalizing scores are significantly higher for girls, as underlined also on normative samples. On average, behavioral problems in our sample are similar to those observed in a cross-country comparison on adopted adolescents [15].

Table 4 Behavioral problems scores: self- and parental-reported

		Our sample				Roskam et al., *in preparation*			
Problem scale	Max score	YSR (*N* = 25)		CBCL (*N* = 24)		YSR (*N* = 309)		CBCL (*N* = 309)	
		M	SD	M	SD	M	SD	M	SD
Internalizing	62	13,88	10,94	11,38	8,45				
Boys		**7,77***	6,21	10.18	8.07	10.44	10.32	9.69	9.60
Girls		**20,50***	11,27	12.38	0,96	11.78	9.30	8.54	8.24
Externalizing	64	11,48	9,43	7,50	8,08				
Boys		12,08	11,98	8,73	10,84	13.46	8.86	12.21	11.31
Girls		10,83	6,07	6,43	4,98	12.56	8.94	8.76	8.68
Total	210	45,52	24,56	30,92	22,58				
Boys		37,15	24,16	31,64	24,83				
Girls		54,58	22,52	30,31	21,88				

(*) Mann-Whitney Exact Test, Monte Carlo Method, p < .005 (Two tails)

1.1.3 Parental representations

In Table 5 the average scores for the 5 major scales derived from mothers' interviews are reported.

Table 5 Mothers' PDI principal scores (N = 27)

	Range	Mean	SD
Parental capacity	6-24	16.26	4.39
Positive parental experience	2-8	5.74	2.30
Negative parental experience	3-12	5.33	1.98
Child's positive description	2-8	5.19	1.73
Child's negative description	2-8	3.81	1.52

Parental capacity highlights aspects linked to parental attachment, investment in the parenthood, coping strategies and sensitivity towards the child. Parental experience and child description, both divided into positive and negative, respectively refers to the perception of the pleasure linked to the experience of being a parent, and to whether the parent describes the adoptee in a positive or negative way.

1.2 Risk factors and adjustment during adolescence

In order to highlight the effect of possible risk factors, correlations between variables concerning pre-adoptive experience and behavioral problems were run, but contrarily to our hypotheses, no significant results emerged (p> .05). Since possible differences could be found within adoptees who have experienced a higher amount of pre-adoptive distress, risk variables (institution, number of changes, age and level of attachment disturbances at placement) were recoded into dichotomous variables, considering their distribution within the sample (half subjects in the higher range and the other half in the lower range). By comparing them through the Mann-Whitney Exact test, a unique significant result emerged: adoptees who differed with respect to the DAI scores (high *versus* low presence of disturbances at placement), showed significantly different internalizing problems (see Table 6). Adoptees who scored higher on attachment disturbances, during adolescence manifest a higher level of internalizing problems, even when controlling for gender.

Table 6 Maternal-reported behavioral problems with respect to high/low DAI scores

		Internalizing *	Externalizing	Total
	N.	M (DS)	M (DS)	M (DS)
Lower score	9	6,67 (5.39)	5,44 (4,82)	20,11 (17,21)
Higher scores	10	14,60 (8,67)	10,20 (11.35)	39,60 (25,90)
Total	19	10,84 (8,19)	11,35 (8,94)	30,37 (23,81)

(*) Mann-Whitney Exact Test, Monte Carlo Method, p < .05 (Two tails)

On the contrary, having lived in an institution, having experienced multiple changes in caregiving, and having been adopted later does not influence, in our sample, the rate of behavioral problems in adolescence.

1.3 Parental competence and experience

Concerning the relationships between parental competence and experience, and adolescent's adjustment (see Table 7), we found a systematic effect of externalizing problems (both self- and maternal-reported) on negativity of child perception and parental experience.

Table 7 Parental caregiving representation and adolescent's adjustment

	YSR (N=25)			Mother's CBCL (N=24)		
Mother PDI Scales	Intern.	Extern.	Total	Intern.	Extern.	Total
Parental capacity	-,14	-,19	-,25	-.11	-.07	-.11
Positive parental experience	,01	-,36	-,26	- .22	- **.42 ***	- .35
Negative parental experience	-,17	**,50***	,24	. 02	. 23	. 19
Child's positive description	-,20	-,25	-,34	- .10	- .31	- .19
Child's negative description	-,30	**,56****	,19	-.07	**.47***	.23

Contrarily to our hypothesis, higher scores on parental capacity do not correspond to lower behavioral problems among adoptees. Parental experience is negatively associated with externalizing problems, and positively associated with child's negative description, meaning that adoptees who show higher externalizing problems have mothers who describe their parenthood experience as more negative and their child as more aggressive and controlling.

Discussion and conclusions

Our results are preliminary and descriptive, and our sample size is still limited. Nevertheless, we can highlight the absence of relationships between early risk factors and adjustment in adolescence. Indeed, contrarily to our preliminary hypotheses, the level of pre-adoption risk was not associated with the behavioral adjustment in adolescence in our sample. Only the high rate of attachment disturbances at placements seems to be correlated with a higher level of internalizing problems during adolescence. Since just a few studies analyzed the effect of pre-adoptive risks among adolescents, this unexpected result could be link to the reparatory value of having lived several years (on average 10) within the adoptive family. The daily and continuous experience in a good familiar environment could limit or even help canceling the role of negative experiences underlined by the adoption literature [7]. Nevertheless, this effect could be enhanced by a selection bias: even if we cannot control for the number of request sent by adoption agencies and services, we know that just a small percentage of families accepted to take part in our study, and these families could be the better adjusted.

Concerning the caregiving characteristics, our results are less encouraging: apparently, parental competence is not influencing adolescent adjustment, and in our sample only the relationships between difficult experiences (i.e. present and manifest, such as adolescents' externalizing problems) are evident. Deeper analyses will help better differentiate maternal and paternal role, individual profiles, and the interrelation between different risk and protective factors. For instance, analyzing in a longitudinal perspective each individual path will allow a deeper understanding of the time spent in the adoptive family.

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The resilience of adopted children in Romania

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Abstract

In his famous ERA (English Romanian Adoptions) study Michael Rutter and his team found a percent of about 25% of children adopted from Romania, from very bad conditions in institutions, as being resilient. Following this observations the concept of resilience was extended to include the genetic heritage as well as the cultural framework.

Our study is based on the evaluation of 56 adoptees within Romanian adoptive families. The evaluation of adopted children and adoptive families was done within a national research project on domestic adoption, FISAN (Factors which supports the success of adoption), funded by the Minister of Education in Romania, between 2008-2011.

The resilience is considerate within our study as being the equivalent of child's secure attachment toward his/her parent or another significant person.

The complex procedure of evaluation as well as the statistic work on the data will highlight the important emotional and social factors which support the resilience of the adopted children.

Keywords: resilience, adoption, adolescents, identification

Introduction

Within human development, the resilience is a fascinating topic. When adverse existential conditions expose at risk the development of the person, the resiliency is pushing a new bounce back and even is bringing new quality in development. The concept was developed in relation with 'invulnerable' and 'invincible' children thriving despite the scarce conditions for their life. In a classic longitudinal study [1] followed 505 individuals, from their birth, until their 40s, in the Island of Kauai, Hawaii. Despite the poverty and associated adversities faced during their life, a third of them developed in a healthy, resilient way.

[2] talks about having personal capacities which can contribute to resilient outcomes following stressful conditions as well as about resilience which is a 'dynamic' process in place only in relation to adverse conditions. Based on the large existing literature, the authors mentioned "two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process."[2].

Due to this definition to talk about the resilience of adopted children is just compulsory. The adoption of an abandoned child brings to the child traumatized by abandonment as well as by possible events before and following the abandonment a new chance for re-bounding. Adoption as a new chance is tightly connected with the resilience process of the adopted child. During the last years more and more professionals and researchers talked about interventions aimed to stimulate the resilience [3]. Even there are not yet very many voices to claim the resilience of the child as the goal of the adoption, the resilience of the child should be a pervasive objective of the child protection system in any country. Michael Rutter [4] and his team highlighted the resilience of Romanian children adopted in UK. His study is probably one of the most known in the literature focused on child's adoption. Following the Romanian children adopted from terrible traumatizing environment in institutions in Romania, 25% of those children, placed in adoptive families in UK, managed very well and found their way for a healthy development. They were resilient despite all the traumatic past conditions in their life.

The theoretic framework of our research

Our study is based on the evaluation of 56 adoptees within Romanian adoptive families. The evaluation of adopted children and adoptive families was done within a national research project on domestic adoption, FISAN (Factors which supports the success of adoption), funded by the Minister of Education in Romania, between 2008-2011.

We intend to explore here the resilience of 12 Romanian adopted children, aged 11-16. Despite the traumatizing early life these children could develop a secure attachment toward their adoptive parents. The secure attachment is the guarantee for mental health and for pervasive healthy development [5]. We do not identify the secure attachment with the resilience but we consider the secure attachment as being the sign of the child's resilience as well as assurance for further life's adversities. More than that, taking in account the cascade theory [6] we consider the secure attachment as a barrier of the aversive events cascade in the life of children who started their life unfortunately through a traumatic event: the abandonment.

Procedure

The 12 adopted teens were assessed and identified as having clearly secure attachment. The evaluation was done with Friends and Family Interview/FFI [7]. FFI is a semi structured interview assessing attachment representations in late childhood and adolescence. "The FFI holds significant research and clinical value in its unique approach to eliciting and systematically rating autobiographical narratives from an age group that has been notoriously difficult to assess from an attachment perspective."[8]. From the scientific point of view, a cross-country comparison on the invariance of FFI, focusing on the coherence in attachment narratives confirmed the validity of the coherence assessment with no difference between Romania and Belgium [9]. In our qualitative investigation we will try to identify within the narratives of the 12 adopted teens the aspects which reveal their resilience. Following the analysis done by [10] on the concept of resilience we will pick up for our investigations the common protective factors which she selected based on the work of [11], [12], [13], [14], [15], and [1].

These are:

(1) Positive relationship, (2) sense of personal worthiness, (3) believes in her or his self efficacy, (4) sense of humor and (5) high expectations.

In order to find the items above within the attachment narratives of the 12 adopted adolescents we focused on the following questions in FFI:

1. Who are the persons you are close to?
2. Tell me how you are?
3. What do you like about yourself?
4. How are you at school? Did you have recent examinations?
5. What are your three best desires for your future?

Beside these items we take in considerations some common aspects within the narratives of these securely attached adopted children.

We are working on our data using the qualitative discourse analysis method focused on the narratives of the respondents and based on the 5 relevant items mentioned above.

Results

In respect to '**positive relationship'** all these children in the sample here are securely attached. This means that they have at least one exceptional positive and healthy relationship with him or her attachment figure. We further investigated their positive relationship through the question: *Who are the persons you are close to?* The 12 adolescents mentioned first the mother but half of them mentioned also the father and the friends. Grandparents and siblings are also mentioned (3 times, grandparents; 2 times, sibling).

The **"sense of personal worthiness"** was mostly investigated through the question: *Tell me how you are?* or *What do you like about you ?* The respondents mentioned very different aspects considered as personal worthiness: the courage, the talent to learn new languages, the pleasure to learn mathematics, the interest for learning, the way of thinking and even "I like the way I look".

There are two answers more elaborated:

1. *I like my way of thinking which is a bit different comparing with my classmates… I am not interested on the things which are common interest among peers…*
2. *My qualities are connected. Being creative I need social relations. I cannot be creative without others. For instance I like to write and I write about people. What I like the best on me is my altruism.*

All 12 adolescents **"believe in her or his self efficacy**". The questions used to explore the self efficacy were: *How are you at school? Did you have recent examinations?* or even T*ell me about you?* All the respondents mentioned the good results in the school, insisting on different disciplines according with their interest. Two answers are relevant in this respect:

1. *Excepting the 5th form I was always the best in my class…yes, we had some examinations and I had good results and some of my classmates were jealous on me…but I ignore them and doesn't matter what they say I follow my dreams..and do what I want to do…*
2. *I can be shay sometimes…But I like to make acquaintance with new friends and I like to fight. If I have some problems or something I cannot do it I will work on that till I become good…*

The **sense of humor** is quite common within the sample of adolescents. As an answer to the question: *Tell me how you are…*, out of 12 respondents, 8 are explicitly mentioning:"*I like to laugh…"* Mostly this assertion is followed by the mentions of different significant persons within the child social environment: mom, the father or friends.

The **high expectations** item is explored through the question: *What are yours three best desires for your future?*

The answers have a large variety but all of them have the power to orientate the future development of the respondents. The 12 adolescents mentioned within their narratives the wish to continue attending the school despite the fact that to this precise question only 8 respondents were explicitly mentioning the school. The dreams of the children in our sample are always positives even they are more or less realistic. We give here two answers: when answer is formulated at general level;

1. *To be always beloved, to have what I need...I do not talk here about money…never to feel alone.*

The other one is more realistic in its expectations:

2. *To study and to become doctor. To have my job and to manage by myself and not to overload my mom…to have a dog.*

Discussions

Being a qualitative research the size of our sample is very convenient. The items found globally within the literature on resilience gave us a simple tool to work on the data. This is a superficial and easy way to demonstrate an idea which is common: the secure attached children are resilient. But the question raised through our analysis is connected with **the stability of attachment quality and the dynamic of resilience.** According with our results we can expect that these adolescents will show always as being resilient persons; they proved once their resilience when being abandoned and placed in institutions after words, before being adopted, and being successful within their new family in setting-up a secure attachment. The literature on resilience stresses the variety of manifestations and the dynamic of resilience [2]. The person can be resilient in one situation but the same person will behave differently exposed to a new stressful situation; on the other hand, being resilient in one domain does not mean an overall resilience in any other existential field. This common idea within the literature on resilient is somehow in opposition to the theory of developmental cascades: "…effectiveness in one domain of competence in one period of life becomes the scaffold on which later competence in newly emerging domains develop: in other words, *competence begets competence*." [6].

We consider the respondents who are securely attached as being resilient. This is hazardous as the resilience can be proved only within the analyses of the past events. It would be better to say just that they are better equipped for behaving resiliently when confronting life's adversities.

Conclusions

Within the little sample here of securely attached children we found all the most common items mentioned as being the protective factors in case of resilience.

This conclusion stress one of the aspects always mentioned within the literature on resilience: the importance to benefit of the support of a trustful significant person. Having secure attachment means having attachment figure ready to protect, to calm down the anxieties and to support. An adolescent in our sample, stated the relationship between secure attachment and resilience in the best way. She answered the question regarding the temporary separation from her parents by saying: "when I was separated it was like walking on a stream and I can fall down any time…but when they are there I know there is a support under me and I cannot fall down."

Especially due to their age, when the developmental task is to build-up the self-identity, the dreams on the future are like a powerful drives for these adolescents.

On other aspect which is not investigated within our study, through the instrument which we used, but just came up during the narratives of the children is the way in which they are equipped to ask for support when they need. All of them mentioned resource persons in such situations. Mostly of them mentioned mom but also friends or other relatives. The healing process post trauma include the capacity to ask for support and not to deal alone with adversities, feeling abandoned by other people.

We also have to mention another particular aspect: all these securely attached and resilient children have some talents or practice arts or sports. We consider that this way to express them self is for highest importance for the resilience of the adolescents. Arts and sports impose rules and limits which also contribute to self-development and self-education. As we found in the research done on students, the capacity to push them self to overpass the comfortable limits in doing some tasks is a common item for the resilience. It is like resilience is asking for self-organization and capacity to rise and keep standards for you.

The last aspect which we found and we have to mention here is the importance of pets for these securely attached and resilient children.

The particular aspects mentioned above which can be involved in the process of building up the secure attachment as well as the resilience needs and deserve further explorations.

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Mother's image of her adopted child and peculiarities of attachment relationships in adoptive family

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Abstract

The aim of the present study was to examine peculiarities of mother's image of adopted child and its role in emotional parent-child relationships. The sample consisted of 36 adopted children, their 32 adoptive parents and 35 nonadopted children living with their biological parents and their 35 parents and 20 children from orphanages.

Parents were administered Semantic Differential by Osgood revealing the peculiarities of mother's image of ideal child and their adopted child, Unfinished Sentences by Yaparova, Patrent Attitude Questionnaire by by Varga and Stolin and Family Drawing. Children were assessed with Kerns' Attachment Scale, WHOTO scales by Friedlmeier and Family Drawing.

The data were subjected to qualitative and quantitative analysis. The results revealed peculiarities of biological and adoptive mothers' images of their adopted children and their attitude to the child. There was a significant association between children's security of attachment and adoptive mothers' attitude to the child, between child's peculiarities of mother's image of her adopted child and child-parent attachment relationships.

The implications of the study for the practice of psychological help for adoptive families are discussed.

Keywords: child-parent attachment, adoptive families.

Introduction

Raising a child in a family environment, in any of its variants, is the most suitable to his or her mental, social and emotional development [1], [2], [3]. In the last 10 years in Russia the number of children being adopted has increased. Many children in Russia are late adopted (placed to the family at age 3-8 years and later). Late adopted children usually have difficulties in building relationships with adoptive parents due to their unfortunate experience of attachment to caregivers in the past. Growing body of research has emerged with respect to adjustment of adopted children and the factors underlining their adjustment. Very often the quality of attachment to adoptive parents serves as an indicator of child's adjustment. There is evidence that the attitude of the adopted child to the family and his adoptive parents as to a source of support and the development of secure attachment relationships between family members can be considered as one of the most important features of effective adaptation of the adopted child to the family [4]. Different factors implicate the development of secure attachments in adoptive families. Our research is aimed at the study of the condidions of the development of secure attachments in adoptive families and examining peculiarities of mother's image of adopted child and its role in emotional parent-child relationships in particular.

Method

1.1 Subjects

The sample consisted of 36 late adopted children aged 6 - 9, living in adoptive families more than 2 years, and their 32 adoptive parents residing in Barnaul, Slavgorod, Zarinsk and rural areas of the Altai Territory (Russia) and 35 nonadopted children of the same age living with their biological parents and their 35 parents and 20 children from orphanages.

1.2 Measures and procedure

Parents were administered Semantic Differential by Osgood revealing the peculiarities of mother's image of ideal child and their adopted child, Unfinished Sentences by Yaparova, Parent Attitude Questionnaire by Varga and Stolin and Family Drawing. Children were assessed with Kerns Attachment Scale, WHOTO scales by Friedlmeier and Family Drawing. For Family Drawings analysis we employed Fury attachment coding system.

Results

1.3 Adopted children's attachment to their adoptive mothers

1.3.1 Attachment figures of adopted children

In the majority of cases adopted children named adoptive mothers, peers, mainly siblings and friends as attachment figures. Most of children (91%) placed adoptive mother on top of the attachment figures hierarchy. Comparing foster children with children of biological families and orphanages, we found that in general they more commonly called adults ($t=2.12$, $p\leq.05$) as objects of attachment, indicating the experience of their relationships with adults as more significant than for their peers from other social situation of development. Another feature of the adopted children - unlike the children raised in biological families they less often mentioned parents for proximity-seeking function less often, they more often prefered to cope with their negative emotions alone.

1.3.2 Security of attachment

The results obtained with Kerns' Attachment Scale showed that 57.2% of adopted children had insecure attachment to the mother and 42.8% - moderately secure attachment, highly secure attachment was not noted in any of the adopted child. Comparing these data with the attachment security of children from biological families, where children had no experience of long-term separation from close adults, we found out that they were more securely attached to their parents than adopted children to their adoptive mothers ($U=70$, $Z=2.43$, $p\leq.014$). Drawings show the absence of signs of emotional disturbance in 31% cases. In the drawings of 29 % children there were the signs of avoidant attachment, 11% - of anxious-ambivalent and 11% - of disorganized attachment.

1.4 Mothers' attitude to an adopted child and representations of him

1.4.1 Mothers' attitude to an adopted child and his security of attachment

According to the data earned from "Unfinished Sentences" 78% of parents have a positive attitude towards their adopted child, 15% - neutral attitude, 7% - negative. The vast majority (78%) of adoptive parents have positively colored image of their families and praised it in comparison with other families. Describing their children they used epithets "prosperous", "happy", "great", "best", "very successful", "right", "friendly". 22% of parents rating their families had difficulty, they could not finish the sentence, "In comparison with most other families ...". In the statements relating to the image of the child, the positive emotional attitude to the child was shown by the majority of adoptive parents (52%). They considered the child as a joyous event in their life, "happiness", 10% - as the "responsibility", and only a quarter of parents - focuses on a child as an "independent person, who needs attention and understanding" . We should note that adopted children of the last group of parents showed the highest security of attachment. This fact allows us to conclude that attention to the child's needs and motivations, associated with care and sensitivity of the parent, contributes to the establishment of secure attachment relationships within adoptive families. 78% of adoptive parents who participated in the study, described the nature of their relationship with the child as a warm, close, friendly. Almost all of them emphasize the importance of trust in the relationship with the child. The greatest variety of responses we got in saying "The most important motherhood / fatherhood for me ...". They consider most important for them responsibility, love, happiness, fulfillment of duty, etc.

The results of the analysis of adoptive family drawings showed that 47.2% of mothers had a positive image of their adopted child and that they experienced positive emotions associated with relationships in the family, other mothers' figures had signs of emotional distress related to the family situation. 29% of adoptive mothers did not feel close to their adopted children. For example, four mothers symbolically excluded themselves or their children from the family situation, one mother separated children from parents by symbolic barriers, one of the drawings illustrated a situation punishing of children for disobedience.

The analysis of the "Parent Attitude Questionnaire" responses of adoptive and biological mothers revealed the following differences between the groups. Adoptive mothers experiencing difficulties with the general emotional acceptance of their adopted children. They scored lower on the scale of "acceptance" than mothers who were raising their biological children (U=95, Z=1.57, p≤.10). There was no significant difference between mothers of two groups in their scores on the scales "cooperation", "symbiosis", "control" and attitude toward the child as to a "little loser". So, one can see that adoptive mothers seek to establish cooperative relationships with the child, but cannot accept him as he is - with his interests, feelings, thoughts. Then we analyzed correlation between children's security of attachment and mothers' attitude to them in biological and adoptive families. It appeared that authoritarity and attitude toward the child as to a "little loser" in adoptive families were related to the security of attachment to the mother (r=-.54, p≤.05 and r=-.56, p≤.05 respectively). In biological families the security of child's attachment to mother correlated only with the child as a "little loser" (r=-.48, p≤.05).

1.4.2 Mothers' representations of an adopted child and his security of attachment

The analysis of representations of adopted child and ideal child showed similarities of these images in the following characteristics "charm", "volubility","compliance".Student's *t*-test for dependent samples allowed us to establish differences in mothers' characteristics of real child and ideal child, united in factors «evaluation» (t=2.96, p≤.01) and «strength» (t=3.86, p≤.001). Mothers would like their adoptive children to be more conscientious (t=2.82, p≤.05), honest (t=4.06, p≤0.001), strong (t=2.43, p≤.05), independent (t=3.88, p≤.001), self-confident (t=4.01, p≤.001), self-sustained (t=3.39, p≤.01) than they really are. Comparison of adoptive and biological parents's images of the child showed that the image of the ideal child of biological parents comparing with the same of adoptive parents is stronger (t=2.59, p≤.05) and more honest and less stubborn. Biological mothers value their children as more etermined (t=3.55, p≤.001), good (t=2.71, p≤.01), independent (t=2.88, p≤.01), more sociable and less irritable (t=6.07, p≤.001) comparing with adoptive mothers.

Using correlation analysis, we found an association between adoptive mother's image of her child and security of his attachment to her. Positivity of the mother's image of adopted child correlated with the security of child's attachment (r=.41, p≤.05). The extent of differentiation of mother's image of her adopted child was also correlated with the security of his attachment (r=.32, p≤.05).

Conclusion

Being adopted a child meets new parents who take an important place in his hierarchy of attachment figures. High significance of the relationships with new parents affects the peculiarities of this hierarchy. They put adoptive mothers at the top of the hierarchy more often than peers from non adoptive parents and children from foster homes. They prefer parents for safe haven and for secure base functions, but this doesn't concern proximity seeking. Having prior experience of dysfunctional relationships with close adults they feel more alienated from their adoptive parents than children living with biological parents.

The results support an association of peculiarities of adoptive mother's representations of adopted child and attachment relationships in adoptive families.

The study revealed differences between adoptive and biological families in regard to the association between children's quality of attachment to mother and her parental attitude to him.

The majority of parents has positive representations of adopted child and are satisfied with family relationships but not all of them experience emotional closeness with them. The results show that mother's positive emotional attitude to the child and to the family, differentiated image of her adopted child, being reflective to the child's needs and motivations are associated with secure attachment to the mother of the adopted child.

Limitations of the study are due to a small sample size and the peculiarities of the group of adoptive families. Adoptive families taking part in our research represent a small proportion of adoptive families, only those who visit the psychological centers for such kind of families.

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Building resilience in mother-child residential centers: risk and protective factors

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Abstract

Objective. The research analyzes, through a survey follow-up with a sample of 64 mothers entered, on submission of the Juvenile Court, in a mother-child assisted living center in Northern Italy, the variables that influenced the success (child custody to the mother with the project of autonomy of the family) or failure (children abandoned by their mother or given up for adoption by the Court) of the paths in the residential center. ***Design.*** In line with the model process-oriented [1, 2], which emphasizes the interplay between amplification and reduction of risk and following the distinction of Baldwin et al. [3], we analyzed the role of the individual, familiar and contextual distal and proximal risk factors, and proximal protective factors in influencing resilience. ***Results.*** Regression analysis indicates that positive outcomes are possible when the amount of protective factors allows a compensation for the risk factors; among the latter, those that have the greatest impact on outcomes are proximal factors. Protective factors are able to counter the vulnerability caused by distal risk factors, supporting the parental resilience.

Keywords: Mother-child residential centers, resilience, risk factors, protective factors, distal factors, proximal factors

Introduction

The most recent studies on the evaluation of parenting skills in severely dysfunctional situations passed a conception of risk based on the model of linear direct causality or on the multifactorial causation perspective to adopt an approach defined process-oriented [1], which recognizes the complexity of dynamic between risk and protective factors and highlights the centrality of the mechanisms of resilience for the adaptation in adverse conditions [2, 4, 5].

In accordance with this dynamic perspective, objective of the study is to analyze the parenting under conditions of deprivation, as in the case of parent-child pairs in the residential centers, trying to identify the protective processes which, acting as compensation with respect to risk factors, can promote an evolutionary process, facilitating the recovery of responsive caregiving.

Methodology

The sample consisted of 64 mothers, entered in a mother-infant residential center in Northern Italy with their children, on submission of the Juvenile Court, due to situations of serious injury to children (mainly neglect and maltreatment). The average age of the mothers was 26 years (23 years old at the time of child's birth), with a range from 16 to 44 years (d.s. 5.54); 31% of them has other children, in some cases (28.3%) already forced moved from the family. 54.7% of children are males and 45.3% are females; the range of age was, at the time of inclusion in the residential community, between 1 month and 6 years (48.4% aged less than one year, 34.4% between one and three years and 17.2% older than three years). The length of stay in the mother-child community is for 21.9% of mothers less than 6 months, for 43.8% between 6 months and 1 year and for 34.4% between 1 and 2 years.

Through follow-up survey on mother-infant dyads, we identified two groups of subjects: in the first, accounting for 59% of the cases (which will be referred to as Resilient Group), the protective resources have allowed to recover an adequate parental function, resulting in custody of the child to the mother with a project of autonomy of the family unit; in the second, 41% of the cases (which will be referred to as Not-Resilient Group), dysfunctional dynamics have not changed significantly, resulting in interruption the relationship between mother and child (the children were abandoned by their mother or given up for adoption or custody by the Court).

Through the comparison between the two groups, we tried to identify those factors that have supported, or vice versa inhibited, the mechanisms of resilience and adaptation. Variables selection was made on the basis of literature about the risk assessment of parenting skills in dysfunctional conditions (eg., [6], [7]). These variables were found in the information folders of the subjects, prior authorization in accordance with privacy regulations, and encoded in a checklist of 22 items able to detect the presence/absence of individual, family and contextual risk and protective factors, taking into consideration only those variables that could be reconstructed for all subjects.

We have followed the distinction made by Baldwin et al. [3] between distal and proximal factors, already used in previous research [8]: the distal risk factors, while not exerting a direct influence on adaptation, decrease the ability to use personal resources to cope with the difficulties. The proximal factors constitute the "day to day" which directly influences behavior, and can amplify or reduce the risk.

Results

1.1 Distal risk factors

The distal factors considered concern the family of origin of mothers (in particular, the presence of psychopathology and/or dependency in one or both parents, separation or divorce of parents, abusive parents, children removed from their families) and the mother's experiences prior to the inclusion in the residential mother-child center (institutionalization, deviant behavior, addiction problems, forced removal of other children).

1.1.1 Family of origin of mothers

The history of mothers' childhood and adolescence reveals typical characteristics of multiproblematic families [9], with the presence of symptoms of psychosocial distress in multiple family members. The parental figures were often addicted to alcohol and drugs and/or had mental health problems. Most of the mothers in our sample experienced severely disfunctional primary relationships, where prevailed dynamics of conflict and violence both within the parental couple (as evidenced by the high number of separations and divorces), and between parents and children (as evidenced by the numerous situations of maltreatment or abuse), which led interventions to protect children: frequently more than one child was in fact removed from the family and included in residential communities for minors.

Although these risk factors are present in both subgroups, in the life stories of Not-Resilient mothers it is observed a significant prevalence of addiction problems in one or both parents (Tab. 1): the importance of such distal risk factor is interpretable as a consequence of role reversals in attachment relationship [10] that often occur in families with addicted parents.

Tab. 1. Problems in the family of origin: A comparison between Resilient and Not-Resilient group

	TOTAL SAMPLE	**RESILIENT GROUP**	**NOT-RESILIENT GROUP**	χ^2	***Cramer's V***
Presence of psychopathology in one or both parents	51.7%	66.7%	33.3%	ns	ns
Presence of addictions in one or both parents	64.5%	45.0%	55.0%	6.30 ($p < .01$)	.45 ($p < .01$)
Separated or divorced parents	76.3%	54.5%	45.5%	ns	ns
Maltreating parents	84.3%	50.0%	50.0%	ns	Ns
More than one child moved away from the family	84.6%	63.6%	36.4%	ns	ns

1.1.2 Mother's experiences prior to the inclusion in residential centers

The majority of mothers in our sample had previous experiences of institutionalization (75%), addiction problems (64.5%) and deviant behaviors (58.3%), primarily related drug dealing and prostitution. In 28.3% of cases the Court has decreed the removal of other children.

The presence of these risk factors increases the probability of a failure in the recovery of parental skills: in fact, all the mothers in the Not-Resilient Group did experience institutionalization, dependency and deviance (Tab. 2). Also the previous forced removal of other children is significantly higher in the group of Not-Resilient mothers: as evidenced by statistic analysis, this is the main risk factor that adversely affects the outcome: in fact it could reinforce, in the mother but also in the educators, an image of inadequate parent. However, distal risk factors analyzed are not deterministically associated with the inability to recover the parental function, as already widely supported in the literature and highlighted by the presence of these risk factors also in the Resilient Group, even if with lower degree.

Tab. 2. Mother's experiences prior to entry into the Community: A comparison between Resilient and Not-Resilient Group

	TOTAL SAMPLE	RESILIENT GROUP	NOT-RESILIENT GROUP	χ^2	*Cramer's V*
Experiences of Community for Minors in childhood	75.0%	62.5%	100%	7.31 ($p <$ .001)	.43 ($p <$ .001)
History of addiction	64.5%	52.4%	100%	5.81 ($p <$ .01)	.45 ($p <$ .01)
History of deviant behaviors	58.3%	43.8%	100%	5.71 ($p <$ .01)	.51 ($p <$ .01)
Other children removed by order of the Court	28.3%	3.8%	64.3%	17.73 ($p <$ .001)	.67 ($p <$ .001)

1.2 Proximal amplification and reduction risk factors

Proximal factors analyzed are related to the mother, the child, the partner and community context.

1.2.1 Proximal amplification risk factors

Among the maternal proximal amplification risk factors, we considered the presence of maternal psychopathology and abusive relationship with the child. Mental health problems (borderline personality disorder, intellectual retardation and severe depression) affect the 37.5% of the sample, resulting an important proximal risk factor: 68.2% of psychopathological mothers is part of Not-Resilient group, while only 31.8% is part of Resilient Group (Tab. 3).

The 50.9% of the mothers is also abusive or neglectful; 87.5% was in turn victim of abuse within the family during childhood. Having behavior of maltreatment to the child is a relevant amplification risk factor: 70.8% of maltreating mothers is part of the Not-Resilient Group, while only 29.2% is part of Resilient Group (Tab. 3). This result underscores that the risk is further connected to intergenerational transmission of traumatic experiences, caused by the absence of reduction risk factors rather than having lived such experiences in the past: in fact, the majority of Resilient mothers, despite having been abused by their parents, not repeat such dysfunctional relationships with their children.

Maternal age and child age don't discriminate between the two groups. Instead, it is an observable effect of the variable child's gender: male children are more at risk of maltreatment (67.7% of the male children is physically abused by the mother versus the 27.3% of the daughters; Chi square 8.43, $p < .001$), as noted in the literature (e.g. [11]).

1.2.2 Proximal reduction risk factors

Among the proximal reduction risk factors, we have taken into account the time spent in the residential community, the educational alliance with the community and the presence of a collaborative partner.

The literature shows that the Community can creates the conditions for change internal working models constructed by primary dysfunctional relationships [12]. The time spent in the community constitutes a protective factor, which is directly proportional to the increase of cooperation in the educational project. Our data indicate that nearly 66% of mothers who have been in the residential center with their child for more than six months was able to activate a process of resilience, with a positive outcome. On the contrary, for 80% of cases in which the mother has been in the community less than six months, the outcome was negative (Tab. 3).

Some longitudinal studies about institutionalized girls who are victims of violence and deprivation have identified the presence of a stable marital relationship as protection factor for the assumption of the parental role [13]. In our sample, the father of the child is often absent or unknown (43.8% of cases). In cases where mothers have instead a stable bond with the baby's father, often partner has problems of addiction to alcohol and drugs (26.6% of cases), deviant behavior (14.1% of cases) and is abusive towards his female partner (29.7% of cases) and children (7.8% of cases). The presence of the partner often doesn't support the path of evolutionary maternal change, reproducing the dysfunctional dynamics of her previous history. This means that the mere presence of a stable bond is not a protective factor that increases resilience, while determining factor is the active collaboration of the partner in the educational project. Only in 26.6 % of cases it was possible to obtain a collaboration of father with a supportive role to the mother: in these cases the path in the community often ended with the independence of the whole family. Instead, in cases where the partner was hostile toward educational intervention, the project often ended in failure and the forced removal of the child (Tab. 3).

Tab. 3. Proximal amplification and reduction risk factors: A comparison between Resilient and Not-Resilient Group

	TOTAL SAMPLE	RESILIENT GROUP	NOT-RESILIENT GROUP	χ^2	*Cramer's V*
Presence of psychopathology	37.5%	31.8%	68.2%	6.45 ($p < .01$)	.50 ($p < .01$)
Abusive relationship with the child	50.9%	29.2%	70.8%	22.76 ($p < .001$)	.69 ($p < .001$)
Presence of a collaborative partner	26.6%	93.8%	6.2%	10.67 ($p < .001$)	.45 ($p < .001$)
Time spent in the Community (more than 6 months)	78.2%	66.1%	33.8%	7.78 ($p < .05$)	.37 ($p < .05$)
Presence of an educational alliance with the Community	65.6%	77.5%	22.5%	18.94 ($p < .001$)	.57 ($p < .001$)

Overall it can be concluded that the presence of abusive relationship with the child is the most significant amplification risk factor, while both the presence of a collaborative partner and the construction of a educational alliance with the community constitute important protective factors.

1.3 Resilience: Between risk and protective factors

The next step in the analysis was to compare, using analysis of variance, the two groups of mothers in relation to the weight of the risk and protective factors as a whole: the results indicate that the major differences in the two paths concern the proximal factors: the proximal risk factors are significantly more numerous in the Non-Resilient Group ($F(1, 56) = 22.68$, $p <. 001$), while the protective factors in the Resilient-Group ($F(1, 56) = 21.45$. $p < .001$). The differences in the distal risk factors do not appear to be significant, confirming the fact that they represent a vulnerable position, but can be amplified by other risk processes or compensated by protective processes that support parental resilience.

Finally, the binomial logistic regression (Method = Enter, CI 95%) confirmed the goodness of the model (Chi square = 33.49, $p <. 001$), which allows to classify correctly 86.2% of cases on the basis of the

factors taken into account. Starting from similar conditions of vulnerability and risk, proximal amplification risk factors and protection factors are confirmed to be those that guide the path (Tab. 4).

Tab. 4. Binomial logistic regression

Variables in the equation (Absence of resilience)					
	B	**E.S.**	**Wald**	**df**	**Sig.**
Distal risk factors	.075	.215	.122	1	.727
Proximal risk factors	1.214	.396	9.400	1	.002
Protection factors	-1.122	.374	8.975	1	.003
Constant	-.216	1.184	.033	1	.855

Conclusions

The results confirm the validity of the analysis model and indicate that resilience is possible when the protective factors are present in such an extent as to compensate for the risk factors. Among the latter, those that have the greatest impact on outcomes are proximal factors; protective factors are able to counteract the vulnerability caused by distal risk factors, supporting the parental resilience.

Overall, the stories that have been reconstructed from the analysis of the records identify situations severely deprived, in which the transition to parenthood is put at risk from the psychological vulnerability of the parent and from a highly dysfunctional past relationships, in line with several studies that identify the repetition of the experiences of rejection, violence or abuse suffered in childhood from parents as a risk factor that affects powerfully in predicting interventions of forced removal of the child from the household [14, 15, 16]. Similarly, studies of follow-up [17, 18, 19, 20] highlight that psychopathology, mental distress and parental addiction are risk factors associated with abuse, neglect, recurrent maltreatment and the permanent removal of children from the family.

The data suggest, however, that, even in largely dysfunctional families, there are protective factors that promote positive change, countering the vulnerability caused by distal risk factors and activating processes of resilience: an assessment of parenting skills that recognizes the complex interlacing between amplification and risk reduction processes, allows, as already indicated by Di Blasio [2], to bring out those resources which, if properly supported, involving the possibility for the parent to recover or construct adequate parental functions.

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The social construction of breastfeeding in public: an incursion into the discussion forums

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Abstract

Introduction: Breastfeeding is a natural phenomenon with an essential role in the harmonious development of the infant. Therefore, WHO (World Heath Organization) recommends exclusive breastfeeding up to 6 moths of age. In this period the mother is required to breastfeed on baby's demand, a behavior that is hardly possible in some social contexts. *Objectives*: This exploratory study investigates the social representations of breastfeeding in public from mothers' points of view. These social constructions are highly influential in the decision to breastfeed in public spaces and have implications for the decisions regarding the type of feeding (breastfeeding only, mixed or formula feeding) as well as the extent of exclusive breastfeeding. *Methodology:* We used a qualitative research method. Using an inductive (data-driven) as well as a deductive (theory-informed) approach, we conducted a latent thematic analysis of the comments from 2 discussion forums ("desprecopii", "miresici"), on the topic of public breastfeeding.

Results: Thematic analysis revealed 5 main themes which are relevant for the phenomenon of breastfeeding in public. The themes discussed in this study are: 'fifty shades of grey', from natural to ostentatious; (de)sexualizing breastfeeding, child's needs above the social norms, child's age sets the limit and breastfeeding in the spectator's eyes. *Discussion:* Results of thematic analysis revealed the ambivalence of mothers towards breastfeeding in public as well as the multiple facets associated with this seemingly natural gesture. The implications for policies and interventions are discussed.

Keywords: online discussion forums, mothers, breastfeeding in public, thematic analysis, Romania;

Introduction

Breastfeeding is a natural and ideal way of providing young infant nutrients that they need for a healthy growth and development. WHO recommends exclusive breastfeeding up to 6 months of age with continue breastfeeding along with appropriate complementary foods up to 2 years of age or beyond [2]. The majority of mothers are aware of the benefits of breastfeeding, but the rates of this behavior are in a continuous decrease. Statistics from 2009 show that in Romania: 88.3% of infants are breastfeed at least once, 15.8% are exclusive breastfeed up to 6 months and only in 12% of infants the breastfeeding is early initiated. Given the lack of standardized data regarding exclusive breastfeeding, as well as the dramatic changes in the prevalence of breastfeeding, the comparison with other countries is difficult. Still, some statistics suggest that in Sweden, for instance, the prevalence of breastfeeding was around 80% in 1998, with 48% of the mothers still exclusively breastfeeding at 6 months [3, 6].

The literature points out that only 1% to 5 % of all mothers cannot actually breastfeed, because of poor milk supply [3]. Therefore the question about the causes underlying such small percents of breastfeeding mothers is all the more important. One of the possible factors is public disapproval of breastfeeding in open, visible spaces [4]. The mother may experience conflicting feelings regarding breastfeeding: on one hand she is aware that human milk is the best possible food for the infant, but on the other she feels pressured to conform to social expectations regarding acceptable breastfeeding behavior [7]. Thus, the expectancy of refraining from breastfeeding in public can weight heavily the decision to sustain exclusive breastfeeding up to 6 months, as it considerably limits the mothers' social activities

The present study explores the social representations of breastfeeding in public as depicted in online discussion forums dedicated to this topic. The analysis of discussion forums can be a valuable source of insight as individuals tend to self-disclose more in these contexts than in real settings [2]. Forums are a valuable source of information for the mothers and reflect, to a certain extent, the social norms that circumscribe breastfeeding in public. Also, they are rather unstructured, agenda-free discussion mediums, which makes them all the more suitable for capturing the richness of breastfeeding phenomenon [5].

Methodology

We used thematic analysis, inductive approach proposed by Boyatzis (1998) and we analyzed the latent content of data, from a constructivist perspective. Boyatzis proposes a model for thematic analysis and guidelines for the themes and codes development (e.g. [8]). This analysis was doubled by taking a deductive approach, informed by previous research regarding social representations of breastfeeding in public [4]. The steps in applying thematic analysis were: familiarizing with data, coding, forming initial themes, reviewing of themes and defining and finding names for the themes [9].

1.1 Sample, data collection, analysis

Through Google search engine we identified discussion forums from Romania, related to breastfeeding in public. The search terms were: "forum + mothers", "breastfeeding + Romania" and "public opinion + breastfeeding". The search yielded 4 discussion forums, of which 2 were excluded because they contained also other topics related to breastfeeding. The total sample size consisted of 350 comments (2009-2013) that were included in the analysis (Table 1). We used individual comments as units of analysis and we eliminated those comments unrelated with the topic. The focus of our analysis was mother's representations of public breastfeeding together with their emotions and opinions about different aspects of public breastfeeding.

Table 1: online discussion forums that we used in our analysis

No	URL forums	No of messages	Years
1	http://www.miresici.ro/forum/showthread.php?t=34698	45 (30)	19.08.2012 04.10.2012
2	http://comunitate.desprecopii.com/forums/topic/41302-alaptatul-in-public	163 (100)	12.09.2010 04.12.2013
3	http://comunitate.desprecopii.com/forums/topic/42742-opinia-publica-dezavueaza-alaptarea	312 (220)	04.10.2009 20.01.2011

Results

1.2 Participants characteristics

Participants were represented by mothers. The demographics were unknown, because online discussion forums do not explicitly require such information. However, the majority of mothers were breastfeeding at the time of participation in the online discussions. We identified 3 categories of mothers: 1) mothers that were not breastfeeding in public, but they approved this behavior; 2) mothers who were neither breastfeeding in public nor did they approve it and 3) mothers that were breastfeeding in public and they also approved it.

1.3 Discussion forums characteristics

The discussions were often in contradiction, with mothers taking position and defending their opinions, making use of different arguments. Seldom, mothers used personal attacks or strong language. The results will be presented according with the themes we discovered, combining both comments pro and against breastfeeding.

1.4 Themes revealed by thematic analysis

1.4.1 'Fifty shades of grey': from natural to ostentatious

The accounts pertaining to the acceptability of breastfeeding in public gravitate between breastfeeding as natural gift towards the child versus breastfeeding as an ostentatious, aggressive self statement. The first category comprises mothers who see breastfeeding as a natural gesture and the primary function of breasts: *"[Breastfeeding] is a manifestation of love that infant requires" (C, 2010). "It is so natural, breast are designed to feed a baby" (C, 2007)*. From this perspective, breastfeeding must not ask and receive attention outside the mother-child dyad: *"I don't look tot other people to see if I look weird in their eyes, I am concentrated on my breastfeeding" (I, 2010).*

However, other comments highlight that this very intimate feature of breastfeeding should be a strong argument for why it must take place outside malicious and curious eyes. Breastfeeding is an important event for both the mother and the child and it must take place in a secure environment: *"I avoided to feed my child in*

public not because I was embarrassed but because, for me, breastfeeding is extremely intimate and personal and I didn't want to share it with a stranger" (I, 2012).).

Other depictions draw breastfeeding as an embarrassing act. For the mothers from this category it is vital to avoid this behavior in public places: *"I am distinctly more bashful and I wouldn't take my breast out only to breastfeed my offspring on the street where he starts to cry"* (P, 2008). Some mothers who feel embarrassed by the idea of breastfeeding in public also think that this sort of display may be actually ostentatious, which is why people generally disapprove it: *"People generally don't like ostentation, especially when it comes to sensitive subjects like breastfeeding, fertility, genetic diseases, so when it comes to things that have an intimate component and especially over which man does not have full control" (D, 2010).* However, there seem to be boundaries here, too: it is not so much the breastfeeding itself that is embarrassing but rather the attitude of the mother who is breastfeeding, as one of the mothers stated: *"Mothers that breastfeed in public do not shock me, only those that give in exhibitionism, that are fixing their eyes to study the reactions of those passing by…it is not breastfeeding that stirs reactions, but the way it is carried out" (A, 2008)*.

At first sight, these strong held opinions against public breastfeeding can be seen as rigid and impossible to change. They are also the reason for why some women choose formula instead of breastfeeding*: "I think that the Romanian mentality is one that makes many women end up giving should they want an active and normal life" (A, 2010).* The change of mentality should be an insidious process, that would not directly attack the majority's beliefs: *"It can be changed only in a few dozen years, when the child that are breastfed now will do the same thing in their families" (S, 2010)*.

Forums discussion revealed that although we know that a behavior doesn't help us, one cannot swim against the flow*: "I can't breastfeed in public, yes, "bashfulness" inoculated to me inhibits me from doing it but I admire the mothers that can do it!" (A, 2010).* This assumption is not valid for all mothers, for some of them the motherhood had made significant changes in their beliefs: *"When I was pregnant I was telling myself that I will never breastfeed in public because I am bashful and I was imagining that my breast will 'wave out'. I was wrong, there is no bashfulness when your baby cries for milk and my breast didn't actually wave out" (K, 2011).*

1.4.2 (De)sexualizing breastfeeding

The discourse of mothers from the forums oscillates between ostentatious breastfeeding, seen as a manifestation of sexuality and breastfeeding seen as a natural gesture: *"breastfeeding can't be compared with anything!...not to even sex, you see relatively nothing" (M, 2012).* For mothers breastfeeding is a routine act, but for other people can be a gesture full of sexuality. Women tend to leave sexual life in background, when they become mothers, therefore they don't see breasts as a sexual object: *"as long as I had breastfeed, 11 months, I was feeling more a mother than a wife" (B, 2011).*

The majority of mothers consider that breastfeed in public is achievable if some conditions are taken into consideration. Two of them are most common and they are referring to breastfeed in a less public space and covering the breast. The say that infant needs a quite place so he cannot be disturbed and with covering your breasts, you respect your intimacy: *"in any case I don't admire those mothers that show their breasts in front of everyone only because they are breastfeeding. Even if something intimate is seen, at least we must see a slightest intention of covering at all" (R, 2010).* If the mother respects her own intimacy, she proves common sense and respect for people around*: "covering the breast during public breastfeeding I find it a proof of common sense and respect for people around. Breastfeeding in not shameful, but you have to mask the moment, is uncomfortable for children, young people, for men even, especially for those who didn't have this kind of situation in their family" (A, 2011).* Covering the breast gives breastfeeding a less sexual connotation.

Another opinion is that woman are more disgusted regarding breastfeeding in public than man, not because second category look at breasts as an sexual organ*: "I haven't heard of man disgusted that a mother is breastfeeding, more often this requires a certain respect, and in the worst case indifference! Only woman disapprove public breastfeeding! This says something…"* (R, 2009).

On the other side of the fence, mothers militate for breastfeeding as a gesture full of sexuality, whatever mothers do. Breast are seen first of all as a sexual organ: *"I have nothing with public breastfeeding, but I must say that: in the case of a generous cleavage that small part of the breast is not seen, ie areola and nipple, that breast is seen as a sexual organ that is sucked, caressed and massaged in the course of sexual act and here you see something that is sucking. Even sucking, no matter what it is candy, ice cream or I don't know what is a gesture full of sexuality"* (M, 2010). For parents it may seem a normal gesture but: *"for men and others is an exciting gesture…it seems that a breast full with milk is a fetish for some"* (X, 2010).

Although mothers know that breast is seen as a sexual organ, they don't feel guilt for this assumption: *"I know where all this anti-breastfeeding bitterness starts, but as a mother, that is breastfeeding, I don't have the guilt. For me is absolutely necessary to breastfeed my child, a mother can hardly bear the hunger crying of her child"* (A, 2010). In the same time, the idea of normality is emphasized: *"I think that normal men don't look at breast full of milk in a sexual sense"* (I, 2010). In conclusion some mothers cannot pass across the sexualizing of breasts and others say that: *"I felt that my milk containers are belonged only to the baby"* (A, 2010).

A gesture full of sexuality or not, breastfeeding is subject of critics from a social point of view also. Consequently, through the lenses of some mothers, breastfeeding in public violates some unwritten social norms. However, these norms are difficult to reconcile with the baby's immediate needs for food and maternal warmth, all of which are provided together with breastfeeding.

1.5 Child's needs above the social norms?

Given that infants' have immature nervous and digestive systems, breastfeeding on demand and not on schedule is the safest way to ensure that they benefit from the right amounts of milk. This feeding scheme has benefits for mother also: by breastfeeding on demand they avoid discomfort and heath problems like mastitis or breast pain. The resolution to this conflict (respecting child's rights by breastfeeding on demand versus avoiding public embarrassment) is not simple. Some of the mothers considered that infant needs come first and public breastfeeding is a way of respecting the rights of both mother and child: *"It is the child's right to be fed and mother's right not to be stuck in the house 24 hours/day" (S, 2012).* Mothers think that one should not stay indoors, just because they are breastfeeding and public opinion may disapprove this: *"Breastfeeding didn't stop me go outside the house; I didn't even consider this a possibility" (L, 2010).* Others solve the conflict by using their own expressed milk in a bottle when feeding the child in public or by undergoing complicated routines so that breastfeeding always takes place in the intimacy of one's home: *"Just once I breastfed in may car…Otherwise I am always calculating my time and I am very stressed to be home in time. Indeed in the beginnings I barely left my home. And yes, I missed society and ceiling fell onto my head" (L, 2009).*

Some other resolve the conflict by minimizing the importance of breastfeeding as a proof of love and care towards the child, arguing that love can be expressed in other ways too. From this point of view, love is a 'scapegoat' used for not complying with the rules of common sense: *"If you think that breastfeeding your child on the street is a love declaration, I think we speak for the sake of speaking. In society, there are unwritten laws pertaining to education and common sense" (E, 2010).* Society requires mothers to comply with its rules and motherhood doesn't absolve them from taking norms into account. Some of the breastfeeding mothers take responsibility for their social isolation and this makes them feel as they are outcasts together with their children. The consequence is that they choose, at some point, between formula feeding and staying at home, at the child's expense*: "Do you know why is so much easier to use formula? The baby has no place in the market, mall, and park. He/she is allowed to go out only after he/she was breastfeed and until he is going to be hungry again. A mother who wants to spend more time outside, in both her and child's benefit, betakes to artificial food so that she can quickly cobble together some food for baby" (L, 2010*). Mother's discomfort and stress of tight schedules and avoiding public dismay sets breastfeeding far from the idyllic portrayal and makes formula feeding look like a viable solution for both the infant and the mother: *"I am pro breastfeeding, if it is possible, but sometimes it is so stressful and exhausting and it is no pleasure to feed your baby, than you better give him formula, for his own sake.*" (A, 2012).

1.6 Child's age sets the limit

This ambivalence (child's needs versus social norms) is resolved, by some others, by clearly setting an age limit up to which breastfeeding as a response to child's needs is understandable.

Thus, for majority of those who approve, child's age of 2 years old is accepted as the upper limit to the infant breastfeeding: "I find absolutely normal to breastfeed a few months old infant that relies exclusively on human milk in the park, or anywhere else. But to breastfeed a child of 2 years old in public spaces, I find it exaggerated and ostentatious" (A, 2010). A major consequence of this belief is that mothers tend to give up breastfeeding at six months or earlier, because it is not anymore socially accepted: *"I have around me women that give up breastfeeding after a week and is not because they want to go to the hairdresser, but because "you don't see anyone doing that", so it is not normal"* (D, 2010).

Some others, who are for public breastfeeding at any age, even after complementary food is introduced, use infant's rights as an argument of their choice. They also talk about providing comfort, safety and reassurance to the child, who is exploring the environment: *"Infants at 5 moths and children at 2 years see the world differently and need breastfeeding differently. If for the first category breastfeeding is primary a food source, the last one sees breasts as a way of gaining relief and support. It is an abuse not to offer it"* (300, 2010). This last category of mothers does not take into account the expectancies of people around and deal with the potential stigma attached to prolonged public breastfeeding: *"I breastfeed anywhere, in the park or at the MD's office… wherever my infant demanded. I am not afraid of breastfeeding him when he will have 2 years old, although my sister-in-law told me that when children start walking, keeping with breastfeeding will make you look "worse than a cow". Well, for the health and good of my child, people can call me so"* (I, 2010). The fragile, ambiguous criteria used for establishing when and whether public breastfeeding is deemed acceptable are further revealed by mothers' accounts.

1.7 Breastfeeding in the spectator's eyes

Mothers that are breastfeeding in public spaces stir admiration and not disgust in some of the woman that saw this portrait: *"I don't see anything upsetting or embarrassing in a mother's breastfeeding. I even admire her because she does that for her child, especially when they are so many mothers that want to breastfeed but cannot from various reasons"* (R, 2010). Women from this category describe other gestures that being more disturbing: *"is very dear for me to see mothers that breastfeed. I feel disgusted only when I see on the street sexy women dressed with no more that 10 inches of material"* (B, 2010).

Flipside is given by the frustration of mothers that couldn't breastfeed, especially caused from medical problems. For this category of mothers, breastfeeding should not become a trend, but to keep on personal decision of each woman: *"to no end would have come to me some women in the park, six years ago, to convince me to breastfeed and me to explain them that I don't have milk, from unknown reasons I cannot breastfeed my child…it would have deepened existing frustration and wouldn't have helped me"* (D, 2010). Mothers that wouldn't agree with this statement, use as arguments comparisons of breastfeeding with other promotion activities: *"is like saying that organizing marathons to educate population about sport benefits is an act of insensibility for those that are paralyzed"* (A, 2010).

Discussion

With increasing virtual communication, discussion forums have become a valuable source of information for qualitative research, although some practical issues are discussed (e. g. [10]). This study had the purpose to explore mother's representations concerning public breastfeeding. Also we wanted to describe the socio-cultural context, that allows or not public breastfeeding. Our analysis revealed more themes that revolve around public breastfeeding. These includes: child's needs, the age of child that is breastfeed in public space, how breastfeeding can be seen as a gesture and the sexualizing of this behavior.

Mothers that are pro breastfeeding in public spaces, use as argument primacy of child needs. Those mothers represent breastfeeding as a natural, normal gesture that can be done in public settings without breaking any rules. Child's needs are also important for mothers that cannot breastfeed in public, but for them this is an intimate, embarrassing and maybe ostentatious gesture. Sexualizing breastfeeding is pulled out harder from mothers that cannot breastfeed in public spaces. Those that can breastfeed in public don't feel guilt for the sexualizing of breastfeeding they see the breast only as the organ that gives milk to the baby.

Another theme is breastfeeding in the spectator's eyes. Frustration and admiration are two of the spectator's emotions. Mothers that are pro public breastfeeding don't take into consideration emotions of people around them. They can stir admiration from mothers that approve this behavior and frustration from mothers that couldn't breastfeed, especially from medical problems.

This, except of accomplishing the objectives, reveals what are the core problems of breastfeeding in public. Exploration of this issue should be a point of interest for the specialist from heath psychology.

The limits of the study are those well known of qualitative research. Another limit is that the code and themes were developed by a single person, assuring the consistence of analysis but ignoring other perspectives on data.

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The flawed mother-son psychological union as non-resilience to manhood challenges

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Abstract

Structured as a personality rebuilding route, the present analysis discusses how an abnormal childhood generates a problematic adulthood. The focus is on the possessive, dominant mother and the obedient son, a combination that leads to subsequent deviant behaviour and inadaptability of the grown-up man. Although many aspects are to be envisaged with this subject, my priority is to look at the adult's wounded masculinity and faulty erotic involvement as the maintenance of the primal fusion, prolonged endlessly. Relying on certain theories put forward by psychologists like Jung, Fromm, etc., these men's existence with an identity crisis in the centre is recorded here both as fear of maturation and as a mechanism of defence against the cruelty of the world.

Keywords: Devouring mother, the Law of the Father, infantilism, the symbiotic union, frustration, identity, alienation, eroticism, society, metrosexual.

Introduction

"Young Juan now was sixteen years of age, / Tall, handsome, slander, but well knit; he seemed/ Active, though no so sprightly as a page, / And everybody but his mother deemed / Him almost man, but she flew in a rage / And bit her lips (for else she might have screamed), / If any said so, for to be precocious / Was in her eyes a thing the most atrocious" [1].

This doom-laden scenario, excellently drawn by Byron in his *Don Juan*, may be placed at the core of any analysis discussing the issue of the possessive mother who rejects the idea of her son's maturation and the devastating impact such an attitude has upon the man to be. For, if the mother has an essential role in her offspring's education and development, she can also become his worst enemy when trying, consciously or not, to enslave him and suffocate his true personality. In other words, she can be either a creator or a destroyer.

For centuries, the relationships between mothers and sons have been questioned and handled as one of the major themes in psychoanalysis, literature or drama. Many scholars from a wide range of different disciplines have sought to understand and explain the complicated mechanisms lying behind the concept of mother-son union. This brief survey does not envisage all the aspects in connection with the matter, but it encapsulates some of the principal dynamics of the mother-boy bond with a focus on the mother's deviated behaviour as a source of the adult's infantilism, egocentrism, flawed eroticism, wounded masculinity and consequently inability to perform his role. Such a person becomes non-resilient to manhood challenges, a loss perceived both at the private and social level.

Excessive Devotion or the Devouring Mother

It is true that the abnormally strong mother-son dependence is more frequently expected to occur in father absent households, where "the mother should seek more resources from her son and should attach an increased value to the resources she receives from him" because she "presumably shifts positive affect from the husband to the son" [2], as it is true that the fixation of the mother on the child is also likely to appear in married couples, when the woman does not allow her partner to interact sufficiently with the boy and impose his law, choosing to monopolize her progeny's universe from birth to adulthood. In both cases, the devouring mother is the echo of a frustrated woman, who hides her animosity towards life under the mask of virtue and unselfishness. Therefore, she is oversolicitous and "overconcerned not because she loves her child too much, but because she has to compensate for her lack of capacity to love him at all" [3]. It is because of this dissatisfaction that the boy who grows up in such an environment will never become a man in the real sense of the word.

Beginning with a fusion, the mother-son union ends in separation, a course of action that is difficult but necessary. The child no longer orbits around the maternal axis; this renunciation to his androgynous primal

attachments involves evolution and shapes individuality. With the tyrannical mother, whose dominance is characterized by Lacan as emasculatory [4], the split is undone and the son stagnates to a pre-oedipal phase, undisturbed by the decisive intervention of the father. At this point, mother and child have a connection in which "each strives to see itself reflected in the other; each defines the other's identity, a kind of primordial master-slave dialectic. It is a relation of reciprocity without exchange" [5]. Fundamentally, this is the period when the child accepts being the illusory phallus for the mother, before the symbolic castration performed by the father, a recompense which awakens the infant's awareness about the impossibility of the game. After that, the baby can move to the next level, the mirror stage, when identity begins to be constructed and the sense of self or ego is formed once the infant recognizes itself in the mirror. It is the first major step towards freedom, but also the basis of a painful alienation, forever followed by attempts to cover over.

For the virile woman, this dissociation means losing her almightiness and, if her masculinity is accompanied by narcissism, the situation becomes even more complicated. She sees in the child a prolongation of her own self, a supplementary reason for the mother to take pride in him, to appreciate the 'progresses' he makes under her attentive observation, in accordance with her own desires and requirements. It is the love for the baby, who though has nothing to offer concretely, feeds his mother's conceit. The infant's growth produces a rupture in the chain, because he ceases to be an object easy to mould. Hence, such a mother hangs on to the continuation of her son's babyhood, a condition that is maintained artificially by wrapping her progeny in the diaper of noble aims and aspirations to round off her creation. She transcends herself in her boy, the easiest way of taking action and doing something she interprets as grandiose.

That is the reason why this feminine typology will do everything to obstruct the father himself or any father figure who wishes to inflict what psychoanalysis calls the Law of the Father. If she is successful, the repercussions are serious and permanent, or at least that is what Lacan suggests by showing that the Name-of-the-Father is the fundamental significant allowing the significance to act normally. This fundamental significant confers identity to the subject, because it names it and positions him in the symbolic order, indicating the oedipal interdiction, the 'no' to the taboo of the incest. If the significant is foreclosed, the result is psychosis [6].

The father is the prohibiter, the establisher of certain limits, the voice of obligation. Whereas the mother is equivalent to unconditional love, the father stands for conditioned, deserved affection. He teaches the child discipline and demonstrates that one must do certain things for the others, a concept that is very different from maternal adoration which demands very little and offers everything in exchange.

After the pre-oedipal stage, the male parent intervenes upon the mother, depriving her of the imaginary phallus, breaking the androgyny between the two and imposing a new conduct of his wife towards the offspring. Then, a direct confrontation father-child follows, in which the latter is released from the impracticable phallic mission – lethal in the long run – and can at last identify himself with the father. It is a process in which the infant outgrows his oedipal desire by internalizing the Law embodied by the father, a Law that compensates for the renunciation to his former longing to the mother. Now, the boy gains his right of "phallic speaking subject" [5].

If the mother is reasonable, she cooperates with the father in order to help her boy to evolve harmoniously. In "the ideal case, mother's love does not try to prevent the child from growing up, does not try to put a premium on helplessness" [3]. But the authoritarian mother has a different theory. The result? A childish man with an anesthetised heart and mind, with masculine impulses carefully and constantly repressed. In short, a puppet on a string deprived of will and vital force.

Adulthood, Anxiety, Alienation

The three a's, perceived here as complementary notions, stand for the main aspects portraying the manhood of a person raised by a devouring mother. They are the perpetuum mobile for the dynamics of such a man's lifestyle and decision-making. We have already seen the mechanism lying behind the genesis of the immature grown-up, a personality rebuilding route, which is one of the keys to unlock the perplexing thinking of the grown-up surrounded by frustration and confusion. The burden imposed by an irresponsible mother is too heavy to carry: it is the skeleton hidden in the closet that he will never cease to discover and will always haunt him, irrespective of age or the place he is in. In fact, we believe that we may speak about the adult's zero evolution in fundamental matters and zero resilience to existential hardships as this non-development instituted by the female parent is synonymous with stagnation. What is more important than the 'birth' of the man condemned to permanent infancy refers, however, to the concrete manifestation of this handicap acquired in early childhood.

Men suffering from an identity crisis are difficult to detect, especially if they act as sane, rational persons. Very often, they are successful, even admired by their entourage and perceived as role models. Under normal circumstances they may function well, but under less favourable conditions they become depressed and anxious. Furthermore, they are unable to surpass their infantile superficiality, which, sooner or later, will prevent them from dealing with public and personal duties and will expose them as useless or ridiculous. Can such a

disappointment be avoided? Hardly, considering that the source of these men's deviance has deep roots in their traumatizing infancy, when the mother refuses to be aware of the consequences of her irrational conduct. Obviously, 'mother's boys' fail to develop a healthy self-esteem, to become confident in their chances of achievement and convinced of their own human value. That happens first and foremost because "the tie to adults who are 'unfit' as parents, unbroken closeness to them, and especially identification with them, may cease to be a benefit and become a threat" [7].

1.1 The Infantile Lover

Perhaps sentimental life is the most revelatory chapter of their anxiety. To have the power of doing what is apparently bad for him, the individual must be unfaithful to his primal Eros, to leave his first love, to forget the mother, or rather her imago. If not, his affectivity is sterile. Some of these men become homosexual, an allegorical homage they pay to their mother, who remains thus the only significant feminine presence in their destiny; some others are heterosexual, but not pillars of the family, as generally expected. Among her many strategies, the domineering mother uses as one of her main weapons the suppression of eroticism in her boy for as long as possible, since sexuality would hasten the son's realization of his inadequacy as imaginary phallus. And, when sexual initiation does occur, despite the mother's effort to avoid it, instead of representing a new mental and spiritual revolution in the cycle of maturation, a cry for autonomy, an ascesis, it becomes a regression. The explanation is very simple: the conscience of the puerile man is reduced to the instinctual creed that the psychological mother-son union implies safety and wellbeing. Emotionally lethargic, he resents adulthood and visualises the world of the grown-ups as frightening, unacceptable. He understands motherhood as mirage that relates any major human travel to the depth of the womb. Irrespective of the number of initiating events, the plunge is into the mother, who means shelter. Therefore, he dismisses alienation by the simple physical presence of any 'clone' of the biological mother. The fiancée, the wife, the mistress are designed in his mind as an army of obliging mothers. After 'plotting' with the natural mother – who is now replaced – to cheat life, he strives to do the same with his beloved; thus he never gives up the self-identification with the imaginary phallus, the gift for all his protectresses. Once again, he makes a step back instead of a step forward, so as not to be too estranged from the matrix, the shield that wards strokes off. He does not internalize motherhood as the starting point of knowledge, but compresses the entire Universe inside the mother, be her the real one or a surrogate, clinging to an androgyny that brings about the hope of happiness.

Jung comments upon the mentality of such a man by explaining that his Eros is passive like that of a child; he wants to be made prisoner, absorbed, wrapped and devoured. He looks somehow for the magic circle around the mother, with its protective and nourishing virtues, the state of the child absolved of any worry, when the world is the one coming to him [8]. The concrete travel through life is not satisfactory because civilization does not surrender, is harsh and must be conquered by strength. He may be in the middle of the most important events, yet he is not there mentally; he is a fugitive, hiding from coldness, intolerance and wickedness in mother's arms.

The tragedy is that the baby-adult cannot offer genuine love; his possessive mother has already taken care of this aspect. The child, and later on the adolescent is made to breathe but through her and implicitly taught to love all the other women only at a superficial erotic level and only if they are able to sacrifice themselves for him. If he is lucky enough to find a partner who accepts that his "aim is to be loved, not to love" he feels at ease, "can display a great deal of affection and charm and that is the reason why these men are often so deceptive" [3]. The lover in herself is not important; the mother within matters, which indicates that all the women he chooses are seen as a whole, different as they may be. He is addicted to each, as long as they bring the world to him and is willing to please them, to obey them blindly, a sort of submission that imitates the symbiotic union. Yet, if the partner becomes 'selfish' at a certain point, namely if she demands her right to be taken care of, to be respected and cherished for what she is, not for what she does to support her consort, the man suddenly feels betrayed and abandoned. His beloved is accused of unfair treatment or ingratitude, and consequently replaced rapidly.

It is hence very possible for this masculine prototype to become a true seducer. He is envied for his numerous conquests, for his long list of 'victims'. However, there is nothing to envy here. He acts like a "Don Juan, who needs to prove his male prowess in sex because he is unsure of his masculinity in a characterological sense" [3], because he feels weak and needs to compensate for his debility by being erotically assertive. In addition, his every affair is a search for a secret ideal, for a new fusion that provides comfort so as to revive the memory of the first mother. At each encounter with a woman, he is reincarnated as a new-born baby, condemned to restart the pre-Oedipal cycle, a Sisyphean sentence that stops progress. Our charmer subscribes to the Lacanian theory which views desire as metonymy, in the sense that one lost love, one lost paradise is immediately displaced onto another, in an endless attempt to grasp the real mother [5]. His tacit message for his female companions is clear: 'I adore because I need you', never 'I need you because I adore you', a reversed word order that makes all the difference between the baby and the man.

1.2 Mother's Boy and the Consumer Society

In a civilization that operates with normal values, the male depersonalized as a result of his mother's pathological influence can mislead the others for a while and be regarded as a respectable, mature citizen; nevertheless he ends by being unmasked and probably marginalized, or at least not taken seriously. But the modern world is ailing as a whole, suffers from angst, solitude and is deprived of identity. So long live the infantile man! He has finally found the propitious environment. Humans have been transformed into "alienated automatons" [3] by the consumer society. Shallowness and the copy-paste example are generally applied and accepted rules. Not knowing what to do or how to do it if one does not follow the universally established patterns is something common nowadays. Collective free will is as paralysed as that of the child dominated by his mother, and thus most men – and women for that matter – resemble those persons who have remained attached to the skirts of the mother, even when that is not the case. Since we all live in "the denial of the real" [9: 34] the male prototype we have dissected so far does no longer seem so abnormal. On the contrary: he is perfectly integrated within the new pattern.

For instance, his continuous flight from one mother to the other is synonymous with the contemporary insatiable desire of moving from one signifier to another – be they objects or concepts – and both stratagems of escaping the truth are based on lack. Or, let us not forget the art of simulation. The man infantilized by his mother usually pretends to be self-possessed and self-confident, which is not very different from the unfortunate current tendency to fake almost everything, interpersonal relationships and knowledge included. If there is not any absolute value at present and the authentic connection between people is lost, the only thing left is "gaining the approval of others, soliciting their judgement and their positive affinity" [9], without proving oneself. It looks as if the modern individual had borrowed some deceptive techniques from the anti-model we have tried to describe.

Under these circumstances, we cannot be sure if the supposed inner emptiness of the metrosexual is generated by a flawed connection with an unsuited mother or by the general trend of depersonalization. Perceived by most scholars as a man focused on his grooming and appearance, spending time and money on shopping and beauty centres and preferring jobs that involve rather fame and adulation than effort, the metrosexual becomes a dominant masculine figure of this epoch. Were we to rely on his narcissistic personality and rumoured vacant ego, we would be tempted to assume that he is the product of a devouring mother. This belief would be enforced by the fact that his ancestor, the dandy, a fashionable of the past, presumably had this problem. Striving for originality and uniqueness – perhaps too hard to be credible – the dandy's "selfhood was a matter of surfaces" [10] and he is known to have reserved all his affection for the mother, ignoring the male parent and his Law. Although his deviance has never been clearly recorded as caused by a devouring mother, the hypothesis is not excluded.

But dandies represented a small group of unconventional personalities, more or less tolerated by their entourage and labelled as eccentric. Metrosexuals are a mainstream; their manifestations are characterized as normal in a world where essence is absent anyway. Several legitimate questions then arise: is the depersonalized modern man the victim of an engulfing mother or of an engulfing society? How can we treat the symptoms of alienation if we do not know its source? And ultimately how can we expect the new generation of men to hold the entire earth and to fertilize the field of the world (Jung 1994 a: 142) when they often undergo emasculation twice: from resentful mothers and from an embittered society?

Conclusions

When the psychological umbilical cord between the mother and the boy is not cut, the son is forever pushed towards a universe of pre-oedipianism, as a mechanism of defence against the cruelty of the world. His infantilism as an adult brings about discontent for himself and disappointment for those who need to rely on him either in his capacity of companion or in his capacity of social pillar. He is emotionally dysfunctional and, although this handicap may not be extremely visible, he becomes a burden that others have to carry. Unfortunately, in modern times the immature man is everywhere, because the devouring mother has a new ally: the consumer society, which destroys the sense of self as efficiently as she does.

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Cognitive resilience factors for parental distress in the case of parents having children with externalizing disorders

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Abstract

Although it is currently acknowledged that parents of children presenting externalizing disorders are experiencing high levels of distress, there is little knowledge on specific resilience mechanisms involved in this relationship. The aim of the present study was to investigate the cognitive resilience mechanisms involved in parental distress, in terms of the interplay between different levels of parent parental attitudes, like their self-efficacy and locus of control in predicting their anger. 132 parents participated to this study, whose children met the criteria for child disruptive behavior according to the ASEBA System (Child Behavior Checklist/Teacher Report Form, by scoring over the clinical cut-off of one type of assessment). Results obtained show negative relations between holding a high level of self-efficacy and an internal locus of control and reporting high levels of anger by the parents. Implications of the findings are discussed in light of developing innovative interventions for developing the resilience of the parents of children presenting externalizing disorders.

Keywords: parental distress, cognitive processes, child externalizing disorders.

Introduction

While parenting a child is found to be not an easy job, parenting a child presenting disruptive behavior is uniquely challenging and can be extremely stressful. Great research efforts have started to be devoted lately to understanding factors that contribute to parental emotional and behavioral self-regulation processes. Furthermore, there are increasing efforts to address parental self-regulation aspects in parental programs for reducing child disruptive behavior [1] and such programs might be enhanced by additional investigation of mechanisms important to parental self-regulation in this population.

An important variable found across all studies to moderate the efficacy of parent training programs, regardless of child diagnosis, is difficulties in parental affect regulation [2], and oppositional behavior. Parents of children with conduct disorder (CD) and oppositional defiant disorder (ODD) show poorer abilities to regulate anger, and a higher incidence of corporal punishment and abusive/excessive discipline [3]. Parent anger has been associated with dysfunctional discipline strategies, child noncompliance, child abuse, and various emotional problems during childhood [4]. It has been found that emotional support and nurturance diminish as parent anger increases [5].

Conceptualization of the cognitive mechanisms of parental stress and anger and the mechanisms through which they lead to parenting deficits are not well developed. Parental perceived control over the misbehavior and self-efficacy are processes that have been considered to affect discipline responses. Parents who perceive that they lack control over their child misbehavior are more likely to experience negative emotions than those who believe they can control the misbehavior [6]. Although the evaluative component of parental cognitions has received some attention, this research has yet to reflect the full range of cognitive processes emphasized in the literature on levels of cognition. Recently, it was shown [7,8] that specific irrational cognitions mediate the role of the general cognitions on parental distress, and that irrational beliefs mediate the effect of the self-efficacy on both parental stress and satisfaction.

A first goal of the present research is to investigate the cognitive structures responsible for causing distress in parents of externalizing children. The first hypothesis proposes that inferential cognitions are impacting parental anger through the means of parent's evaluative cognitions.

Methodology

1.1 Participants

Participants were 132 parents from an ongoing study on the effects of parental programs in reducing child disruptive behavior, whose children met the criteria for child disruptive behavior according to Child Behavior Checklist (by scoring over the clinical cut-off of CBCL;[9]). 116 were mothers and 14 were fathers of the children (63 boys and 67 girls). Children were aged 4 to 12 years, with a mean age of 6.20 (*SD*=2.04).

1.2 Measures

1.2.1 The Parental Anger Scale (PAS; [10])

The PAS is a self-report measure of parental anger state consisting of 30 items. The items are rated on a 6-point Likert scale that vary based on the specific item. Initial psychometric investigations yielded one and two factor structure of the scale (Anger Expression and Anger Behavior) and showed good psychometrical properties (alpha=.93; [10]).

1.2.2 The Parenting Sense of Competence Scale (PSOC; [11])

The PSOC is a 16-item measure assessing parents' views of their competence on two dimensions: satisfaction with their parenting role (reflecting the extent of parental frustration, anxiety, and motivation); and feelings of efficacy as a parent (reflecting competence, problem-solving ability, and capability in the parenting role). The total score, satisfaction score, and efficacy score show a satisfactory level of internal consistency (r = .79, .75, and .76 respectively [11]).

1.2.3 Parental Locus of Control Scale - Short Form Revised (PLOC-SFR; [12])

The PLOC was developed to provide a locus of control measure specific to parent-child interaction, toward the end of obtaining better prediction of child and family variables. High scores on the scale indicate an external locus of parenting control and low scores indicate an internal locus. The reported alpha coefficient for internal consistency is .92 for the total scale, with good construct and discriminant validity [12].

1.2.4 General Attitudes and Beliefs Scale –Short Form (GABS-SF; [13])

The GABS-SF is a 26-item self-report measure for irrational cognitive processes (e.g., demandingness, awfulizing, global evaluation, low frustration tolerance). Items are cognitively worded and include sets of irrational and rational worded items. Adequate psychometric properties have been reported in the literature [13]

Results

We investigated possible relationships between demographic variables, affective states, cognitive mechanisms and parenting.

Table 1. Correlations between parental anger and the cognitive variables considered

	Parental Anger
3.Rational cognitions	.02
4.Irrational cognitions	.25**
5.Parental efficacy	.34**
6.Parental locus of control	.23**

***. Correlation is significant at the 0.05 level (2-tailed).*

Variables demonstrating a relationship with parental distress and dysfunctional parenting were then entered into regression equations as predictors of distress and parenting. Mediation analysis was performed for

variables showing significant bivariate relations, in accordance with the published criteria [14]. The conservative Sobel test was used to evaluate the indirect effect of the independent variable on the dependent, via the mediator.

Irrational cognitions, together with parental locus of control were entered in a regression equation with parental anger as dependent variable. The model accounted for 10% of the parents 'general distress (*R* square =.10; $F(2,130)=5.47$, $p<.05$). Mediational analysis showed that when parental locus of control was entered in the equation, the relationship between irrational cognitions and parental anger was no longer significant. Sobel test shows that the path mediation is not significant.

We further entered parental efficacy together with irrational cognitions in a regression equation with parental anger as dependent variable. The model accounted for 15% of the parental anger (*R* square =.15; $F(2,130)=9.70$, $p<.01$). Mediational analysis showed that parental irrational cognitions mediate partially the relationship between self-efficacy cognitions and parental distress. Sobel test shows the mediation is not significant.

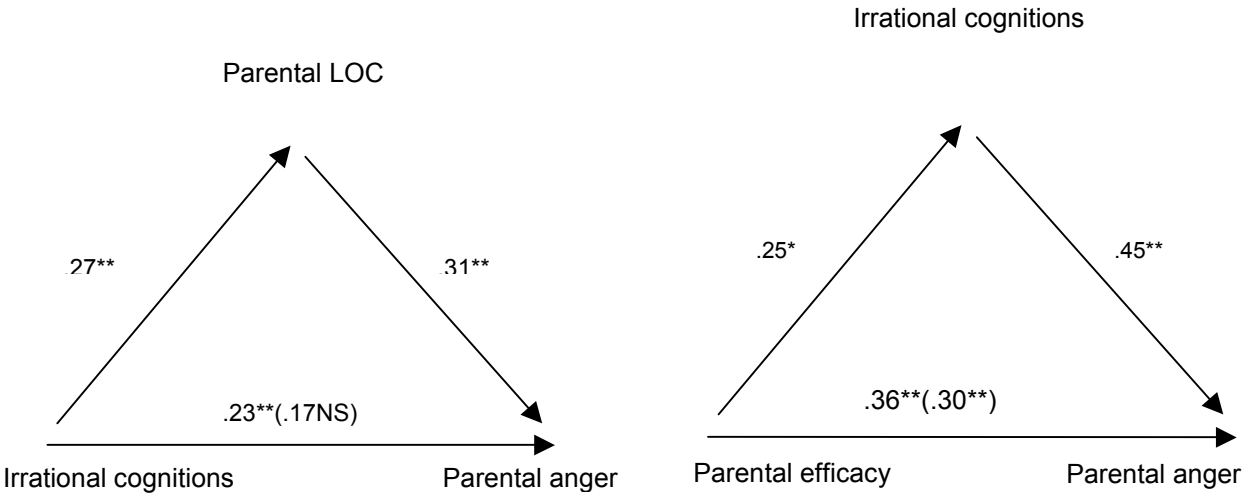

*Fig. 1 Mediational diagram for models testing the interrelations among irrational cognitions, parental locus of control, parental efficacy and distress. All values are beta coefficients. Values in parenthesis show relationships between predictor variable and the dependent variable when the mediating variable is included in the model; *p<.05; **p<.01; the value of Sobel test for the first mediation is .74NS and for the second is 1.13NS.*

Conclusions

Overall, in terms of the mechanisms to explain emotion regulation processes in parents of children presenting disruptive behavior, path for parental global appraisals causing parents' dysregulated affect is trough parental locus of control. Results obtained show that perceived external control for the child behavior and parental irrational cognitions are contributing to causing parents to feel distressed. We proposed that in case of parents of children with disruptive behavior that are biased towards considering that their child is controlling their life, this determines rigid evaluations how things should be or themselves being worthless, which causes parental anger and dysregulated affect. Surprisingly enough, compared to the findings on parental stress of parents of non-clinical children [8], the path tendency underlies the mediating role of external locus of control for child misbebehavior in causing parental anger. Our findings have thus showed a reversed path tendency towards the irrational cognitions activating parent's inferences on external control for their child misbehaviour, which in turn causes them to feel angry. However, the causality path has not been found significant.

In line with the appraisal theory of emotions [15], we have found that parental anger is linked to a high level of evaluative cognitions and distorted representations of control for child behavior. If parents have strong hot/ evaluative cognitions about being in control, then the lowest possibility that they are not in control will stir emotions. This may be one reason why focus on inferential parental cognitions (locus of control, parental self-efficacy) which are connected with probability of an event occurring, is insufficient for getting better in terms of parent's distress. In other words, in the presence of general cognitive vulnerability given by rigid expectations any distorted interpretation parental make on their child behavior will cause them to feel distress. Thus, the predictive value found for irrational cognitions is in line with research in cognitive sciences showing the importance of targeting evaluative cognitions in parents in order to overcome the distal causes of parental anger. Future studies should to explore the incremental efficacious curve provided to traditional parent training programs by enhancing their emotion-regulation component with reappraisal based strategies for achieving a better child adjustment.

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Sociodemographic and obstetrical risk factors in mothers with postnatal depression from timiș county. A preliminary survey.

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Abstract

The postnatal depression raises several mental health related issues in newborns and their mothers. Also, postnatal depression remains one of the most underrecognized psychiatric condition that are encountered in obstetric setting. The present research aimed to investigate the rate of postnatal depression and the sociodemographic and obstetrical parameters that are significant correlated with postnatal depression. A cross-sectional research was performed on eighty mothers monitored in the Ambulatory of "Bega" Obstetrics Clinic from Timisoara. Postnatal depression was assessed using Edinburgh Postnatal Depression Scale (EPDS), using a cut-off ≥ 10. A significant number of mothers have scored 10 or above in EPDS (N=43; 53.75%). Mothers with postnatal depression have had a lower level of education ($p = 0.004$) and a lower individual income compared with non-depressive mothers ($p < 0.05$). Among obstetrical parameters, primiparity ($p = 0.002$), complications during pregnancy ($p = 0.04$) and prematurity ($p = 0.034$) were significant more frequent in mothers with postnatal depression. In conclusion, postnatal depression is a common psychopathological phenomenon in our region, and we consider that obstetricians should recognize the pregnant women that are at increased risk for postnatal depression.

Keywords: postnatal depression, risk factors, obstetric, sociodemographic.

Introduction

Available data from international literature have evidenced that perinatal depression, which occurs during antenatal and postnatal period, is more frequent than was believed previously [1]. These researches have stressed that, at least in part, the postnatal depression has yet begun from the antenatal period and lasts several weeks after delivery. Starting from this observation, we can assume that at least in certain cases, there is a temporal continuum between depressive symptoms that are experienced by new mothers in both periods, antenatal and postnatal [2]. Undoubtedly, postnatal depression could be subsyndromatic in antenatal period, but increasing in its intensity after delivery. Quite often, the postnatal depression is circumscribed just to the postnatal period and not being preceded by any depressive symptoms in antenatal period. Nevertheless, the old myth about the protective role of pregnancy against depression has been removed.

Not less important, it is the high prevalence of anxiety disorders occurring in perinatal period of women, without any relation with depressive syndromes, giving the new direction for future researches in this domain [3].

Taking into account the earlier age of new mothers with postnatal depression comparatively with their childless counterparts, the clinicians should consider the increased potential of index postnatal depressive episode to evolve toward a bipolar affective disorder [4].

In accord with current data, the postnatal depression appears in about 10 – 15 % of mothers during the first 12 month after delivery [5]. These figures indicate that the postnatal period should be considered at least as vulnerable for depression occurrence like any other period of the women life. From the methodological point of view, it is very important to clearly delineate the postnatal period in the determining of postnatal depression prevalence. This is because there is a difference between two diagnostic manuals. Thus, while DSM-IV-TR defines postnatal period as being four weeks after delivery, in a different manner according to ICD-10 diagnostic criteria, the postpartum period consists of six weeks after delivery [6], [7].

Away from being elucidated the etiopathogenesis of postpartum depression, the scientific community still debate the determining role of several biologic and psychosocial factors, which could play a significant contribution. Therefore, alteration of estrogen levels and increased level of prolactin were suggested as being involved in the pathogenesis of postpartum depression [8]. Moreover, serotonin transporter gene polymorphisms were found to be associated with this pathology, and therefore this genetic mechanism could be considered as the common biological substrate underlying both types of anxiety and depressive symptoms [9], [10]. Other presumed biological factors that could be involved in the etiopathogenesis of postpartum depression, we can mention: the occurrence of antithyroid antibodies caused by increased immunity reactions (immunologic rebound) correlated with low levels of cortisol once the placenta was eliminated (placental source), GABA-ergic dysfunction, diminished plasmatic level of ß-endorphins, decreased insulinemia with consequently diminished transport of tryptophan, etc [11], [12], [13], [14], [15].

From other perspective, the contribution of psychological factors in postnatal depression was equally investigated like that of biological factors. Regarding the psychological factors that were evidenced as having a causative role in postpartum depression, the following could be cited: lack of social support and difficulties in couple relationship, unwanted pregnancy, emotional and physical abuses in childhood, dysfunctional coping styles along with dysfunctional cognitive beliefs, etc [16], [17], [18],[19], [20].

Last but not least, we consider that sociodemographic and obstetric factors should be considered as being as important contributing factors for postnatal depression like the other aforementioned factors. Among these factors it can be mentioned: primiparity, complications during pregnancy, low weight birth, lack of partner, to be unemployed etc [21], [22].

Objective

From the beginning, we had like to mention that the current research is part of a larger research on postnatal depression.

One of the objectives of our research was to identify the sociodemographic and obstetric factors that are significant associated with postnatal depression. Also, we propose to assess the potential predictive role of sociodemographic and obstetric factors in determining of postnatal depression occurrence.

Method

1.1 Participants and study design

The present study was a case-control cross-sectional study conducted on eighty mothers at 6 – 8 weeks after delivery that were monitored at one site represented by the Obstetrics Ambulatory belonging to "Bega" University Clinic from Timisoara, Romania. The accidental sampling method was used to recruit the participants in the current study. Women giving birth at the above mentioned institution were recruited during their regular postpartum and post hospital discharge care medical follow-up visits for health status monitoring.

The recruitment period of eligible subjects lasted from January to June 2013 at the site mentioned above. Subjects were recruited under the supervision of a senior obstetrician. All selected participants provided informed consent, and an in-person interview was conducted.

The eligibility criteria consisted in no history of psychiatric disorder, age between 18 and 45 years old and participation to all periodical medical visits that were requested during the perinatal period.

During the recruitment period, 111 mothers were eligible to participate in the study and of these, 80 (72.1%) agreed to participate, 10 (9.0%) had a positive psychiatric history for depression, 5 (4.5%) didn't complete all the scales, and 16 (14.4%) declined to participate.

The study was conducted according to the Declaration of Helsinki, the European Guidelines on Good Clinical Practice, and relevant national and regional authority requirements and ethics committees.

Socio-demographic data (Table I) such as current age, marital status, professional status, educational level, residency, along with obstetrical data pertaining to type of birth, gestational age, birth weight and complications during pregnancy were recorded from medical chart reviews.

1.2 Measures

The level of depression was measured by the Edinburgh Postnatal Depression Scale (EPDS), which is a 10-item self-rating scale designed to detect postnatal depression, conceived by Cox et al. The total score of EPDS range of 0 to 30. The EPDS scores were dichotomized as follows: a global score of at least 10 means the presence of depression while a global score less than 10 indicates the absence of postnatal depression, as previously recommended in primary care settings by Cox et al [23].

1.3 Data Analysis

SPSS for Windows version 17 has been used to analyze data. Chi-squared test was used for categorical variables and two tailed t-test for continuous data analyses. A non-parametric rank test (Mann-Whitney U-Test) was used to analyze ordinal variables originating from two independent subsamples. For the correlations, rho Spearman correlation was determined in the case of ordinal dependent variables and Pearson correlation for dependent numeric variables.

The sample set was stratified according to the EPDS cut-off point score – the two strata consisted of depressive mothers and mothers without depression. Hence, the analysis compared the pursued variables between the two subgroups.

In order to evaluate the predictive potential of obstetric and anthropometric variables of new-born at the moment of delivery, a binary logistic regression analysis was performed using "Enter" method. Binary logistic regression has took into account the following obstetric and neonatal variables: primiparity, mode of birth (caesarean versus natural), complications during pregnancy and the prematurity.

Results

As presented in Table I, more than half of the assessed mothers (N=43; 53.75%) have met the criteria for the presence of postpartum depression during the investigation. The average age of mothers was 28.9 years old (SD=4.78), with no difference between depressive and non-depressive mothers (independent samples t-test; t=0.54; p=0.585). The overwhelming majority of mothers were living in the urban area. In somewhat expectedly manner, the majority of young mothers had a good professional status, in the sense that they were either employed or student; however there was no significant difference regarding the professional status between depressive and non-depressive mothers (Chi-square; X^2=2.56; p=0.109). Also, there was no difference between mothers with and without postpartum depression according to marital status (Chi-square; X^2=0.03; p=0.854). With respect to educational level, there was a significant difference between the two strata (Mann-Whitney U test; U=594; Z= – 2.86; p=0.004), mothers with postpartum depression had lower educational level compared to non-depressive mothers.

Table I. The sociodemographic data of both entire sample and stratified sample sets (depressive vs non-depressive mothers)

N	Entire sample (N=80)	Depressive mothers (N=43)	Non depressive mothers (N=37)	Significance of differences
Age (SD)	28.9 (4.8)	29.2 (5.5)	28.5 (3.8)	p = 0.585
No. Educational level, University and Lyceum (%)	76 (95.0%)	39 (90.7%)	37 (100%)	p = 0.004
No. Residency, Urban area (%)	69 (86.3%)	35 (81.4%)	34 (91.9%)	p = 0.208
No. Professional status, Employed and Student (%)	68 (85.0%)	34 (79.1%)	34 (91.9%)	p = 0.109
No. Marital status, Married (%)	71 (88.8%)	38 (88.4%)	33 (89.2%)	p = 0.854

Note. The listed percentages are reported to either strata considered separately.

The obstetrical and anthropometric variables of studied mothers and their babies are shown in Table II. Primiparous mothers were more frequent among depressed compared to non-depressed subjects (Chi-square; X^2=9.617; p=0.002). Mode of birth was not significantly associated with postpartum depression (Chi-square; X^2=2.534; p=0.111). There was a statistical significant difference with respect to the presence of complications during pregnancy that were more frequent in depressive than in non-depressive mothers (Chi-square; X^2=4.206; p=0.04). Complications during pregnancy include any health problems occurring in the aforementioned period requiring either a specialty treatment or hospitalization. Also, the study revealed that prematurity, defined as the birth of a baby of less than 37 weeks gestational age, was significant most common in newborns delivered by depressive mothers than the ones without depression (Chi-square; X2=4.483; p=0.034).

Table II. The obstetrical and neonatal parameters in investigated mothers (depressive vs non depressive mothers)

Obstetrical and neonatal parameters	Entire sample (N=80)	Depressive mothers (N=43)	Non depressive mothers (N=37)	Significance of differences
Primiparity (N, %)	22 (27.5%)	18 (41.9%)	4 (10.8%)	p = 0.002
Cesarean mode of birth (N, %)	51 (63.75%)	24 (55.8%)	27 (44.2%)	p = 0.111
Presence of complications during pregnancy (N, %)	14 (17.5%)	11 (25.6%)	3 (8.1%)	p = 0.040
Presence of prematurity (N, %)	17 (21.3%)	13 (30.2%)	4 (10.8%)	p = 0.034
Low birth weight (N, %)	12 (15.0%)	8 (10.0%)	4 (10.8%)	p = 0.330
Normal APGAR score at 5 minute (N, %)	75 (93.8%)	39 (90.7%)	36 (97.3%)	p = 0.224

Note. The listed percentages are reported to either strata considered separately.

Related to binary logistic regression results, we found that the primiparity was the single obstetrical predictive factor associated with the occurrence of postnatal depression (OR = 4.74, 95%CI 1.32 – 17.05). On the other hand, with an OR of 4.74, the probability of a primipara to develop post-partum depression is 82.6%, with a 95% CI (57% to 94%). Of the total 43 patients with post-partum depression, the model correctly detected 34, which corresponds to a sensitivity of more than 79%. The overall percentage of successful prediction was of 71.3%, due to the high rate of false positives (37.2%).

Discussion

When it is self-reported by using EPDS, postpartum depression represents a very frequent psychopathological condition that is shared by more than half of new mothers from our study. This huge percentage could be argued through two possible explanations. First, as it is well-known, the self-assessment tools are more prone to bias with a lesser degree of confidence than other types of standardized diagnostic instruments [24]. Second, it is very possible that due to the present socio-economical context of our country, along with its negative dynamic in last years, the percentages of mothers who are depressed in the postpartum period are higher than in other more developed western European countries. In our cultural space, there are more expectations related to socio-familial roles of women than in males, as most women must perform multiple roles such as to be a mother, housekeeper, good wife, and if possible to also have a job. In this latter regard, our results show that almost 90% of studied mothers worked up to birth. The increased proportion of mothers living in an urban area could at most indicate the higher level of education and easier access to ambulatory medical services, compared to women living in rural areas. Unfortunately, there still are evident discrepancies regarding the aforementioned factors between rural and urban areas in our country. One interesting observation in our study was the significant association between higher level of education and the absence of postpartum depression. Other previous studies have shown that higher education can be a resilience factor against postpartum depression [25].

Interestingly enough, postpartum depression was associated with different obstetrical and neonatal factors in our study. Somewhat expectedly, primiparity was shown as being the most significantly associated obstetrical parameter with depression. In line with other reports, mode of birth was not significantly associated with postpartum depression [26], [27]. In addition, mothers with postpartum depression were more likely to have obstetrical complications during pregnancy [28]. It is plausible that these stressful psycho-emotional factors that are outside the of mother's control could contribute to the development of postpartum depression. Moreover, as others have shown as well, postpartum depression was more frequent among mothers who delivered a premature child [29]. In contrast, postpartum depression was not associated with low birth weight and low APGAR score,

possibly due to our low sample size. According to our research, the primipara women are at the highest risk to develop depression in postnatal period. Certainly, further larger studies are needed to clarify this topic.

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A qualitative evaluation of a theory-based support group intervention for children affected by maternal hiv/aids in south africa

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Abstract

The study was conducted within a broader longitudinal NIH-funded study on resilience in South African mothers and children affected by HIV/AIDS – the Promoting Resilience in Young Children Study. The study qualitatively evaluated a 24-week support group intervention programme which was designed to enhance adaptive behavior of latent-phase children affected by maternal HIV/AIDS. The participants (n=139) were purposefully selected from among previously identified HIV-positive women (n=220) with children between the ages of 6 and 10 years at clinics in the Tshwane region, South Africa. Data were collected over a period of five years in multiple waves of intervention implementation. The data collection strategies comprised of group process notes, care worker focus groups, quality assurance questionnaires and field notes. The findings of the study showed that the content, methods and processes employed in the group-based sessions were effective and culturally sensitive. The group provided a buffer for the children and supported them in coping with their mothers' illness. The children displayed normative values through their religious coping styles, their quest for and display of respect and their unambiguous assertion of right and wrong. A specific finding of this study was that the children created a space in which to order their thoughts, behaviors and emotions within the intervention. This provided them with parameters in their adverse circumstances to display adaptive behavior. The study suggests that support groups should be incorporated into intervention programmes dealing with latent-phase children affected by HIV/AIDS.

Keywords: HIV-affected child, adaptive behavior, latent child, theory-based support group intervention program

Introduction

A large group of South African children are exposed to the psychosocial and economic effects of HIV/AIDS. Sub-Saharan Africa carries over 69% (nearly 1 in every 20 adults) of the world's HIV/AIDS burden [1]. The children who live in families where their mothers are infected with HIV, experience the same kind of anxiety and fear as children who live in families disrupted by other life-threatening diseases such as cancer [2]. However, there is often an added burden on them – stigmatisation, discrimination and related economic stressors accompany their daily struggle to adapt to their living circumstances [3,4]. Stigmatisation by itself has the possibility of increasing the impact of HIV/AIDS on children's lives. In various cases the parents do not disclose their HIV status to their children because of the associated stigmatisation involved in disclosure.[5] Furthermore, the symptoms of the illness and possible negative family dynamics, for instance maternal depression, make it difficult for the child to make sense of his/her situation [6]. In South Africa the effects of HIV/AIDS on victims and their families, often living in single-parent households [7] and poverty and experiencing high levels of violence, are exacerbated by the limited support they receive from the community. The children of HIV-positive mothers consequently experience uncertainty in their environment, compounded by the added insecurity brought on by their mother's state of health [8].

Fortunately, HIV is no longer an early death sentence as current antiretroviral medicine and new treatment options make it possible for HIV-infected patients to have a near-normal life expectancy. These medical advances make it even more important for researchers to support mothers and children in managing their HIV diagnoses and prognoses to such an extent that the family can adapt to their new circumstances and experience a fairly normal family life [5].

Rigorous research focusing on the evaluation of programs designed to enhance the adaptation of latency-aged children to maternal HIV/AIDS and psychosocial support for families in these circumstances over an extended period are scarce. [6,9]. Research regarding the impact and effect of the different bioecological systems of the child and his/her family affected by HIV/AIDS are of particular importance, to ensure that a program is holistically evaluated. The change of emphasis in HIV/AIDS programs, shifting from focusing on the physical support to children to the added psychosocial support to children in their context, had an impact on current research regarding the planning and evaluation of programs to support children affected by maternal HIV/AIDS [6].

The study is a secondary data analysis of a larger NIH funded longitudinal randomized controlled study. For the purpose of this study, resilience is postulated as the umbrella concept of adaptive behavior. Resilience is made operational in adaptive behavior. Resilience is a continuous process that constitutes protective factors which buffer children exposed to adverse circumstances. Resilience can thus logically only exist when children have been challenged by or experienced adverse life circumstances – in this instance maternal HIV/AIDS and poverty. The aim of this study is to qualitatively evaluate and rigorously assess the efficaciousness of a group-based intervention program to enhance adaptive behavior (resilience) of children who are affected by maternal HIV/AIDS.

Methodology

1.1 Participants and recruitment

Mothers with children between the ages of 6-10 years were recruited by research assistants from nearby hospitals and clinics. The eligibility criteria for inclusion in the study were: (1) child was not infected by HIV; (2) child is cared for by his/her mother for at least 5 days a week and (3) child stayed in area of intervention sites. Informed consent from all the mother and child participants was obtained by the research assistants prior to the intervention. Each mother participant received an incentive of R40 (US$4) as compensation for traveling costs and each child received a toy worth R10 (US$1).

The study sample consisted of 139 children (76 boys and 63 girls) from two regions in the Tshwane district in the Gauteng province, South Africa. At the time of the data collection the mean age of the child participants was 8.2 years. The socioeconomic data indicated that a large group of mothers were unemployed at the start of the intervention sessions. A small number of the mother participants were married and almost half of them were not married but had a partner. Only 12.20% of mothers indicated that they (or others) had disclosed their HIV status to their children.

1.2 Measures

The data for the evaluation of the intervention program were collected through multiple sampling strategies. The researcher utilized socio-demographic questionnaires, session notes completed by multiple care workers for each group session, focus groups with group facilitators, group evaluation feedback forms and field notes.

1.3 Description of the intervention

The intervention program was developed in collaboration with a team of child development experts from the University of Pretoria and Yale University. This theory based intervention was developed after a meticulous study of the most recent advances in the study of resilience. The cultural environment of the South African child and the children's developmental level were also taken into consideration [10]. The content (refer to Fig.1) was discussed with advisors in the community to ensure that it is culturally sensitive and relevant. The first part of the intervention program consisted of 14 sessions where the children attended the sessions separately from their mothers and the second part of the program consisted of 10 interactive sessions with their mothers. Each session was led by two care workers. The care workers or group facilitators were volunteers in the community and they received a small stipend. Counseling on-site site with social workers was available to them. The care workers received weekly debriefing sessions with a senior social worker and a psychologist to cope with the emotional demands of their work.

Separate sessions 1-14	
Week 1	Introduction and getting to know each other. ' Let's get to know one another'
Week 2	Developing relationships within the group 'Let's get to know one another'
Week 3	Describe self and self in family 'Who am I?'
Week 4	Describe self and family within community 'My community'
Week 5	Identify strengths within self 'What do I look like? I have, I am, I can!'
Week 6	Identifying coping that is linked to strengths identified 'What can I do/ What am I good at?'
Week 7	Problem solving 'How can I do it?'
Week 8	Protecting self and identifying boundaries 'Protecting myself'
Week 9	Social skills 'Socializing with peers'
Week 10	Identifying emotions (focus on self) 'How do I feel?'
Week 11	Identifying emotions (focus on other and communication skills)
Week 12	Survival skills (Part 1), 'Look and learn'
Week 13	Survival skills (Part 2), 'Look and learn'
Week 14	Identifying meaning, purpose and future orientations 'Let's live life'
Interactive sessions 15-24	
Week 15	Mother and child getting to know each other (Part 1) 'Knowing me, knowing you'
Week 16	Mother and child getting to know each other (Part 2) 'Knowing me, knowing you'
Week 17	Mother and child getting to know each other (Part 3) 'Knowing me, knowing you'
Week 18	Creating a legacy. (Part 1), 'Let's make a family memory'
Week 19	Creating a legacy. (Part 2), 'Let's make a family memory'
Week 20	Interaction between mother and child (Part 1), 'Let's have fun'
Week 21	Interaction between mother and child (Part 2), 'Let's have fun'
Week 22	Mother and child sessions revisited (Separate session), 'Where are we at now?'
Week 23	Planning for the future. 'Let's dream together'
Week 24	Family celebration. 'Let's celebrate life'

Figure 1: Content of child group-based intervention sessions

1.4 Data collection and analysis

The data of 12 support groups who received the group-based intervention over a period of 24-weeks as treatment were used to qualitatively compare the post-treatment data. A multiple case study design was followed and data were collected from the group facilitators (care workers), mother participants, child participants and the research coordinator. The attendance per session was on average eight children. The text obtained through the documents and focus groups were coded and analyzed for themes. The data were numbered using the group and ID number of the participants to ensure that the text could be traced back to the original context. Themes and categories were generated and the data findings were interpreted and compared to the literature findings. The themes of the emergent concepts were re-coded to establish improved defined categories. The collection of data continued until saturation was reached and the research questions could be answered.

Results

Information obtained from the intervention session notes mostly confirmed the findings from the focus group discussions with the care workers and the group evaluation questionnaires of the mothers and children. Four major themes were identified: (1) Resilience/adaptive behavior indicators (2) Identified risk factors; (3) Identified protective factor: Normative values are displayed despite chaotic life circumstances and (4) The content, methods and processes employed in the group- based sessions.

1.4.1 Resilience/adaptive behavior indicators

The three themes that most frequently occurred during the group sessions were identification and verbalization of own and others' emotions, communication and sharing.

The children were willing to share their pleasant and unpleasant emotions. The group provided a safe environment for the children to explore and display a repertoire of emotions ranging from joy to aggression. The children showed emotional support for each other. They experienced that sharing and displaying emotions have a healing effect.

"*KM 502 said he can see his mother on her face if she is not happy, after that all agreed with him. He then try and make her happy. He doesn't feel happy if his mother is not feeling happy*" - 7:10

During the group sessions the children were able to communicate their ideas and emotions. Communication helped rectify misunderstandings and this improved, among other things, the relationship between mother and child. The safe environment of the group enabled children to disagree with their mothers. The group sessions empowered withdrawn children to become leaders.

"*When talking with puppet socks mothers were amazed because we explained to them what and how your child said is how you are talking to him/ her at home. They said they know each other better now and they enjoyed doing activities with their children*" - 4:17

Sharing occurred between group members, between mother and child and between children and group facilitators, as evidenced by the notes of the care workers and their observations. The children shared emotions, information and normative values regarding their personal world and their external world (family and school). They also shared constructive and negative information in the safe environment of the group.

"*During the puppet play, they were sharing information on how to play and say during the play. When playing making a friend scenario they were talking positive things and encouraging each other*" - 4:1

1.4.2 -Identified risk factors

Many children feared and reported abuse (emotional, physical and sexual abuse) in their close family proximity (specifically uncles). They displayed fear when they reported situations where family members threatened them with violence if they did not take part in illegal behavior such as buying liquor, although legally under aged. From the data it seemed that they were able to discern between right and wrong behavior. Their distrust in the police to whom they were supposed to report this abusive behavior contributed to their general feeling of insecurity. Their day-to-day exposure to violence in the community where they resided enhanced their feelings of insecurity.

"*During the stone game most of the group members told their stories using violence in the family and there are much of guns and shooting and stabbing in the community*" – Group facilitator

"*KM 627 and KM 679 said that their uncles beat them when drunk. KM 670 just cried and she didn't want to talk when we spoke about the uncles. KM 616 says she is scared of her uncle because he raped her*" – 10:8

Food scarcity was a prominent result of the poverty the children experienced. In attending the group sessions the children's physical needs were taken care of, if only for a short period of time. They received nutritious lunches and food parcels.

"*KM 539 said he will kill himself on island and the food is finished. The will kill himself before hunger kills him*" - 8:12

The children displayed internalized and externalized behavior problems related to their mother's illness, as evidenced by the group session data. The children were able to express their fear of losing their mothers through illness. They knew their mothers were ill, but it seemed from the care workers' observation of the group sessions that the children were not aware of the implications. In most instances they took up the responsibility to care for their mothers. There seems to be a correlation between the mothers' physical wellness and the children's psychological wellbeing and behavior, according to the data as obtained from the group session notes of the care workers.

"*KM 179 he was bullying other children and he said he feels pain when somebody passed away and he is worried when is mother is sick, he thinks she is going to die*" - 2:10

1.4.3 -Identified protective factor: Normative values are displayed despite chaotic life circumstances

Respect, pertaining to different areas of life, was displayed during the group sessions. The normative area referring to religion and group rules and the area referring to respect and disrespect towards parents and other adults were especially important. The children indicated that they desired to be respected as human beings by adults and other children. Data from the study showed that the group interaction taught children what respect is and how to show it.

"*KM 441 was not respecting group rules he was making noise and he said he is not interested but the group asked him to go outside and he can come back when he is ready, he did so and came back to group*" - 6:11

Religion was the most important positive coping mechanism displayed and reported by the children, as observed by the care workers. The data from the study showed that they received comfort and also offered comfort to others through their religion. Their religious practices included attending church and Sunday school, prayer, reading the Bible by themselves and with their families. The children requested that the Bible be read to them during the group sessions. The children experienced their mothers and grandmothers as a further source of support while coping with challenging life circumstances. The group facilitated the teaching of coping strategies, identification of strengths and other assets in their life.

"*KM 714 had a Bible cutting amongst his cuttings. He explained to us that the Bible is a good book to read for it can comfort him and others who are in pain or trouble and it also guides him to be a person with good manners and respect for peers and older people*" - 12:19

1.4.4 -The content, methods and processes employed in the group-based sessions

The mothers and children indicated that they experienced the group sessions as positive. The themes that were identified by analyzing the question to the children of 'what did you like best about the group' are, in order of importance, the opportunity to play with friends, games that challenged them, the refreshments they received at the group, the opportunity to learn new things, the chance to make new friends, the help they received from each other, the lessons they learnt in respecting parents and peers, the group climate of respect and no tolerance for fighting and they indicated that they enjoyed being asked questions. The type of activities that the children themselves indicated as enjoyable in the group were writing, reading, painting and drawing activities. The children especially enjoyed the activities where they could play with their mothers. Being actively kept busy and games with puppets, making food for mothers, body mapping, board games, dancing- and singing activities where mentioned as most enjoyable. The children indicated that they felt comfortable in the group. They understood what was expected of them in the group. The group provided the opportunity to make new friends according to the children.

"*The group mates, they were friendly, supportive, co-operative and kind. I know myself better than before. I used to enjoy the meals*" – KM 588

The majority of the mothers who completed the mother evaluation form indicated that they experienced their children's behavior as more positive after the child group intervention.

"*Her school performance has improved. My daughter is more responsible, she washes her clothes when I am not at home, she cooks and cleans, she didn't do this before we came to the groups*" – KM 202

The group facilitators indicated in their evaluation of the support group manual and intervention that they felt that the activities were appropriate. All the care workers furthermore mentioned that they thought the intervention definitely had a positive impact on the children's behavior.

"*Children enjoyed coming to the group because at home there are problems like no food and domestic violence. When time gone by you saw positive changes in them. They talk more, smile more, are more caring and they talk about how they feel. The group accommodated each other*" – Facilitator B, Care worker focus group.

Conclusions

The response of the children and the mothers to the intervention was positive. An overwhelming number of children indicated in their group evaluations that they understood the group process, the content and what was expected of them in the group. The children felt comfortable in the group because they experienced a sense of belonging and acceptance from the group members and care workers. They could communicate their feelings and they felt safe enough to share positive and negative emotions.

The group sessions supported the children by enhancing their communication skills and ability to talk about their emotions. The children could therefore voice their opinions and discuss their feelings with their mothers. The joint sessions assisted the mothers in listening and playing with their children. Both the children and the mothers benefited from the support sessions and indicated that they not only enjoyed the sessions, but also recognized the importance thereof. This two-way communication enhancement made it easier for mothers to discuss situations with their children and to model positive coping skills. The children's anxiety levels regarding their mothers' illness were lessened as this could now be discussed. The group thus provided a buffer for the children and supported them in coping with their mothers' illness.

The evaluation of the content and methods used in this study indicated that they were age-appropriate and positively experienced by all interested parties. The six-month duration of the intervention study was also seen as adequate, as indicated by the data collected. The culturally sensitive content and methods used in the support group sessions were important factors in achieving the aim of enhancing adaptive behavior. The cultural adaptability of the group sessions was furthermore enhanced by the group facilitators who were members of the same cultural group and their ability to speak the language of the group.

A specific finding of this study, after examining the data as presented, was that the children showed a strong need for order in their lives. The children in this study were exposed to a chaotic environment of single-parenting, family unemployment, relationship instability, persistent poverty and violence. The uncertainty of the mother's illness, as most of the children were not told about their mother's illness and they only observed the symptoms of the illness, caused further chaos in the children's lives.

Their experience of a lack of control over their mother's illness contributed to this uncertainty. The children in the groups displayed normative values through their religious coping styles, their quest for and display of respect and their unambiguous assertion of what are right and wrong. Latent-phase children are

furthermore developmentally inclined to exhibit a "black and white", rule-driven thinking style. Norms provide guidelines, boundaries, safety and control in uncertain [11].

Children's individual and meaningful belief systems are important to *"create a strong framework to positively cope with life issues*" [12, p.252]. Adaptive behavior or resilience is actualized in adverse circumstances when a child creates, through inner strength, a sphere or space to order his/her thoughts, behaviors and emotions that provides him/her with the parameters wherein he/she can function adequately. The children thus created their own inner safe sphere in which order is possible amidst chaos.

The intervention program created order in their minds and emotions. Pedagogically it is well documented that ordered thinking subsequently creates order in a child's emotional life [13,14].The researcher in this study asserts that order is an essential protective factor created by the children, enabling them to cope with chaos. Order was an implicit goal of the programme, not actively sought, but the effects thereof added value to the program. Order was established through the implementation of specific activities, for instance the climbing the tree, emotional thermometer and homework activities to establish a routine in the group sessions. The group session dates were pre-planned to allow for the sessions to take place on the same day, at the same time and for activities to be presented in the same order in every session.

In the first session of the group intervention the session contents were discussed with the children and the sequence, as presented, remained constant throughout all the sessions. At the beginning of every session the activities and order in which they would take place were first explained to the children before the sessions commenced. People have the tendency to believe they can influence life outcomes and that there is a correlation between their actions and outcomes [15]. A traumatic event in a person's life violates a person's sense of control and the attempt a person makes to regain this control is an effort to reduce the stress related to the trauma.

People can experience a perceived level of control over stressful life events by using different attribution styles. A factor causing ongoing trauma for children in adverse situations is often the sense of loss of control in their lives [12]. The researcher in this study is of the opinion that order was a crucial skill for the children to integrate, in order for them to feel that they had gained some control over their stressful life events and consequently their adaptive behavior was enhanced. The importance of the group sessions to create order is thus posed as a significant factor in the development of a support group intervention for children.

The children in the support groups had limited to no protective factors working in their favor and despite this they presented with factors such as respect, religious coping skills and a value system of knowing right from wrong that helped them to survive in their environment. The program supported the children in enhancing their 'self-created protective factor' by means of an ordered process in which the session, program content and other time factors were presented. By creating protective spheres they ordered their life worlds which had been thrown into chaos because of the presence of cumulative risk factors such as their mother's unknown and indefinite illness and the violent and poverty-stricken environment they were exposed to. The resilient child has to be able to negotiate the multiple risks in his/her environment to be able to adapt competently, despite the presence of significant risks and adversity. With this sphere as protective factor there is order in their circumstances and thoughts which furthermore help stabilize negative effects. Moreover, these findings attest to the importance of the role children themselves play in actively architecting their outcomes and influencing their ultimate adaptation to adverse life events [16]. The distinction made between external and internal protective factors and the presence of both are not necessary for building a child's resilience. Generalizability of the intervention findings to other areas or age groups affected by maternal HIV/Aids should be made with caution. However, in this sample of children the study poses that inner factors could have a dominant role to play in enhancing adaptive behavior and subsequently resilience. The origins of this internalized norm-driven behavior and whether it was because of upbringing, culture, a person's own inner striving for boundaries or another reason could ultimately not be established in this study. Further research in this area is proposed.

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À l'ecoute de l'alliance therapeutique chez des patients diabetiques des poles de prevention et d'education therapeutique en picardie: recherche clinique sur l'attachement, le coping et la resilience

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Abstract

Objective: In the field of therapeutic patient education (FTE), we propose to expose data from a clinical research on the theme of the therapeutic alliance, taking into account the dimension of the attachment, coping and resilience. **Method:** Our study was conducted at four resources sites in patient prevention and education in the region of Picardie (Abbeville, Amiens, Soissons and Saint-Quentin), and focused on eight diabetics. Using a semi-structured clinical interview, we developed and analyzed a collection of data couplant life story and history of the disease. We supplemented these data by passing of three scales assessing the attachment internal models, coping strategies and resilience of subjects. **Results:** The thematic content analysis of the interviews reveals data on coping with the disease. The therapeutic alliance between the diabetic patient and the caregiver is a partnership and influences the patient in the process of acceptance of the disease and understanding of treatment. In addition, the results obtained in different scales are consistent with the hypothesis that secure attachment internal model, coping strategies and the potential of resiliency of the diabetic patient prove crucial to fostering engagement in the therapeutic alliance. **Discussion:** In this study, we adopted an approach that is both qualitative and quantitative. This study opens up new lines of research. It highlights the interest of the therapeutic alliance in the educational support of diabetic patients in order to improve the empowerment of care. For this, the educational care of these patients should consider their attachment styles, their ability to cope (coping) to their disease and their potential for resilience. Furthermore, this research shows that the educational support offered by poles prevention teams is an example of "assisted resilience." Further studies should be continued on a larger clinical group.

Keywords: Therapeutic alliance, attachment, coping, patient education, resilience, suffering.

Introduction

Notre recherche s'inscrit dans le cadre de la psychopathologie clinique et elle a pour but d'étudier le vécu de l'alliance thérapeutique par le patient diabétique pris en charge en éducation thérapeutique. Pour ce faire, nous tenons compte de l'histoire du patient et de celle de sa maladie, ainsi que de ses ressources internes telles que son modèle d'attachement, ses stratégies de coping et ses potentialités de résilience. Notre étude s'inscrit dans une démarche exploratoire, face à une problématique nouvelle, qui n'a pas été abordée antérieurement.

Notre exposé est organisé en trois parties. La première est consacrée à la présentation synthétique et à l'articulation des notions de diabète, d'éducation thérapeutique du patient, d'alliance thérapeutique, et de celles d'attachement, de coping et de résilience. Le dispositif de recherche organise la deuxième partie. Les résultats et la discussion sont présentés dans la dernière partie.

Le diabète est parmi les plus fréquentes des maladies chroniques. Cette affection particulièrement grave constitue aujourd'hui un véritable enjeu de santé publique en France. Cette maladie chronique et invalidante comporte différentes formes, dont le point de regroupement est l'hyperglycémie chronique. On distingue les diabètes primaires (type 1, type 2, gestationnel) et les diabètes secondaires. Dans notre étude, nous abordons essentiellement le malade atteint d'un diabète de type 2. Les conséquences de ce type de diabète peuvent être lourdes pour la santé du sujet et entraver son autonomie. La maladie met le patient face à des questions de

souffrance et de mort. Le malade passe par plusieurs phases psychologiques allant du choc causé par l'annonce de la maladie à l'acceptation ou la résignation [1].

Pour éviter l'apparition des complications de la maladie avec notamment une perte de l'autonomie, des mesures thérapeutiques sont mises en place. Celles-ci concernent l'instauration d'un traitement médical judicieux réévalué régulièrement et suivi scrupuleusement, l'établissement d'une alimentation adaptée et la pratique d'une activité physique minimale. L'efficacité des traitements proposés dépend étroitement du mode de vie (habitudes alimentaires, sédentarité), de l'observance thérapeutique et de la compréhension de la maladie. Il apparaît que les modalités de traitement nécessitent que le patient s'approprie sa maladie et devienne en quelque sorte acteur de celle-ci. Pour l'aider dans cette démarche, l'éducation thérapeutique du patient (ETP) constitue une offre de soins fiable, réputée opérationnelle [2, 3].

Selon la Haute Autorité de Santé [4], l'éducation thérapeutique du patient fait partie intégrante et de façon permanente de sa prise en charge de soins. Elle comprend les activités organisées, y compris un soutien psychosocial, conçues pour rendre le sujet conscient et informé de sa maladie, des soins, de l'organisation et des procédures hospitalières, et des comportements liés à la santé et à la pathologie. L'ETP vise à donner au malade des connaissances et des compétences lui permettant de mieux gérer sa maladie (et son traitement) et de maintenir, voire d'améliorer sa qualité de vie. Elle nécessite l'intervention d'une équipe pluridisciplinaire formée. Elle n'est pas envisageable sans la participation du patient. Elle conduit inévitablement à réfléchir à la relation entre le malade et le soignant en termes d'alliance thérapeutique.

L'alliance thérapeutique a pris une place très importante dans la littérature psychothérapeutique [5, 6, 7] en clinique comme en recherche. Elle est indispensable au processus thérapeutique. Elle fait référence aux liens de confiance et de collaboration active et mutuelle qui vont se mettre en place entre le psychothérapeute et le patient, au sujet des buts et méthodes de changement. Elle est un partenariat permettant au malade de proposer, plus ou moins explicitement, la relation qui lui convient.

Dans le champ de l'éducation thérapeutique du patient, l'alliance thérapeutique est peu prise en compte. Quelques publications récentes [2, 3, 8, 9] abordent les relations entre ces deux processus. Les écrits reprennent le plus souvent la notion de « partenariat » dans leur développement, et rapportent l'intérêt de l'alliance thérapeutique pour favoriser le changement de comportement du patient.

À la suite de cette présentation des repères théoriques sur l'éducation thérapeutique du patient diabétique et sur l'alliance thérapeutique, il nous paraît important de considérer les concepts majeurs d'attachement, de coping et de résilience en préalable à notre recherche clinique.

D'après Bowlby [10], l'attachement désigne un système comportemental spécifique permettant au jeune enfant d'établir et de maintenir des contacts physiques et de proximité avec un de ses parents. Ce lien primaire est vital. Face à une situation de stress chez l'enfant, il y a activation du système d'attachement dans le but ultime d'être sécurisé. Bowlby note également l'importance des représentations d'attachement chez l'enfant liées à l'expérience personnelle d'interaction avec sa mère, favorisant un modèle de relation. Il introduit le concept de « modèles internes opérants » (M.I.O.) pour désigner ces représentations, tout en relevant leur aspect dynamique. Il les nomme « opérants » parce qu'ils orientent la perception des choses et guident le sujet dans les situations interpersonnelles. Les modèles de soi et des autres sécurisés représentent une ressource interne pour l'individu lui permettant d'évaluer positivement les expériences angoissantes, de s'y adapter de manière constructive et d'améliorer ainsi son bien-être [11]. À l'inverse, avec un modèle relationnel insécure, qu'il soit de type «préoccupé», «détaché» ou «désorganisé», l'adaptation aux expériences stressantes se révèle plus difficile.

Au total, la théorie de l'attachement propose une perspective intéressante pour notre étude centrée sur l'alliance thérapeutique. L'examen de cette théorie nous amène à penser que le modèle relationnel d'attachement sécure peut être considéré comme un facteur favorisant l'engagement du sujet dans l'alliance thérapeutique.

Que dire du coping? Il désigne l'ensemble des efforts cognitifs et comportementaux par lesquels un sujet est en mesure de réagir à une situation difficile, c'est à dire mettant à l'épreuve ou excédant les ressources de la personne [12]. Il joue un rôle majeur dans le bien-être physique et psychologique du sujet. Les auteurs [12, 13] distinguent deux types de coping : le coping centré sur la résolution du problème et le coping centré sur les émotions. Dans le premier groupe, le sujet fait des efforts pour gérer ou diminuer le problème qui est la cause du stress (résolution planifiée, efforts, plans d'action,...). Dans le deuxième groupe, la personne cherche à réguler la réponse émotionnelle causée par un agent de stress, sans agir directement sur le problème posé (évitement, minimisation, culpabilité, …). Dans le champ qui nous occupe, la situation de maladie chronique provoque des mécanismes de coping. Le patient cherche à « faire face » à la maladie qui le déstabilise, le perturbe.

Le terme de «résilience» a d'abord été utilisé en physique pour désigner la caractéristique mécanique qui définit la résistance aux chocs d'un matériau, de l'acier en particulier. Transposée métaphoriquement au domaine psychique, la résilience indique la capacité de se reconstruire après une épreuve difficile. Le modèle de la résilience humaine a été proposé en réponse à la question du traumatisme, événement externe, inattendu, intense qui fait irruption dans la vie du sujet, au traumatisme chronique qui met à l'épreuve ses capacités d'endurance. Manciaux *et al*. [14] considèrent la résilience comme la capacité d'une personne ou d'un groupe à se développer d'une manière favorable, à continuer à se projeter dans l'avenir en dépit d'événements

déstabilisants. Cette définition renvoie à un comportement adaptatif efficace, à un processus de (néo)développement favorable. Elle met en évidence l'aspect dynamique de la résilience, en référence au rebond psychologique signalé plus haut qui caractérise le fonctionnement résilient. Dans notre recherche, l'étude de la résilience s'avère intéressante pour saisir comment le malade continue à se développer, à vivre en dépit de sa pathologie. Une manière d'identifier les potentialités de résilience peut être abordée par l'écoute de la capacité de mettre en sens une expérience insensée, d'en faire un récit cohérent [15]. Ces potentialités peuvent être également évaluées à l'aide d'une échelle.

Ce détour par la présentation des concepts d'attachement, de coping et de résilience nous amène penser que ces caractéristiques psychologiques, propres à chaque patient, vont favoriser la qualité de l'alliance thérapeutique.

Objectifs et méthodologie

Notre étude part de la richesse des Pôles de prévention et d'éducation thérapeutique d'Abbeville, d'Amiens, de Soissons et de Saint-Quentin (de la région Picardie) dans le champ des maladies chroniques. Nos objectifs sont:

- étudier le vécu de la maladie du patient diabétique (en lien à son histoire de vie) et celui de l'alliance thérapeutique dans l'accompagnement éducatif.
- évaluer le modèle d'attachement du patient, ses stratégies de coping et ses potentialités de résilience, afin de vérifier si ses caractéristiques internes contribuent à son engagement dans l'alliance thérapeutique avec les soignants.

Nous formulons les hypothèses suivantes:

- l'alliance thérapeutique aide le malade diabétique à investir ses soins proposés par l'équipe d'éducation thérapeutique.
- l'engagement du patient diabétique dans une alliance thérapeutique avec les membres de l'équipe d'ETP dépend de ses caractéristiques psychologiques telles que sa stratégie relationnelle gardée du vécu de l'attachement sécure, ses stratégies de coping et ses potentialités de résilience.

Nous avons proposé notre protocole de recherche à un groupe clinique de huit malades diabétiques. La méthode de collecte de données utilisée a été l'entretien de recherche semi-dirigée, basée sur l'histoire de vie et celle de sa maladie du patient diabétique. Nous avons ensuite proposé la passation de trois échelles d'évaluation : le Camir de B. Pierrehumbert *et al*. [16] pour évaluer les stratégies relationnelles passées et présentes du malade (en lien aux modèles interne d'attachement) – outil utilisé dans une autre étude [17] - , l'épreuve de Coping de Graziani *et al.* [18] pour repérer les stratégies d'adaptation du patient à sa maladie, l'échelle de résilience pour adultes de Hjemdal *et al.* [19] afin d'évaluer les facteurs de résilience du patient.

Résultats

Nous résumons les données d'entretiens à partir de deux axes : l'histoire du sujet et celle de sa maladie, le vécu de l'ETP et celui de l'alliance thérapeutique.

L'Histoire de vie des patients diabétiques comporte des traumas pour certains (séparations difficiles dans l'enfance et deuils répétés non élaborés). Des sujets témoignent d'un manque de cohésion familiale. Actuellement, certains malades se sentent seuls, d'autres ont un entourage familial plus ou moins aidant. Enfin, la plupart des patients ne renoncent pas à réaliser leurs projets (ex : voyages). Dans l'histoire de leur maladie, les sujets mettent en avant des antécédents familiaux de diabète et témoignent d'anciennes habitudes alimentaires néfastes. L'irruption de la maladie chronique dans leur vie a représenté un bouleversement. Dans l'expérience de la maladie, les personnes rapportent un vécu douloureux, avec des complications sévères : amputations, rétinopathie, neuropathie, perte de poids, manque de force musculaire. Elles témoignent d'une méconnaissance de la maladie et d'une vision négative de celle-ci: *«la maladie est un fardeau»*, avec un ressenti d'infériorité, ce qui accroit leur difficulté à vivre avec cette atteinte: *«je suis nul, je suis fragile», «je ne peux obtenir ce que je veux»*. Enfin, ils soulignent le caractère contraignant du traitement qui implique une autosurveillance constante. (Les propos des patients sont retranscrits en italique.)

À propos du vécu de l'éducation thérapeutique et de l'alliance thérapeutique, les patients rapportent le dynamisme des équipes. Ils ne sont pas seuls, ils sont accompagnés dans leur démarche de soins par les soignants. L'alliance thérapeutique se manifeste lors des rencontres individuelles et lors des ateliers thérapeutiques. Elle est facilitée par l'attitude professionnelle de l'intervenant qui favorise la création d'une relation soignante d'adulte à adulte. Le soignant a le souci de l'autre. Les patients sont informés et se sentent écoutés dans leur souffrance. Lors des ateliers (atelier du diabète, du pied, de cuisine, ….), les soignants et les malades ont des activités partagées. Les échanges créent des relations de réciprocité, *«de confiance réciproque»*. Par ailleurs, l'ETP permet aux patients de pendre leur traitement avec beaucoup de sérieux et d'application.

L'alliance thérapeutique au sein de l'ETP favorise la résilience des patients. Ces derniers reprennent confiance en eux et continuent à vivre en dépit de leur pathologie. Lors de nos entretiens, ils rapportent la présence d'indices qui peuvent être interprétés comme un positionnement subjectif résilient :*« Avec les soignants, j'ai assimilé la maladie », « je la (la maladie) dépasse, je le fais en étapes quoi…. »*, *« la maladie suit son cours, mais tout va bien (il rit) »*, *« la maladie m'a rendu plus fort »*, *« je m'en sors, je suis un battant ».* Au total, comprendre la maladie est pour eux une manière de reprendre une maitrise (au moins partielle) de leur vie.

L'alliance thérapeutique aide donc le malade diabétique à investir ses soins proposés par l'équipe d'éducation thérapeutique (hyp1). Plus précisément, en relatant l'histoire de sa maladie articulée à celle de sa vie, le patient souligne tout l'intérêt de la mise en place d'une relation de confiance et de collaboration avec les membres de l'équipe d'ETP pour mieux gérer sa maladie et son traitement.

Par ailleurs, la passation des échelles cliniques révèle les résultats suivants. Au Camir, les résultats indiquent des liens d'attachement majoritairement insécures de type préoccupé ou de type détaché. Le style préoccupé se caractérise par le sentiment d'avoir peu de valeur pour les autres. Ceux-ci sont en revanche perçus de façon positive en leur accordant un caractère aidant. Le style détaché renvoie à une perception de soi positive et considérée comme « due à soi-même » associée à une perception des autres comme peu susceptibles de procurer le soutien attendu lorsque nécessaire. Deux patients présentent un modèle de type sécure : ce qui signifie l'importance accordée par le patient à sa propre valeur. Celle-ci est associée à une perception des autres comme disponibles et aidants en cas de besoin.

À propos de l'échelle de coping, la plupart des patients emploient des stratégies d'adaptation vigilantes, actives centrées sur la résolution du problème. Il s'agit de trouver des solutions, d'accepter la meilleure stratégie possible en affrontant la situation, de lutter pour arriver à ce que le sujet veut, de redoubler d'efforts, d'établir un plan d'action. L'évolution personnelle compte également pour eux : changer, évoluer, découvrir ce qui est important dans la vie. Et un bon nombre de patients recherchent un soutien social : ils demandent un conseil, une aide concrète. Ils recherchent de l'information. Ils veulent parler à quelqu'un de ce qu'ils ressentent.

L'échelle de résilience permet d'évaluer la présence de facteurs de protection essentiels à la récupération et au maintien de la santé suite à l'épreuve de la maladie. Les résultats obtenus sont élevés. Ils indiquent de fortes potentialités de résilience. Les facteurs les plus marqués concernent les compétences personnelles et sociales, et le support social.

En résumé, nous observons que les patients diabétiques rencontrés ne subissent pas passivement leur maladie, ils essayent de faire face (coping). Ils emploient des stratégies d'adaptation vigilantes, actives centrées sur la résolution du problème. De plus, en raison de leurs compétences personnelles et sociales, et d'une demande de support social, ils présentent de fortes potentialités de résilience. Toutefois, pour de nombreux sujets les liens (précoces) d'attachement sont « insécures ». Ces résultats confirment partiellement notre deuxième hypothèse (H2). L'engagement du patient diabétique dans une alliance thérapeutique avec les membres de l'équipe d'ETP dépend de ses stratégies de coping (centrées sur la résolution du problème) et de ses potentialités de résilience (axées sur les compétences personnelles et sociales, et le support social). Toutefois, les résultats à l'échelle de Camir ne permettent pas de confirmer notre hypothèse. Deux patients seulement présentent un modèle d'attachement de type sécure favorisant leur engagement dans l'alliance thérapeutique. Les autres sujets présentent un modèle de type insécure. L'adaptation à leur maladie diabétique se révèle plus difficile et entraine plus ou moins de demandes à être accompagné. Le besoin de sécurité apporté par les soignants est important pour ces sujets pour ne pas se décourager, par la maladie.

Discussion

À partir des propos tenu sur leur diabète, nous observons que la maladie a un impact considérable sur la psychologie du patient. Elle opère une rupture, instaurant un avant et un après, ou rien n'est plus jamais comme avant. Elle est vécue comme une menace intense touchant l'intégrité physique et psychique: *«je suis abimé à jamais»*, nous dit un patient.

Le malade, pris en charge au pôle de prévention et d'éducation thérapeutique, se sent accompagné, aidé à vivre autrement sa maladie. Le vécu de l'éducation thérapeutique s'organise, se réfléchit, évolue au rythme des rencontres et favorise le changement de comportement. L'ETP donne au malade des connaissances et des compétences lui permettant de mieux gérer sa maladie. Elle l'aide à faire des choix, à changer, évoluer, à découvrir ce qui est important dans sa vie. Elle favorise l'expression, les échanges, la collaboration et la mise en sens de l'expérience de la maladie. Les rencontres individuelles et/ou collectives (ateliers) rendent possible le travail thérapeutique. Le patient souligne le rôle du contexte relationnel dans lequel se déroule l'ETP. L'alliance thérapeutique implique une dimension affective, correspondant à l'établissement d'un climat favorable à un échange (relation de confiance et souci de l'autre), et une dimension cognitive (accord sur le problème et les moyens employés pour le résoudre). Elle comprend également le partage d'une responsabilité dans la résolution du problème, relation de collaboration qui apparaît dans l'ensemble des entretiens: *«je suis impliqué dans les ateliers»*, *«c'est différent de l'hôpital, une fois qu'on y est on subi, alors qu'ici on ne subit pas»*.

Par ailleurs, dans le récit sur sa maladie, on note une augmentation de sa confiance et de l'estime qu'il se porte. Cette amélioration du self est liée à sa participation à un ensemble d'actions menées dans le cadre de l'ETP. Elle est également liée à ses stratégies de coping centrées la résolution du problème et à ses potentialités de résilience. Le fait d'être actif dans sa prise en charge, d'avoir acquis un savoir et une (relative) maîtrise de sa maladie, lui rend la situation provisoire tolérable. Cela ne va pas sans difficulté, sans moments de découragements. On peut dire ici que par la problématique diabétique prise en charge par l'équipe d'ETP dans un esprit de partenariat, le patient entre en résilience, c'est à dire se donne le moyen de s'adapter à sa maladie. La relation humaine instaurée est accueillante, réciproque et salvatrice.

Conclusion

Dans notre modeste recherche, nous retenons que L'ETP avec sa part d'alliance vise à accompagner le patient et le rend (plus) résilient en vue de son autonomie. Le professeur Ionescu [20] développe la mise en pratique clinique de la résilience. Il utilise l'expression de «résilience assistée» pour désigner les techniques et moyens favorisant le développement ou le maintien de la résilience auprès de populations à risque. Les données de notre étude révèlent que l'accompagnement éducatif proposé par les équipes des pôles de prévention constitue un exemple de «résilience assistée». Cet accompagnement avec sa part d'alliance thérapeutique adaptée à chaque patient, en fonction de ses ressources internes, vise à faciliter la mise en évidence de ses «forces». Le patient se juge et s'adapte à sa maladie, avec les moyens que l'équipe soignante lui donne. (Cette équipe concrétise en quelque sorte la formule de l'écrivain français P. Valéry: «il faut enrichir chacun de ses dons».) Ce qui signe une modalité de résilience assistée.

Cette étude comporte une limite, la taille de notre groupe clinique. Malgré cette limite, les données recueillies sont riches de sens pour la pratique clinique avec les patients diabétiques et les équipes du pôle de prévention et d'éducation thérapeutique. Cette étude préliminaire mérite d'être poursuivie. Elle pourrait nous aider à proposer d'autres recherches sur le plan régional en intégrant une population plus importante.

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The correlation between resilience and cognitive schemas among people with psychiatry diagnosed parents

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Abstract

The growing attention given to resilience is a mark of the passing from the study of pathogenesis to sanogenesis, a scientific trend which investigates one's resources that help staying healthy. The present paper proposes to contribute to understanding resilience as a process by analyzing its connection to cognitive schema. For this purpose a study of 60 participants has been conducted: 30 of them formed the experimental group (people with parents who reported receiving mental health services) and other 30 forming the control group. The study hypothesis viewed the impact of the psychological condition of parents over the resilience and cognitive schema which occur among their children and identifying the prediction quality of the cognitive schema in relation to the subject's resilience. Also the study evaluated the degree of influence of age and gender differences on resilience. The following questionnaires where applied: The Young Cognitive Schema Questionnaire, the 14 Resilience Scale and the Ego Resilience Scale. The data has been processed using SPSS -13.0. It was confirmed that resilience is possible in the case of people with parents who experienced mental health disorders; also it was concluded that there is a significant impact of cognitive schema over resilience. In addition, we have come to the conclusion that there is an impact of the psychological condition of parents in the development of certain cognitive schemas of their children, especially of the ones related it.

Keywords: resilience, mental health, resilience and cognitive schema

Introduction

Resilience defines positive psychology which is focused on the study of a person's resources, the elements that support survival, outgrowing traumatic or extremely stressful events in a constructive manner allowing us to continue our lives stronger and wiser. Positive psychology is separated by other currents through the attention given to the way people succeed in remaining healthy using their own resources (approach knows as salutogenesis); thus, the focus on identifying the symptom is replaced by identifying and promoting resources, psychological elements which support and guide us through difficult times, which we are all exposed to.

The study and knowledge of resilience guide us through both clinical and psychotherapeutic approaches: as long as we keep resilience and a main, general objective of our intervention, the chances to reach the therapy and client's objectives of obtaining health and well-being rise considerably.

As for the frame of resilience's development, we can refer to Young's hypothesis (apud [1]) according to which connectivity, autonomy, the feeling of self worth, reasonable expectations and realistic view of limitations should be main objectives a growing child should reach in order to develop healthy. In some cases though, parents and nurturers make this journey difficult for thei children. This is the reason why the present study connects resilience to a problematic environment, respectively to the families where the parents confront mental illness.

Among adults, resilience is mostly approach as a coping issue, facing an event with specifically traumatic potential [2] and also as a capacity to efficiently activate one's own resources and strategies. On the other hand, among children, resilience is analyzed from the view of the environment which the grow in, whether we speak of social phenomena, such as poverty or family dynamics, such as abuse. The parents' care is essential for the child's growth because, as Munteanu and Munteanu [3] remind us, the reactions to stress may be amplified in the case where the basic needs are not met (respectively, when the child feels hungry, tired, ill, unsafe, doesn't feel loved and wanted). Also, it is better to assure the routine that the baby has costumed to, in order to keep the stability and continuity of the environment and life of the baby. Some authors consider that those children who have parents with mental illness are exposed to higher risks of also developing a type of

disorde [11], of experiencing emotional and behavioral issues or lack development of social abilities [11]. Therefore, a parent's psychological condition is considered a risk factor of developing mental disorders among children. This risk can be genetic-related or related to the disorder's consequences as far as parenting style and secondary difficulties are concerned – both marital and social [11].

1.1 Study regarding resilience and cognitive schema

1.1.1 Previous studies

According to Mykota [8] resilience has been studied: in correlation to intercultural change and constraint, as a response of the community to war and terror, in relation to behaviors which sustain health, as a result of education related to the environment or as an element of rural economic renewal. Resilience has been included in studies which considered a large are of subjects, including social psychology and the effects of mass events on an individual level.

Resilience has been studied since the 1960's, by observing the children with schizophrenic parents in order to identify the patterns manifested during and after a long term exposure to risk factors (having a parent with psychological disorders is considered a chronic risk factor). In the context of these studies, Garmezy, during 1974, has shown that a part of the children displayed surprisingly positive outcomes regarding their adapting patterns [9].This discovery was made on a background of considering these children as being atypical cases. Luthar [9] reminds us the results of the 1970 studies according to which children with schizophrenic parents have succeeding to stay healthy by maintaining their empathy and compassion towards the ill parent.

Ionescu [3]identified three steps of using resilience as a concept in the social-human sciences. In the first step, the attention is upon the individual and it is considered that resilience in an equivalent of the good adaptation capacity, manifested in the present or the past of the individual in confronting risks and adversity. The second step assumed the understanding of the resilience processes and mostly included longitudinal studies. Several process which build the subject's resilience were identified (coping and defensive mechanisms were mostly studied). The third step in the study of resilience consisted of understanding the natural resilience in order to build the basis of assisted resilience – the resilience promoted by specialists of mental health.

The research of resilience has developed from the attention over the successful adaptation of children facing threat and adversity to reporting resilience as a common phenomena, result of human basic adaptation operations [4].

Same authors have shown that several biological risk factors might be ameliorated by certain personal characteristics, such as the pleasant temperament – being desirable, social, optimistic, hard working [4] or the ability to obtain support from the family (Garmezy, Devine, 1984, Werner, 1994, apud. [4]).

Munteanu [3]concluded several studies on resilience, stating that: resilience leads to successfully outgrowing difficult situations, through personal development, with positive consequences in the group; when the stress factors the person is exposed to simultaneously or consecutively are accumulated, the person's resilience becomes lower; resilience manifests in certain situations, according to the adaptation exigences, without necessarily manifesting at all times and situations experienced by the person. The mentioned author also states that resilience of be viewed from a progressive perspective and in relation to the person's chances of social and professional reinsertion.

1.1.2 Objectives

The present study intends to identify a possible impact of cognitive schema on the development of resilience as a process. Also it intends to analyze the impact of a mental health disorder of the parent towards the development of the child's cognitive schema and resilience.

1.1.3 Method

In order to conduct this study, the following hypothesis have been proposed:

1. Resilience is possible in the case of people whose parents experienced mental health issues: resilience has been identified through the values obtained following the application of the 25 Resilience Scale and Ego Resilience 14, and also according to the correlation score between the two instruments.
2. Cognitive schemas predict resilience: the cognitive schemas evaluated by Young's questionnaire being considered adaptive as long as their score is medium.
3. The presence of the parent's psychological disorder is relevant for the development of the cognitive schemas: the parent's mental illness have been grouped according to the type of disorder (in the sample involved n our study, four types of disorders have been identified: affective, personality disorders, alcohol dependency, psychotic disorders).

4. Age correlated to resilience: in other words, as older we get, the higher the resilience will be.
5. There are gender differences that view the development of resilience: the female gender has been associated to low resilience and predilection of depressive disorders, which might lead us to consider being female as being a risk factor.

In order to evaluate and define the variables of this study we used the following instruments: Resilience Scale 14, developed by Wagnild and Young (1993), is a questionnaire of 25 self-analysis items, and identifies the resilience degree of the subjects. According to previous studies, resilience as measured by RS positively correlated to the satisfaction towards life, self esteem, self-reported health, self-actualization, stress management and social support and negatively correlates to depressive symptoms and anxiety [7].

Another utilized instrument was the Ego Resilience Scale: the ego resilience reffers to the dynamic capacity to modify the control level of the ego in response to what the situation offers [6]. It is a personality construct which contributes to the understanding of behavior, emotions and motivation. Thus, this instrument brings information regarding the proactive aspect of resilience.

In order to evaluate the cognitive schemas, the Young Questionnaire has been selected: the author [5] has defined the term of primary non-adaptive schemas as being major themes related to one's self and one's relationships to others. These are developed during childhood, and become more and more complex in time. There are several versions of the questionnaire, the 114 items being selected for this study; it represents the short version and it evaluates 18 cognitive schemas, namely: emotional deprivation, abandon/instability, lack of trust/abuse, social isolation, defects/shame, failure, dependency/incompetence, vulnerability/disease, non-developed Self, subjugation, self-sacrifice, emotional inhibition, inflexible standards, hyper-critic, grandiosity, insufficient self-control/self-discipline, looking for approval, negativity/pessimism, punishment. The items are scored on a 6 point Likert scale, from 1 (completely untrue to 6 – perfect description). The instrument disposes of a high degree of reliability (α Cronbach =.96); so is the case of the coefficients of each sub-scale.

1.1.4 Participants and procedure:

The participants to the study have been randomly chosen, based on the condition to be 18 years old and to lack a psychiatry record history.

For the experimental group, we selected people whose parents experienced at least once in their past an episode which required psychological or psychiatric intervention and also were given a psychiatric diagnosis; the control group included people coming from families which never appealed to such services. Where possible, the parents of the control group have been evaluated in order to verify the presence or absence of a psychological disorder which might not have been identified. The clinical screening instrument SCL-90 was used; no parent with mental health issues has been identified.

The parents of the experimental group subjects have been divided into four groups according to the diagnosis which was given to them: affective disorders, ethanol dependency, personality disorder and psychotic disorders. Four of the subjects chose not to declare what their parent suffered from. The experimental group included 30 people aged between 18 and 50 (mean = 32; the age of eight of the subjects has not been communicated), 15 female and 15 male; the control group also included 30 people, aged between 18 and 60 (mean age = 28) out of which 17 were female and 13 male. The participants completed three questionnaires: the Resilience Scale, Ego Resilience Scale and the Young cognitive schema questionnaire. The obtained scores were inserted in SPSS and analyzed in order to test each of the proposed hypothesis.

In the first phase, the normality of the distributions was tested using descriptive procedures. As for the distributions descriptors, the following data was obtained: the Resilience Scale Score – for the control group: mean = 138, sd = 2,29; for the experimental group: m=130, sd=4,26; Resilience Scale Score: for the control group: mean = 45, sd = 0,97; the experimental group: m=39, sd=1,47. Ego Resilience, control group: sd=12,58; experimental group, sd=8,09; The Resilience Scale: 23.35; minimum scores: Resilience Scale, in the experimental group = 71, control group = 119; Ego Resilience, experimental group = 18, control group = 36; maximum scores – Resilience Scale, experimental group = 75, control group = 170; Ego Resilience, experimental group = 56, control group = 56; Skewness indicator, experimental group, Resilience Scale = -0.43, Ego Resilience = -0.77; control group: Resilience Scale = 0.46, Ego Resilience = 0.25. We may say that the obtained scores are relatively symmetric around the mean. The Kurtosis indicator – experimental group: Resilience Scale = 0.29, Ego Resilience = 1.14, control group, Resilience Scale = -0.08, Ego Resilience = 0.20. The notice that in the case of the Ego Resilience scores, in the experimental group, there is a tendency towards extreme scores.

The scores obtained for each cognitive schema have been converted to z scores, as a high score of the schemas identified by the Young Questionnaires have a dysfunctional connotation (a high score of the cognitive schema cannot correlate to high scores of resilience).

Before testing each hypothesis, the correlation between the two instruments which evaluate the subject's resilience was measured. For this purpose the Pearson correlation test was applied, as the correlation score obtained by the Resilience Scale and the Ego Resilience was 0.05, which confirms the correlation between the two instruments (also, the significance rate of 0.003 indicates an existing correlation between the two).

1.1.5. Results:

In order to verify the first hypothesis, namely the possibility that the people raised by parents suffering from mental illness to be resilient, we applied the Paired Sample T test which analysed the scores of the Resilience Scale and the Ego Resilience scores, both for the experimental and the control groups. According to the obtained p score (0.000) both in the case of the experimental and the control group, we may confirm the hypothesis and state that resilience is possible among the people raised by parents with psychological issues.

In order to test the second hypothesis (namely that the cognitive schemas predict resilience), we applied the linear regression analysis both for the cognitive schemas correlated to the Resilience Scale and the Ego Resilience. The obtained p score (significance limit) allows us to confirm the hypothesis (according to a 0.05 limit), thus the Young cognitive schemas do predict resilience.

The third research hypothesis stated that the presence or the absence of mental health issues of a parent might influence the development of their child's cognitive schemas and was tested by applying the t test for independent samples. Following the application of this statistical analysis, we may assert that the following cognitive schemas are influenced by the presence or absence of the psychological illness of a parent (according to a significance limit of 0.05): lack of trust, tendency of social isolation, perception of one's own deficiency, fear of failure, inhibition, non-realistic standards. On the other hand, the cognitive schemas which were not affected by the parent's mental condition are the following: fear of abandon, dependency, independent development of personality, submission, self-sacrifice, claiming one's own rights, need of approval, negativity and punishment.

The forth hypothesis, according to which there is a correlation between age and resilience was tested applying the Pearson correlation test, both for the Resilience Scale scores, according to both age and Ego Resilience scores. The results did not allow to confirm the hypothesis – therefore, there was no correlation found between age and resilience.

The last hypothesis which was tested consisted of verifying the correlation between gender and resilience. The hypothesis was also rejected as no correlation between gender and resilience was found – both in the case of Resilience Scale and Ego Resilience ($p>0.05$)

1.1.6. Limitations of the study:

The present study confronted inherent limitations which will be taken in consider in regard to ulterior studies of resilience and building programs to support its development. One first limitation consists of the small number of subjects who participated to the study, although the minimum necessary number for a statistically valid study was reached. The higher the number of subjects, the better the statistical exigences are covered and the results are more relevant assuring a better understating of new concepts, such as the resilience. Another limitation is that the evaluation of all the subject's parents in the control group was not possible, therefore we were not able to truly determine if the confronted mental illness or not, as this criteria of dividing the subjects in the experimental or the control group was the appeal to mental health services. This verification was not possible due to the participant's availability. We also mention the absence of a clinical interview as a limitation of our study: such interview should bring a complete image regarding the participants' personal history and approaching it from the view of stressful life events, offering so more details related to the presence of resilience on an individual level.

The presence in the experimental group of participants' parents diagnosed with disorders of all DSM clinical categories would also be an advantage for future research. Thus differences could be made between the impact of a higher class of disorders on the ulterior development of the child. Also, clarifications should be made regarding risk factors which these children are exposed to, being raised by mentally disordered parents and also the strategies they used in order to outgrow these challenges.

As for building a program focused on building resilience among children facing difficult environments, it isn't enough to stop at studying the correlation and contribution of cognitive schemas regarding resilience as a process. The effort can be continued by also studying the behavioral dimension of the resilience and also the study of the emotional resources involved in the process. It would also be important to investigate which are the specific needs of the children raised by parents diagnosed with mental disorders (such as the need to be informed about the parent's condition, the need of prediction and safety, the need of support from the mental health services and social assistance and others).

Conclusions

As we have shown in the present study, resilience can be found among the people whose parents have experienced mental health issues. Although this fact has been reported in the professional field in the past, we considered it was necessary to test this hypothesis before initiating a more detailed analysis of resilience on the available samples of population.

The statistical analysis which has been conducted confirms the main hypothesis of the research, respectively the fact that cognitive schemas can predict resilience. In the present study, the dysfunctional cognitive schemas interfere with the optimal development of resilience.

The analysis of the psychological influence of the parent on the child's cognitive schemas indicated the fact that certain schemas are not affected by this criteria. This result leaves room for a new hypothesis, namely that these children are forced to mobilize their resources in order to take care of them selves independently.

The results obtained following the analysis of correlations between age, gender and resilience seem to offer relevant information regarding resilience as a process. As far as age is concerned, there were no significant correlations identified with age. Thus, we cannot assert that, once aging, a person can develop optimal resources to build resilience, although we might be tempted, on an empirical level, to consider that life experiences and confronting several obstacles might bring us better adaptation. These results remind us of one of the approaches of resilience, according to which it represents an activation of resources which already exist in our minds, brain and organism. We can go further in proposing one more hypothesis – whether resilience is inherent or not.

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Resilience factors in patients with schizophrenia

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Abstract

Introduction: Without appropriate and continuous treatment, schizophrenia results in academic failure, job loss, celibacy, and stigma.

Objectives: The aim of this paper is to identify in patients with schizophrenia, resilience factors which influence the long term course.

Methods: The study includes all patients diagnosed with acute and transient psychotic disorders or schizophrenia admitted in the 2nd department of Timisoara Psychiatric Clinic from 2005 till 2013. We analyzed factors such as: positive family history for psychiatric disorders, educational level, occupational and marital status, adverse life events (ALE), social supportive network (SSN), the number of psychotic recurrences, duration of hospitalization, and possible statistical correlations between them.

Results: 224 patients (89 men and 135 women) were included, 146 (65%) with schizophrenia and 78 (35%) with acute and transient psychotic disorders. The patients with acute and transient psychotic disorders had fewer recurrences compared to patients with schizophrenia. Family history, marital status, employment, educational level, and SSN did not influence the number of recurrences or the duration of hospitalization. A statistically significant higher number of recurrences were found in patients without ALE.

Discussions: The lower number of recurrences in patients with ALE could indicate a higher resilience. Patients with acute and transient psychotic disorders have fewer recurrences, than those with schizophrenia, but some of them are at their first episode of psychosis (FEP).

Conclusion: The presence of ALE (possible non-endogenic psychosis) was found as a resilience factor.

Key words: schizophrenia, resilience, recurrences, hospitalization lengths, adverse life events

Introduction

According to the stress-vulnerability model, the intensity of an individual's response to stress is directly proportional to his vulnerability and inversely related to his resilience. According to Windle and collaborators, resilience is the result of negotiating, managing and adapting to significant sources of stress or trauma [1]. Masten and Powel emphasize the positive nature of adaptation to significant adversity. Stress is a broad concept. Its significance and intensity depend on both objective and subjective factors. Being a dynamic process [2] resilience involves the development of psychosocial competences at a given age, social context and historical time [3]. Resilience is not an extraordinary human quality but an ordinary one [4]. It implies flexibility and elasticity [5]. By contrast to what defines normal mental health, in individuals suffering from mental disorders regulation of cognition, affect, and behaviour is impaired [6]. Without appropriate and continuous treatment, schizophrenia results in academic failure, job loss, social isolation, and stigma. According to Harrow and collaborators, less resilient patients with schizophrenia have frequent, severe, and slow recovering episodes [7]. In this respect, attention should be focused on those pharmacological and psycho-social interventions that may increase resilience, or buffer stress. Being a complex concept, there are authors who express doubts about the usefulness of studying resilience. However, others advocate for the continuation of scientific work in this field [8]. Moreover, there are hopes that resilience oriented studies may contribute the development of new drug treatments [9].

The aim of this paper is to identify in patients with schizophrenia resilience factors which influence the long term course (duration of the episodes and number of recurrences).

Methodology

The study includes all patients admitted in the 2nd department of Timisoara Psychiatric Clinic, from 2005 till 2013 that were diagnosed according to ICD 10 (the 10th revision of the International Statistical Classification of Diseases) with acute and transient psychotic disorders (F23), or schizophrenia (F20).

The patients were divided in two samples according to their diagnostic group (F20 and F23). Most of the patients with an F23 diagnosis are at their first episode of psychosis (FEP).They were included in the study because some of them developed in time schizophrenia switching diagnosis from F23 to F20. Patients with persistent delusional disorders (F22), schizoaffective disorders, (F25), schizotypal disorder (F21), induced delusional disorder (F24), organic, or psychoactive induced psychosis were excluded.

The study is retrospective. Information was obtained using patients' files and electronic data bases. The following recorded data were examined: risk/resilience factors (family history of psychiatric disorders, educational level, occupational status, marital status, social supportive network/SSN and adverse life events/ALE), the number of psychotic recurrences, and the duration of hospitalization per episode. We analysed which risk/resilience factors have a statistical significant influence on the duration and number of psychotic episodes.

Results

1.1 Sample description

Of the 224 patients, 135 (60.3%) were women and 89 (39.7%) men. From the 224 investigated patients, 78 (34.8%) were diagnosed with acute and transient psychotic disorders (F23) and 146 (65.2%) with schizophrenia (F20).

In Table 1 is presented the sample distribution according to the diagnostic groups. The patients with schizophrenia had the following forms: paranoid (F20.0), hebephrenic (F20.1), undifferentiated (F20.3), residual (F20.5), and simple (F20.6). The patients with acute and transient psychotic disorders had the following types: acute polymorphic psychotic disorder without symptoms of schizophrenia (F23.0), acute polymorphic psychotic disorder with symptoms of schizophrenia (F23.1), acute schizophrenia-like psychotic disorder (F23.2), acute predominantly delusional psychotic disorder (F23.3), other acute and transient psychotic disorders (F23.8), acute and transient psychotic disorder, unspecified (F23.9). Most patients (59.4%) had a diagnostic of paranoid schizophrenia (F20.0).

Table 1. Sample distribution according to diagnostic groups

Diagnostic group	No. of patients	%
F20.0	133	59.4
F20.1	8	3.6
F20.3	1	0.4
F20.5	3	1.3
F20.6	1	0.4
F23.0	10	4.5
F23.1	23	10.3
F23.2	13	5.8
F23.3	20	8.9
F23.8	9	4.0
F23.9	3	1.3

Patients' age varied between 17 and 69 years, with an average age of 37.5 years (std.dev.=12.2).

Distribution of sample on education levels, marital and occupational status is presented in Table 2. Most patients (49.5%) have a high-school education, and almost a third (30.4%) has a higher education level (post high-school). More than half (55.3%) of the subjects are not married. Less than a third (29.0%) is married, and an important part of the subjects are divorced (12.9%). More than 60% (60.2%) of the subjects are not involved in a stable relationship. Most patients have been retired due to the psychiatric illness. A large part of the sample has never worked (19.6%).

Table 2. Sample distribution according to educational level, marital and occupational status.

Education level groups	No. of patients	%
Classes 0-4 (primary school)	4	1.8
Classes 5-8 (secondary school)	41	18.3
Classes 9-12 (high-school)	111	49.5
Post high-school education	68	30.4
Marital status		
Not married	124	55.4
Married	65	29.0
Divorced	29	12.9
Widowed	6	2.7
Occupational status		
Studying	18	8.0
Retired (due to illness)	95	42.5
Never been working	44	19.6
Working	49	21.9
Unemployed	11	4.9
Retired (age)	7	3.1

Of the total 224 patients, 88 (39.3%) have a positive family history of psychiatric disorders. 64 patients (28.6%) have experienced an ALE prior to the onset of the psychotic episode. Most patients, 197 (87.9%) have a SSN. The average number of hospitalizations for the investigated sample was 3.6 (std.dev.=4.4), with an average hospitalization duration of 23.7 days (std.dev.=14.3).

1.2 Risk/resilience factors and hospitalization lengths

Regarding the duration of hospitalization there is no statistical significant difference between patients with or without a family history of psychiatric disorders (t=-0.35, p=0.72): average duration of hospitalization for patients with a positive family history of psychiatric disorders is 23.3 days (std.dev.=14.9) versus an average duration of hospitalization of 24.0 days (std.dev.=13.9) for patients without a positive family history of psychiatric disorders.

The ANOVA test results show that the level of education does not influence the duration of hospitalization (F=0.52, p=0.66). Also, the ANOVA tests show that there are no statistically significant differences in the duration of hospitalization between subjects with different occupational status (F=1.38, p=0.24).

The marital status of the subjects (specifically if the subject has a life partner or not) does not seem to influence the duration of hospitalization. The mean duration of hospitalization of patients with a life partner is 23.1 days (std.dev.=12.9) and the mean duration of hospitalization for patients without a life partner is 24.0 days (std.dev.=14.9). Though the mean duration of hospitalization for patients with a life partner is lower than for patients without a life partner, the difference is not statistically significant (t=0.42, p=0.67).

The presence or absence of a SSN does not influence the hospitalization duration (t=0.62, p=0.53). In our study, the average hospitalization duration for subjects with a social support network is slightly higher than the average hospitalization duration of subjects without a SSN (23.9 days versus 22.1 days).

The presence or absence of ALE before the episode onset seems to have no influence on the duration of hospitalization. The means of hospitalization days for subjects with/without ALE is very similar (23.4 versus 23.9 days) and the difference is not statistically significant (t=-0.23, p=0.81).

Comparing the two main diagnostic groups, F20 and F23, the T test shows there is no statistically significant differences between the means of hospitalization duration (t=0.20, p =0.84). The mean hospitalization duration for patients in the F23 group is 24.0 days (std.dev.=16.2) while for the F20 group is 23.6 days (std.dev.=13.3).

1.3 Risk/resilience factors and recurrences

Regarding the number of episodes, there is no statistical significant difference between patients with or without a family history of psychiatric disorders (t =-1.94, p = 0.06): the average number of episodes for patients with a positive family history of psychiatric disorders is 4.3 (std.dev.=4.9) versus an average number of episodes of 3.2 (std.dev.=3.9) for patients without a positive family history of psychiatric disorders. The number of episodes is higher for patients with a positive family history, but the difference is not statistically significant.

The ANOVA test results show that educational level does not influence the number of episodes (F=0.25, p=0.89).

The ANOVA tests show that there are differences among subjects with different occupational status regarding the number of episodes (F=7.8, p=0.00). Post hoc tests indicated that differences are significant between subjects working and the ones retired due to illness (p=0.00), and subjects not working and the ones retired due to illness (p=0.00).The average number of episodes for subjects retired due to illness is 5.34 (std.dev.=4.95), while for subjects not working is 2.21 (std.dev.=3.49) and for subjects working is 2.14 (std.dev.=2.06). The average number of episodes is highest for the subjects retired due to illness and lowest for subjects both working and not working. Therefore, we must consider the reverse causal relation: namely that the occupational status (specifically, the "retired due to illness" status) does not influence the number of episodes, but rather that the above mentioned status has been achieved due to the high number of episodes.

The marital status (specifically if the subject has a life partner or not) does not influence the number of episodes. Mean number of episodes for subjects with a life partner is 4.07 (std.dev.=4.2) and the mean number of episodes of patients without a life partner is 3.4 days (std.dev.=4.4). While the mean duration of hospitalization for patients with a life partner is lower than for patients without a life partner, the average number of episodes is higher. The results are not statistically significant.

The presence or absence of a SSN does not seem to influence the number of episodes; there is no statistically significant difference (t=0.71, p=0.47) between subjects with or without a SSN.

The presence or absence of ALE before episode onset influences the number of recurrences. The average number of episodes for subjects with ALE is significantly lower than the average number of episodes for subjects without ALE (2.54 versus 4.07).

There is a statistically significant difference between the average number of episodes of subjects in the F20 diagnostic group and the subjects in the F23 diagnostic group (t=-7.17, p=0.00). The subjects with F23 diagnosis have an average number of episodes significantly lower than the subjects in the F20 diagnostic group: 1.03 episodes (std.dev.=1.16) versus 5.02 (std.dev.=4.83). This shows that subjects with schizophrenia have a higher number of episodes than subjects with acute and transient psychotic disorders.

Discussions, Conclusions and Limitations

In our study, factors such as educational level, marital and occupational status don't influence either the duration of hospitalization, or the number of episodes.

In patients with a social supportive network, the average hospitalization duration is slightly higher than in those without it. While family might be a protective factor functioning as a buffer for ALE, it may also represent a stress factor when high expressed emotions (hostility, criticism, or intolerance) represent a rule [10]. Patients with a positive family history of psychiatric disorders have a higher number of psychotic episodes than those without a family history.

The presence/absence of adverse life events prior to the onset of the psychotic episode has a statistically significant influence on the number of episodes. The lower number of recurrences in patients with ALE may indicate a higher resilience. The absence of apparent triggers (ALE) may reflect a higher sensitivity to subliminal stress.

Patients with acute and transient psychotic disorders (F23) have fewer recurrences than those with schizophrenia (F20), probably because most of them are in the early phases of their disorder. Differences in the cathamnestic period are a limitation of the study. The role of the affective co-morbidity (possible in patients with F23.0 and F23.1 diagnoses) as a resilient factor was not assessed.

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The resilient process and factors from the experience of people recovered from bipolar disorder

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Abstract

Resilience is a dynamic process that develops qualities and aims at overcoming adversity. Having Bipolar Disorder (BD) is an adverse experience, considered serious mental illness (SMI) and characterized by cyclical and extreme moods fluctuations between mania/hypomania and depression. The objective was the study of resilience, process and factors involved in adults recovered from BD.

This is a qualitative study using semi-structured interviews and focus groups with people recovered from BD belonging to the mental health network from the Basque Country (Spain), and clinical experts in the treatment of BD. All the content from the focus groups and interviews was transcribed and analyzed according to conventional content analysis.

People recovered from BD affirmed having experienced a resilient process. It was described as progressive, dynamic and non-linear experience. During the resilient experience inner strength emerged, providing hope and confidence in improving and displaying and developing interrelated internal and external qualities in order to overcome the BD. Some of the resilient qualities developed involved a self-analysis, being responsible for own mental health, searching for emotional, physical and social balance and wellness, self-reinvention or reorienting a personal life project, activating some positive personality characteristics (traits), employing conflict resolution ability, and finding external (formal and informal) support. Resilience arose after experiencing a life crisis (i.e. turning point) and the person was determined to overcome it.

People recovered from BD reported having experienced resilience. The resilient qualities found coincide with the traditional qualities of resilience, while others are specific to BD. It is recommended to continue the study of resilience in longitudinal studies to analyze whether resilience predicts recovery.

Keywords: Resilience process, Resilience factors, Mental Disorder, Bipolar Disorder, Qualitative study.

Introduction

The study of health is showing a shift from an epidemiological to a salutogenic approach, which aims to study phenomena that enable a satisfying and healthy life despite adverse life circumstances. Positive psychology asserts that the study of positive human traits enable understanding how to build qualities that not only help to resist and survive, but also to grow or thrive, and to reduce, regulate and prevent mental illness as a side effect [1]. Some autobiographical reports show that although bipolar episodes are traumatic and disruptive, there is the possibility that people with BD can experience wellness and manage their disease and live a fulfilling life, describing a variety of strategies to achieve it [2]. Nevertheless, the positive reports of living with Bipolar Disorder (BD) remain largely absent in the current research literature, studying instead the high rates of suicide, substance abuse, criminal behavior and divorce.

BD is a mood disorder characterized by recurrent and cyclical periods of extreme moods, including depression –during which sadness, inhibition and ideas of death prevail- and mania –which is a phase of exaltation, euphoria and grandiosity- or hypomania [3]. BD is a chronic disease with periods of remission and relapse. Along the course of the disease, the patient may develop psychotic symptoms, rapid cycling, psychiatric and medical comorbidity, and cognitive and psychosocial impairment. Patients have a high risk of committing suicide.

This illness remains in the top ten causes of Years Lived with Disability (YLD) at global level, accounting for 2.5% of total global YLDs [4]. It is incorporated by the WHO as one of the six most debilitating conditions [5] and also classified among the Serious Mental Illness (SMI) [6]. According to the World Health Organization World Mental Health Survey Initiative (WHO; [7]), the aggregate lifetime prevalences were 0.6% for bipolar type I disorder (BP-I), 0.4% for BP-II, 1.4% for subthreshold BP, and 2.4% for Bipolar Spectrum Disorder (BPS).

To be in line with the focus of current salutogenic approach and cover the lack of knowledge of positive qualities that contribute to recovery in this high health burden disease, the present study aims to study psychological resilience in BD.

According to several authors such as Grotberg [8] and Luthar, Cicchetti, & Becker [9], the resilient term must be understood as a universal and dynamic process in which both personal and interpersonal skills, as well as internal forces interact to allow positive adaptation despite adversity. Other authors argued that individual psychological variables are an essential part of resilience in terms of adverse circumstances [10]. Moreover, Richardson [11] and Grotberg [12], not only describe resilience as a disruptive and reintegrative process for accessing resilient qualities towards overcoming adversities, but also as a phenomena that strengthens protective factors and drives to personal growth through adversity and disruptions.

There is evidence of the importance of resilience to overcome adverse events and somatic health and physical problems [13] as well as mental ones [14]. Grotberg maintains that resilience is recognized as a contribution to the promotion and maintenance of mental health and quality of life [12]. For instance, a study found the presence of resilient qualities in a sample of eight participants in remission of various mental disorders, including BD [15]. Meanwhile, it has been shown that resilience could play an essential role in personal recovery and in improving psychosocial functioning and quality of life as well as in reducing symptoms in people with schizophrenia [16]. However, the review of the scientific literature by the major search engines documentation (Web of knowledge, Ebscohost, Pubmed and Google Scholar), and the combination of keywords, "resilience" or "resilient "and "bipolar disorder" did not produce any results in reference to psychological resilience.

Therefore, the primary aim of the study was to explore from a qualitative perspective the resilience process phenomenon and the positive qualities or factors involved in into a clinical adult sample of people recovered or functionally improved from BD. It is hypothesized that resilience is experienced by these individuals and it will be described as a multidimensional process. Also it is expected to find a number of resilient components similar to those studied in other diseases and adversities, and a few BD specific resilient components. Moreover, it is supposed that people affirmed having experienced a resilient process will also display high rates of posttraumatic growth and quality of life.

Methods

1.1 Design

This is a phenomenological qualitative study. Multiple triangulation technique was used: a) Methodological triangulation (semi-structured individual interviews and focus groups), b) Data triangulation (focus groups composed of both people recovered or functionally improved, as experts in the area), c) participants with BD also completed a battery of tests.

1.2 Participants

Participants came from various psychiatric services and Mental Health Centers of Basque Country (Spain): Mental Health Center Bombero Echaniz and Uribe-Kosta from Biscay, and Santiago Apostol Hospital from Álava.

The inclusion criteria for the individual interview and focus group patients were: (1) be functionally recovered or significantly improved from their BD diagnosis (BD type I, type II, and not Specified diagnosis were accepted). Additionally, a psychiatrist of each BD participant had completed the *"Clinical Global Impression Scale for Bipolar Disorder Modified (CGI-BP-M)"* [17]. To be eligible to participate, participants symptoms had to had been rated as "normal" and "mild" in severity. (2) Be between 18 and 65 years old. (3) Have appropriate levels of expression, understanding and insight to carry out the study. (4) Participate based on informed and voluntary consent. Patients who (1) did not meet the above criteria and (2) that also had other psychological, biological or physical conditions that would impede participation in the study were excluded.

The inclusion criteria for participating experts in the focus group were: (1) Possess more than two years of experience in treating patients with BD, and (2) agreeing to participate in an informed and voluntary way.

1.3 Procedure

The study satisfies ethical aspects of informed consent, voluntary participation, and confidentiality. Participants gave the informed consent to participate and they also allowed the interview to be taped in audio. Therefore, each interview and focus group were fully transcribed on paper.

Conventional content analysis [18] of each individualized interview and focus group was performed following steps proposed by Morse & Field [19] in order to identify most relevant topics, allowing to obtain a final model of resilience in BD.

The first draft overall model of resilience was obtained from the individualized interviews in which patients were asked about their resilient experience, and about qualities used during this process. Later, a patient focus group was carried out in order to discuss their resilient experience and validate created first resilient model. This allowed to generate a second draft model of resilience, which was presented to six mental health professionals that participated in the expert focus group. They discussed and validated the second draft model of resilience from their objective view of the topic. Last, a final model of resilience in BD based both on users view and on professionals view was created.

1.4 Instruments

Patients had to complete standardized questionnaires about their symptoms of bipolar disorder "*Bipolar Spectrum Diagnostic Scale (BSDS) Spanish Version"* [20], general resilient level "*Spanish Version of the Resilience Scale 25 (RS-25)"* [21], posttraumatic growth "*Short Form of the Posttraumatic Growth Inventory (PTGI-SF) Spanish version"* [22], quality of life "*Brief Quality of Life in Bipolar Disorder (Brief QoL.BD) Spanish Version"* [23], and socio-demographical and clinical data. Additionally, the subjective rating scale for recovery level from 0 "I have not experienced any recovery" to 100 "I am completely recovered" was administered.

Experts completed the "*CGI-BP-M"* [17] of their patients to report the severity of symptoms at present.

1.5 Statistical Analyses

Descriptive statistics and frequencies were performed, using the statistical package SPSS for Windows version 20.

Results

1.1 Cuantitative Data

According to CGI-PB-M (Overall) and BSDS mean scores, participants showed no significant active BD symptoms. Furthermore, patients indicated to be highly recovered in the subjective rating scale for recovery (See Table 1).

Table 1: Participants scores at the interview and focus group moment on symptoms and re

	Mean	*Sd*
	n = 15	
CGI-PB-M_overall	1.60*	0.83
BSDS	2.73**	2.40
Subjetive Recovery rating scale	85.00	11.01
Age at BD onset	25.00	9.71
RS-25	137.80	16.97
PTGI–SF	32.87	7.23
Brief QoL.BD	48.80	6.89

* Score between "Normal (1.00)" and "Minimal (2.00)" at Overall Symptom Severity.
** Score below the cut off value of 13 points necessary for screening BD.
RS-25 range: 25-175; PTGI–SF range: 0-50; Brief QoL.BD range: 12-60.

Of the 15 patients enrolled (11 women , 4 men), nine of them from Santiago Apóstol Hospital, and six from Mental Health Center Bombero Echaniz and Uribe–Kosta, with a mean age of 42.87 years old (SD = 11.99), 7/15 were married, while most of the rest were single (6/15) at the time of the interview or focus group. Although 8/15 patients had university degrees, and 4/15 worked in a job related to their university degrees, the

majority of patients (11/15) were occupationally inactive at the time of the interviews were taped (mainly by occupational disabilities resulting from the BD).

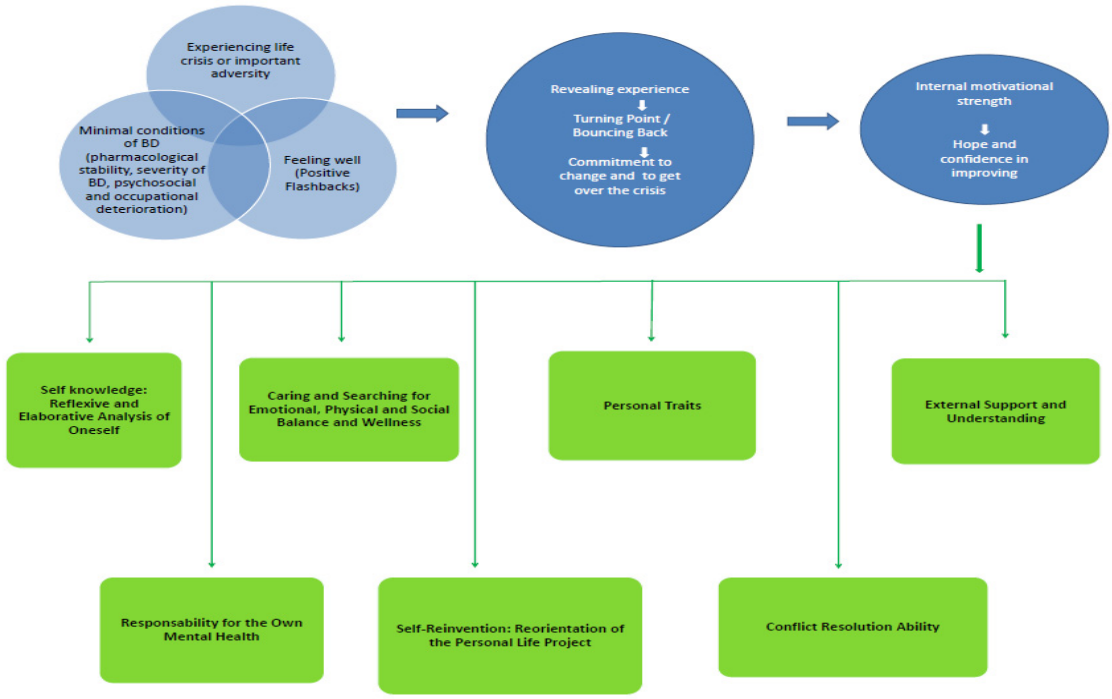
BD came out in early adulthood (See Table 1). All were receiving prescribed drug therapy (predominantly antipsychotics, mood stabilizers and anticonvulsants) and most had also received individual and / or group psychological therapy. Some participants indicated the presence of thyroid-related diseases as a side effect of the lithium carbonate.

Participants show medium-high levels of intrinsic factors in resilience, posttraumatic growth, and quality of life indicated by the mean scores of RS-25, PTGI–SF, and Brief QoL.BD (See Table 1).

1.2 Cualitative Data

All patients affirmed having experienced a resilient process. Resilience was described as a progressive, dynamic and non-linear process. The qualities or factors that contributed to the origin and function of resilience in BD are described in the diagram presented in Fig.1.

Fig. 1 Factors that contribute to the origin and functioning of Resilience in Bipolar Disorder Process



Participants agreed that resilience was originated when, having a minimal mental health conditions, went through a bipolar crisis, and experienced positive flashbacks that made them feeling well. This situation worked as a revealing experience which driven them to a turning point. In this context, they referred feeling an enhanced commitment to change ones beliefs and attitudes and being determined to face the crisis. These generated an inner strength or motivation and increased hope and confidence in order to get over the adversity.

In this context, participants narrated the development and activation of interrelated positive qualities which enabled them to overcome the BD. They developed seven main resilient qualities:

1) Self-analysis: They agreed that self-knowledge about personal strengths, weaknesses, goals, values, and hobbies allowed them to redefining their identity and to differentiated it from the illness.
2) Being responsible for own mental health: They stressed the importance of knowing BD, and trying to regulate it through the management of early warning signals and the adherence to psychopharmacological treatment. That gave them sense of empowerment above their lives. They also narrated the importance of dealing and re-establishing personal limits.
3) Searching for emotional, physical and social balance and wellness: They highlighted the advantage of having a discipline and a healthy life-style, as well as having or searching for an interpersonal and occupational network in order to perceive emotional support. Participants agreed that enjoying in relaxing and distracting activities were also necessary so that they could set aside their suffering.

4) Self-reinvention or reorienting a personal life project: These factors implied to undertake adapted goals that nurture one´s inner life. They also narrated the need for self-realization and personal growth, which it was also strengthened as a result of resilient process.
5) Activating some positive personality characteristics (traits) such a self-worth, courage, perseverance, humility, extroversion, optimism and sense of humor.
6) Employing present focused conflict resolution ability or being able to do an objective analysis of the problem and available resources. This allowed them to adapt their goals and to find out and get needed support to solve their problems. Creativity, assertiveness and social skills were also emphasized.
7) Finding external support both formal (psychopharmacological therapy) and informal (family, friends and colleagues).

Conclusions

The study provides evidence that resilient process is an experience in people recovered from BD. The resilient qualities found coincide with the traditional qualities of resilience [8, 9,10] such as hope, optimism, creativity, dreams, self-control, and subjective wellness, while others are specific to BD, such as BD knowledge, redefinition of identity, and adherence to treatment. On the other hand, a few studies have explained a number of factors related to recovery from BD such as identity development, self-management, and development of social roles [2], when actually, they are resilient factors that leads to recovery. On the other hand, study provides evidence that people recovered from BD who have go across a resilience process, also show medium levels of quality of life and posttraumatic growth.

The study involved a small number of people. However, data saturation was obtained in individualized interviews and multiple triangulations were carried out, thus giving more validity to the results. An added limitation was that all patients with TB were recovered, so precautions should be taken when generalizing the results to people with active TB. However, being the first study in the area, had to prioritize to interview people who had experienced more likely resilience.

It is recommended to continue the study of resilience in longitudinal studies to analyze whether resilience predicts recovery. The severity of BD and the resulting socioeconomic and health burden [24] could be reduced through the development of specific resilience programs for people with BD that promote recovery.

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L'évolution de la réponse à l'appel de la responsabilité morale envers un proche atteint de démence : faut-il se méfier de la résilience ?

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Abstract

Purpose of the presentation: The presentation will discuss the role of resilience in caregivers in the evolution of the response to the call to moral responsibility for taking care of their loved one with Alzheimer's. Conceptual and methodological frameworks: Twenty family caregivers of a person with Alzheimer's disease were interviewed in semi-structured in the context of the methodology of grounded theory interviews. Philosophy of alterity of Levinas has served as a framework for interpreting the data. Results: The study revealed a particular evolutionary process of responding to the call to moral responsibility of caring. This process begins with resilience which, although itself positive because it allows a transformation where the caregiver is stronger, however, helps to constantly push the boundaries so that the actual limit of home support the person with the disease becomes exhaustion. Discussion: The results allow the following observation: the resilience of caregivers is high. Although this resilience is socially useful and necessary to meet the needs of people affected by Alzheimer's disease, it nevertheless should not take it for granted and ignore the possible consequences for the caregiver. The response to the call of the responsibility of caregivers is a process that is necessary to know for intervening in time, because caregiver burnout does not have to be the final phase.

Keywords: moral responsibility, Alzheimer's caregivers, resilience, fatigue, Levinas.

Mise en contexte de l'étude

Dans le cadre de notre étude, nous voulions comprendre comment se construit la responsabilité morale des aidants au regard du traitement pharmacologique de leur conjoint atteint d'Alzheimer. Pour ce faire, deux objectifs spécifiques ont guidé l'ensemble de l'étude : 1) comprendre le processus de construction de la responsabilité morale des aidants à l'égard de leur proche et 2) décrire l'engagement des aidants face au traitement pharmacologique dans la perspective de cette responsabilité morale. Nous avons choisi la théorisation ancrée de Strauss et Corbin [1] comme méthode, l'interactionnisme symbolique de Mead [2] et l'éthique de l'altérité de Lévinas [3] comme cadres théoriques, ainsi que l'entrevue semi-dirigée comme outil de cueillette des données. Les schémas d'entrevue ont évolués en cours de collecte pour construire la théorie en émergence. Les entrevues abordaient l'histoire du diagnostic, le sens de la maladie et du traitement, l'interaction aidant-aidé et le sens de leur responsabilité à l'égard de l'autre. Nous avons souscrit à la méthode de réduction et d'interprétation des données proposée par la théorisation ancrée, laquelle comprend le codage, les mémos et les schémas en guise d'analyse des données. La validation fut assurée par la méthode interjuge. La majorité des 20 participants (60%), recrutés selon un échantillonnage théorique, sont des femmes. Les participants sont âgés entre 44 et 83 ans, 68 ans en moyenne. Notre étude à fait ressortir six déterminants de la responsabilité morale en amont de l'engagement dans le traitement: 1) les transformations de l'aidé atteint de la maladie, 2) les transformations de la relation aidant-aidé, 3) les fondements derrière le choix d'assumer la responsabilité de soin, 4) l'actualisation de la responsabilité à travers la promotion de valeurs morales, 5) le processus d'évolution de la réponse à l'appel de la responsabilité morale et 6) la manière avec laquelle les aidants parviennent à développer leur propre manière d'assumer leur rôle, soit la singularisation de la responsabilité [4, 5]. Nous discutons ici des résultats relevant du cinquième déterminant, celui relatif à la réponse à l'appel de la responsabilité.

Réponse des aidants à l'appel de la responsabilité morale

Conforme au précepte, dans une perspective lévinassienne, que les aidants sont appelés à être responsables, notre étude a mis en évidence un processus d'évolution dans cette réponse à l'appel de la responsabilité envers leur proche. Ce processus représente un des six déterminants de la responsabilité morale des aidants et se décline en 4 phases que nous décrivons brièvement ici. (Notons ici que ce processus de réponse à l'appel de la responsabilité émerge d'entrevues effectuées dans le cadre d'une étude transversale auprès d'aidants qui assument ce rôle et donc ne représente pas les multiples possibilités de réponses, dont celle de ne pas endosser cette responsabilité.)

1.1 Phase 1: Résilience

La première réponse des aidants à l'appel de la responsabilité semble être la résilience. La résilience est un concept polysémique étant à la fois intrinsèque à l'individu, processus complexe et résultat [6]. Elle réfère ici à un trait de personnalité et à un ensemble de qualités personnelles qui permettent à l'individu de se développer [7] et de se transformer positivement face à l'adversité en interaction avec son environnement [8]. Nous employons la résilience dans la perspective américaine ou conjoncturelle, laquelle réfère à l'expérience de stress majeurs ou d'épreuves causant un choc émotionnel intense et un déséquilibre psychique durable, sans toutefois qu'il s'agisse de traumatismes [9]. Les participants présentent quelques caractéristiques propres aux personnes résilientes comme l'estime de soi, les habiletés de résolution de problèmes, l'esprit critique, l'humour, l'autodiscipline, l'optimisme, la créativité, l'humilité, la flexibilité et la résistance, tant physique qu'émotionnelle, face aux exigences requises: «*J'ai découvert que j'étais encore plus adaptable ou flexible que je pensais à des nouvelles situations, encore, malgré mon âge!* » (Pierre). La résilience semble mobilisée dès le départ dans le parcours des participants et se manifeste, dans un premier temps, par l'adaptation et l'ajustement face au diagnostic : « *Quand il a donné le diagnostic, je me suis dit : aimerais-tu mieux qu'ils te disent qu'il a un cancer en phase terminale? L'Alzheimer, on parle de 10 ans, le cancer c'est six mois, deux mois* » (Murielle). Plus qu'une simple réponse adaptative au stress cumulé, la résilience implique également une certaine transformation et reconstruction de soi [9]. À cet effet, nommons les transformations des rôles au sein de la dyade aidant-aidé amenant les participants à modifier leur conception des rôles traditionnels et à apprendre de nouvelles tâches. De plus, ils accroissent leur considération pour les autres, découvrent leur bienveillance. Il s'agit d'une découverte de soi, du développement d'attitudes et de compétences interpersonnelles nouvelles: «*Du jour au lendemain, tu deviens infirmier, puis tu deviens homme de maison*», disait Armand.

1.2 Phase 2: Renoncements et deuils

Pour certains, prendre soin de son proche est un don de soi: «*Il faut l'accepter, il faut se donner, c'est un don*» (Armand). La prise de responsabilité exige effectivement des renoncements, comme mettre de côté des projets de retraite, de voyage ou d'activités sociales. De plus, les participants doivent admettre que les choses ne seront plus jamais les mêmes, que la maladie les oblige à revoir leurs priorités et leurs besoins : « *Je n'ai pas besoin de cadeau, je n'ai plus besoin de rien (…). [Ses enfants disent]: Ah, il aurait dû t'acheter des fleurs! Non! Non!… J'ai fait mon deuil de tout ça, là. Non, je n'ai pas besoin de ça »*. (Carmen). Au-delà des renoncements qui ne paraissent pas toujours faits dans la douleur et auxquels les participants s'ajustent parfois assez facilement, il est question de deuils. De fait, les participants parlent du deuil de la personne qu'ils ont connue et aimée dont l'intégrité du soi est atteinte. Cet aspect revêt en revanche un caractère beaucoup plus souffrant pour plusieurs: «*Et puis tu vois ton conjoint partir par morce*au pleurs) » (Julie). Les participants doivent également faire le deuil de la relation antérieure et de la vie à deux qui ne sera plus possible en raison de l'obligation de recourir éventuellement à l'hébergement en institution. Les renoncements ou deuils, comme seconde réponse à l'appel de la responsabilité, marquent un point de non-retour dans le parcours des aidants, car ils tracent les premières frontières des limites de leur responsabilité morale.

1.3 Phase 3: Anticipation de limites face à la responsabilité

L'agnosie dont est victime leur proche est l'une des transformations qui fragilisent profondément le rapport relationnel et le problème auquel les participants réfèrent le plus souvent comme étant la limite du projet de maintien à domicile. La difficile décision d'hébergement semble d'ailleurs plus envisageable pour les participants lorsque le proche ne pourra plus les reconnaître comme le dit Murielle dans cet extrait : « *Moi, le matin où il se lève, puis il ne me reconnaît plus, il sort d'ici. Je ne vivrai pas avec un étranger* ». Les problèmes relatifs à l'hygiène constituent la seconde limite qui circonscrit leur responsabilité: «*Si je suis obligé de la torcher à tous les jours, malgré que c'est venu sur le bord (rires) (…) je ne m'entêterai pas*». (Gérard). En fait, les problèmes d'hygiène et d'agnosie, plus que d'autres, semblent mettre en péril la poursuite du projet de

maintenir leur proche dans son milieu de vie. Ainsi, l'anticipation de limites constitue la troisième réponse à l'appel de la responsabilité morale.

1.4 Phase 4: Émergence de limites réelles de l'aidant face à sa responsabilité

Le processus de réponse à l'appel de la responsabilité morale s'amorce par la résilience, laquelle, parce qu'elle rend l'aidant plus fort, contribue par ailleurs au repoussement des limites. Au final, l'épuisement constitue la limite ultime lorsque les participants répondent à cet appel au-delà de leurs limites: «*C'était une négociation infernale. Puis à un moment donné, tu deviens toi aussi fatiguée, fatiguée. Nous autres, c'est le cas de le dire, ils nous ont à l'usure! Oui parce que quand il est rentré [en hébergement], moi, je me sentais usée là*» (Lorraine). Outre le fait qu'il puisse provenir de cette volonté de répondre à l'appel de la responsabilité au-delà de leurs limites, l'épuisement des aidants peut également être associé à la difficulté des aidants à répondre à l'image qui émane des fondements de leur responsabilité, ou encore à actualiser leur responsabilité en résolvant des dilemmes éthiques quotidiens, deux autres déterminants de la responsabilité morale dont il n'est pas question ici.

Discussion

Dans le contexte du vieillissement de la population et de l'augmentation du nombre de personnes dépendantes qui l'accompagne, la résilience des familles semble nécessaire à l'accomplissement du rôle de proche aidant. La littérature dans ce domaine aborde le plus souvent cette résilience à travers le paradigme de stress et de coping de Lazarus et Folkman [10] selon lequel, face à des agents stresseurs importants qui menacent ou dépassent leurs ressources, les aidants utiliseront différentes stratégies d'adaptation cognitives et comportementales pour gérer la situation. Or, «le coping apparaît comme une forme de résilience ou plus exactement peut contribuer à décrire une certaine approche du processus de résilience, à partir d'une perspective essentiellement comportementale et consciente» [8].

Ainsi, comment cette résilience de départ peut-elle conduire à l'épuisement en fin de parcours ? Le processus de réponse à l'appel de la responsabilité morale décrit ici constitue une partie de la réponse à cette interrogation. Premièrement, nous constatons, avec Cyrulnik et Werner, le travail inachevé et non absolu de la résilience [9]: bien que les participants amorcent leur parcours d'aidant avec résilience, cette dernière n'est pas forcément sans limites et comprend des ruptures. L'épuisement en étant une illustration flagrante. Deuxièmement, les renoncements et les deuils quotidiens auxquels sont confrontés les aidants dont la perte de l'autre malgré sa présence physique, seconde phase de notre processus de réponse à l'appel de la responsabilité morale, constituent des facteurs de risques multiplicateurs qui ne sont pas compensés [11] favorisant la rupture de résilience. En revanche, l'anticipation de limites à la prise de responsabilité pourrait agir comme facteurs de protection, car ils permettent de modifier la réaction à la situation [12] ou faire obstacle aux effets causés par les facteurs de risque [13]. S'imposer des limites constitue en effet une réponse adaptative efficace à une responsabilité devenue trop lourde. Toutefois, la valeur protectrice de cette prise de position des aidants est lacunaire dans la mesure où leur résilience les amènera à repousser encore ces limites une fois atteintes. Ainsi, un déséquilibre se crée entre les facteurs de risques augmentant la vulnérabilité et les facteurs de protection susceptibles d'accroitre la résilience.

Peu d'études semblent soulever des effets négatifs de la résilience appliquée à la problématique des aidants. Fitzpatrick et Vacha-Haase [14] avancent que la résilience représente un concept dynamique et multifactoriel qui inclut notamment le fait d'être réaliste. Or, selon eux, le réalisme fait en sorte que les aidants éprouvent une satisfaction moindre dans le rapport avec leur proche, car ils sont alors en mesure de reconnaître, puis d'admettre, les détériorations de la relation. Cette relation dyadique constitue par ailleurs la dimension centrale de l'expérience d'être aidant [15 à 18]. Le degré d'intimité partagée au sein de la dyade aidant-aidé influence notamment la manière dont sera assumée la responsabilité [19, 20]: continuité, réciprocité relationnelle, ou, au contraire, détachement ou sentiment d'obligation de prendre soin [21]. Le réalisme engendré par la résilience des aidants constitue dès lors un facteur de risque menaçant la relation, laquelle est un important facteur de protection contre l'épuisement des aidants. Ainsi, aux troubles psychocomportementaux de l'aidé [22, 23], aux capacités adaptatives moindres et à la vulnérabilité au stress de l'aidant [24], à la mauvaise perception de l'auto-efficacité de l'aidant dans son rôle [23], à la mauvaise qualité de la relation aidant-aidé [25]; déjà reconnus comme des facteurs explicatifs du fardeau, peut-on ajouter *trop de résilience* ? Les données recueillies dans notre étude ne nous permettent pas de proposer un nouveau déterminant du fardeau ou de l'épuisement des aidants. Mais elles nous autorisent toutefois à soulever la question des effets pervers de la résilience qui renforce l'appel de la responsabilité morale de prendre soin: «*C'est lui qui a la priorité là. Il a besoin de moi là, je vais être là*», nous confiait Claire en entrevue.

En terminant, sans proposer de réponses claires à la question de départ, nos résultats permettent d'amorcer une réflexion sur le rôle de la résilience dans l'épuisement des aidants. Nous avons avancé, pour y

répondre, que c'est vers le processus de réponse des aidants à l'appel de leur responsabilité morale qu'il faut se tourner. Nous avons fait ressortir que ce processus peut conduire à l'épuisement, dans une perspective lévinassienne où la responsabilité est irrévocable une fois interpellée par la vulnérabilité de l'autre. Il semble donc possible pour les professionnels de la santé de travailler avec les aidants pour qu'ils gèrent mieux cet appel de la responsabilité. Il se s'agit pas ici de tenter de renforcer la résilience, sachant qu'elle comporte un risque pour leur santé. Au contraire, c'est en discutant avec les aidants des limites envisagées à leur responsabilité envers leur proche, puis, une fois ces limites atteintes, en leur rappelant la nécessité d'évaluer s'il est encore réellement possible pour eux de continuer. Les interventions sociales basées sur le concept de résilience se concentrent généralement sur les ressources des individus et de leur environnement et sur les moyens de les rehausser encore davantage. Ne devrions-nous pas plutôt chercher à repérer également les risques d'une trop forte résilience? Car être résilients ne rend pas les aidants invincibles. Et l'épuisement, contrairement à ce que l'on serait porté à croire, pourrait être la conséquence d'une trop grande résilience.

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La deficience intellectuelle protege-t-elle du traumatisme ?

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Abstract

This clinical study did not aim to answer to this question that might seem provocative, if not expose the situation among many others hat led to its emergence; and consequently we wondered about the "resilience" factors. Working for ten years in the field of intellectual disability and having had to accompany, in this context, about thirty people exposed to traumatogenic events, we felt that these people had fewer clinical signs of trauma on the medium and long term their contemporaries. Different situations that led to this reflection have in common the points: a cross between the mental integration capabilities (memory abilities, psychoaffective immediate impacts) and potentially traumatic events (rape, exposure to violent deaths ...); an area where the person is already facing various vulnerabilities (intellectual disability, somatic problems, domestic violence, alcohol, serious educational deficiencies, social misery ...). In a clinical vignette (history, description of patterns and trends), which are defined in the preamble "resilience" and "disability" will emerge these questions: a moderate intellectual disability it would be more resilient? What links appear between resilience and mental development? We move forward to empirically say that in the context of intellectual disability and trauma, resilient capacity would highlight the influence of bio-psycho-social development.

Keywords: Resilience, Average Intellectual Disability, Trauma.

Introduction

En une dizaine d'années en tant que psychologue dans un Institut-Médico-Educatif auprès d'une population parlant le créole réunionnais, j'ai été amené à accompagner une trentaine de situations traumatogènes (viols, exposition à des morts violentes…) impliquant des jeunes déficients intellectuels (déficience légère à profonde), âgés entre 11 et 16 ans. J'ai toujours été interpellé par le fait que les personnes présentant une déficience intellectuelle moyenne (21 cas sur 32) manifestaient beaucoup moins de signes cliniques post-traumatiques que leurs pairs. Elles sont en effet plus impactées par les changements dans l'attitude de l'entourage (centration de l'attention, rapports, entretiens…) que par l'événement lui-même, toujours rapporté par un tiers. Ce qu'elles expriment par ailleurs très bien : « Sak ma la fé té pas bon ? » (Ce que j'ai fait était interdit ?)... Après avoir défini « résilience » et « déficience intellectuelle », nous illustrerons les liens entre eux par la situation de Jean.

Definitions

1.1 La Résilience

Dans son acception en Physique des matériaux, la résilience renvoie à la capacité pour un matériau à absorber l'énergie en se déformant sous l'effet d'un choc. D'observations empiriques en études systématisées, un pont conceptuel est fait avec la psyché humaine [1] [2] et plus largement avec la société humaine [3] [4]. Parler de résilience, serait aborder les capacités d'intégration et d'élaboration d'un individu face à un impact potentiellement traumatique ; cela suppose donc que la personne dispose d'un matériel cognitif, biologique, émotionnel, volitionnel, social… Mais qu'en est-il de ce concept dans le cadre de la déficience intellectuelle ?

1.2 La Déficience Intellectuelle

Dans la suite de la conceptualisation tridimensionnelle de Wood P. [5] sur la Classification Internationale du Handicap et de la Santé Mentale (CIH) ("Fig.1"), nous aborderons la déficience comme un « manque ». Plus exactement comme un « manque d'efficience ». L'efficience pouvant être perçue comme la

capacité à utiliser de façon optimale l'ensemble des outils à disposition pour parvenir à un résultat, la déficience sera perçue comme le constat d'un manque et pas seulement comme une conséquence d'une maladie.

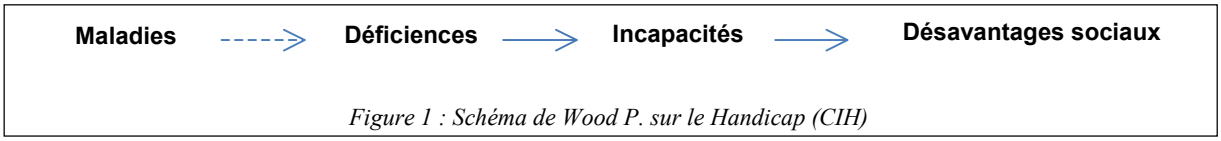

Figure 1 : Schéma de Wood P. sur le Handicap (CIH)

Par rapport à l'intelligence, il ressort des différents champs théoriques, et plus encore des différents auteurs, que le terme «intelligence» est relativement équivoque (concept? construction? singulier? multiple…?). Même s'il n'apparait pas d'unanimité quant à un sens commun, il y a un accord relatif quant à son développement; à savoir l'implication de la maturation cérébrale, de l'expérience acquise, des interactions et des transmissions sociales. Il y aurait donc, dans le cadre de la déficience intellectuelle, un manque à l'une ou plusieurs de ces dimensions.

Finalement, «Le déficit intellectuel renvoie à l'insuffisance d'efficience intellectuelle, représentant un des aspects cliniques importants d'une déficience mentale, rendant un sujet incapable de répondre de manière adaptée aux exigences du milieu» [6]. Deux dimensions importantes sont à prendre en considération : celle de la *limitation du développement intellectuel* et celle de *l'insuffisance du comportement adaptatif*. Illustrons cela avec l'histoire de Jean.

Vignette clinique

1.3 L'histoire de Jean

Jean est vu pour la première fois à l'âge de dix ans. Il est en internat. Il présente un syndrome d'alcoolisation fœtale avec retard staturo-pondéral et troubles sévères du comportement. Il ne s'exprime qu'en créole et est dans un fonctionnement où le plaisir immédiat domine. Il bave beaucoup, est très diffus, très marqué physiquement par son syndrome et présente une déficience intellectuelle moyenne homogène (évaluation WISC-III). C'est le 11ème enfant sur 13 d'une famille recomposée. La mère a 7 enfants d'une première union et le père trois. La famille bénéficie d'une «action éducative en milieu ouvert» (AEMO) pour carences éducatives graves, alcoolisation chronique, violences conjugales. Chaque week-end Jean est exposé aux violences familiales et se retrouve livré à lui-même. Alors qu'il a 11 ans, il est violé par un des jeunes de son groupe de vie. Deux ans plus tard il découvre le corps de sa mère qui s'est suicidée. A aucun moment, malgré l'intensité des événements, Jean n'a manifesté de signes cliniques péri- ou post-traumatique [7]. Avec ses capacités certaines de verbalisation mais de compréhension limitée, il aurait en quelque sorte été «protégé» par sa déficience. Jean a aujourd'hui 20 ans. Il est dans un Etablissement et Service d'Aide par le Travail (ESAT) où tout se passe très bien. Il vit chez une de ses tantes (tutrice), et semble avoir traversé tout cela *comme si* rien ne s'était passé.

1.4 Questionnements

L'absence de signes post-traumatiques se retrouve chez les 21 jeunes suivis. Pour un niveau d'efficience mnésique équivalent (Quotient Intellectuel entre 35 et 45), et une même tranche d'âge, nous assistons à des ajustements (pour 85 % d'entre eux) en réponse à des changements dans les attitudes de l'entourage, plutôt qu'en réponse à l'événement lui-même. Pour reprendre Bin K., *"Si un évènement se manifeste pour moi, il peut être divisé (...) en phénomène "extérieur" et en impression "intérieure"* [8], impression qui n'est pas toujours en adéquation avec les impressions sociales (famille, culture, croyance…).

Sont-ils pour autant résilients? Au sens physique (Cf. § 1.1), il y a une capacité certaine d'absorption sans aliénation ou débordements. Dans une approche socioconstructiviste [9], il y a des ajustements à l'environnement (débordements émotionnels transitoires liés aux attentes des autres).

L'insuffisance d'efficience intellectuelle viendrait se confronter avec le vécu événementiel et les attentes sociétales. Cela ouvre à une constellation de dynamiques entre la génétique, les liens sociaux, les capacités d'élaboration (mentale et verbale), les expériences de vie et les modèles à disposition.

Conclusion

Parler de déficience intellectuelle et de résilience n'est pas qu'un constat évaluatif de capacités ou de difficultés, c'est une histoire, l'histoire d'une personne, d'une famille, d'un accompagnement, de leurs interrelations... Les approches sont à n'en pas douter plurifactorielles: biologiques, psychologiques, sociales. S'interroger sur la résilience c'est s'interroger sur les facteurs (visibles ou non) qui vont permettre ce processus.

Si l'environnement a un impact certain sur le vécu d'un événement, les forces et faiblesses d'une personne prendraient un sens autre quant à l'absorption de cet événement.

L'appropriation des événements telle que vécue par la personne déficiente intellectuelle moyenne nous amène à repenser la **« résilience »** en **«résiliance»**: une jonction entre «**résig**nation» et «a**lliance**». Tout autant que je puisse me résigner (consciemment ou non) à mon Histoire, je suis susceptible de m'y allier et non plus seulement d'y être aliéné. Cela ne veut pas dire qu'il n'y a pas d'impacts, mais que ceux-ci ne vont pas empêcher un développement ultérieur sain. D'un point de vue empirique, il y a une capacité certaine à rebondir si tant est qu'il y ait un besoin de rebondir.

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Beyond repetition. Resilience in obsessive-compulsive disorder – case study

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Abstract

Introduction: The obsessive-compulsive disorder can be disabling and traumatizing, especially at a young age, and its psycho-social consequences being an element very difficult to pass.

Objectives: This paper intends to describe the key elements of the phenomenon of resilience in the case of person who experience the obsessive-compulsive disorder.

Method: We use the case study providing an example of a successful history of one person suffering from severe obsessive-compulsive disorder. The history of the case was analyzed through interviews with the patient and key people in care; there have been administered standard instruments which aimed at resilience, adjustment and personality.

Results: The data obtained suggest methods of adjustment, as well as psycho-social factors which might support resilience.

Conclusions: Personal, contextual and interactional premises of resilience are possible in the case of people who suffer from obsessive-compulsive disorder. The case analysis shown might be a good starting point for the extension of resilience study in people who suffer from obsessive-compulsive disorder.

Keywords: obsessive-compulsive disorder, resilience, recovery, coping

Introduction

The obsessive-compulsive disorder is one of the most difficult and overwhelming psychiatric condition, with well-known variability and heterogeneity. It has a lifetime prevalence of up to 3% (in some studies), is explained (insufficiently) through various models (genetic, neurobiological, neuropsychological, infectious, psychological, environmental, interactional, and so on), without finding a satisfactory or covering model, so that there exist sufficient predictors and precise guiding for intervention.

The long-term duration of the ilness is associated with a less favorable evolution [1], and the patients with partial remission are more vulnerable to relapse than the ones with total remission. [2]

It is known the fact familial adversities (for instance, socio-economical disadvantage, teen parenting, parental separation, parents' mental health issues, stressful events of the family life) increase the vulnerability to mental health issues, especially when these tend to appear together with a accumulated effect, suggesting that not their type but their number might have a higher influence. [3] The patients with OCD who have close relatives with the same disorder or with a syndromic variant are in proportion to 20 – 25% from the total number of those who suffer from OCD. [4]

As far as the resilience concerns, Ionescu (2013) affirms that, in the absence of a universally accepted definition, there is an accord related to two essential points: (a) resilience characterizes a person who lived or is living a traumatic event or chronic adversity, and which proves to have a great adjustment and (b) resilience is the result of an interactive process between his/her person, family and surrounding environment. [5] Moreover, for an individual, to be resilient assumes engaging on an unexpected road and exceeding the troubles in which he/she passes, and this itinerary opens free and germinating perspectives. [6]

The case that we shall present, passed through multiple adversities, the most terrible one being the severe and disabling obsessive-compulsive disorder, which stopped him for a good period and which he not only resisted to but also passed it, and much more than that, he succeeded to change his life and give a new meaning to it.

CASE Report

1.1 Case History

Alex is 37 years old, lives in Timişoara, single child. His parents, with medium studies, are of a modest condition, his father has some health issues (vascular issues), his mother has an anankast type of personality and with recurrent syndromic and subsyndromic obsessive-compulsive disorder manifestations. They frequently had tense moments, with repeated fighting, including in front of the child.

Because the parents used to work a lot and had no time to take care of Alex, at the age of 4 he is given to a lady in order to be raised by her, and his parents used to visit him once in a while or take him home in the weekends. Though that separation is mentioned as being traumatic, Alex mentions that he became very close to the lady, in the care of whom he was given, whom he describes as being tenderhearted, kind and forgiving. Until her death, he shall consider her as his real mother. Before the junior high, when he was still in the kindergarten, he comes back to his family, a moment which was mentioned as being traumatic as well. His new „mother" used to visit him once in two weeks and had an excellent relation with Alex. He found the same environment at home, with his parents being busy, a tense, dominating, stubborn and pessimistic and very religious mother, and a kind father, frequent quarrels and common shortcomings from those time.

Around 14 years of age, the first signs of the obsessive-compulsive disorders appeared with arithmomania behaviour, obsessive memories followed by checking and touching behaviours integrated to some magical thinking methods (for instance, he touched the wall in order to be successful with girls).

In 1999 – 2000, an obsessive thought which greatly scared him appeared: „If I cut my veins of my legs, what would be like?" For a period, this thought tortures him, and then it appears more rarely.

In 2002, Alex and other friends decide to lose their virginity and hire a prostitute. The event is consumed and is followed by a disappointment („it wasn't such a big thing") and then by a strong guilt with a religious component included („I have sinned in front of God and what I did cannot be forgiven"), after which the obsessive-compulsive symptoms began to massively appear. Such „all sort of conditionings" („whenever you see ... , you shall remember you did something foolish"). More rituals appear (for instance, related to touching or avoidance), doubts and verifications („this or that?"). Everything becomes malign, any detail might generate an obsession and, consequently, a compulsion. Obsessions get a more diverse theme, verifications become more textured, arithmomania behaviour become more and more, rituals more nuanced. The functional limitation becomes greater and more overwhelming. He can no longer write without being preoccupied with the details of the letters, he can no longer read without having doubts (at the first time in the meeting, he could not write a full sentence). Since he was at the end of faculty years, he could not longer prepare his graduation thesis. His mother was not supportive at all, she was rough, accusing him of not praying more, and his father, though calm and supportive, became more and more burdened and did not know how to give a helping hand.

In the same year, he went to his first psychiatric consultation and is admitted to „Eduard Pamfil" Psychiatric Clinic from Timişoara, trying different therapeutic schemes but without significant results. He also starts cognitive-behavioral psychotherapy in hospital and things begin to shape well but hard. Therapy is interrupted when the therapist goes on vacation after a long and hard work, and the time allotted to Alex is brief and concise, all the time intervening something that would short down the meetings. Alex is also disappointed in this first stage.

In the same year, a second admission to the clinic follows and the individual therapy is systematically started over, doubled by sessions of familial therapy, continuing with interventions after discharge as well. Finally, the medication therapeutic scheme is stabilized, in which the main role has one late generation neuroleptic.

After few months, in the following year (2003), his progress can be significantly seen. Symptoms reduce significantly, he starts gaining autonomy, starts over leisure activities, domestic activities or educational activities, too. In 2004, he succeeds in passing the graduation exam. His father's health conditions get worse and he starts taking care of him. They get out for walks together, he reads to him, they do crosswords together, they talk...

In 2005, his father dies after a stroke. Alex passes well over the event, even if the therapy team is waiting for a relapse. After this event, which Alex finds shattering, the family remains without the father's financial help. Alex looks for a job, he finds small kind of jobs (merchandiser, seller, and so on), and meanwhile he continues with his medication treatment and the individual psychotherapy (with a reduced frequency). He assumes even more

seriously the family responsibilities. „I was provoked to get out of my shell and do the things my father was responsible for."

In 2007, he finds a stable job, closer to his qualification, a job where he handles quite well, and he is appreciated for his work, enthusiasm and optimism, he has excellent relation with his coworkers. Currently, he works for the same job, he is appreciated to the same degree and he is as much as satisfied. Finding a stable job brought a new meaning to him, he feels useful.

He lives with his mother, with whom he has some tense moments, whom he handles quite easy. He acknowledges that the disorder has changed his life. In a good way. When asked about his hypothesis on the disorder, he acknowledges that the main vulnerable factor was the familial environment, with frequent quarrels, and what started the disease was the "prostitute incident", and the factors which maintained the disorder belong to the fact that, on the conditions of symptoms severity, no chances of hope could be seen, he had no trust in him, he had no will, his mother did not support him („my father used to come each day in hospital to see me, my mother used to come once a week"). What helped him : the desire to be again useful, to have an independent life, to find his friends again, to become the one he was before the disease; medication, therapy, "but also the desire to regain what I have lost, to be the same or if I could, even more...", the friends who had fun, happy people from the street or seen outside the hospital window, the desire to live a normal and simple life („so I can watch TV without problems, to follow a football game, to watch a movie, ...basketball, ...ice-cream, ...small things..."), the family support, including his mother's. Most of all, he wants a family with a wife whom he get along very well, children too. In his own house... And this depends mostly on him. And if this will not happen, well life goes on...

When referring to his own person with seriousness, Alex emphasis on sociability: he considers himself a sociable and friendly person, empathic as well, he is decent, likes to entertain people, is appreciated by others, but also with a tendency to be liked by others. He enjoys life, is tenacious when he is interested, faithful, good in what he does, skillful, gentle, understanding, with a sense of humor, incurable optimistic. He is at peace with himself, very happy with „the new person" he became.

1.2 Evaluation

In the remission stage, Alex was evaluated from five perspectives: the personality perspective, the cognitive adjustment methods perspective, the metacognitive adjustment perspective (thoughts control), the cognitive insight perspective, which can provide an image for the flexibility as well as for resilience.

1.2.1 Evaluation instruments

5 instruments were used:

1. DECAS (Sava, 2008) – personality inventory based on the „Big-Five" model with 97 items. [7]

2. Thought control questionnaire (TCQ, Wells and Davies, 1994), comprises 30 items whose answers aim to information from 5 fields: distraction, punishment, reappraisal, worry, social control. The instrument measures methods of adjustment to unpleasant , intrusive / unwanted thoughts, forming self-adjusting metacognitive strategies. [8]

3. Cognitive-emotional coping evaluation questionnaire (CERQ, Garnefski, Kraaij and Spinhoven, 2001) is a multidimensional instrument which measures the cognitive adjusting strategies used for emotional adjustment, after the person had lived certain negative events or situations. [9]

It comprises 36 items whose answers aim to 9 fields: *self-blame* – thoughts through which we blame ourselves; *acceptance* – thoughts through which we resign; *rumination* – thoughts through which we continuously think to the feelings and ideas associated with the negative event; *positive refocusing* – thoughts about pleasant things and not the event itself; *refocus on planning* – thoughts connected to the steps that are to be taken for confronting the event; *positive reappraisal* – attributing a positive significance to the event in terms of personal development; *putting in perspective* – thoughts through which we minimalize the event gravity, compared to other events; *catastrophizing* – explicit accent on the gravity, theory provoked by the event; *other-blame* – attributing the responsibility on other for what happened.

4. Beck Insight Cognitive Scale (BCIS, Beck et al., 2004) is an instrument that measures the cognitive insight, consciousness capacity of it's own mental function, to recognize personal cognitive distortions, to evaluate and test them, as well as to take into consideration some more realist interpretations of events. [10, 11] The cognitive insight has two concrete dimensions in two subscales: self-reflection, that is the availability to admit the possibility of failure or error, corrigibility and recognition of the wrong reasoning and self-certitude, namely the tendency to excessive trust in oneself, excessive trust in the validity of personal beliefs. [10, 11]

5. Resilience scale (Wagnild şi Young, 1993) is an instrument with 25 items that follows a theory of resilience, aiming at five components [12, 13, 14] and which can be applied online. [15] The five resilience components are: life with a meaning, perseverance, soul balance, trust in oneself and existential solitude (to make feel good with your own person).

1.2.2 Evaluation results

As far as personality concerns, the Alex's DECAS profile shows high scores to extraversion (sociable, active, optimist, and so on) – T = 61.70 and to agreeableness (understanding, malleable, cooperative, and so on) – T = 65.50, balanced scores at openness – T = 51.50 and emotional stability – T = 50.50, low score to conscientiousness (confused, inconsistent, untidy, but also flexible, tolerant to unstructured tasks, and so on) – T = 35.20.

As for the thought control, Alex tends to accomplish it more through distraction (D = 18) and through social control (S = 14), then through punishment (P = 10), worry (W = 11) or reappraisal (R = 11).

As far as cognitive adjustment concerns, Alex tends to use mainly positive refocusing (15), refocus on planning (15), positive reappraisal (15) and putting into perspective (14), and least to use catastrophizing (6), other-blame (6) and rumination (8).

Alex has a modest capacity of cognitive insight, with levels close to self-reflection and self-certitude (Sr = 11, Sc = 10, BCIS Composite Index = 1).

The result to the resilience scale is a moderate one (142).

Discussions

The data do not suggest a spectacular profile only insofar as they many times contradict the expected perspectives on evolution. Alex confronted with different adversities: social, familial, financial, and psychopathological. He overcame them and became not the person he was before, his recovery assumed becoming a „new person". All that happened was expected to happen, according to the data in the field, to place his destiny more towards persistence, chronicization of the obsessive – compulsive disorder and, implicitly of functional impairment. Thing did not happen, though the evaluation results do not show unusual qualities or coping strategies. The only constantly differentiating aspects are sociability and optimism, probably insufficient for explaining resilience.

The coping strategies mainly used, as well as aspects revealed at the personality level might be eventually explained through the concept of *emotional flexibility*, a coach type of resilience indicator with reference to the ability to flexibly answer to the change of emotional circumstances. [16]

Conclusions

The data of this case can bring confusion due to the fact that it do not register in all its aspects, in a clear frame in which to mention without any doubt the vulnerability or the protective factors. In fact, these factors, in general, cannot be described as different facets of the same coin, being necessary their „unpacking" [17], and this case might seem to suggest this fact.

The case presented might be an example of salutogenic approach [18], in which the factors that promote health, recovery, resilience are more relevant than those factors that suggest the ways through which people fall sick: beyond the risk - health, beyond the remission - life quality, beyond the repetition - resilience.

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The adaptability of persons with muscular dystrophy: from individual to society. Case study - psychosocial impact on the individual

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Abstract

The presentation proposes a brief analysis regarding the psychosocial situation of people with muscular dystrophy in Romania, both in terms of individual situation and in the concrete nature of the relationship between society and the individual. The analysis represents a challenge because it is a less explored topic in scientific papers from Romania. Muscular dystrophy is an incurable hereditary disease, which often cannot be detected in an early stage. The disease occurs most often in adolescence, so that a perfectly healthy child can become a sick person dependent on others, and finally, came to be an adult dependent on society. In addition to locomotor disability, the cause of the disease, the whole organism is affected, acting even on vital organs. Thus, the needs of a person with muscular dystrophy go beyond the borders of locomotor mobility needs. The lack of official data on this category of people is an impediment in understanding the disease evolution. For a better understanding of the situation of a muscular dystrophy person, the article structure focuses on analyzing the factors / issues that provide an overview on this problem. In the first part it was taken into account the theoretical framework of the disease, surprising the means through which social protection is provided for people with muscular dystrophy, both in terms of legislative and institutional. While in the second part of the article, we intend to capture stages of disease, development and social impediments through a case study applied to a person with muscular dystrophy, detailed aspects through statements and interpretations / perceptions of her and of an NGO representative. Moreover, we also focused on factors that contribute to their social integration/ reintegration.

Keywords: disability, muscular dystrophy, individual, protection, psychosocial impact.

The challenges of proposed theme

1.1 The general theoretical framework

According to the International Organization for People with Disabilities, disability is defined as "*the result of interaction between a person with a disability and the barriers related to social and attitudinal environment that she can hit*" [1]. This is perceived as a social condition and not a medical condition.

According to the definition given by the World Health Organization (WHO) disability is the *"restriction or absence of (resulting from a disability) a capacity (ability) to perform an activity in the manner or to the level considered normal for a human being"* [1].

At European level, disability is seen as a problem of society as a whole. This is transposed into training and permanent adaptation of all parts oregarding life, in order to include and maintain people with disabilities into the mainstream of social life. At national level, in legal terms, a person with disabilities is classified as "handicapped person". The most relevant legislation in this domain is the Disability Law 448/2006, regarding the protection and promotion of rights of persons with disabilities, amended in 2010. According to the law *„handicapped person, in terms of this law, are those who, because of some physical, menthal or sensory problem/ disorder, are missing the abilities to develop normal daily activities, needing special protection measures to support recovery, integration and social inclusion"*[2]..

Today, the term "disability" is often used to indicate the disadvantage or to decrease the activity caused by the contemporary society way of organization, which gives little importance to people with disabilities, excluding them from social life.

Physical disability is characterized by the inability of an individual to perform specific tasks, such as the flexibility of a person, and also the ability to move objects (by her/him) from one place to another. Moreover, physical disabilities is a sum of heterogeneous group of conditions, based on various causes. The most common of these are: nervous system disorders, spinal cord injuries, muscular dystrophy, cerebral palsy, cardiovascular disease, etc.. Physical disabilities can take different forms, can occur at any age and may be temporary or permanent, fluctuating, stable or degenerative and can affect the whole body or body parts [3].

Muscular dystrophy (MD) is a group of rare inherited disorders characterized by progressive damage to body muscles, resulting in muscle weakness and disability. Muscular dystrophy is translated through progressive weakening of muscles, particularly skeletal muscles (voluntary controled by the brain). As the the disease evolve, the necrotized muscle fibers are replaced by connective tissue and fat [4]. There are several types of muscular dystrophy: Duchenne, Becker, Emery-Dreifuss, limb-girdle form, facioscapularhumeral, distal, oculopharyngeal, congenital, etc. [5]. Currently, there is no cure for this type of disease, the therapeutic measures have the aim only to slow down the disease evolution.

1.2 Social protection of people with muscular dystrophy: legislative and institutional approach

From a legal perspective, protection of persons with disabilities, muscular dystrophy by default is provided, primarily, by several regulations which will shortly be presented below.

According to *Article 50 - Protection of persons with disabilities* from *Constituion,* the State carries out a national policy of equal opportunity, treatment and prevention of disability, in order to have an effective participation of persons with disabilities in community life, respecting the rights and duties of parents / guardians [6].

Another regulation is *Law no. 448/2006* regarding the protection and promotion of rights of persons with disabilities, republished in 2011, with subsequent amendments. In the domain of education, according to Article 15, paragraph (1) "*Persons with disabilities have free and equal access to any form of education, regardless of age*". In terms of accessibility, Article 61 refers to the promotion and implementation of the concept *Access for all*, in order to prevent the creation of new barriers and new sources of discrimination [2]..

The Article 1 of *Law No.202/2002* regarding equal opportunities and treatment between men and women it covers the measures which promote equal opportunity and treatment between men and women, in order to eliminate all forms of discrimination based on gender, in all spheres of public life in Romania. According to Article 2 of the same law, such measures are applied in education, employment, health, culture and information, policy, participation in decision-making, provision and access to goods and services, and in other areas covered by special laws [7].

According to Article 2 of *Law no. 116/2002* on preventing and combating social exclusion, the subject of the law is "to ensure effective access, in particular for young people, to elementary and fundamental rights, such as the right to a job, housing, healthcare, education as well as the establishment of measures to prevent and combat social exclusion and mobilizing institutions responsible in this field"[8].

From an institutional perspective, the main national actors whose work has an impact on the protection of individuals with muscular dystrophy are:

- *The National Council of Disability from Romania* develop services that bring into focus and raise the awareness on policy change, attitudes and practices regarding disability, towards the European and international policies which promote the disabled person as the main subject of social policies, actor of his own integration, active participant in making decisions that concern directly his own person [9].
- *National Institute for Prevention and Combating Social Exclusion of People with Disabilities*, in achieving its goals, it performs a series of tasks, including: develop educational programs, special protection programs required for disabled persons (prevention, rehabilitation, socio-professional integration), develop the standard in the promotion of their rights [10].
- *General Directorate of Social Assistance and Child Protection* ensures the implementation of social policies and protection measures for people with disabilities. Services developed in this Department meet the constantly changing needs by promoting and implementing projects targeting all categories of beneficiaries of social assistance [11].
- *General Directorate for Persons with Disabilities* coordinates at central level the activities for special protection and promotion of persons with disabilities rights, developing policies, strategies and standards in promoting the persons with disabilities rights, ensuring proper monitoring of the application of the regulations [12].
- *National Organization for People with Disabilities in Romania*– aims to create favorable conditions for equalization of opportunities in order to affirm and have a full integration of people with disabilities in Romania at all levels of community life: social, professional, educational, cultural, sports, etc. [13].

- *Association of People with Muscular Distrofy from Romania* runs integration activities for people with muscular distrofy, actions to support their family, educative actions for their tutors, traininng actions for the association members in order to make them know their rights, cultural and leisure activities [14].
- *Information and improving quality of life Center for people with muscular dystrophy* aims to defend the rights of people with muscular dystrophy and provide the medico-psycho-socio-professional framework and spiritual support in order to improve the quality of life and their integration into society. The association also aims to support, in some cases, people in need both because of disability and poor material situation. [4]
- *The Association for Supporting Physically Disabled Children from Romania* provides lobby and advocacy services, social networking (camps, leisure activities etc.); Counseling for parents; transport; material support for families that are having children in care/young people with physical and/or associated disability (within the donations received by the organization); Distribution of aids and hygienic and sanitary materials: wheelchairs, walkers, crutches, diapers etc. [15].

Perceptions and attitudes concerning the issues of people with muscular dystrophy - case study

If in the previous section we have shown briefly those institutional and legislative means through which are respecting the rights of people with physical disabilities, and by default of those with muscular dystrophy, in the following we will capture perceptions across the issues faced by them. Thus, we will present the particularities of persons suffering from muscular dystrophy. The scientific approach consists in providing a qualitative interview with a NGO representative, and one with a person suffering from muscular dystrophy, based on specific semi-structured interview guides. The approach was oriented towards a series of features aiming the inclusion/exclusion of them, such as education, public opinion, accessibility, access to the labour market, financial dependence/independence, and so on, designed to surprise psychosocial impact due to the effects of the disease upon persons with muscular dystrophy.

There are several types of dystrophy, as shown in section 1.1., but we will focus on the psychosocial impact that it caused by **progressive dystrophy limb-girdle form.** This type of dystrophy is "a form of muscle fibre injury involving limb-girdle muscles (at shoulder or pelvic level)" [16]. The severity of this type of dystrophy (being an incurable disease that leads to a series of disorders on vital organs), lead to a major psychosocial impact experienced at individual level: *„Even if there is no treatment to cure the disease (incurable) for muscular dystrophy, through different medication or therapies may be obtained a slowing down the course of disease. I can say that it is a disease that in time affects the whole body. From kidneys, heart, liver, to everything".* (woman, person suffering from muscular dystrophy)

Integration of people suffering from muscular dystrophy is influenced by, among other things, the **educational level.** Even if Romania had an upward trend line in terms of education, people with disabilities have a lower probability of attending school, according to the WHO Report - About Education (2011) in 2002 only 59% of children with disabilities aged 7 to 15 years were enrolled in a form of education [17]. The lack of education regarding this group of people has a major psychosocial impact on individuals, with evidence on its direct impact on quality of life, taking into account the impact created on the financial situation. Often parents are the ones responsible for this situation. As a protective method correlated with financial difficulties, they keep their children away from education. Keeping them away from the external environment, social exclusion of people with disabilities is inevitably reached:*"I will give you an example; we have a young girl, 22 years old, and has only 4 classes. [...] She grew up in a family where the parents had gaps and did not know what to deal with first. [...] Most of them are illiterate. Even if you are in a family, the family is the one who does not send them to school as a protective measure. They think that the child might get hurt".* (NGO representative)

There are a series of factors that lead to exclusion of education to the people suffering from muscular dystrophy. First of all health status, then a number of factors such as accessibility, physical and financial dependence on others. A final reason identified would be the lack of trust across the access to the labour market, especially in small towns. Specific courses adapted to their skills and preferences could lead to both personal development and might increase the value of their own power: *"It looked pretty hard for me to commute, especially since I have an seriously car sick, or to stay at home or in the host was just as hard because I needed help and there was nobody to go and live with me. Then at the faculties nearby are many stairs and so I cannot manage to climb them, so I have to give up. Especially since I live in a small town and employment opportunities were minimal.* [...]*To do other studies currently I do not wish, however I would like to make some pastry / cook classes because I am passionate about culinary arts."* (woman, person suffering from muscular dystrophy)

Education and health status are the main factors that influence **access to employment** in respect of people with muscular dystrophy. So we cannot talk about a specific situation across the social and professional integration, given that very few people with muscular dystrophy are active in the labour market. According to the report "Diagnosis: Excluded from the labour market. Barriers to employment of people with disabilities in

Romania " were active in the labour market only 12.7% of disabled people aged 18-55 years [18]. The perception of the diseased person interviewed across from a possible hiring is negative, considering that the companies barley provide jobs for healthy people and a muscular dystrophy sufferer would not be in the preferences of employers: "*There are many healthy people staying at home because they have nowhere to work. So my chances of ever hiring me are quite small. [...]Additionally everyone is looking to hire healthy people able to work".* (woman, person suffering from muscular dystrophy)

The absence of muscular dystrophy sick persons on the labour market is the main factor, interdependent from all the other already mentioned, which leads to their **financial dependence on others**. Their financial resources are only the compensations received from the State or the disability pensions, which are insufficient to cover the needs of a patient with muscular dystrophy: "*My financial resources are small enough in my opinion: a disadvantage allowance 250 lei and now I managed to take a disability pension after the new law, which is 350 lei. [...] I am a person both physically and financially dependent on others. [...] the money she receives are not enough even for paying all the bills, not speaking about buying food, or fruits, or something to wear and other things necessary for women. [...] not to mention any medicine, there is no arguing on this."* (woman, person suffering from muscular dystrophy)

Financial situation directly affects the **access to health services.** Lack of access to quality services steadily lead to acceleration of the disease condition, and thus to an unstable emotional state. Moreover, the access to more specific health services for muscular dystrophy patients is essential, there cannot be taken into consideration other factors that are required for an individual (e.g. labour market access) if nothing is done to improve their health status: „*Unless they have access to hospital services, is useless to think about the insertion on the labour market.*" (NGO representative). Most of the times, because of the lack of funds, people suffering from for muscular dystrophy neglect their health. When accessing health services they prefer to go to the private hospitals, even if resources are limited, because the public system does not have the necessary modern technology in order to improve their health: *"I go to the doctor just in case that my health status is very bad and I can no longer resist, and then I choose to go to a private hospital. [...] at the family doctor or another doctor I should stand in line for some time, hardly mind me, and they often examine me superficially also claiming to give a little attention [...] the old equipment and the people from there give you a pretty quick treatment [...]."* (woman, person suffering from muscular dystrophy)

In Romania there is only one medical centre specific for people with muscular dystrophy (Neuromuscular Pathology Centre "Dr. Radu Horia" in Vâlcele, Covasna county), which in addition to medical services is also providing counselling services: "*At Vâlcele we have a centre where we try to help them in medical terms. But we try to offer them also all the data they need, moreover, we have activities to educate them and to make them wish for more."* (NGO representative)

Regarding **methods of leisure**, these are limited. Most of the time, people suffering from muscular dystrophy stay in the house and performs various domestic tasks. The acceleration and popularizing of various social networking sites make from the **online environment a refuge** for this category of persons, in addition to the primary ways of spending the free time. The online socializing, creating virtual friends, writing on various blogs, are methods that have a positive impact on the emotional state of these people, representing a place where people cannot judge them: *„Leisure time I have a lot because most of the time I am staying at home. I love to cook, I am really passionate about that and this passion led me to enrol in a culinary site, to create a blog where I can also share and exchange ideas with other culinary enthusiasts. [...]The online environment is a place where you can "meet" wonderful people with which you can tie a friendship [...] in those moments when I am alone is a good refuge for me."* (woman, person suffering from muscular dystrophy)

The balance of the **mental state** of a person is essential, and for a person suffering from muscular dystrophy this state is affected in particular by the health condition and life circumstances [19]. Thus, the absence of such balance based on the isolation from the external environment, is sometimes leading to depression: "*The lack of movement, the fact that you sit more than you work, that you cannot interact too much with others, and you cannot be a normal person are this all leading to depression.."* (woman, person suffering from muscular dystrophy)

In terms of emotional status, **family support** is often the one that creates the balance that these people need, those are the persons with whom they consider themselves "normal" people. At the same time it is not excluded to consult a specialist, if necessary:" *[...] all my beloved ones, especially my mother and my relatives supported me and been with me from the emotional point of view. [...] they always treated me as if I were a normal person, they are going anywhere with me without being embarrassed. [...]But if it would be necessary to consult a psychologist, I would do this [...]"* (woman, person suffering from muscular dystrophy)

The **public opinion attitude** regarding people with disabilities has a major psychosocial impact over them. Thus, for a balanced life from the emotional point of view "people with disabilities are those who should be given equal opportunities to live a fulfilled life and our attitudes towards them contributes to the image they perceive "in their social mirror" [19]. Most of the times public opinion concerning people with disabilities is hostile, and this aspect is felt at full intensity by them and it affects their mental state, reaching to perceive that

they are not included in the society to which they belong:" *It is still quite hostile […]This is also making them frustrated."* (NGO representative) and *„Some people treat me like a normal person, others look away, comment, laugh and even make fun of me. I often feel embarrassed and get to think that my place is just at home and I do not really supposed to go out, to feel how my illness bother the others. [...] there are things that get you down, make you understand that you are different from others that you do not belong in such a society, that those like me, sick people, should be locked up in a distant place or if it is possible not to exist at all, not to bother the healthy and not tangled their lives anymore."* (woman, person suffering from muscular dystrophy)

Conclusions and recommendations

Disability can be considered a specific form of social oppression and focuses on attitudinal barriers, which prevent persons with disabilities to enjoy equal opportunities in domains as education, employment, housing, transport, party, leisure, etc.. In terms of legislative and institutional social protection of disabled people, including those suffering from muscular dystrophy, it is provided by laws and regulations in the domain, as well as by the relevant institutional actors which, in their field of activity, intersects with issues regarding these categories of people.

Due to the specific needs of people suffering from muscular dystrophy is important for Romanian society to greet their integration activities at all levels. It is necessary to intervene in order to reduce psychosocial impact felt by muscular dystrophy patients. The effects of this type of disease on the entire body has a major influence across multiple levels of the individual's life, such as education, access to employment, social life, leisure activities, family life, personal skills, valuing their own powers, etc.. Both families of sick people and Romanian society are responsible for the adaptability of patients with muscular dystrophy. The family is responsible for the intention of excessive protection and society for not giving sufficient understanding / attention to these categories, showing an attitude of ignorance. It would be useful to focus primarily on the education of these patients (including keeping these people in school for as long as possible), regardless of severity of the disease they have, and the development of educational programs according to their abilities. In general, their only direct income is the compensation from the state or invalidity pension, so it is recommended to introduce active measures which may include stimulating methods in terms of employment, insofar for people with disabilities to enter the labour market and for employers to hire them.

People suffering from muscular dystrophy tend to be among the most vulnerable groups because of their addiction to others, both financially and in terms of the physical. This dependence is fuelled mostly by this specific disease, which seriously affects their vital organs in the body. The family environment is the most important factor regarding emotional balance of this category of people, followed by the virtual environment that tends to become a refuge in their moments of loneliness. The refuge in the online environment comes as a result of public hostility at times when they are present and visible in society. Thus, it is imperative, among other things, to run information, sensitization and awareness campaigns through which there will be made known that such persons may become / are "normal" people, as long as society is helping them to become independent.

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Protective factors involved in resilience of institutionalized children after abuse within the family

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Abstract

Introduction. Studies in the field of resilience in maltreated children show that the main positive adjustment to trauma involved behavioral and emotional skills, social skills and school success.

Objective. To identify the resilience protective factors in institutionalized children after they were exposed to various forms of abuse within the family.

Methodology. We studied children and adolescents aged between 11-18 years from various child welfare institutions in Timis County where they were admitted for at least 1 year, after they were exposed to various forms of abuse in the family. The control group consisted of children between the ages of 11 -18 years also exposed to abuse in the family but still living in the family. All children completed the Stress Related Growth Scale to assess the consequences of abuse as well as family separation, and Youth Self Report (YSR) of the battery of tests ASEBA (Achenbach System of Empirically Based Assessment) to assess competencies of emotional, behavioral and social and scholar adjustment.

Results. The results showed that children and adolescents in institutions have more social and scholar skills and less behavioral problems as positive factors of resilience but also many emotional problems as a consequence of trauma and institutionalization

Key words: resiliency, children, maltreatment, factors, institutionalization.

Introduction

The impact of maltreatment upon children depends on risk factors, protective factors and the context of maltreatment. Abused child can develop a way of inner development marked by mistrust and rejection which will lead to a lack of social skills. On the other hand maltreatment can have negative consequences for the school performance many children being repeaters or enrolled in special schools.

Also, these children seem inattentive, unable to understand the workload, anxious, unpopular in the eyes of colleagues, which can generate a series of conflicts. In the cases of family maltreatment disclosure and intervention will lead to separation from responsible person (placing abused child in a family or institution), with consequences on the whole family ([1], [2]).

Cases of child welfare system that lead to the placement of children outside the family often show that these children suffer from a complex combination of mental health and psychological problems ([2], [3]).

Entry into the child protection system but also involves difficulties adjusting to new people, to different rules that may have consequences in terms of emotional development and behavior. Regarding resilience in maltreated child, some authors define resilience standard [4] as a high level of functioning in three areas: pro social behavior, lack of behavioral symptoms and school success.

The objective of the study was identification of resilience factors in institutionalized children after they had been exposed to different forms of abuse within the family.

Methodology

There had been studied 69 children and adolescents aged between 11 and 18 years, from different child protection institutions from Timis county, where they have been admitted after being exposed to different forms of maltreatment (emotional abuse, physical and emotional abuse, sexual abuse) within the family and where they are living for about 1 year (Table 1). The control group had been formed from 43 children aged between 11 and 18 years, who had been also exposed to abuse, but still living in the family (Table 1).

Table 1. Characteristics of the participants

		Institution (n=69)	Family (n=43)
Age: mean(SD)		14,23 (1,96)	14,09 (2,21)
Gender n (%)	Male	22 (31, 9%)	17 (39, 5%)
	Female	47 (68, 1%)	26 (60, 5%)
Abuse type n (%)	Emotional	1 (1, 4%)	13 (30, 2%)
	Physical and Emotional	47 (68, 1%)	28 (65, 1%)
	Sexual	21 (30, 4%)	2 (4, 7%)

All the children completed Stress-Related Growth Scale- SRGS, a self-evaluation standardized instrument, which measures the development determined by confronting with a negative event. The Scale is composed of 15 items that evaluate the perception of post-traumatic development in major development dimensions: better social relationships, a greater trust in personal resources, new and improved coping mechanisms. For evaluation of children emotional, behavioral and social and scholar adaptation competencies there had been used Youth Self Report (YSR) from the battery of tests ASEBA (Achenbach System of Empirically Based Assessment). YSR has three scales: competencies scale that measures activities, social school skills of study participants, a scale that measures syndromes, respectively behavior and emotional problems of the children and a DSM derived scale (Diagnostic and Statistical Manual of Mental Disorders) that identifies psychopathological problems of the children according to DSM IV. The instruments were filled in by all children and adolescents from the study after they signed the informed consent form. The results were analyzed according to the mean scores obtained on the two instruments for the subjects in the study group compared with the results obtained from the subjects in the control group; comparative analysis was performed using the test One Way ANOVA's. We also analyzed the results in relation with the type of abuse as well as the correlations between the post-traumatic development, social, school, and behavior and emotional competencies of children and adolescents who participate in the study, using the Pearson's correlation. Statistical data processing was performed using SPSS 17.0 for Windows

Results

The results obtained at Post-Traumatic Development Scale showed that both institutionalized children (mean 21.90; SD 4.60) and family children (mean 20.60; SD 6.01) had related post-traumatic development, slightly better in institutionalized children, both mean scores however being in the range of clinical significance (0 -28). According to children's sex, institutionalized boys had a better post-traumatic development (mean 23,18 ; SD 2,5) while depending on abuse type institutionalized children who suffered a physical or an emotional abuse (mean 23,06; SD 3,52) and those within the family who suffered a sexual abuse (mean 23,5: SD 3,53) had a better post-traumatic development. (Fig. 1)

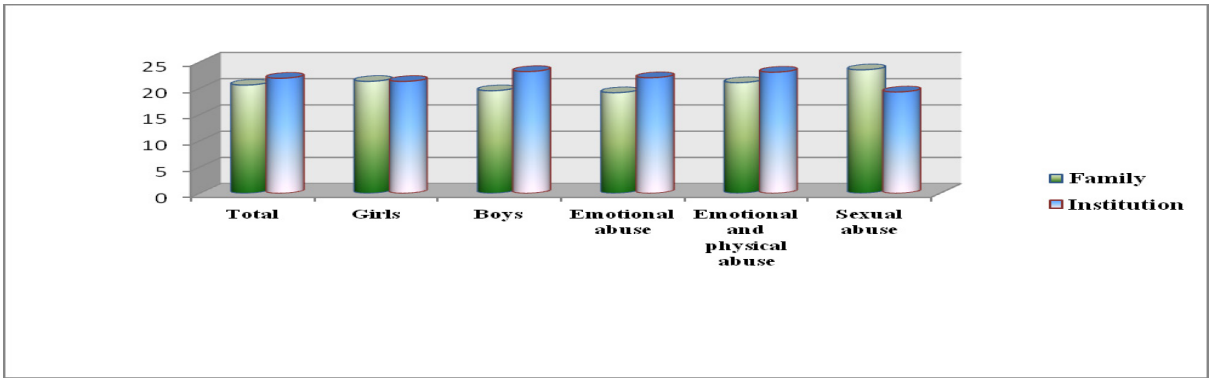

Fig. 1 Mean scores for Stress-Related Growth Scale- SRGS

The results obtained at competencies scales shown that regardless the environment, abused children have decreased school competencies (Fig. 2) , but the remaining children in the family have school skills significantly higher than children inside the institution (p = 0.19), as result of the comparative analysis ANOVA 's. As for the social skills and activities, results were similar for both children inside the institution and children in the family, with a higher score in activities (mean 8.69 , SD 3.08 , respectively mean 8.25 , SD 2.54) compared to the social skills (mean 7.39 , SD 1.95 , mean 6.94 , respectively , SD 2.23), but children inside the institution having many activities and social skills better than those who remained in the family (Fig. 2).

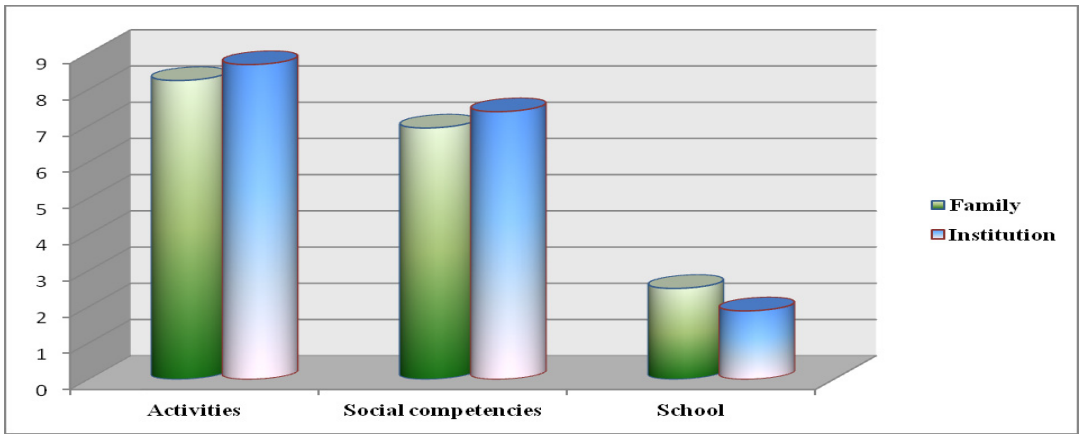

Fig. 2 Mean scores for Competencies Scale

This time also the boys inside the institution are involved in more activities (mean 8.70, SD 3.06) and have more social skills (mean 8.63 , SD 1.95) compared with the other participants in the study. Depending on the type of abuse experienced by children and adolescents participating in the study, the results showed that those who have suffered emotionally and physically and are in the institution participated to more activities (mean 8.48, SD 2.59) and had more social skills (mean 8. 02, SD 1.75) compared to children in the family, but the differences between scores were not statistically significant.

Analysis of results from scales that measure syndromes showed that institutionalized children and adolescents, after abuse and maltreatment had more emotional and behavioral problems compared with those who remained in the family (Fig. 3) with a peak of symptoms in the items anxiety / depression (mean 8.45, SD 4.92), social problems (mean 7.14, SD 3.97) and aggressive behavior (mean 10.54, SD 6.64). Considering the children sex and the type of abuse, the results showed that all the girls participating in the study and sexually abused children and cared for in the institution, had more behavioral and emotional problems, with higher scores at all the items listed above (anxiety / depression, social, aggressive behavior).

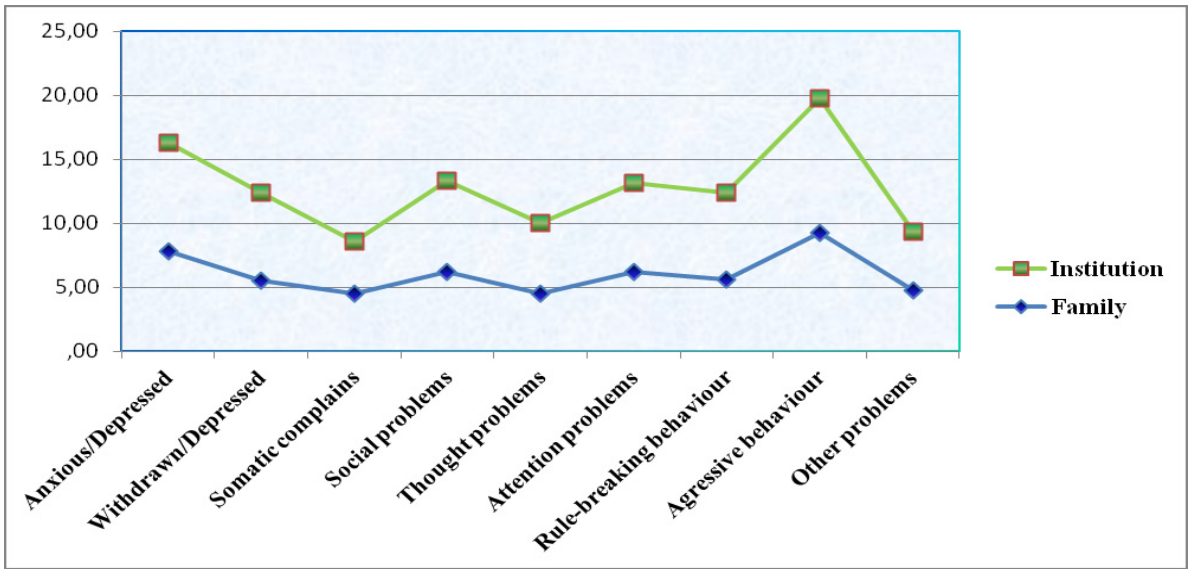

Fig. 3 Mean scores for Syndromes Scale

DSM scales derived results also showed that institutionalized children and adolescents have more psychopathological problems compared to those cared still in the family (Fig. 4), with higher risk of developing emotional problems (mean 8.22, SD 4.45), ADHD (Attention Deficit/Hyperactivity Disorder) problems (mean 5.74, SD 3.1) and conduct problems (mean 6.48, SD 4.97). This time also, all the girls participating in the study and sexually abused children cared for in the institution had more psychopathological problems with higher scores at all the items listed above (emotional problems, ADHD problems and conduct problems).

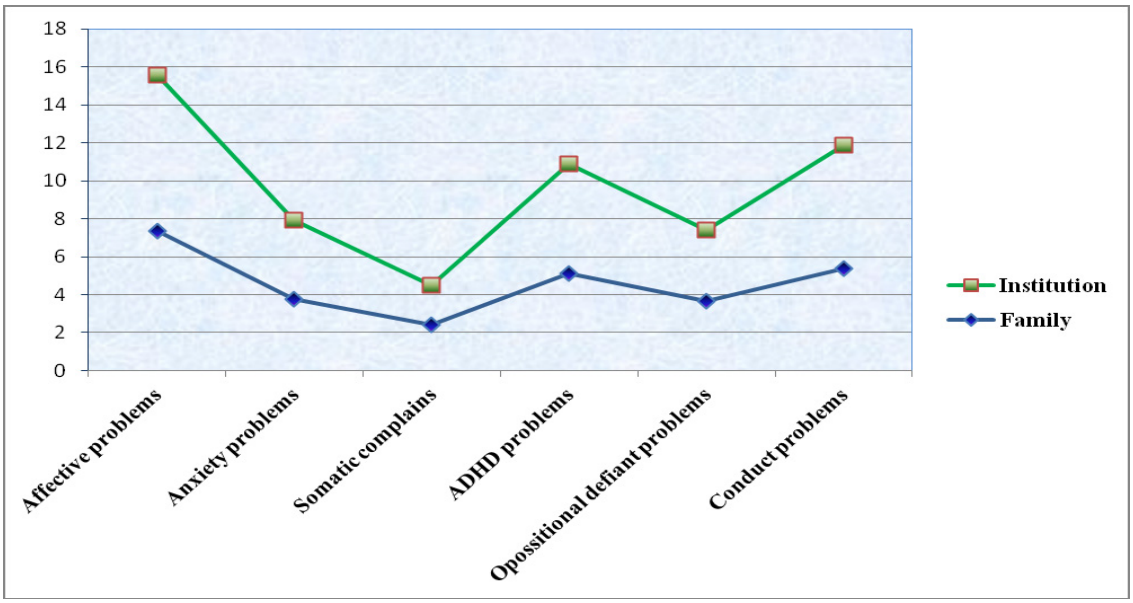

Fig. 4 Mean scores for DSM IV Scale

Correlation analysis between the degree of posttraumatic development, competencies and emotional and behavioral problems of children, has shown that only for the children inside the institution there are many statistically significant correlations, respectively positive correlations between posttraumatic development and social skills ($p = 0.033$), and negative correlations between posttraumatic development and anxiety / depression symptoms ($p = 0.006$), somatic complaints ($p = 0.14$), social problems ($p = 0.002$), attention problems ($p = 0.001$), breaking the rules ($p = 0.031$), Aggression ($p = 0003$), affective problems ($p = 0.02$), somatic problems ($p = 0.031$), ADHD ($p = 0.001$), oppositional behavior ($p = 0.001$) and conduct problems ($p = 0.002$).

Discussions

Recent studies suggest that only a minority of maltreated children develop Posttraumatic Stress Disorder, probably as a result of interaction between risk and resilience factors. In recent years is discussed the importance of resilience to trauma and posttraumatic development phenomenon in children. Children and adolescents who reach a traumatic development show more compassion and empathy for others, psychological and emotional maturity, increased resilience, improving interpersonal relationships ([5], [6].

Many children were taken from their biological parents and were placed in care institutions due to maltreatment. That means that their attachment bonds were discontinued and have lived threats and feelings of insecurity, with severe consequences on the regulation of emotions, attention, and social relations [2]

The idea of this research started from the clinical experience of working with institutionalized children after they suffered various forms of domestic abuse. Often we noticed that although they were removed from the traumatic environment and included in a care institution where they received care, education and adequate tuition, these children had many emotional and behavioral problems, especially anxiety, depression and aggressive reactions. In the present study, however, we intend to identify protective factors involved in resilience of maltreated children in the family related or not to institutionalization phenomenon.

As the results showed, these children had better social adjustment, were involved in more extracurricular activities and friendships than children subjected to various forms of abuse in the family and remaining in parental care. Participation in extracurricular activities provides the opportunity for positive encounters with peers and adult role models, provides the ability to feel appreciated and favors the acquisition of concepts such as safety, stability, and predictability [1].

Also, the post-traumatic development, namely the ability children and adolescents participating in the study to have greater confidence in personal resources and develop appropriate coping mechanisms maltreatment- trauma related was found to be better in institutions than children who remained in family.

Our hypothesis, that the placement of children in institutions care after abuse within the family may be associated with the emergence of psychopathological problems was confirmed. Thus, our results showed that these children had more emotional and behavioral problems compared with those who remained in the family, especially problems of anxiety, depression, social networking and aggressive behavior and that the risk of developing psychopathological disorders, such as affective disorders, ADHD and conduct disorders. This can be explained by the fact that although institutional placement is intended to provide a protective system to maltreated child, being placed in a safe environment does not induce immediately a security feeling of the child, behavioral adjustment problems may occur and inappropriate reactions to stress.

In our study no significant differences were found between the children problems depending on the type of abuse suffered, slightly higher scores being obtained however in sexually abused girls, the results being consistent with other data in the literature. Children from foster care as a result of sexual and physical abuse and neglect were found to have high levels of externalizing and internalizing problems.

Common diagnoses found in maltreated children were anxiety, depression, ADHD, behavioral disorders, attachment disorders. ([2], [7], [8], [9]). In his study, Lansford [10] concluded that the protective factors of resilience in children who have been physically abused (such as social skills) are related to preventing the occurrence of internalizing and externalizing problems as vulnerability factors (low social competence, low self esteem, low self-regulation capacity) lead to the development of these symptoms. Regarding children evolution after abuse within the family by gender, our results showed that girls from institution had both a lower posttraumatic growth, fewer skills and more emotional problems than boys, it probably because sexual abuse, with the biggest impact on the individual was present in girls. The results of other studies are conflicting regarding the resilience of abused children, by sex, some studies [4] show that girls are more affected than boys after physical / sexual abuse, showing more internalizing symptoms (anxiety depression), boys showing rather relationship problems and aggression, attention disorders; other studies show the opposite ([11], [12], [13]) that boys are more vulnerable to risk factors, often developing behavioral problems as a result of abuse, and relationship quality with peers is better in girls compared with boys who have more externalizing problems, peer acceptance level being considered a protective factor for them.

Finding in our study of numerous correlations between the degree of posttraumatic development, the level of social functioning and emotional and behavioral problems in children and adolescents from care institution after abuse and maltreatment, can lead to the conclusion that for the children and adolescents who have been abused within the family and were included in a protection service, social adjustment, participation in activities, friendship relations and post-traumatic development constitute protective factors of resilience following abuse.

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Individual and emotional experiences of the vesos foster children aged 6 to 12 in togo

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Abstract

Foster children are often in search of affection and can, in some cases, demonstrate this search by violent behavior. These children are subject to mixed feelings toward both their natural and foster homes.

This study is exploratory. The purpose is to identify how growing up in an SOS Children's Village (VESOS) is experienced by children Togolese involved. The aim is to observe the peer pressure and the relationship issues with their foster mothers. A semi-structured interview has been conducted on a sample of 93 VESOS children and 69 ordinary children living with their natural families, aged 6 to 12. The majority of the VESOS children (64.52%) prefer to live in the SOS village rather than in their natural family or anywhere else. Knowing the main indicators of children's individual experiences at the VESOS will help determine the appropriate therapy required for these foster children in Togo.

Key-words: Children, fostering in VESOS, individual experience, resilience, Togo.

Introduction

Foster children have a feeling of loss or abandonment that often makes them constantly circumspect and reactive [1]. Their negative attitudes toward adult people, their feelings and aggressive behavior that they used in the past as a means of survival still exist in their new social environments [1,2,3]. Even if fostering is highly rated as a therapeutic measure, it is necessary to examine the approach to be adopted by their foster parents and its benefits on the child's development [1]. It is therefore quite interesting to take a careful look at the foster children's daily existence in the VESOS homes in Togo. (The VESOS are integrated components of the ''SOS Villages d'Enfants'' which is an International No-Governmental Organization. It is specialized in fostering orphans and abandoned children on a long-time basis.)

Context of child admission in foster homes in Africa and in Togo

From a traditional point of view, child admission in foster homes is interpreted as entrusting the child to the care of the extended family network. The admission rate in foster homes of children aged 10 to 14 in 20 African countries is approximately 20 percent, varying from 9 to 42 percent [4]. Child admission in foster homes is explained by the customary obligations for informal family solidarity, education, protection in case of the death of a parent, child labor contribution, economic reason, the fact that the child belongs rather to the ancestry lineage than to a couple [5,6]. Though this specific child fostering system has played a great protection role in the past, nowadays, it is, however, marred with serious drawbacks due child abuse and exploitation [5].

Individual and family background lives of foster children

Children in foster institutions suffer from a lack of affection due to the death of a parent, desertion, neglect, child abuse, accusation of witchcraft [7]. Previous traumas have a negative impact on their behavior and attitude in their new social environment [1,2,3,8,9].

Personal experiences and feelings of foster children

Foster children have a strong feeling of a great loss. They expect nothing good from adults. They are suspicious of others and, at times, feel torn between their foster and natural families [1]. They show great

emotional greed. They are aggressive, and test the limits of the foster parents' patience. They take the risk of being rejected and sometimes they put in check the foster family [2].

They may want to return to their original parents despite a deleterious life [3]. Nevertheless, foster parents are able to help them build up self-confidence, their efficiency and to develop their feelings of belonging to the same family [1].

Problems and hypothesis

This exploratory study aims to explore how growing-up in a VESOS is experienced by the foster children themselves. The issue is to observe the foster children's relationships with their peers and with their surrogate mothers and to analyze their personal experiences and feelings. Our hypothesis is that there is a significant difference between the VESOS children and their counterparts living in their natural family at their experiences in the following areas: their daily life, their feelings, their emotions and family relationships.

Methodology

This study is carried out on 93 foster children of the three VESOS of Togo and on 69 children living in natural family (control group), aged 6 to 12 years. VESOS children live in these villages for at least three years. These are orphans, children of parents suffering from mental sickness, children accused of witchcraft, abandoned children, neglected and abused children. A semi-structured interview explores their individual experiences, feelings and their family ties. Data from the semi-structured interview were classified thematically and analyzed statistically. Comparison of the two samples with the Z test has identified differences between the two groups of children.

Results

Indicators of children's experiences	VESOS Children	Focus group children
Feeling of well-being in family	45(47.87%)	58(77.34%)* p=0.0001
Feeling of uneasiness in family	39(41.49%)	16(21.33%)* p=0.0069
Positive image of foster mother/ natural mother	95(84.82%)	109(63.37%)* p=0.0016
Acceptance of the child by others and common games	69(62.16%)	79(45.16%)* P=0.0315
Child physical abuse	12(10.81%)	14(08.00%) P=0.5485
Child emotional abuse	11(09.91%)	12(06.86%) p=0.4938
Feeling of being loved by foster mother/natural mother	30(32.26%)	26(38.24%) p=0.4295

**significant difference; figures represent the total numbers or frequencies and corresponding percentages are in parenthesis*

According to these results, the majority of the VESOS children (64.52%) prefer to live in the SOS village rather than in their natural family or anywhere else. They justify their preference by the accommodation comfort, the protection and security (17.95%), the entertainment games and presents (15.38%), the feeling of being loved, and the quality of education (12.82%), the high schooling attendance (12.82%), and the good quality of food (12.26%). The control group children feel more at ease than their VESOS counterparts. However, the VESOS children have a more positive image of the SOS foster mother. Compared to the control group, children VESOS feel more accepted by their peers and prefer to play with them. Children VESOS explain their welfare family by physical conditions, emotional and relational dimensions: to play with other children (21.57%), to have the feeling of being surrounded by friends, to have a good surrogate mother and to be well fed (17.65%).

In contrast, among children who don't feel at ease, 13.73% of them point at the death of (a) parent/s or the fact of not knowing their parents, 07.84% report physical and emotional abuse in both the VESOS and natural family homes, 05.88% have frequent nightmares caused by past traumas. 83.08% of foster children appreciate the SOS foster mother's attitude. Approximately 6% denounces physical and emotional abuse, deprivation of food and leisure.

Discussion

The results of the current study are similar to those of the literature review. The daily experiences and the well-being of foster children are less influenced by material conditions than by human relationships [10]. As far as the foster children are concerned, these results highlight the importance of children, family and peer relationships. These children often entertain warm relationships with their SOS foster mothers, their natural family members, with the administrative and teaching staff, and with their peers at school. Relationships with peers [10,11] or with foster siblings [8], could play a protection role when relationships with parents are strained. These relationships could contribute to the psychological, psychosocial development and to children's resilience.

Conclusion

The knowledge of the main indicators of subjective and emotional experiences of the children in the VESOS homes and factors that influence these experiences should guide therapeutic interventions in favor of children in Togo. The VESOS homes provide an appreciable social protection to foster children. These children like the material comfort and the care of their foster mothers. Though they are safe from many dangerous situations to which they were exposed in their natural family homes or customary adoption situations, traumas they went through must be taken into account more.

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Étude sur la résilience dans les cas d'inceste père-fille, beau-père et belle-fille à la période prépubère et pubère.

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Abstract

This doctoral project focuses on the study of resilience in cases of incest father-daughter and stepfather-daughter-in prepubertal and pubertal period. Based on an interactionist perspective building of resilience, this study takes support on the complementary psychological, intrapsychic and environmental factors. In this context, it attempts to clarify the possible features that could be associated with a clear postage trauma of incest.

Keywords: Resilience, incest, doctoral research, preliminary data

Esquisse du phénomène de la résilience

Depuis quelques années, dans le domaine de la santé, des sciences humaines et des études cliniques, on assiste à un développement important de la recherche portant sur le phénomène de la résilience. Pensons, entre autres, aux études d'Anthony [1] sur les enfants " invulnérables (ce terme ne fut pas retenu, car il suppose une carapace solide et impénétrable qui permettrait d'affronter toutes situations traumatisantes, ce qui va à l'encontre de la résilience qui stipule qu'on n'est pas résilient toute la vie ou devant toute situation d'adversité.), de Garmezy [2], [3], et de Rutter [4], [5] auprès d'enfants vivant en milieu défavorisé, de Baddoura [6] et de Manciaux et Tomkiewicz [7] portant sur les conflits du Rwanda et du Kosovo, sur les catastrophes naturelles et sur les enfants des rues, ainsi que les études faites auprès des enfants victimes de maltraitance, de négligence [8] et d'abus sexuels [9], [10], [11] et [12]. Au regard de ce qui précède, c'est un fait que le phénomène de la résilience a toujours existé, bien que son terme soit quant à lui récent. Il proviendrait notamment des études de Werner [13] faite auprès de 698 enfants vivant dans des milieux défavorisés dans les îles de Kauai à Hawaï. Alors qu'une abondante littérature fait un portrait pessimiste de ces enfants, ces mêmes études montrent l'existence de cas atypiques, de leur facilité à surmonter les agents stresseurs et les épreuves de la vie. Ces personnes dites " résilientes " parviendraient à se protéger des séquelles habituellement rattachées à des expériences traumatisantes.

Au fur et à mesure que la recherche se développe, on assiste à la production d'un nombre considérable portant sur la notion de résilience. Toutefois, à la lumière de l'ensemble des recherches produites au cours des dernières décennies, la possibilité d'une éventuelle absence de séquelle apparaît à priori sujette à caution. En effet, les auteurs qui s'intéressent au phénomène de la résilience s'entendent sur le fait qu'il ne doit pas être perçu comme un antidote [14] qui inhiberait la souffrance de l'individu, ni comme une force inconditionnelle et statique dans le temps [15], [16]. À titre d'exemple, l'étude de DuMont, Widom et Czaja [17] démontre que parmi les enfants qui ont été victimes d'abus physiques et sexuels et de négligence durant l'enfance, 48% d'entre eux étaient résilients à l'adolescence, tandis que 24% le demeuraient à l'âge adulte. Ainsi posé, le phénomène de la résilience réfère à un dépassement plus ou moins progressif des traumatismes associés à de la maltraitance, à de la négligence, à des abus physiques et/ou à des abus sexuels ou à toute autre forme d'expérience traumatisante.

L'analyse de l'ensemble des études permet d'avancer que la résilience est un phénomène étant le produit de la contribution simultanée de facteurs de protection individuels, qu'ils soient d'origine génétique ou issus de compétences acquises et interindividuelles comme qualité initiale de la relation mère/enfant ou de la présence de tuteurs d'attachement [18]. Toutefois, et bien que la littérature traite de plus en plus de ce phénomène, on en sait encore très peu sur la manière dont ces facteurs interagissent [19]. C'est particulièrement le cas dans le domaine de l'inceste, étant donné que jusqu'à récemment, il existait un consensus clinique sur l'impact à long terme d'un tel trauma [20]. La recension des écrits de Lapointe et Le Bossé [21] portant sur le

phénomène de l'inceste et de la résilience montre que, parmi les conséquences les plus observées, on retrouve la dépression, la perte d'estime de soi et la stigmatisation [22], les sentiments de honte et de culpabilité ainsi qu'une sexualisation traumatisante [23], de même que la revictimisation [24]. Il apparaît également que les effets possibles de l'inceste varieront considérablement selon que le parent non abuseur sera capable ou non de fournir un soutien à l'enfant [25], [26], [27], [28] et [29]. À l'ensemble de ces traumatismes, il faut finalement ajouter celui de la « perte » du parent incestueux, qui, dès lors, n'est plus en mesure de jouer véritablement son rôle auprès de l'enfant. En fait, la perte se rattache particulièrement aux liens et à la relation dont l'enfant a besoin dans son développement.

En dernière analyse, la notion de résilience oblige à repenser la théorie selon laquelle les personnes victimisées demeureraient dans un état de victimisation toute leur vie. Ceci est particulièrement vrai en ce qui concerne celles qui ont vécu l'inceste et qui sont considérées comme résilientes. Les études montrent de plus que la résilience est un phénomène complexe qui doit être appréhendé comme tel par les chercheurs intéressés par cette réalité [15]. Concrètement, cette complexité a conduit les chercheurs à adopter une perspective interactionniste du construit de la résilience, laquelle prend appui sur la complémentarité des facteurs intrapsychique, psychologique et environnemental [30]. Dans cette optique, la présente étude propose un « arbrésilient » comme modèle symbolique pour comprendre la trajectoire de la résilience chez les personnes victimes d'inceste. Ainsi, les racines symbolisent les facteurs intrapsychiques, le tronc les stratégies de *coping* qu'on peut observer et la sève le lien d'attachement nourrissant. (Le modèle de l'arbre avec la germination a été produit par l'auteure et il est décrite plus spécifiquement dans la recherche doctorale. Toutefois, il sera présenté lors de la communication au congrès.) Ces trois éléments sont interactionnels et se veulent essentiels au développement de l'arbre.

1.1 Méthodologie de recherche

À la lumière de ce qui précède, il est apparu pertinent de procéder à une étude du construit de la résilience auprès de personnes qui, tout en ayant en commun le fait d'avoir vécu une relation incestueuse, se distinguent sur le plan du tableau clinique. Pour répondre à cet objectif, une étude comparative à double volet a été réalisée auprès des femmes ayant vécu l'inceste durant la période de l'enfance et/ou de l'adolescence de la part de leur père ou de leur beau-père [30]. Le premier volet vise à identifier le profil des participantes avec impacts cliniques traditionnels (PICT) et le profil des participantes engagées dans un processus de résilience (PEPR). Le second consiste à opérationnaliser auprès des deux profils, les trois indicateurs théoriquement associés au phénomène de la résilience dans la documentation sur le sujet. Il s'agit : 1) des stratégies de *coping* ; 2) du lien d'attachement créé dans la relation mère-enfant ou avec un adulte important ; 3) de la capacité de mentalisation.

1.2 1^{e} partie : la constitution des deux profils

La première partie consiste à identifier dans un tableau clinique les deux profils suivants : le profil des participantes avec impacts cliniques traditionnels (PICT) et le profil des participantes engagées dans un processus de résilience (PEPR). Pour constituer les deux profils à l'étude, la démarche typologique et l'analyse de contenu ont été retenues. Dans cette optique, l'analyse typologique a permis d'établir la présence/absence d'éléments spécifiques (PICT *versus* PEPR) alors que l'analyse de contenu a donné une description qualitative et quantitative du contenu manifeste et latent [31]. Parmi les nombreuses méthodes d'analyse de contenu [32], l'analyse thématique est celle qui a été retenue, car elle permet le répérage des catégories conceptuelles prédéterminées à chacun des profils. C'est sur la base de l'ensemble de ces choix méthodologiques que nous avons élaboré la procédure de l'échantillon et des profils PICT et PEPR.

1.2.1 Le profil des participantes avec impacts cliniques traditionnels (PCCT)

Comme en témoignent les études, l'inceste est incontestablement un phénomène traumatique, et ce, malgré que les conséquences peuvent varier d'une personne à l'autre [33], [34]. Dans cet ordre d'idée, les personnes associées à ce profil réfèrent à celles présentant des symptômes cliniques étudiés dans la littérature portant sur le trauma de l'inceste. Elles se sentent sans défense et demeurent dans une position de soumission et de dépendance, comme au moment où elles ont vécu l'expérience incestueuse. Elles ont le sentiment de ne pas avoir de pouvoir sur elles-mêmes ni sur les autres. Plus précisément, elles croient n'avoir aucune influence sur les événements extérieurs, pas plus que de pouvoir les modifier. Dans les cas d'inceste, plusieurs conséquences peuvent en découler, telles qu'un état dépressif, une perte du sens de la vie, une image de soi négative, un sentiment d'impuissance et de désespoir, ainsi qu'une tendance à se blâmer pour l'abus [35], {36], [37]. On retrouve également la confusion dans les rôles et l'hostilité envers leurs mères, leur reprochant de ne pas les avoir protégées. Toutefois, il n'est pas rare de constater qu'elles adoptent la position reprochée à leurs mères, c'est-à-dire de ne pas protéger leurs propres enfants d'un éventuel abus. Les statistiques font état qu'elles

seraient plus susceptibles d'être revictimisées à l'âge adulte et que la revictimisation prendra des formes plus sévères. Tel que le mentionne Foward [38], un des effets pervers du sentiment de victimisation est " cette interminable quête de la clé magique qui ouvrira le coffre aux trésors, l'amour et l'approbation des parents "(p.116). Finalement, les victimes d'inceste se perçoivent négativement, et ce, malgré les réussites. Suite à l'analyse de la documentation sur le sujet, nous avons retenu qu'un état dépressif, une faible estime de soi, une tendance à se blâmer pour l'abus, une perte de sens, la revictimisation et la transmission intergénérationnelle de l'abus sont des impacts associés au profil PICT.

1.2.2 Le profil participantes engagées dans un processus de résilience (PEPR)

Ce profil correspond aux personnes qui auraient la capacité d'être peu perméables aux éventuelles séquelles rattachées à l'inceste [39], [40]. Tout en ne déniant pas l'abus vécu durant leur enfance, elles seraient capables de faire face à cette expérience traumatisante. Elles ne se laisseraient pas submerger par toutes les émotions liées à la situation incestueuse et parviendraient à lui donner un sens. En fait, elles appréhenderaient l'inceste au même titre que d'autres expériences traumatisantes [41]. Elles seraient conscientes qu'elles ont été victimes d'un acte sur lequel elles n'avaient pas d'emprise et prendraient les moyens nécessaires pour agir sur leur vie en utilisant leurs ressources personnelles et celles de leur milieu. La recension des écrits de Geninet et Marchand [42] portant sur la recherche de sens montre que les victimes d'inceste présentent moins de symptômes dépressifs et une meilleure estime de soi pour celles qui y attribuent un sens [43]. Enfin, ce qui distingue les deux profils à l'étude, « victime » et « résiliente », c'est que dans le profil « victime », la personne demeure dans une position de soumission à l'égard d'autrui, s'identifie comme une victime et demeure susceptible d'être revictimisée. Dans le profil « résiliente », la personne se prend en charge afin de se redonner du pouvoir sur sa vie. Elle utilise des ressources internes et externes durant et après l'inceste. Dans cette optique, les personnes résilientes présenteraient une structure égotique forte identifiée dans la littérature comme une « égo-résilience » [44]. Ainsi, l'affranchissement des symptômes, la protection de ses enfants d'un risque d'abus sexuel, l'attribution externe de l'abus et la capacité de donner un sens à l'expérience incestueuse ont les critères retenus pour le profil PEPR.

2e partie: évaluation de la résilience à l'aide des trois indicateurs dégagés de la documentation sur le sujet

Ce deuxième volet consiste à évaluer les trois indicateurs théoriques de la présence d'un processus de la résilience. De façon opérationnelle, cet aspect de la recherche a consisté à répondre à la question suivante : comment chaque participante des profils PICT et PEPR se situait-elle au plan 1) des stratégies de *coping*; 2) du lien d'attachement créé dans la relation avec sa mère; 3) de la capacité de mentalisation ? Dans un premier temps, abordons succinctement le contenu de ces trois indicateurs.

1.2.3 Les stratégies de coping

Créé par Lazarus et Launier en 1978 [45], le terme « *coping* » fait référence à un ensemble de stratégies cognitives, comportementales et affectives qu'un individu utilise pour faire face aux situations stressantes. Le *coping* nécessite l'existence d'une difficulté et d'une réponse permettant d'y faire face. Il exige également des prédispositions personnelles et des styles comportementaux. Ce dernier point amène à distinguer deux approches du *coping* : le modèle intra-individuel et le modèle interindividuel. Le *coping* intra-individuel est appréhendé comme un processus d'ajustement qui prend en compte les cognitions, les comportements, les facteurs biologiques et les variables environnementales. Autrement dit, c'est un processus influencé par les caractéristiques propres à la personne, telles que la capacité à gérer les événements difficiles et les caractéristiques environnementales, comme les ressources sociales. Le *coping* interindividuel est envisagé comme un trait stable de la personnalité qui prédisposerait l'individu à faire face à d'éventuelles situations de stress [46]. Étant donné que les recherches présentées dans la section théorique identifient les stratégies de *coping* comme un indicateur possible de la résilience, la présente étude postule que les PEPR devraient disposer de stratégies de *coping* adéquates pour faire face à leur expérience incestueuse

1.2.4 La qualité du lien d'attachement créé dans la relation mère-enfant

On connaît depuis Bowlby [47] l'importance des liens d'attachement dans le développement de l'enfant et les conséquences néfastes qui peuvent découler du manque de contact affectif. Les études classiques sur la théorie de l'attachement proposent que les premières expériences relationnelles ayant manifesté la figure d'attachement construisent des « modèles opérationnels internes » du soi de l'enfant et de son entourage. (Dans la plupart des cas, la mère représente la figure d'attachement, mais selon Bowlby (1969/2006), la figure d'attachement peut provenir du système familial ou du système social. En fait, c'est la disposition « maternelle »

d'une personne importante pour l'enfant.) Ces premiers schémas lui permettent d'interpréter, de moduler et d'anticiper son monde affectif et relationnel ainsi que celui de la figure d'attachement. Toutefois, la théorie de l'attachement a véritablement pris son essor à partir du paradigme de la « situation étrangère » élaboré par Mary Aisnworth et ses collaborateurs [48]. Ce modèle d'attachement se catégorise selon trois styles : l'attachement *sécure* (type B) ; l'attachement *insécure-évitant* (type A) et l'attachement *insécure-ambivalent* (type C). À la suite de ces études, un quatrième type d'attachement est introduit par Main et ses collaborateurs [49] sous le vocable *désorganisé-désorienté (Type D)*. Ce quatrième style se construit lors de relations dysfonctionnelles vécues comme menaçantes par l'enfant, telles que des problèmes de consommation d'alcool, de drogue et/ou de santé mentale du parent. Les recherches portant sur la résilience identifient la qualité du lien d'attachement instauré dans la relation mère-enfant ou auprès d'un adulte important, comme un indicateur possible de résilience. Nous pouvons penser que les PEPR auront créé un lien d'attachement sécuritaire avec leur mère.

1.2.5 La capacité de mentalisation

Tel qu'il a été mentionné précédemment, la mentalisation serait un facteur de la résilience [50]. Rappelons que la mentalisation réfère à un mécanisme de défense fonctionnel du développement précoce. Elle peut également être vue sous l'angle d'une *métacognition* envers soi et les autres. Selon Peter Fonagy, spécialiste de ce concept, la mentalisation [51] ou ce qu'il appelle « reflective self » (auto-réflexive) réfère à un processus qui permet de se représenter à la fois ses propres états cognitifs et affectifs et ceux des autres. Sur le plan psychique, cette capacité de mentalisation serait notamment fonction de l'autre indicateur potentiel de la résilience que constitue le lien d'attachement dans la relation mère-enfant ou envers un adulte important [52], [53]. En effet, la capacité de la figure d'attachement, habituellement en lien avec la mère, à donner des soins, à refléter ses émotions et celles des autres et surtout à aider l'enfant à reproduire cette capacité lui permettrait de réguler ses émotions et de transposer cette capacité dans la sphère sociale. En d'autres termes, le « reflet miroir » de la personne importante permettrait à l'enfant d'explorer son monde émotionnel, de se représenter ses états mentaux et, par conséquent, d'organiser son monde interne [54]. Cela lui permettrait également de comprendre que les autres ont des affects différents de soi, ce qui est nécessaire dans la négociation des relations au sein de la famille et à l'extérieur d'elle [52]. L'étude de Fonagy et Bateman [55] portant sur les mécanismes de changements, dans le cas du traitement des troubles de personnalités limites, montre que les expériences dysfonctionnelles précoces nuisent à la capacité de mentalisation. En contrepartie, la dysrégulation court-circuiterait quant à elle le processus de mentalisation. C'est notamment le cas lorsque l'enfant est confronté à des expériences précoces difficiles. Ainsi, Theunissen [56] stipule que, sur le plan psychanalytique, la transgression de l'interdit de l'inceste serait associée, entre autres, à la dysrégulation du Soi. Étant donné que les études identifient la capacité de mentalisation comme un indicateur possible de résilience, nous pouvons penser que les PEPR devraient disposer de ce mécanisme régulateur des affects.

En résumé, la présentation portera sur les données préliminaires des deux profils établis dans la première phase de l'étude et de l'analyse des indicateurs de la résilience établie précédemment. Ce dernier volet constitue la vérification des hypothèses de la recherche.

Conclusion

Le phénomène de la résilience est fréquemment constaté dans notre société et de plus en plus exposé dans les médias. Au cours des dernières décennies, il est devenu un sujet d'étude pour les chercheurs qui s'intéressent au fonctionnement considéré optimal des personnes qui ont été victimes de situations traumatisantes. Or, et bien que les recherches sur ce phénomène permettent de comprendre comment un enfant abusé ou négligé demeure dans un état fonctionnel, malgré le trauma auquel il a été confronté, on constate qu'il est difficile d'en faire une liste des déterminants. Afin d'en comprendre les mécanismes, la présente recherche a consisté, dans un premier temps, à classer un groupe de femmes ayant été victimes d'inceste durant l'enfance et/ou l'adolescence selon deux profils (PICT *versus* PEPR). À partir de ces profils les auteurs ont formulé trois hypothèses se rapportant aux facteurs régulièrement observés dans la littérature sur le sujet. C'est dans cette perspective que seront présentés les résultats préliminaires de la recherche doctorale.

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Abus sexuel precoce, acces a la maternite, sexe du bebe et resilience.

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Abstract

We propose a qualitative analysis of the impact of sexual abuse at the end of childhood, on access to maternity in two mothers, their investment of the child based on gender, and the place occupied by this child in their psyche.

After a critical review of studies on the prevalence of sexual abuse, reporting very conflicting statistics, we present a synthesis of psychoanalytic conceptualizations on psychic transmission of trauma.

The analysis of interview data collected from these two mothers, Anna and Olga allows us to retain the theoretical and clinical elements including: Anna and Olga have different degrees of resilience, due to levels of mental development of trauma consequences of abuse vary. Traumatic sequelae are expressed by a reactivation of trauma either during pregnancy or childbirth, either during interactions with the child, with differentions according to the sex of the child effects. Separation and individuation mother / child remains problematic, when the child is female because of fear of repetition of trauma, and a tendency to reject the male child remains when the abuser confusion fantasy / male continues. In contrast, our analyzes show that the possibility of a resilient rebound, involving partial or complete mental preparation of the initial trauma, requires that the young mother had previously been able to rely on a male / father figure positively invested enough attractive, to allow separation from the mother, and to counterbalance the image of the abuser, allowing the positive oedipal investment male.

Keywords: sexual abuse - Children - Maternity - transmission - sex of the baby - paternal model - maintenance - resilience - trauma

Introduction: prevalence de l'abus sexuel, des statistiques contradictoires

L'UNICEF (2009) recense 150 millions de filles et 73 millions de garçons de moins de 18 ans victimes de violences sexuelles.

En France, 8,8 % des femmes interrogées de plus de 40 ans déclarent avoir subi au moins un rapport ou une tentative de rapport sexuel forcé avant l'âge de 18 ans. Mais un pourcentage presque deux fois plus élevé est mentionné par Bayle (2006) (15% d'abus sexuels dans l'enfance et l'adolescence pour ce groupe de femmes.)

La recherche épidémiologique internationale comparative de Finkelhor (1994) dans les pays anglo-saxons montre que les taux de prévalence de l'abus sexuel dans 19 pays varient de 7 à 36% pour les femmes et de 3 à 29% pour les hommes.

Elements theoriques sur l'impact de l'abus sexuel sur la maternite et l'investissement du bebe

La grossesse et (ou) l'accouchement peuvent réactiver les traces du traumatisme sexuel passé non élaboré avec trois complications possibles : prématurité, dépression périnatale et (ou) un syndrome post traumatique.

Dans la littérature, on remarque également un impact sur l'investissement du bébé [33]. La petite fille peut renvoyer la mère à sa propre image et à son passé en réactivant potentiellement le traumatisme alors que le garçon peut renvoyer à l'image de l'abuseur. La fille peut donc risquer d'être traitée comme la mère l'a été dans son enfance et le garçon peut englober les caractéristiques de celui qui a abusé d'elle .

1.1 Rappel sur les modèles psychanalytiques de la transmission des traumatismes passés.

Pour Abraham & Török [1], il y a 3 concepts importants. Tout d'abord, l'introjection qui est l'élaboration psychique de l'expérience vécue.

L'inclusion, quand l'appropriation subjective de l'événement est impossible du fait des conflits entre le désir de savoir et de comprendre et au refus explicite ou inconscient de l'entourage d'assouvir ce désir.

Et enfin la crypte qui correspond à l'incapacité de partager le secret qui nous lie à l'autre ou de s'extraire de ce secret suite à la disparition de l'autre.

Les traumatismes non surmontés incorporés par le sujet feront ainsi partie de lui-même et sont susceptibles d'être transmis aux générations suivantes sous forme de « fantômes ». Quand un enfant est confronté à un parent porteur d'un secret (cas fréquent chez les parents abusés dans l'enfance) une identification à l'objet incorporé encrypté de son parent s'opère et cette identification se retrouve alors dépourvue de toute représentation verbale. L'évènement traumatique non élaboré qui a été « indicible » pour la mère, devient donc « innommable » pour l'enfant.

Ciccone [13] évoque le concept de transmission traumatique en expliquant que ce qui n'est pas transmis par un biais symbolisable, se transmet aux générations suivantes dans un état brut. L'identification est, pour Ciccone, la « voie royale de la transmission », en particulier l'identification projective. La transmission se réalise par l'inconscient, plus particulièrement l'infra verbal, par la manière de dire plus que le dire lui-même (attitude, geste, signe, timbre de la voix auxquels le jeune enfant est très sensible.)

Lebovici [35] développe le concept de mandat. Ainsi, pour se construire, l'enfant a besoin de s'inscrire principalement dans deux histoires : celle de sa mère et celle de son père. Les conflits infantiles des parents peuvent influencer le processus d'affiliation d'où l'hypothèse théorique générale de notre recherche : l'abus sexuel est par définition une situation traumatique et les séquelles traumatiques d'un abus sexuel précoce devraient, pour la femme en devenir, faire l'objet d'une transmission intergénérationnelle sauf si des processus résilients complets peuvent être mis en place.

1.2 Elaboration mentale du traumatisme et degré de résilience : esquisse d'un modèle théorique.

Qu'est-ce qu'être un adulte résilient après un abus sexuel dans l'enfance ?

Nous disposons de quelques critères élaborés à partir de la thèse de Lecomte (2002) sur le devenir adulte des enfants maltraités et de notre modèle psychanalytique de référence. Pour Lecomte (2002), être résilient dans des contextes d'abus sexuels dans l'enfance consiste à ne pas reproduire sur ses enfants ce que l'on a vécu par identification inconsciente

A partir de notre modèle psychanalytique, être résilient c'est avant tout réussir une élaboration mentale du traumatisme initial suffisante pour atteindre le stade génital et s'épanouir dans une sexualité génitale. Etre résilient implique donc l'investissement pérenne d'une sexualité non entravée par l'abus initial ainsi que le désir d'une une vie de couple en investissant un objet génital et en désirant s'engager dans la maternité sans difficulté majeure.

Ces éléments impliquent un niveau d'organisation œdipien de la personnalité avec une identification possible à sa propre mère et un investissement de l'autre sexe malgré le trauma.

Nos trois nouvelles hypothèses sont donc les suivantes:

H1: L'abus sexuel durant l'enfance ou l'adolescence chez la fille risque, par le canal de la transmission psychique, d'entrainer une non-élaboration du traumatisme. Elle va générer, lors de l'accès éventuel à la maternité, une réactivation du traumatisme soit durant la grossesse, soit lors de l'accouchement, soit lors des interactions avec l'enfant après sa naissance

H2: Du fait de la confusion bébé/agresseur lorsque l'enfant est de sexe masculin, l'investissement du bébé garçon doit être marqué par un rejet plus grand que lorsque le bébé est une fille. L'identification maternelle à sa fille devrait se doubler d'une non séparation-individuation pour la protéger d'une répétition traumatique.

H3: La possibilité de résilience, impliquant l'élaboration mentale partielle ou complète du traumatisme initial, requiert que la jeune femme ait pu s'appuyer sur une image masculine paternelle positivement investie . Celle-ci aura été suffisamment attractive pour permettre la séparation d'avec la mère, le désinvestissement de la figure maternelle et également faire contrepoids à l'image de l'agresseur, en faisant perdurer l'investissement œdipien positif du masculin.

Considerations methodologiques

Notre étude étant exploratoire, nous avons recours à la méthodologie des cas uniques contrastés (Widlöcher 1990,1999) dans le but de construire un modèle des conditions d'élaboration du traumatisme sexuel précoce lors de l'accès à la maternité.

Notre étude porte sur l'analyse de données cliniques concernant deux femmes biélorusses présentant respectivement un niveau faible et beaucoup plus conséquent d'élaboration du traumatisme.

L'outil utilisé est l'entretien clinique de recherche avec des entretiens enregistrés intégralement et réalisés au domicile de ces mères qui ont signé un consentement pour participer à cette recherche.

Anamnèses brèves et quelques données cliniques.

1.3 Anna

Anna a 25 ans. Elle présente un vécu avec un cumul de traumatismes : son père se suicide alors qu'elle a deux ans. Sa mère reconstruit un couple avec un homme alcoolique qui abuse d'elle sexuellement entre ses 10 et 11 ans. La révélation de l'abus aboutit à l'incarcération du beau-père et au retrait de l'autorité parentale à la mère qui battait Anna, l'accusant d'être responsable de l'incarcération du beau-père. Anna est alors placée dans un orphelinat.

À 16 ans, Anna est enceinte d'un garçon qu'elle abandonne à la maternité.

À 19 ans, deuxième grossesse, Anna accouche d'une une fille Maria dont elle a la garde exclusive.

À 22 ans, Anna donne naissance à un troisième bébé, un garçon qu'elle abandonne à la maternité comme le premier.

1.4 Olga

Olga est une femme mariée de 37 ans, mère de deux enfants : Sasha 16 ans et Lisa 12 ans.

À l'âge de 14 ans, Olga a subi une agression sexuelle de la part de son petit ami et d'un ami âgés de 17 ans.

Conclusion

Ces deux femmes présentent à la fois des points communs en matière de niveau d'élaboration mentale du traumatisme initial (séquelles lors de l'accouchement, interaction avec les enfants nés infléchie par le traumatisme initial et variable selon le sexe de l'enfant avec rejet, voire abandon de l'enfant de sexe masculin et lien anaclitique serré avec les enfants de sexe féminin par peur de la répétition du traumatisme.) et des différences (impact sur leur développement personnel et leur vie sexuelle ultérieure ainsi que leur investissement du partenaire de sexe masculin.)

Anna, contrairement à Olga, rejette tout objet de sexe masculin (confusion totale abuseur/Objet de sexe masculin) en lien avec deux images parentales toxiques, l'absence totale d'étayage externe de substitution et le cumul des traumatismes subis.

Olga présente le niveau de résilience le plus élevé (vie de couple et professionnelle stable même si le traumatisme impacte sa relation à sa fille.)

L'impact du traumatisme est moindre chez elle car le double traumatisme sexuel dont elle a été victime est unique, commis par un membre extérieur à la famille proche et à un âge un peu plus tardif que chez Anna.

Olga bénéficie d'une vie de couple stable sans confusion mari /abuseur et sans réactivation de la conflictualité œdipienne trop marquée et d'un appui possible sur une figure maternelle plus sécurisante. La force de l'attracteur œdipien paternel est plus marquée chez elle et perdure plus de vingt ans plus tard. Ces deux facteurs jouent donc un rôle important dans la construction d'un processus face à une situation traumatique d'abus sexuel dans l'enfance commis par un tiers.

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Resilience, a constituent for a better life of persons with psychotic troubles in the agora of social reality?

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Abstract

The paper aims at pointing out, through a longitudinal research, the changes in the life of 20 persons with psychotic troubles in remission living in Romania, Caraş-Severin (Reşiţa) and Serbia, Southern Banat (Vârsec), related to life quality, symptoms, global functioning, personal and social skills, following the use of an applied interventionist working pattern, generated within the services provided by a multidisciplinary intervention team, in a stable and familiar frame, also grounded on various theoretical and practical approached. On the other hand, each case study highlights the individual factors related to the "no commitment" situation. The global results indicated the improvement of life quality in the social, assistential and psychological plane, the decrease of the disease remission period, of anxiety, underlining the family and environmental factors intervening in the process underlying the building of individual resilience in the case of persons with psychotic troubles in remission. The research shows that the clinical and assistential intervention at the subjects' domicile constitutes a modality of conceiving an efficient customised intervention. We may include, as part of the research object, the integrative approach of psycho-pathological theories and of assistential intervention. By means of the focus group we sketched the impact of the "working model" on the beneficiaries' families, their expectations and the ways in which they can be resilient, identifying with more accuracy the diversity of the needs of persons suffering from psychotic troubles, the transformation of these needs depending on age and psychological development requiring the simultaneous or successive use of different intervention methods and techniques.

Keywords: psychotic troubles, life quality, "no commitment" approach, multidisciplinary intervention.

Introduction

A person's welfare is illustrated, beside social and economic status, by a benchmark called health condition, characterised by a variety of indicators, among which life quality index. A good life quality is an inherent condition of individual and collective wellbeing, in all its forms (psychic, physical and social). For conducting a sociologic analysis, the objective aspects should prevail on the subjective ones: people's life quality results from the combination of the action of living standard, life level (material conditions not measurable in money) and lifestyle (human subject's reaction to existence conditions, both autonomous and socially triggered), with the subjective reflex of such in the subjects' satisfaction degree related to their life [1]. By acting in isolation, neglecting or ignoring the aspects related to social pathology inherent to society (unemployment, poverty, high criminality, various family dyfunctionalities, alcoholism etc.), any health strategy can only partially reach its major goal, which is ensuring the population's health condition. Social and political disintegration, low social stability, public health system deterioration, high unemployment rate, migration boost, alcoholism, criminality, these are only some of the factors included in the notion of "social stress" [2] In the same authors' opinion, this concept synthetically refers to the negative psychosocial effects upon individuals, groups and societies undergoing rapid economic, social, and political changes. The connection between social change and biological response affecting the health condition is uncontested, and the evolution of the health status in the states of Central and Eastern Europe confirms this assertion [2].

C onceptual delimitations

The notion of health is considered by Rebeleanu-Bereczki [3],an evaluating concept, like disease, being "circumscribed by the development of biomedical knowledge, intellectual orientations of culture, society's value system" [2] apud [5] . Lalonde (1994) assigns health the following four factors: biologic, (heredity, population's demographic characteristics, chronic, degenerative, geriatric troubles); environmental (climate, pollutants, husbandry conditions, catching diseases, rapid social changes); lifestyle (aspects related to food, sedentarism, alcohol and tobacco use) and medical care organisation (quality and quantity of medical resources, access to medical services, relation between persons and medical care resources) [6].

The World Health Organisation concisely formulated the concept of health as being "the state of complete physical, mental and social wellbeing which is not reduced to the absence of disease or infirmity". Reaching the personal highest health condition is one of the fundamental human rights (Preamble to the WHO statute, 1946). In such a perspective health is understood both as individual and collective (national) status, both as need and right, both as goal to reach by each person and as political goal to be reached by any state. Health becomes a component of social development, and ensuring health is related not only to a strictly medical approach, but also to a social one, as part of the set of social-economic conditions of a nation's development. Health is a multisemantic concept, like disease in fact. The concept of health in Herzlich's [7] opinion comprises three dimensions: absence of disease, good genetic constitution and state of body equilibrium The state of equilibrium supposes the individual's capacity of adaptation to all that is related to his life environment: food, climate factors, affective relations, work conditions, stressful life events, integration and adhesion to different social groups (family, friends, professional group, social layer etc.).

The concept of health also refers to social life, more precisely to the existence of adaptive behaviour, normal social roles, autonomy, personal and salary satisfaction etc. We should underline, from the analysis of the health condition definitions encountered in the literature, its close connection to the notion of life quality. Ioan Mărginean defines life quality by the set of physical, economic, ecological, social, cultural, political, health condition and more, in which people live, the content and nature of activities they carry on, the features of social relations and processes they participate in, the goods and services they have access to, the consumption patterns adopted, the life style and manner, the assessment of the extent to which the results and achievements correspond to the population's expectations, the subjective states of satisfaction / dissatisfaction, happiness, frustration etc. [8]. Health should become the topic of a permanent research of the balance between the social life field, where difficulties of social inclusion and the forms of social exclusions coexist with the acquisition of behavioural pro-health knowledge and skills, spirit of solidarity, population's individual and collective involvement in any endeavour aiming at the promotion of health and of quality medical services [3]. Vulnerable populations with medical-social needs "often ask for the authorities' support and are at present the largest consumers of social and health services, as these vulnerable categories are coping with complex social and medical needs" [9]. The needs of various vulnerable population categories are continually changing and a series of elements concur to their meeting: evolution of health condition, age, access to medical, social and educational services for the prevention of diseases [10].

In our opinion, an indispensable constituent for a better life of persons with psychotic troubles in the agora of social reality is represented by resilience, which means the ability to rapidly and decisively respond to unpredicted changes or a chaotic functional interruption, by the improvement of life quality, both on the psychological, social and assistential planes, the decrease of the remission period and of anxiety, underlining the importance of family and environmental factors.

Applied research

The purpose of the applied research is to enhance the integration capacity of 20 persons suffering from psychotic troubles in remission from Romania, Caraş-Severin county (Reşiţa) and Serbia, Southern Banat (Vârsec) in their social environment, considering that these persons are at the borderline between marginalised and vulnerable groups. The specific goals referred to the delimitation of an applied interventionist working pattern, generated within the services provided by a multidisciplinary intervention team, in the presence of a stable and familiar frame, concomitantly grounded on various theoretical and practical approaches; increase of psycho-social adaptability; improvement of the content of medical and social support; increase of the family cohesion degree; identification and promotion of the needs of persons suffering from psychotic troubles in remission.

The aforementioned analysis frame starts from highlighting the characteristics related to life quality, disease symptoms, global functioning as well as personal and social abilities of persons with psychotic troubles in remission, the highlighting of the changes occurred in the life of 20 persons suffering from psychotic troubles in remission living in Reşiţa and Vârsec, during two years (2011-2012).

Elements of research methodology

During the applied research conducted in order to highlight the improvement of life quality in the social, assistential and psychological plane, the reduction of the remission period and of anxiety, we also highlighted the role of family and environmental factors intervening in the process underlying the shaping of individual resilience in the case of persons with psychotic troubles in remission. The methods of data collecting were: analysis of documents, which refers to the health condition of the analysed group, useful for the shaping of the clinical and assistential intervention at the subjects' domicile, which constitutes a modality of conceiving an efficient individualised intervention; case study, which underlines the importance of the individual factor from the perspective of the "without commitment" situation; the focus group, which sketches the impact of the "working pattern" on the beneficiaries' family, their expectations and the manner in which they can be resilient, identifying with better accuracy the diversity of the needs of persons with psychotic troubles, their turning into needs depending on age and psychological development, which makes it necessary to simultaneously and sequentially use various intervention methods and techniques

This working model at the beneficiaries' domicile, represented by social and medical support and individual counselling, allows the patient with psychotic troubles in remission to get socially inserted, to live a life as normal as possible, to benefit from the means and measures of re-adaptation: complementary and community services. The action having defined the social and medical support and the individual counselling consisted in: drug therapy adapted to the disease type and severity; development of skills correlated to concrete situations testing the patient's capacity of adaptation and independent operation, a range of supportive services helping the community life of the persons with psychical disabilities; psychotherapeutic counselling of the patients in remission in view of their family, professional and social insertion.

Results and discussions

By the contribution of the entire multidisciplinary team (social worker, psychologist, physiatrist, psychotherapist, medical nurse) we reached a life quality improvement of persons with psychic disabilities, which was reflected especially in a better relationship of these patients within the family and in the extra-family milieu. As regards the beneficiaries' life quality, of the four domains investigated, i.e. physical health, social relations, environment and psychological condition, only one exhibited statistically significant modifications, i.e. the psychological one, between the first and the second testing moment. The positive life quality modification on the psychological level occurred in the first 6 months of research implementation. This indicates the rapid impact of beneficiaries' involvement in group and individual counselling activities. The other fields, physical health, environment and social relations, exhibited some enhancement, but not high enough to be statistically significant. We may suppose that alterations occurred in the very psychological plane precisely because, grace to therapy as well as individual counselling, the subjects acquired skills of self-awareness and disease symptoms management, ability to cope with stress, emotions and difficult life situations, capacity of self-acceptance, communication and relationing with those around them; compliance with treatment was encouraged and maintained.

The symptom analysis of the target group persons points out the decrease of obsessive—compulsive behaviours, anxiety and psychotic symptoms experienced. We could also remark a drop of depression symptoms, as well as very slight sensitivity drops, not high enough to be statistically significant. The independent life skills (self-care, personal and social relations, socially useful activities, aggressive behaviour) and global functioning are evaluated by specialists (psychologists, psychiatrists, psychotherapists, social workers). During the period of project implementation significant differences were recorded. We remarked an improvement, for all tested domains, related to the ability of self-care, socialisation, home activities supporting, aggressiveness management, as well as global operation. Recovery took place gradually, each individual having his personal maximum to reach, depending on the degree of deterioration due to disease. When analysing the frequency of hospital admissions we found that the target group persons exhibited, during one year, no hospital admissions because of decompensation, the hospital admissions being caused by other medical issues in two cases. Thus, by reducing the number of hospital commitments, the benefits are both for the medical system, where the expenditure for hospital admission are reduced, as well as for the individual, who no longer experiences the often traumatising experience of commitment. The very low frequency of hospitalisation proves that the working pattern at the beneficiaries' domicile has a positive impact, and the target persons could better manage their existential problems.

Conclusions

We may conclude that the health condition evolution is conditioned by the impact of the supportive environment determinants, economic and social development, poverty, unemployment, income inequalities,

social exclusion etc. The final conclusions, as reflection moment on the health condition of the individual and of family, forwarded the idea that health is an inherent component of a quality life.

Social vulnerability leads to connected social phenomena, such as marginalisation, social exclusion, and stigmatisation, which place these persons on marginal positions, which is disadvantageous for the individuals and dysfunctional for the social system. Social intervention may be expressed in terms of influence and authority and supposes the existence of two elements: the person applying the intervention (in our case social workers) and the person subjected to the intervention (in this case the person with psychotic troubles, his family or the community). The intervention agent should posses a series of resources the client needs, real capacity of getting legitimacy from the client as regards his actions meant to achieve an intervention for the psychotic client and his relations with the environment. The intervention environment may be represented by the client (including all the client's characteristics and resources), his milieu (family, social, institutional – approach considering the client to be a system made of the set of relations he maintains with his environment). Thus, the specialist intervenes upon the psychotic client, considered as a singular entity, and on his environment (family , group, community).

We underline that the persons with psychotic troubles undergo a continual stress; living with a psychotic trouble involves, both for the individual and for the caring persons, a state of chronic tension, with major consequences for the family health. The social support is another aspect that should attract more attention, as the increased demands for such personnel, as a consequence of the increasingly strong pressure experiences, are more and more largely recognised. For the solution to the problems of persons with psychotic troubles a special importance is granted, beside family, to wider networks of extended family, friends and acquaintances, who can crucially intervene in offering the necessary support, the special treatment consisting in an infusion of optimism, good understanding and adequate communication among those who care for the patient.

Given the clients' heterogeneity, the extended duration of the project, the richness and diversity of the material collected, it is rather difficult to draw a unitary conclusion, if we think that we worked with psychiatry patients with severe diagnostics, such as affective, bipolar, psycho-affective, obsessive-delirious troubles, as well as paranoid schizophrenia, dementia, Alzheimer; we consider that notable progress was made in the direction of the initial symptoms remission, but especially for the integration into family, social or professional life. Counselling succeeded in opening gates toward understanding, tolerance and acceptance of the massive misbalance produced in the family, the family. Family rebalancing by the rebuilding the communication bridges among its members led to progress in the attitude toward the "weakest link". It is known that this can misbalance the system, perverting its homeostasis, but in order to maintain it, the patient needs to accept the current situation and to strengthen the viable connections meant to ensure the good functioning of the family in a difficult situation.

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Are resilience questionnaires capable of predicting burnout risk?

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Abstract

The aim was to examine if resilience questionnaires can predict burnout risk. 80 teachers and 251 nursing staff members were asked to fill in resilience and burnout questionnaires, as well as questions regarding job demand, absenteeism, and/or intention to leave the job. A highly significant correlation was found between resilience and burnout. The lower the resilience score, the higher the risk for burnout. No correlation was found between the personal appraisal of job demand and resilience: participants with a higher resilience score did not consider the job to be less stressful or demanding. Participants with a higher resilience did however show a significant higher intention to leave the job if job satisfaction is low. Resilience also proved to be the statistical most powerful predictor of absenteeism. Those who were most frequently absent scored within the psychiatric norm range on their resilience questionnaire. These results suggest that resilience questionnaires are capable to determine who is most at risk of developing burnout, or show related behaviour like absenteeism.

Keywords: Resilience, burnout, RS-nl Resilience Scale.

Background

The ever increasing prevalence of burnout is causing a much needed shift toward screening and treatment of burnout. Whereas up until a few years ago, psychiatric journals often refused articles on burnout, stating that it was 'not a psychiatric topic since it is not mentioned in the DSM', recent prevalence numbers are so dramatic, as is the feedback from therapists, that no one can further deny the social relevance or even cost of these numbers. A recent study in Belgium stated that up to 38% of all days of absenteeism at work could be related to psychological problems [1]. Another study among anaesthetists revealed that no less than 41% scored positive on current burnout symptoms, with also over 50% showing 'high risk of developing burnout' [2]. These numbers were so high and concerning that the authors even asked if these numbers could identify a public health risk? Therefore, a screening tool to determine who is most at risk to develop burnout could offer great benefits in terms of prevention and diagnosis.

1.1 Why should burnout relate to resilience?

Burnout is often defined as: '*a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind*' [3]. When looked at typical behaviour and complaints during a burnout episode, we see frequent reports of symptoms like depressed mood, feelings of hopelessness, insufficient/reduced coping abilities, and a strong reduce in the frequency of (positive) palliative activities (= activities that reduce the stress levels) and often combined with an increase in harmful palliative activities (such as substance abuse or auto mutilation). During the normation of the 'RS-nl Resilience Scale' (Dutch version of the 25 Item RS from Wagnild and Young) and the more recent version 'VK+ Veerkrachtschaal Plus', we found very significant correlations between resilience and all of the abovementioned symptoms and behaviours [4,5], hence the willingness to further examine the relation between resilience and burnout.

Methodology

In two separate studies, we used (among others) questionnaires for resilience and burnout in 2 professions which are regarded as high risk jobs to develop burnout, namely teachers and nursing staff members. The questionnaire used for resilience was the 'RS-nl': the Dutch version of the 25-item Resilience Scale [4]. Most important differences with the original are the removal of al double negatives in the formulation of the

items, and a 4-point Likert scale instead of the 7-point scale of the original. Minimum score is 25, maximum score 100, with healthy controls scoring an average of 85, and the psychiatric norm group scoring an average 70. Normated on 4800 persons, this questionnaire remains as one of the very few resilience questionnaires with norms for each age and gender group [6,7]. The questionnaire used for potential burnout symptoms was the UBOS Utrecht Burnout Scale [8]: a Dutch version of the Maslach Burnout Inventory MBI by Maslach & Jackson, 1986. It measures three typical symptoms of an actual burnout: emotional exhaustion, depersonalization and reduced personal accomplishment. To diagnose a burnout, the first two mentioned symptoms must score high, and personal accomplishment must score low.

1.1 The Dutch Teacher study group

In total, 79 Dutch teachers between the age of 23 and 65 were asked to anonymously fill in a RS-nl Dutch Resilience Scale, a UBOS-L burnout scale (the L stands for 'teacher version'), and a VBBA 'Vragenlijst Beleving en Beoordeling van de Arbeid' (Van Veldhoven, Meijman, Broersen, & Fortuin, 2002); a questionnaire to examine the personal appraisal of job characteristics, somewhat based upon the 'Job-Demand-Control-Support' model by Karasek [9].

1.2 The Flemisch Nursing Staff study group

In this seperate study, 251 nursing staff members between the age of 21 and 61 anonymously filled in the RS-nl and UBOS. On the Informed Conscent form they also had to fill in questions regarding abseteeism and the intention to leave the job.

Results

Both the Dutch study group [10] and Flemisch group [11] revealed very signifiant correlations between resilience and all characteristics of a burnout as examined by the UBOS/MBI, as shown in table1.

Tabel 1: orrelation between Resilience and Burnout, measured by RS-nl and UBOS/MBI (study 1= Dutch group, study 2= Flemish group)

	Emotional Exhaustion study 1 / study 2	Depersonalization study 1/ study 2	Reduced Personal Accomplishment study 1 / study 2
RS-nl Total Score	-.58***/-.24***	-.50***/-.29***	.63***/.39***
Subscale Acceptation of Self and Life	-.57***/-.28***	-.33**/-.28***	.42***/.37***
Subscale Personal Competence	-.51***/-.19**	-.52***/-.27***	.62***/.37***

*Pearson correlaton=: *= p ≤.05, **= p≤.01, ***= p≤.001*

In many cases it was clear that participants with the lowest resilience scores showed burnout scores which indicated an actual presence of all burnout symptoms, thus allowing a current diagnosis of burnout. These results suggested that the lower the resilience score is, the higher the risk of having or developing a burnout is.

The comparison between the resilience scores and the other data and/of questionnaires revealed that there is no difference between participants with high of low resilience scores and their personal, subjective appraisal of the job demand characteristics: participants with a higher resilience score found the job as stressfull and/or demanding as the lower scoring group. There was however a significant correlation between resilience and 'intention to leave the job', as well as with absenteeism. Those who were most frequently absent even scored within the psychiatric norm range on their resilience questionnaire. Thus the higher the resilience score, the less frequent they will be absent from work, and also the more likely they will leave the job if job satisfaction is low. In fact, resilience proved to be the only statistical reliable predictor for both. This suggests that those who score low on resilience will often remain longer at a job they dislike, thereby possibly increasing the stress levels and in the end the possibility to develop a burnout. Hence perhaps the observed increased use by human resources departments and firms of the resilience scale as a standard diagnostical tool, as mentioned by the firm that distributes the RS-nl.

These data confirm what is often seen in therapeutic settings. However, therapeutic experience clearly dictates that a normal or even higher score on a resilience scale does not suggest invulnerability. Everybody does have a limit on what they can endure, and a prolonged period of functioning above these limits will inevitably cause mental and/of physical problems. But as both these results and clinical, therapeutic evidence/experience

seem to suggest: those personal limits do differ strongly among individuals, and the lower the resilience, the faster and more frequent these limitations will be reached or surpassed. In this regard, it is perhaps not surprising that we demonstrated in a recent study that for people with a lower resilience score, "positive stress" such as caused by a promotion at work is just additional stress, and therby an equal additional risk to surpass these limits [12].

Conclusion

Resilience does seem to correlate strongly with burnout, both present or future, and thereby could serve as a diagnostical tool to measure the vulnerability to develop a burnout. It also confirms our strong belief that resilience, and the measuring of resilience, is most certainly not something that is only useful in a psychiatric patient population, but also among professionals and/or (health care) volunteers, in order to detect and if possible support those who are most at risk. As additional correlation data suggested, this could also reduce absensteeism at work.

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Institutional resilience of social economy entities: rethinking social profit in Romania

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Abstract

The paper explores institutional resilience of social economy entities in Romania within the current economic context. Among questions that arise, one could wonder to what extend social enterprises should be supported in a competitive market? Alongside, what elements of social economy entity are to be improved especially but not exclusively in the case of employment of vulnerable groups? The paper is based on qualitative and quantitative research outputs including national samples focus on demand and offer of social economy.

The paper contributes to the increase of knowledge regarding efficiency of social economy entities as economic actors able to achieve labor market insertion and stability. The results foster national and international comparative research especially towards the development of social inclusion policies.

Keywords: institutional resilience, social economy, social enterprises, social profit.

Introduction

Based on psychological meaning of resilience as capacity to overcome difficult periods [1], within the paper, institutional resilience refers to capacity of social economy entities to successfully survive current economic challenges. As social economy is linked with employing vulnerable people, the societal resilience is understood within the paper due to „its capacity to engage in positive relationships and to endure and recover from life stressors and social isolation" [2]. From these perspectives the paper overviews the social policy and social economy state of art in Romania with a particular attention paid to recent dynamic and development within increasing public awareness.

Current design of social policy in Romania is shaped by post-communist challenges in terms of negotiation process towards accession to European Union (EU); current EU member state status as well as globalization process [1], [2], [3], [4]. The switch from welfare state paradigm focus on welfare provision to all citizens to workfare focus on individual responsibility to provision of personal well being redefined the relation between state, market, family, and community as key players. In terms of social protection, contributory benefits were focus on workers protection and lacked unemployment and means tested benefits. Slow development of non-contributory schemes exposed vulnerable people to risks of long term poverty [2]. The implementation of minimum income guarantee regulations positively answered to local design of social policy measures but its earlier implementation revealed opposite effects than expected ones [5].

The assessment of social assistance system shows the lack of a strategic vision on targeting social benefits towards the poor people. This conducted to a rather reactive character of social assistance measures adopted during the time [6]. The need for sharing a long terms perspective on social assistance follow up measures for vulnerable groups is supported by research outputs on Romanian Governmental Programs. These public policy documents contain more 60 identified vulnerable groups [3]. For some of these identified vulnerable groups social protection measures were not adopted o where adopted in a fragmentary way.

Social economy in Romania

As one response to current labor market challenges, social economy is perceived as an innovatory employment solution especially but not exclusively for vulnerable people. EU recommendations to member states emphasized the support to social economy entities in terms of adopting national frameworks in order to regulate their existence (if the case) as well as adoption of various supporting mechanisms (financial, legal, institutional) [7], [8]. Taking into account European recognized forms of social economy entities (cooperatives, mutual organizations, associations, foundations) and national regulations available in member states; we notice

that the only recognized social economy entity is the cooperative. The European status on cooperatives is available since 2003. Similar initiatives on other types of social economy entities were not agreed at EU level despite their significant national contribution to economy (i.g. mutual organizations) [9].

Increased potential role played by social enterprises in labour inclusion of the most vulnerable ones (i.g. young people, women) imposed their valorization at both EU and national level and consequent support mainly through domestic mechanisms [9]. In terms of public support for this EU public policy recommendation, the number of people working in the field of social economy is constantly growing. The ones sharing specific working principles of economic activities focus on social profit are concerned and challenged by both economic performance and achievement of their social goals. Recent data shows that the 6% of total Europeans were working in social economy in 2002-2003 while in 2012 the total number represented 6.5%. In other words, the sector included 11 millions jobs in 2002-2003 and 14.5 millions jobs in 2012 [10]. Most probably the number of Europeans involved in social economy is bigger as there is not EU agreed set of statistic indicators measuring performances of social enterprises. EU national exchanges of Belgian satellite accounts as best practice could improve this situation.

The lack of a commonly agreed meaning of social economy in the context of a growing attention for this economic and social sector exposes it to misunderstandings and even vulgarisation. One of the common confusions is between social economy and employment of vulnerable people as well as social economy and corporate social responsibility. Early 2002 and 2008 Romanian regulations reflected a misunderstanding of social economy [11]. Not clear mention of eligible social economy entities within guidelines for launching ESF finance for social economy influenced the low participation of specific entities such as credit cooperatives, mutual organizations or cooperatives. Further assessments of implemented projects will reflect the impact of ESF from the perspective of social economy entities as principal applicant.

Within the current paper we use the definition of social economy as the "type of economy efficiently combining individual and collective responsibility, with the goal of producing goods and/ or provision of services, focus on social and economic development of a community having as final goal the social benefit. Social economy is based on a private, voluntary and solidarity initiative, with a high degree of autonomy and responsibility; it includes an economic risk and a limited distribution of profit" [12]. This definition of social economy was included in the latest publicly available draft of social economy law [13], [14].

Institutional resilience of social economy entities in Romania

In terms of in-force national regulations in line with social economy internationally recognized principles (democratic control, autonomy, private character, one voice, one vote and so on) and European entities, the following social enterprises are identified in Romania: associations, foundations, mutual organizations for employees as well as for retired people, credit cooperatives and cooperatives of 1st degree [11].

A key element in supporting social economy entities is represented by European Social Fund (ESF) the EU financial tool co-financing the implementation of national projects focus on development of social economy. Romanian ESF projects had a direct impact on increasing public debates and academic research [12], [13]. Still, the concept of social economy is not well known by population and, similar with other East-European countries it is still influenced by communist largely spread terms such as cooperatives and voluntary work. Information campaigns especially financed by ESF projects increased the public awareness [16]. We refer particularly to Operational Sector Program for Development of Human Resources 2007-2013, priority axis 6 Promotion of social inclusion, intervention domain 6.1. Development of social economy. The majority of 107 identified Romanian volumes dedicated to social economy were elaborated within research activities of ESF co-financed projects [14].

Romania is among the pioneer European countries in regulating the social economy framework. First social economy entities were functioning in Romania half of the XIX century: the Phalanstery from Scăieni (1835). The project for Savings and Loan Associations was adopted in 1845. Trade Code regulating cooperatives was adopted in 1887. Due to ideological discrepancies between free market and communist ideology on share of property and benefits, many Romanian social economy entities were vanished [11].

Romanian networks representing the interest of social economy entities in Romania were established in 1851 (Central Cooperative Bank CREDITCOOP), 1951 (National Union of Handicraft Cooperatives UCECOM). UCECOM supported the development of International Cooperative Alliance in 1895. CREDITCOOP contributed to establishment of European Association of Cooperative Banks (1970) [14].

Transition from planned economy towards free market challenges economic strategies of social economy entities especially due to recent European focus on labour inclusion of vulnerable groups as well as outputs of European Social Funds financed projects in Romania.

Research on social economy entities reflects a constant concern for assuring jobs for people. It is the case of craftsman cooperatives in rural areas or credit cooperatives for low income people or farmers confronting cash flow problems [18]. Still, the number is rather small but with potential towards vulnerable people. Adopting

mainstream measures for social enterprises possibly followed by targeted measures for social insertion enterprises could better support labour insertion of vulnerable groups [14], [16]. Representatives of social economy entities consider that among labour insertion of vulnerable groups, people with disabilities are better supported [19].

The current legal and institutional frameworks with impact on social economy entities support the establishment and functioning of new social enterprise [9], [20], [16]. Comparatively, associations and foundations include „easier" administrative procedures while cooperatives can cover a larger number of activities. The establishment of a cooperative of 1st degree implies one member [21].

Different perceptions of legal and institutional frameworks are to be noticed among various representatives of social economy entities. Legal framework is perceived as generally efficient especially by representatives of mutual organisations with consistent modifications in the case of cooperatives of 1st degree [19]. From the profitability point of view, mutual organisations are the mutual organisations followed by non-governmental organisations and 1st degree cooperatives. Despite the constant success in conducting economic activities towards social profit, latest developments reflect a constant decrease in terms of number of social economy entities and allocated resources. Investment in entrepreneurs active in social economy rather than investment in entrepreneurship skills of vulnerable people as sustainable solutions for assuring stable jobs [21] could be financially better supported by incoming ESF projects.

Conclusions

The paper emphasized the institutional resilience of social economy entities in Romania as sustainable answer to unemployment situation. Redesign of social profit for people by social economy entities is challenged by low employment capacity, decreased number of social enterprises, and lack of public supporting measures dedicated to social enterprises. Recent development of social economy entities is partially supported by legal and institutional frameworks. The level of public support is still low but positively influenced by recent ESF co-financed information and awareness campaigns.

Assisted institutional resilience of social economy entities could valorize their success in identifying sustainable solutions to reinvest social profit in the benefit of members.

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Alexithymia and resilience in women with depressive disorders

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Abstract

Difficulties concerning emotion regulation play a major role in depressive disorders. The present study investigated 63 female subjects (35 outpatients, and 28 inpatients) psychiatrically diagnosed with depressive disorders and screened with Beck Depression Inventory for severe depression. Two aspects that are at core related to emotion regulation have been measured using self-report scales: alexithymia which deals mostly with deficits in identifying, describing, and expressing emotions, and resilience, as a possible protective factor, in maintainig emotional stability. Results indicate that higher scores for depression are associated with an increased degree of alexithymia, and by extension a lower level of resilience. Alexithymia and resilience have been observed to be inversely correlated. This all points towards a complex relationship between alexithymia, resilience and depressive disorders in women, which this paper discusses by exploring the underlying psychological mechanisms involved in the assessment of all three.

Keywords: depression; alexithymia; resilience.

Introduction

Depression has been extensively studied, and as such empirically proven cognitive models have been developed [1]. Within these models, the functioning of emotion regulation mechanisms takes centre stage [2], [3], [4]. On that note, this study has chosen two dimensions related to affect regulation, alexithymia and resilience.

Alexithymia specifically defined as the difficulty in identifying and describing emotions has been associated with depressive disorders [5], [6], [7]) and with increased symptom severity [8]). One study found alexithymia as a predictive factor of depression [9]. At a neurobiological level studies show that the anterior cingulate cortex plays an important part in alexithymic affect processing, and its neuroanatomical characteristics could even be considered predictive for the response to medication treatment with antidepressants [10], [11], [12].

Resilience has been defined as the individual's ability to adapt in the face of adversity, traumatic events and other stressful life factors [13]. It comprises coping mechanisms and personality aspects. Its mechanisms reappraise hardships in a positive way and turn experiences into valuable learnings [14]. It is the process and the result of good adjustment to difficult life experiences, especially to those involving high stress levels [15], [16]. It plays an important part in maintaining life quality [17], [18] and emotional balance [19]. As such resilience could be viewed as a potential protective factor for general mental health [20]. Recently researchers started investigating possible links between depression and resilience. While the influence of resilience on the severity of depression is not yet well determined, a few studies have actually established a correlation between depression and low resilience levels [21], [22], [23]. Studies have also started exploring which resilience mechanisms could be most significantly impaired in individuals with depressive disorders [24], [25]. At the neurobiological level, scientific investigation is still incipient. Studies found some shared characteristics for the biological mechanisms lying at the base of depression and low resilience [26].

If alexithymia and resilience have thus far been both studied separately on subjects diagnosed with depressive disorders, to the researcher's knowledge no studies have been yet conducted to observe the correlation between the two dimensions. A possible link between the two could point towards certain shared underlying mechanisms that are dysfunctional and to potential starting points in psychotherapy based interventions, aiming at improving resilience specifically for this target group.

Methodology

1.1 Participants

The study has been carried out on 63 female subjects psychiatrically diagnosed with depressive disorders and screened with Beck Depression Inventory (BDI) for severe depression (a score of over 25). They were inpatients (28) and outpatients (35) recruited from the Sighetu Marmației Psychiatric Hospital and the Integrated Outpatient Clinic, during a 3-month period between March and May of 2013. The study admitted patients based on the following criteria: good ability to read and write so that they were able to fill the self-report scales on their own; voluntary agreement to participate in the study; at least one month prior of psychiatric drug treatment; no secondary diagnosis pertaining to the psychosis spectrum or to mental retardation. The presence of anxiety has been tolerated, since its comorbidity with depression is extremely high [27]. The patients age varied between 26-65 years (mean 49.8 ± 8.98). They came from both urban (26) and rural (37) environments. The age of the psychiatric diagnosis within group varies between one month and two years (mean 9.7 ±7.00).

1.2 Procedure and assessment tools

The patient interviews were conducted individually, and took place in a separate room. Subjects were assured of the confidentiality of their results. Sociodemographic and clinical information were collected from both patients and their hospital records. The patients then completed the self-report scales by themselves after adequate instruction received from the researcher. The scales selected for this study were: BDI, the Toronto Alexithymia Scale – 20 (TAS-20) and the Connor Davidson Resilience scale (CD-RISC).

BDI, the 1961 version constructed by Beck, tends to measure the present depressive state, more than depressive features of an individual [28], but this also depends on the instruction used [29]. For this study the participants' depressive state was measured, since they were required to respond to the questions considering their general state during the current week. BDI has shown high consistency on clinical and control groups [29].

TAS-20, developed by Bagby, Parker and Taylor [30] is constructed around three factors: difficulty identifying feelings, difficulty describing feelings and externally oriented thinking. It has 20 self-report items, scored on a five-point likert scale (1: absolutely disagree, 2: somewhat disagree, 3: neutral, 4: somewhat agree, and 5: absolutely agree). The result can be expressed as a global score or as three scores for each separate subscale. It has shown good internal consistency (Cronbach's alpha = 0.81), test-retest reliability (0.77), as well as good convergent and discriminant validity [31].

CD-RISC was chosen specifically for being validated on the clinical population [32]. It consists of 25 items, with a five-point likert scale (ranging from 0-not true at all to 4-true nearly all the time). There is no specific standard, higher total scores indicate greater resilience. Studies that have been conducted on world-wide population with depression have recorded mean scores varying between 39.0 and 64.9 [22], [26], [33], [34], [35].

1.3 Statistical analysis

Statistical analysis was carried out with SPSS for Windows v.16.0. Prior to hypothesis testing, data were examined to ensure that the assumptions of parametric testing were met. All three variables measured are numerical, and are normally distributed (tested with Shapiro-Wilk, $p>0.05$. There were no outliers. The Pearson coefficient was used for correlation analysis. Statistical significance was set at $p<0.01$, all tests were two-tailed.

Results

1.1 Correlation between measured depression scores and alexithymia scores in women diagnosed with depressive disorders

Results showed a strong positive correlation ($p<0.01$; $r(63)=0.730$) between measured depression scores and alexithymia scores in women diagnosed with depressive disorders. Measured alexithymia scores statistically explained 53% (r^2) of the variability in measured depression scores.

1.2 Correlation between measured depression scores and resilience scores for women diagnosed with depressive disorders.

A strong negative correlation ($p<0.01$; $r(63)= - 0.659$) was observed between measured depression scores and resilience scores in women diagnosed with depressive disorders. Measured resilience scores statistically explained 43% (r^2) of the variability in measured depression scores.

1.3 Correlation between measured alexithymia scores and resilience scores for women with depressive disorder.

Results pointed to a strong negative correlation ($p<0.01$; $r(63)= - 0.578$) between measured alexithymia scores and resilience scores in women diagnosed with depressive disorders.

Discussion

In the present study of women diagnosed with depressive disorders, we investigated the relationship between depression, alexithymia and resilience. Statistical results obtained point to a correlation between all three variables.

Increased levels of depression were linked to an increased degree of alexithymia, as has also been confirmed by recent research [5], [6], [7], [8], [9]. On the other hand studies have found associations between alexithymia and a large number of .psychiatric and psychosomatic disorders [7], so it is by no means exclusive to depressive disorders. Due to the nature of the study, a causality relationship between the two cannot be yet established. It remains uncertain if the degree of alexithymia was already present before the depression, or increased after the onset of depression. Whichever the case, alexithymia hinders the ability of identifying internal emotional experiences, and the process of communicating them to other people. These deficits could potentially play an important part in the perpetuation of maladaptive beliefs about self and others that are present in individuals with depression. It would be interesting to further investigate if alexithymia could be a factor that delays seeking help in the incipient phase of the depressive disorder, due to a lower ability of introspection of emotions, and a more externally oriented thinking. The results justify further study to test alexithymia as a possible risk factor for depressive disorders due to the fact that individuals are overwhelmed by somatic correlates of emotion that they cannot translate into meaningful language [9]. Such a deficit will probably hinder emotional regulation and disrupt successful adaptation to stressful life events, which have already been shown to be prevalent in people who develop depressive disorder [4]. The high alexithymia prevalence (>80%) registered in the group might be explained by the contribution of the third factor, externally oriented thinking, which considers emotion expression and introspection as less important. These types of attitudes might be due to lower degrees of education (6% have graduated elementary school and 59% graduated from secondary school) and could also be a reflection of specific cultural attitudes from the rural areas in which the subjects reside.

Increased levels of depression were also associated with a lower degree of resilience. Only in recent years (since 2005) has resilience been studied in groups with depressive disorders. Resilience includes positive coping mechanisms, oriented towards actions and active identification of solutions [32]). These types of mechanisms are less developed in individuals with depression, which are more oriented towards emotion centred coping mechanisms such as self-blame and avoidance [1], [25]. Another positive coping mechanism included in resilience is active search of social support, which can again be less developed in individuals with depression due to negative beliefs about interpersonal relationships, and possibly due to less efficient abilities in solving social related problems [1]. One other crucial aspect to resilience is having a positive outlook on life, and even a positive attitude towards challenging life events, whereas in depressive disorders negative thoughts about the future and feelings of hopelessness are more predominant [36]. Results could be partly explained by the way in which the two constructs of depression and resilience have been assessed. On closer inspection, certain items in the CD-RISC could constitute opposites of items from the BDI, such as those investigating self-image. Moreover while a positive self-image is central to resilience, a negative self-image and feelings of worthlessness are symptomatic of depression.

Higher levels of alexithymia were linked to low resilience in women with depressive disorders. A current conceptual model suggests that efficient affect regulation allows the individual to influence the way in which he lives and expresses emotions [37]. So alexithymia might disrupt the person's ability to efficiently regulate emotion and by that, interfere with some of the positive coping mechanisms found in resilience. One such form of meaning-based emotion regulating strategy that lies at the core of resilience is cognitive reappraisal, the adaptive process through which stressful events are reconstructed as benign, valuable or beneficial, by reinterpreting the meaning of the emotional stimulus [38]. It is an active coping strategy, which also relies on abilities such as introspection, identifying and expressing feelings, abilities deficient in individuals with high levels of alexithymia. One study has found cognitive reappraisal to be one of the most important predictors of resilience in patients with depression and anxiety disorders [25]. The link identified between the two dimensions would point to the importance of further study in order to determine specific psychotherapeutic interventions targeted on emotion regulation strategies contributing to the increase of resilience and the lowering of alexithymia in patients with depression.

1.1 Limits

A few factors that could have skewed the results of the study are: the small number of subjects; the effects of medication on the subjects (especially for those who have unedergone a longer treatment period); different types and dosages for medication; lack of a control group and of groups for moderate and mild depression; self-administered scales could potentially be a problem for the individuals with lower education levels.

Conclusion

This study's usefulness lies in establishing a link between depression, alexithymia and resilience in female subjects, and serves as a good starting point for further research that should aim to better define this link, determine causality, and pinpoint the exact factors of resilience and alexithymia that contribute to depression, so as to facilitate future psychotherapeutic interventions for this target group.

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Children rare chronic illnesses and family resilience

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Abstract

BACKGROUND

Numerous studies have established that chronic illness is a sufficiently significant risk to allow the introduction of the concept of family resilience and have set hypotheses relating to the emergence of such resilience.

METHODS

Using John Rolland's integrative psychosocial model about Families, Illness and Disability and the Mc Cubbin's Resiliency Model of Family Stress, Adjustement and Adaptation, we describe and explain the construct of resilience among 38 French families with children suffering from severe chronic illness. The methodology included quantitative and qualitative evaluations. Standardized questionnaires (Impact on Family Scale, Family Relationship Index, Family Index of Regenerativity and Adaptation General) and projective tests (Family Apperception Test, Draw-a-Family) have been assessed. Semi-structured clinical interviews conducted with a small number of families illustrate some of the findings.

RESULTS

The first results of this study will be available at the beginning of 2014 and could be presented at the congress.

DISCUSSION

This descriptive study helps to understand the mechanisms present in the resilience processes of these families. The ultimate goal is to propose perspectives for psychologists and social workers, in order to create prevention and protection measures to support families raising a child suffering from a chronic disease.

Key words: resilience; family; children; rare chronic illness

Introduction

Family has been studied primarily as a psychosocial risk factor, but has been considered more and more as a resource over the last three decades (Nichols & Schwartz, 2000 [1]). It has been described as a system capable of resilience for itself [2], [3]; [4] as well as for its members [5]. Risk and protection factors have been identified [6]; [5].

The chronic illness of a child is considered as a "significant risk" in the life of a family [7] and has been established as a factor of early chromosome aging, especially impacting the mothers [8].

Risk factors impacting the family after the diagnosis of the chronic illness of a child are, among others:

- the weakening of the family members individual balances [9];
- the growing complexity of interactions [10];
- the strains of the illness itself [11];
- the conflict roles, financial worries, care necessities and loss of independence for the parents [12].

Rare children chronic diseases add to the context of a chronic illness a specific impact on the family. Rare diseases concern less than one person on 2000 in Europe, and 6000 to 8000 diseases are considered as rare. In total, it represents more patients than those suffering from cancer. Most rare diseases are chronic, severe and incapacitating. The issue of the disease is often fatal (the mortality rate goes from 5 to 30%). Among these rare diseases, some of them are orphan, which means that there is no efficient cure available right now. In some countries, national plans against rare diseases have been developed (source: orphanet.fr [13]).

Rare children chronic diseases demand that families adapt themselves to an experience that is almost impossible to share, to difficulties to obtain a rapid and certain diagnosis, to heaviness of daily care, and to the

financial impact due to the lack of common treatments [14]. A feeling of incompetence has also been described, especially among fathers [15].

Nevertheless, the chronic illness of a child may bring the opportunity to develop new resources within the family [16]; [17], [18], [19].

Objectives and hypotheses

Using an integrative psychosocial model, the Families, Illness and Disability model [20] and the Resiliency Model of Family Stress, Adjustment and Adaptation [21], [2], [3]; [22], our exploratory study aims to describe and explain the emergence of family resilience in the context of the rare chronic illness of a child, among a French population. The ultimate goal is to propose perspectives for psychologists and social workers, in order to create prevention and protection measures to support families raising a child suffering from a rare chronic disease in France.

Our first hypothesis is methodological: our study aims to verify the applicability of the North American psychosocial and systemic models quoted above to help understand the construct of resilience among French families with children suffering from a rare chronic illness.

Our clinical hypotheses set that:

- there are differences in terms of impact of the disease between members of the family;
- some factors have a significant influence on the outcome for the family and its members: the specific psychosocial typology of the disease (Rolland, 1994 [20]), the support of the social network of the family and of the health care team, and the importance of the belief and values system of the family.

Methodology

Resilience is more and more approached by specialized authors as a process rather than a competency [23]. Our study relies on the integrative concept of resilience [24] and uses a « non – normalized philosophy » of family resilience [25].

To address family process of resilience in its complex and multidimensional aspects, our study is based on the exploratory use, in a French population, of the North American systemic models of Family Adjustment and Adaptation Response [21], [2], [3]; [22] and Family System Illness Model [20]. For this purpose, standardized tools derived from some of these models have been translated into French for the first time, to our knowledge, following a process of « back translation » with a professional translator.

The studied population comprises families living in France and raising one child or more suffering from a rare chronic disease and not older than 18 years old. Our population includes different diseases, which has already been the case in numerous researches about chronic illness [26]; [27]; [25].

To be included, the diseases had nevertheless to share a comparable degree of severity, either in terms of actual income, or in terms of possible outcome. Separated, divorced or monoparental families have also been included. To avoid the period of intense psychological shock consecutive to the diagnosis [28], all families must have received the diagnostic disclosure more than six months ago.

The families have been recruited through associations supporting specific rare chronic diseases and through one reference center. All families have been contacted and have responded to the research by mail and post, and a few of them, willing to participate further, have been interviewed at their home, all members of the family being present.

The general procedure of the study was the following:

- one of the parents (the choice being free) responded to a detailed form elaborated in function of the major themes of the Family System Illness Model (type of the disease, time since diagnosis and first symptoms, impact on life span, day-to-day risks, incapacities, existence of crises, symptoms visibility, treatments and regimens, secondary effects, illness phase, …);
- both parents (if possible) responded to a standardized questionnaire measuring various types of impacts of the child disease on the family, the Impact on Family Scale [26];
- all members of the family above 12 years old responded to a standardized questionnaire, the Family Index of Regenerativity and Adaptation General [29];
- all members of the family above 12 years old responded to the Family Relationship Index [30], French version [31];
- the youngest children could send a Drawing of their family intended for the researcher if they wanted to participate.

The Impact on Family Scale was designed to measure the effect of the child's condition on the family. The scale used in our study is the shorter version with 15 items, which has better psychometric properties [32].

This scale measures the total impact on family, as reported by parents, but also other subscores: the subjective general impact on the respondent, the financial impact on the family, the social impact on the family, the coping efficiency of the family, and finally the impact on the siblings.

The Family Index of Regenerativity and Adaptation General belongs to the composite measures for resiliency research developed by Hamilton McCubbin. It is a self-report family system assessment measure which can be used to assess the major dimensions of the Resiliency Model of Family Stress Adjustment and Adaptation. The aim of this tool is to facilitate research in the study of family systems, their transitions, adjustment and adaptation, as well as their impact on family members.

It is designed to obtain 7 indices of family functioning: Family Stressors, Family Strains, Relative and Friend Support, Social Support, Family Coping Coherence, Family Hardiness, and Family Distress. Most of these subscales have good psychometric properties and validity coefficients and have been used separately in numerous North American studies, to the exception of the Family Hardiness Index and the Family Distress Index, whose validity coefficients are more limited. However, as a whole, this composite measure can be seen as a reliable and valid picture of the resiliency process operating in a family at some point of its history.

The Family Relationship Index has been originally proposed as an auto-measure of the quality of the family environment 2009 [30] but it has also been used as a means of identifying families at risk of a maladaptive outcome in some situations presenting a threat [33] and has been shown as very sensitive to the presence of family dysfunction, depression and anxiety in families of patients with cancer [34].

It is made of three scales, Family Cohesion, Family Expressiveness and Family Conflict, and can be used as a total composite of the three subscales, with Family Conflict negatively weighted in the formula. The French validation study of the questionnaire has shown that the French translation, used in our research, has interesting psychometric qualities [31].

Our methodology also included a Draw-a-Family possibility for the youngest children [35], and within the families that we have met at their home, an optional projective systemic test [36] for children who were too young to respond to the standardized tests but who did not want to draw their family. This qualitative part of the study will provide a rich material that could be used later on in order to illustrate specific parts of our findings.

Results

1.1 Description of the population

Our population is constituted of 39 families, in which 92 individuals above 12 years old have responded.

80% of the families live in the French Regions and 20% in Paris. 4 families are single-parent families, 5 are recomposed families. The average number of children per family is of 1,9. 6 families had more than one child suffering of a rare chronic illness with severe consequences or possible outcome.

The diseases present in our research are the following: Doose syndrome, Severe hemophilia (A or B), Williams syndrome, Rett and / or West syndrome, Prader Willi syndrome, Moebius syndrome, Sotos syndrome, Ectodermic anhidrotic dysplasia, MeCP2 gene duplication, Histiocytosis, Interstitial respiratory disease, Phenylketonuria.

Our respondents are 37 mothers, 27 fathers, 3 others (stepfather, grand-mother implicated in the day-to-day care), 25 children, among which 11 ill children and 14 brothers and sisters. The average age of mothers is 40,16 years old, and of fathers, 42,35 years old.

Socio-professional categories and education level means are higher than in the general population, which indicates a possible bias in the fact that people have been contacted through associations, which can be considered as affordable only to people having a certain level of education and the possibility to ask for help.

1.2 Quantitative results

The quantitative results of the study are currently being processed and will be precisely presented at the conference.

We will present general results and also results showing a comparison between 3 groups of families, depending on some specificities of the child's condition:

- diseases without incapacities and with no impact on the life span (17 families),
- diseases with incapacities but no impact on the life span (9 families),
- diseases with incapacities and an impact on the life span (13 families).

However, our first analysis seems to show that there are good correlations between the parents' scores to the Family Relationship Index, which has already been validated on a French population, and their scores to the Impact on Family Scale (especially the Cohesion dimension and the total score) and to the Family Index of

Regenerativity and Adaptation General, especially to the subscores Family Strains, Social Support and Family Hardiness.

Significant differences in the perception of the disease impact on the family have been found between fathers and mothers. Also, some specificities of the disease, such as its psychosocial typology, as defined by the Family System Illness Model, or else the support from relatives or the social network, seem to play a significant role in shaping the perceived impact of the illness on the family. The system of values and beliefs, to the contrary, does not seem to be correlated to this impact, according to our first results on a French population.

When compared to normative data if available, the results of our sample to the Family Relationship Index show levels of cohesion and expression above the normative sample, and levels of conflict lower than the normative sample, which will be interesting to discuss in the light of the literature about families with a chronically ill child.

Conclusion

One of the key interests of our study is to observe the applicability of some standardized North American models and scales to explain and describe family resiliency processes on a French population, the majority of these scales having been translated into French for the first time for that purpose.

Another aim of this study is to create an interest for further investigations using the same models and tools, if possible on larger populations and with other sources of recruitment than supporting associations.

As said earlier, after the results of our research are available, we intend as well to propose clinical and social interventions or measures able to foster the resiliency of families who raise one child (or more) suffering from a rare chronic illness.

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Resilience in living with an (acquired) physical disability

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Abstract

In spite of multiple obstacles and adversity, some people with physical disability manage not only to survive, but to bounce back, or even sustain personal development following the acquirement of disability. Although the concept of resilience has been intensively documented in the literature, less has been said about specific factors associated with resilience, personal development and positive growth in the presence of acquired physical disability.

This paper presents a systematic review summarizing current findings in the literature in an attempt to identify and describe the factors related to resilience and positive growth in the lives of people with an acquired disability. Individual, social, cultural, and environmental factors regarding resilience and positive growth are presented and possible relationships between these factors are pointed out. Although demographical factors and the severity of disability play an important role in each individual's life, these factors seem to account for only a small amount of variation regarding resilience. Individual factors, such as cognitive appraisals, beliefs about self and disability, acceptance, finding meaning, hope, behavioral responses and selection of coping strategies, together with social and cultural factors such as social support, stereotypes and stigma, and environmental factors such as accessibility and environmental barriers, seem to play a much bigger part in fostering resilience and positive growth.

The importance of these factors is highlighted in relation to developing interventions that target the individual, the community and the environment, and can help to build adjustment, resilience, and in some cases, positive growth in relation to acquired physical development.

Keywords: disability, adjustment, coping, resilience, well-being, quality of life

Introduction

The process of adjusting to an acquired disability has common features across different individuals, such as a time of "crisis", when a person may experience a variety of negative emotions, and a time of adjustment [1], [2], [3]. However, the various outcomes regarding the quality of life and well-being of people with disability may be better understood by looking at the individual differences in coping with disability.

The use of engaging coping strategies such as information seeking, planning, problem solving, and seeking social support have generally been associated with a higher level of well-being and a better adjustment to disability [3], [4]. Still, there are individuals that not only adjust successfully to an acquired disability, but experience positive growth following it. This paper aims to describe the present findings in the literature regarding the factors that foster resilience in the process of living with a disability.

Adjustment versus Resilience

After acquiring a disability, individuals often face a large number of changes regarding body integrity and function, self-image, independence, economic status, fulfilling various social and professional roles, and perception of the future [5]. Feelings of loss and grief, anger and hostility, denial, depression and anxiety are common both in the acute, post-injury phase, and in the rehabilitation phase [1], [2], [3], [4]. Suicidal behavior, whether direct or through self-neglect, appears to be more probable in the first few years after the acquirement of the disability [4]. Higher levels of pain catastrophizing, pain anxiety and perceived illness unpredictability are associated with ineffective coping with, and poorer adjustment to disability [4].

Adjustment to disability is a life-long process, and generally encompasses a cognitive acknowledgement of it, of its permanent nature, as well as its impact on the person's life. Adjustment also implies an emotional acceptance of disability and its integration in the person's self-concept. In addition, renewed personal values, a

search for new meanings, and a successful negotiation of obstacles in the process of pursuing new goals are key elements of the adjustment process [3].

Studies regarding adjustment to spinal cord injury suggest that individuals that use active, goal-directed activities in coping with their disability are likely to report lower depressive and anxiety symptoms [6], [7], [3], [4], [8]. The use of engaging coping strategies is also associated with better adjustment to disability, and higher levels of overall life satisfaction [6], [7], [3], [4], [8]. Additionally, having an internal health locus of control, and the use of acceptance and positive reappraisal as coping strategies are also associated with better psychosocial adjustment to disability [4].

Studies on well-being and quality of life consistently show that on average, people with disabilities score lower on well-being and quality of life measures, as compared to people with no disability [9]. This has led some researchers to argue that in many cases, full adjustment, in terms of "bouncing back" from a severe rupture in one's health condition, may not be achievable [9]. Nevertheless, demographic characteristics such as age, gender, race or socioeconomic status and disability characteristics are only weakly related to measures of adjustment to disability [10]. Furthermore, examples of resilience and well-being in people with disabilities invite to a closer look into the factors that foster such outcomes.

Resilience has been defined in the literature as the ability to bounce back when experiencing negative events and/or to adjust successfully despite the presence of substantial adversity, as well as using positive emotions to cope [11], [12]. Resilience also implies successful emotion regulation, as well as an awareness and fructification of one's resources [13]. Resilience, thus, coincides with the presence of adjustment, yet exceeds it, by incorporating the presence of success and personal growth, in spite of adversity [14].

Evidence of Resilience in Living with an Acquired Disability

Some models of well-being have successfully been applied to the case of living with a physical disability, supporting the idea that it is unnecessary to develop a distinct model of well-being for people with disabilities [15]. However, when constructing specific interventions it is necessary that the factors that foster resilience in the face of acquired physical disability specifically, to be considered.

The appraisal of one's disability may represent the core element of adjustment and resilience [10]. It is demonstrated that persons that reinterpret their situation in search for positive meaning and that seek opportunities for personal growth after acquiring a disability show positive adjustment (resilience) to it [10], [2]. Finding positive meaning, dispositional optimism and high levels of perceived control over one's disability have been associated with lower depressive symptoms and higher levels of well-being [16], [15]. Central roles in resilience are also played by the acceptance of disability, and preserving self-worth regardless of disability or appearance [10], [2]. In maintaining self-worth, accounts of resilience stress the importance of incorporating disability in the self-concept, without defining the self by the disability [10], [2].

Other elements associated with resilience in living with a disability are a heightened sense of priorities, a greater appreciation for life and valued activities, along with developing a more thoughtful approach to life [10]. Additionally, having higher levels of extraversion, good social problem-solving abilities and the presence of assertiveness are likely to foster positive adjustment to disability [10], [17].

Positive adjustment in living with a disability is also favored by having supportive relationships within the family, friends circle and/or other people with disability [10], [18], as well as valuing time spent with close ones [10]. Beneficial social interactions, hope, optimism and self-efficacy have been linked with low pain catastrophizing [19], [20]. Emotional support and encouragement from family were even found to be linked to higher training self-efficacy for a group of female athletes with disabilities [21]. Moreover, perceived social support was linked to higher levels of hope in adults with visual impairment [22].

While developing better social skills and seeking social support are efficient strategies for improving adjustment to disability, it is reminded that not all social support is beneficial [10]. Intrusive and over-protective forms of social support from close ones may encourage dependence on the sick-role, thus leading to poor adjustment, by fostering low tolerance and anxiety [10].

Another element associated with resilience and receiving social support is spirituality [23]. Religious attendance is likely to encourage the development of a social and instrumental support network with fellow worshipers [23]. Spirituality has also been associated with the presence of positive affect and better health perceptions in persons with rheumatoid arthritis [24]. Both religious service attendance and private religious involvement were associated with better physical functioning and lower levels of depression among elderly men and women with various physical disabilities [23]. However, while religious coping is associated with higher levels of hope and life satisfaction in the case of people with disabilities, it is only so when spirituality stands as an important value to the individual [23].

Optimism is consistently linked with the concept of resilience [10]. Optimistic outcome expectancies are both directly and indirectly, through the mediation of emotional coping, associated with lower depressive symptoms in the case of multiple sclerosis, and efficacy expectancies are related to depression through mediation

by emotional coping [25]. Moreover, the presence optimism may also foster more efficient coping with chronic pain [17].

Along with optimism, fostering hope in the process of adjusting to an acquired disability may lead to the selection of more efficient coping strategies. Hope is associated with positive adjustment and resilience in living with a disability, especially due to its goal-oriented nature [10]. Hope encompasses the ability to identify meaningful goals and to find ways to pursue them [10]. Higher levels of hope are associated with the use of more sociable and engaging coping strategies, as well as greater functional ability in the case of visually-impaired adults [26]. Moreover, individuals with visual impairment that score high on goal-directed coping and goal-directed planning also tend to use more social and confident coping strategies [26]. Hope is also associated with lower scores on depression and lower reported impairment in various traumatically acquired severe disabilities [27]. It was also identified as being an element of main importance of coping with disability by persons with spinal cord injury [28].

Conclusions

Resilience encompasses adjustment, yet exceeds it, by the presence of high levels of well-being and quality of life, and personal growth in the presence of substantial adversity.

The fact that in most cases, people with disabilities report a lower quality of life and lower levels of well-being than people without disabilities has led some researchers to infer that full adjustment to a previous state where disability had not yet occurred is not generally attainable. However, examples that exceed these expectations and the fact that demographic and disability characteristics are only weakly related to adjustment call for a closer investigation of the factors that may foster resilience in dealing with an acquired disability.

The perception of disability is outlined as a central process in relation to adjustment and resilience. Finding optimism, hope, positive meaning and healthy social support in the experience of integrating disability into one's life is then elementary to fostering resilience. Additionally, positive reinterpretation, the preservation of self-worth, and seeking personal growth after the onset of disability, together with cultivating better social problem-solving skills represent coping strategies that encourage positive adjustment to an acquired disability.

A better knowledge of the individual characteristics and external factors that foster resilience in living with an acquired disability may prove useful in guiding interventions that encourage positive adjustment. Such interventions may help the individual in identifying and using their available resources and promoting flexibility, or they may target the family and close ones for providing appropriate support. Moreover, interventions may target communities, with the goal of building social, educational and instrumental support networks.

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Situations extremes, liens familiaux et resilience: a propos du suivi longitudinal d'hivernants polaires et de leurs proches

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Abstract

We propose to present the protocol for innovative research that connects our interest for extreme situations in our practices family psychotherapists. The study, submitted in 2012 at the French Paul-Emile Victor Polar Institute (ENPI) and accepted six months later in 2013, brings us to follow longitudinally reports that unfold between polar wintering base Dumont D'Urville Adélie Land (Antarctica) and their families before, during and returning from their polar lasting 12 to 16 months mission. This study began in September 2013. It raises the question of the relationship between geographic distance and psychic separation work in quite particular voluntary separation context. It opens the broader interest which may relate to other situations also under voluntary separation (submariners, astronauts, workers oil rigs field ... Beyond the presentation of the characteristics of this protocol and assumptions that underlie them; we propose to present the first data from the first clinical encounters (individual and family).

Keywords: voluntary separation, family myth, work psychic separation, identity and belonging, systemic approach

Présentation de la recherche

L'intérêt de plus en plus important accordé, en France, à l'études des facteurs humains dans les situations extrêmes, a été impulsé par Jean Rivolier, une figure des Expéditions Polaires Françaises. Aux Expéditions Polaires Françaises, en tant que responsable du « Bureau médico-physiologique », il a dirigé le contrôle d'aptitude des candidats aux expéditions et contribue à l'amélioration des conditions de vie en hivernage. Il a élaboré et fait évoluer les méthodes de sélection et de suivi psychologiques des hivernants. En 1969, devenu médecin-chef des Terres Australes et Antarctiques Françaises (TAAF). Il est responsable de l'ensemble des problèmes sanitaires pour les quatre districts. Il organise alors le Service Médical TAAF en structure pérenne et efficace. Les expéditions sont des laboratoires qui explorent et testent tous les sujets touchant à l'adaptation de l'homme : médecine, biologie, psychologie, sociologie, adaptation au froid, sommeil, bioclimatologie

Jean Rivolier a été aussi professeur en psychologie, fondateur et directeur du Laboratoire de Psychologie Appliquée (LPA) de l'URCA. Ce travail de recherche puise une partie large de ses racines dans cet ancrage originaire [1,2,3].

Au sein du LPA, après nous être consacrés, en amont de l'hivernage, au processus de sélection psychologique des candidats hivernants aux campagnes concernant autant les Terres antarctiques que sub-antarctiques - c'est à dire Australes - françaises, nous avons été amenés à nous intéresser au retour d'hivernage, en aval de celui-ci.

Il est, en effet, essentiel, pour les institutions impliquées dans ces missions en environnements extrêmes ou inhabituels, de mieux connaître le devenir des personnels qui y séjournent. Ceci pour mieux préparer le retour des équipes, mais aussi pour affiner les méthodes de sélection et les critères d'aptitude psychologique requis pour des individus amenés à participer – *ou reparticiper* – à d'autres missions du même type [4].

Première recherche sur le retour des hivernants polaires

Un premier travail de recherche pour le doctorat en psychologie a été mené par Amaury Solignac sur *Les enjeux psychologiques du retour de missions isolées. Le cas des hivernants polaires français.*

La méthodologie a reposé sur des questionnaires et des entretiens de recherche explorant les pratiques, les représentations et les émotions de ce groupe d'individus au cours d'une séparation volontaire d'une durée inhabituelle.

Les questionnaires quantitatifs et qualitatifs se sont inspirés de ceux élaborés lors d'études précédentes [5,6]. Les entretiens ont été réalisés en métropole, mais aussi sur le terrain en début et en fin de mission (entretiens de debriefing). La fin de l'hivernage, en effet, est une fenêtre ouverte sur le déroulement de la mission, et ce qui interviendra après c'est à dire la fin du séjour polaire, le retour chez soi, les retrouvailles avec les proches, et la reprise d'une activité professionnelle en dehors de la mission [5,7,8].

Le texte complet de la thèse ainsi que plusieurs résumés sont disponibles à cette adresse : http://asolignac.free.fr

Recherche en cours: le suivi des liens des hivernants polaires avec leurs proche

L'étude que nous menons à présent, qui arrive dans la dynamique de la précédente, s'intéresse à présent aux liens qui unissent l'hivernant polaire et ses proches, avant, pendant et au retour de l'hivernage polaire.

L'aspect innovant de notre projet concerne la conjonction de deux dimensions : celle des situations extrêmes et celle des approches systémiques. Le corps des recherches portant sur les situations extrêmes a développé les notions de *stress* et de *mécanismes de coping* face aux conditions extrêmes .Progressivement, à côté des des théories portant sur les stratégies de coping, sont venus s'ajouter les notions de soutien social, la théorie de la *résilience*

Comme thérapeutes familiaux, nous voyons à l'oeuvre la *résilience familiale* dans la diversité des situations que nous rencontrons dans notre travail clinique avec les familles. Ce travail nous permet d'explorer les deux dimensions de l'Identité et l'appartenance de chaque situation clinique d'enfant ou d'adolescent rencontrés dans le champ de la pédopsychiatrie. Dans ce double aspect d'une même réalité, nous rencontrons, en effet, à la fois l'aspect concernant la spécificité du fonctionnement mental, qui relève de l'identité, d'une part, et d'autre part, l'aspect concernant la place, les fonctions de cet enfant ou de cet adolescent dans son milieu naturel, qui relève, quant à lui, de son appartenance.

En tant que systémiciens, pour penser ces deux dimensions de l'Identité et l'appartenance à l'oeuvre au sein de la famille, nous nous appuyons volontiers sur la notion de mythe familial d'Antonio Ferreira qui le définit «comme un ensemble de croyances bien intégrées les unes aux autres et partagées par tous les membres d'une même famille. Cet ensemble de croyances concerne chaque membre de la famille et les positions de chacun dans la vie familiale. Elles ne sont remises en cause par personne malgré les évidentes distorsions que souvent elles font subir à la réalité » [9]. Dans ce contexte, notre réflexion porte plus spécifiquement sur les rapports entre mythe familial et travail de séparation psychique [10,11].

Sur la base de cette experience systémique des familles, notre présente démarche de recherche a pour objectif de "parler avec les hivernants polaires et leurs proches" à propos de leur expérience polaire : comment cette expérience s'est elle décidée, comment s'est elle mise en place, comment est elle en train de commencer, comment est elle en train de se dérouler, puis de s'achever. Et aussi comment l'hivernant est-t-il revenu à sa vie au retour de son hivernage après une période d'éloignement géographique d'une durée allant de 12 à 16 mois ?

Nous utilisons le terme de "proche" plutôt que de famille car il s'agit de pouvoir laisser une place, dans le protocole, à tous ceux qui sont impliqués dans le départ, durant l'absence et lors du retour de l'hivernant polaire.

Les différentes étapes du déroulement de la recherche

- Avant son départ, un entretien avec l'hivernant et ses proches se déroulera à leur domicile. Il s'agit d'un entretien semi- directif (série de questions avec réponses libres) portant sur les relations entre l'hivernant et ses proches. L'entretien étant enregistré à l'aide d'une caméra pour permettre une analyse ultérieure.
- Un questionnaire d'évaluation familiale, proposé à chaque membre de la famille (FACES III validé en français)
- Durant l'hivernage, des questionnaires (séries de questions avec réponses fermées) seront proposés aux proches durant l'été métropolitain. En parallèle, d'autres questionnaires seront proposés aux hivernants à DDU, et un membre de l'équipe de recherche les rencontrera à deux reprises sur place (février 2014 et novembre 2014) pour un entretien semi-structuré et la passation des échelles du CAMIR (échelle d'attachement Blaise Pierrehumbert) et de la RSA *Resilence Scale for Adults* [12,13].

- Quelques mois après le retour d'hivernage, un autre entretien avec l'hivernant et ses proches se déroulera à nouveau à leur domicile. Le moment de la rencontre sera fixé en fonction des disponibilités de l'hivernant polaire et de ses proches et de celles du clinicien-chercheur.
- Un questionnaire sera à nouveau proposé à chaque membre de la famille.
- Les données de l'évaluation psychologique individuelle sont recueillies par le membre de l'équipe psychologue clinicien non-systémicien qui a déjà utilisé pour la sélection initiale elle-même la passation du Rorschach et deux épreuves d'inventaire de la personnalité: le Gordon et l'IP9. Ainsi qu'un questionnaire biographique.

Au moment où nous rédigeons ces lignes, Amaury Solignac est en train de réaliser à la base DDU les entretiens programmés de début d'hivernage.

Nous espérons pouvoir analyser les données des premiers entretiens familiaux (octobre-novembre 2013) et celles des entretiens individuels (février 2014) pour notre communication au Deuxième congrès mondiale sur la résilience de mai 2014.

Mais, pour l'instant, après les premiers entretiens familiaux, un constat se dégage qui est une réponse à notre travail initial d'hypothétisation. Un constat qui tiendrait dans une formule lapidaire : «Partir par fidélité». Ou encore: «S'éloigner de la famille par fidélité à ses valeurs.» Et qui se résumerait par un message émanant de la famille – et que l'on suppose de l'ordre inconscient comme le sont les mythes familiaux - un message paradoxal: «Pars, si tu veux rester des nôtres».

Ce qui nous fera reprendre une fois de plus une des dernières considérations de Freud dans le final de son ouvrage *Malaise dans la civilisation*: «La famille ne lâche pas l'individu ». Même quand il a l'air de vouloir s'en éloigner spectaculairement, pourrait ajouter pour conclure.

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The resilience and the development of the human resources from education

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Abstract

The sustainable development is an economic, social and even political process. The main objective is to achieve the standard of living adequate to the human resources through their contribution to achieving the objective.

The initial and continuous training of the teachers in the school education requires an understanding of the need for change in order to be able to meet and resist the changes that appear like rollers at the level of society.

Health engages resilience as it involves a dualistic complex of the human reasoning and, that is why, I suggest introducing a „movement for health" hour for the human resources from education.

Supporting the human resources financially and materially with a view to maintaining and training continuously, assuring the stability of the personnel in the school unit, raising the salaries to a motivating level, providing human resources on the basis set out in the school unit are to be found in the results obtained by the students.

The decentralization of the units from the budgetary sector with regard to education leads to hesitation regarding the recruitment, the selection as well as the professional training of the teachers which are partially coordinated by the school unit and the school inspectorates of the counties which, in their turn, obey the orders and the organization from the centre that is directed by the Ministry of National Education. The recruitment, selection and the training of the teachers at the level of school unit leads to performance and to achieving quality education due to the fact that those teachers would be selected who have skills in the speciality and the field in which they are to be hired. Testing the skills should be done at the future job place.

Key words: resilience, human resources, development, continuous training, efficiency

Resilience- concept and definitions

The concept of *resilience* is associated with scientific, social, economic, political fields. Thus, we can refer to a multitude of constructive formats, namely: psychologic *resilience*, biological *resilience, urban resilience*, organizational *resilience*, institutional *resilience*, business *resilience*, economic *resilience*, financial *resilience*, political *resilience*, informational *resilience*, social *resilience*, etc. (http://rezilienta.ro/rezilienta/descriere-rezilienta) [1].

The concept of resilience is one of the concepts that Boris Cyrulnik is preoccupied with – the capacity of being able to overcome the mental traumas and the most severe emotional injuries: disease, mourning, rape, torture, bomb attempt, deportation, war **...** (http://www.ceruldinnoi.ro/pages/Boris_Cyrulnik_Murmur _fantome.htm) [2].

The development of the human resources from the school education

Many authors consider the adaptive capacity as being actually influenced by resilience and denoting the ability to achieve some plans of intervention and implementation of technical measures before, during and after the manifestation of extreme events; adaptive capacity is, thus, considered to be influenced by resilience (Klein ş.a. 2003, http://riscurinaturale.blogspot.ro/2011/01/rezilienta.html) [3].

The sustainable development is an economic, social and even political process. The main objective is to achieve the living standard adequate to the human resouces through their contribution to achieving the proposed objective.

The development aims to increase the efficiency of the activities from all sectors of activity and also the increase of the material, financial as well as human capital.

The development of the human resources from school education through initial and continuous training of the teachers from the school education requires the understanding of a need for change in order to be able to meet and resist to the changes that appear like rollers at the level of society.

Permanent education is seen as a continuous investment in order to develop the human resources. All the learning activities have as purpose improving the knowledge, the skills and adapting to the new.

The training is seen as a continuous investment.

The law of national education has provided clearly the criteria and the purpose of continuous training for the teachers.

The efficiency of the human resources from education is given by a number of factors like:

- pecuniary factors (the salary, the prizes, the distinctions, etc);
- social factors (the reputation in society);
- professional satisfaction that is reflected in the school performance;
- health.

The balance of the qualified teching staff

Following an analysis it has been found that, at the level of preschool education, the balance of the qualified teachers continues the increasing trend from the previous school year, reaching 95,4%. On the whole, the growth is of 0,8 percentage points, and, in case of rural areas, it is of 1,5 percentage points. Nevertheless, the preschool education represents the level that has the highest percentage of unqualified teachers. Also regarding the preschool education differences still exist between the percentage of the qualified teachers from the urban areas and of those from the rural ones, even if the percentage has decreased from 5 to 3,8 percentage points.

The percentage of the qualified teachers has increased in the current school year both in primary and lower secondary education with 0,8 percentage points. The growth is more significant in the rural environment, in both primary and lower secondary education.

In secondary, post-secondary and primary education the percentage of the qualified teachers is almost 100%.

In the educational system, the percentage of the qualified teachers follows an increasing trend. For the current school year, only the post-secondary education registers a decrease of 0,1 percentage points concerning the qualified teachers.

An analysis on residence environments indicates that in the rural environment the biggest percentage of unqualified teachers is to be found in the pre-school and lower secondary education, levels where it can be noted also the biggest difference regarding the residence environments to the detriment of the rural areas (3,8 percentage points, 2,9 percentage points respectively), these differences are yet decreasing from the previous school year (approximately 5 percentage points).

This indicator reprezents the number of qualified teachers, as a percentage expression from the total number of teachers.

The indicator determines the human resources potential from the educational system and reflects the quality of the educational process.

Depending on the recorded values, it can be evaluated the opportunity of initiating new personnel policies or corrective policies at the level of the system.

The number of students per teacher

The ratio pupils/students per teacher/professor has registered relatively constant values compared to the previous school year. At the undergraduate level, the lowest ratio (11 students/teacher) continues to exist in the lower secondary education, while in the pre-school and primary schools the ratio has the highest value (17 students /teacher).

The largest discrepancies are found in the pre-school education, where the average is higher in the rural environment (19 pupils/teacher, versus 16) and in the primary education, where the ratio is reversed in favour of the urban environment (19 pupils/teacher versus 15).

In the lower school education, the lowest ratio pupil/teacher continues to be registered, especially in the rural environment where the ratio is of only 10 pupils to one teacher. It is expected that the recent measures to rationalize the school network by dissolving/ emerging school units that function having a reduced school population to change the values of this indicator. Although such initiatives were taken in the previous years too, the value of this indicator has not changed, thing which demonstrates that a systemic problem exists.

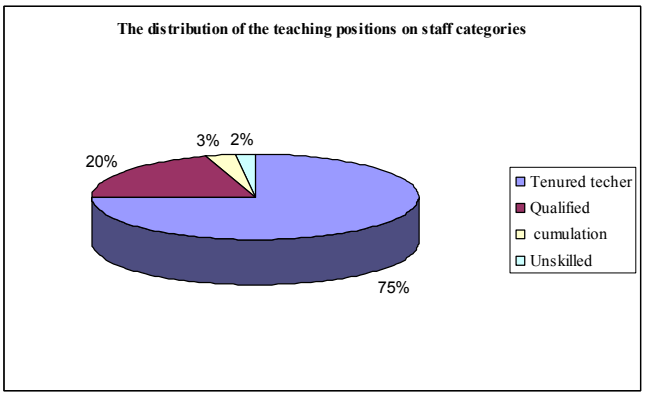
European guiding marks

The number of preschool pupils/students per teacher has had a decreasing trend in most of the European states in the last years, situation determined in the first place by the demographic evolutions and by the growth of the number of specialized/ support teachers.

At European level, there are 14 pupils/ teacher in the primary education and 10 pupils/teacher in the lower school education. Greece, Lithuania, Portugal continue to have ratios lower than 10 pupils/teacher in both primary and lower secondary education.

Romania registers a ratio close to the European average in both primary and high school education.

Providing qualified teachers for school units



The distribution of the teaching positions on staff categories (tenured teacher, qualified, cumulation)
The unqualified teachers are to be found in disadvantaged areas.

Aspects that must be remedied:

Applying the legislation concerning the employment of the personnel in school units.
The participation of the teachers in professional reconversion and training courses.

Conclusions

The decentralization of the budgetary institutions requires the acquisition of some principles of human resources management so that the conditions of an involvment and participation in the activity of the institution should be created, provided that we want to live in a society in which the fundamental values are creativity, freedom, pluralism and tolerance.

Providing quality educational services depends largely on the quality of the professional training of the teachers.

Performance represents a person's good result obtained in a competition. Achieving performances constitutes the reason for the teachers' entire activity in a school unit and indicates the level of individual or collective achievements.

The on-going projects aim at:

- increasing the atractiveness of the teaching career through improving the systems of recruiting and maintaining in the post the best university graduates;
- special reconversion programs on guidance and counselling activities, extracurricular activities as well as geographical and occupational mobility of the teachers.

Proposals

Health engages resilience as it involves a dualistic complex of the human reasoning and, that is why, I suggest introducing a „movement for health" hour for the human resources from education.

Supporting the human resources financially and materially with a view to maintaining and training continuously, assuring the stability of the personnel in the school unit, raising the salaries to a motivating level, providing human resources on the basis set out in the school unit are to be found in the results obtained by the students.

The decentralization of the units from the budgetary sector with regard to education leads to hesitation regarding the recruitment, the selection as well as the professional training of the teachers which are partially coordinated by the school unit and the school inspectorates of the counties which, in their turn, obey the orders and the organization from the centre that is directed by the Ministry of National Education. The recruitment, selection and the training of the teachers at the level of school unit lead to performance and to achieving quality education due to the fact that those teachers would be selected who have skills in the speciality and the field in which they are to be hired. Testing the skills should be done at the future job place.

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Trico-tisser sa resilience: elaboration de processus mnesiques resilients auto-tutorants au service du rapport au savoir chez un etre detruit

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Abstract

This research studies the course of these victims who refuse to remain prisoners of their trauma, anticipating a "sustainable" future, despite the social discourse that condemns them. One goal is to develop the unique light, the unique history and so "being in contrast" with a fatalistic reading of goals. It helps to develop favorable conditions to help child victims of a heavy societal trauma - six victims of incest from 10 years to 74 years - and is part of a qualitative axis where the encounter with the subject will lead to a narrative training, through its singular lived in pre-professional and professionalizing training. The narrators are all retained engaged in a common axis of acquisition, accession, recognition, a place in society by the profession. Their personal is trauma intra-familial. In order to "knitting their life" [1], they are intimately and mentally fight against societal impressions that fit into statistical life prospects doomed to fail. They thus develop self-tutorants memory resilient processes that it studies through four axes:

- Educational: the knitting-weaving in training
- Social: the knitting-weaving that form with the various protagonists more or less emotional that gravitate around the victims
- Conative: illustrating the "self." It calls for understanding the psychological processes of adaptation and defense that the victims of incest put in place, consciously or unconsciously, through their environment
- Cognitive: which is based on actual neurobiological capabilities, acquired, developed or blocked

Keywords: education, professionalization, trauma and schooling, incest, symptoms, emotions, resilience, resilient self-representations tutorantes, security.

L'inscription du trauma incestueux dans notre société.

Toutes les sociétés actuelles prohibent l'inceste et le condamnent sévèrement. L'interdiction pour un homme, d'avoir des relations sexuelles avec de proches parents, apparait comme une loi universelle, et par conséquent liée à la nature humaine elle-même [2].

Juridiquement, médicalement et socialement condamnable, la reconnaissance officielle de cet acte est une phase possible qui peut permettre aux victimes de se reconstituer, de rebondir suites aux symptomatologies liées à l'agonie psychique dont elles témoignent, lorsqu'elles peuvent y mettre des mots.

1.1 Représentations générales théoriques

Il sera rappelé le cadre de cet interdit d'un point de vue législatif et psycho-social, ainsi que l'inscription psychopathologique des symptomatologies à court, moyen et long terme. Ce sont toutes les connaissances de ces symptômes liés à l'inceste qui ont conduit des chercheurs, dans de études, littéraires, empiriques, statistiques… à conclure à un trauma enfermant l'individu victime dans un fatalisme social…

1.2 Représentations individuelles méthodologiques

En répondant à l'invitation de participer à cette recherche, les entretiens cliniques-dialogiques que j'ai menés ont permis à chacun de mes sujets de faire l'histoire de leurs positionnements actuels et passés, de prendre conscience de leur cheminement et de tenter de l'observer.

Les six sujets entendus ont trouvé une position sociale : Théo est collégien, Howard en préformation professionnelle, Amélie est diplômée et enseignante, Caroline est responsable d'un groupe sécurité, Thalis vient d'obtenir son premier emploi à quarante-trois ans, et Julia retrace son récit de formation jusqu'à sa retraite.

Chacun s'est ainsi construit avec son histoire et ses ressources singulières, opérant un tissage qui leur ayant permis de traverser un nœud sociétal, puisant en lui des ressources auto-tutorantes pour «évoluer».

Un «être» dynamique

De sa conception aux années de sa croissance physique, l'individu s'inscrit dans un développement neurologique, physiologique, social, culturel, amical… Son développement s'ancre dans un univers mnésique qui lui permet d'être en équilibre face aux différentes stimulations de son environnement.

1.1 La mémoire

En appui sur les travaux menés par Eric Kandel [3], cette étude prend sa base sur la capacité de développement mnésique qui repose sur le fonctionnement du cerveau, centre gestion de l'activité.

Celui-ci reçoit l'information sensorielle et adapte sa réponse à son environnement, même celle-ci ne correspond pas toujours aux attentes.

1.2 Le sujet, victime des représentations mnésiques sociétales ?

Après avoir posé la toile de fond des concepts de mémoire et de mnésie, intéressons-nous à l'individu confronté trauma de l'inceste. A travers le récit de mes narrateurs, ils relèvent d'eux même leurs manières de se verticaliser de nouveau, d'exister, de donner un sens à leur vie.

La résilience se définit

Le concept de résilience s'inscrit dans un cadre international, c'est pourquoi il a été nécessaire d'en préciser le contenu, lors du 1e congrès mondial sur la résilience de juin 2012 à Paris, sous la direction de Boris Cyrulnik et Serban Ionescu.

Emmy Werner [4] et Michaël Rutter [5] défendaient la thèse selon laquelle un enfant, après un fracas psychotraumatique certain, serait capable de nous apprendre certaines choses à travers un nouveau développement de bonne qualité. C'est grâce à ce nouveau regard posé sur ces jeunes victimes de la vie, soulevé dès les années 1980, que nous fûmes invités à comprendre que tout individu positionné face à un traumatisme n'est pas forcément condamné. Ainsi, en 1998, Mickaël Rutter définit la résilience comme étant la capacité de bien fonctionner malgré le stress, l'adversité, les situations défavorables [5].

Michel Manciaux [6], en appelant à une définition « humaniste » de la résilience, énonce que « la résilience est la capacité d'une personne ou d'un groupe à se développer bien, à continuer à se projeter dans l'avenir, en présence d'événements déstabilisants, de conditions de vie difficiles, de traumatismes parfois sévères».

Pour Michel Manciaux et Tomkiewicz [7], « résilier c'est reprendre, aller de l'avant après une maladie, un traumatisme, un stress. C'est surmonter les épreuves et les risques de l'existence, c'est-à-dire résister, puis les dépasser pour continuer à vivre le mieux possible. C'est résilier un contrat avec l'adversité. »

En France, c'est principalement Boris Cyrulnik qui a développé ce concept de résilience à travers ses ouvrages, ses publications, profitant de son statut de Professeur, d'éthologue, de neurologue et de psychiatre pour enrichir le concept.

1.1 Tricoter résilient sa vie et aboutir à des trico-tissages résilients

Lorsqu'une société dit la norme, elle la crée. Le sujet victime d'un traumatisme garde l'empreinte du trauma en mémoire(s) dans son corps, à travers une blessure, une trace douloureuse! «Le tricot inclut la répétition nœuds par nœuds » [8]. C'est à partir de cette définition du **tricot résilient** que s'initie cette recherche: c'est une stratégie de survie, un processus naturel qui se tricote tout au long des années avec mille déterminants que nous essayons d'analyser (sentiment de soi, discours social, contexte culturel, etc….) » [9].

Ni le tricotage résilient, ni le tissage résilient ne peuvent être suffisants pour bien comprendre comment l'individu traverse une «épreuve» avec ses «nœuds» intra-personnels traumatiques. Les nœuds, qu'ils soient traumatiques, environnementaux, familiaux, sociétaux ne peuvent, à terme, que prendre un volume qui ne peut se résoudre. Un nœud entraînant un autre nœud entraînant lui-même un autre nœud qui entraine finalement le blocage d'une situation. Or, le sujet peut avancer sur une situation. C'est là où nous pensons qu'il peut tricoter, tisser, mais en aucun cas il ne peut tenir sur du long terme en équilibre sans courir un très grand risque de passage à l'acte fatal, s'il n'utilise pas les processus plus fins analysés dans ce travail.

«*Trico-tisser*» représente ainsi la capacité, pour un sujet, de lier le concept de tricoter au concept de tisser. C'est lui permettre de passer le nœud, de contourner le nœud, mais de créer un lien lui permettant de passer «d'avant le nœud à après le nœud».

Tissage résilient: «Le tissage résilient prend sens dans son tissage de liens éco-environnementaux. C'est l'adaptation à la situation immédiate du tricot résilient (fructueux ou infructueux) à travers un lien unique (tel le lien simple qui définit ce point de couture basique) instantané, modifiable, adaptable à chacune des situations auxquelles est confronté l'individu et qu'il utilise pour faire face [10].

Elaboration en cours de la définition du **trico-tissage résilient**: «c'est une stratégie d'adaptation et/ou de défense à la situation immédiate, ou à plus long terme, qui s'établit à travers les représentations résilientes auto-tutorantes.

Le trico-tissage est dès lors «une stratégie basique en construction singulière qui peut se complexifier par la multiplication des rencontres et adaptations menées, relevées et constatées dans l'après-coup» [10].

1.2 Les représentations mnésiques résilientes auto-tutorantes

«Les représentations résilientes auto-tutorantes sont des processus psychiques d'adaptations et/ou de défenses mises en place par une victime de trauma dans un rapport matériel et/ou immatériel, avec une manifestation du conscient et de l'inconscient, à visée objective et/ou subjective, dans un monde réel ou fantasmé. Ces dimensions peuvent interagir entre elles, se compléter pour certaines pour être plus efficientes vis à vis de l'objectif visé; celles-ci prôneraient souvent un positionnement positif identitaire du sujet» [10].

Ces représentations résilientes – que Jean-Pierre Pourtois, Bruno Humbeeck et Huguette Desmet nomment ressources – pourront être utilisées ou non dans une immédiateté, dans un temps proche ou au contraire à plus long terme. Ces liens chargés de ressources sont mémorisés, ils ont été réalisés momentanément par un acteur proche de la victime qui a observé la mise en scène. Comme pourrait le dire un biologiste, cette ressource mise en scène, est «mise en culture». Elle est consciemment ou inconsciemment mémorisée, elle pourra de fait être reprise et remise en scène par notre sujet. C'est ce processus dynamique que je nomme auto-tutorant. Cette représentation que le sujet aura pris chez l'autre, il va l'utiliser pour son propre compte afin de se sortir d'une situation «x».

Ainsi le sujet se trouve face à une situation qu'il souhaite surmonter, passer, dépasser. Dans ses souvenirs, une de ses connaissances a utilisé une technique d'approche qui lui avait permis de passer l'épreuve, il s'en souvient car il l'a mémorisée. Avec sa personnalité, le sujet "blessé" va alors s'approprier la technique précédemment utilisée. A cette occasion, il s'approprie cette méthode à travers ses filtres, ses représentations, sa façon d'être, et son identité. C'est ce que je nomme ici l'utilisation d'une représentation mnésique résiliente auto-tutorante. Il a pris appui sur ses souvenirs de la situation et de la réponse de l'Autre. Il est dans une action, un mouvement, une dynamique. Le terme auto-tutorant fait référence à cette action et le participe présent a toute sa place dans cette dénomination "auto-tutorant". Il ne peut être auto-tutoré par un évènement figé, passé, dépassé.

Ce point de jonction consiste pour l'individu blessé en la mise en action du trico-tissage résilient, à travers une représentation résiliente auto-tutorante qui peut être illustrée par la photographie suivante. La traversée de ce nœud sociétal à dépasser peut être représentée par la technique du tissage, c'est à dire, la mise en contact de deux fils, un fil de chaine et un fil de traine.

Prolongement

La résilience a sa spécificité. Elle est une possibilité pour une victime qui s'est vécue à travers une «mort» psychique, une agonie psychique de reprendre sa «formation». Boris Cyrulnik développe la notion de tricotage résilient pour les personnes qui tentent d'avancer avec leur nœud traumatique.

Je prends appui sur la nature animale et moléculaire capable de tisser, pour en faire un lien avec les travaux de Boris Cyrulnik.

Ce lien prend sens dans le trait d'union de ces deux concepts donnant naissance au «trico-tissage» résilient. La formation de l'individu par ses rencontres interactionnelles ne peut s'établir qu'à travers des ressources, ici nommées des représentations résilientes auto-tutorantes cognitives, conatives, environnementales et sociales.

C'est à travers le récit que cette structure naissante prend son sens: le récit, partage expérientiel authentique, parole d'échange entre celui qui reconstitue sa vérité communicable par un discours social et l'autre, qui a une posture de «recueilleur» de l'expression proposée.

Cette étude est bien avancée dans la transcription fidèle des entretiens, les relectures et l'accord de mes narrateurs de ces transcriptions analysables. L'analyse des données recueillies donne sens à la problématique d'un trico-tissage résilient, qui s'opère à travers des processus résilients auto-tutorants au service du rapport au savoir chez un être détruit.

L'étude va prendre fin prochainement, mais j'espère qu'elle se poursuivra dans un cadre autre que le doctorat, j'espère qu'elle prendra sens dans des travaux universitaires collaboratifs, co-constructifs.

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Recognize resilient children: a survey of 90 kindergarten and elementary schools teachers - preliminary results

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Abstract

Throughout this study we investigated 90 primary school and kindergarden teachers' knowledge of resilience and of resilient children. The teachers had to give a definition of resilience, list the characteristics of resilient children and give practical examples.

This study showed that the teachers have a partial knowledge of resilience. The descriptions of the characteristics of resilient children are relevant but differ from one teacher to an other. The characteristics pointed out are heterogeneous and there is very little consensus opinion. The teachers tend to describe the difficulties or traumatic situations or events children go through rather than describing a resilient process. Resilience should be studied during the training modules for teachers and become an efficient tool for day to day practice.

Keywords: resilience, classroom practice, characteristics of resilient student, teachers

Objectifs

Our study is based on Russo and Boman's work [1] which explored the ability of australian primary school teachers to recognize resilient children.Their results showed that the concept of resilience is well known but that the teachers have difficulty in identifying the different levels of resilience. Along the same lines, the purpose of our exploratory study is to have a clear vision of the french teachers' knowledge of resilience and of what the characteristics of resilient children are, according to them.

Theoretical background

"The link between resilience and school is generally considered through two main aspects. On one hand, school system can reveal resilience by pointing out students who do well at school despite lacking family environment [2] on the other hand, school can provide support thus overcoming family educational failings" [3]

Studies on teachers' knowledge of the concept of resilience [4] show large disparities. In general, teachers consider that school can play an important role in the development of the resilience of vulnerable children mainly when they are young. In contrast, the older the children are, the more the teachers believe that it is the personality of the child and his family's background that play the most important role.

Other studies report that teachers attribute resilience more to the children's personal characteristics than to their environment [5] [6]. This amounts to resilience being considered as an innate ability in the same way that students are considered to be responsible of their motivation to learn and of their academic failure.

According to these authors [6] teachers would designate children being resilient when they are good communicators, when they have a strong emotional attachment with at least one adult, when they believe that the children have the capacity to accomplish a task successfully and when they demonstrate a sense of responsibility. These results are confirmed by Oswald, Johnson and Howard [4] who point out that teachers ascribe resilient capacity to personal qualities and family environment.

Furthermore, these authors also underline the fact that teachers underestimate their own role and the educational institution's influence in the development of the resilience process. In the study by Green, Oswald and Spears [6], teachers describe children as resilient on the basis of their ability to cope academically but without considering the exposure to harmful circumstances. There is certainly confusion between competent child and resilient child. Russo & Boman [1] conclude their article by noting that, although their research has shown that teachers have some knowledge of resilience, it does not mean they recognize the resilient students. Theoretical

knowledge of resilience has no implication in professional practice. In other words, students do not benefit from this supposed knowledge. A link may be missing between theoretical understanding of resilience and the ability to implement this knowledge in the classroom.

Methodology

1.1 Procedure

The collection of data was obtained from an online anonymous questionnaire, created for the study. It was made available by several teachers' associations via their website. This questionnaire was designed to identify the profile of the teachers, to collect a definition of resilience and the characteristics of a resilient student.

To obtain a better understanding of their knowledge, a list of terms taken from the definition of resilience has been established. This list was created from the definitions proposed by eight international specialists of the resilience. This list is divided into the following four dimensions: individual processes; trauma reconstruction process; recovery of a suitable development. The point is to find these terms in the definitions provided by the teachers. Concerning the characteristics of a resilient student, they had to tell the story of a student they considered resilient. The characteristics used to describe this student were selected. They will be compared to the list of characteristics given by Groberg [7].

1.2 Sample

90 questionnaires were collected. Women are the most numerous (83, 33%). The largest age group is the 40-50 (36.67%). Teachers aged under 30 account for 4.4%, those aged 30-40, 26%, and those over 50 years old represent 32.89%. Teachers of elementary school represent three quarters of the set.

Presentation of results

11. Ability to define resilience

Table 1: Number of terms included in the definition of resilience cited by teachers

Number of terms included in the definition of resilience	Number and percentage teachers
≤ 1	19 (21,11%)
2	32 (35,55%)
≥ 3	39 (43,33%)

Table 1 shows that 43.33% of the teachers cite at least three expected words to define resilience. 35.56% of the teachers mentioned two words and 21.11% of the teachers give up to one word. It should be noted that among these 21.11%, 13.33% give none, explaining that they didn't know the concept. Concerning the allocation of the terms employed, it appears that the dimension "individual process" is illustrated by 38 occurrences, that of "trauma" by 37, that of "reconstruction process" by 15 and that of "resumption of the development adapted "by 13.

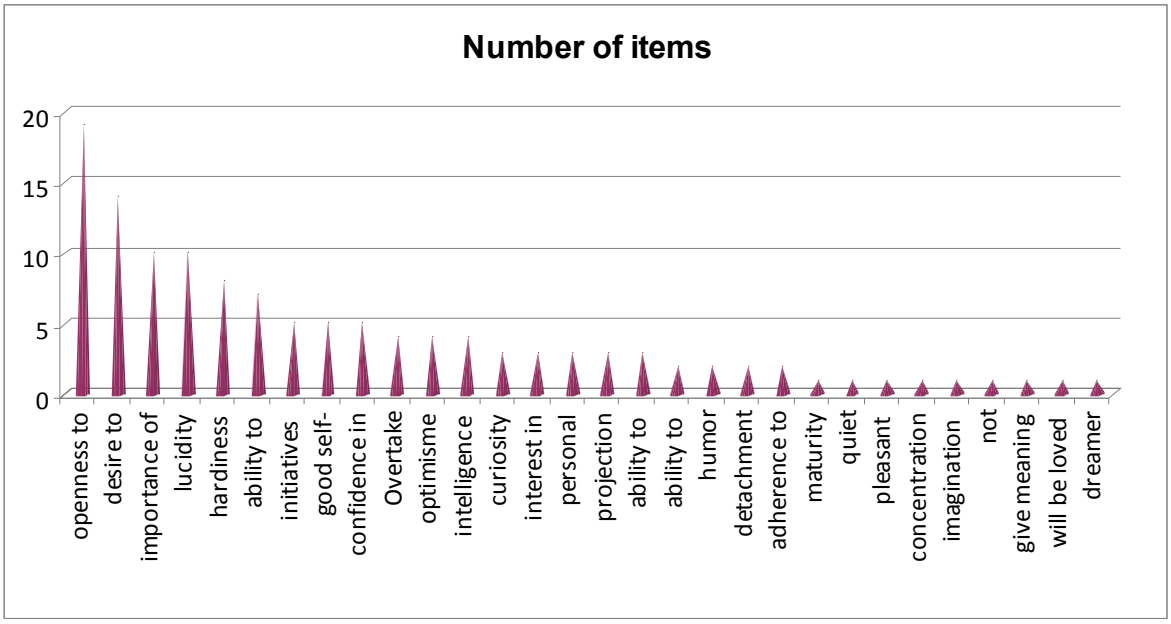
12. Characteristics of resilient students

Table 2: Number of terms specified to characterize the resilient student

Resilient student characteristics	Number and percentage teachers
≤ 2	76 (84,44%)
3	10 (11,11%)
≥ 4	4 (4,44%)

As shown in Table 2, 4.44% of the teachers give at least four characteristics of the resilient child. The vast majority of teachers (84.44%) cite no more than two characteristics of the resilient child.

Figure 1: Proposed atributes



As shown in Fig. 1, the proposed attributes are numerous. Contact with others is the predominant characteristic, followed by lucidity, the desire to succeed and the importance of education and culture as a means of opening to the world. Compared to the list of Groberg [7] most of the characteristics are present. However the facts of being loved by at least one person, of having an adult as a reference or a model, of believing that things will work out are lacking.

Discussion

On a theoretical level, this study is an extension of Russo & Boman's one [1] as it also explores the teachers' perceptions of resilience. It is different in its methodology regarding the fact that it is based on the exploration of representations whereas Russo & Boman's is based on proposals submitted to the subjects. It is applied to a French population, which has never been done before. Finally, this study compares these representations to the theoretical definitions, but also to their implementation via the description of a situation involving a resilient student.

To some extent, our results are consistent with those of Green *et al*. [6] which show that the mastery of the resilience concept is too limited to be useful in professional practice. The definition of resilience is often incomplete and a certain number of teachers are not acquainted with that concept. The variability of the knowledge creates inequal situations from a teacher to another, as Oswald, Johnson, Howard [4] have already pointed out.

Despite this, asking teachers to relate the situation of a resilient student resulted in the identification of characteristics. These are numerous, correct but scanty. The stories highlight essentially the child's difficulties rather than emphasizing their resilience. The representation of a resilient student is overwhelmed by the trauma or difficulties he is confronted to. This representation is partially fueled by the media: Resilience is the ability to overcome trauma. Although this definition is not false, it is however imprecise and has no operational benefit. Indeed, no information is given on how to recognize resilient children. This definition does not inform teachers about children who need help to promote the emergence of a resilient process. One will also note specific characteristics directly related to school. Thus we find, for example: being calm, focused, adherence to standards. Questions arise from these choices: is it the description of a resilient student or the description of a suitable student for the school universe? To what extent do these characteristics have to be taken into account in the resilience of children in general and in academic resilience in particular?

The teachers' point of view concerning resilient student, and in return, on the non-resilient student is essential because it can influence their practice. The students often spend more time with their teachers than they do with their own family. The impact they can have on the mental development of children is often determinant [8].

Conclusion

The objectives of this study were to identify the teachers' knowledge of the concept of resilience, study which had never been done in France before. The Aim was also to identify the characteristics attributed to the resilient students. Our results are consistent with those reported in the literature indicating that teachers working on different continents master only partially a concept that could be of great use in their professional practice.

Despite this, the testimonies concerning students identified as resilient highlights the attention given to the difficult situations or traumas suffered by children. It appears highly necessary that the concept of resilience should be integrated into the training courses for kindergarten and elementary school teachers

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Academic resilience and academic adjustment for the first year university students

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Abstract

Recent research shows that there are significant differences between resilient and non-resilient students on a variety of background characteristics and personal attributes (learning motivation, perceived learning environment, academic stress). The present study aims to investigate the associations between resilience, perceived stress and academic adjustment. The results showed that the Romanian version of The Adolescent Resilience Scale, the main measure used in this study, has good psychometric properties. The results confirmed that resilient personality traits mediate the relationship between academic stress and academic adjustment. The results indicate the need for further exploration about the relationship between resilience and academic stress and negative life events in order to make clearer predictions of academic adjustment.

Keywords: Academic adjustment, academic resilience, academic performances, stress, negative events.

Introduction

Kumpfer [6] shows that the studies on resilience focus on several aspects such as the operationalization of the concept of resilience, the self-characteristics of a resilient person, the difficulties of separating cause and effect or locating good measures for resiliency variables. Resilience can be understood as a process, or as a feature of an individual. As a process, resilience must be viewed as interplay between certain characteristics of the individual and the environment, a balance between stress and the ability to cope [12]. Resilience is a developmental process, an "ordinary magic", resilience is not a fixed attribute but a set of processes that can be fostered and cultivated [10]. As a psychological characteristic, resilience means a set of trait of individuals with strong mental health and who show adaptive recovery from adverse conditions [13].

First year at the university is a time of transition, challenges and demands. The combination between these demands and the individual adaptive resources determine a high level of academic stress and a low level of academic adjustment and resilience. Recent research shows that there are significant differences between resilient and non-resilient students on a variety of background characteristics and personal attributes (learning motivation, perceived learning environment, academic stress). Learning engagement and learning motivation can also be considered factors which can explain academic resilience [8]. Academic resilience is positively related to academic self-efficacy, mastery orientation, self-regulation of learning, academic achievement [16]; and it is negatively related to self-handicapping, anxiety, procrastination, lack of regulation and failure avoidance [9].

Recent studies in the field seek to better understand the construct of resilience and provide a context for how it can be further studied in academic settings. Recent studies showed that two groups of factors explain the variance in students' ability to deal with academic setback and adversity: individual characteristics and supportive school community. In terms of individual characteristics, the most important factors are locus of control, academic engagement, and self-efficacy. In terms of the supportive school community, the most important factor refers to positive teacher – student relationships [2]. Positive relationships with students maintain and create a positive academic environment and a sense of belonging, promote positive expectations and provide opportunities for participation and academic engagement.

As Martin and Marsh noted [11], the studies that deal with academic resilience tend to be focused on ethnic groups situated in adverse conditions and situations, chronic underachievers or resilience in the academic setting for students with learning disabilities. More frequently, academic resilience is studied in association with academic stress or negative life events. Resilience is often used to suggest an ability to recover from stressors and the relative degree of resilience depends on the stressor in question [5].

Purpose of study

The present study aims to investigate the associations between resilience, perceived stress and academic adjustment. Our hypothesis is that resilient personality mediates the relationship between academic stress and academic adjustment.

Methods

1.1 Participants

The participants were 340 first year students at various faculties at Transylvania University of Brasov. The sample was composed of 82 men and 259 women, with a mean age of 20 years.

1.2 Measures

Several questionnaires were administered: The Adolescent Resilience Scale [15], Student-life Stress Inventory [4] and The Academic Adjustment Questionnaire [3].

The Adolescent Resilience Scale [15] consists of 21 items and three factors: Novelty Seeking, Emotional Regulation, and Positive Future Orientation. Novelty seeking refers to the ability to show interest in and concern about a wide variety of events. Emotional regulation is a trait of individuals who exhibit composure and control their internal emotions. Positive future orientation concerns approach to goals in the future [13].The scale was translated and adapted for the Romanian population and the psychometric analysis revealed high reliability coefficients for all the dimensions: .76 for Novelty Seeking, .70 for Emotional Regulation, .82 for Positive Future Orientation and .81 for the entire scale.

Gadzella's [4] Student-life Stress Inventory (SSI) offers good measurements for academic stressors and reactions to stressors. The academic stressors dimension yields scores from five stress categories: frustrations, conflicts, pressures, changes, and self-imposed. Reactions to stressors yield scores from five categories describing reactions to physiological, emotional, behavioral, and cognitive stressors. The 51 items require a 5-point Likert-type response format. The Alfa Cronbach coefficient shows good psychometric properties, ranging between .70 and .84.

The Academic Adjustment Questionnaire [3] is a self-report instrument scored with 0 and 1, designed to assess the student's adjustment to the academic learning process. The 24 items measure two dimensions: Neuroticism and Procrastination. The reliability is very high for the entire AAQ scale (.86), but also for Neuroticism (.84, respectively), and for Procrastination, although slightly smaller (.77). High scores on AAQ are not measuring the adjustment, but the academic maladjustment and provides a specific expression to the emotional adaptive reaction (through Neuroticism) and to the efficiency of the academic adaptation (through Procrastination).

Findings and results

Results showed moderate but significant correlations coefficients between resilient personality, academic stress dimensions and academic adjustment. In order to test the mediation hypothesis we tested various alternative structural models: the first model included as endogenous variable the overall score of the Resilience scale, the second model included all three resilience scales, but both models had unsatisfactory fit indexes. The third model included also previous academic performance (school grades at the end of high school) as predictor for academic adjustment. The inclusion of previous academic performance led to a more appropriate model fit (Table 1).

Table 1. Fit indexes for the selected model

Model	χ2	df	p	RMSEA	CFI	NFI
	168,94	8	>.001	.157	.827	.823

Note. RMSEA: Root Mean Square Error of Approximation; CFI: Comparative Fit Index, NFI: Normed Fit Index

The path analysis revealed that both stressors and reactions to stress have direct negative effects on two of the resilient personality traits: emotion regulation and positive future orientation. High school grades have positive direct effect on positive future orientation. Both emotion regulation and positive future orientation have negative direct effects on academic maladjustment. Novelty seeking does not have significant effects. The results

showed indirect significant effects of stressors and reactions to stress on academic adjustment, which prove that resilient personality traits mediate the relationship between academic stress and academic maladjustment (Table 2). Although previous findings suggest that academic achievement is a prerequisite of resilience [1], the present study did not confirm this hypothesis, previous academic achievement (high school grades) has not a significant effect on resilience.

Table 2. Direct, indirect and total effects (Standardized estimates) for the structural model

Exogenous/Exogenous variables	Novelty seeking	Emotion regulation	Positive future orientation	Academic (mal) adjustment		
EFFECTS	Direct/Total	Direct/Total	Direct/Total	Direct	Indirect	Total
Stresssors	.02	-.33**	-.08		.17**	.17**
Reaction to stress	-.15*	-.18**	-.13*		.12*	.12*
High school GPA	.05	.12*	.03	-.01	-.06	-.07
Novelty seeking				-.02		-.02
Emotion regulation				-.44**		-.44**
Positive future orientation				-.28**		-.28**

* p<.05, ** p<.01.

The total variance explained of academic (mal) adjustment is 30%.The most important traits of the resilient personality seem to be emotion regulation and positive orientation to future, while novelty seeking has no influence on academic adjustment (Figure 1). Resilient students are able to cope with stressful situation and to regulate their reaction to stress in order to achieve a higher level of adjustment. Resilience is a mediator in the process of overcoming and adapting to stressful events generated by the academic life.

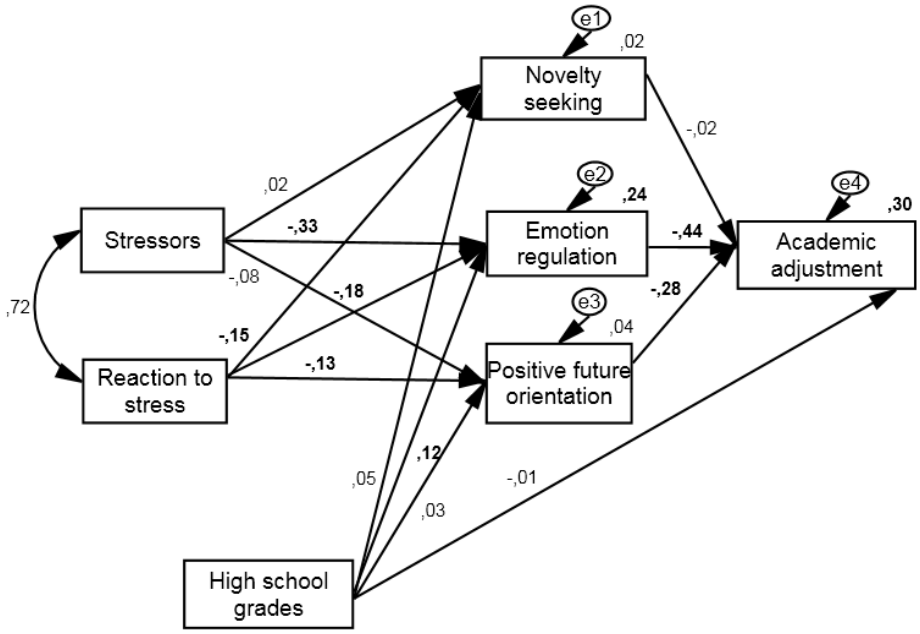

Figure. 1. Structural regression model of academic (mal) adjustment (standardized estimates)

The results highlights that the more important aspect of resilience is emotion regulation, confirming the fact that emotion regulation contributes to academic adjustment. Emotion regulation has been linked to many different types of adjustment: cultural, interpersonal or educational adjustment. A mediation model was also proposed by [17], suggesting that emotion regulation has a mediating role between family communication pattern and academic adjustment.

Academic stress is a risk factor that may lead students to negative health outcomes [18]. Individuals who are highly resilient exhibit adaptive skills to convert stressors into opportunities for learning and development, thus leading to a higher level of academic adjustment. A student's level of resilience and the manifestations of that resilience are related to effective adaptive strategies to academic stress [20]. Stressful situations can be considered from this point of view as antecedents which occur and impose the necessity to regulate emotions and to change the future orientation [19]. The mediation effect explains the fact that

individuals may have adequate reserves to recover from moderate stressors yet lack sufficient resilience to recover from severe stressors [5]. Resilience refers to good adaptations despite stressful (common) experiences. The results indicate the need for further exploration about the relationship between resilience and academic stress and negative life events in order to make clearer predictions on the benefits to academic adjustment.

Conclusion

The review of the resilience literature reveals numerous relevant constructs linked with academic resilience, like depression, stress, vulnerability, mental illness. These factors are indicative for positive adaptation and they are counterbalanced by efficient psychological adjustment, ability to develop new coping strategies, high self-efficacy and positive self-esteem.

The results showed that the Romanian version of The Adolescent Resilience Scale has good psychometric properties. Further studies will test also the factorial structure of the instrument after its translation. The most important finding is the mediation model, proving that resilient individuals can perceive stressful circumstances to be less threatening (emotion regulation), they can identify the positive outcomes of events and they view difficult situations as challenges (positive future orientation), they are more likely to complete tasks in creative ways rather than in routine ways (novelty seeking), thus leading to effective academic adjustment.

Further research in the field must take into account also other aspects such as, achievement motivation, academic self-efficacy, anxiety and coping strategy. Social support and parental styles were also reported in the literature [14]. Academic resilience is not static [7], thus students who are academically resilient at one point in their lives may begin to struggle academically under the influence of risk factors. In order to test this hypothesis, a further study with a longitudinal design would appropriate. Given the fact that this study was conducted at university level, in order to validate the mediation model in and examine how stress and resilience affect academic adjustment, we intend to conduct further researches on various age groups and educational levels.

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The need for mentoring as a resilience factor for adapting to school workplace

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Abstract

The professional development of teachers is a never-ending story. The teacher has to learn new skills, new didactical approaches and to adapt them to new cohorts of students with different characteristic. One major step in the professional career of teacher is the start of practice in teaching. In this period the stress is double. On the one hand there are certain expected didactical performances required in practice. On the other hand there is a need to adapt to specific job requirements, organizational culture and values. The most effective method is mentoring the new teachers and to coach them during the process of accommodation to job. Romanian education system is starting to adopt mentoring practices in schools.

The studies show that the first year of teaching is critical for the debutant, making him choose if he continues his activity as a teacher and, on the other hand it predicts the type of teacher he will become regarding his beliefs, attitudes and his practices. The debutants overcome some enormous difficulties when they start their career and many of them fail and do not make it through the accommodation period. 30% of them do not teach for more than 2 years, 40-50% of them leave the system in the first five years of teaching [1]. For the diminution of these difficulties, the specialists have proposed solutions that aim at the practice extended to the workplace and induction/ mentoring programs

Our study goal is twofold. We are trying to find out the main needs for mentoring of the debutant teachers. For this purpose we will conduct a focus group with teachers that have been working in schools for maximum 2 years. We will collect two categories of data: stressors in job adaptation and needs for mentoring. The second goal is to design a scale of stress and mentoring resources in teaching career. The scale will be pretested and tested on a different sample of novice teachers.

Key words: difficulties, opportunities, induction, mentoring, novice teachers, stressors

Theoretical background

The first workplace and starting the teaching career as a full time job as a teacher is a period of time that everybody remembered very well. This is a stressful period, with plenty of emotions, challenges and uncertainties. Teachers came back to schools, changing the role of student with the role of teacher and make the transitions from learning to learning others. After the time spending in universities and schools as learner, the novice teacher often has an idyllic image about teaching profession.

The studies show that the first year of teaching is critical for novice teacher, making him choose if he continues his activity as a teacher and, on the other hand it predicts the type of teacher he will become regarding his beliefs, attitudes and his practices. The debutants overcome some enormous difficulties when they start their career and many of them fail and do not make it through the accommodation period. 30% of them do not teach for more than 2 years, 40-50% of them leave the system in the first five years of teaching [1].

Wanzare [2] makes an inventory of ways of describing the first year of teaching:

- Critical in beginning teachers' decision to make a commitment to teaching and to remain in the profession (Gold, 1996: Hope, 1999);
- Critical in developing novice teachers' confidence in themselves as maturing professionals (Weasmer and Wood, 1998);
- A period during each NQTs shape their attitudes, beliefs and practices(Michael at al., 2002);
- A ritual bridge that NQTs have to cross to enter the teachers' world (Britzman, 1986; Roy at al., 1998);
- Most challenging, exhilarating, and often most traumatic to beginning teachers (Cole at al., 1995; Kottler et al., 1998);
- A period during which NQTs face unique problems (Huling-Austin et al., 1989).

In the same time, the novice teacher experiments emotional, social and professional isolation [3], having few opportunities for professional debates or cooperation with other teachers. This culture of "closed doors" could determine a non-involvement attitude [4]. The novice teachers are oriented on their own needs; the first and only preoccupation is the content and the silence of the classroom. During this stage, they don't have total control of class, don't have clear rules, they react to different situations and aren't able to anticipate the possible problems that could appear. As any other teacher, they have a lot of responsibilities and tasks in schools; they have to teach well, to evaluate the students correct, to discuss with parents, to find solutions to different problems and the list can continue.

Kessel [5] divided novice teachers in two categories: first of them have authoritative attitudes, with strategies of domination and the second one there are the laissez-faire attitude, with strategies of fraternizing. For the diminution of these difficulties, the specialists have proposed solutions that aim at the practice extended to the workplace and induction/ mentoring programs. The aim of these programs is to offer assistance, guidance, counselling, support for the debutant teachers in order to facilitate the integration of the theoretical knowledge with the practical ones and to adjust better to the specific atmosfere and school micropolitics (the term was introduced by Kelchtermans, Ballet, 2002) [6]. When the debutant benefits from the support of a more experienced person is called induction, and the one offering his expertise and experience in domain is called mentor.

The induction period reffers to a period, between 1 and 3 years, untill the obtainance of a form of certification for the didactic profession. In many educational systems, going through this period, under the guidance and assistance of an experienced teacher, called mentor for the professional debut or induction mentor, is mandatory. The aim of this induction period is to be sure that all new qualified teachers are being helped during the first years of teaching through a program that assumes two elements: an individual developing program, support and dialogue with a mentor, and on the other hand, the monitoring and assesment element of the debutant's performance, be reporting to a set of special standards. This period is usually finalised with a complex evaluation and the further path of the teacher depends on its result (continuing as a teacher, loosing the right to teach, extra guidance program) [7].

The objectives of the study

The relation between resilience and professional debut has a great value. The teaching debut is a typical adverse situation, not because teaching is stressful in itself, but because it implies a time of great changes and challenges for the novice teacher. First of all, it is the need to adjust to the new workplace, not only in term of teaching competences, but also in terms of meeting the schools standards, habits, needs and requirements. Secondly, the typical novice teacher is a graduate student. For most of the novice teacher this is the first full time workplace. In this respect, they switch from a social group of peer students to a more diverse (at least in terms of age distribution) group of coworkers, hierarchically structured and functioning according to some particular rules. Thirdly, teaching is a job that involves social responsibilities. They have to prove that they meet the standards of quality in educating children. In this case, the pressures are both top down (local education authorities, managers) and bottom up (from children and their families).

The first purpose of our study was to find which are the most and least stressful situations for the teachers and if they could be categorized in patterns. The second purpose was to find which type of resources the teachers need in order to overcome the main difficulties in the beginning of teaching profession. Our assumptions were that teachers have difficulties in several key areas of teaching, namely didactics, classroom management, curricular approaches and adapting to school culture. Basically, we made the assumption that the most stressful situations involve maladjustment of novice teacher to the teaching environment with an internal locus of control. We also made the assumption that novice teachers will search for resources that increase their teaching skills in the form of mentoring, trainings and opportunities to share teaching experiences.

Subjects and instruments

For our study we searched for novice teachers, both in mainstream and special schools, with an experience less than three years. Due to the fact that there were exclusionary criteria and a limited number of schools (from Timisoara city) our sample is not random but a convenience one. The number of novice teacher is small (N=20) due to the small number of new teachers that entered the teaching profession following the changing rules for admission in teaching.

For the purpose of the study we developed two instruments, one is a scale of stressors and the other is a list of resources for novice teachers. The two instruments were developed following 2 focus groups, with two groups of eight novice teachers each. From the first focus group we obtained a list of 20 resources that were available to at least one of them in the schools. Four of them were versions of previously named resources. Finally we keep for our list of resources 16 different provisions for novice teacher. This list is consistently with

the literature in the field of mentoring. The subject had to classify them hierarchically from the most useful (ranked 1) to the least useful (ranked16).

From the other focus group we get a list of 19 stressful categories. We reduce them to ten general categories and then, for each of them, we designed four typical situations. That led to a list of 40 typical stressful situations. Our subjects assessed each situation on a Likert like scale in five points; from *I am confronted very rarely with this situation* to *I am confronted very often with this situation.*

Results

In order to analyze the result of *The Scale of Stressors for Novice Teachers (SSNT)* we will refer to two operations. First, we will see what are the most stressful situation and the least stressful ones. This analysis will allow seeing if the stressful situations have a similar input or require a similar set of skills to overcome. The second analysis is if there are some patterns of stressful situation. We will accomplish this by factoring the forty stressful situations.

The descriptive data of the scales revealed that SSNT has a good internal consistency (α=.893). The mean of the scale is 87.16 with a standard deviation of 18.55. The lowest mean for an item was 1.44 (s=.61) and the greatest 3.72 (s=1.56). The range for items on a five point scale indicates that all the stressful situations are relevant. 15 items ranged from 1 to 3, that means weak stressful situations, 8 items ranged 1 to four and 17 items ranged 1 to 5 which indicates that the situations are strongly stressful for at least some of the subjects.

The items with the lowest means were:

The children doesn't respect me (mean= 1.44, s=.61)
The children with slow pace disturb my activities (mean=1.55, s=.85)
I found difficult to adapt the curricula to the level of the class (mean=1.55, s=.61)
I lose a lot of time due to schedule (mean=1.55, s=.70)
The children don't obey as they should (mean=1.61, s=0.77)

All the items suggest that these situations aren't typical for a stressful situation. Some novice teachers have sometimes difficulties with behavioral management or curricular adaptation, but most of them don't find this situation as stressful. All items are related with personal competence of the teachers or the relation between teachers and pupils.

In contrast, the most stressful situations are:

The family needs to motivate stronger their children (mean=3.72, s=1.56)
Parents participate only in small numbers to our meetings and don't involve in activities (mean=3.27, s=1.40)
The today's pupils aren't motivate to learn (mean=3.11, s=1.45)
The resources of the classroom are not proper and affects my activities (mean=2.88, s=1.45)
Today's pupils are insolent (mean=2.88, s=1.45)

As we can see, our assumptions were wrong. The items above show that teachers are not stressed by personal performance but by external factors. Two of them involve the parents that are not motivating the children enough for school activities and are not participating in classroom activities and meetings with teacher. That means that the novice teachers share responsibilities for children performance with parents in a teaching paradigm which requires close supervision of pupils outside school. Two statements refer to motivation as a factor of poor activities. It seems that novice teacher have difficulties in motivating pupils or they don't assume the role of motivating them. Two statements are general statements about the characteristic of *today's pupil* using an idealized image of a former, "golden age" children different from the actual students that behaved well and was motivated to learn. Such an approach reveals a specific attitude toward school and school role.

We performed a principal component analysis on the SSNT, and we used Varimax rotation in order to minimize the correlations between factors. The rotated solution consists in twelve factors that explain 93.44 of total variance; each factor has a explaining power between 12.00% and 4.77% from total variance. Some factors are composite and have a greater number of items that are loading significantly, other are described by just one statement. We will present only those with composite structure.

The first factor consists in 7 items, with a loading value between .854 and .635 and explains 12% of total variance. We named this factor adjustment due to the fact that has items describing diverse situation which involve adjustment to requirements. Some of the items are: *it is difficult to adapt to school habits, I feel that I am monitored closely, the experience teachers are reluctant with me, and it is hard to teach because children are different.*

The second factor explains 10.48% of total variance and we name it children issues. It has 5 items loading between.804 and .636. Four of five items are directly referring to children as being insolent, fidgety or lacking motivation. The fifth item is about the stress of completing documents about children.

The third factor is time pressure. It consists in four items and explains 10% of total variance. On this factor some items are negatively load, but all four are connected to time, even it is a loss of time (for example to participate in trainings or to do paperwork) or it is not a loss of time (to observe other teachers or to manage the discipline problem).

The fourth factor is about parents and resources. It is not surprising that the two separate issues are related because parents are good providers of resources in Romanian schools. The factor consists in five items and explains 9.92% of variance. This factor is loaded by teachers who externalize the cause of the stressful situation, blaming the parents or the lack of resources for lack of performance.

The fifth factor consists in four items related with lack of knowledge and the sixth consists in four items related with the overloading of the novice teacher. The last two composite factors are related with discipline issues and inefficiency.

Our second goal was to see what type of resources the novice teachers are finding useful. We ask our subjects to rank the 16 type of resources. All the resources were found useful at least by some of them (all of them have a range of 12). The results showed that the most desired resources are:

Emotional support (mean=6.22, s=3.81)
In service training on different subjects (mean=7.33, s=3.74)
Being assisted in classroom by a more experienced teacher (mean=7.56, s=4.47)
Mentoring (mean=7.67, s=6.42)
Team teaching with a more experienced teacher (mean=7.89, s=5.50)

We have to notice that all the support is at school level, involving a more experienced teacher. That could support the idea that the novice teachers perceive the mastery in teaching as a handcraft that could be learned in close relation of an experienced teacher. They want "to steal the skills" of being a good teacher from a role model one.

In contrast the least useful resources are in our subject's opinion:

Access to teaching literature (mean=10.28, s=3.89)
Participating to conferences, symposiums, workshops and debates (mean=10.17, s=3.80)
Practical courses delivered by university (mean=9, s=4.48)
Clear expectations from the school manager (mean=8.72, s=4.40)
Group discussions with other novice teachers (mean=8.61, s=3.84).

The conclusion from the items listed above emphasize the fact that external sources for professional development or the self-development activities are disregarded when compared with school based resources. Theoretical and practical updates of knowledge and skills are not as important as learning by doing and learning routines. This type of procedural learning has, nevertheless its strong point but disregarding sharing experiences, learning new skills and self-development leads to executive teachers that are applying learned routines and ways of teaching. Unfortunately this contradicts the contemporary model of critical teacher, focused on discovering new way of teaching and self-developing.

Discussions and conclusions

Our study reinforces the idea of guidance, support and mentoring programs for novice teachers. During the first year of teaching they balance between school expectation, pupils, parents, community, their own teaching philosophy, their own system of beliefs, trying to find their own way. It is a difficult and stressful situation.

As we can see from the results mentioned above, the novice teacher inventory as stressors only aspects that are not depending on them directly. They mentioned adjustment, children, time pressure, parents and resources. They aren't able yet to analyse the complex teaching context and focus only on themselves and others doesn't function well. They are overwhelmed by the multitude of tasks and new and challenging situations and often they don't ask for help to expert teachers. Even the teaching profession is one of the most sociable one, the teachers are solitary, alone in their classes.

Regarding the useful resources, they mentioned emotional support, mentoring, observing the experienced teachers and discussions with them. They need direct information with instant impact and efficiency. Even in Romania is stipulated in official documents the concept of mentoring for induction period, but this isn't implemented yet because the lack of money and the lack of resources. In some schools there are some informal mentoring programs, for a short period of time.

The teacher activities and responsibilities become more and more complex and teachers' activities are not longer conducted strictly in the classroom. They have to work with community, with pupils with special needs and must assume active roles in terms of their own learning and development.

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Specific and efficient in the strategy to increase resilience in university environment

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Abstract

Explained as the ability of individuals to bear stressors without manifesting psychological dysfunction, mental illnesses or a persistent negative disposition, "of surviving adversities, traumas and threats and to go on with his life with a feeling of control, competence and capacity, the concept of resiliency (in the psychological field) was created by Boris Cyrulnik one of ethology French pioneers, neuropsychiatries, psychoanalysts, psychologist and author of numerous works.

He means more than the simple adaptation to adverse conditions or simple survival. Under the conditions in which problematic social life is more and more complicated and families can no longer fully maintain their children at universities, when many students are forced to find a job to handle the demands but the problems that life interposed in their path, it is increasingly necessary to form those capabilities that will help them cope with success of major and continuous changes; to find a new way to work, and to live when the old is no longer possible to exceed arguments, to recover quickly after failures.

The manner in which a team of experts have used a whole series of natural techniques and innovative, specific therapeutic procedures first aid psycho physiologic and therapy self help students traumatized your to steady himself and monitoring necessary for them to work in harmony in the relationship with their environment, the results obtained and the manner by which the time limit has been exceeded inherent blockage is the subject of article.

Key words: resiliency, risks, natural techniques, assisted programs of resiliency, self therapy, first aid psycho-physiological

Introduction

Under the conditions in which problematic social life is more and more complicated and families can no longer fully maintain their children at universities, when many students are forced to find a job to handle the demands but the problems that life interposed in their path, it is increasingly necessary to form those capabilities that will help them cope with success of major and continuous changes; to find a new way to work, and to live when the old is no longer possible to exceed arguments, to recover quickly after failures, especially because the traumas affect the brain, ultimately influencing their learning and behaviour.

Some students, leaving home for the first time in their life, adjust themselves quite difficult, frustrations are high in the absence of family and close friends offering needed affection to overcome problematic situations. [10]

This capacity of being able to overcome the most serious mental traumas and emotional wounds – illness, loss of loved ones, rape, torture, attempt, deportation or war, is termed resilience and represents the materialization of human dignity and power in their absolute form.

Introduced by american psychologist – Prof. Dr. Al Siebert, the term of resilience, as human ability, refers to “aspect that helps us to survive adversities, traumas, tragedies, threats or other acute or chronic stressors (poverty, violence, chronic desease, death of loved ones, physical or emotional abuse) without manifesting psychological dysfunctions, mental illnesses or a persistent negative humor and allows us to continuing our life with a feeling of control, competency and capacity”.

Resilience assumes that you have the capacity of maintaining your health and energy when you are under constant pressure, to rapidly recover after failures and to overcome adversities, to successfully cope with continuous and major changes, and to find other opportunities to work and to live, when all other options become impossible, in a manner as less dysfunctional or destructive as possible, not letting yourself overwhelmed by the negativity of the feelings and to turn to good account the life lessons received. [1] [4]

Positive psychological adaptation in front of a significant stressor factor affecting development and even survival [3] ***resilience*** assumes a range of personality traits serving as resistance sources when we are confronted with a stress situation. The existence of more than one term associated with resilience in order to describe its characteristics or being used as "synonymes" like: *adaptative coping, emotional intelligence* [5], *learned optimism* [12] *resources discovery*, *life orientation, self respect, self-efficacy, self-confidence, self-healing personality,* all created confusions and slowed down research on this topic. Concepts related to the feeling of coherence (Sco) as the "sixth sense" for survival, with a global orientation, also known and mentioned by Antonovsky as *"stress hardiness, "the sense of permanence"* , *the importance of "social climate" "the construction of family reality"*, all emphasized on the *„search for meaning"*.

From the perspective of salutogenesis, is essential to maintain health, against the stress and germs, and the concepts preponderently vehiculated are *„flow*", „*learned resourcefulness*", *life control*" „*self-efficacy*", *general resistance resources*" and they fulfilled the wide range of the concepts in this field.

In resilience building, the core process is represented by the ability to cope, and the basic model is represented by the scheme:

The stressor X (potential stress source) induces a cognitive representation with the decision determining if X is an event that can be quickly managed, or is representing a stress factor because can overcome the person's coping possibilities. If the stressor is identified as dangerous, then the coping responses are activated.

Resilience also assumes a range of personality traits serving as resistance resources when we are confronted with distress situations. [6]

It also assumes o range of personality traits serving as resistance resources when we are confronted with stress situations. [13]

Methods

The longitudinal research initiated by a team of psychologists, educators, social workers, sociologists, therapists, doctors, was held for a period of 48 months, with required sequential adjustments and evaluations every six months or any time it was necessary, correlated with the seriousness of the cases.

The main research objectives were:

- *Developing young adults' resilience, in such way that, when seeking to develop themselves against oppressive adversity, to experience a state of wellbeing*
- *Using a composite methodology for collecting and interpreting research data of both qualitative and quantitative character, methodology taking into account multiple realities*
- *Identifying the relationship between adapting capacity through humor and the effect of social pressure sources on physical and mental health*

Hypotheses

Using certain methods adequate to each set of issues and each personality, it will have as effect a real resilience.

Primary, secondary and tertiary methods, individual techniques and anti-stress strategies have been used, anti-stress, pro-eustress, sanogenetic behaviours targeting the enhancement of anti-stress filters efficiency have been exerted. The coping categories used (avoidant and vigilant coping, relational coping, anticipatory coping, preventive coping, practical/dynamic) have been focused upon issues and emotion.

The instruments

The instruments used have been the Adaptive Scale through Humor, the Panas scale, the ASSET test, the Resiliency Scale for Students [6] and the Resiliency Scale [14], Individual Semi-structured Interviews, the Interview Guide that was made the topic of both focus-group sessions, and individual semi-structured interviews.

The two sample groups, **the control group and the** experimental one, that became enriched, both as casuistry, but also numerically during the 4 years, included the following categories of subjects

- **Coming from families within which domestic violence is commonly manifested**
- **Having serious health issues – breast cancer, brain surgery due to head trauma, multiple surgery due to genetic deficiencies**
- **Having financial issues and unable to cover tuition expenses due to:**

- *broken pledges made by family or financial supporters*
- *constraint of not leaving far from family, to other areas/locations*
- *hard financial situation*

- **Having both parents deceased and no financial supporters**
- **Having adjustment problems due to lack of parenting – their parents working abroad**

The majority of the subjects are introverted and having difficulties in personal attachment, [8] they prefer solitude and their issue is the keeping of a secret. They do not accept to exhibit their problems in public, nor their emotional status, and they behave as having no problems at all. In order to gain their confidence and to determine them to accept the offered aid, a long period of exercising empathy and communication was needed [11] – even the group therapy meetings were very discreet, never within the university premises, and in favorable circumstances for relationship. [9]

The subgroups of sample group included subjects with both developed and underdeveloped sense of humor.

The stages of research comprised the selection of experimental and control groups, training the team partners, manipulating the variables and post-experiment testing.

Results

Apart from the methods and instruments used, important was the communication, the high level of empathy and trust, either in therapist or in teacher, inter-personal relationship teacher-therapist that went even to visiting them in hospital, counseling them and their families, actions taken for their admission in hospital, their surgery, exams given in hospital in order not to loose the year of study, and all these in order to increase their self confidence, self respect, and not allow themselves to be defeated by the persistence of adversities.

The interactional model of stressors, coping and results was focused upon highlighting the impact of various stress factors, of coping and interpersonal relationships established within family and group of friends, enhancing the level of self esteem and respect, upon students' operation and adjusting to university life.

The provocative methods being used determined a pleasant, stimulating atmosphere that allowed subjects a direct and spontaneous expression of their own ideas and feelings.

The teachers and students' answers to individual semi-structured interviews on the topic of applied resilience had a correlation of $r=0.32$, $p<0.01$, the value of concordance between the answers of the two sample groups being 58%. The scores obtained for assessments of behavioural reactions and levels of affectivity demonstrated a more significant impact of anti stress strategies $|t| = 2.57$ respectively $|t| = 2.62$ ($p<0,02$) compared to relational ones.

Correlations between humor coping and social pressure of external group were extremely significant – $r = .121$; $p< 0.01$, as were those between the manner of stress adjustment and the lack of organizational support $r = .128$; $p<0.01$. Also significant was the relationship between humor coping and the pressure of current stress specific to academic instructional activities $r = .102$; $p<0.05$.

A possible increased efficiency of humor as coping strategy has been found, and in correlation with the stress specific to academic environment, all the three stress types have an extremely significant correlation – $r = .128/176/232$; $p<0.01$, which entails the need for a more active involvement of the group in overcoming stressful situations.

Aggressive humor correlated the most with the stress types specific to academic environment, even if the sarcastic and manipulating humor is specific to male gender $r = .126\text{-}128$; $p<0.01$.

Humor for insinuating or self defeating, for self deprecation, have significant direct correlations with stressful situations ($r = .126$; $r=.145$; $p<0.01$) when pressures emerge within the tasks.

Per total sample group was obtained a $r=0,34$ $p<0.01$ correlation between students' estimation and that obtained through objective methods. The concordance value between methods of intervention was 52%, a quite low value, due to parents' proclivity to exaggerate the seriousness of the impairment.

Regarding the psychological impact of the illness on the students' lives, the results revealed the fact that subjects being included in the category of those with a serious diagnostic obtained questionnaire scores showing a more significant impact of the illness $|t| = 2,57$ respectively $|t| = 2,67$ ($p<0.02$) compared to those in the moderate category.

Related to the objective criterion, no significant relationship between seriousness of desease and its psychological impact has been found. Separately analysing just the exacerbation criterion, a higher questionnaire score was obtained, meaning a more important impact, as the number of exacerbations grows ($p<0.05$).

The specific therapeutical procedures of „psycho-physiological first aid" and „self adjustment therapy" proved themselves to be easy to implement, both within group activities and in the consulting room, and demonstrated that behind unexpected reactions of „difficult students" there often is an unidentified trauma.

The writing activities carried on with subject destabilized by the destructuring violence of traumatic shock took different shapes (diaries, essays, correspondence, notes, fragments, graffitties) and determined *the elevation of „ I" defying pain and terror*.

Apart from used methods and instruments, important were communication, the high level of empathy and trust, either in therapist or in teacher, interpersonal relationship teacher-therapist that went even to visiting them in hospital, counselling them and their families, actions taken for their admission in hospital, their surgery, exams given in hospital in order not to loose the year of study, and all these in order to increase their self confidence, self respect, and not allow themselves to be defeated by the persistence of adversities.

Conclusions

The relevance of the results obtained following investigations, the sequential adjustments carried on in order to gain a real resilience that is not just an external process at community level, but also an internal one, a personal transformation making us more flexible, robust/sturdy and qualified/skilled, demonstrated the efectiveness of undertaken interventions. Coordinate action, behavioural expression of the inner world through images or words, securing attachment build step by step helped students to become again masters of their own emotions and to create around them what they intended to see.

In most of cases, the effort exerted during this process, discovering the strenghts of their own personality that they weren't aware of, achieving things they did not believe they could, and transposing in a posture of co-therapist for the others after crisis, were all more important than efficacy of obtained results.

Positive inter-relationship, high socio-affectivity, confidence that they have the power to continue against all obstacles, openness to others, all as effects of implemented therapeutical interventions demonstrated the validity of original hypothesis.

The problems will never absolutely disappear, but the courage to overcome them will last. With the same discretion, because nobody likes to see one's life advertised, the interventions on the topic of resilience continue. But now we consider that we have more numerous and effective solutions to solve the others' problems.

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Une analyse des relations entre le bien-être pédagogique et la résilience des enseignants du secondaire

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Abstract

When we study the importance of resilience of teachers' work, we think to the positive impacts of this state both their own emotional and professional well-being and the success of students: a resilient teacher reflected on professional practices and trusts to its ability to adopt new teaching strategies [1]; [2].

From a mainly qualitative exploratory research conducted with ten teachers, we want to describe and understand how teachers adopt work practices reflected and shown a high level of educational well-being, they also perceived as resilient.

To do this, we developed a method that uses the technique of Q-sort. We ask participants to rank statements developed from the model proposed by thinking about Korthagen and Vasalos [3] practice. Depending on the degree of agreement between these statements and practices, they are asked to think aloud, to their classifying.

In this research, we investigate how difficult emotions related to pedagogical relationships with students lead teachers to adaptive behavior, manifested by reflections on what changes to make. For the implementation of these changes, teachers live feelings of self-efficacy and satisfaction, feelings that we associate with educational welfare and educational resilience.

Keywords: welfare educational, emotional, professional practices, resilience, Q-sort.

Le cadre théorique

Notre recherche se penche sur deux concepts : le bien-être pédagogique et la résilience.

Klusmann et al. [2] associent le bien-être professionnel des enseignants à la réussite de leurs pratiques professionnelles: une gestion de classe efficace qui favorise l'apprentissage dans un environnement sécuritaire, la création d'un environnement d'apprentissage basé sur le respect et le soutien affectif des élèves et la motivation de ceux-ci. Selon Soini, Pyhältö et Pietarinen [4], le bien-être pédagogique des enseignants se développe pendant des interactions professionnelles à plusieurs niveaux: avec les élèves, les collègues, les familles et d'autres membres de la communauté scolaire. Des dimensions qui pourraient caractériser le bien-être professionnel des enseignants, nous nous concentrerons sur trois : le sentiment d'efficacité, l'engagement professionnel et la satisfaction au travail. En concevant le bien-être comme un processus soutenu par l'engagement et la satisfaction au travail et renforcé par le sentiment d'efficacité de pratiques professionnelles, nous nous inscrivons dans l'approche sociocognitive.

La résilience, le deuxième concept de la recherche, représente une qualité dynamique que l'individu mobilise pour répondre aux besoins d'adaptation positive aux circonstances difficiles; elle est orientée vers un but et entraîne l'engagement dans des actions significatives [1]. Pour Fredrickson [5], la résilience représente un construit psychologique soutenu par des émotions positives; les émotions difficiles seraient associées aux problèmes de santé mentale: troubles anxieux, agressivité, dépression, épuisement, etc. La résilience professionnelle des enseignants reflète la réaction personnelle que l'individu développe face à une demande reliée au travail et se caractérise par l'habileté de faire face à un échec, de prendre une distanciation affective face au travail et de garder sa santé mentale [2].

Dans notre recherche, la résilience est définie comme « multidimensional, socially constructed concept that is relative, dynamic and developmental in nature » ([1], p.1302) est analysée á partir des interactions pédagogiques enseignant-élèves. L'adaptation positive réfère á l'amélioration de la qualité des relations sociales, comme celles avec les élèves, et á la mobilisation des compétences professionnelles [6]; [7] pour contrecarrer l'effet des émotions négatives liées au contexte du travail. D'autre part, vue comme une ressource personnelle

qui atténue des défis spécifiques á la profession enseignante, la résilience apporte sa contribution au développement du processus de bien-être pédagogique [8].

À la suite de notre cadre théorique la question qui se détache est: « à partir des émotions difficiles issues des pratiques des enseignants du secondaire, il y a des relations entre le bien-être pédagogique et la résilience? »

La méthode de recherche

Dans cette section, nous développerons la démarche méthodologique afin de répondre à la question de recherche: type de recherche, critères d'échantillonnage et profils professionnels des sujets, procédures et outils de collecte des données.

1.1 Type de recherche

Le désir de comprendre plus en profondeur la perception de leur résilience chez les enseignants qui adoptent des pratiques professionnelles réfléchies et montrent un niveau élevé de bien-être pédagogique, nous a orientée vers une recherche de type exploratoire, menée par des stratégies mixtes de collecte et d'analyse des données. En prenant en considération que c'est la recherche qualitative qui cherche à comprendre de l'intérieur des phénomènes humains (comme le développement du bien-être pédagogique et de la résilience) et sociaux [9], l'approche dominante est qualitative. Au cours de la recherche, nous avons respecté les règles d'éthique qui s'appliquent á une recherche qualitative.

1.2 L'échantillon

Notre échantillon est un échantillon non-probabiliste composé de dix enseignants œuvrant dans des écoles secondaires publiques situées dans la grande région de Montréal et qui se sont portés volontaires. Hormis le genre féminin prédominant, on constate la richesse relative de l'échantillon, par les variations des profils, tous des enseignants du même ordre scolaire ayant complété leur insertion.

Une synthèse des profils professionnels des enseignants participants est enregistrée dans le tableau suivant (Tableau 1) :

Variable	Genre		Expérience professionnelle (nombre d'années)			Contexte d'enseignement (selon la nature de l'école)		Nature de la classe	
Description variable	Femme	Homme	3 - 5	5 - 10	10 +	Privée et publique	Publique	Ordinaire	Adaptation scolaire
Valeur	9	1	2	3	5	3	7	8	2

Tableau 1: Profil professionnel des enseignants participants

1.3 Procédures et outils de collecte de données

Nous avons privilégié, pour la collecte des données, la méthodologie Q (appelée aussi la technique Q-sort) « considered particularly suitable for researching the range and diversity of subjective experiences, perspectives, and beliefs » ([10], p. 94]). La technique issue de cette méthodologie consiste à proposer à des individus ou à un groupe le classement, selon une échelle imposée, d'une série d'énoncés élaborés par le chercheur dont l'analyse dévoile une représentation hiérarchisée des attitudes individuelles [11].

Conçue par Stephenson (1953) pour l'étude de la subjectivité humaine, la méthodologie Q s'avère une méthode de recherche particulièrement pertinente pour l'identification et l'évaluation du monde perceptif des sujets [12]. En combinant les analyses qualitatives et quantitatives, elle met en évidence la subjectivité des participants à la recherche, d'une part, et les éléments communs et les différences entre ceux-ci, d'autre part [13]; en d'autres termes, elle permet aux chercheurs d'étudier á la fois la divergence et le consensus des points de vue d'un groupe des participants á une recherche [14].

Pour comprendre quels liens font les enseignants qui vivent des émotions difficiles avec leurs élèves et leur bien-être pédagogique, nous avons conçu 14 énoncés. Chaque énoncé, théoriquement appuyé sur le modèle de Korthagen et Vasalos [3], révèle un aspect de la pratique professionnelle des enseignants, considérée par nous la source potentielle d'émotions ; de plus, il a été mis en relation avec une des trois dimensions du bien-être pédagogique des enseignants.

Pour cette étude, nous avons retenu seulement les énoncés qui faisaient référence aux relations pédagogiques enseignant – élèves : soit des aspects qui réfèrent au rôle professionnel des enseignants auprès des élèves (mettre en œuvre des compétences qui favorisent l'apprentissage scolaire et la gestion des comportements inappropriés) soit des aspects qui mettent en relief des attitudes développés par les enseignants par rapport aux relations avec les élèves et aux changements à faire.

Selon la structure de la fiche de réponses, les enseignants ont dû situer les énoncés sur une échelle de cinq préférences : en commençant avec la valeur -2, les énoncés avec lesquels ils sont le moins d'accord, jusqu'à celle de +2, le plus d'accord. En faisant "des choix forcés", les enseignants priorisent certains aspects de leurs pratiques au détriment des autres, en réduisant, sans l'éliminer, le risque de biais de déclaration [15]. En nous inspirant de Shinebourne [10] qui suggère que la méthodologie Q soit conclue par un entretien, nous avons demandé aux enseignants d'argumenter à haute voix le rangement de chaque énoncé sur la fiche des réponses. Cette double technique nous a permis de mieux comprendre les raisons qui soutiennent le classement chez chaque enseignant: plus précisément, elle nous ont permis d'explorer les réflexions qui se cachent derrière les perspectives représentées par chaque sorte [16].

Résultats et interprétations

Sept énoncés sont le sujet de la présente communication: ils mettent en évidence les réflexions relatives aux relations pédagogiques que les enseignants entretiennent avec les élèves et aux facteurs qui peuvent influencer leur réussite scolaire. Plus précisément, ces énoncés visent : (1) l'intérêt des enseignants pour des facteurs d'ordre social et affectif (santé, pauvreté, émotions, statut de la famille, etc.) qui peuvent influencer la réussite scolaire, (2) le bien-être chez les élèves, (3) la compétence à motiver les élèves ; (4) l'impact des pairs sur la réussite scolaire ; (5) la perception qu'ont les enseignants de leur rôle professionnel sur la réussite scolaire et (6) du rôle du questionnement dans l'apprentissage des contenus et (7) la gestion des comportements inappropriés.

Les valeurs issues de **l'analyse des fréquences** des données obtenues par la technique Q-sort montrent que les enseignants participants s'intéressent au bien-être et á d'autres facteurs qui pourraient jouer sur la réussite scolaire de leurs élèves, ils évaluent positivement leurs compétences de gestion de classe et de conception de stratégies d'apprentissage qui favorisent le questionnement et la motivation des élèves et leur permettent de contrebalancer certaines influences des pairs sur leur réussite scolaire.

Voici deux conclusions qui se dégagent **de l'analyse qualitative de données** issues des argumentations faites par les enseignants á l'occasion du classement des énoncés:

Les enseignants qui vivent des émotions négatives seraient caractérisés par un niveau modéré de satisfaction relative aux relations avec leurs élèves et un manque d'engagement professionnel. Ils ne se perçoivent pas comme efficaces, manifestent un faible désir de changer quoi que ce soit dans leur milieu de travail. Ils éprouvent un intérêt modéré autant pour le vécu émotionnel, affectif et social des élèves que pour leur l'apprentissage, ce qui expliquerait qu'ils offrent peu d'activités favorisant le questionnement des élèves et la compréhension.

Ces tendances montrent que les émotions difficiles associées au travail enseignant influencent autant l'état de bien-être pédagogique des enseignants que leurs pratiques professionnelles. Les réflexions des enseignants qui vivent de manière prédominante ce genre d'émotions mettent en évidence que la source de satisfaction professionnelle, même faiblement valorisée, demeure la réussite scolaire de leurs élèves.

En exprimant leur désir de garder les choses comme telles, ils expriment une certaine tendance au cynisme, spécifique aux personnes souffrant d'épuisement professionnel [17]. Ces tendances sont en concordance avec les résultats des recherches menées par Blasé, Blasé et Du [18] et Näring, Briët et Brouwers [19] qui concluent que la persistance des émotions difficiles a des effets négatifs sur le niveau de motivation et de créativité et sur la santé mentale des enseignants qui peuvent développer des symptômes de stress, de crainte, etc.

Les enseignants de notre recherche qui vivent plus d'émotions positives que négatives sont disposés à faire des changements dans leur milieu de travail et s'adaptent facilement aux particularités des élèves ; ils s'intéressent au bien-être de leurs élèves et à leur réussite scolaire, encouragent leur questionnement, réfléchissent à des démarches qui favorisent leur motivation et gèrent leurs comportements inappropriés par des règles négociées au début de l'année scolaire et des réflexions sur ces comportements et leurs conséquences sur eux-mêmes et sur les autres. Le niveau élevé du bien-être de ces enseignants reposerait sur leur sentiment d'efficacité, le niveau élevé d'engament professionnel et sur la satisfaction reliée aux relations avec les élèves. L'analyse des réflexions de ces enseignants porte vers la conclusion que, au cours des pratiques professionnelles, le bien-être pédagogique et la résilience des enseignants s'influencent réciproquement.

Les tendances qui se dégagent de l'analyse des argumentations de nos enseignants sont appuyées par des résultats d'autres recherches. Tout d'abord, Fredrickson [5] affirme que la persistance des émotions positives devrait avoir un effet positif sur le bien-être psychologique des individus : elles orientent l'attention et la pensée des individus. Les enseignants de notre échantillon qui vivent plus d'émotions positives que négatives et se déclarent satisfaits de leurs relations avec les élèves, se perçoivent efficaces et engagés dans la réussite de leurs élèves : ils mettent en pratique des stratégies qui favorisent la motivation et la réflexion des élèves sur les contenus á apprendre et leurs

comportements. Brièvement, ces enseignants s'intéressent aux stratégies actives d'enseignement et d'apprentissage et deviennent plus efficaces; leur degré d'autonomie quant aux décisions professionnelles et l'estime de soi s'améliorent, ce qui influence positivement leur bien-être au travail [2]; [4]; [20]; [21].

L'intérêt de ces enseignants pour le bien-être de leurs élèves et l'attitude positive face aux changements concernant le contexte de travail (milieu et pratique) pourrait être interprété comme une adaptation positive au contexte du travail, donc une forme de manifestation de la résilience. Dans ce sens, Fredrickson [5] affirme que les émotions positives représentent l'essence de la résilience psychologique et de l'engagement dans l'activité et «des marqueurs du bien-être optimal ».

Discussions et conClusion

Dans cette section, nous cherchons une réponse á notre question de recherche. Pour ce faire, nous présentons la synthèse des principales tendances qui se dégagent de l'analyse des récits des enseignants participants.

La première tendance vise les relations entre la nature des émotions et les dimensions de la pratique professionnelle.

Les pratiques professionnelles des enseignants qui vivent des émotions positives au cours des relations avec leurs élèves sont plus riches que celles des enseignants qui rapportent que ces relations sont plutôt sources d'émotions difficiles. Ainsi, seuls les enseignants de la première catégorie mettraient en pratique des stratégies de gestion des comportements inappropriés des élèves. Plusieurs recherches, dont celle de Daniels, Bradley et Hays [22] ont identifié ce genre de comportements comme une des sources importantes de l'épuisement professionnel chez les enseignants, le côté opposé du bien-être [23].

La deuxième tendance fait référence aux relations entre les émotions et le bien-être pédagogique des enseignants. À partir de l'affirmation de Steinberg [24] qui considère que les émotions reflètent la manière individuelle d'évaluer une situation externe et dévoilent la relation que le sujet entretient avec la situation, il nous semble significatif que les enseignants dont les émotions négatives s'associent au doute sur leur efficacité, montrent un faible engagement et un manque d'intérêt face aux changements. Cela pourrait indiquer que l'état de bien-être de ces enseignants est faible et qu'il peut changer seulement par des démarches personnelles. Une telle démarche est suggérée par Leung, Mak, Chui, Chiang et Lee [25] et suppose la prise en charge de la gestion des émotions difficiles : chercher et accepter l'appui social et développer des ressources rationnelles/cognitives qui favorisent et soutiennent l'engagement professionnel. Nous envisageons cette prise en charge comme une adaptation positive, donc une forme de manifestation de la résilience.

La figure suivante *(Figure 1)* illustre des liens entre les concepts analysés que notre recherche a mis en évidence : on y retrouve des liens entre les dimensions du bien-être pédagogique et des pratiques professionnelles et les émotions qui les ont générées et/ou les entretiennent. L'analyse de la figure suggère qu'une gestion appropriée des émotions aurait des conséquences positives sur l'état de bien-être (plus de ses dimensions seraient activées) et sur l'ouverture face aux changements des pratiques professionnelles.

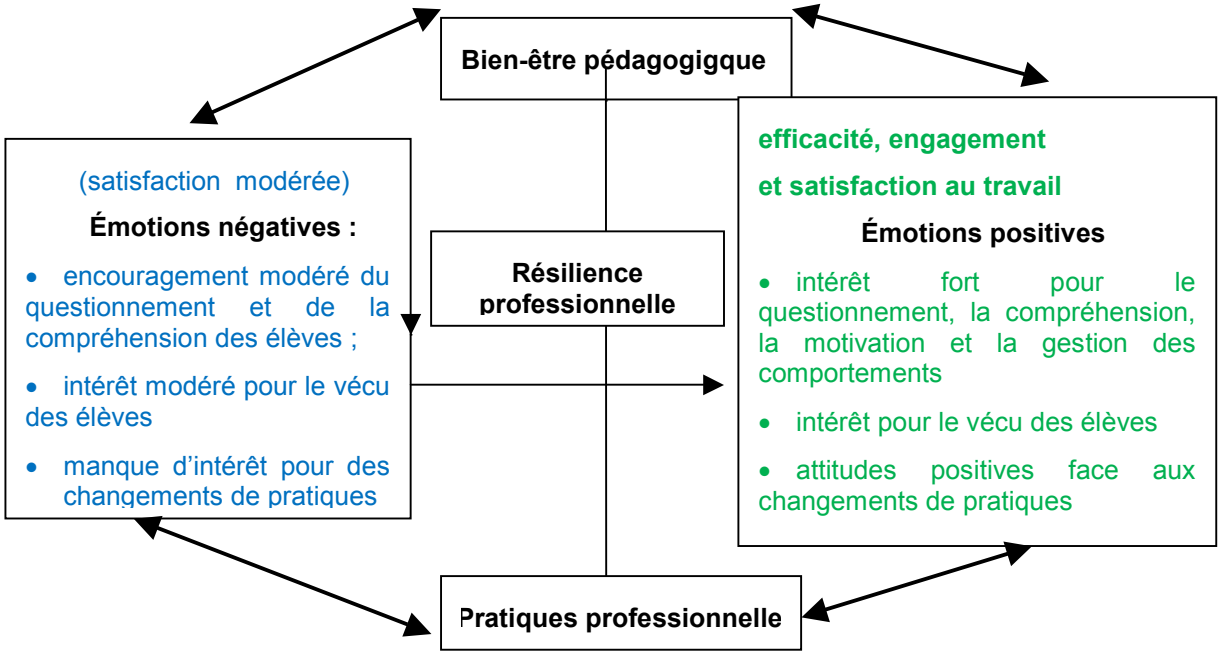

Figure 1: Analyse des tendances mises en évidence par la recherche.

En conclusion, sans pouvoir indiquer le sens des relations, des liens semblent apparaitre entre le bien-être et la résilience des enseignants du secondaire. Cette étude comporte certaines limites dont la plus évidente est que nous nous sommes penchées sur des relations entre le bien-être et la résilience issues des relations enseignant – élèves, en ignorant, ou presque, l'effet que d'autres aspects qui caractérisent la pratique professionnelle des enseignantes pourraient avoir sur ces relations.

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Six or seven: when is a child resilient enough to start school and to cope with the transition stress? Czech and polish experience: social policy and research outcomes

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Abstract

A debate on when to start school has continued in the Polish education system for four years now. Until recently, children started school at the age of seven. However, the comparison of the Polish education system with those of other European countries provoked wide public discussion on the necessity to amend the existing regulations. In the Czech Republic, the contrary idea is under discussion, namely whether to change the school starting age from six to seven years, which is due to a growing number of school postponement cases and maladaptation to school life.

In favour of the change in Poland, psychologists have put forward several main arguments, including intense natural cognitive interest demonstrated in early childhood, the effectiveness of involuntary (unintentional) learning and memory and small children's interest in writing and reading. The main arguments against the change emphasise that six-year-old children are not socially and emotionally mature to start school: they show insufficient emotional and behavioural self-regulation levels and have not developed strategies for coping with stress. Current trends in the Polish and Czech educational systems will be discussed in the light of research on resilience with the emphasis on the outcomes that demonstrate how resilience develops.

Keywords: school age, school postponement, transition stress, resilience, self-control, Polish education system, Czech education system.

Mature to start education

Children that start school enter a new period in their lives. The transition from preschool to primary school brings about change in several basic areas of their functioning. Firstly, play is supplanted with learning as children's main activity. Secondly, involuntary learning is gradually superseded with voluntary learning, which is carried out according to instructions and requires self-discipline. Thirdly, the basic skill that brings children's success at school is the appropriate level of their emotional intelligence with regard to interpersonal and social relations as well as stress resilience.

Factors that help children become mature enough to start school are individual in character, including both physical properties of a child's body, intelligence and his or her motivation levels, inclinations and goals. The environmental factors include the financial situation in children's family, the social and cultural assets of their families as well as the family structure and atmosphere, i.e. community factors as educational models and styles.

It has been found that lower social economic status predicts the school achievements of the children in a negative way, compared to children with a higher economic status [1]. Lower social economic status is related to more stressful life circumstances. Also there has been found that traumatic experiences have influenced the school achievements of children negatively. And therefore it can be said that stress influences the school achievement of children. There have been some attempts to try to minimize these stress factors in several school programs.

Constantine et al. [2] have put forward a resilience development model that can also elucidate on the role of external influences, including not only children's family and peers, but also the education system and local communities. Resilience in children is developed through caring relationships and support at school, high expectations from adults supported with their trust in children's capabilities and children's participation in

competitions and socially significant activities. Finally the research of Leer, Loke, Wu, & Ho [3] showed that primary school students have the need for health and psychosocial wellbeing education. Intervention programs or early identification of needs are needed.

We did see in our previous research ([4], [5]), that children at the age of six and seven do want autonomy. On this fact focused also Cooper, Nye, Lindsay [6], who did find out, that the support of autonomy by the parents results in better outcomes of tests, better grades and finishing of homework. Parents and teachers have to motivate and support the child in autonomy. Children at the age of six are commonly believed to be physically and cognitively mature to start education. Polish parents, educators and psychologists have revealed a number of potential emotional and social difficulties that children may experience in the process [7]. Social concern stems from the fact that six-year-old children develop in an inharmonious way: their cognitive abilities often match those of a seven- or eight-year old, but their manual or social competences and their self-regulation levels are more akin to those of a five-year-old.

Study of polish six-year-olds

The major outcomes of Polish pilot studies (carried out in 2012–2013 prior to the decision to make education compulsory for six-year-olds) have demonstrated the following [8]:

1. Six-year-old children in form one attained the same level of mathematical skills at the end of a school year as their seven-year-old counterparts in form one. This also means that, as regards mathematical skills, six-year-olds in form one have benefited the most.
2. As regards children involved in the study, it was the weakest group, namely children that had the lowest results in the autumn measurement, that demonstrated the highest development rate regarding the three types of skills.
3. Six-year-old children in form one demonstrated the highest development rate with regard to reading.
4. The competence level demonstrated by children in form one was higher than that of children in reception-class and lower than that of seven-year-old children in form two, that is children that started education at the age of six. In a nutshell, it is not the age that proves decisive, but skills that children acquire.
5. Seven-year-olds in form two, namely children that attended form one as six-year-olds, demonstrated a higher competence level than their seven-year-old counterparts in form one.

The opponents of the idea to send six-year-old-children to school are particularly concerned with the fact that children are insufficiently mature in terms of their realistic self-perception, emotional self-regulation, social skills, problem-solving abilities and coping with stress. This opinion is based more on parents' own observations or feelings. The outcomes of relevant research fail to demonstrate any significant difference in these competences between six- and seven-year-olds ([9], [10]). However, the claim that the education system is not suitably prepared for the needs of small children, is difficult to refute.

Situation in Czech Republic and school maturity

Compulsory education starts at the beginning of the school year following the date on which the child turns six years of age. A postponement of the school education is possible on base of the request of the parents and expertise by a pediatrician or psychologist. A child which turns six years of age between the beginning of the school year and the end of the calendar year may be accepted for the compulsory schooling, if physically and mentally ready and if this is requested by his legal representative (§36, 561/2004 Sb. Zákon o předškolním, základním, středním, vyšším odborném a jiném vzdělávání: school law).

Of the six year-olds, the postponement of the start of compulsory schooling is allowed to around 17.5 - 18% of them. In 7-year-olds and older children, it is only about 1% of postponements. Less than 1% of children entering compulsory schooling are in the age of 5 years. There is a difference between boys and girls. While roughly more than 83% of the girls newly enrolled in primary schools are 6-year old and only about 15% 7 years old, more than a quarter of boys are 7 years old and only about 72.5% of boys are enrolled at the age of 6. The discussion about the school start at 7 years is motivated by the quite high rate of postponements. The main reason for the postponement is lack of attention and social immaturity at children. We personally do not agree with this interpretation.

For the decision about the beginning of the school education we use the criteria of “school maturity”. There was no big research on this topic, but we provide now a project on transitory moments in education. The term “school maturity” is traditional in Czech pedagogy and psychology. School maturity is defined in different ways, but according to Mertin [11] over the past 20 years the view of the child's entry to compulsory education and the concept of school maturity changes. There is a move away from a medical approach in pedagogy and psychology and psychologist begin to promote an ecological systematic approach to psychic phenomena. In practice, this means that almost every child at the age of 6 years is able adapt to the conditions of education and

accordingly the school has to adjust the content and form of education. We should not look just on the maturity of the child, but also on the preparedness of the school on children with different abilities and specifities.

Discussion

Environmental factors play an important role in the process of resilience development. Thus, as Urie Bronnfenbrenner's ecological psychology [12] suggests, there is a necessity to create a harmonious combination of the systems that have an impact on children's development. As regards children's successful start at school and their educational achievements, it is not only their family homes' microsystem (one that motivates them to learn) that matters, but also their mesosystem, that is, their parents' friendly or hostile relationships with educational institutions. Of importance is also the subsequent strata of children's environment, such as the exosystem, e.g. a direct impact that parents' salaries have on the family life in children's homes. And finally, the macro system, that is, sets of beliefs, norms and opinions prevalent in a given culture of society (e.g. children should enjoy blissful childhood as long as possible, instead of starting school already at the age of six) The last strata is known as the chronosystem, and it describes the influence of events that modify the process of developing maturity and taking up developmental tasks (e.g. poverty or loss in a family).

The answer to the question posed in the paper's title as to when children are mature enough to start school is a complex one, and it cannot be considered only in terms of children's competences. In order to be resilient, children cannot just rely on their own resources, but they also require support from the education system and family environment. This is because general social, economic and political dynamics and structures have an influence on their development.

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The bullying phenomenon: victims point of view

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Abstract

The investigation of the bullying phenomenon in Romanian schools is a topic of small interest among our researchers, being, at the same time, an extremely demanding process due to the general population view that there is no real danger in typical bullying acts. Numerous studies worldwide indicate that there is a strong connection between bullying and some very dangerous social situations for teens: delinquency, drug abuse, depression and even suicide. The articles objectives aim to identify the bullying victim rate in Timis counties schools, the most frequent bullying acts that students experiment as bullying victims and the characteristics of the students that are most likely to become bullying victims. The research, involved quantitative methods (questionnaire based investigation), and it was conducted in representative schools from Timis county, on a representative sample of 998 mid-school and high-school students. The recommendations are adapted to the Romanian realities, comprising concrete and adapted actions for reducing the rate of bullying victims in schools

Keywords: bullying, victims, antisocial behaviour.

Bullying – definitions and statistics

The bullying phenomenon in schools represents an important social problem worldwide, due to its associated potential negative outcomes that include development of anti-social behaviour, drug use, and depression, self-harm and even suicidal events.

The bullying phenomenon consists in „continual physical, psychological, social, verbal or emotional methods of intimidation by an individual or group. Bullying is any action such as hitting or name-calling that makes you feel angry, hurt or upset" [1]. Dan Olweus, referring to bullying in schools, defines the phenomenon as a situation in which the student „is exposed, repeatedly and over time, to negative actions on the part of one or more other students" [2].

Every bullying act has a series of common elements: a desire to hurt, a harmful action, a power imbalance, repetition, an unjust use of power, evident enjoyment by the aggressor and generally a sense of being oppressed on the part of the victim [3].

Bullying in schools can shape in many forms of manifestation. Direct bullying acts are easy to identify and consist in either physical action (hitting, kicking, pushing, biting) or psychological-emotional ones (name calling, threatening, gossiping). The indirect bullying acts are harder to identify and consist mostly in psychological-emotional and social acts (social isolation, intentional exclusion).

The bullying phenomenon worldwide is presented in an extended report of the United Nations published in 2006 [5]. According to UN, Africa Region has the largest frequency of the bullying phenomenon. In Zambia, 67% of the female and 63% of the male students investigated have been bullied within the two months previous the survey. South America region seconds, with values around 50%. On Asia continent the reports shows low rates of the phenomenon all over the region. In Europe, the bullying phenomenon shows great differences between countries, European countries presenting both very high rates (in Lithuania 64% of the female and 65% of the male students have been bullied in the past couple of month similar with Africa region and in Portugal - 44% of the female and 56% of the male respondents reported bullying rates similar to South America region) and very low rates (Czech Republic and Sweden only 15% of both male and female students have been bullied, less than Asia's lowest rates). According to the data, we can draw some tendencies regarding bullying in the world: Africa Region has the largest frequency of the bullying phenomenon and South America region seconds. North America region keeps constant moderate rates of the phenomenon and European countries presents both very high rates and very low rates without being able to determine a specific tendency of the region. Finally Asia region reports the lowest rates of the phenomenon all over.

From a recent sociological survey undertaken in Timisoara in 2013 [5] results that the occurrence of bullying actions in Timisoara's schools has a high rate (more than 80% of the subjects investigated had bullied

or had been bullied), an important percent of 14,94% considering bullying actions as normal interaction between students.

Victims of the bullying phenomenon

1.1 Types of victims and characteristics

The bullying victims can be categorized into two types: the passive victims and the active victims [2].

From a psychological point of view, the passive victims are fragile and unsecure in their relations with their peers and have weak abilities to control their anxiety. They are usually sensitive, calm and cautious individuals, but have low self-esteem. Because of their low self-esteem they tend to under evaluate their own capacities, to isolate themselves from social groups, making them this way even more vulnerable to bullying acts. In most of the cases, this type of victims do not have any friends in their class and for this reason the colleagues do not intervene when they are aggressed.

Also as a characteristic is the lack of the aggressiveness, meaning that the bullying acts on them are not resulted as reaction to their behaviour. If they are boys, usually are physically weaker than the average.

The passive victims usually do not share with parents, teachers or other people their negative experience, making intervention difficult. This characteristic silence is probably derived from the shame of admitting that they are in a submissive position and the fear that if they tell, the aggressor will react more violently.

The active victim type is also called provocative or victim-aggressor. This type is described as hot-tempered and anxious, and it is likely to react under threat. They alternate their status from bully to being bullied [6]. This category has difficulties to control their emotions and over-react to aggressions. The provocative victims show emotional instability, are easily irritated and seek revenge when they are aggressed, sometimes bullying weaker peers. Their self-esteem is even lower than the passive victims have.

The victim-aggressor type is usually highly unpopular in school, being nor popular as some of the aggressors are, nor demanding sympathy, as some of the victims are [8]. This fact results in social isolation and makes them unable to develop health peer to peer relations.

1.2 Study on bullying in Timis county schools, Romania – a victims point of view analysis

An extensive study on the bullying phenomenon in schools was undertaken in 2013 in Timis County, Romania [5]. The sociological survey was applied on a representative sample of 998 students (54,9% female and 45,1% males) from Timis county middle and high schools. The questionnaire was structured on 25 items, 8 of them referring to types of bullying actions, from the victims' point of view.

One of the main objectives of the study was to highlight the types of bullying actions experimented by students by the victims perspective. Regarding to this objective, two work hypothesis were released: (1) in school, the physical type of bullying actions are more likely to be recognised by the victims than those of psychological-emotional types; (2) girls are more likely to be victims of the bullying actions than boys.

From the data analysis resulted the following frequencies regarding the type of bullying acts from the victims point of view:

Bullying acts – from the victims point of view								
	Physical actions				Psychological and emotional actions			
	Pushed	Slapped	Kicked	Bitten, scratched	Threatened	Isolated	Laughed at	Gossiped
Very often	6,53%	2,51%	1,91%	3,61%	2,81%	3,71%	6,22%	12,45%
Often	13,25%	4,82%	3,81%	9,24%	8,23%	10,04%	11,75%	17,67%
Rarely	34,34%	22,19%	18,67%	22,29%	21,99%	18,17%	21,39%	24,80%
Hardly ever	17,77%	13,96%	15,46%	17,57%	18,07%	17,67%	26,41%	20,48%
Never	23,29%	52,31%	55,72%	43,17%	44,28%	46,39%	29,92%	2%
NR	4,82%	4,22%	4,41%	4,12%	4,62%	4,02%	4,32%	4,32%

Table no.1. Bullying acts – from the victims point of view

As shown in the table above, the hypothesis that the physical type of bullying actions are more likely to be identified by the victims than the psychological-emotional one is invalidated. The study reveals that, from the victims point of view, the students are more likely to identify the psychological-emotional ones (laughing at –

75%, gossiping – 75%, threatening - 51%, social isolation – 50%), than the physical ones (pushing – 71%, biting, scratching – 52%, slapping – 43%, kicking – 40%).

The analysis by gender of the bullying actions frequency from the victims' point of view was studied by type of action: physical and psychological-emotional.

The analysis of the physical acts revealed the following: (1) in the case of pushing bullying actions shows small differences: 21% of the female subjects declare that experimented pushing very often and often, compared with 18% of the male subjects; (2) slapping actions analysis shows significant differences by gender: a double percentage of male respondents experimented slapping very often and often (10% of the boys, compared with only 5% of the girls. Continuing, the study reveals that 69% of the female respondents declare that never experimented slapping in school, compared with only 39% percent of the male respondents. (3) the victims of kicking actions are also more likely to be boys than girls, the study revealing that only 33 percent of the girls and a 57 percent of the boys admitted that they experimented kicking actions from school peers; (4) the analysis of biting actions by gender shows significant differences related to the victims experiences point of view: 50% of the female respondents never experimented biting actions on themselves, compared with only 35% of the male respondents.

Regarding to the psychological-emotional actions, resulted: (1) threatening is also a bullying specific action experimented mostly by boys from the victims point of view, the study showing that 66% of them declare that on some extent they were threatened in school, compared to only 48% of the girls; (2) referring to social isolation, the gender distribution does not show significant differences between boys and girls as victims of this type of bullying action. Nevertheless there are some differences from the frequency point of view, 60% of the boys experimenting this type of action often compared to only 48% of the girls; (3) the analysis of laughing at type of bullying actions does not reveal significant differences between boys and girls (65% of the female respondents and 68% of the male respondents were laughed at at least once by their peers in school). The difference appear again on the frequency of the action: 21 percent of the girls experimented laughing actions often and very often, compared with only 14 percent of the boys; (4) in the cases of gossip type bullying actions the differences are obvious, female respondents experimenting in higher percentages and more often this type of action than male respondents. 79% of the girls compared with 72% of the boys were gossiped at least once in school and 39% of the girls compared with only 18% percent of the boys declare that they are often and very often gossiped by their peers in school.

The hypothesis that states that females are more likely to be victims of bullying actions in schools than males is refuted also. The analysis shows that, from the victims' point of view, male subjects identify themselves as victims in a higher degree than female subjects. On 7 of the 8 types of bullying actions analysed from the victims' point of view, the percentages are higher in the males' category, exception being the gossiping section, where the females are more frequently self-identified as victims.

1.3 The effect of bullying on victims

Children which are victims of bullying acts can be negatively affected emotionally and socially, determining low self-esteem, social exclusion, aggressive behaviour, depression and even attempted suicide. Numerous international studies concluded that children that are victims of bullying acts are more likely to develop depression and commit suicide than other adolescents [8, 9, 10, 11, 12]. Students which are being bullied for a long period of time can develop "comparatively low levels of psychological well-being and social adjustment and to high levels of psychological distress and adverse physical health symptoms" [13].

It is logical to assume that victims of bullying would be fearful and anxious in the environment in which the bullying took place. These victims might respond with avoidance/withdrawn/escape behaviours (skipping school, avoiding places at school, running away/suicide), more aggressive behaviours (such as bringing a weapon to school for self-defence or retaliation), and poor academic performance.

Studies show that there is a connection between academic performances and bullying, in the sense that the victims of bullying acts will develop fear and anxiety feelings toward school, being more likely to skip school and avoid school-related activities. Some studies demonstrate that 90% of students who were bullying victims experienced a drop in school grades [14]. Others show the link between victims and grades [2], or between the level of intelligence and the level of victimization [15] .A major study made in USA showed that around 160,000 students miss school every day due to fear of attack or intimidation by a bully [16] and that approximately 20 percent of students report being scared throughout much of the school day [17]. All of this without early identification and intervention can lead to isolation, depression and even suicide. A more recent study undertaken in UK on a representative sample of students followed the possible relationship between self-harming and bullying victims. From the total sample of children who had self-harmed (2.9% of the total sample), more than half were victims of frequent bullying. Exposure to frequent bullying predicted higher rates of self-harm even after children's pre-morbid emotional and behavioural problems, low IQ, and family environmental risks were taken into account. Compared with bullied children who did not self-harm, bullied children who self-

harmed were distinguished by a family history of attempted/completed suicide, concurrent mental health problems, and a history of physical maltreatment by an adult [18].

Conclusions

In order to reduce the number of school bullying victims, one of the main actions is prevention. Preventing bullying means creating specific policies addressed directly to bullying acts, creating and applying a set of sanctions to aggressors and offering education to potential victims, in order to enable them to confront and succeed in bullying situations. The steps for preventing bullying can be undertaken from multiple directions. Prevention actions can be directed towards creating social environments in witch bullying is not tolerated or by educating aggressors in order for them to be able to find constructive ways of channelling their anger.

A clear definition of the bullying phenomenon and specific policies of banning this type of behaviour, that includes also clear sanctions, can be the first step for preparing schools to deal with the phenomenon. These policies should address clearly all the types of bullying, including physical, psychological, emotional and social acts. Completing this policies, a set of clear and specific sanctions, adapted to the gravity of the acts, should be elaborated. This way the potential aggressors can assume the consequences of their acts before they choose to act.

The social perception of the bullying has changed greatly in time, and, even if proper politics can influence organisations, such as schools, it is hard for them to produce effects in the general community. People (teachers, students or parents) that are part of families in witch bullying acts are accepted as normal need explicit models regarding the alternative ways of reacting to those thoughts and feelings that usually conduct them to exercise bullying acts. They need support to learn new behaviours in order to part from their old ways of coping with the challenges.

Community education is hard and takes time: many people feel like all the things that happen in the privacy of their home, regard only them and therefore they reject most of the change suggestions. But if a father exercises bullying acts toward a mother and the children learn this behaviour in the process, what was a private matter, becomes a community interest one, because the negative behaviour splips into the community by the future acts of the children.

The prevention and reduction of the bullying phenomenon can be addressed in four steps: (1) Detecting the bullying situations – one of the most problematic aspects of the phenomenon is the difficulty to identify/recognise the bullying acts by the adults. In order to efficiently fight the phenomenon first of all it is necessary to know, identify and measure it. The measurement can be made, for example, by sociological surveys undertaken in schools. (2) Awareness and education – after measurement, the data should be disseminated, in order to show to the involved parties the extent of the phenomenon. It is important to organise meetings with all the parties involved: at school level debates regarding bullying can be organised with teachers, parents and students. The meeting should be channelled on finding intervention methods for the problems identified. Also, within this step, trainings for the teachers should be organised in order to develop new skills regarding socio-affective communication, active listening and conflict management. (3) Communication – the best way to find efficient solution regarding reduction of bullying acts in schools is to strengthen the communication between victims, school and parents. But, the problem usually is that the victims have difficulties in relating their experiences because of shame or fear of being blamed. It is important for example to create ways of securely permit victims and victims parents to relate their stories: a dedicated telephone line, or a counselling service. (4) Supervision and control – most of the bullying acts take place within school premises, in moments when the teachers' supervision is missing, or in places where adults are not present. For this reason it is important to program and sustain a more complete supervision program of the adults, especially in the places with high risk (during break periods, during lunch periods, at the school exits). If the adults' presence is more obvious and they intervene promptly in cases of bullying, the victims will feel more protected and the bullies will know that their behaviour is not accepted. Only the supervision and control is not enough though, a strong communication between the adults that participate is important in order to have a cohesive and efficient intervention.

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Permanence scolaire des etudiants dominicains une fois finie l'education primaire. Dynamique familial et resilience

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Abstract

The Dominican Republic is a country with a very low public investment in education and an education system that has a high rate of school desertion. In addition, school education is not valued by Dominican families following a traditional design. These circumstances and other social and economic make the school dropout rate increases, especially in eighth grade at the end of primary schooling. It is to analyze the role of family related variables (family and family social climate communication) relative to resilience in the case of students who, despite all these difficulties, continue to study in the Dominican education system.

Keywords: Dominican Republic, permanence school, family dynamics, resilience

Introduction

1.1 L'éducation en République Dominicaine

La République Dominicaine a un faible investissement public dans l'éducation (il n´atteint pas le 2% du PIB en 2011) et des indices de succès scolaire insuffisants selon les indicateurs internationaux. Les principaux problèmes qui découlent de ces conditions d'enseignement précaires peuvent être résumés en ces trois: a) des déficiences dans la salle de classe, ainsi que dans le nombre et dans la formation des enseignants, b) un grand nombre d'élèves par classe c) un grand niveau de désertion scolaire [3].

Le taux si élevé de désertion scolaire se doit, entre d´autres raisons, au grand nombre d'enfants et d'adolescents (âgés de 5 à 17 ans) qui travaillent, et qui selon les statistiques officielles cela suppose presque le 17 % de la population totale (NCLS, 2000, 2002). Pour comprendre ces chiffres on doit tenir compte que dans le cadre dominicaine le travail des enfants est considéré avec naturalité, car il a été traditionnellement considérée par les parents une manière de leur apprendre un métier, ainsi que d'internaliser la responsabilité, sans oublier que cela suppose aussi une contribution économique au foyer. Tout ceci, bien sûr, a des implications évidentes dans la façon ou l'éducation est valorisée par les familles. En outre, le nombre de mères célibataires qui élèvent leurs enfants à cause de divorces ou de l´abandon du père a considérablement augmenté [11].Ceci a fait que les difficultés économiques soient très grandes, sans oublier l´existence d´un certain laisser-aller dans l'éducation des enfants.

Cependant, malgré ces conditions socio-économiques et éducatives défavorables, qui font prévoir une véritable incapacité à poursuivre les études, tous les étudiants dominicains ne se comportent pas de la même façon. Il est vrai que les familles ayant une situation économique qui leur permet de payer une bonne éducation surpassent ceux qui ont des difficultés, mais il est vrai aussi que dans des contextes socio-économiques défavorisés il y a aussi des étudiants qui continuent leurs études contre vents et marées. Dans cette étude, nous allons nous intéresser à explorer les caractéristiques de ce dernier type d'étudiants.

1.2 Permanence dans le système éducatif et la résilience. La résilience de la famille

En raison de l'absence de normes d'éducation dans le cadre familial et, par conséquence, de la manque d'intérêt pour le développement des enfants et des adolescents, autant de la part des familles, que de la société, on pourrait s'attendre à ce que l'étude des caractéristiques de la dynamique de la famille, pourrait nous aider à faire une prédiction sur la continuité des élèves dans le système éducatif. Il suffit de se rappeler que dans des études antérieures la communication de la famille est un indicateur de l'existence d'un environnement familial

sain, et que cela, à son tour, est un important facilitateur du processus de socialisation et de la construction des valeurs [4] et donc, dans le processus d'adaptation des enfants et des adolescents [12].Tout cela a une relation directe sur le maintien des étudiants dans le système éducatif.

Cependant, cette étude vise également à explorer le potentiel explicatif de la résilience des élèves concernés, puisque l'inclusion de cette variable pourrait signifier la possibilité de rompre ces prévisions, permettant ainsi de faire face aux difficultés avec succès et même de s´en sortir renforcé [6],continuant dans le système éducatif dans des circonstances tellement défavorables. Des études récentes expliquent la résilience au-delà de certaines qualités personnelles et soulignent l´importance de l'environnement et, en particulier, l´importance de la famille. Cela a mené à développer des recherches systémiques de la résilience familiale [7] dans lesquelles la famille est considérée comme une source de résilience même dans le cas où il y aient certains troubles [16]. Ce processus dynamique qui semble exister entre les influences réciproques de l'environnement et de l'individu permettent une meilleure adaptation à l'environnement et peut donc être considéré comme caractéristiques pertinentes cadre familier [8].En ce sens, il y a des recherches qui ont mis en relation la famille et la résilience à l'adolescence, de sorte que l´on a montré des comportements plus ou moins résilients sur la base de ce domaine [5], et d'autres ont établi des relations entre la fonctionnalité de la famille et la résilience [10].

Par conséquent, dans cette étude, nous avons cherché à analyser les caractéristiques de la dynamique de la famille des étudiants dominicains, leur résilience et la corrélation entre ces deux variables, autant parmi les étudiants qui poursuivent leurs études en première année du baccalauréat, qu´entre ceux qui les abandonnent en 8ème, la dernière année de l´éducation primaire.

Méthodologie

1.1 Les participants

411 étudiants dominicains scolarisés dans quatre écoles dont le taux élevé d'abandon scolaire de la 8ème année de l'enseignement primaire est très important (étudiants entre 12 et 18 ans), ont participé dans cette étude. Dans la deuxième année académique, c´est à dire la première année du baccalauréat, cette étude n´a pas pu être menée que sur 114 étudiants, parce que le reste (297) n´a pas poursuivi les études.

1.2 Variables et instruments de mesure

1.2.1 Résilience

Pour évaluer le niveau de résilience on a utilisé l´échelle Wagnild et Young (1993) qui se compose de deux facteurs:

a) la compétence personnelle, considérée comme la reconnaissance de facteurs tels que la confiance en soi, l'indépendance, la décision, l'invincibilité, la force, l'esprit et la persévérance.
b) l'acceptation de soi-même et de la vie, représenté par des facteurs tels que la capacité d'adaptation, l'équilibre, la flexibilité et la perspective de vie stable. Ses propriétés psychométriques sont acceptables (alpha de Cronbach = 0,94 pour la pleine échelle et de 0,91 et 0,81 pour les deux facteurs signalés).

1.2.2 Climat de la Famille

L´évaluation du climat de la famille a été effectuée par l´escale du même nom de Moos et Moos [9], dans son adaptation en espagnol (Fernández et Sierra, 1989) dont la dimension des Relations Internationales qui a été utilisée ici, a les suivantes trois sous-échelles: la cohésion, l'expressivité et les conflits familiaux. Les indices de fiabilité des sous-échelles sont acceptables et sont situés entre 0,52 et 0,82.

1.2.3 Communication de la famille

La variable communication de la famille a été évaluée au moyen de l´escale de communication parents-adolescents de Barnes et Olson [2] dans son adaptation en espagnol par l'équipe de recherche de l'Université de Valencia (Lisis). Elle dispose deux échelles se rapportant au père et à la mère, avec trois échelles relatives à une communication ouverte, offensive et d'évitement. Leurs taux de fiabilité sont acceptables. Ils vont entre 0,64 à 0,91.

Résultats

1.1 Résultats référés à la communication et au climat de la famille

Les résultats obtenus dans les variables relatives à la communication et le climat de la famille dans les années scolaires analysés ont été :

Tableau 1. Types de communication de la famille selon l´année scolaire

Communication	Minimum		Maximum		Moyenne	
Ouverte	1	1,27	5	6	3,62	3,66
Offensive	1	1	5	7,5	2,05	1,99
Évitante	1	1	5	6	3,05	3,15

Remarque. Dans chaque colonne la première partie correspond aux étudiants de 8ème degré et la seconde à ceux de la première année du baccalauréat.

En ce qui concerne le milieu familial on a obtenu des résultats très similaires dans les deux années scolaires, en ce qui concerne le score total (1,13 et 1,12 en 8 et 1 respectivement) ainsi que dans les trois dimensions: la cohésion, l'expressivité et de conflit.

1.2 Analyse de la résilience

Les résultats obtenus en ce qui concerne le niveau de résilience dans les deux années scolaires ont été les suivants:

Tableau 2. Résilience totale

Année scolaire	N	Minimum	Maximum	Moyenne
8ème	411	43	121	83,2
1ère année du baccalauréat	114	56	139	86,3

1.3 Corrélations entre résilience et cadre familier

Les résultats obtenus dans les différentes corrélations indiquent qu´en 8ème année il y a une corrélation faible et significative de la résilience, en ce qui concerne la communication familiale ($r = 0,119$, $p = 0,01$) et le milieu familial ($r = -0,21$, $p = 0,000$), tandis que dans le second cas la corrélation est inverse. Cependant, dans la 1ère année du baccalauréat les corrélations sont faibles et pas significatives.

Conclusions

Les résultats, concernant la dynamique de la famille (la communication et le climat de la famille), indiquent que le niveau de communication ouverte, dans le groupe étudiants du 1er degré de baccalauréat, même s´il reste dans des niveaux faibles augmente légèrement Par contre, la communication offensive diminue les niveaux et se maintient dans des niveaux moyens. Ces résultats semblent montrer que les caractéristiques de la communication de la famille des étudiants qui continuent à étudier sont un peu meilleures, tenant compte que l´on parle toujours des conditions défavorables. Ces résultats sont cohérents avec la situation familière décrite dans l'introduction et cela suggère la nécessité d'intervenir autant que possible dans l'amélioration de ces conditions, en particulier avec des campagnes de sensibilisation qui signalent l'importance de l'éducation dans le développement des enfants et des jeunes et le soutien économique pour fournir un accès à une telle éducation.

En outre, tel que l´on peut le voir dans le tableau 2, les niveaux de résilience sont mieux en 1ère année du baccalauréat, bien que dans les deux cas, les élèves sont places dans des niveaux qui sont considérés des niveaux de résilience de bas niveau. Il n´y a que deux étudiants de la première année du baccalauréat qui sont déjà placés dans un niveau modéré de résilience et personne de la 8ème année. Ces résultats nous portent à croire que les étudiants qui continuent à étudier sont ceux qui ont les meilleurs niveaux de résilience, malgré les conditions si défavorables et avec si peu de soutien dans le tissu social et familial. Dans ce cas, on pourrait promouvoir le tuteur de résilience afin qu´il puisse aider dans leur développement secondaire.

Enfin, on a pu vérifier, avec les étudiants de 8ème année lorsque l´on analysé encore l'échantillon total, qu´il semble y avoir peu de corrélation entre la résilience et la dynamique de la famille qui est significative, mais quand on analyse ceux qui ont été capables de continuer avec le baccalauréat, malgré les difficultés rencontrées il n'y a plus de corrélation significative. Ces résultats pourraient indiquer que l'influence qu´un environnement

familial si défavorable a dans la résilience, pourrait diminuer dans le cas des étudiants qui continuent les études de baccalauréat jusqu´au point de leur permettre y continuer. En tout cas, il est très important de noter que nous avons travaillé avec de très faibles niveaux dans toutes les variables testées, probablement en raison des conditions défavorables dans lesquelles la recherche a lieu, qui nous fait voir la nécessité d' une autre étude qualitative qui nous approche un peu plus aux variables qui nous aident à expliquer mieux la continuité des élèves dans le système éducatif.

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The issue of resilience in the context of small age children education

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Abstract

The training of early age children is currently recognised as an especially important intervention for a person's normal existential course. The adults (parents and teaching staff) involved in the shaping of minors' personality hold a set of attributes with stakes for both present and future. The current study is aimed at pointing out which are the conditions within the institution of preschool education that can expose children to delicate/ difficult/ risk situations that could induce mental discomfort or stress, as well as at highlighting a number of aspects of specialised paideic intervention with clear potential to determine the occurrence and development of a natural process of resilience in the child confronted with such circumstances. The study focuses on two complementary aspects: the manner in which kindergartens face the issues of trauma and children's resilience, and the structural characteristics of the educational activity in kindergartens that favour the process of resilience among minors (the specific features of the education's general purposes during the first years in one's life – global development/ socio-emotional development, the use of kindergarten space in relation to children's needs, the primary group of pre-school children, the kindergarten teacher as a significant person in the child's life).

Key words: trauma, resilience, small-age children, early education, development, educational outcomes.

Prolegomena

Until almost 200 years ago, an institution for small children appeared, even to the most optimistic persons, a daring idea or an idealistic project; yet currently, its reality (throughout the world after 1840 – the year of the first experience in Germany), the valuable experiences that have been accumulated and the ample debates around the issue of optimising its functioning within the complex framework of early education demonstrates the practical value of daring ideas. From a historical perspective, the organisation of educational institutions for early age children, especially of kindergartens, was motivated by invoking numerous aspects: the need to shape the children's personality in particular directions (perceived as end-goals of the functioning of the respective structures); the need to train children from an early stage to identify appropriate responses to the challenges that they will face in the future in societies (increasingly) different from traditional ones; supporting and helping parents (first, the mother and/ or, subsequently, the father) to perform their professional roles; protecting the persons in a process of becoming (as well as the social group) from potential future failure; materialising the values and principles of human living in the relationship between the adult and the young generations; respecting the rights of human beings in general, and respecting children and their rights in particular etc.

Issues connected to trauma, and respectively to resilience in the case of small children, constitute a topic which cannot be encountered in works on small age pedagogy, although the education practice integrates numerous special situations experienced by small children and upon whose successful resolution the normality of their life depends. Theoretical approaches to education assimilate trauma to special situations experienced by the child and recommend that it should be dealt with through the lenses of special psycho-pedagogy [1]. We believe that a thorough and updated analysis of the field undoubtedly highlights the possibility to integrate the above mentioned issues, in their essential aspects, within the training offer for kindergarten teachers. The current study argues below that formal educational activity for pre-school children is inevitably connected to the issue of trauma in their lives (when such trauma exists) and, through certain structural characteristics, it determines the emergence and development of a natural process of resilience in small children confronted with difficult circumstances. Since we accept the idea that "the resilience of individuals exposed to risks or adversities *should represent the goal of all interventions"* (highlighted by L. S.) that target human beings [2], we support the need to raise the awareness of the kindergarten's potential in achieving normal development for all children, including of those marked by problematic situations.

Kindergartens and children's trauma

The trauma experienced and felt by small children, due to circumstances related to life in the family that they belong to, generates effects that accompany them in kindergartens as well. Under these circumstances, it becomes imperative that teachers recognise the presence of the difficult situation, so that it would not aggravate and, especially, so that it would not be associated with other negative events within the pre-school institution. Nevertheless, educational experience and specialised literature indicate that, unfortunately, there are numerous situations with negative impact on pre-school children as a result of inappropriate/ wrong approaches in the teacher – small child relationship. The "ingenious violence" [2] that children can experience in their interaction with certain teachers may occur under subtle forms: the expression of tasks using an inappropriate tonality and/ or as a "pretention" towards children, the obsession for accomplishing an activity within a short time frame, respectively pressuring children to complete a task, inappropriate assessments in relation to children's age and needs for personal affirmation, strict/ severe evaluation of children's activity and products (focusing mainly or exclusively on finite products, rather than on how to capitalise on the process of obtaining results and on the intentionality accompanying an activity), the exaggerated control over children, blocking children's tendency towards autonomy (keeping them in a state of dependency via permanent fear, perfectionism, high level of exigency), labelling children, insulting them, administering inappropriate sanctions (bodily punishments, isolation, non-communication etc.). Within the time frame from birth up to the age of 7, children signal their confrontation with dangerous situations by structuring characteristics connected to development: helplessness, passivity, generalised fear, lack of responsiveness, high arousal, state of confusion (including at a cognitive level), lack of verbalisation, difficulties in talking about the event, in identifying emotions, sleep disorders, nightmares, separation anxiety, pain/ psychological mourning connected to children's abandonment by the reference adult, clinging to significant persons, somatic pains (stomach ache, headache), unrest, excessive crying, sudden "freezing" of the entire body, avoidance reactions, alarm responses to visual stimuli or physical sensations connected to trauma etc. [3].

Structural characteristics of kindergarten educational activity that facilitate the children's resilience process

The facilitation of the process of children's resilience in pre-school educational institutions is highlighted by a few land marks: the end goals of kindergarten education, the valorisation of institutional space, the pre-school group, the kindergarten teacher.

1.1 The end-goals of pre-school educational institutions; global development and socio-emotional development

Institutions of children and of childhood, post-1990 kindergartens (the year of the Conference in Jomtien/ Thailand that introduced the idea of *lifelong learning* and imposed the reconsideration of the importance of education after birth) explicitly undertake, as a marker of their identity, the goal of developing small children, irrespective of the existential background and origin (family, socio-economic, religious, cultural background etc.) and independent of children's particular conditions (normal/ abnormal from a certain point of view [4]. Everywhere in the world, during the first years of their life, children are perceived in a relational and holistic perspective; "the children is regarded as a whole, with its body, mind, emotions and creativity, as well as with its personal history as social identity. (...) As Mihaela Ionescu [5] notices, research draws attention to the correlation between children's development and the quality of nutrition, care, education and, implicitly, to the children's vulnerability during this formative period considered critical or sensitive".

Based on such conception with respect to children, Romanian kindergartens undertake development as an end-goal in its global dimension: physical, health and personal hygiene development, socio-emotional development, development of learning abilities and attitudes, development of language, communication and of the premises for reading and writing, cognitive development and knowledge of the world [4], [5], [6]. The very content of the *Law of Education* in Romania (2011), under article 67 [7], mentions that early education focuses on children's physical, cognitive, emotional and social development, respectively on the early remedy of potential development deficiencies.

The fact that curricula documents explicitly invoke the emotional components as a dimension of formative interest at the level of pre-school education constitutes a significant step towards the emergence of an appropriate conception on early education and towards the re-balancing of the relationship between general scopes centred on intellectual development and socio-emotional development. At the same time, they highlight the option, at political level, for *developmentally appropriate practices-DAP,* also known as the "social-emotional orientation" in education), set in equilibrium with didactic or academic practices [8]. The option for the abovementioned idea valorises in an adequate manner the truth that "children's intellectual functions are

developed and actualised in the constant interaction with affective and social development" [9]. If trauma constitutes the expression of an imbalance in development, with visible effects over the emotional component, the kindergarten's activity is called upon to make its presence noticed and to intervene, with its instruments, for the purpose of normalisation. From this perspective, all end-goals assumed by pre-school educational institutions become general purposes subordinated to the imperative of global development; in this valorising register, the children's autonomization, socialisation, disciplining and preparation for primary school must be re-signified.

1.2 Kindergarten space and children's needs

From a pedagogical perspective, the kindergarten's space is perceived as a material frame of children's life which must be subordinated to the formative intentions assumed by the institution and, in particular, it must be used to the maximum in the process of learning (in response to the principle of intuition, of the link between theory and practice, respectively to the correlation between education and life). However, over the past years, one relates to kindergarten inner and outer space by taking into account all children's needs, not only the needs connected to intellectual stimulation; the institution of children education thus assimilates, in a beneficial manner, the message that minors "who present a high level of chronic anxiety produce high quantities of stress hormones, cortisol, which hinder the exercise of cognitive capacities and the functioning of the immune system" [5]. Resorting to kindergarten characteristic material facilities, in conjunction with and as a continuation of the positive attitudes of the educating adult, contributes to pre-school children's mental comfort [10]. Kindergartens' spatial and object-based materiality tends to assimilate elements encountered in family life: a quiet space (a small room), a cosy sofa, a comfortable armchair, attractive toys that stimulate research etc., a friendly and intimate atmosphere (created by warm colours, balanced forms, openings towards the elements of nature or their valorisation, music etc.). Such objects are a concrete and material way in which kindergartens support children's well-being [11], especially when children feel in danger (as, for instance, when they separate from the parent who brings them to the kindergarten). They allow children the control over space, to explore it in various perspectives (according to the available equipment), to individualise/ personalise the actual living environment while they are in the kindergarten, to protect themselves, to impose their own security boundaries etc. The spaces of pre-school educational institutions constitutes one of the most visible and direct indicators of the adults' vision towards the child, childhood and education during the first years of life.

1.3 The kindergarten – the living environment of the primary pre-school children group

Kindergartens are structured as institutions for every child, and, equally, also for the group of pre-school children. No matter how generous it might be, the space of pre-school educational institutions is limited to a few square meters, a surface that facilitates, in itself, the production of interpersonal contacts, including physical ones. The mere repeated exposure of a child to the other children in the kindergarten induces mutual acceptance (irrespective of the dysfunctionalities that might emerge during this process), various interactions and the generalisation of these states in an environment that is different from the family. The physical proximity involved by the space of the kindergarten involves closeness, "direct contact between persons and social groups, engaging a multitude of psycho-social processes and effects" [12]. Kindergartens not only enables and but also constructs, explicitly, frequent occasions to situate children (among themselves) at intimate distances (up to half a meter), at personal distances (75 centimetres), but they also facilitate public distances (more than 3.50 meters) between children themselves (in certain circumstances), or children – teachers, children – parents of other children, children – persons involved in care giving and educational activities in pre-school educational institutions. The pre-school group is stimulated to be and is assisted by teachers in becoming a group of games, of interaction and controlled/ self-controlled communication by resorting to the rules of the game; such groups affirms its characteristic features as a primary group within the sense ascribed to such term by Cooley [13], [14].

1.4 Kindergarten teacher –persons of significance in children's life

Early education programmes are associated with the advantage of putting children in contact with professionals in the field of minors' upbringing and education. During their initial institutional training and throughout their career, teaching staff assimilate the necessary competences for the efficient interaction with pre-schoolers: the competence to know children's personality, to organise and run kindergarten activities, to construct the curriculum (objectives – contents –communication and assessment strategies) correlated with pre-schoolers' global needs for communication and optimal interaction with children, parents, other categories of specialists, to establish the partnerships necessary to optimise activities that shape children's personality and, especially, the competence to use games and stories as essential means to perform kindergarten activities.

Beyond the shown competences, teachers activate certain moral values (kindness, tolerance, sympathy, generosity etc. [15]) and different instrumental attitudes (accepting the child, love for the child, availability for

his or her problems etc. [16]) which kindergarten teachers, during the state of early-education, assimilate as unconditional professional imperatives, as elements constitutive of professional deontology. Kindergarten teachers are the only teachers in the educational systems which are being required, as a matter of professional imperativeness, to offer affection in an exemplary and unconditioned way. Because "the affective character of the family environment is, undoubtedly, its greatest force" [17], one can reach very far away, only by benefiting from their mother's love. Everything starts from love and trust, argue Thompson, O'Neill and Cohen [18]: a child's mother and father must trust their children; they must not be always scared, critical, or nag them ceaselessly. The stake of affection offered by parents to their own children constitutes a fact that kindergarten teachers internalise and actualise during the time when their professional role turns them into the temporary substitutes of parents. Teachers who accompany children in the kindergarten perform emotional work *par excellence*; they demonstrate closeness, sensitiveness, tenderness, express encouraging and motivating messages to involve minors in attractive and pleasant activities, strive to be (at least temporarily and for a limited interest which must not be neglected) a substitute of a family member, of the family, a symbol. Ultimately, in their relationship with pre-schoolers, teachers must actually strive to be as careful, as devoted and unconditionally affectionate as a good parent; and knowledge of this truth must be accompanied by the understanding of the type of relation between each child and his/her parents [19].

Conclusion

Because kindergarten shave significant leverages to support children resilience, the issues of trauma and resilience of small age children can become a topic of interest within pre-school education pedagogy.

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A teaching model for preventing the educational failure at university level

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Abstract

Because of the educational failure phenomena's complexity, it is very important for professors to determine and use in the teaching process some specific strategies which will prevent or remove many related specific issues. The first step in this way is the deep study of the educational context, followed by the design of a strategy centred on the educational success. Any strategy for preventing educational failure must ensure the success of the entire educational process which is oriented on students' personal needs.

In this respect, the aim of this study is to identify some particularities of an educational process which assures students' success in the educational process, as a basis for designing a teaching model for preventing the educational failure at university level. In order to attend this aim, 119 students at the West University of Timisoara were surveyed, analysing the characteristics of the teaching process of their course and seminary professors, for the academic year 2013-2014, semester I. The research tool was constructed on the characteristics of the Functional (pentagonal) Model for Educational Contexts. The obtained responses represent the basis for building up the guidelines for educational failure prevention strategy at university level. Also, the results of the research, although realised on a small sample, can be used for the optimization of the educational process at university level.

Keywords: educational success, educational failure, strategy for prevention.

Introduction

Any educational activity initiated at university level supposes to create and to organize such educational contexts which provide an ideal framework for teaching and learning activities. It is a real difference between an idealistic design and the educational reality of teaching activities. In order to implement good practices for the teaching process at university level, in accordance with the classic and modern educational principles, the professors need to use general models which will be particularized on the specificity of the educational context. In other words, modelling the educational situations assumes to offer such guidelines which are based on the expression of a constant repetitiveness in their challenging, successiveness and organization. This will avoid such issues which should determine students' educational failure at university level and assure success in their activities.

In this respect, in the scientific literature, draws our attention two models described by V. Ionel [6]: The Structural (Triadic) Model for Educational Contexts and The Functional (pentagonal) Model for Educational Contexts. Hereinafter, we try to adapt them to the particularity of the educational process at university level.

The first one takes into account the approach of the educational contexts through three components of it. This model can be considered a general pattern for the educational contexts, but must be adapted to the specific manifestations of the three elements in the educational process.

1. The educative factors meaning the professors and teachers, which are stabile elements (because represent sine qua non elements for the educational process), but also have their uniqueness and individuality (assured by personal knowledge, representations, opinions, judgments, values etc.).

2. The educative relations representing the multidimensional rapports between the two educational factors, settled up on a cooperative and communicative educational context. The professors and students are co-participants in the teaching process, they empathies and assume commune responsibilities for maximize the educational value of it.

3. The educative influences or the extern factors of the educative contexts are related to the characteristics of the educational environment, the educational finalities, the principles and the applied rules in the educational process, the teaching and the evaluation strategy. Also, the educative influences are materialized in social and cultural influences from the family, the community or other membership groups in which are

involved the two actors. The educative influences offered by the educational process at the university level must have a real valence in the student's educational training, but cannot ignore the external influences, previously mentioned.

The *Functional (pentagonal) Model for Educational Contexts* not excludes the first model, but tries to develop more specifically each elements and offers some recipes for avoiding or preventing the educational failure of the students. The elements of this model are the following [6, pp.135-141]:

1. The educative challenge refers to the influence of the educative factors on provoking and supporting the students' transformational process. According to J. Dewey, the role of the educational institutions is to coordinate all the educative influences through valorising the natural or artificial contexts, in order to provoke a response activity from students [4]. So, the characteristic of the educational provoking context are: a teacher that is less centred on his knowledge and beliefs than others, much opened for listening and knowing his students, for offering feedback to the students and for changing himself in the educational process. The students are invited to assume responsibilities, to reflect, to solve problems and to use self-evaluation.

2. *The permissiveness* is used by the author as a behavioural dimension of the professor, which facilitate the students' evolution in the learning process. According to the model proposed by J. Wittmer and R. Myrick, the facilitative professor is: carefully, genuine, understanding, respectfully, pedagogically and scientifically documented, opened to communication [10]. These teachers' qualities are very important in the educational process which prevents students' failure and assure success.

3. *The permeability* refers to the students' availability for receiving and internalizing educational influences and for involving in some specific educational issues. So, the permeable learning is not only refers to the knowledge assessing process, but will become an adaptive process, with real value in the transformation of the student and his authentic learning.

4. *The educative influences* (previously mentioned) are discussed in this model from the perspective of their customising by the professors (the teaching style, the managerial competence, the teaching and evaluating strategies etc.) and the students (the personal characteristics and educational choices, the co-participation in the educational process, the personal values etc.).

5. *The pulse* of the educative contexts is related to the dynamic and the continuous changes of each dimensions previously mentioned. The educational process must be structured and coherent, but also flexible and adaptable to the change.

This model highlights the interdependence between the teaching and the learning processes in order to assure educational success and prevent students' failure through all educational dimensions previously mentioned in this article.

At university level, the model for prevention the students' educational failure must be a starting point for the resiliency model, which should be used for students who are engaged in such educational situations. In the resiliency literature, an important place is given to the protective factors which will prepare the people for negotiating successfully the risk [7] or to the relation between these factors and the situation of resilience in which these people are involved [8]. In any educational process, teachers should provide and model three protective factors: caring relationships, high expectations and opportunities to participate and contribute. These factors are related with students' basic needs for safety, love and belonging, respect, power, and accomplishment and learning [2].

J. Brooks points of that schools can strengthen resilience by developing social competence, increasing bonding between students and caring adults, communicating high expectations for students' academic and social performance, maximizing opportunities for meaningful participation of students in the school environment and creating partnerships with families and community resources [3].

Z. Barley, H. Apthorp, H., and B. Goodwin concludes that a high level of students achievement is assured by creating a "safe and orderly" school environment and classrooms with "clear goals" and effective feedback [1].

There is a moment when the individuals become persons at risk for academic failure and it is very important for teachers to involve and to understand which and how many factors contribute to the poor outcomes. Because the school-related factors appear to be among the many factors that have a significantly impact on the academic success or failure [9], teachers must develop and implement an educational process which is focused on the following characteristics: academic engagement, expectations and self-efficacy, individual study completion, curricular relevance, safety and communication in relation with students (positive relationship). Not every professor at university level has developed during his own career an educational process settled on these particularities. The foundation of this type of relationship with students begins with educators who have a resiliency-building attitude [5].

Methods and instruments of the research

The previously mentioned studies were centred mostly on factors which determine educational failure or assure a base for students at risk and them resilience process. Because any resilience process starts with identifying the causes or the factors which determine the educational failure, it is very useful for professors at university level to apply a teaching model for preventing the failure of students.

The hypothesis from which we started our research was: the educational process in the higher education system functions by a teaching model for preventing the students' educational failure and anticipate the need for the students' resilience process.

Settled up on a *survey based investigation* (a questionnaire with 28 items), our research goal was to establish the characteristics of the four dimensions of The *Functional (pentagonal) Model for Educational Contexts* (considered a possible teaching model for prevent students' failure) in the educational process at university level: the educative challenge, the permissiveness, the permeability and the pulse, previously presented in this article. Identifying the main characteristics of the teaching process as prevention from failure, we may offer guidelines for providing support in the professors' teaching activity and students' learning activity. In this respect, we surveyed a number of 119 students from the West University of Timişoara (year 1 of study) that analyzed in generally their professors' teaching activity for the courses and seminaries in the first semester of the year 2013-2014.

The objectives *of the research* were:

O1. To settled up the characteristics of the teaching process (for course and seminary activities) as a model for preventing students' failure at university level.
O2. To identify the differences between the course professors and seminary assistant-professors, following the model of preventing students' failure in the educational process, on each dimension of the model.
O3. To offer some suggestions for a better strategy to prevent educational failure at university level.

Discussions about the results *of the research:*

In order to analyse the obtained results, we made an analysis on the following dimensions:

1. The score averages for each characteristics of the model for seminary and course activities.
2. The score averages for each dimension of the model for seminary and course activities.
3. The t test on independent samples (course professors and seminary professors), to establish the significant differences between the averages of the scores obtained by the course and the seminary professors on each dimension of the preventing model.

In the following, we present the analysis of data on each mentioned dimension:

For the course activities the highest average has obtained by the following characteristics: he is well prepared in his teaching field (4,54); he is respectful in the relation with the student, considering each student as a unique person (3,66) and the teaching process is dynamic, but with a rhythm adapted to the students (3,62).

The lowest average was obtained by the course professors at the following characteristics: he modifies the teaching strategy by the students' personal particularities (2,82), he looks for meanings behind of words, observing the facial expression of the students and orients the students to their colleagues through encouraging being sensitive to others problems (2,87).

For the seminary activities the highest average has obtained by the following characteristics: he is well prepared in his teaching field (4,65), assures the co-ordination of all activities in order to provoke students for answering to the issues (4,20) and the teaching process is dynamic, but with a rhythm adapted to the students (4,09).

The lowest average was obtained by the seminary professors at the following characteristics: he orients the students on colleagues through encouraging them to be sensitive to others problems (3,14), he looks for meanings behind of words, observing the facial expression of the students (3,22) and he knows the students feeling, allocating attention for relating to them (3,24).

Analyzing these score averages, we observe that the professors give a higher importance to the curricular aspects of teaching: the contents are very important and as well as the dynamicity of the process. For the seminary activities is very important to interact with students and to involve them in the educational process. But, the sensitive part of the teaching process (the meaning of the words, the personality of the students, their feelings and their desires to help colleagues) obtained lowest averages, more in the course activities than in the seminary activities, but in other cases in lower than other characteristics.

Relating to the four dimensions of the preventive model, we analyze the score average of the course and seminary activities. The results obtained for course activities is higher on *the permissiveness* (3,49) *and the pulse* of the educative contexts (3,43) dimensions. At the seminary level, the higher average was obtained also on *the permissiveness* dimension (3,80) *and the pulse* of the educative contexts (3,82) dimensions. The two dimensions not exclude students' involvement in the educational process and the teacher orientation on their needs, but

according with the previously mentioned scores on each characteristics, it is more important the process, than the person.

The t test on independent samples (the course professors and seminary professors), to establish the significant differences between the averages of the scores obtained by the course and the seminary professors on each dimension of the prevention model renders the following:

-for the educative challenge dimension there are significant differences between course professors and seminary professors;
-for the permissiveness dimension there are significant differences between course professors and seminary professors;
-for the permeability dimension there are significant differences between course professors and seminary professors;
-for the pulse dimension there are significant differences between course professors and seminary professors.

Table. 1 T test for the significant differences between course-seminar professors

Dimension of the model	Sample	Score averages	T	Sig. (2-tailed)
The educative challenge	Course professors Seminary professors	3.2772 3.7286	t= -5.446	p<0,01
The permissiveness	Course professors Seminary professors	3.4947 3.8003	t= -3.643	p<0,01
The permeability	Course professors Seminary professors	3.2756 3.6387	t=-3.960	p<0,01
The pulse	Course professors Seminary professors	3.4369 3.8205	t= -3.985	p<0,01

Conclusions

Although, the mentioned results of this study demonstrates that the teaching activity has some characteristics which indicate that professors are interested in applying and developing the chosen dimensions of a teaching model for preventing the educational failure at university level. The educational process is a structured on, settled up on various strategies which use the students as co-participant and develop their personality. At the seminary activities, each dimension of the model is more emphasized than in the course activities, because in this context is much easy to establish a relation with students and to encourage their formative evolution. But, it is required the optimization of each dimension, mostly on the sensitive aspects of the teaching process. The students need to be in deeply observed, known, listened and supported in their personal problems by teachers and colleagues, because these personal life issues have a very strong influence on their learning process.

At the beginning of this article, we mentioned that a teaching process that is settled up on the principle of The Functional (pentagonal) Model for Educational Contexts, not only prevent failure, but should be a model for a resilience model at university level. In this respect, we offer some suggestions for teachers to implement a better strategy for preventing the educational failure of their students:

-The contents are not only used as a way to achieve the educational objectives, but are resources for provoke students to manifest their real educational potential and personality. Of course, most of the time, professors at university level have great expectations from their students and include them into a pattern of the perfect student. In this situation, professors forget that students should have various problems, determined by various factors and are interested only on attending the established objectives.

- The educational finalities, materialized in the specific competencies must assure a support for students to overcome the real life problems and to adapt to every change which can appear. In order to set up such finalities, professors must be connected to the real life issues of the students, to know and to support them in their educational evolution or resilience process (when it is necessary).

-The used teaching strategies must create educational situations, connected to the specificity of the adult life, because it is important to help students to assume the responsibilities that come with it. Also, it is necessary that these strategies assure an educational climate which determines the students to be opened and supportive with their colleagues' problems.

-The evaluative strategies are not only instruments for establish the students' educational evolution, but must demonstrate how good was their decision regarding the learning process in different educational contexts, how well they know himself and how will be manage possible future issues.

For attending these characteristics, professors must use the educational time not only for teaching, but for feeling and modelling personalities.

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Pour une résilience plus ancrée, une vision plus large de soi

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Abstract

In the study of resilience, the danger would be to observe the phenomenon externally while the inner experiences of people may be more fragile and unstable. All the resilient are not equal. Self-perception and its resources but also optimism makes all the difference. A certain kind of optimism characterizes the most resilient. They tolerate and include difficulties in the evaluation of events. It joined the benefit of psychological flexibility in the process of resilience as well as self-determined motivation also linked.

Starting with the compilation of the results of several analyzes with teachers of large school boards in the Greater Montreal and Saguenay (N = 534) around the notions of resilience, mental health and motivation, we propose to design the resilience from inside. In fact, more eudémonique vision of life in the workplace promotes resilience and psychological health. This seems to us a more complete vision of a more stable resilience.

Keywords: Resilience, Psychological Health, motivation, internal adaptation, resistance, development

Mise en contexte

La résilience, comme « adaptation positive dans un contexte d'adversité, une tendance à se ressaisir après des événements stressant et à reprendre ses activités habituelles avec succès et même à développer une moindre vulnérabilité face à de futurs facteurs de risque » [4]offre la possibilité de l'entrevoir comme processus.

1.1 *Résilience et personnes résilientes*

Afin de permettre le processus de résilience, il est avantageux d'avoir des caractéristiques résilientes telles que le sens de l'humour, par exemple, afin de réagir aux événements. Une estime de soi, la croyance en ses ressources, une certaine confiance offrent une vision de soi permettant d'évaluer les événements et d'établir aussi des rapports sociaux avantageux. Pour envisager la résilience, la manière d'observer les événements a donc toute son importance. Il s'agit d'être optimiste, mais pas simplement. Le réalisme dans ce positivisme importe beaucoup. De fait, il faut distinguer *l'optimisme situationnel* de *l'optimisme dispositionnel* où le premier serait spécifique à un événement en particulier tandis que le second s'applique quelque soit la situation [27]. On le nomme aussi *optimisme réaliste* [21]. La personne résiliente a en effet une faculté de voir les événements tels qu'ils sont, de manière réaliste, mais sans toutefois y perdre sa vision positive. Ainsi, tout va mal, mais ça va s'arranger. Cet optimisme réaliste peut être nommé également flexibilité psychologique (Kashdan & Rottenberg, 2010) où l'individu accepte la situation telle qu'elle est, ce qui lui permet de tolérer l'anxiété associée. Cette notion de flexibilité et/ou de réalisme dans le positivisme est très intéressante car elle permet aux individus de ne pas être victimes des situations. Toutes ces caractéristiques permettent des résultats résilients, « avoir de bons résultats malgré la menace à l'adaptation et au développement (Masten, 2001). Dans ce cas, on observe de bonnes formes de réalisation au travail, un engagement dans les relations amoureuses, la capacité d'entretenir des relations amicales, de développer une famille, d'avoir des enfants.

1.2 Résilience et santé psychologique

L'adaptation en résilience comprend deux notions importantes dont l'une d'elle est souvent négligée. En résilience il faut concevoir une adaptation externe visible par un comportement attendu normal au travail, dans la société. Mais elle comprend également un volet interne de maturité, de santé et de bien-être psychologique. Mais actuellement encore, la recherche se focalise essentiellement sur l'adaptation externe [7] [10], ce qui ne permet pas de voir que la personne contrôle son existence tout en négligeant son corps, sa physiologie, ses limites [9]. Et de fait, l'important devient avant tout l'adaptation sociale mais la personne renonce à une partie d'elle-même [20]. Pourtant, la résilience c'est aussi la capacité de maintenir ou retrouver un

haut bien-être face aux adversités de la vie [23]. Il est vrai que la plupart du temps, résilience rime avec bien-être. [26] [30] [34]

Tout le monde n'est pourtant pas du même avis. La santé psychologique n'est pas forcément liée à la résilience [6] [14] [32]. Des enfants dits résilients sont dépressifs [3] [8], ont des difficultés relationnelles [16] [35]. Les relations interpersonnelles des adultes résilients sont parfois difficiles [20] [35].

Pour mieux comprendre la résilience, il faut l'entrevoir de manière processuelle. Dans la définition même de la résilience se trouve un certain mouvement. En effet, il s'agit de résister avant tout aux événements difficiles, voire traumatiques, mais ensuite il faut pouvoir se développer normalement dans la société, sans trouble de santé. Et c'est bien autour de la notion de développement que se trouve probablement notre clé de bonne santé psychologique parce que cette notion est alimentée par la motivation autonome.

1.3 Résilience et motivation

1.3.1 Motivation autodéterminée

Le concept de motivation autonome, ou autodéterminée, est issu de la théorie de l'évaluation cognitive mise en place par Deci et Ryan (1985) *in* Deci & Ryan [10] et se base sur la satisfaction de trois besoins psychologiques fondamentaux: compétence, autonomie, relation. Lorsque ces besoins sont satisfaits, la motivation est dite intrinsèque et l'individu agit par intérêt, plaisir et satisfaction [10]. Autrement, la motivation est dite extrinsèque avec 4 styles de régulation (externe, introjecté, identifié, intégré). Dans les recherches, les styles identifié et intégré sont souvent fusionnés parce que trop difficiles à distinguer. Ces motivations sont également réparties en motivation autonome (identifié, intégré, intrinsèque) et contrôlée (externe, introjecté). La personne en régulation externe dépend de son milieu et agit pour éviter les punitions et acquérir les récompenses. En régulation introjectée, la personne contrôle elle-même la situation, c'est elle qui juge si elle doit faire ou ne pas faire en fonction de la valeur qu'elle s'accorde à l'action en cause, afin d'éviter notamment de la culpabilité. En régulation identifiée, la personne est consciente de ce qui lui convient, lui plait ou lui déplait, mais choisit de faire les choses pour son développement. De fait elle est en mesure d'accepter une situation non agréable, elle estime que cela lui permettra de grandir vers autre chose. En régulation intrinsèque, la question de l'importance de supporter certaines choses pour son développement ne se pose plus, elle a un plaisir inhérent à l'action. Les nombreuses études se concentrant sur la motivation autodéterminée montrent un lien positif avec le bien-être [11].

1.3.2 Caractéristiques motivationnelles en résilience

Les descriptifs des personnes résilientes appartiennent également à la motivation. En effet, les personnes résilientes sont indépendantes [36], autonomes [20], ont une bonne estime d'elles-mêmes [5] [17] [20] [21] [25] [28], une certaine confiance [2] [20] [25] un sentiment de compétence [2] [20] [21] [25] [28], d'auto-efficacité [20][21][25][28]. Elles sont aussi capables d'établir des liens sociaux [19]. Les personnes résilientes ont un amour de leur travail, du plaisir [2] [21] [33].

1.3.3 Hypothèses

Toutes ces descriptions et cette adaptation interne peu évidente nous amène à poser les hypothèses qu'il devrait y avoir des individus différents pour ce qui est du bien-être et de la détresse, les deux volets de la santé psychologique [24], mais différents également en résilience, puisque certains vont vivre une résilience avec de la dépression tandis que d'autres la vivront en bien-être. Au-delà du lien, nous pensons que la motivation a un effet sur la relation même entre résilience et santé psychologique, que nous pensons de l'ordre de la médiation. C'est-à-dire que c'est parce que les personnes sont motivées de manière autonome, qu'elles peuvent vivre une meilleure santé psychologique en étant résilientes.

Expérimentation

1. Participants et questionnaires

Des enseignants du primaire et du secondaire issus d'écoles des grandes commissions scolaires de la région de Montréal et du Saguenay (N=534), ont participé à une étude élargie réalisée par l'équipe de psychologie du monde du travail et des organisations de l'Université de Montréal. Les instruments de mesure ont été distribués lors de journées pédagogiques.

Le questionnaire de motivation [12] comprend 4 facteurs (externe, introjectée, identifiée, intrinsèque) de 5 items chacun, sur une échelle en 6 points (1 = tout à fait en désaccord et 6 = tout à fait en accord). Les alphas de Cronbach varient entre .84 et .93.

La résilience a été mesurée via l'échelle de Hardiesse/Résilience (ÉHR) développée par Brien, Brunet, Boudrias, Savoie, & Desrumaux [4]. Elle comprend 3 facteurs : l'auto-efficacité (12 items), la croissance (5 items) et l'optimisme (6 items), pour un total de 23 items sur une échelle en 5 points (1 = presque jamais et 5 = presque toujours). Les alphas de Cronbach varient entre .86 et .91.

Le bien-être est mesuré via le questionnaire de bien-être au travail [13]. Il comprend 4 facteurs (engagement, ouverture à l'environnement, bien-être par rapport à soi, équilibre) pour un total de 25 items sur une échelle en 5 points (1 = presque jamais et 5 = presque toujours). Les alphas de Cronbach varient entre .75 et .85.

La détresse est mesurée via le questionnaire de détresse psychologique au travail [13]. Il comprend 4 facteurs (dépression, détresse par rapport à soi, détresse par rapport aux relations sociales, rapport à soi) pour un total de 23 items sur une échelle en 5 points (1 = presque jamais et 5 = presque toujours). Les alphas de Cronbach varient entre 0,79 et 0,93.

2. *Résultats*

Nos résultats sont multiples et ont fait l'objet d'autres présentations et publications antérieures. Nous visons ici à offrir une compréhension générale à partir de l'ensemble de ces résultats. Des analyses de profils ont été réalisées pour obtenir des différences d'individus sur les facteurs des variables de bien-être, détresse et résilience. Ils ne sont pas présentés ici. Nous avons ensuite comparés ces groupes sur les variables globales. Des analyses de médiation selon Baron & Kenny (1986) ont également été entreprises pour découvrir les liens médiateurs entre résilience, santé psychologique et motivation. Les analyses préliminaires respectent les assomptions de base.Nous analyses montrent qu'il y a des résilients en excellente santé psychologique et d'autres peu résilients et ayant une santé psychologique très moyenne, c'est-à-dire qu'autant la détresse que le bien-être sont à la moyenne arithmétique de l'échelle de mesure. Ceci nous confirme le lien positif entre résilience et santé psychologique. De plus, la motivation autodéterminée suit cette même logique. Les plus résilients sont aussi ceux qui vivent le plus de motivation autonome et satisfont le mieux leurs besoins, tout en ayant toutefois autant de motivations contrôlées (externe et introjectée) quelque soit leur niveau de résilience. Il n'y a pas de différence statistiquement significative pour ce qui est des motivations contrôlées. Pour les groupes intermédiaires, il n'y a pas de différence de résilience statistiquement significative. Par contre, ces groupes diffèrent en santé psychologique. Par exemple, le groupe 3, pourtant aussi résilient que le groupe 2 a de biens meilleurs niveaux de santé psychologique que ce dernier, ainsi que des motivations autonomes plus élevées. Les données visuelles sont rapportées à la figure 1.

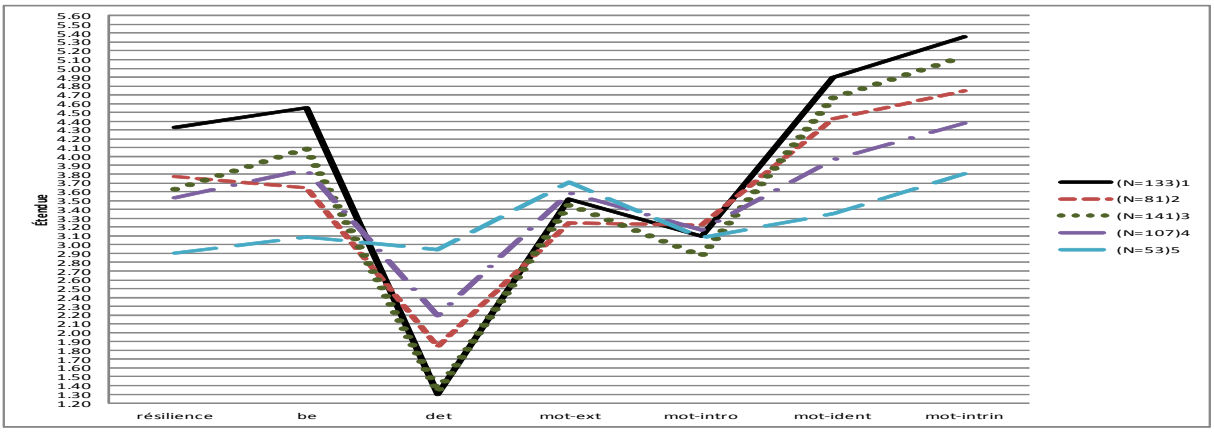

Figure 1. Distribution des moyennes de résilience, de santé psychologique et de motivation au temps 1 (N=534)

Ce lien linéaire est également confirmé par nos analyses de médiation puisque nous observons des prédictions de la résilience sur la santé psychologique (R^2 = 0.45 ; $F_{(1,520)}$ = 430.15, p < 0,001 bien-être; R^2 = 0.28 ; $F_{(1,513)}$ = 203.67, p < 0,001 détresse), de la motivation sur la santé psychologique (R^2 = 0.31 ; $F_{(1,523)}$ = 240.47, p < 0,001 intrinsèque sur bien-être; R^2 = 0.24 ; $F_{(1,516)}$ = 165.84, p < 0,001 intrinsèque sur détresse; R^2 = 0.17 ; $F_{(1,521)}$ = 109.58, p < 0,001 identifiée sur bien-être; R^2 = 0.15 ; $F_{(1,517)}$ = 95.12, p < 0,001 identifiée sur détresse), de résilience sur la motivation (R^2 = 0.20 ; $F_{(1,519)}$ = 130.25, p < 0,001 intrinsèque; R^2 = 0.13 ; $F_{(1,518)}$ = 79.35, p < 0,001 identifiée). Les pourcentages de prédiction sont compilés aux tableaux 1 et 2. Les prédictions

sont nettement améliorées pour prédire la santé psychologique lorsque les motivations sont ajoutées à la résilience.

Tableau 1 :
Prédictions du bien-être totales et partielles en pourcentage

Type de médiateur	prédiction totale	résilience	médiateur	portion patagée
motivation intrinsèque	54	22	8.4	24
motivation identifiée	49	31.3	3.6	14

Tableau 2 :
Prédictions de la détresse totales et partielles en pourcentage

Type de médiateur	prédiction totale	résilience	médiateur	portion patagée
motivation intrinsèque	37	8.4	12.3	16
motivation identifiée	33	16.8	4.8	11

Discussion

Les résultats présentés sont sommaires mais d'emblée ils permettent de saisir que la résilience, tout en étant en lien linéaire avec la santé psychologique, ne peut à elle seule suffire. D'ordre général, être plus résilient c'est être aussi en meilleure santé psychologique ainsi que les nombreuses études l'ont déjà montré [26][30][34].Cette recherche ajoute cependant d'autres éléments. Nous pouvons assumer que la motivation aurait une part de responsabilité du fait de son apport de médiation. Au-delà de la résilience, avoir des motivations autonomes apporte un atout supplémentaire pour assurer une bonne santé psychologique. Et ce n'est pas une évidence qu'être résilient soit synonyme de motivation autonome (13% de prédiction identifiée, 20% intrinsèque). De plus il n'est pas essentiel d'avoir moins de motivation contrôlée, en fait les plus résilients en ont tout autant que les moins résilients. Par contre, il semble nécessaire de vivre plus de motivation autonome.

Lorsque la personne entretient des motivations autonomes, identifiées, elle conçoit que les choses ne soient pas idéales ni même plaisantes en tout temps. La personne tolère. On peut supposer alors qu'elle puisse être flexible avec les événements de la vie. Tout n'est pas toujours rose. Cela se confirme avec les résultats de régression entre flexibilité psychologique et santé psychologique. En effet, la résilience peut expliquer 24% de la flexibilité psychologique qui elle-même explique 27% du bien-être au travail selon les résultats de Théorêt et collègues (2014). La vision que l'individu a des événements, sa manière de les appréhender fera toute la différence. La résilience est d'ailleurs également décrite comme le fait de s'adapter et de trouver du sens dans les événements stressants, une forme motivationnelle qui pousse à poursuivre une sagesse, une auto-actualisation, un altruisme et d'être en harmonie avec une force à la source spirituelle [22]. Il s'agit non pas de résister, ce ne serait qu'un début, mais bien de s'y développer malgré tout. Voilà toute une forme d'optimisme et de flexibilité de l'esprit capable d'envisager les événements à son avantage.

Par contre, Il y a probablement une distinction à faire entre flexibilité psychologique et résignation, ce qui ferait toute la différence. Si l'on conçoit la résilience selon la résistance et le développement, nous pensons que se résigner amènerait la personne à rester en résistance, à puiser dans ses ressources et à les épuiser, sans pouvoir s'y renouveler et s'y développer, ce qui amènerait des résiliences partielles nommées aussi désiliences ou désistance [20]. La personne avance mais y a perdu un peu en cours de route.

Conclusion

Nos résultats montrent l'importance d'observer ce que l'individu vit à l'intérieur de lui, comment il se perçoit, quelles motivations il entretient. Ce que nous voulons retenir ici est notamment l'apport indéniable, supplémentaire et non d'évidence de la vision des choses. Aristote prônait une vie eudémonique où le bonheur n'était pas dans l'immédiateté mais dans la manière de concevoir son existence dans ses actions bénéfiques et non dans ses acquis matérialistes ainsi qu'il est possible de nos jours. La motivation intrinsèque, la flexibilité psychologique sont des concepts représentant très bien cette vision de la vie. Et cela dépend de la personne, et non de son contexte. Bien sûr que l'environnement, les tuteurs affectifs ou les traumatismes divers auront un impact. Par contre, si la personne ne peut être responsable de ce qui lui arrive, il lui revient de choisir ce qu'elle en fait. Et le fait de voir les obligations et désagréments comme un tout permettant aussi de se développer ainsi que le conçoit la motivation autonome est justement une manière de se responsabiliser en tant qu'individu en

plus d'agir pour améliorer un environnement trop souvent éloigné de nos besoins humains. Cela évite également le risque d'être victime d'une situation extérieure à soi car après tout, il est possible de développer de la résilience aux moments où l'on s'y attend le moins, comme dans l'ajout d'événements traumatiques par-dessus certains non digérés encore et ne provoquant pas de processus de résilience au premier abord. Le développement intervient quand la vision des événements change et qu'il est possible de les entrevoir comme une possibilité d'avancement plutôt que de recul [20]. Et cela personne ne peut mieux le faire que la personne elle-même.

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The elderly - a person that needs more attention

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Abstract

Resuming in a few words the clinical nature of the elder patient, it can be said that he is a person of whose enormous functional reserves during his development and maturity are in great measure lost. In spite of the reduced reserves, most of the systems continue to work pretty exact although in a considerably slowed rhythm. Rarely does it require prohibiting the elder from doing some activities. The condition is that the activities that he develops should not necessitate strength or unusual agility. The only necessary limit at this affirmation is that the elder should be warned that many activities request from now on more time to execute and he should be encouraged to accept this thing and not try to rush.

Keywords: old person, ageing, disease.

Senior monitoring

The elder patient always imposes a certain specific situation putting the doctor in a different situation like when examining a young or adult patient and that is by differencing the normal from the pathological.

This particularity diverts from the fact that the normal of an adult is different from what we consider normal at an elder person, because the ageing process (the natural process, physiologic) attracts changes of the morphological and functional parameters of the organism, changes that are considerate physiological for a certain age. In other words, it is important to establish whether we find ourselves in front of an elder with changes of "ageing of the physiological scenery" or in front of an "elderly ill person". With all this, the differencing is often difficult whereas the two processes can coexist tightly bounded, being hard to separate, which influences negatively the proper evaluation of the elder and the development of the therapeutic measures.

Starting from this difficulty, in practice can be met two aspects:

- Either are considerate pathological some aspects of normal ageing, situation that doctor Constantin Bogdan considers with certainty to be the most frequent one;
- Either some pathological aspect is being considered normal, belonging to the physiological ageing. Roland appreciates that this second situation is frequently found also because of the elder's entourage (relatives, friends) that are trying to convince him that he has to comfort himself with the idea that full health is in the past and that he has to confine himself at being ill and weak, expecting to feel even worse before the end. As long as the elder and even the doctor accepts the continue pains, the dizziness, the weakness, the fatigue and other symptoms as an integrating part of the advanced age, many diseases will remain undiagnosed and untreated.(2003)[1]

That is why the elderly patients must be encouraged to relate the new and upsetting symptoms right at it appears. The elderly will appreciate the interest that his doctor or his caretaker has, they will trust each other and will be able to stay calm when the situations when the accuses regarding their physiological involution should not alarm them (it is possible that even at a very advanced age a man will hardly accept the decrease of his physical strength or eyesight, which are normal phenomena).[4]

Although the morbidity and mortality are constantly increasing with age, a lot of elder persons can enjoy a full and active life; the proportion of these decreases slowly from 95% at the age of 65 to 85% at the age of 80 and to 70% or less at the age of 90. This means that the older age should not inspire fear in most of the cases; it is a period that permits the individual to fully enjoy every moment, a period when unfulfilled ambitions can be reached.

Few studies have examined the health of some random elderly lots living in their own houses. This kind of study was realized in three districts at SV Ontario and provides estimations of the elderly proportions of different ages that have lost a part or all their independence.

Based on a simple activities analyze (walk, climbing stairs, washing, dressing), this study has found that most of the elderly are keeping their life style completely independent until the end. Between the age of 65 and

70 the incidence of significant disabilities slowly increases from 5 to 10%. Only after the age of 80 this enhancement of losing independency reaches 20-30% at the risk population.

The importance of this simple study is that it draws attention about the false nature of the idea that older age is mandatory the time of debility and losing health. Most of the elder, but not all of them, rely very much on health, more than on any other aspect of life and that is why is important that this message should be sent all over and of course, accepted. It will encourage the elderly to have hopes for his health, understanding that it can be accepted that the disabilities could not necessarily occur.

The elderly usually imagine a picture of chronic and continuous disease with the reduction of its capacities and with disabilities. However, there must be emphasized that the chronic disease and the age don't always go hand in hand. Shapiro finds that more than half the patients with internment longer than 6 months are persons under the age of 65, fact confirmed by the studies made in the hospitals of London and Ontario.(1983) [3]

Therefore, it is important to make the difference between the patients suffering of a chronic disease and elderly persons. This might have many health problems, typical to the elderly being the pathology but in relatively few cases it conducts to the continuation of complex disabilities to have as a result the loss of independence. In the other cases, the hope to obtain a satisfying recovery to independence is good.

The elder patients appear from many chronic state of disease (remarkable being the atherosclerotic disease, the vascular, bronchopneumonia chronic obstructive, the late diabetes, chronic arthritis). The first and the most common of these – atherosclerosis- appears usually as a series of acute episodes of heart attack, gangrene because of the peripheral vascular disease etc.

Although a part of the individuals become chronic ill in these conditions, the majority continues to maintain a dependent way of life, besides de occasional acute episodes.

Chronicity does not mean that the treatment can't be applied to reduce the problems and to maintain the independency. Ronald Cape appreciates that at an elderly the effect of a chronic disease falls, in big lines, in one of the three possibilities:

- First is that of the proven terminal disease and the patient dies in two-three weeks
- Second is that of the disease that responds to treatment and it properly rehabilitates and the patient is recovering it's full independence
- Third possibility is that the disease has as a result a significant loss of functional ability so that the individual becomes dependent of the surrounding persons support.

The American geriatrician considers that the elderly are afraid of the third possibility, so the management of the elderly diseases should avoid this situation if possible. (2003)[1] This objective can be realized having the elderly patient in a continuous rehabilitation program at home or if necessary in a day center with provision of community services, in order to encourage and maintain independency, be it only partially. Another problem related to the elderly pathology, that we consider is worth mentioning, is that of a surgical condition with a risk of dying, for example the discovery of an asymptomatic abdominal aortic aneurysm at an 80 years old person, situation possibly lethal because the rupture of the aneurysm will be most certain the cause of death. A surgery would remove the aneurysm and his lethal risk but, on the other side, this kind of intervention performed at a healthy octogenarian is encumbered by a pretty high mortality (approximately 19%) and can determine, through the operatory stress and by possible adverse effects of the drugs, the deterioration of mental capacity and of the independency of the individual. The experience shows that most of the elderly, if they are being given the possibility to choose, prefer a shorter and independent life instead of a long period of invalidity, when they are dependent of the care of others.

Another aspect of the elderly pathology, which we believe that deserves to be mentioned here, is the special role it may have the preventive geriatric medicine. And in this sense can be given many examples.

Thus, osteoporosis, considered somewhat universal at elderly women because of hormonal deprivation at menopause, have a high risk of fracture at the age of 75-80.

In the world, annually, there are hundreds of thousands of serious bone fractures attributed to osteoporosis. [4] The diet analysis of middle-aged women shows that, for many of them, the diet does not contain enough calcium, although negative calcium balance may be only a secondary factor of this multi factorial disease, it plays an important role and is certainly a remediable factor . It can act preventively also on other etiologic factors, of osteoporosis, by hormonal correction and physical activity, particularly important being the preservation of an even modest physical activity.

The elderly Digression on Mentality

To make a minimum assessment of what the old age means in the history of mentalities, we need, if not a trans disciplinary approach, at least multifaces vision.[2] Entering the maze of the mechanisms of history on the path of mentalities, we are obliged to consider the statement of Fr. Scheling from his mythology philosophy

course as a determinant factor of history: "Not because people's history receives its mythology, but rather mythology determines its history or rather, it does not determine, but it constitutes the fate that was destined from the beginning ".

How man realizes the differentiation of animal world by symbolist mediation, there were made through the argument of the assumption above several meanings and references of the symbol "old".

"If old age is a symbol of wisdom and virtue (elders are old at the origins, meaning wise and guides) if the China (1993)[4] the elders have always enjoyed respect, it is because they are a foreshadowing of longevity , a treasure of experience and reflection , which is only an image of immortality. Per se, according to tradition, Lao- tzi was born with white hair, has an old man's face, hence his name which means old teacher. Taoism during the Han dynasty knows a supreme deity called Huang Iajun, meaning Senior Old Yellow, a purely symbolic expression that H. Maspero likened to the Ancient of days, we'd have to add the "old man on the mountain" of Druids.

In Revelation, the Logos is depicted with white hair, which is once again the sign of immortality. But to escape from the confines of time refers to both, to the past and future, to be old refers to existing before and after the birth of the world even after it will no longer be. Thus Buddha calls himself "the firstborn of the world". Shiva is worshiped at times (especially in anakorian Cambodia) under the name "the old Senior". The secret society Tiandlhui is sometimes designated as "the True Ancestor Society" (for example, in the edict of its condemning given by the Emperor Gia Long). This ancestor is the sky, at least for the Real Man, the son of heaven and earth (BHABI ElimGraoGuet Mast).

Considering ole age, in the archaic and traditional mentality in terms of violent behavior, we have to note that the elderly enjoy in archaic and traditional communities the exceeding of authority and respect and thus protection. It can be said, of course, that in some tribes found still in archaic community, there is the customary stoning (killing) rituals of the elders and it is brought as main argument of this behavior the economic motivation (they are "a burden on the community and can't be fed without jeopardizing the community resources").

This argument is rather the argument through which a society in crisis is chasing two rabbits: shown as being very understanding concerning the archaic tribal behavior, justifying them a behavior as being normal; based on a typical reasoning for the communities found in crisis and founds excuses for his actual behavior by discovering "its historical roots".

The reality is totally different. In support of this affirmation the arguments are numerous:

- The average age of archaic and even traditional communities is very low which means that the number of elderly in the true sense of the word is very small [1]. However, in a community that includes several hundred individuals, they were just rulers, doctors, the council of elders without whose opinion the community didn't do anything important.
- Given the previously reported, the ritual of killing of the elderly must have another explanation : perhaps a ritual self- offering for a sacrifice which the community members were obliged to execute or even a perversion of sacrificial rituals of a community in times of crisis , which could lead including to a deletion of the essential differences (e.g. "own foreign" when an old man, through his limitations of driving opportunities belongs to the community), which would allow their passage into the register of sacrificed victims. They were recruited from strangers, incomplete members or without family in the community that unleashes the chain of revenge, of indiscriminate violence (if the case of tribe's elders we can't discuss the lack of relatives in the community, they being usually related to almost the entire community), and between the individuals infected by the sacred distinction(the elderly were usually holders of secrets and rituals of 'differentiation of the sacred , of the attracting of willingness over the community"), and under the circumstances, the aggression of the elderly would have drawn the wrath of sacred over the community .
- Although the documents we currently have refer more to the awe and respect enjoyed by male elders is hard to believe that the old women did not enjoy the same respect, being the holders of the secrets of feminine rituals and initiations and which commonly identified themselves the "Great Mother "with Gea, with the earth, in its feminine state and with lunar grace. Even acute awareness of the impossibility for them to become mothers would not be sufficient for battering during the archaic and traditional period. We know, for example, that in previous centuries, inside the house, at the father's death occurs a rotation: "If the mother survived her husband she was forced to remain a widow, to leave her bed to her son and daughter-in-law and move to another room or mostly with her unmarried daughters or even granddaughters .At the father's death, the son inherits household management together with the best place for sleep." This means that only because of the death of her husband, losing the moral capacity of procreation, she loses her position of queen in the hive, the mother of the family, in favor of the one having the moral right to procreate and perpetuate, and by no means does not mean that she is abandoned: she switches in the position of forming future mothers for the family.

• It can accept the idea that during the archaic and traditional mindsets, the limited right to verbal aggression or loose of the elderly belonged only to the children. In their case, we can talk rather of a greater permissiveness among adults in some communities, based on the grounds that they do not fully belong to the group and not even to human category ,not being passed through initiation rites led by adults (usually even by the elder). We do not believe that they were allowed to exceed a certain limit.

Based on the research that was made in the last half century, nowadays is possible to use some intervention strategies that facilitate the development of resilience also on people exposed to the risk of developing psychical disorders due to their life experience. In this case we talk about an assisted resilience, built with the help of specialists. [5]

Conclusions

As a final conclusion of those found, I want to emphasize the society's special care for vulnerable groups, as well as the perspective to enable older people within certain legal actions and beneficial for active functions. In Romania the cult of ancestors and forefathers represents a true cult extended until today under the guise of Christianity popular type (should be enough to remember "the elders of cabbage" and days about the cult of the dead, who are still called " elderly " to which may be added the mythical toponymy of ancestors and old women). From this perspective it is more difficult to understand the western " implant " of institutionalization of elders or elders abandoned and alone. In addition, the Christian imagery is also populated mostly by elders: based on ancient God figure ,besides of a whole series of saints belonging to this category , it should be noted that all the Fathers of the Church are elders. Without a more complex treatment of old age problems from an anthropological perspective , from these reported until now, we can remark that in the archaic and traditional mentality elders enjoy respect and protection in the traditional archaic authority communities.

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A strategic approach based on resilience

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Abstract

The workshop will describe a strategic approach based on resilience to help patients who suffer from unresolved traumas and are constrained by limiting beliefs and toxic emotions to open their hearts, minds and souls, and so find the courage to imagine a better future and conceive different options that favor change in sensations, feelings, thoughts, attitudes and behavior.

The workshop overviews a model of resilience which helps patients transform destiny into choice, obstacles into challenges, chaos and rigidity into harmony, resignation into active hope, pessimism into doubt, and problems into searching for solutions. This model plays an important role in eliciting empowering emotions and transforming limiting beliefs into permissive and exploring attitudes. It is essential for finding the patient's hidden physiological, remedial and evolutive resources and for enriching his/her vulnerability with curiosity, compassion and connection.

This workshop will provide clinical examples and practical exercises to demonstrate how to strengthen the therapeutic alliance by awakening the patient's flexibility, creativity, and resilience, how to draw his/her despair and unwillingness to live into the openness and explore new options in a world of infinite possibilities.

During the workshop participants will learn a set of therapeutic strategies – physiological, emotional, cognitive and behavioral - for treating unresolved traumas. These will provide therapists with the means to help their patients face the future with the awareness that they are alive and life is full of surprises, so that they discover new paths in a fertile land, and they accept being guided by passion for the possible.

Keywords: doubt, analysis, learning, challenge, relations, choice, harmony

A Strategic Approach Based on Resilience

The strategic approach proposed here is based on a sequence of Seven Steps to help patients to bounce back stronger than before from normal or extraordinary adversities, utilizing their vulnerability as a resource to live a full and meaningful life.

This approach is based on twofold premises. The first one comes from Antonosky's (1) *salutogenic* approach that asserts:

1) each of us is exposed to traumatic experiences and is able to overcome them;
2) each of us lives in a network of relationships which sustains and defines us;
3) each of us can reflect upon what happened, learn from experience and develop new talents and potentialities.

The second premise comes from Dan Siegel's (2) definition of wellbeing from the perspective of the emotional brain and neurobiology. According to Siegel, wellbeing is a product of three mutually reinforcing components, such as a coherent mind, empathic relationships and neural integration. To reach such ~~a~~ wellbeing, it is important to calm our minds, to heal emotional trauma, to feel more secure and safe in our intimate relationships, developing more empathy for significant others and ourselves and reaching neural integration.

Emotion is a central integrating process in the brain that links the internal and interpersonal worlds of the mind. The ability to organize emotions helps to integrate experience and adapt to stressors, and promotes affect regulation. Integrated minds have the characteristics summarized by Siegel's acronym, "F.A.C.E.S.": Flexible, Adaptive, Coherent, Energized and Stable (2). When there is integration, coherence is achieved and the brain is used in a most effective way. Unresolved trauma or recurrent stress can cause us to have deficits in processing information in an overly rigid or chaotic way, without any flexibility. He who processes information in a rigid way has difficulty adapting to new situations and events. He who processes information in a chaotic way is unable to tolerate stressful situations without becoming overly anxious or emotionally activated in dysfunctional ways.

During the therapeutic process based on resilience, the therapist calls up new reflections on the trauma, offering a new representation of what happened, and a better awareness of the patients' ability to overcome

stressful events. The aim of the therapeutic process is to develop patients' ability for utilizing old and new resources to live a meaningful life.

Based on these premises, the *Seven Steps Strategic Approach* aims at helping patients to find their own resilience during a synchronic and diachronic process, which faces past traumas and diverts energy from what cannot be modified to changes that can be promoted in the future (2). Synchronic integration involves the elements which create a cohesive mental state at any given moment in time, while diachronic integration involves the mind flow across time in a manner that facilitates flexible and adaptive functioning. The double integration serves as a mechanism of self-regulation, as a way to organize the coherent flows of states, offering a new representation of the wound and of the patients' ability to heal the memory of the trauma.

The *Seven Strategic Steps* are seen as a systemic whole where each ingredient influences and is influenced by the others, so that changing one enhances the potential effect of the others.

Let us start by defining resilience.

Resilience is the ability to rebound again and again, to react to threats imposed by destiny, and to reframe difficulties into growth opportunities. Being resilient helps us to appreciate the extension of life as a gift, to discover new talents and strengths by considering life as a creative act, and to recover and recuperate one's own energy as soon as possible. Resilience de-emphasizes suffering through the use of positive emotions, and turning adversity into the development of one's own potential, thus strengthening ones character (3) .

Resilience proposes ways to govern emotions in order to be stronger than despair, to recognize suffering as an agent of change, to detach from what happened and concentrate on finding effective strategies, focusing attention on the resources, determined to achieve healthy objectives.

As a synchronic and diachronic representation of the wound, resilience awakens, enhances and combines personal, social, cognitive and spiritual resources, giving an ethical sense to pain: suffering helps us to understand the true meaning of life and leads to readiness to change. Patients find the resilient balance between stressful events, the force of reality and interpersonal skills.

Let us now examine the *Seven Therapeutic Steps.* Each step describes a passage from one state to another, each of them represents a portion of a mental and emotional pathway to help patients to enhance their own resilience.

From despair to doubt

The strategic approach starts by helping patients to recognize, hold and accept their despair and, at the same time, seed some doubts in their negative beliefs and perceptions. If patients have lost their ability to see the light at the end of the tunnel, the therapist helps them to visualize a more luminous future. Putting aside despair, and welcoming the epistemic emotion of doubt calms the soul and recognizes that the future is unknown: thus catastrophic certainty is put aside, and life's ambiguity and mysteries are embraced with serenity.

Patients discover that the compulsion to repeat the past is not an obligation: in human events there is no determinism that makes us confident that the future will be a black and white photocopy of the past.

A wound becomes destiny if only we think that nothing could change, while we know from our experience that a spark is enough to rekindle the flame of life from the resilient ashes (4).

From confusion to analyzing risk and protection factors

After recognizing that they cannot predict the future, patients are ready for the second step which brings them to self-regulation based on searching for information helpful to contextualize what happened, and the selection of logical memories and significant episodes, neglecting what might disturb and postpone the healing process. This step aims at enhancing patients' ability to evaluate risk and to utilize protection factors. There are risk factors, such as difficulty in establishing and maintaining positive relationships, high levels of anger and aggression, inappropriate expectations toward self and others, and destructive behavior. There are also protective factors, such as open temperament, good intelligence, autonomy, problem solving ability, and commitment to reach pursuable goals. Through the search for useful information, patients enhance control, commitment and challenge, the three components of hardiness (5), and achieve a global orientation that gives them a widespread, enduring, and dynamic feeling of trust based on the belief that external stimuli are structured, understandable and predictable, and that events are comprehensible, manageable and meaningful. It also indicates that resources are available and sufficient to meet the demands posed by the stimuli.

From regret to learning from mistakes

Patients who narrate their story to the therapist are helped to reconstruct their past, change the emotional representation of the trauma, and engage themselves in a constructive way. After narration, the events change meaning and patients are ready to resurface some memories to consciousness, feeling freed from

repeating the same mistakes. At this point the therapy process aims at recognizing that negative emotions, such as remorse, regret, shame and guilt, keep them locked in the past, while active emotions invite them to go towards the future with confidence, hope, curiosity and trust, so that they are open to looking for new options of what they have to do to become what they want to become (6).

This step aims at reframing mistakes as a learning opportunity, contextualizing what happened as it happened, separating intentions from actions, differentiating patients' responsibility from others, distinguishing accidents from "destiny".

At this point, patients are ready to recognize what they have learned that otherwise could not have been learned. This step helps patients to go back to the past from the present, knowing what happened after the trauma, recognizing their own value and merits as well as their own limits.

From avoiding obstacles to challenging them

After seeing the past trauma with the eyes of the present and gaining better knowledge of their resources, and after reframing past mistakes into learning opportunities, patients are ready to adopt an optimistic style of coping that transforms stressful events into less threatening ones, into a challenge worthy of investment, commitment and engagement. They stop seeing difficulties as insurmountable, and start looking towards the future with curiosity as well as transforming adversity into the development of their own potentialities (7) (8). At the cognitive level this involves setting events into a broader perspective in which patients believe they can influence them. At the level of action, they see themselves as reacting to stressful events by increasing their ability to control and interact with them, trying to turn them into an advantage and an opportunity for growth, and achieve greater understanding. When pain is transformed into challenge, patients feel that resilience is a second skin which bounces off the blows of life and transforms vulnerability into strength (9). Resilience is the ability to get up stronger than before after a fall, appreciating the extension of life: the final moment has not yet arrived.

From isolation to relationships

After gaining self-confidence in their ability to regulate post traumatic emotion and to cope with stress, patients are also ready to understand that recognizing their vulnerability can bring a sharpened appreciation of new relationships that give new meaning to life. As it is possible to learn how to love after having suffered emotional deprivation, it is also possible to love again after a loss or a death of a loved ones, developing a secure attachment (10).

Even when the starting point was lacking the emotional basis of security offered by a caregiver, the affective constellation of an adult or elder, as well as the way in which this affective constellation is perceived, can be changed by new relations that initiate evolutionary development. When patients are prone to raise their heads and pay attention to the people who helped them during their most difficult period, they are also ready to find a way to facilitate the nurturing of the best in themselves.

As a result of the growth of their resilience, patients discover that they are more comfortable with intimacy and become more compassionate with themselves and with others who suffer. They comprehend the value of close and caring relationships and the importance of altruism, devotion towards others, benevolence, gratitude and generosity.

From blaming destiny to accepting it

After the discovery of the importance of the safety net of relationships, patients may be ready to transform what has happened into choice. This passage gives power back to patients who have felt that destiny had been unfair and bitter in their regard, making them suffer or taking away what was most dear. Accepting what cannot be changed allows them to enjoy what is left, the importance of still being alive and of living in the present, discovering talents, virtues, strengths and resources that were neglected because they were not needed (11).

Transforming destiny into choice means embracing what happened and recognizing that they are different persons with new options to explore what was unthinkable before because it was not necessary since their life followed a regular path. This helps patients to acknowledge a sense of impermanence, transitions and transcendence, accepting natural laws and their changes, differences, and mysteries. At this point patients are ready to be different persons at different levels, and become future and solution oriented.

From chaos and rigidity to harmony

Accepting their own destiny and transforming it into choice makes patients ready to find harmony between chaos and rigidity (2).

Patients who find their own harmony are better able to recognize that their resilience is made of **H**ope, **A**wareness, **R**ealization, **M**orality, **O**pportunity, **N**iceness, and **Y**earning (11). **H**ope keeps repeating the mantra: "yes you can", "you have all the resources you need to become what you want to become".

Awareness keeps patients alert in recognizing and using their talents, virtues and strengths.

Realization of resources combines motivation and commitment to achieve own goals.

Morality is the determination to live by values and virtues.

Opportunity keeps the wise mind and heart open to receive what life offers.

Niceness reminds patients of the importance of being noble, kind, gentle, generous, equanimous, and magnanimous.

Yearning is the call to achieve what they want to achieve, not letting the pain win over the desire to live a meaningful life.

1.1 Post Traumatic Growth

The Seven Steps proposed as a therapeutic strategy to enhance resilience after a trauma helps lead patients from the land of suffering to the domain of 'Post-Traumatic Growth' (PTG), eliciting the positive psychological change experienced as a result of the struggle with highly challenging life circumstances (12). In particular, as a result of the Seven Steps, patients recognize that, as a consequence of the trauma, they have changed for the better in some significant ways.

They have developed a reconfiguration of how to make meaningful sense of the world, deepening intimate relationships, gaining better recognition of personal and social resources, developing or mastering new skills, and giving different priorities to goals or setting different ones.

Following the *Seven Steps Strategic Approach* leads patients to modulate their emotion and to awaken the profoundly spiritual belief in their connection to something greater.

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Resilience of women and elders survivors of domestic violence

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Abstract

The joy of having a family can not be ignored even in the most dysfunctional families. The family is considered to be "the most active center of aggression" [4], family members being exposed to much greater risks, as victims of domestic violence than as potential victims in any other type of violence [5]. Since 1980 Straus, Gelles and Steinmetz claimed that it is more likely for a person to be hit or killed in his/her own family by another family member than anyone else on the street. However, building a family which ensures a secure and protective space is a major hope of life for each of us. At the time we are children, satisfied or dissatisfied with our own family, hope to build a family in which we can give and receive love and affection, as future adults. At the time we are adults, happy or hurt due to dysfunctional family relationships, we are proud of our family or we assign blame for its failures. Concerned about the mental health rather than identifying the causes and treatments for mental disorders, I developed an approach for assessing the characteristics of "survivor personality", which is a resilience personality that continues to live despite adverse conditions. The approach of assessment was applied to adult victims of domestic violence: women and elders. Women endure suffering and humiliation for the sake of children and family. Elders forgive children nonsense and hope that children would remember fondly their parents, after death. Capacity of resilience develops as there are increased educational benefits that the external environment has on the individual. The proposed assessment approach valorises principles of participatory practice, non-formal education and outcome evaluation in the single systems.

Keywords: family, domestic violence, resilience, mental health, participatory practice, outcome evaluation

Social services for women and elders survivors of domestic violence

1.1 Domestic violence, a process of “illness”

Survivors of domestic violence are any of the family members like children, adults and elders who were directly or indirectly affected by various forms of emotional, physical, sexual, social and/or financial abuse. They go through a process similar to "illness" and recovery is difficult, but not impossible. Faced with situations of humiliation, despair and often of helplessness, domestic violence survivors learn various strategies to endure suffering, communicate through silence, look for support and find solutions in hostile conditions without resources like money, housing, clothes, identity documents, etc. Sometimes the survivor finds an extreme solution of killing the aggressor. The next challenge he/she faces is the punishment given by justice and by the whole society up to the end. Inner struggle of the human being is similar to fight of the body against an outside virus. Resilience is our ability to cope with continuous pressures and disturbing failures during life. Negative emotions like fear, anger, anxiety, despair, helplessness could weaken resilience if those who have these feelings allow them to become permanent. Fear and daily cares weaken the immune system and increase vulnerability to diseases. Tranquilizers or other harmful substances are short-term solutions. We become more resilient when we accept our feelings of sadness, anger, loss and confusion and struggle to not let them be permanent. As a consequence people recover and become stronger than before, as Wilhelm Nietzsche said "What does not kill me, makes me stronger".

If domestic violence is like a process of “illness”, recovery based on resilience, is a “healing” process. Supportive factors are friends, relatives, well-known people but also specialists who offer positive answers to people`s attempts to cope with abuse, to stop and prevent the abuse (social worker, psychologist, lawyer, policeman, priest, doctor, etc.). Working with survivors of domestic violence, specialists need to assess the impact they have on the resilience capacity of their clients.

1.2 SEISS model, an innovative system to assess resilience capacity

In order to assess social services impact I built SEISS model, an innovative system that brings important information about competences acquired by domestic violence survivors. This model fulfils the following requirements:

1. to assess competencies related to resilience capacity: self-esteem, communication, expression, conflict resolution, orientation towards change, participation, etc.
2. to assess each competence in relation to three dimensions: behaviour, affectivity and knowledge
3. to use a five-level scale of rating for the results obtained
4. to adapt to client`s needs and particular intervention
5. to use specialist`s experience and client`s feedback
6. to allow clear measurements that can be periodically repeated
7. to allow visualization of the assessment results

We will take the example of one competence that is relevant for adult survivors of domestic violence: women and elders. Since people are wonder themselves and survivors are asked usually "why do not you leave? Why do you stay with the abuser? ", we will exemplify the competence of orientation towards change.

At the cognitive level knowledge has different degrees of complexity that will enable the client to relate effectively to different life situations. In order to have a reference, I chose an ordinal scale. This scale shows a hierarchy of the competence levels, from lower to higher ones. It is a scale similar to the metric scale of intelligence that allows "a hierarchical ranking between different intelligences; and for practical purpose this ranking is equivalent to a measurement" [2].

The lowest level on the cognitive dimension is the category named *knows-that*. When abuse happens, the survivor can not explain it. In most cases, the survivor accepts the situation as it is because has no other environment to compare with. *What happens to me? Do I am a victim? What is domestic violence? A simple argument or more than that?*

The next level is *know-how.* The survivor has some ideas about what others have done in similar situations of abuse and compares their situations to own situation requiring change. Often he/she listens to what others say. *What would happen if I leave? What risks do I have? How can I manage to find a place to stay and take care of myself (and of my children)?. It is not easy, I already know some people in my situation.*

Distant understanding is the next level over the previous ones. The survivor reflects on the benefits and risks given by the current situation and compares them with a new situation after assuming changes in life. *If I leave, I have to stay together with my kids at my mother's place. I will not have enough money, have to find also some work from home, borrow some money if necessary, and manage to send my children to school.. Why he can not stop being violent? I can not endure beating and humiliation! What if I stay in a shelter..*

The fourth level is *implicit understanding* and survivors reach this level after some attempts to get out of the situation of abuse. It involves direct experience of a life change and understanding of what to do in that situation. Survivor identifies possible resources to overcome the difficulties caused by change. *It takes a few days for the police to start investigation of my case, evidences will be checked, lawyer will represent me in court, I will protect myself and my children from other abuses of my husband and I will complain to the police. It will not be easy but after all this going, I will regain my independence.*

The highest level of competence on cognitive dimension is *intuitive acting*. The survivor knows how to act in own situation but is able also to identify solutions in an abusive situation faced by other victims. *I have passed through this entire situation, but I do not want other people to suffer as I did. I will talk about what happened to me and I will advise victims not to accept the terror that I experienced myself. I will direct them toward the institutions in charge and let them know step by step what to do..*

Behavioral dimension (acting) is similar to the cognitive dimension and is based on multi-levels rising from lower to higher depending on the type of behavior displayed for this competence (orientation towards change). First level is *remembering*. The survivor recognizes a behavior that was taught through his/her interaction with other people. *Every time something bad happened in our house, my mother went to church.*

I remember that I often quarreled with my wife because of our child. He was spoiling everything I bought and was never satisfied. Once the police detained him and I was silent because he was my son. First time he hit his mother. He was replying back and insulted her. I did not take it into account. I've always said that he will appreciate us when we will not be alive.

The next level is *imitating /applying*. Imitation is an individual behavior similar to behavior of another person. We apply what we learned in interaction with others. The victim goes to church, just like her mother when facing the abuse.

The third level on behavioral dimension is *deciding/selecting.* The survivor is able to compare different acting behaviors, in the same way as for the cognitive dimension. He/she selects the behaviors that fit better with the situation encountered and decides to use them. The survivor will experience the first attempts to produce change.

I do not feel like a man in the house. I ended up being hit by my own child. I try in vain, nothing changes… Now I'm thinking of moving to one of my sisters that offered me a place to stay in her flat. I need nothing from what I had before excepting my pension money and to be left in peace..

The fourth level is *discovering/acting independently*. The survivor has a higher degree of autonomy compared to previous levels. He behaves in his own style, being adapted to the situations encountered.

My sister visited me few times, then I moved my things to her place and I told my son that I`d go. I will change property of the house to my son`s name and do everything that should be done as a parent.. I do not want to be ashamed.. A good parent is expected to leave something for his child and then do what he wants..

The highest level on behavioral dimension is *developing /building.* The survivor is able to continuously improve own behavior in order to adapt to complex situations.

As long as I can, I'll take care of everything I need, and when I am not able anymore, I will use the savings I made. I'll stay at asylum, if needed, but never come back where I left from.

SEISS model takes into account also the affective dimension, which has another five levels of competence. The lower level of the scale corresponds to the category named *is irrelevant*. We may include in this category affective states indicating the absence of emotional reactions, lack of enthusiasm or lack of interest to produce a change. The survivor feels safe only in own living environment. He/she is indifferent to produce any change. He/she does not empathize with people who are in similar situations and want to change their lifestyle. *I'm not going to change anything. I take life as it is. I'm overwhelmed, I do not want to bother with this thought anymore...*

The second level on affective dimension is named *taking attitude/reacting*. The survivor has certain emotional reactions that help him/her to adapt to a situation considering also the affective reactions of others. He/she expresses ambivalent feelings when it comes to change. Sometimes he/she is very determined to produce change, and then feels fear, indecision, anxiety and irritation. *When somebody tells me to produce a life change, I get angry, I struggle with myself and I cry a lot if I am overwhelmed...*

The third level introduces the concept of *empathic care*. In social psychology "empathic concern" is more than "empathy". Thus, if "empathy" means to feel what the other person feels, “empathic concern” creates "altruistic motivation" [1] to help the other when needed. The survivor expresses empathy and altruism toward people in similar situations of abuse that led to life change. He/she accepts experiences of other persons, without blaming them and provides support when they need it. *When I met this person and she told me that she wants to start it over again, I felt like we were living the same drama…*

The fourth level is *affective equilibrium* meaning capacity of affective self-adjusting. The survivor initiates, maintains and adjusts its internal emotional states and behaviors that express emotions in order to achieve own goals. *I wait for the most appropriate time. I have patience and do not let myself be overwhelmed by fear. I am optimistic that my life will change in better.*

The highest level of competence on affective dimension is named *affective harmonization with others*. The survivor is aware of own feelings and accepts also the feelings of others. He/she is able to influence others, in their way of thinking and feeling. The survivors become good examples for other victims that intend to change something in their life. *I saw how they were looking at me. I felt proud I could go to an end my abusive life. It is not easy to have this fate..*

1.3 Case studies

Case C.A. was evaluated as having the following cognitive levels for the competence *orientation towards change: knows-that, knows-how,* has *distant understanding* but has not *implicit understanding.* She agrees that family abuse is a repetitive problem and affects health. She accessed medical services to get out of depression. Family violence made her suffer and be isolated by friends and relatives. She started thinking of going to doctor rather than commit suicide. The doctor prescribed a medical treatment but advised her to access also social services for victims. The social worker helped her to identify personal resources in order to assume change and to contact other institutions in charge to provide additional support. If she does not reach the level of *implicit understanding*, could re-enter in the abusive cycle of violence.

There are also exceptional cases like F.A. The woman was able to reach the cognitive level of *implicit understanding,* but she was not assessed positively for the previous level of *distant understanding*. The woman had prior attempts to escape from violence, but she was not successful. The specialist noticed in the *registration case form* that F.A has the occupation of medical registrar. In this context, he understood the context that helped his client to get the optimal knowledge for reaching the level of *implicit understanding.* Even if she had sufficient knowledge about institutions and domestic violence phenomenon, could not act independently to produce change. In this case, the specialist should be more interested to help the client to assume and plan change for herself rather than focusing on discontinuity into her cognitive evolution.

Conclusions

Adult victims like women and elders have similar forms of abuse, in terms of vulnerabilities such as: less physical force, financial dependence, low self-esteem, isolation and fear of change. Emotional feelings are intense, both women and elders being strongly affected by the abuse. The need for social services becomes increasingly urgent. In order to have impact through the services provided, specialists should consider the educational outcomes of their work. They should support the client to pass from one level of competence to another, as exemplified for the competence *orientation towards change.* Client will assume change depending on a number of conditions like: his/her knowledge of abuse, types of families he/she knows, learned behaviors in own family, emotional reactions to abuse, relationship between the client and the specialist that provides services, educational approaches followed by the specialist, methods and tools used by the specialist to monitor and assess the impact of his work on the client health, solutions identified together with client for his/her safe. Intervention takes time, but results obtained need to be visualized at every step.

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Resilient components in group geronto-psychotherapy. A case study.

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Abstract

Resilience has been defined as a dynamic, ever-changing process. Four fundamental research directions have been described in the literature. The first three consider resilience only as a reaction to life traumas, whereas the fourth takes into account the patients' wish to enrich their life, to experience new things and to open themselves towards new relationships so that they feel they have used their full interrelation abilities and achieved all that they could. In this last interpretation, resilience can be defined as a mindset that urges the elderly to be more open, to live new experiences and to consider life as a continuous and uninterrupted progress: a life with a widened horizon and fulfilled human relations.

The main targets of the experiential therapy are the reinterpretation of negative events as valuable sources of expertise and the integration of the design of polarities, thus meeting the needs of the elderly with depressive-anxiety disorders. My study applied in geriatric clinic has demonstrated the effectiveness of a psychotherapeutic model that uses expressive-creative techniques, more specifically the effects it may have on restoring a more appropriate and adaptive behavior by the resizing and the revaluation of their own resources.

Keywords: resilience, the elderly, group psychotherapy, depression, anxiety

Introduction

Resilience is seldom associated with old age because older people experience the decline and the loss of normality. Resilience is a regenerative capacity that maintains a person functional and adapted in the face of losses, chronic illness or disability. Resilience thinking in the elderly gives them the ability to recover from difficulties, to thrive with a sustained purpose, to develop in a changing and cloudy world. Actually, older people have a higher level of subjective well-being than people in any other age group. [4]

As any other adults, resilient old people also use flexibility and adaptation to bounce back without any difficulty. They seem to be champions of giving up previously held physical and mental abilities and, in this respect, continually redefine themselves and adapt to what is their "new normality". Resilient qualities that improve as a result of the interventions include self-esteem, locus-control, purpose of life and interpersonal relations. Resilience may represent an important target for prevention and treatment in anxiety, depression, and abnormal stress reactions due to aging. [5]

Nowadays, therapeutic interventions are specifically designed to promote the wellbeing of older people, whereas the psychologist is there only to assist them strengthen their feeling of control over their own existence and the events that affect them, favoring their personal growth so that they accept themselves as they are, in harmony with others, but keeping them autonomously. [1] [4]

Different expressive and creative therapies may help elderly people to rediscover and express their Self. [6] Such psychotherapeutic methods may give them the possibility to live a new life and give them a sense of well-being. [8] Considering the relational disorders of the elderly, group therapy is often suggested, because it puts face to face the aging process and the reality, creating a miniature society, a micro-cosmos with a very operational role. [2]

Geriatric patients with depressive and anxious disorders are difficult to treat as their psychological problems are accompanied by physical and social troubles. The group therapy presents financial benefits, but it also offers patients support and understanding that allow elderly people to strengthen their coping mechanisms and resolve their conflicts. [2] [3] [7]

Methodology

1.1 Purpose, objectives and hypotheses

Purpose of research: to see whether creative and visual-plastic methods of experimental psychotherapy can yield a positive response in the treatment of geriatric patients diagnosed with depressive and anxious disorders involved in group therapy.

The practical-applied objectives were centered on the improvement of depressive-anxious symptoms, the decrease of personal and relational difficulties and on improving the global functioning and resilience of the patients.

*General hypothesis: that g*roup therapy, using experiential techniques with creative-visual support, is indeed efficient in depressive-anxious disorders of elderly people.

1.2 The formal setting of the group gerontotherapeutic intervention

The general criteria of selection were applied from the first contact with the patient and the observation sheet. The psycho-gerontological assessment consisted of interview, direct observation and psychometric testing. An important selection aspect was the patient's interest in and agreement for group therapy.

The two-month experiment took place during eight 150 minutes weekly therapeutic sessions. I used Gestalt and expressive-creative methods (collage, drawing, painting, metaphors) in four working groups composed by 30 patients aged between 65 and 79, suffering from depressive-anxious disorders, admitted at the N.I.G.G..

For baseline testing and retesting I used the Hamilton Depression Evaluation Scale (HDRS), the Hamilton Anxiety Evaluation Scale (HARS), the General Health Evaluation Scale (GHQ-12), and the Social Dysfunctions Subscale (SDS).

1.3 The therapeutic process

1.3.1 The structure of the therapeutic process:

a) the initial gerontopsychological evaluation of each subject;
b) identifying the symptoms and describing their effects (on the emotional, cognitive and behavioral levels);
c) establishing the hypothesis and the psychotherapeutic objectives;
d) establishing and implementing the therapeutic plan;
e) the final evaluation and catamnesis.

The purpose of the therapeutic process undergone is to increase the client's integrity (congruence between the internal experience and the external behavior): more freedom of choice, less dependence, a widened experience.

1.3.2 The experiential psychotherapeutic plan:

a) symbolic analysis of the symptom (decryption) with the noticeable symptom (evaluation according to the nature, duration, intensity, frequency, conditions in which it appears or reappears) and the masked symptom (mediated most of the times through drawing);
b) the analysis of the existential plane (context) followed on the temporal dimension from present to the past with identifying the disturbances occurred and the consequences in the social, couple and parent-child planes;
c) the analysis of the transgenerational plane with the key themes, the myths and secrets of the family unconscious can show what the symptom solves in the present existential plane.

Results and discussions

Comparing the test-retest scores averages of the t-test for paired samples it emerged that the difference is statistically significant between the two averages; during the initial testing, before the beginning of the therapeutic process and during retesting, at the end of the therapy.

The analysis of the tests' results showed that the therapy was more effective on the following parameters: depressive mood, self esteem and self blame, activity and interests, tension and irritability.

More general effects were: a better self clarification, a reduction of the anxiety and of the depressive symptoms. There was an increased interest in and enjoyment of different activities, and an increased ability to make decisions.

The subjects became more open to themselves and their inner world. The increase of self-esteem was in a reverse relation with self-blame. The subjects realized the way in which the attitude towards one's self affects the relations with the others.

Conclusions

The reduction of the self-evaluated and hetero-evaluated anxious-depressive symptoms showed the changes that occurred following the therapeutic process. The observations of the behavior are enough to allow a satisfactory level of significance of the therapeutic process.

We can notice four resilience components that can help those less-resilient elderly to achieve:

a. *The sense of belonging.* Old people desire to be a part of something, to feel they belong to a group of people with common interests and goals.

b. *Creating meaning through personal memories*. Elderly people who pursue personal growth as they age tend to be more resilient to changes. Creating meaning and purpose around the events of one's life is an effective way to promote growth and, for older people, this can be accomplished through the use of life reviews.

c. *Self-efficacy.* Through personal connections, older adults learn about their own potential, which increases their ability to handle their own problems, their flexibility and adaptability.

The meaningful relationships they have with friends and family help them adapt and their engagement in meaningful activities gives them a purpose and motivates them.

d. *Openness.* This refers to the ability to change and adapt – to be open to new ideas, values, and experiences. Helping the elderly to reframe loss and change as a means of redefining oneself may assist in generating more openness.

In conclusion, the experiential therapeutic group serves as a multiple mirror for each of the participants, but also as a support source and confirmation of their own therapeutic experience, of personal efforts and of discovered and practiced resources.

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La resilience des femmes agees

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Abstract

We currently live in an aging society that is aging more. As part of this process, women are the most marked by a certain population growth (aging and feminist society).

The aging is experienced differently by women and by men. During aging, gender differences affect both the general health and life expectancy, the differences related to socio-economic status. Being elderly woman means, in most cases, to confront widowhood, divorce and loneliness on the one hand, and undergo physical deterioration, impotence, weakness and pain, on the other hand. As part of this presentation to try to identify and understand what are the internal and external resources (family, community, society) supplying the resilience of women in adulthood. At the same time, I have some questions and I want answers about the ways through which society is able or not to respond adequately to the adversities that older women face.

Keywords: aging, elderly woman, resilience, human development, assisted resilience

Les concepts “résilience” et “résilience assisté”

Si la résilience serait un processus à signification mineure, particulière et dépourvue d’ampleur théorique, la recherche scientifique lui aurait attribué tout simplement le statut de „terme”. Pourtant, la documentation sur son historicité et évolution indique la transcendance disciplinaire et la force éclaircissante/explicative, ce qui fait que „la résilience” a acquis, dans le temps, le statut de „concept”. En vérité, de l’utilisation initiale dans la physique des matériaux pour décrire la résistance et la capacité de certaines structures à faire face aux choques, le concept de „résilience” a été adopté par différents domaines, ayant des sens enrichissants, mais pas nécessairement très précis. Il en découle la difficulté qu’au-delà de la reconnaissance de l’importance du concept, il s’impose d’adopter une définition rigoureuse mais aussi exhaustive. L’adoption du concept dans la littérature, la jurisprudence, la médecine, l’économie, la politique et les sciences socio-humaines a constitué et constitue toujours l’élargissement de l’extension du concept (sphère de compréhension), mais aussi l’accentuation et l’enrichissement de son intension (sens et signification). Dans le plan de l’action, nous gardons à l’esprit une large variété de constructions autour du concept de résilience” : résilience phycologique, résilience biologique, résilience urbaine, résilience organisationnelle, résilience institutionnelle, résilience des affaires, résilience financière, résilience politique, résilience informationnelle, résilience sociale. Dans cette condition, nous pouvons affirmer le caractère transdisciplinaire, voire paradigmatique j’oserais dire, du concept en question: il s’applique à l’étude de la matière inanimée, mais aussi à l’être humain et, en tant que processus se retrouve sous différentes formes de manifestation dans des structures complexes, possédant des capacités adaptative et de développement, génériquement décrites comme étant biopsychosociales et spirituelles.

Les tentatives de définition d’ordre général retiennent pour noyau la caractéristique de processus adaptatif de la résilience, intrinsèquement relié aux systèmes, comme réponse aux situations d’adversité et/ou de trauma, la différence spécifique, par rapport aux autres réponses adaptatives étant donnée par le potentiel de développement et d’apprentissage, dans le registre de la normalité, entraîné par la résilience, qu’il s’agisse de systèmes individuels ou sociaux.

“La résilience assistée”[1] est le concept qui “va plus loin”: de la résilience naturelle, intrinsèque, comprise comme ressource individuelle, à la résilience anticipée, préparé et stimulée par la participation des professionnels qui accompagnent la personne potentiellement résilient, dans le contexte élargi de milieu familial, communautaire ou social, censé à être, à son tour, résilient.

Perspectives d’aborder le concept

La perspective démographique. À l’heure actuelle, la population de la planète traverse un processus accéléré de vieillissement. Il s’agit d’une notoriété reconnue, et en grande partie, assumée par la plupart des États du monde entier, par les organisations internationales telles que l’ONU, l’OMS, UE, etc. mais aussi par d’autres

instances (à base des études démographiques). L'accroissement du taux de la population âgée dans le total de la population présente des conséquences, considérées généralement comme étant alarmantes, notamment parce que jusqu'à présent la société humaine ne s'est jamais confrontée à un tel phénomène, et par conséquence, elle n'est pas prête à y faire face. À travers une sélection des données Eurostat, le processus de vieillissement démographique, sous l'aspect des différences de genre, peut être décrit comme suit:

"Dans les 50 dernières années, l'espérance de vie à la naissance a connu une augmentation, en moyenne, de 10 ans dans l'UE. En 2010, dans l'UE(27), en somme, l'espérance de vie à la naissance était en moyenne, de 82,9 pour les femmes et de 77,0 pour les homes.

La caractéristique la plus évidente est représentée par l'espérance de vie, considérablement moins élevée, chez les homes par rapport aux femmes.

Pour les hommes, l'espérance de vie à la naissance atteignait le sommet de 74,0 ans en 2011 dans la plupart des pays d'Europe de l'Est. Quant aux femmes, la valeur la plus élevée de l'espérance de vie à la naissance a été enregistrée dans la région placée en second rang quant à l'espérance de vie des hommes, à savoir Comunidad de Madrid (86,7 ans en 2011), talonnée de près par l'Île de France et Rhône-Alpes (les deux avec une moyenne de 86,6 ans).

En 2011, les différences les plus significatives entre ces valeurs ont été enregistrées dans les États baltiques, où les femmes peuvent vivre de 11,2 ans (Lituanie) şi 10,1 ans (Estonie) plus que les hommes." [2]

Si dans le langage ordinaire nous parlions d'un âge avancé après 60-65 ans, considéré comme le troisième âge, à présent se profile une nouvelle catégorie d'âge, celle du „quatrième âge", de plus de 80 ans, considérée comme „une deuxième évolution populationnelle majeure" [3], catégorie d'âge prépondérant représentée par les femmes.

La perspective du développement humain et du cycle de vie. Le viellissement individuel physiologique (non-pathologique) est considéré comme étant une étape normale de la vie. Même si le viellissement est une étape d'involution et diminution de toutes les capacités biopsychosociales, il est reconnu, d'autre part, la possibilité de mentionner un bon tonus fonctionnel, susceptible d'être conservé, voire amélioré jusqu'à la fin de la vie. Autrement dit, le développement humain est possible tout au long de la vie, y compris au troisième et quatrième âge. Si les différences individuelles jouent un rôle décisif dans le développement tout au long de la vie, on ne peut guère éloigner l'hypothèse que le milieu familial et la communauté peuvent favoriser un vieillissement bon ou réussi [4]. Même dans ces conditions portant sur cette ouverture optimiste, le vieillissement est aussi un processus accompagnant le développement tout au long de la vie et qui s'installe à un moment donné, comme étant signifiant: vivre avec moins de forces, avec une apparence physique changée, et, dans la plupart des cas, avec l'incapacité, la maladie, la solitude, les relations sociales et les revenus diminués. Pour cette raison, le viellissement comme processus et l'âge des aînés comme état peuvent être considérés adversités chroniques qui, en même temps, peuvent recevoir des accents traumatiques ou être perçus comme situations de perte dramatiques. Toutefois, nous savons que face à l'adversité, au trauma et à la perte, la réponse résiliente (individuelle, familiale ou du milieu social et culturel) peut signifier en même temps: sagesse, maturité morale (dignité, pardon, réconciliation), sélection des relations, milieu familial chaleureux et apportant du soutien, communautés et institutions offrant des services et empreignes par la sollicitude.

La perspective de la philosophie féministe et post-féministe. Dans son acception radicale et profonde, l'orientation féministe met en exergue des caractéristiques et expériences appartenant, à différents degrés, aux femmes: une première catégorie est celle des expériences exclusivement féminines : grossesse, allaitement, règles mensuelles, ménopause); des expériences prépondérant féminines (l'éducation des enfants et le soin des personnes âgées, le ménage au foyer – „management domestique", l'infériorité et la marginalisation dans les pratiques religieuses et civiles, le viol, la pornographie, la prostitution, l'harcèlement sexuel, le veuvage); d'autres expériences, généralement nommées expériences de l'oppression et de l'anonymisation, communes à toutes les catégories de marginaux: races, classes sociales, ethnies, sociétés [5]. Bien-entendu, en parallèle avec les catégories d'expériences féminines individualisées s'opèrent les différences socioculturelles: dans les sociétés avancées, démocratiques, les expériences féminines positives demeurent des sources du développement de soi, de la construction de l'identité et de l'intégrité personnelle, alors que dans les sociétés de type traditionnaliste empreignes par les conceptions ancillaires de la femme, les expériences négatives sont dominantes. Tout au long de la période de vieillissement, même les expériences positives féminines de l'affirmation de soi tendent à diminuer ou sont détériorées, perdues, converties en expériences négatives: la maternité devient l'expérience du nid vide, la biopsychologie féminine est marquée par le climatère, l'image et l'estime de soi modifiées peuvent devenir source de la détérioration voire de la perte de l'identité, l'autonomie perdue devient dépendance de types variés. Les statut social des femmes veuves est marqué par le divorce, le veuvage, les chances réduites de mariage/remariage. Autrement dit, à travers l'interaction des facteurs individuels de la femme, le processus de viellissement détermine un profile distinct du vieillissement féminin, ce qui signifie, une fois de plus, l'affirmation de l'hétérogénéité de la catégorie des „personnes âgées". Je trouve importante la réitération de la caractéristique de l'hétérogénéité par rapport à la catégorie „personnes âgées" et avec la sous-catégorie des

femmes âgées, parce que l'hétérogénéité, dans ce contexte, constitue la prémisse de l'attitude éthique qui, à son tour, est favorable à la société résiliente.

Les femmes âgées et la société résiliente

La féminisation du vieillissement (espérance de vie plus grande pour les femmes que pour les hommes, le taux plus élevé des femmes dans le total de la population des personnes âgées), le fait que les soins accordés aux aînés (femmes et hommes) appartiennent d'habitude majoritairement aux femmes, elles-mêmes âgées, le statut social et financier en règle générale moins élevé que celui des hommes, le problème de la solitude, mais aussi les situations d'adversité quotidienne engendrées par le viellissement, tous ces éléments justifient qu'il faut prêter une attention particulière à la population féminine vieillissante [6] [7]. L'attention prêtée par la société aux femmes âgées ne peut être séparée du contexte général de la responsabilité qu'elle doit assumer et manifester par rapport à d'autres catégories vieillissantes dans leur hétérogénéité. Évidemment, je ne propose pas la discrimination à base de genre, mais le respect pour les différences et leur valorisation, sans aucune transformation en hiérarchies. Assumer éthiquement la responsabilité sociale peut transformer une société indifférente, discriminatoire et marquée par l'adversité vis-à-vis des personnes âgées, en une société réceptive et résiliente.

La responsabilité sociale commence par l'adoption d'une attitude éthique (éthique gérontologique), c'est-à-dire une attitude subordonnée à la culture du détail et de l'anticipation (dans le cadre des politiques, de la législation, des services et des recherches destinées aux aînés), culture attribuant une place à l'historicité personnelle, au contexte du développement et de l'existence individuelle, à la diversité et au respect pour la dignité humaine. Une société éthique possède tous les atouts à devenir une bonne société pour un bon vieillissement.

Conclusions

L'analyse conceptuelle, méthode déductive et approche interdisciplinaire nous ont permis de saisir la relation entre le vieillissement démographique (différences spécifiques entre les sexes), d'une part, et de la résilience féminine aussi que de la société de l'autre part. Nous avons vu que la longévité et l'espérance de vie, plus élevé pour la population feminine, coexiste avec les expériences de résilience des femmes tout au long de la vie, y compris, à la vieillesse. De l'analyse que nous avons fait on ne peut pas déduire des relations de causalité entre la longévité des femmes et la résilience des femmes, dans le sens d'explications déterministes, mais on laisse cette question ouverte pour des nouvelles recherché, peut-être de facture empirique. Nous ne pouvons pas dire que le vieillissement de succès des femmes est causé et s' explique par la prédisposition native et/ou par l'attitude appris et développé au cours de la vie, mais nous pouvons commencer à supposer qu'une société éthique et résiliente peut être une réponse en mesure de soutenir le vieillissement réussi pour les femmes et pour les homes aussi .

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Resilience in successful aging

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Abstract

Aging successfully represents a goal for many older people but at the same time, they also experience various types of loss as they age, which at most times results in increasing stress. Besides functional decline, many of them have to face pain, weakness, sleep problems, depression, anxiety, cognitive deficits, physical illnesses and personal or financial loss.

One quality that can be fostered or strengthened, in order to help seniors to cope with adversity in aging and achieve greater happiness, is resilience. Although there is no consensus about what resilience is and how to define it, it is commonly understood as the ability of people to resist and effectively overcome adversity. In late life, resilience can be defined as the maintenance of physical and psychological health in the face of risks or threats.

There is a paradox of old age concerning the concept of resilience in late life. This means that in spite of losses, cognitive and physical declines experienced in later life, older adults report wellbeing and content with life. Resilience allows seniors to accept the process of aging, while dealing with problems and crises.

The aim of this paper is to identify the key elements of resilience in elder people and the ways they are making meanings confronting events specific to this age. Understanding this phenomenon can lead to new health promotion strategies which should be incorporated in programs aimed to facilitate the process of successful aging.

Keywords: Successful aging, resilience, health promotion.

Introduction

In the latest decades the field of gerontology has gained a better understanding and developed

more interdisciplinary depth, allowing researchers to make progress in investigating and understanding concepts and theories of aging, making sense of what the experience of getting old means and how all this can be shaped as a process [1].

Research exploring positive views of old age and the aging process has drawn the concept of resilience into this field. Although progress has been made until now, there is no common understanding of what might be different about late life resilience and how the concept should be employed in fields like gerontology. Is resilience in later life an internal quality or a process? Can it be defined as a single trait or as a part of a larger equation of personal characteristics? Does it stay constant over time?

Resilience can be seen as the ability to incorporate both vulnerabilities and strength over a great range of time frames and areas. In this paper we argue that being resilient in old age helps one cope with various types of loss, such as: functional decline, chronic illness, mental problems, financial loss.

Concept Delimitation

Although the concept of successful aging has become better understood and developed more over the last decade, it is not yet fully known how individuals get there. It seems that a number of individual characteristics and personality traits contribute to how one adapts with success to challenges. Apart from the individual's characteristics and personality traits, there seems to be another factor that can contribute to the process of successful aging. This factor is represented by the resources that one has in order to meet the demands of every new challenge. When these resources are available and sufficient in order to meet these demands, we can talk about resilience.

The concept of resilience has evolved over time, from the initial studies that were limited to childhood to being applied across lifespan, framed as a resource to all people at all stages of life [2].

1.1 Successful Aging

Successful aging is defined as an adaptation process to multifaceted challenges that maximize an individual's capacity to reach his or her own goals [3]. This adaptation process occurs over the lifespan and can be described as active aging, defined by the World Health Organization as „the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" [4]. Taking this into consideration, we name successful aging, when the results of adaptation enable individuals to ideally reach his or her goals.

The concept of successful aging appeared in the early 1990s as a reaction to the loss-focused geriatric and gerontological research that preceded the concept. In the first article that mentioned this concept, the authors stated that cognitive and physiological losses documented in the literature so far as age-related changes were mischaracterizations of the natural aging process. Rowe and Kahn, 1987 [5] described normal aging as a continuum that extended from usual aging to successful aging. This continuum represents the variability that appears in performance differences between younger and older people without pathological conditions. One can argue that a group of older adults may not perform as well as a group of younger adults, but that does not mean that the older group cannot perform at all. Within the older adult group there might be individuals that can perform similar or even better than individuals from the younger group. In the model presented by Rowe and Kahn in 1987 [5], this particular aspect was considered evidence of successful aging.

There are many other models that describe the process of successful aging as including the following themes: successful aging happens across lifespan; it can incorporate many domains, including health, social relations, and psychological state; it occurs in response to challenges and is defined for each individual to the degree that individual's goals and preferences differ [6], [7], [8].

However, the general description of this model of successful aging as it is represented in the literature appears to match older adults' perception regarding it. Elders define this process as an ongoing multidimensional aspect that is different from chronological age [9].

A few characteristics of the successful aging process as described by older people are: having a positive attitude, coping with change, accepting limitations that cannot be overcome, practicing spiritual beliefs and staying engaged both socially and cognitively. Other important aspects reported as valuable by older adults are: maintaining basic physical functioning, being free of major life-threating disease, engaging in social and recreational activities and feeling independent [10].

1.2 Resilience

Some people manage to face different problems and recover fully even after suffering traumatic conditions of extreme deprivation, serious threat and major stress. This unique ability manifested by them has been named resilience.

The concept of resilience has been derived both from social and health sciences [11]. Due to its ambiguities in what concerns definitions and terminology, the term resilience, used now widely has very often been criticized [12]. It is not yet clearly defined and understood because it involves many factors and has developed in diverse disciplines including psychology, education, social work, medicine and others.

One definition of this concept was made by Rutter, 2007 [13] who defined it as it follows: the discovering that some individuals have a good psychological state despite suffering risk experiences. This means that not necessary individual's immunity to trauma matters in the case of resilience, but their ability to recover after adverse experiences.

In response to this definition other authors [14] stated that the important fact is not just the resistance to adverse experiences but also the ability to grow and develop oneself in difficult conditions. Earvolino-Ramirez, 2008 [15] also agrees with this conceptual framework, describing resilience as a bouncing back activity, rebounding after loss and reintegration in the society. The author argues that what is unique about resilience in relation to other similar concepts is that we can associate it with positive growth while exceeding a specific problem.

A series of characteristics related to resilience are described by Harvey, 1996 [16]. These characteristics indicate one's resilient capacity: control over the process of remembering traumatic experiences, integration of memory and emotion, regulation of emotion related to trauma, control of symptoms, self-esteem, internal cohesion (thoughts, emotions and actions), establishment of secure links, understanding the impact of the trauma and developing a positive meaning.

More recent, a three-dimensional construct for understanding resilience was proposed by Knight, 2007 [17]. This model underlines resilience as a state, a condition and a form of practice. As a state, resilience incorporates emotional and social competence and orientation towards the future. As a condition it states what can be done about it and as a practice is important to identify how individuals can develop and use resilience.

Another important aspect when discussing resilience at a conceptual level is to distinguish the mechanisms of being resilient: the one against aversive or stressful events themselves, the one against adverse

outcome in terms of transformation of adaptive response and health-promotion processes to maladaptive ones and, the one against development of a disorder in the face of aversive events [18].

Resilience and successful aging

Resilience may vary according to age, with modifications happening over life-time at both individual and cultural level. As we noted earlier, although the initial studies of resilience were limited to childhood, there is now a great concern in the research field regarding resilience and old age and more specific, how can resilience contribute to the process of successful aging.

Studies have shown that there are factors related to resilience and old age. In order to describe these factors, Hardy, 2002, [19] proposed the concept of resilience repertoire. This repertoire is represented by a supply of skills and resources that can be used to face the aversive experiences that elders cross in their lifetime in order to reduce or attenuate the negative consequences of those events. In some cases, this resilience repertoire can even lead to a positive growth and development. There can be a variety of factors and elements in the repertoire of an old person and he/she can use them in different ways and at different times in order to get through aversive experiences.

Concerning the relation between successful aging and resilience we need to focus on several aspects of health that are relevant to this topic. The first one is health status; studies have shown that the way health is defined and viewed by the individual is more important rather than the actual level of health status or absence of the health problems [20]. The second one is represented by health promotion and its relationship with reducing risk and increasing resilience in older adults [21]. The third relevant aspect is represented by physical activity and its benefits for older adults. Research on this theme states that physical activity levels are associated with great benefits for older adults, as cognitive resilience, faster reaction time, improved psychological well-being and reduced risk of cognitive decline and dementia [22]. Other research suggests that reduced levels of perceived stress and a lower risk of depression and anxiety were reported as benefits of physical activity in a study of older individuals [23]. Nutrition represents the forth aspect relevant to health in this topic because a balanced diet and activity patterns are associated with a reduction of mortality and cognitive decline among the elderly [24]. The last factor is represented by medication compliance. Many elders have to deal with chronic diseases and adherence to a complex medication regime which is very important in order to recover or stabilize from disease symptoms and gain a state of well-being [25].

Some other important aspects relevant to the link between successful aging and resilience are represented by social support, activities and finances. Studies show that social support received before and during adverse experiences was an important factor in resilient individuals [26]. Elders with high resilient outcomes reported twice as much involvement in leisure or household activities than the ones with low resilient outcome [27]. Higher levels of self-reported successful aging were associated with a higher level of daily activity [28]. Concerning finances, studies [29] show that low income might not be as threatening and high income may not be as protective as other aspects, as social support.

In relation to old age and successful aging there seems to be one more key dimension. Meaning in life has been identified as being important in several studies. In 2008, Heisel and Flett [30] not only found that meaning in life is a factor related to resilience, but also, it explained a significant variation in suicide ideation over and above physical and mental health problems. In another study, having meaning and meaningful relationships was identified as a central theme in an exploratory study of resilience among older adults who have been experiencing mental illness [31].

Interventions which promote health and well-being across the older adults' population should be widely implemented and recommended. These programs might lead to an enhanced quality of life among elders. As a consequence of a continuous growing emphasis in the literature on stress and coping in what concerns resilience and older adults, interventions to promote it in this population were proposed. There is a need of understanding the key elements of resilience in older people in order for practitioners to develop and implement efficient types of interventions. There are some programs which promote resilience through creative engagement, because it is argued that this component is an integral part of successful aging [32].

Everyday interventions and interventions in response to specific challenges represent other ways in which practitioners might promote successful aging through resilience. The first type targets to improve the overall health status and to reduce perceive stress in order to increase the elders' readiness for adapting to psychological challenges. The second one refers to specific timely programs aimed for the moment when challenges do occur.

Conclusion

Resilience is very important to aging and the aging process, because adversity is inevitable throughout lifetime and as we age. Although there are individuals that do not necessary need to face chronic illnesses or

other health events, even for them there will be physical and psychosocial challenges common to elderlies such as role loss, loss of a friend or a family member.

Even though defining the concept of resilience and its connection to successful aging is quite challenging, it still remains a unique ability that represents a positive response to life stressors. When the result produced by one's resilience are conclusive for a better functioning in any domain that he or she values as important, we can say that resilience can lead to successful aging. There are a number of individual characteristics that make an older person resilient. Physical, psychological, social, and environmental characteristics can either facilitate or impede resilient responses. All these characteristics should be targeted when designing health care interventions that aim to foster optimal functioning.

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Loss of life whilst still alive: improving resilience and attachment with older people and people with dementia through the application of 'Neuro-Dramatic Play'

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Abstract

Much is known about attachment and resilience with children and teenagers. However the loss of attachments and decrease in resilience in later life has less research and implementation of policies and funding. Dementia is on the increase and many care homes and carers implement a system of benign dependency, with medication for 'difficult' individuals, rather than paying attention to the personal and social fabric in the individual's history and current difficulties. This presentation illustrates how a programme of Neuro - Dramatic - Play with people with dementia can improve well being, slow down deterioration, improve social relationships and influence independence. The presentation will be illustrated with Power Point slides.

Introduction:

Ever since the pioneering work of Bowlby (1965), who was ostracized by the psycho-analytic movement, greater attention is being paid to the effect on children of early disrupted or disorganized attachment relationships.

Following 'hard upon' was the emergence of a greater understanding of resilience with the outstanding contributions from one of our key speakers, Boris Cyrulnik (2005, 2009), whom I honour and appreciate with this presentation.

These powerful influences from attachment and resilience led me to re-consider early infant development in relation to the importance of 'playfulness'. As I asked a colleague, 'What is the 'ness' in being playful?'. Can we also suggest there is a concept of playfulless? There is now limitless literature on play, play therapy, attachment but the writing is still not joined up. Then came the first research project.

An intensive programme was planned for 9 children aged between 8 and 11 who have been excluded from school, or who have severe behavioral and emotional difficulties. Volunteers meant that each child had a significant adult within the group as a whole. The six days were divided in to 2 days of physical and rhythmic activities (embodiment), 2 days of painting and modelling, (projection) and 2 days of drama and stories, (role), based on the EPR developmental paradigm (embodiment-projection-role), [5], [6], [7], [8], [9]. Also, through the pairing with an adult, each child was able to explore risky actions, such as standing on each other's backs or shoulders, within the safe containment, of being 'held', rocked or cradled, or working in a circle with a large parachute that connected everyone together.

The sessions did not progress as planned as any attempt to introduce any drama work or masks was immediately rejected and the children became very disruptive. They did not want to engage in any role activities. However a return to the physical and sensory sessions immediately calmed everyone down.

There was one role that all the children coveted, that was preparing and serving food and dressing up in a chef's hat and apron. I reflected and then shared with staff what could be happening.

It was very significant that the children *in particular* wanted to stay with the rhythm and drumming work

1. They requested repeats of the face and hand massage
2. They enjoyed taking physical risks when supported by their adult partner
3. They enjoyed 'messy play' with finger paints and clay.
4. They wanted to be a part of the food preparation, serving and also sharing. They enjoyed sitting with the adults and talking

I suggest that sensory and rhythmic play belong to the very early stages of child development, and that 'playing at chef' is dramatic play rather than sustained role play or drama. Being involved with food is also one way of satisfying emotional hunger.

Having closely observed the children's behaviour for the remainder of the programme, they thrived on the physical, sensory and rhythmic play, with some dramatic play. I suggest that these children were all functioning at an emotional age of 18 months - 2 years. It made complete sense that they *could* not play roles, (not that they *would* not).

This led to detailed observation of the earliest stages of development, before and immediately after birth, in relation to 'embodiment' – the first stage of the EPR paradigm. This evolved into a more detailed analysis of mother-infant playfulness and culminated in a second paradigm 'Neuro-Dramatic-Play', which takes place 6 months before birth and six months after birth. Now that more is understood through neuroscience in relation to attachment, playfulness and the function of the mirror neurons [2], [11], one can see the importance of the attachment process from conception rather than developing by the end of the first year. Neuro-Dramatic-Play is composed of: sensory play, rhythmic play and dramatic play, and is navigated through the 'dramatic response' (DR) or 'as if' stage which occurs within a few hours of birth. The DR is the imitation by the new born infant of the expression on the mother's face. The infant is engaged in an act of drama, usually before he or she experiments with sounds.

Understanding Neuro-Dramatic-Play at the start of life led me into consideration of its relevance towards the end of life. As an anthropologist I had saturated myself in the life of the Temiar tribe in the Malaysian rain-forest. Although I was looking at the role of the arts and culture in child-rearing, that led to non-competitive adults, [6], I was looking at the context of the life-span. The stage of 'wisdom' rather than the stage of 'fertility' is marked by change of name, relaxation of food restrictions, and senior roles in the community. The Temiars traditionally show great respect towards children and older people. Older people are seen as a source of wisdom and experience. Their comment to me about young teachers was 'How can they teach others? They have not lived long enough themselves!'

The prevalent attitude towards older people in the west is one of indulgent care, with the expectations that they wish to sit still, listen to music, and have decisions made on their behalf. We rarely consult older people, (apart from the judiciary and House of Lords), and older people have few opportunities to make their own choices.

In NDP terms, older people are almost working in reverse of the developmental processes of small children: there are fewer opportunities for sensory stimulus and creativity, a weakening of thought processes, loss of attachments and relationships, (home, pets, interests); there are also fears of dependency, falling, loneliness, intruders, isolation, forgetting; deterioration of hearing, sight and memory.

'The Tempest in my mind doth from my senses take all feeling else' (Shakespeare: *King Lear*)

Medication is seen as the first treatment rather than the last. If people are confused they are deemed to be not capable, whereas the use of the arts and storytelling, especially in dementia care have shown that memories can be retrieved and lucidity can improve. The application of NDP in ageing can help the loss and grieving process, encourage new attachments, enhance sensory integration, and promote existing skills and experience. But most importantly, if resilience is strengthened, then everything else will follow. Resilience is often mistaken for being 'difficult' or 'challenging'; older people who are feisty or contrary or original can suffer sarcasm or be ignored.

I include 'Theatre of Resilience' as a culmination of a synthesis of NDP and EPR, where theatre is perceived as a social and collaborative activity around a script, story, ritual or traditional or cultural celebration. It involves movement and music, image making, rhythm and drumming, dramatization of stories.

Scene 1: A multi-cultural production (with Israeli Arabs, Jews and Brits) of Lysistrata toured small theatre in Israel including a performance in a day-centre for people with dementia. The staff were worried that people would not 'behave' and might disrupt the play, and we reassured them that whatever happened was fine. There was an extraordinary piece of interactive theatre when a woman in the front row started to call out at Lysistrata, especially when she was confronting the Magistrate; the woman egged her on, 'Go on Lysistrata, you just tell him – go on, you tell him'!

When the play finished she said 'I want to talk to that Magistrate!' We set up the scene and all the outpourings of her anger were directed to this very authoritarian actor, as she attacked him with her handbag, but in role as Lysistrata and he stayed in role as the Magistrate.

The next day I had a 'phone call from the manager of the day-centre. She said that there were two things that she thought I would like to know. Everyone had arrived at the day-centre, and for the very first time, everyone had remembered what they did the day before. As we know it is usually the short term memory that is affected first in dementia. Then because of the sexual nature of the play, it enabled people to talk about sex. She went on to say that many of the carers were young and found any reference to sex by older people difficult to handle. However because the subject had been 'distanced' in the play, and there was a lot of humour around sexual politics, and bawdy innuendo, it had enabled a transition from their own lives, loves and struggles.

Scene 2: In a residential care home with a large number of people with dementia we have put in place a weekly dramatherapist who works in the dementia unit using themed material, creative movement and stories. From time to time there is an intensive input to further extend her work. This session was bringing a holiday to the group since they were unable to go away on holiday. We planned a trip to the sea-side and set off by train, singing traditional songs; we played with sand and shells, created billowing waves with big pieces of blue fabric. There was a Punch and Judy show, a Magician and a fancy hat competition, enjoyed by 20 staff and the same number of residents. Then we caught the train home and then enjoyed potato chips in screws of paper, and some ice-cream. The residents participated fully and remembered other holidays and activities.

Reflections:

Intensive play and arts activities, as well as regular inputs to reinforce learning, contribute to an innovative approach for Creative Care of older people, especially those with dementia. Brains need stimulation or they will atrophy, absence of a familiar landscape often leads to depression.

However it is often politically expedient to keep older people in a state of dependency, to blunt their senses through medication and to treat them as children who need to be indulged. Providing they are kept clean and fed what else is required? In some institutions even cleanliness and food are not achieved. Scandals in care homes are widespread and increasing.

Perhaps we need to consider attitudes towards old age, before implementing new forms of activity and therapy. We need to decide whether older people can be respected for their age and wisdom, rather than deciding they are not productive and there are at the bottom of the heap for resources.

A Story for Resilience - Pele the Fire Child

Many years ago in a village somewhere near Hawaii, there is a young girl called Pele who loves lighting fires. She loves the smell of the wood smoke, and the sound of the crackling twigs, and her eyes light up at the glowing embers and she can see all sorts of pictures and stories in the dancing flames. Soon the other children join her and together they roast vegetables and dance round the fire singing songs.

The other parents come and visit Pele's mother to complain at the bad influence Pele is having on their children. And Pele's mother has to say to her daughter, 'Pele, you are making our life very difficult here; people are complaining so you have to stop lighting fires'. Pele finds this very difficult but she really does try and it lasts for some days. But then the feeling is so strong that she goes off to find another place where perhaps they could light fires. She goes for a long walk and reaches a huge field, far away from the village. 'Ideal for us' she thinks, and she runs back to the village to tell the other children.

They plan a picnic and go off for the day; drag logs and branches to make a fire and cook their meal. They told stories and sang songs and soon it is time to pack up. Just as they were putting out the fire, a man appears waving his arms and shouting. It is the farmer who owns the field and they all run as fast as they can back home. The farmer follows and starts knocking on the doors of the houses asking for the children who lit the fire in his field. The adults tell him to go to Pele's house, which he does, and he speaks very angrily to her mother.

Her mother talks to her again and says that this time is her last chance otherwise she will have to leave home. Pele is really sorry and tries very hard not do other things instead. But she still longs for her magical fires and keeps wondering whether there is another place. She and just some of the children decide to go off for the day, (the others were too scared of perhaps meeting another angry farmer). They walk for a very long way and find a place the other side of the forest on a piece of rough ground that does not appear to belong to anybody. They light their fire and sing and dance, but most especially they tell stories. They cook vegetables which especially sweet that day, little did they know that this might be the last time they had this adventure. Or maybe they did know and were determined to make it the best they had done.

They go home happily and are not aware that the smoke is drifting upwards across the top of the forest towards the village. People open their windows and sniff: hm - wood smoke – Pele. Her mother is waiting for her and tells her that she has had her last chance and that she must leave. Pele packs a bundle, ties it to a stick, puts it on her shoulder and walks away.

She looks after herself, cooking her food as she goes and soon she comes to the seashore. She lights a fire from driftwood and sits gazing out to sea, wondering what she will do next. A water sprite called Nimusha comes to speak with her and says that she does not like Pele lighting fires and that anyway she is stronger than she is. Pele challenges her to a trial of strength, knowing that she will win but since when has fire survived the strength of water! Nimusha creates a tidal wave that come towards the shore, Pele immediately turn it into a twenty-foot high jet of steam and laughs in triumph.

She discovers it is rather nice making explosions under the sea and she causes all sorts of islands to form and some of them are volcanic. Soon she decides that she has created enough explosions and that it is time

to make her own island. She creates the biggest explosion she has ever done and makes the volcano her home. She rides her chariot across the flames laughing as she goes and the young men of the village create games of prowess on the rim. The older people of the village decide to protect themselves and they make offerings of white sweet smelling hibiscus flowers and throw them into the crater.

Meanwhile Pele is becoming calmer and is less angry and spends more time curled up asleep at the edge of the volcano having wonderful fiery dreams.

And now, if you are visiting there, you may see a little old woman with gray hair and a tattered red shawl. And she may just come to you and ask you for matches and a candle. Pele still keeps her fire and if pressed, may even tell you a story or two. And her eyes will still light up at the memories of her fiery life.

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Une sante affective sexuelle chez des adolescents dans une situation de vulnerabilite

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Abstract

Teenagers go through a stage of life in which they live affectivity and sexuality with great intensity of a point of view as well as relational identity. Ways to design, understand and see the emotional and sexual relationships are determined by various factors such as culture, social context and home environment, among others. The promotion of emotional and sexual health (SAS) includes the development of a positive vision of affective relationships in which sexuality translates into satisfying experiences, safe, free of coercion, discrimination and violence. Following the model of determinants of health Dahlgren and Whitehead [1], we can observe that there is some risk factors and protective influence of direct and indirect health of people, as well as sexual emotional health of young people.

Traditionally, the study of sexuality has been specifically focused on risk factors, placing the intervention since the risk (risk approach).

In this communication the results found in qualitative research was carried out by order of the Department of Health of the Generalitat of Catalonia are presented. The technique of data collection was used in the focus groups. Participation in the research was 72 teenagers total. Specifically, we present the perception of adolescents in relation to their own emotional and sexual health and that of their peers, from the resilience perspective. It focuses attention on the factors that contribute to living sexuality in a responsible way.

In conclusion, it should be noted that among the younger population wchich is in a situation of vulnerability, the emotional, affective and social variables are crucial in sexual risk behaviors.

Keywords: emotional and sexual health; adolescents; resilience; vulnerability; social risk; affective and sexual education

Introduction

La santé affective et sexuelle (SAS) est un droit de l'adolescent, et la promotion d'une sexualité responsable est un devoir des institutions publiques. L'adolescence est une étape de la vie où l'affectivité et la sexualité est vécue avec une grande intensité.

L'identité sexuelle est formée avec le passage du temps et permet à la personne de formuler un concept de lui-même sur la base du sexe, le genre et l'orientation sexuelle, et développer socialement en fonction de la perception d'avoir leurs capacités sexuelles

C'est dans cette étape que l'orientation sexuelle est définie et requiert le respect de l'autre pour que l'adolescent développe un concept positif de soi-même et se manifeste avec sécurité et liberté. La situation de vulnérabilité ou de risque social chez les adolescents peut être accompagnée des déficits affectifs importants, par la situation familiale, par la différence culturelle ou par le contexte social. La santé affective et sexuelle implique une vision positive vers les relations affectives et, donc, des expériences satisfaisantes, rapports sexuels protégés, libre de toute coercition, discrimination et violence.

La promotion de la santé affective, sexuelle et reproductive inclut l'intégration de quelques facteurs de base définis par la World Association for Sexual Health [2]: reconnaître, promouvoir, garantir et protéger les droits sexuels de tous et les situer dans le contexte des droits humains ; avancer vers l'égalité et l'équité de genre; condamner, combattre et réduire toutes les formes de violence sexuelles; promouvoir l'accès universel a l'information complète et l'éducation intégrale de la sexualité; assurer que les programmes de santé reproductive reconnaissent le rôle central de la santé sexuelle; arrêter la diffusion de l'infection du HIV et d'autres STI; identifier, aborder et s'occuper des préoccupations, des dysfonctions et des problèmes sexuels ; aboutir à la reconnaissance du plaisir sexuel comme l'une des composantes essentielles de la santé et du bien-être global.

Cette perspective multidimensionnelle et écologique de la SAS intègre les aspects émotifs, affectifs et sociaux, particulièrement importants chez les adolescents puisqu'ils sont en plein processus de construction de sa

propre identité sexuelle, d'établissement de relations sociales et affectives, de construction du concept qu'ils ont d'eux-mêmes et de leur autoestime.

En suivant cette ligne, l'OPS [3] remarque que l'affectivité, les émotions et le fait de tomber amoureux sont des éléments particulièrement importants à aborder pendant l'adolescence, à cause de l'intensité avec laquelle les adolescents vivent ces expériences. Le but final serait de promouvoir une sexualité responsable chez les jeunes. Dans les collectivités de jeunes en situation de vulnérabilité ou de risque social, cette nécessité est encore plus latente car dans ces collectivités l'existence de déficits affectifs importants est plus probable à cause de la situation familiale dans laquelle les jeunes peuvent se trouver à vivre et aussi de la différence culturelle ou de contexte social [4] .

En ce qui concerne la dimension sociale, l'UNICEF [5] remarque l'importance de la dimension sociale de la sexualité, spécialement chez la population en situation de vulnérabilité, car une grossesse d'adolescente non planifiée peut produire des effets sur les conditions de vie (l'éducation, le projet d'avenir, des conditions convenables de logement, etc.). Lorsque les jeunes ont une perspective d'avenir positive, une grossesse qui n'était pas prévue peut avoir des conséquences négatives sur leur bien-être et sur leur avenir en retardant ou en arrêtant leur projet d'avenir.

Selon le modèle des déterminants de la santé de Dahlgren et Whitehead [1], on peut remarquer que différents facteurs influencent de manière directe et indirecte la santé et aussi la SAS des jeunes. Quelques uns de ces facteurs peuvent avoir un lien avec : les *conditions politiques, socioéconomiques, culturelles et environnementales*, comme par exemple le lien avec l'école et les perspectives de travail [6] ; les conditions matérielles et les ressources limitées et les faibles perspectives et aspirations pour l'avenir [7] ; *la communauté*, comme par exemple, vivre dans des quartiers pauvres avec des taux de chômage et/ou de criminalité élevés [8]; *la culture d'origine et la religion* [9] [10] *; les facteurs en relation avec les réseaux sociaux et communautaires*, comme par exemple la structure familiale et l'éducation familiale [11], la pression du partenaire et des amis [12]; l'absentéisme écolier [6] ; *les facteurs en relation avec les traits personnels et les styles de vie* [12], comme par exemple des croyances concernant la sexualité et la consommation de substances psychoactives ; etc.

Afin de promouvoir la SAS dans une perspective écologique et de favoriser des relations affectives et sexuelles mûres, responsables et sûres il faut renforcer les facteurs de protection qui peuvent favoriser une perception positive et responsable de la sexualité et, par conséquent, prévenir des conduites à risque spécialement dans les collectivités en situation de vulnérabilité ou de risque social.

Nous allons présenter les résultats liés aux perceptions qu'ont les jeunes en situation de risque social de leur propre santé affective et sexuelle et de celle de leurs pairs.

Méthodologie

L'étude présentée ici est une recherche participée, à caractère qualitatif, de mode cooperatif.

2.1. Participants

Ont participé à la recherche 72 jeunes, dont 65% de filles et 37,5% de garçons. 18,1% d'entre eux avaient un âge compris entre 12 et 14 ans, 40,3% avaient de 15 à 17 ans et 41,7% de 18 à 20 ans, de 15 origines différentes. L'origine la plus représentée est la marocaine dans 34,7% des cas, suivie de l'espagnole dans 20% et de l'équatorienne dans 12,5%. Le groupe de jeunes présente des caractéristiques communes, parce que beaucoup de jeunes des quartiers défavorisés sont issus de l'immigration.

2.2. Instruments

L'information a été rassemblée par le biais de groupes de discussion, selon les âges (da 12 à 14 ans ; de 15 à 17 ans ; de 18 à 20 ans) ; ensuite on a élaboré les questionnaires correspondants, la fiche d'identification du profil de base des participants ; la fiche résumant les principales contributions du groupe, le processus de dynamisation et le climat créé.

2.3 Procédé

On a créé 10 groupes de discussion (5 groupes composés de jeunes immigrants, 3 de quartiers défavorisés et 2 de jeunes sous tutelle).

Les groupes de discussion ont été conduits par deux chercheurs selon les questionnaires élaborés. Les contributions de chaque groupe ont été enregistrées en version audio avec le consentement des participants et avec l'accord de confidentialité.

2.4 Analyse des données

L'information des groupes de discussion a été enregistrée en version audio et a été transcrite de manière littérale par la suite. À partir des données trouvées on a effectué l'analyse du contenu, avec le support du logiciel Atlas ti v.5.0. Les codes d'analyses élaborées ont été validés par des juges.

Résultats

Nous allons présenter les résultats relatifs aux perceptions qu'ont certains adolescents de leur propre santé affective et sexuelle et de celle de leurs pairs, en focalisant l'attention sur les conduites à risque.

En analysant les données on trouve des différences par sexe dans quelques conduites à risque. Dans le cas des filles, ces conduites à risque sont associées à des relations sexuelles impulsives, des relations après avoir consommé de l'alcool (cela démontre une perte de contrôle sur ses propres décisions et une vulnérabilité majeure) et à l'induction d'avortements.

<<Il y a une pilule pour avorter qui est vendue dans la rue ; elle est illégale>> P1, filles de 12 à 14 ans, groupe CRAE.

Dans le cas des garçons, on trouve des commentaires sur les conduites observées chez d'autres jeunes en relation avec la non-utilisation du préservatif, des croyances autour de la sexualité et des infections à transmission sexuelle.

<<Parfois ils n'ont pas de capote… S'ils n'en ont pas, ils utilisent la méthode du retrait. Nous connaissons beaucoup de filles qui n'utilisent pas de préservatif. Elles pratiquent le retrait.>> P10, filles de 15 à 17 ans, groupe des quartiers défavorisés.

<<Les gens disent que quand tu es soûle c'est mieux parce que tu es plus décontractée, bon je crois que quand quelqu'un est soûl il sait quand même ce qu'il fait...>> P11, filles de 15 à 17 ans, groupe des quartiers défavorisés.

<<Beaucoup de jeunes n'utilisent pas de préservatif. Il y a beaucoup de garçons qui ont le SIDA et n'utilisent pas de préservatif, j'en connais...>> P2, garçons de 18 à 20 ans, groupe d'immigrants.

Le groupe cible de jeunes entre 12 et 17 ans, et sans différence de genre, remarque que les jeunes connaissent les risques associés aux relations sans protection (principalement, grossesses et infections à transmission sexuelle).

<<La pilule me servirait pour ne pas tomber enceinte et la capote pour les maladies et pour me protéger, ça dépend avec qui tu le fais>> P1. Filles de 12 a 14 ans, groupe CRAE.

<<Type de capotes, comment les utiliser et comment ne pas mettre enceinte sa copine>> P7, garçons de 15 à 17 ans, groupe des quartiers défavorisés.

Même s'ils disposent d'informations et de connaissances sur les méthodes anticonceptionnelles, ils reconnaissent qu'il y a une partie des jeunes qui ne les utilisent pas, et donc ils n'utilisent pas de préservatif. Les raisons qu'ils indiquent sont multiples.

- La perte de sensibilité avec le préservatif, le confort et les allergies, c'est l'opinion la plus généralisée et qui apparaît dans tous les groupes d'âge et de genre.

<<Ce n'est pas la même chose… Oui, la première fois ils te disent utiliser la capote, mais le problème se pose quand tu les utilises et que d'autres sources te disent que ce n'est pas la même sensation, tu veux voir si c'est ou non la même chose>> P8, garçons de 18 à 20 ans, groupe des quartiers défavorisés.

<<Parce que c'est moins confortable et une amie à moi est allergique. Ou bien parce qu'ils préfèrent ainsi. Oui, sûrement. 2. Parce que tu es plus à l'aise On dit que tu sens mieux.>> P10, filles de 15 à 17 ans, groupe des quartiers défavorisés.

- Manque de prévision

<<Parce que parfois quand on est pressé ou quelque chose de la sorte ils ne le mettent pas, ou ça dépend, des fois ils n'en ont pas à ce moment là. Parfois cela arrive et on n'en as pas. Tout le monde connaît les risques>> P7, garçons de 15 à 17 ans, groupe des quartiers défavorisés.

<<Cela ne vient pas à l'esprit. On oublie>> P9, filles de 12 à 14 ans, groupe des quartiers défavorisés.

- Difficultés économiques

<<Ils sont très chers… parce que ça coûte>> P7, garçons de 15 à 17 ans, groupe des quartiers défavorisés.

<<Ils sont chers. Oui, très chers. Mais ça dépend si tu as de l'argent ou pas. Dans les centres de santé juvénile on distribue des préservatifs gratuits >> P10, filles de 15 à 17 ans, groupe des quartiers défavorisés.

- Confiance dans le partenaire. Cette raison apparaît principalement dans les groupes d'immigrants plus anciens.

<<Oui, mais la première fois. Ils ne font pas ça avec des gens qu'on rencontre dans la rue, bon, avec des personnes de la rue ; avec leur copine la première fois ils utilisent la capote, la deuxième ou quatrième fois ils ne l'utilisent plus…c'est plus confortable pour nous, c'est normal... Elle a déjà confiance, ça ne concerne que nous deux...>> P2, garçons de 18 à 20 ans, groupe d'immigrants.

<<Parce qu'ils prennent confiance et tout ça. Dans une relation stable, dans laquelle ils ont passé beaucoup de mois ou d'années en couple ; ils n'en veulent plus. Si tu es en couple depuis plusieurs années tu peux avoir confiance en lui… le premier jour oui, après tu ne l'utilises plus. >> P6, filles, de 18 à 20 ans, groupe d'immigrants.

- Désire de grossesse (l'idéal de maternité). Cette raison se retrouve seulement dans le groupe sous tutelle (centres résidentiels d'accueil).

<<Elles n'utilisent pas le préservatif parce qu'elles veulent tomber enceintes, parce qu'elles n'ont pas de cerveau. >> P1, filles de 12 à 14 ans, groupe CRAE.

- Manque de conscience des conséquences ou manque de projet d'avenir. Cette raison est mentionnée seulement par les filles.

<<Parce qu'elles s'en fichent de ce qui va se passer dans le futur et elles ne pensent pas du tout à ce qui va se passer après avoir fait cette chose, elles n'y pensent pas et s'en fichent. >> P5, filles de 15 à 17 ans, groupe d'immigrants.

<<Il y en a qui connaissent les risques mais ils n'utilisent pas de préservatif. C'est des demeurés...>> P10, filles de 15 à 17 ans, groupe des quartiers défavorisés.

- Manque de confiance. On trouve cet argument seulement dans le groupe de 15 à 17 des quartiers défavorisés.

<<Je me méfie>> P7, garçons de 15 à 17 ans, groupe des quartiers défavorisés.

<<Je crois que beaucoup de personnes le font parce que on leur raconte des mensonges.>> P11, filles de 15 à 17 ans, groupe des quartiers défavorisés.

- Préférence d'autres méthodes. Cet argument est mentionné seulement par les garçons en faisant référence aux méthodes féminines.

<<Cela me semble bien d'utiliser la pilule parce que c'est un autre système pour éviter la grossesse ou les maladies, c'est une précaution en plus pour les éviter, plus on utilise des méthodes et mieux c'est. Mais on ne peux pas s'y fier complètement parce que il y a des risques.>> P8, garçons de *18 à 20 ans, groupe des quartiers défavorisés.*

<<Les filles préfèrent prendre la pilule plutôt qu'utiliser le préservatif. Il ya des filles qui s'en fichent. Elles pensent seulement à prendre la pilule et c'est tout>> P7, garçons de 15 à 17 ans, groupe des quartiers défavorisés.

- Manque d'information ou croyances.

<<Non, parce que, par exemple si une personne a des rapports sexuels, si elle n'a pas le SIDA ou aucune maladie tu peux le faire et avant que le garçon se retire c'est déjà fait, je pense… Je crois que les gens ne le font pas, parce qu'il y a par exemple le mythe selon lequel la première fois tu ne tombes pas enceinte...>> P11, filles de 15 à 17 ans, groupe des quartiers défavorisés.

<< Dans d'autres pays il n'y a pas de risques, cela n'arrive pas parce que tu te maries avant avec une fille, il n'y a pas ce problème. C'est partout pareil, il y a des risques pour tout le monde. >> P2, garçons de 18 à 20 ans, groupe d'immigrés.

<<Parce qu'ils n'ont pas d'autres informations>> P5, filles de 15 à 17 ans, groupe d'immigrés.

L'opinion générale sur la grossesse et sur l'expérience d'une possible maternité juvenile-adolescente est pratiquement unanime dans tous les groupes : si on pose la question aux jeunes filles elles répondent toutes qu'elles ne veulent pas tomber enceintes. Malgré cela, beaucoup de personnes appartenant aux groupes disent connaître des cas de grossesses d'adolescentes.

<<Nous ne croyons pas que les filles de notre âge veuillent tomber enceintes…Non, mais je connais des gens qui si cela arrive, ils gardent l'enfant…J'en connais une qui quand elle était toute jeune elle l'a eu, elle l'a laissé dans la maison de ses parents et elle ne l'a pas vu depuis et maintenant elle en a un autre. Nous connaissons toutes des filles qui sont tombées enceintes". P10, filles de 15 à 17 ans*, groupe des quartiers défavorisés*.

On observe des différences culturelles en particulier en ce qui concerne le choix de poursuivre ou non une grossesse. La plupart des filles qui ont déclaré que, au cas où elles tombaient enceintes elles garderaient le bébé, proviennent d'autres pays.

Discussion et conclusions

Les mythes et les croyances distorsionnées sur les modèles de l'amour et de la sexualité sont dans maintes occasions en relation avec des facteurs culturels et religieux, outre qu'avec des facteurs de type social et familial (déstructuration familiale, pauvreté, maltraitance des enfants, violence familiale, etc.). Les collectivités en situation de risque social ont tendance à vivre la sexualité avec plus de risques que la population générale [13][5]. Pour cela, le fait de contribuer à la promotion et à l'amélioration des conditions sociales et du bien-être de cette collectivité contribuira a l'amélioration de la santé de ses membres. [14]

Les données repérées témoignent de la nécessité de promouvoir des actions éducatives qui prennent en considération les besoins qui diffèrent selon le genre et la diversité culturelle. Le fait que les filles et les garçons immigrés choisissent en premier la grossesse renforce l'importance de la prévention. En ce qui concerne les besoins liés à la connaissance et à l'utilisation des contraceptifs, les adolescents font référence au fait qu'ils connaissent des aspects concernant leur utilisation, qu'ils souhaitent démolir les croyances et se servir des contraceptifs quand la situation le requiert plus qu'à la connaissance des méthodes mêmes. On relève un écart entre les connaissances des risques et les comportements que ces jeunes adoptent dans leur relations affectives sexuelles. Ils expriment verbalement qu'ils connaissent les risques surtout ceux qui sont en relation avec la grossesse et le SIDA, mais ils reconnaissent qu'ils adoptent des conduites à risque. En ce qui concerne les autres infections à transmission sexuelle ils sont moins explicites. Une possible explication de cette perception du risque, que tout le monde connait est partiellement en relation avec le manque de compétences (communicatives, sociales et émotives) et l'autoestime pour pouvoir établir des conduites sexuelles saines, telles que les relations protégées. Kirby [12] remarque que la pression du partenaire et des amis est un des autres éléments qui peuvent donner origine a des conduites à risques et que les couples qui parlent du HIV et des STI, des méthodes de prévention et de leur relation sont plus disposés à utiliser les préservatifs.

En conclusion, il est nécessaire d'aller vers une approche écologique et positive de la sexualité, spécialement dans les populations en situation de vulnérabilité, où les variables affectives, sociales et culturelles peuvent conditionner leurs comportements sexuels. [15]

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Le programme "Aprender juntos, crecer en familia" pour le developpement de la resilience et la parentalite positive

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Abstract

Currently, family support programs are orientated to encourage family communication that improves both the quality of parenting as family system; what predominates is the creation of a favorable atmosphere to educate children in which the organization imposes on chaos and where protective factors that identify the capabilities are the best reference points for family intervention. [1]

The "Aprender juntos, crecer en familia" program appeared after an evaluation process [2] in response to the need to have systematized materials to apply in group form, with families who are vulnerable. The program approaches the topics necessary for the development of positive parenting. The objectives respond to a holistic development process of family cohabitation from three dimensions vision:

- ✓ Emotional dimension that claims to help manage emotions
- ✓ Behavioral dimensions across the development of skills that allow to face competently situations
- ✓ Cognitive dimension that facilitates a better understanding of the process of family cohabitation

The program [3] was applied to 12 main Spanish cities through a process of collaboration between the Social Work of Caixa and Caixa agencies involved in project-Proinfancia. The implementation process is performed in a first phase in 2012, a second phase in 2013 and now it makes a third application in 2014. During these years the number of participants has increased to a considerable extent.

Keywords: resilience, family system, vulnerable

Introduction

Les études les plus récentes sur la pauvreté, dont celle des enfants, signalent que les garçons et les filles qui vivent dans cette situation ont beaucoup plus de risques d'avoir des difficultés d'apprentissage, de souffrir de problèmes de santé, de présenter de faibles taux de réussite scolaire, d'avoir des grossesses précoces et de ne pas accéder à l'emploi [4]. La situation de pauvreté des enfants est ainsi une des principales causes de l'exclusion sociale.

Sans aucun doute, afin de rompre le cycle de la pauvreté, les soutiens et les ressources économiques constituent des mesures d'assistance nécessaires. Mais il est également indispensable de s'occuper de façon holistique des autres besoins de la famille, comme les soutiens à caractère communautaire et social qui contribuent au respect de la dignité de la vie des pères et des mères qui vivent en situations de pauvreté, de chômage et de précarité.

De nos jours, les programmes d'éducation parentale ont pour objectif de favoriser aussi bien une communication au sein de la famille qui puisse améliorer la qualité du système familial que les compétences parentales. [5] [6] [7]

Objectif

L'objectif de la recherche est d'identifier l´impact du programme sur les familles, sur les professionnels et les services des familles, et aussi d'évaluer le processus d'implémentation et connaître l'efficience du programme.

Approche de la recherche

Le programme [3] s'est appliqué aux 12 principales villes espagnoles grâce à un processus de collaboration entre l'*Œuvre Sociale* de la Caixa et les organismes qui participent au projet Caixa-Proinfancia. Le processus d'implémentation s'est réalisé dans une première phase en 2012, une deuxième phase en 2013 et maintenant on réalise une troisième application en 2014. Pendant ces années le nombre de participants a augmenté d'une manière considérable.

Année	Nº groups	Père et mère	Fils et filles	Total participants
2012	61	609	661	1270
2013	82	823	941	1764
2014 (prévisions)	119	1100	1280	2380

Dans l'évaluation de 2012 nous avons utilisé un groupe de contrôle de 296 parents et 268 enfants. Le nombre de professionnels qui se sont occupés de l'implémentation chaque année est compris entre 138 et 165. On a utilisé une méthodologie d'évaluation mixte (quantitative et qualitative) avec des instruments standardisés et des groupes de discussion avec les professionnels, les parents et les enfants.

Résultats et discussion

1.1 Impact sur les familles

Ci-dessous sont examinés certains des résultats du processus d'évaluation liés à l'impact sur les familles.

Chez les enfants âgés de plus de 9 ans on observe une diminution dans le style qui utilise la critique et le rejet et dans le style indulgent. Dans les familles, il ya aussi un accord pour décrire un milieu familial où l'affection et la communication prédominent, aussi bien que l'utilisation de pratiques inductives destinées à donner des explications, suivies par des pratiques rigides ou autoritaires, indulgentes et avec moins de critiques et de rejets. Du point de vue des enfants on présente une réduction significative des critiques et des rejets aussi bien que du style indulgent de la part des parents.

Il est également important de souligner les connaissances acquises par les pères et les mères tout au long de la mise en œuvre du programme. Parmi les résultats obtenus grâce à l'analyse de contenu des groupes de discussion on peut inclure les points suivants:

- Les relations et le soutien informel ont été renforcés.
- Les pères et les mères prennent conscience de leurs responsabilités parentales, ce qui facilite une attitude de volonté et l'acceptation de la relation d'aide.
- Ils ont augmenté leur implication émotionnelle, l'affectivité et l'expression des émotions.
- Ils ont adopté une attitude de réflexion sur la pratique de l'éducation.
- Ils ont amélioré leurs stratégies de communication.
- Ils ont adopté de nouvelles stratégies liées à la possibilité de définir des règles et des limites.
- Ils comprennent mieux le développement évolutif des enfants.

Les familles ont également signalé des changements significatifs du point de vue statistique dans l'augmentation des activités de loisirs menées au sein de la famille, soit dans la vie quotidienne soit dans des situations extraordinaires.

En ce qui concerne l'apprentissage des enfants on a pu observer qu'il est lié au comportement, à la participation aux tâches ménagères et aux aspects liés à la cohabitation.

- Ils ont amélioré leur capacité à participer activement à la sphère domestique
- Ils adoptent de nouvelles stratégies de communication dans la famille (pères / mères-fils / filles)
- Ils améliorent leur acceptation de la mise en place de règles et de limites
- Ils reçoivent plus de soutien et d'attention éducative de la part des parents

1.2 Impact sur les professionnels

D'autres aspects qui ont été évalués ont été les changements survenus dans les compétences et le développement professionnel des animateurs des groupes aussi bien que l'analyse de l'impact du programme sur le service.

On a relevé des différences significatives dans la perception de l'amélioration des compétences professionnelles. A la fin du programme, les professionnels ont déclaré avoir acquis de meilleures compétences pour interagir avec les familles, c'est-à-dire de meilleures compétences pour soutenir les familles et pour renforcer leur coopération. D'autre part, on a également trouvé des différences significatives dans la perception que les professionnels ont de l'amélioration des compétences pour le développement professionnel; cela se réfère aux compétences pour réaliser un travail d'équipe, pour améliorer l'organisation des services et pour accroître leurs capacités de coordination et coopération.

En ce qui concerne le processus d'évaluation du programme, les animateurs remarquent que le fait de s'occuper de l'évaluation leur a permis de mieux connaître les familles, de détecter des situations concernant la famille ou les enfants dont ils n'étaient pas au courant et même de pouvoir réaliser des interventions au-delà de la portée de l'enfant lui-même.

En outre, le processus d'évaluation des familles a fourni une occasion pour réfléchir sur leur pratique. En ce qui concerne le déroulement du programme, les professionnels ont évalué de façon positive la diversité dans la composition des familles, des genres et des âges et des caractéristiques socio-culturelles. La diversité aide les participants a se sentir plus à l'aise parce qu'elle ne leur attribue pas une désignation négative. Une caractéristique importante est le fait que le programme se déroule mieux quand il y a parmi les familles qui y participent une ou deux familles qui développent une parentalité plus adéquate. La diversité idiomatique et culturelle est appréciée initialement dans certains cas comme une difficulté due aux réticences existant de la part des participants, bien que cette même difficulté soit évaluée positivement par la suite, une fois que le groupe est devenu plus uni.

Dans certains cas, la diversité excessive a crée des difficultés de déroulement parce que la distance culturelle entre les participants était trop grande pour qu'on puisse trouver des éléments communs.

En ce qui concerne le contenu et les stratégies du programme on considère que l'accent sur l'expérience du programme, plutôt que l'orientation académique ou technique, est l'une des clés de son succès. Le fait de fournir au groupe des dynamiques qui lui permettent de s'exprimer, de réfléchir et de se sentir bien s'éloigne de la tradition plus classique des «écoles de parents» et est très bien reçu par les participants et les animateurs.

Un sujet de préoccupation pour les animateurs est l'adaptation aux besoins évolutifs des enfants. Il est à noter que dans les sessions avec les enfants, s'il y a beaucoup de dispersion d'âges, il faut faire des ajustements en ce qui concerne le niveau de maturation des participants.

Conclusions

Le programme est innovant car il propose de faire travailler en groupe les pères et les mères avec leurs enfants afin qu'ils puissent développer conjointement et en complémentarité des compétences susceptibles d'encourager leur développement et leur capacité à contribuer positivement au bien-être familial. Ainsi, on travaille avec deux générations simultanément, [3] ce qui fait que ce qui a été appris lors des séances pourra faire écho auprès des autres membres de la famille. En conséquence, la participation de la famille au programme devrait devenir sans doute une expérience marquante pour tous ses membres.

Un élément essentiel dans la mise en œuvre du programme a été la manière dans laquelle les organismes ont suivi le programme et la façon dans laquelle elles ont réussi à motiver les familles pour les impliquer et pour faire en sorte qu'elles y participent, tout au long de sa durée.

Le programme a fourni un espace partagé aux familles, ce qui jusqu'à présent n'était pas une chose habituelle dans ces familles vulnérables. Les familles vivent dans le programme l'expérience de passer du temps ensemble et de créer des partenariats.

On a introduit la philosophie du travail partagé et de l'innovation dans la pratique professionnelle ainsi que la nécessité d'évaluer les résultats des actions et des programmes. C'est un principe de qualité très important sur lequel il y a encore beaucoup à faire, mais certainement cette expérience a permis de faire une grande avancée à cet égard. [9] [10]

Parmi les nouvelles propositions d'innovation il y a celle selon laquelle les organismes qui pratiquent la formation groupale peuvent devenir une référence dans chaque quartier ou district, avec la possibilité d'offrir ces services spécialisés à des organismes qui n'ont pas un nombre suffisant de familles. Cela rend le programme plus efficace et augmente les possibilités de suivre un plus grand nombre de familles. [11]

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La famille biologique dans la protection de l'enfance: un programme socio-educatif pour developper la resilience dans un processus de reunification des familles

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Abstract

Family reunification, in the system of child protection is the process by which a child returns to his biological family after a period of temporary accommodation. Scientific studies and new social policies share the belief that the socio-educational action with the biological family, is an essential condition for family reunification. Despite this agreement, the socio-educational programs for family reunification being received little attention so far.

There is a matching purposes with one of the priorities of the Framework Programme of the European Community (family life) and with the current basic principle of permanency planning provided in child care and protection of children.

When referring specifically to the family reunification program, there is the family who gets successfully custody of their children has gone through several phases in which they had to use different strategies. Some studies also attempt to identify factors prevention and protection that help the success of the reunification process. Lietz and Strength (2011) analyzed a group of families who have successfully completed the reunification. The objective is to find the following attributes and skills: social support, flexibility, communication, attitude and the ability to interpret its own difficulties, the initiative to meet the needs of the family, will and spirituality.

This article presents the results of a research conducted by the GRISIJ group on the development of a program to support biological families and children who meet the conditions for the application of protective measures for children, involving the temporary separation the family unit (host family or institution) to promote resilience strength and commitment of all members of the family to move on in reunification.

Keywords: Family reunification, program support, foster care, instrument based on resilience

Introduction

A l'heure actuelle, tant les études scientifiques, que les besoins exprimés par les professionnels et techniciens de la protection de l'enfance d'Espagne, et tout comme les nouvelles politiques sociales européennes et espagnoles, sont d'accord pour exprimer que: a) l'action socio-éducative avec la famille biologique est une condition indispensable lorsqu'on applique une mesure de protection temporelle avec pour pronostic la réunification familiale et b) ce sujet a reçu jusqu'à maintenant une attention moindre dans la recherche et dans les pratiques sociales qui prévoient une procédure multi-informateurs.

Objectives

L'objectif de l'étude est d'identifier les besoins spécifiques et les facteurs de résilience des familles et, des fils et filles en situation de séparation, comme mesure de protection et prévention, du point de vue des protagonistes et des techniciens de protection de l'enfance.

Approche de la recherche

Un total de 135 personnes ont participé à l'étude, ils viennent de quatre communautés autonomes de l'Espagne : Cantabrie, Catalogne, Galice et les Îles Baléares. Les participants se distribuent entre 63 professionnels de protection à l'enfance, 42 familles biologiques en processus de réunification ou récemment réunifiées et 30 fils, filles et adolescents qui ont vécu un processus d'accueil soit en famille soit en tant que résidentiels. La caractéristique principale de ces participants est leur composition multiculturelle ce qui permet de saisir des aspects très révélateurs depuis différents points de vue.

Le concept qualificatif de la recherche s'est concrétisé dans l'utilisation de groupes de discussion et d'entretiens en profondeur comme les techniques de collecte d'information. En clair, les groupes de discussion ont permis de saisir la subjectivité provoquant la réflexion et la prise de conscience des participants. Ces groupes se sont très bien déroulés dans chaque cas. La durée a été d'environ 2 heures. Les entretiens semi-structurés ont été planifiés pour les adolescents, vu qu'un contexte plus privé est recommandé à cet âge.

L'analyse des données a été conduite sur la base de l'analyse du contenu.

Résultats et discussion

On a analysé les besoins qui influent dans la réunification familiale en 4 phases : (1) Communication de la mesure, (2) Visites et contacts, (3) Préparation à la réunification, (4) Premiers jours à la maison.

(1) Communication de la mesure: se concentre sur le moment où l'on fait savoir que les enfants vont être temporairement éloignés de la maison. On a détecté que les familles ont besoin de plus d'informations sur la mesure et que l'attitude à tenir face à l'accueil peut influencer dans le processus de réunification. Nos données confirment la littérature scientifique, dans laquelle on met en évidence que dans cette phase les familles doivent commencer à être motivées par le changement et s'impliquer avant, pendant et après la réunification. Plusieurs auteurs (Amorós et al. , 2004; Rodrigo et al. 2007, 2009; Schofield et al.; 2011; Ellingsen et al., 2012 Lietz et al. 2011) signalent l'importance de prendre conscience du problème et la motivation et l'espoir pour la récupération de leurs enfants. D'autres auteurs (Balsells et. al. 2011; Terling, 1999) indiquent qu'il est important que les parents soient conscients de la situation et qu'ils mettent tous leurs efforts et volonté dans la récupération de leurs enfants.
"Moi, je m'étais mis dans la tête qu'ils allaient en adoption, mais ensuite j'ai vu que ce n'était pas cela parce que je les voyais, ils me les amenaient…" Familles

(2) Visites et contacts: l'importance des contacts avec leurs enfants en maintenant des visites régulières; pendant les visites, lorsqu'il y a un éducateur qui les supervise et surveille, un sentiment de malaise s'installe; l'importance de fournir de contenus aux visites, pour que grâce à celles-ci, ils puissent travailler des aspects comme le maintien du lien. Avec cette approche de plus grande qualité et de contenus, on pourrait également répondre à la nécessité que les familles et les enfants partagent un sentiment d'identité commun, qui aide à la stabilité et à la cohésion familiale (Thomas et. al., 2005; Ellingsen et. al., 2012 ; Maluccio et al., 1996).Tout comme le besoin d'établir et de maintenir le lien réel permanent et sûr entre les membres de la famille (Thomas, 2005; Ellingsen et al., 2012)
"La qualité des visites est très importante, c'est à dire, qu'il y ait un rapprochement, qu'il y ait un jeu, qu'ils ne soient pas assis à ne rien faire" Professionnels

(3) Préparant la réunification: c'est très significatif l'importance du soutien formel dans cette étape et il émerge le besoin d'aide à la relation avec un professionnel de référence, qui accompagne la famille dans ce progressif retour à la maison. Spécialement, un soutien pour développer leurs compétences parentales et pour montrer une attitude d'adaptation, de flexibilité et de confiance; selon Schofield et. al, (2011), Thomas et. al. (2005) et Balsells et al. (2013), la positivité, l'adaptabilité, la flexibilité, la confiance, la sécurité et l'autonomie des parents aident à récupérer leurs enfants.
"Moi, je crois que parents comme enfants, nous devrions nous préparer un peu de temps avant qu'on nous redonnent les enfants" Adolescents

(4) Premiers jours à la maison: quand les enfants retournent à la maison et que la réalité de la réunification familiale est présente, on constate une période de réadaptation très forte. L'importance des soutiens formels aussi bien qu'informels garantit le succès et la stabilité de la réunification (Kortenkampe et al., 2004; Lietz et Strenght, 2011). Les recherches de Maluccio et Ainsworth (2003) exposent que peu de soutien social et communautaire rend difficile la réunification familiale. Dans ce sens, l'aide du réseau informel peut être fondamental. La supervision et la continuité de l'intervention dans le suivi familial, tel que le disent Biehal (2007) et Connella et. al. (2009), est le meilleur mécanisme pour éviter de répéter les modèles et conduites à risque existantes dans les familles une fois la famille réunifiée.
"Bien sûr, c'est comme s'ils m'ont laissé un peu de côte, moi, j'étais habituée à avoir des entretiens, la psychologue et tous les autres… et bien, tu te sens un peu seule, à qui je demande ce que je dois faire?" Familles

Conclusions

Ces résultats proviennent de trois sources : le discours des professionnels nous a permis d'arriver à une meilleure approximation des besoins réels. Le discours des familles permet non seulement de comprendre leurs besoins et déficits mais aussi d'avancer dans la connaissance des potentialités. Le discours des adolescents et des mineurs nous a permis d'identifier les zones prioritaires depuis leurs points de vue. Maintenant le but est de transformer tous ces besoins en contenus qui formeront partie de la conception d'un programme d'action éducatif pour familles qui sont dans un processus de réunification depuis la perspective de la résilience.

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Parental education - a program that builds the resilience of parents from the vulnerable families

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Abstract

This study highlights the strategies used in the parental education program developed by Holt Romania Foundation, Iasi Branch with the support of UNICEF Romania, for increasing the resilience of parents from vulnerable families. The strategies achieved during this program are mainly meant to improve the relationships they have with their children, but parents often manage to extend their benefits into other types of interaction and contexts. Based on the appreciative speech, the parental education program "How to Become Better Parents" supports parents in learning to focus mainly on children's qualities and also on the positive aspects of the contexts in which they are found as parents. The program involves eight meetings with a homogeneous group of parents, one meeting per week lasting for 2 hours. At each meeting is discussed an established subject of interest for each parent. The program aims to strengthen the best parenting practices and to create new ones suited for each family. The efficiency of the Program is due to the centering on successful experiences within the family and also on the relationship between positive action and positive vision.

The main body of this paper is based on the observational data of the authors, as parent educators, over a period of 8 years and a secondary analysis of data collected for the evaluation of the program.

Keywords: parental education program, vulnerable families, appreciative speech, curriculum, parental practices, positive vision, positive action.

Introduction

The purpose of this study is to identify which of the strategies used in the parental education program developed by Holt Romania Foundation, Iasi Branch, for improving the relationship between parents and children, generates effects in the development of the family resilience and what are the strategies that entail this growth.

The parental education programs are known as being "programs, services and resources addressed to parents and those who take care of children, with a view of supporting them, improving their ability to raise their children" [1]. In a narrow sense, "parental education involves all programs that help parents develop and improve their parental abilities, learning them to understand their child's development, so as to reduce stress that could affect the parental functionality and to learn how to use alternative ways of tackling difficult situations with children" [2].

The parental education programs improved as an answer to current social circumstances, that demand not only the use of new parental practices so as children could adapt to actual social circumstances, but also flexibility in adjusting to future contexts. The family maladjustment to the speed of the social change could have a negative impact on a child's development. The family, being the most familiar social context of the child, has a great impact on the way the child evolves [3] therefore, the dysfunctional ties that occur in the family system determine other dysfunctional ties in the child's growth [4]. Family and child development are inseparable [5].

The parental education program developed by Holt Romania Foundation, Iasi Branch, "How to Become Better Parents" (CSDPMB) was designed as an instrument for prevention/intervention, used for helping parents develop suitable parental practices, not only when having chronic adversity conditions, but also in their absence. The lack of chronic adversity situations for a family does not guarantee that the family has no problems. The family gets through difficult situations that change from anticipated crises caused by actual family stage of development up to general crisis caused by dramatic events [6]. The CSDPMB program is a type of group intervention, systematic and coherent, that proposes positive methods of interaction for parents, contexts of discovery and amplification of positive experiences with children, a valuation and stimulation environment for new attitudes and behaviors, as well as the enrichment of the knowledge level concerning the growth, caring and child education.

The concept of resilience that initially included the positive adaptation of children found in adverse circumstances [7] was extended to the family system [6]. The family resilience is the process of successfully overcoming the stress and adversity during lifetime [8]. According to Şerban Ionescu [9], "this expansion is justified by clinical observations and by the results of conducted research, which showed that irritating, frustrating and difficult everyday life requirements […] have cumulative and significant effects on psychological wellbeing".

Therefore we put forward for discussion the next issue: to what extent is the parental education program CSDPMB, through its structure, development methods and applied strategies, contributing to the growth of resilience among participating parents and, implicitly, their families'.

The description of the program of parental education "How to become better parents" developed by Holt Romania Foundation, Iasi branch

The Parental Education program "How to become better parents" developed by Holt Romania Foundation, Iasi Branch is useful for parents who are interested in improving their parental abilities and relation to their own children. The program is based on an imported program from USA in 1999 (Make parenting a pleasure, by Minalee Saks, Ellen Hyman and Linda Reilly, edited by the Birth to Three Organization, Oregon, USA) and adapted to Romania's context, the central point of this program being represented by meeting with parents, in a support group manner. The same group of parents attends 8 meetings (one meeting a week) lasting approximately two and a half hours each, in which there are discussed themes of interest for each parent. The group is moderated by two parental educators who permanently maintain a comfortable atmosphere, of safety and personal support, so as to encourage the building of a support network between parents who participate in the program.

The program developed a curriculum for parents who 0-3 years old children, a curriculum for the parents who had children in the 1st to 4th classroom, and in the 5th to 8th classroom. In 2012, it was developed a curriculum for parents with adolescents. There is a common body of knowledge for all curricula, but it is presented differently in accordance with each particular group of parents. These themes refer to the importance and ways of self-care, stress and anger management, how to efficiently communicate with their own child and how to exercitation a positive discipline for the children. Beside the common themes from all the 4 curricula, we can also find specific themes such as: the variety of health food for the child, the prevention of abuse and its effects on the children, the sexual education, friends and free time of teenagers or drug consumption. The program is structured in two parts: the first part is focused on the individual while the second part places more emphasis on the character of the individual as being a parent.

The program promotes the concept of the appreciative parental education that is linked to the concept of appreciative pedagogy introduced by [10] in order to designate the type of pedagogy that will produce a change in education, placing the emphasis on the valorization and appreciation of the human experience and of its peak moments, and also on the direction towards future projections that can lead to the maximum valorization of the human potential.

The parental education program carried out until now, refined and adapted for different categories of parents, is inspired by the newest theories in the field of adult education (social constructionism, the appreciative approach etc.) and is in accordance with the value system promoted by the UN Convention regarding child's rights.

Methodology

The research was based on analyzing the parental education program "How to become better parents" relative to resilient families' attributes presented by Keri Black and Marie Lobo [11]. We also used the method of participatory observation as parental educators.

There have been observed 50 parental education courses that summed up 750 participating parents. Most of these courses took place within projects financed by UNICEF Romania, hence they were conducted as a service intended to prevent neglect, domestic violence, school dropout and child labor exploitation in disadvantaged families. The participating parents were most often part of low income families, with a low level of education, the majority of them facing domestic violence problems, alcohol abuse etc. The participants were selected with the support of the social worker from the community.

Results and Discussions

Family resilience involves not only surviving the crises, but also to reach the stage where the family regards the adversity as an opportunity of discovering new resources it owns that can make it more powerful.

Confronting the crises together within a family, it can become more united, more powerful and can find resources for facing new challenges [8], [12]. Initially, the parental education program CSDPMB conducted by the Holt Romania Foundation, Iasi branch was not designed as a program for increasing resilience, but rather as a mean of prevention, intervention and support for families faced with risk situations like poverty, unemployment, one-parent families etc.

The literature does not mention a universal list of protective factors that can be taken into account in the analysis of family resilience, but recognizes a series of common specific attributes of resilient families. According to a synthesis realized by Keri Black and Marie Lobo [11], these attributes are: a positive outlook, spirituality, the agreement between family members, flexibility, communication, financial management, time spent together, ways of recreation together, routines and rituals and the social support.

1.1 The positive perspective

One of the principles on which the parenting program CSDPMB is built is the focus on success. From this perspective, the appreciative parental education focuses on harnessing blockbuster moments, pride and glory of the experience of parents, considering them the foundation and inspiration for future successes, the past successes are amplified and the future successes are anticipated. Therefore, parenting groups discussions are focused on parents identifying those successes related to their children's education, identifying the children's own qualities and how these qualities have led to the successes mentioned [13].

Also, another principle that the program uses is the focus of the link between positive action and positive vision. The role of the CSDPMB program is to create among the participants positive attitudes about children, people, institutions, community and so on, so that they act as a power source and motor for positive action. The program aims at the parents practicing a complete education focused on positive vision, which stimulates creativity and transforms parents and the interactions initiated by them in relation to their children. As the parental educator addresses more positive questions, parents manage to change faster and more successfully [14]. Addressing positive questions to parents is one of the strategies by which parents are directed to think in other terms, becoming aware of their own strengths, other people or other contexts in which it operates [13].

Thereafter, the inability to have a positive outlook improves and the participating parents start to relax and redefine the situations that initially were viewed as “problematic” in terms of normality. They start coming increasingly more elegantly dressed, some of the participating mothers mentioned that coming to the course is one of the few occasions they dress elegantly and this makes them feel better. Parents show an increase in self-esteem through awareness of the qualities they have; this is due the self-assessment activities due those activities in which the mutual appreciation is encouraged. They begin recognizing and understanding their own state of mind, to acquire new strategies of managing stressful situations and start being aware on the limitations of others, especially their children’s and to reduce tensed moments generated by unrealistic expectations from the others. Moreover, they outline plans for the future in which they truly believe precisely because they are based on realistic expectations and they realize that visualizing the future is guiding them through the present.

1.2 Spirituality

Although the parenting program CSDPMB does not provide a dedicated session for this issue, in the parents’ discourses we observed the tendency to appeal to religion in order for them to explain and accept more easily certain situations that are generating stress on the long term. For example: “If God wished me to have a sick child, I have no way out”. From this perspective, the spirituality is an essential factor for enhancing families’ resilience [15].

1.3 Agreement between family members

Agreement between family members is an important component in the process of building and enhancing family resilience. Also, the comfort and the security provided by a resilient family can act as a protecting factor for all its members [12]. Within the CSDPMB courses, the theme regarding the agreement between family members can be found in the 2nd session (How to overcome stress and fury), the 3rd session (How to efficiently communicate with your child), the 4th session (How to accompany the child on the path to its development), the 5th session (How to be a reliable parent in the relationship with your child) and in the 6th session (How to positively discipline your child).

In the second meeting held in the course, it is debated the issue of how parents can manage their stress and fury in a healthy manner that should not affect nor them or their children. It calls into question the need for both parents to agree on practicing proper measures of stress control, how they and in stressful moments being a model for their children to acquire and apply in the stressful situations he is facing. The internalization of an efficient model of stress and fury management represents a useful protecting factor in developing resilience. Parents participate in various games that are supposed to support the transformation of negative self-addressing

to positive self-addressing and finding positive aspects in problematic situations surrounding them. All these activities train the participants' abilities of better controlling their feelings in tensed moments and creating a comfortable and safe environment in their families.

According to Keri Black and Marie Lobo [11], "discipline in resilient families tends to be authoritative and predictable, with mutual respect between all family members". From this perspective, the parental education program CSDPMB creates a favorable context discussion upon positive disciplinary methods, highlights the characteristics and benefits of the authoritative parenting style, encourages parents within a family to agree on the same methods of discipline and challenges them to be consistent in applying them.

1.4 Flexibility

Flexibility is the family's ability to reorganize, keeping functionality and continuity in the context of confronting with various problems [8]. Even if the course does not provide a special session to address the issue of flexibility, it is addressed, especially when in the group there are parents whose families' structures changed (for example, families in which one parent has died, went to work abroad, suffered any accident that made one incapable of self-care etc.). In the 2nd, 5th and 6th sessions, there are references to the concept of family flexibility and parents are encouraged, in crisis situations, to distribute new roles for family members according to the level of development of each one of them, and to establish new rules, such that families continue to be functional systems.

1.5 Communication

Walsh [6] argues the role of communication in enhancing resilience in that it is the way in which family members define their adversity situation, express the needs and concerns and determine the terms in which the changes will be made. He mentions three characteristics of communication within resilient families: clarity, free expression of feelings and collaborative problem solving. In order to encourage clarity in communicating with children, the CSDPMB course offers a series of exercises and role playing activities during which parents are challenged to convey different messages given the rules such as setting a good eye contact, using short sentences, speaking slowly, using a pleasant tone, choosing proper words that can be understood by children and using positive messages (say what you want, not what you do not want) [16]. A key component of the course is to develop relationship skills for parents with their children, aiming at the improvement of the relationship between them. In order to improve communication between parents and children through effective listening and expressing feelings, CSDPMB proposes several exercises, including "I message" [16]. Through this exercise, the parents are to realize the feelings that they live in certain moments and express them. It is also encouraged the hearing of their children's feelings without judging or criticizing. Using this type of messages can be applied in eliminating accusatory messages like "You do not ...".

The ability to collaboratively solve problem and conflicts well has been shown to be a key factor in resilient families [11]. The communication initiated for this purpose is captured in each one of the course's textbooks with specific particularities for the age of the children. The common idea captures the discussion of family problems with children according of their level of understanding, listening to children's opinions, and accepting different opinions without judging, negotiating, conducting calm discussions, using messages of "I".

1.6 Financial management

Within CSDPMB, the discussions regarding the financial management in the family are found in the sessions addressing the communication theme, children development, children's participation and positive discipline. The accent is set on utilizing efficient stratifies in order to familiarize the adolescents with the idea of economy and responsible spending. CSDPMB encourages parents to involve their child's in setting families' financial priorities and to allow them to manage a certain percent of the family funds according to the child's age [13], and monitor them in this activity. The course encourages parents to analyze the situations in which they could financially motivate their children.

1.7 Time spent together and ways of recreating together

Topics referring to time spent together are found in the CSDPMB in sessions that address the theme of communication, child participation and its development. The idea formulated by [8] that conducting business or having lunch together play an important role in the continuity and stability of the family, is found in the CSDPMB. In this regard, parents receive a homework task to address, together with the rest of the family, various activities [17]. Apart from encouraging parents to practice daily activities with family, starting with the 3rd session, each week, participants received the task of having moments of "special time" in the family. Through this activity, parents are encouraged to reunite once a week within the family and realize together enjoyable

activities agreed by all members [17]. From a constructivist point of view, the family is an environment constructed by the concerned members according to their knowledge, beliefs and ideas [13]. Applying this principle in parenting groups encourages parents to examine, explore mental models they have about family and to realize that the representations they have of their family become a reality of this environment and this program encourages parents to represent their families based on maximizing strengths and best experiences. Time spent together and the arrangements made for family recreation supports shaping positive representations.

1.8 Routines and rituals

According to Black and Lobo [11] "routines are defined as momentary time commitment tasks requiring little conscious thought. Rituals, however involve symbolic communication with enduring, affective and generational transmission." CSDPMB encourages daily routines and rituals. Within the group meetings, parents discuss on their special time at home and share the importance of these moments for them [17]. Along with encouraging routines, an important accent is set on diminishing it in stressful moments as for it not to become in itself a stress factor.

1.9 Social support

According to Patterson, "resilient families not only attain social support from their communities, but also give back to the community" [18]. The process of learning starts from the parental educator's experiences of life and the parents are considered sources and creators of knowledge for each other [17]. During the course, parents begin to function as a support group, the meetings being opportunities for them to build support networks, to increase the frequency and quality of their interactions, to develop solidarity nets that can extend to the community. Parents learn from each other and, at the same time, become more confident in themselves as a result of the utility feeling they experiment when their tips are appreciated and applied by other persons. As a result, after the first meeting, parents begin to come and go in groups and, according to the parental educator's training (social worker, professor etc.) they access more easily the services of the institution the parental educator is representing. Also, if the parents are living close by, we noted a kind of competition between them in applying the positive disciplinary methods learned in this course.

Conclusions

The analysis of the parental education program in terms of the attributes that characterize a resilient family as it is described by Black and Lobo [11], reveals the fact that this program supports the enhancement of participating parents' resilience and, implicitly, their families' in the specific areas addressed, promoted principles and presenting strategies.

After analyzing our observations, we found that an important number of changes occurred in attitudes and behaviors in the relationships between parents and their children: increasing concern for both self-care and child care, increased time spent with children, improvements in the quality of communication between family members, the integration of positive disciplining techniques in their day to day behavior.

As a result of attending this course, parents have extrapolated the efficient communication techniques learned into other contexts, outside the child-parent relationship, such as with their partners, the neighbors or the representatives of diverse institutions. Taking part in the parent education program CSDPMB represents an opportunity for parents to build support networks, increase the frequency and quality of interactions between themselves. Moreover, the parents' trust in accessing the services of the institution where the parental educator comes from.

The factor with the most important impact on increasing family resilience, utilized within the parental education program CSDPMB is represented by the condition set for parents to think in appreciative terms, to harness the positive experiences and to redefine "problems" in terms of "challenges".

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Positive attentional bias as a resilience factor in parenting. Implications for attention bias modification online parenting interventions

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Abstract

Recently, attention bias modification (ABM) has become a promising therapeutic intervention with results in multiples domains, varying from pain to self-esteem and emotional disorders. It has the advantage of being an implicit intervention that can correct negative biases involved in psychopathology, but also in deficient parent-child relationships. Regarding the later argument, although the ABM paradigm has not been extended to the parenting field, up until now, there is great potential for this domain as initial data seem to indicate that negative cognitive biases in parents affect their parenting skills, with an impact on the emotional health of their children. Thus, the present paper aims to extend, in novel ways, existing ABM paradigms, and use them for the first time to boost parental skills. More specifically, we intend to use faces of children to reduce negative biases in parents. The novelty of this approach is that the end beneficiaries of the ABM training will not be the user, meaning the parents, but their children. The development and utility of the ABM tools for parenting purposes is discussed within the broader field of online parenting programs.

Keywords: parent cognitive processes, attention bias modification.

Introduction

The corner stone of any parenting program is to detect and reinforce positive (i.e., adaptive) behavior, attitudes, and cognitions in children in order to minimize the frequency of maladaptive ones. Given the numerous advantages derived from positive reinforcement of these adaptive responses in children, like better academic performance and less aggressive behaviors, parenting programs are mainly oriented on how to reinforce an adaptive response when detected. However, the actual detection of positive responses in children remains an issue of concern. Most parenting programs fail to provide parents with training on how to spot and recognize the targeted cluster of positive responses (behavior, attitudes, and cognitions) in their children. Such training would be all the more important for a specific group of parents with children who display disruptive behaviors.

Studies indicate that the parents of children with disruptive behaviors are biased to notice and pay attention, preponderantly, to the negative behaviors of their children [1], with negative consequences for the parent-child relationship and the parenting style. Furthermore, pre-existing negative biases in parents regarding their children's behavior [1], make it all the more difficult to implement a parenting program, especially in its initial phases when parents have to allocate more cognitive resources to their children, than usual. All these required cognitive efforts might discourage the parents to pursue such a program on the long run or interfere with its success, as negatively biased parents tend to continue to focus on their children's maladaptive behaviors. In this context, a training that would help to reduce the cognitive load imposed by allocating cognitive resources to prospective positive responses in children could ease the parenting process, as well as the efficacy and duration of a parenting intervention.

Novel interventions attempting to modify negative attentional biases (i.e., attention preferentially allocated to negative, disliked or threat like stimuli) by training implicit associations hold great promise for filling this apparent gap, as negative attention biases have been etiologically linked to several mental health issues [2] [3]. Training of implicit attentional associations to benign stimuli (positive or negative) and away from negative stimuli has gained ground with the introduction of the attention bias modification training (ABM) [4]. ABM, a new intervention within the CBT framework, has been found to have a significant clinical impact in both youth and adults [5] [6], with promising results in reducing anxiety and emotional related issues across all ages.

In its initial forms, ABM trained attention to neutral benign stimuli; however this procedure rendered mixed results [7]. Recently, has gained ground a procedure that trains attention towards positive or rewarding stimuli. ABM training to positive stimuli is usually built in a visual-search task training paradigm [8] [9], in which participants are instructed to search for a happy face embedded in a matrix of disapproving faces. The nature of the task and its interactive features made it possible to extend the results to other responses, such as self-esteem, where it managed to boost self-referential processing. Though it is a work in progress, as the working mechanisms are not fully uncovered, the visual search task seems to be a promising venue for self-help interventions in emotional issues across all ages, as well as a potential component of current evidence-based intervention programs.

Although the ABM paradigm has not been extended to the parenting field, up until now, there is great potential for this domain. There is only initial data documenting on how the negative cognitive biases in parents affect their parenting skills [1], but evidences indicate that parental cognitive biases do have an impact on the emotional and behavioral health of children, in some cases facilitating an intergenerational transmission of mental health issues [10]. Thus, the present paper aims to extend, in novel ways, existing ABM paradigms, namely the visual search task, and use them for the first time to boost parental skills. More specifically, we intend to use faces of children to reduce negative biases in parents. The novelty of this approach is that the beneficiaries of the ABM training will not be the user, meaning the parents, but their children. Given the previous arguments, such a procedure would be useful especially in the context in which parents' negative biases regarding their children interferes with a good parent-child relationship.

To sum up, the current project will draw from early work on ABM and develop a novel intervention aimed at changing parents' negative biases regarding their children. The intervention will train positive contingencies to happy childlike faces while disregarding the negative ones. The utility of this procedure will be discussed in the context of the *Rational Positive Parenting Program* [11] [12].

Development of the parent ABM

We chose the VSTT as our ABM framework since it is more complex than standard ABM procedures; therefore the risk of not engaging the participant in the task is minimal. VSTT demands fast processing and inhibition of task irrelevant stimuli (e.g., angry faces), all required in ecological environments where more than one stimulus is present. Generally the VSTT uses 16 facial expressions of different individuals. The faces are presented in a 4 by 4 square centred on the computer screen, preceded by a fixation cross. Participants are instructed to find the happy face among 15 other angry faces and click on it, as quickly as possible. Interestingly, the location of the happy face is randomized within the square, so there is no prediction where and which of the angry faces will display a happy face next.

Building on the VSTT procedure adapted from [8], we aim to redirect, for prevention purposes, the attention of parents from angry faces of children to happy faces of children. Most importantly, the template of the task allows for parents to upload the pictures of their children, in order to make it more personally relevant. As we aim to assist parents in detecting the positive responses from their children (like happy faces), as effortless as possible, we will add to this task several associative learning boosters, detailed in the following.

First, we will deliver feedback for correct answers and mistaken responses. Feedback is most relevant in the learning phase of an association; however in ABM research it is less used or employed only during practice trials. Second, we will provide the opportunity to upload personally relevant salient stimuli. Stimuli that are salient go through a more rapid change in their associability, as opposed to less salient stimuli. However, this is an aspect that is most of the times disregarded in ABM research. Third, the VSTT will have a game like interface to engage the participants in the task, as well to prevent dull moments that might interfere with the success of the training. Fourth, we will deliver the training over the course of two sessions, as recent studies indicate that one or two sessions are sufficient to train a positive bias. We chose to use more than one session as we want to boost the learning of positive stimuli and provide the opportunity for the training to be delivered in multiple contexts (e.g., at home, at work). The chosen stimulus set is angry and happy faces of children selected from the NIMH-ChEFS data base [13]. Figure 1 provides a schematic overview of the VSTT.

Fig. 1 Overview of the parent VSTT task

Discussions and Conclusions

1.1 Implications for the online parenting programs

The development of a training procedure aimed at detecting positive responses from children molds very well on current parenting programs, in that it assists parents to effortlessly detect positive behaviors in their children, behaviors which can later on be reinforced. We especially envision a match between ABM procedures and online delivered parenting programs. This is plausible, given that ABM can be easily used and self-administered with minimal instructions. In fact, there are evidences that ABM can be successfully delivered online, with promising results regarding the management of anxiety [14]. In light of these arguments, we consider ABM especially suited for parenting programs based on computerized cognitive-behavioral therapy (cCBT). ABM would fit cCBT interventions for parents given that it is agreement with evidence-based practices and it has a positive approach of mental health [15].

We expect that the ABM intervention can be used throughout the parenting program and during prospective booster sessions. However, it will be most useful in the initial phases of the parenting intervention, as it can ease the detection of positive responses from children. Furthermore, we anticipate its utility for parents with a negative trait like style of processing stimuli, like dysphoric parents [16]. These individuals have a tendency to perceive almost all aspects of their life as being negative and interventions aimed at correcting cognitive biases have been able to "mend" this negative style of processing. Furthermore, recent evidences emphasize that an optimized attentional bias can transfer to other processing levels, such as interpretation or memory bias [17], all relevant for an optimal parent-child interaction. In fact, there are many types of beneficiaries that would profit from the addition of the ABM training to standard parenting tools, such as parents of children with misbehavior issues. These parents require special assistance in detecting positive behaviors in their children, as there are biased to primarily detect the negative ones.

Another statement, of the current paper, is in favor of online delivered parenting tools with implicit components, like ABM training. The online format is intended to make the intervention more easily accessible, more cost-effective than standard parenting tools and eliminate any potential stigma associated to seeking parenting services. Alternatively, the implicit component is meant to ease the work of parents, to make the process of negative bias correction less demanding, even automatic. All these work in the favor of a successful training program, with minimal dropout rates.

We are currently in the process of incorporating an ABM intervention module in the Rational Positive Parenting Program. Building on studies indicating that cognitions are key determinants of parenting skills [18], the Rational Positive Parenting Program brings a new spin to available programs, in that it focuses on rational cognitions, that is logical, empirically based and flexible cognitions, known as protective factors against psychopathology [19]. ABM can be successfully incorporated to this program, given that it is doesn't last long and it has a game interface which can be enjoyed by both parents and their children, with potential positive benefits for parental skills and parent-child relationships.

To sum up, our aim to develop an intervention focused on the positive responses of children is line with trends in parenting interventions, in that, up until recently, numerous studies in the field of parenting and parent – child interactions have focused more on diminishing the negative aspects of this relationship and less on enhancing its positive facets. Furthermore, the current paper follows an emergent line of research in the clinical field that is self-management programs in mental health. Future studies should focus on integrating ABM based innovative strategies within online parenting programs and test their cumulative efficacy. The results could provide a brief and pleasant augment to current evidence-based parenting programs, with great self-help potential and improvements in the parent-child relationship

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L'expérience de loisir de jeunes vivant avec une limitation fonctionnelle et résilience des familles

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Abstract

This paper presents the results from the case studies as part of a master's project on the experience of leisure, young people with a disability and their family dynamics. The four case studies were conducted with two-parent families where a young lives with a physical limitation to understand the role of leisure experience, experienced by the young through sports, in family dynamics. Father, mother and young participated in individual interviews and a diary was written by the researcher. Data analysis was performed according to the intrasite and intersite model Yin (2014). This shows that the experience of leisure, through the practice of the activity, the satisfaction experienced the motivation of young and experienced emotions lead to positive effects on family dynamics.

Keywords: Experience leisure, family dynamics, sports, functional limitation

Introduction

Toutes les familles vivent un stress à un certain moment de leurs vies [1, 2, 3]. Ce stress peut provenir de plusieurs situations dont la limitation fonctionnelle d'un enfant [3]. Les membres de la famille font face à des adversités et doivent s'adapter fréquemment [3]. Effectivement, même si la limitation touche uniquement un membre de la famille, l'ensemble de celle-ci est affectée [2, 3]. Les familles doivent ainsi développer des stratégies pour surmonter ces adversités [3, 4, 5]. La résilience familiale rassemble ses forces, sa dynamique, son milieu social et ses interactions [1]. Ce processus de résilience évolue selon le cycle de vie, les expériences et les interactions [3, 6].

Des recherches portant sur les expériences de loisirs ont montré leurs effets bénéfices sur les personnes qui les pratiquent autant seul [7, 8] qu'en famille [9, 10]. L'expérience de loisir, contrairement à une activité ou à un temps de loisir, est davantage subjective [11]. Elle fait référence à l'individu et à ce qu'il vit et ressent par rapport à une activité de loisir [11]. Elle peut être vécue peu importe l'activité et la personne qui la pratique [11]. Les activités sportives constituent des opportunités pour les jeunes avec une limitation fonctionnelle de vivre des expériences de loisir.

Des études ont aussi portés sur la dynamique familiale et son rôle dans la participation d'un jeune à des activités de loisir [8, 12] et aussi dans l'amélioration du processus de résilience [4]. La dynamique familiale est un concept intéressant pour ce projet puisqu'il fait référence aux manières dont les membres d'une famille vivent et réagissent produisant ainsi des comportements et des symptômes. De plus, deux synthèses de facteurs de protection sont pertinentes dans cette recherche. Un modèle où les facteurs de protection sont recensés pour la clientèle souffrant de maltraitance [4] et un autre, celui de Jourdan-Ionescu et Julien-Gauthier (2011) pour la clientèle ayant une déficience intellectuelle. Ce modèle écosystémique montre des facteurs individuels, familiaux et environnementaux [13]. Les recherches montrent que la dynamique familiale peut agir comme un facteur facilitant ou contraignant à la participation d'un jeune avec une limitation fonctionnelle à des activités de loisir [12, 14, 15]. Un des modèles intéressants pour ce projet est celui de King et ses collègues qui ont développé un modèle de facteurs de prédicteurs à la participation des jeunes avec une limitation fonctionnelle à des activités de loisir [12] Il présente ces facteurs sous forme de ressources, de barrières, de supports, de préférences et d'habiletés menant à la participation du jeune [12]. Cependant aucune recherche ne s'est penchée sur le rôle que peuvent avoir ces activités, ces expériences de loisir sur la dynamique et la résilience familiale.

Objectifs

Ce projet de maîtrise cherche à comprendre le rôle de l'expérience de loisir dans la dynamique familiale des jeunes ayant une limitation fonctionnelle. Le premier objectif est d'identifier les composantes de

l'expérience de loisir interagissant avec la dynamique familiale du jeune ayant une limitation fonctionnelle. Le second objectif est de décrire l'interaction de ces composantes sur la dynamique familiale.

Méthodologie

La stratégie de recherche utilisée est l'étude de cas. En regard des objectifs, cette stratégie semblait la plus appropriée. Un cas correspond à une famille ayant une mère, un père et un jeune avec une limitation fonctionnelle. Quatre études de cas ont été réalisées selon la méthode multi-cas avec groupes holistiques de Yin (2014). Ces cas ont été sélectionnés pour leur potentiel et selon des critères avec la technique d'échantillonnage par choix raisonné [16]. Des entretiens semi-structurés individuels et un journal de bord rédigé par la chercheure sont les outils utilisés. Deux guides d'entretien, un pour le jeune et un autre pour les parents, ont été élaborés selon les concepts d'expérience de loisir et de dynamique familiale. Les entretiens ont été enregistrés puis transcrits.

La méthode d'analyse utilisée, afin de répondre aux objectifs du projet, est celle intersites et intrasites élaborée par Yin (2014). Cette méthode consiste à élaborer des rapports individuels pour chacun des cas comme s'ils représentaient l'unique cas de la recherche [16]. Par la suite, des conclusions intrasites seront mis en lumière afin d'approfondir les connaissances au niveau de l'expérience de loisir et la résilience des familles où vit un jeune avec une limitation fonctionnelle. Le présent article rapporte les différents rapports individuels des quatre études de cas.

Résultats préliminaires

L'échantillon de cette étude est composé de quatre familles biparentales avec un jeune ayant une limitation physique depuis sa naissance. Les activités sportives sont toutes de groupe et trois des jeunes pratiquent une activité adaptée. L'unique fille de l'échantillon est plus lourdement handicapée.

L'interaction des éléments de l'expérience de loisir (la pratique actuelle, la satisfaction ressentie, les émotions vécues et la motivation du jeune) avec la dynamique familiale se reflète tant pour le jeune, ses parents, leur couple que la famille. L'expérience de loisir permet de rehausser l'autonomie du jeune et améliore ainsi les perspectives d'avenir de celui-ci ce qui réduit les anticipations négatives des parents. Elle amène aussi le jeune à développer ses habiletés physiques, psychologiques, cognitives et sociales. À travers le sport et l'expérience qu'il vit, le jeune ressent des émotions positives, développe son talent, son optimisme et ses capacités stratégiques. De plus, la nature de l'activité suscite des interactions et permet de développer un réseau social. La pratique d'une activité par le jeune permet aux parents de passer un moment de couple ce qui est propice à renforcer leurs liens. De même, l'implication du parent dans l'expérience de loisir du jeune lui procure un moment privilégié ensemble. Aussi, tant le jeune que ses parents ont l'opportunité de développer un réseau social à travers l'expérience de loisir. Les parents peuvent alors partager avec d'autres parents leurs expériences et leurs sentiments. Il est donc possible de briser l'isolement dans lequel ils peuvent vivre et échanger avec d'autres parents vivant des situations semblables. Ces interactions entre l'expérience de loisir et le vécu des membres de la famille se reflètent sur le climat familial et dans les routines familiales en y apportant plus de moments agréables et d'espoir en l'avenir. Les résultats préliminaires sont présentés et modélisés dans la figure 1. L'expérience de loisir vécue par le jeune se retrouve dans la sphère englobant les dimensions de famille et du jeune et l'effet qu'elle manifeste dans l'ensemble des sphères est présenté sommairement.

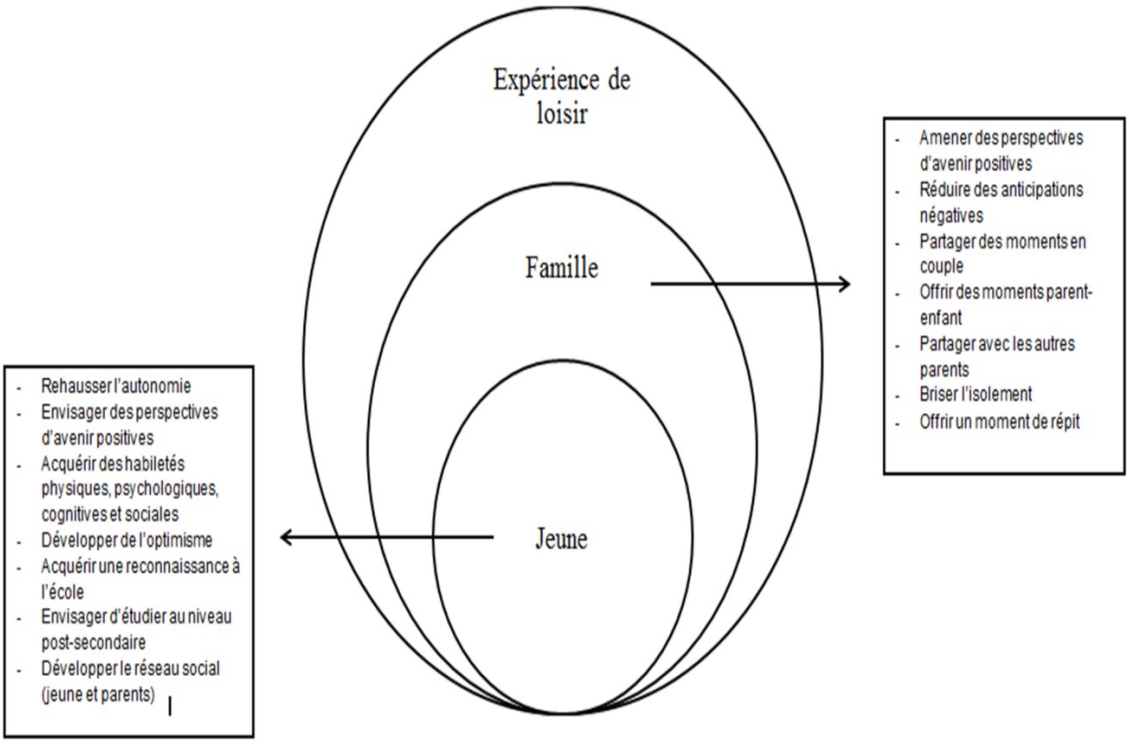

Figure 1. Modélisation des résultats préliminaires

Certaines pistes de l'analyse des données par cas (intrasites) se dégagent comme potentiellement intéressantes pour l'analyse intersites des cas. Des éléments apparaissent ainsi se dégager de l'interaction des éléments de l'expérience de loisir avec la dynamique familiale. L'un est le rôle de l'expérience de loisir pour rehausser l'autonomie du jeune et apporter plus d'espoir face à l'avenir Aussi, à la lumière des analyses intrasites, plusieurs éléments ressortent de plusieurs cas tel que le développement d'un réseau social pour le jeune et pour les parents et l'opportunité de passer un moment entre les membres de la famille. Le renforcement des liens sociaux dans et hors de la famille ressort aussi de même que l'amélioration du climat familial au travers de moments agréables.

Conclusion

Selon les premières analyses, l'expérience de loisir semble avoir un rôle positif sur la dynamique familiale de ces familles. Il est à penser qu'elle peut avoir un rôle dans le processus de résilience de ces familles. Il est évident que les résultats ne sont pas entièrement analysés. Trois des cas se sont révélés davantage semblables que le dernier, avec la jeune plus lourdement handicapée. Ainsi, une autre étude de cas sera réalisée avec une famille où le jeune est plus lourdement handicapé afin de pouvoir enrichir les données à ce niveau.

Il existe de multiples retombées pour ce projet. Sur le plan théorique, la vision différente de cette étude pourrait permettre l'avancement des connaissances dans le domaine de l'expérience de loisir, de la dynamique familiale et de son processus de résilience. Au niveau professionnel, cette recherche pourrait amener les intervenants à sensibiliser davantage les parents de ces jeunes et de leur démontrer le rôle positif pour eux. Aussi, ce projet ajoute un élément à la promotion des saines habitudes de vie chez les jeunes avec une limitation fonctionnelle.

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Dispositif de soins pluridisciplinaire, soutien familial et resilience dans un service de reeducation du dos.

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Abstract

The concept of resilience finds its first meaning - mechanics - in a service focused on the treatment of back problems. Body therapies available within the Department of Rehabilitation Care in the back of the Hospital of St Pol sur Ternoise (North of France) are then deployed necessarily around the notion of resilience. In many situations, the painful body appears stiffened by the patient's history and some of its traumatic moments of petrification. From a systemic way, the suffering of the body continues to restrict and stiffen their ability to live their personal, family, social and professional life. The persistence of chronic pain in some patients adds a new traumatic dimension to the "family body". The implementation of a family counseling in a rehabilitation service of the back therefore aim to take into account a multidisciplinary manner, that is to say in the mutuality of incompleteness of each approach involved the psychic dimension of patients, both in their identity in their membership. Exploring the springs of social support that patients can find their entourage is part of a highlighted lever of resilience, including that family resilience in its present dimensions and transgenerational. Our communication is to present both the device - which is "family speaking" of pain experienced and care already received and those still to be undertaken - and some clinical vignettes demonstrating how to do this.

Keywords: resilience, traumatic moments, therapies

Méthodologie de travail

La résilience tire initialement son nom des propriétés mécaniques élastiques des matériaux à restituer une énergie à partir d'une situation de déformation ou de contrainte. Cette notion a été appliquée en psychologie. Elle est aussi étudiée en chirurgie rachidienne pour utiliser des matériaux de plus en plus adaptés à la physiologie et flexibilité complexe de la colonne vertébrale, au fur et à mesure qu'on en comprend mieux le fonctionnement [1, 2, 3]. Nous tenterons de démontrer que malgré ces applications en apparence très éloignées, le concept de résilience représente une notion très fidèle du fonctionnement humain, tant au niveau de son anatomie, de sa psychologie, que de ses rapports dans la famille ou la société. La résilience des matériaux ou de l'os se situe à un niveau structurel microscopique. La résilience de l'appareil locomoteur se situe à un niveau organique macroscopique. La résilience utilisée en psychologie vient projeter ses multiples ramifications sur l'ensemble des structures organiques par le biais des schémas comportementaux que notre psyché induit sur la forme et le fonctionnement de notre corps physique. Ce n'est que la nécessité d'une meilleure explication du fonctionnement complexe d'un individu par différents spécialistes qui introduit une « fragmentation » de l'individu entre les points de vue du psychologue, de l'anatomiste, du chirurgien, ou du sociologue. Ils sont en réalité complémentaires, indissociables et agissent de façon simultanée à tout niveau.

Nous poserons le postulat que le corps en général, aussi bien physique que émotionnel et psychologique fonctionne bien quand il est régi par une souplesse adaptative, lui permettant de faire face de façon appropriée à la situation spécifique du moment. Une rigidification de cette structure complexe aboutit à des situations de risque : décompensation sur le plan physique (mal au dos pour les patients de notre service), personnel, familial, professionnel, social…

Ainsi, c'est une amélioration de la connaissance du fonctionnement complexe de notre nature humaine dans ses modes de structuration qui permet de proposer des solutions de plus en plus adaptées à cette structure élastique : Pour les patients atteints d'un mal de dos, les propositions initialement chirurgicales se sont affinées et diversifiées, devenant pluridisciplinaires. [4]

- Utilisation de matériaux chirurgicaux plus élastiques : plus on transforme un matériau physique amorphe (plastique) en un matériau structuré et complexe (composites de carbone), plus il acquiert la résilience

nécessaire pour reproduire finement le fonctionnement flexible de l'os, assez semblable à celle d'un nid d'abeille combinée à celle d'une toile d'araignée. Répondre à ce cahier des charges passe par une complexification de la micro-structure des matériaux utilisés. [5,6]

- Les techniques de rééducation s'attachent à restaurer une meilleure souplesse du corps, de meilleures sensations corporelles guidant une meilleure connaissance du corps. Ces techniques rééducatives font le lien entre des modes de fonctionnement musculaires organisés en schémas comportementaux, eux même connectés à notre psyché. [7,9]
- La sophrologie : Notre observation de plus en plus évidente du blocage de la respiration par des phénomènes de stress, introduit l'utilité de séances de relaxation respiratoire avec des sophrologues. C'est une transition et trait d'union entre le travail corporel et psychologique. Elle est centrée autour de techniques de respirations et de visualisations. Par le travail des sensations du corps, physique, émotionnel, elle permet une meilleure relaxation corporelle globale.
- La psychologie clinique : A ces intrications entre le physique et l'émotionnel, s'ajoute rapidement dans cette poupée russe, la nécessité d'un soutien psychologique personnel : celui-ci, vient à son tour enrichir la compréhension fine mais multifactorielle de la pathologie initialement prise comme purement somatique d'un patient, la lombalgie. [10]
- L'art-thérapie est une façon ludique et symbolique de travail corporel global. Les activités de dessins, modelages, jeux de constructions… permettent une mise en résonance du langage corporel et du vécu par l'intermédiaire de l'expression artistique. Elle favorise l'émergence de prises de conscience en même temps qu'une meilleure confiance en soi. Le travail en groupe vient renforcer et étayer la dynamique personnelle de chacun.
- La consultation de psychologie familiale : Enfin, plus récemment, il nous a paru important de pouvoir replacer le patient dans une dynamique plus large, où est mise en relief la situation du patient au sein de sa famille, voire de son travail : Cette consultation psychologique familiale permet une prise en compte systémique de la dimension psychique des patients, tant dans leur identité que dans leur appartenance et également sur le plan transgénérationnel. Ce dernier aide les patients à trouver des ressources internes et environnementales pour leur retour à une vie active, familiale et professionnelle.

Ainsi, on voit que la résilience, concept métallurgique au départ, nécessite pour être adaptée au modèle humain nécessairement complexe, une structuration de plus en plus diversifiée de nos modèles de fonctionnement, impliquant d'élargir de façon pluridisciplinaire notre champs de connaissances. Si l'on veut augmenter notre capacité de résilience dans la vie quotidienne, à la fois pour nous et nos patients, il faut nécessairement augmenter la conscience que nous avons de nos modes de fonctionnement, à tout niveau, physique, émotionnel, psychologique…Conscience et résilience ne sont que les deux facettes d'une même solution.

A la différence de la poupée russe, il ne nous semble pas possible d'affirmer la prééminence d'une approche thérapeutique (rééducative, chirurgicale, psychologique ou émotionnelle, art-thérapie…) par rapport à une autre, dans un corps pris dans sa globalité physique, émotionnelle et psychologique : leur complémentarité et leur synchronisation s'avèrent indissociables.

Voici l'exemple d'une consultation en psychologie familiale. Elle va nous permettre d'insister sur l'importance de la construction, de l'analyse et de la mise en résonance du génogramme dynamique.

Etude de cas

« Rien ne brise autant l'homme dans son corps et dans ses relations que l'expérience de la douleur chronique ».

Cette citation émane de Marco Vannotti, co-auteur d'un article paru dans la revue *Thérapie Familiale* intitulé : « La maladie chronique : une atteinte à l'histoire des familles » [11]. Dans cet article se trouve souligné « combien la maladie chronique, loin d'affecter le seul patient qui la porte, peut atteindre les soignants et, bien plus encore, la famille du patient. C'est pour ainsi dire la famille qui est « touchée » par la maladie et contrainte de faire face à la perturbation qu'elle constitue. Or, la manière dont le système familial gère et « s'approprie » la maladie de l'un de ses membres n'est pas neutre par rapport à l'évolution clinique du patient lui-même, mais agit de façon directe sur le départage de ses vulnérabilités et de ses ressources ». [11].

Cet écrit témoigne de l'évaluation d'une mesure psychosociale menée à un niveau à la fois individuel et familial et coordonnée sur un mode interdisciplinaire à l'intérieur du réseau de soin pouvant contribuer à améliorer la prise en charge de patients chroniques.

Les auteurs se penchent sur le domaine de la pathologie pulmonaire chronique, maladie qui peut connaître des moments particulièrement aigus et peut même mettre en danger de risque vital les patients concernés : « la toile de fond des maladies chroniques respiratoires est faite de la « proximité de la mort » ou encore du « climat de menace » qui entoure la maladie ».

Ce qui n'est pas tout à fait le cas dans les maladies du dos, pourrions-nous ajouter. Maladies du dos où l'on constate plutôt une sévère réduction de l'ampleur de l'existence. Sans doute que dans ce champ clinique des maladies du dos « le risque vital lié à la maladie chronique » ne se traduit donc pas, pour le patient et sa famille, en cette confrontation obligée à l'anticipation de la perte comme dans les maladies chroniques respiratoires dont parle Vannotti. Cette sévère réduction de l'ampleur de l'existence prend probablement sa source dans un trouble de structuration de l'être au monde du patient ainsi affecté. Si le champ clinique des maladies du dos relève ainsi d'une autre préoccupation, la démarche de soins qui s'y déploie peut profiter des pistes d'intervention avancées par de ces auteurs à l'usage des praticiens.

Le souci que nous déployons au sein du service SSR est de mettre au jour et d'accompagner, grâce à un suivi suffisamment approfondi, des situations impliquant différents enjeux familiaux gravitant autour de la maladie chronique.

Dans les travaux de recherches cliniques précédents de certains membres de notre équipe, ont été explorées les manières de mobiliser les ressources des personnes en souffrance rencontrées dans un contexte clinique ou de recherche-clinique : que ce soit auprès d'adolescents traversant les luttes psychiques de cet âge [12, 13] ; ou encore que ce soient des personnels victimes de violence au sein de leur lieu d'exercice professionnel [14,15]. La part de l'expression a beaucoup joué dans la mobilisation des ressources de ces personnes, tout comme celle du soutien social. Ce sont donc ces deux dimensions de l'expression et du soutien social que nous avons cherché à valoriser auprès des patients du service SSR, et cela dans une perspective systémique.

L'entretien de famille présenté ci-dessous constitue une illustration de ce type d'intervention dans je champ clinique de la pathologie «chronique» du dos, très fréquente en SSR à la Polyclinique de St Pol sur Ternoise.

L'objectif de ces entretiens de familles est de trouver, avec le patient, les soutiens familiaux ou environnementaux sur lesquels il pourra s'appuyer à son retour à domicile. Sans doute que nous pouvons nommer ces soutiens « les tuteurs de résilience » [16]. L'entretien familial qui va être évoqué a été proposé au couple par le médecin chef de service et a été facilement accepté par la patient, Christophe, et Christine, son épouse.

Histoire de la maladie de Mr.

Monsieur Christophe, âgé de 54 ans, a déjà été hospitalisé dans le service pendant plusieurs semaines en 2011, puis en 2012 et encore en 2013. Il a déjà subi plusieurs opérations chirurgicales (dont celle d'une hernie discale en 1998) et auparavant plusieurs autres interventions dont la première remonte à l'âge de 4 mois. Mr est né avec des pieds bots.

Les douleurs de Christophe, vont et viennent, perdurent parfois très longtemps (en 2013 : seul le mois d'octobre fut sans douleurs !!). Le médecin du SSR a pu diagnostiquer qu'il avait « la maladie de Schuermann » : « dystrophie rachidienne de croissance des corps vertébraux. Il s'agit d'une atteinte fréquente d'origine inconnue, des cartilages des corps vertébrés et plus particulièrement de la partie avant des vertèbres, survenant pendant la croissance de l'enfant »(internet) ce qui rassure son épouse Christine qui dit «au moins on sait ce que c'est et on va pouvoir trouver comment te soigner ». En janvier 2014, Christophe rentre en urgence à la polyclinique. Il ne peut plus marcher.

Histoire dans sa famille d'origine

Christophe est enfant unique. Le couple parental aurait été chaotique, ses parents ont d'ailleurs divorcé quand Christophe avait 3 mois. Christophe a connu sa mère sous l'emprise de l'alcool, devant, très jeune, « l'aider à se relever ».. Celle-ci se voyait née d'une mère violée et n'ayant pas connu son père. Ce sont ses grands parents maternels qui se sont donc surtout occupé de lui. Ils sont d'ailleurs décédés bien plus tard que sa propre mère.

La dimension de la souffrance transgénérationnelle vécue se lit dans et grâce au génogramme dynamique (présenté en une vue Power Point). Dans cette investigation, notre démarche est soucieuse de repérer ce que Boszormenyi-Nagy désigne par le terme d'éthique familiale : la notion d'éthique se réfèrant ici essentiellement au caractère « juste » ou « injuste » des échanges entre les membres d'un système familial transgénérationnel [17].

En éclairant et explicitant l'expérience plurielle de la maladie, notre intervention auprès des patients et de leur famille cherche à promouvoir ce que Vannotti désigne du terme d'inspiration piagétienne d' *équilibration majorante des échanges* entre les membres de la famille » [11] : « ce qui suppose l'identification des ressources que chacun mobilise et une reconnaissance mutuelle des mérites ainsi acquis par chacun auprès des siens. Dans la redistribution des relations et des rôles motivée par la maladie, nous cherchons, avec la famille, à départager ce qui relève d'une réponse « équitable » aux exigences induites par la maladie de ce qui,

en soi ou à partir d'un certain temps, peut être qualifié comme une dérive injuste: perte de réciprocité, pétrification des rôles, responsabilisation excessive ou trop précoce des enfants, etc. De fait, si le renforcement de la cohésion, de la solidarité et du soutien intrafamiliaux détient un rôle protecteur indéniable à certains points nodaux du développe- ment de la maladie, la perpétuation indéfinie de ce schème se mue en une défense régressive qui ne profite plus à personne, pas même au patient. Il importe donc, durant la phase chronique de la maladie (qui s'étire entre la phase critique initiale et la phase terminale), d'aider les différents membres de la famille à reprendre leur cycle évolutif en pratiquant le *double* mouvement de l'appartenance et de l'autonomisation. Nous postulons en effet qu'en aidant la famille à poursuivre son histoire en dépit de l'effet paralysant de la maladie, avec les séparations et les renouvellements d'alliance que l'accomplissement d'une histoire présuppose, le soignant agit dans le bien du patient lui-même. » [11].

Le soutien mutuel des membres du couple.

Dès le premier contact avec ce couple, se profile déjà un modèle relationnel : Christiane est très protectrice et attentive aux déplacements de Christophe et celui-ci, se laisse bien prendre en charge, peut-on dire ! Ils se sentent très vite à l'aise avec les deux thérapeutes. Entre les deux époux, dès le début dans cette consultation, se dit et se montre, une réciprocité de l'attention destinée à l'autre, de la prise de soin de l'autre.

Spontanément, Christophe gratifie son épouse en nous affirmant « qu'il a une femme formidable » et souhaite savoir aussitôt, si ces entretiens familiaux pourront aussi permettre « une soupape pour sa femme ».

Au fil des entretiens qui suivront, nous aborderons peu à peu la façon dont l'aide « se tricote » au sein de leur couple, dans l'ici et le maintenant de ce qu'ils nous montrent à voir de leur relation, mais aussi à partir de quelques modèles référentiels de leurs histoires familiales et d'une approche de l'amour maternel, douloureux et manquant pour chacun d'eux. Evoquant sa propre démarche psychothérapeutique passée, Christine dit avoir fait « un grand travail personnel » qui lui a permis « d'accepter l'inacceptable et de pardonner l'impardonnable ». Ce qui rendrait légitime, actuellement, ses capacités d'endurance déployées depuis un grand nombre d'années : tenir cette fonction « d'aidante » que Christophe, fort handicapé sur le plan physique, lui permet d'assurer.

En janvier 2014, Christophe rentre en urgence à la polyclinique.. il ne pouvait plus marcher.. Christine n'assure plus son soutien à Christophe comme elle le voudrait : elle aussi a besoin de soutien. La culpabilité « de ne pouvoir rien faire » et le sentiment d'impuissance l'envahit lorsqu'elle voit Christophe ne pouvant plus bouger et perdre de l'autonomie. Au cours du dernier entretien familial, nous constatons que dans leur dynamique relationnelle, lorsque madame est dans le creux de la vague, monsieur la rassure et dit « rester dans l'espérance » de l'amélioration de son état, réalisant « que ce sera long, qu'il faudra prendre son temps.. il faut être patient… Qu'est-ce que je ferais si ma femme n'était plus là ». Se joue-là une réassurance narcissique réciproque, qui se manifeste dans l'interdépendance, et dans la souffrance maintenant l'homéostasie de leur système.

Que dire de cette solidarité, de cette complémentation, de cette compassion mutuelle, particulièrement homéostatique ? Dans son ouvrage consacré au *Contre-transfert,* dès le premier chapitre consacré à la symbiose thérapeutique, le psychiatre et psychanalyste américain de l'école inter-subjectiviste Harold Searles parle du « Patient comme thérapeute symbiotique » : « Le souci de produire un effet essentiellement psychothérapeutique sur autrui n'est pas l'apanage des personnes relativement peu nombreuses qui choisissent de pratiquer professionnellement la psychanalyse ou la psychothérapie : c'est un souci fondamentale et présent en tout être humain »[18]. C'est ce que Pierre Delaunay nomme « le syndrome de Searles ou syndrome de compassion infinie » et qui consiste, de la part du petit enfant, à tenter de compléter très tôt, l'appareil psychique de l'autre, en général du parent défaillant [19].

La maladie, le handicap engagent, eux aussi, à leur façon, la question du soutien – ou de son absence – voire de la complémentation psychique. Notre démarche repère au sein des histoires familiales de nos patients de telles tendances centripètes, c'est à dire des tendances au rapprochement. Des rapprochements, certes, protecteurs mais qui « risquent de geler le développement des différents membres de la famille en les retenant dans une forme de cohésion figée » [11].

Dans cette situation clinique - à peine ébauchée - s'est révélé au fil des entretiens le potentiel énorme de transformation des personnes « en souffrance » tant sur le plan physique, psychique, comportemental et relationnel. Par exemple, ce couple dont nous avons abordé la problématique, réalise bien la place importante que prend la symptomatologie de Christophe. D'autres couples auraient craqué dans cette situation et sans doute que l'examen détaillé de ces situations que nous pourrions considérer comme des échecs – comme des « contrariétés » [11] - devrait attirer encore davantage notre attention.

En ce qui concerne Christophe et Christine, l'éprouvé douloureux de l'un et l'autre semble renforcer leur alliance, même si parfois, l'impuissance, la culpabilité, le découragement, l'angoisse, la fatigue sont là bien présents. La narration de leurs traumas respectifs et l'écoute mutuelle des impacts émotionnels sur leur relation, permet des liens proches, générateurs d'un sens commun. Un processus de sublimation est quasiment exprimé à plusieurs reprises par Christophe : « je suis heureux de cet handicap, qui me permet de m'intérioriser, d'être plus

proche de la nature..…. C'est un mal pour un bien ! ». Jean Paul Sartre : « la liberté c'est ce que nous arrivons à faire avec ce qu'on nous a fait ». Un tel chemin de la liberté passe selon nous par la question de la prise en compte – et si possible de son analyse - du transfert interne, c'est à dire que Pierre Delaunay formule, dans une tournure mnémotechnique toute winnicottienne se référant du Holding : « on se porte comme on a été porté » [19].

Cette trop brève évocation clinique témoigne aussi, à sa façon, de l'évolution des regards que les approches systémiques ont porté sur la causalité dans le traitement des maladies ; après une phase historique initiale durant laquelle se posait la question « qui fait quoi à qui ? », est advenue la question : « qu'est ce que ces deux là - ceux-là - font ensemble ? », pour parvenir finalement à inclure les membres du système de soins dans le questionnement : « que faisons nous – soignés et soignants - ensemble ? ». Nous savons, en effet, que l'évolution clinique des patients chroniques est co-déterminée par la rencontre et l'histoire qui se nouent entre eux et leurs systèmes d'appartenance c'est à dire entre leur système « soigné » (organisme, patient, famille) et le système de soins. Notre démarche consiste à repérer les niveaux des règles de communication aux seins de ces différents systèmes et de ce que l'un importe de ces règles de fonctionnement dans les autres [20].

De tels entretiens familiaux prennent le chemin de la « thérapie familiale » et sont bien de première importance dans notre structure de SSR. En effet, si la médication chimique est essentielle évidemment pour calmer des douleurs parfois insupportables- voire paralysantes -, elle contrarie aussi certains patients qui craignent l'inscription dans une dépendance, les plaçant ainsi dans un rôle passif. C'est pourquoi, les soins psychiques (incluant la compréhension des phénomènes, et la quête de sens], permet aux patients de retrouver un rôle actif dans le travail de faire face à leurs douleurs.

Quel est l'effet de cette prise en charge dans une optique pluridisciplinaire basée sur la mise à disposition pour le patient de ces différents outils de résilience à un niveau biomécanique (tiges de composite), musculaire et comportemental (rééducation), psychologique… ? [21] Le pourcentage de reprise opératoire à deux ans pour les scolioses de l'adulte est aux environs de 50 pour cent dans une série de la littérature récente. Notre statistique pour le même type de patients est à moins de 10 pour cent avec des reculs maximas de 5 ans. Le seul facteur de variation de notre série par rapport à celle de la littérature est l'introduction de cette prise en charge pluridisciplinaire. Il est donc permis de penser que ces outils de résilience pluridisciplinaire représentent des moyens très puissants dans leur association, permettant de réduire très significativement la morbidité post-opératoire, toutes choses étant égales par ailleurs. Nous nous posons toujours la question de savoir si cette expérience peut s'étendre à d'autres pathologies ? Nous avons de nombreuses observations de patients qui, à l'issue de cet accompagnement nous montrent que des traitements médicaux pour le diabète, l'hypertension artérielle ont pu être allégés ou même interrompus au fur et à mesure de cet accompagnement, initialement destiné à la prise en charge du mal de dos.

Conclusion

Le patient, progressivement, est ainsi invité à prendre conscience des multiples facteurs, physiques, émotionnels, psychologiques, éducatifs, culturels, familiaux… qui dans sa structure personnelle globale devenue trop rigide, l'ont amené à déclencher ce problème de mal de dos. La résilience est donc pour nous la capacité qu'il nous est donné, par la compréhension de ces mécanismes intriqués, de transformer les facteurs complexes de notre passé ayant contribué à la décompensation de notre santé, ici sur un plan initial plutôt physique. La résilience est la compréhension devenue progressivement consciente, de nos mécanismes structurels rigidifiés par les multiples expériences et habitudes du passé. Cette prise de conscience progressive permet alors l'utilisation positive de ces mécanismes structurants, mais adaptée aux circonstances du présent, vers un mieux-être dans notre présent sans cesse renouvelé.

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Role du soutien social dans le processus de resilience des parents ayant un enfant atteint du Syndrome Gilles De La Tourette (SGT)?

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Abstract

The Gilles de la Tourette (SGT) síndrome is a rare neuropsychiatric trouble, representing the most severe form for the stereotype (tic) illness. The sternness of the symptoms goes from light forms to the most severe clinical description associated with invalid psychiatric troubles. On a family plan, Lee et al. (2007) are the only ones, who worked on the parents' restraint to control a SGT, taking into evidence the anxiety troubles allied to a weak self esteem of the parents with such children. We also wanted to study the cognitive perceptions – perceived stress and perceived social support – of the parents having a child with the SGT, these ones having probably an impact on the copying strategies. The analysis of the main component shows that the social support is the strongest predictable variable, that is negatively correlated with the perceived stress (on the Axe no.1) but positively correlated withe coping strategies for emotion and problema (on Axe no.2). We discuss our results on puttind in evidence a possible social support, like a protection element, leading to a process of family resilience.

Key words: Gilles de la Tourette syndrome, social support, family resilience.

Introduction

Le syndrome Gilles de la Tourette (SGT) est un syndrome neuropsychiatrique rare, représentant la forme la plus sévère de la maladie des tics. Les tics sont des mouvements ou des vocalises simples ou complexes s'exprimant de manière brève, stéréotypée et répétitive. Le SGT débute pendant l'enfance, avec un pic à l'âge de 6-8 ans [1]. Il est 4 fois plus fréquent chez les garçons que chez les filles. La sévérité des symptômes va de formes légères sans retentissement marqué sur la scolarité et l'intégration sociale, aux formes les plus sévères, souvent associées avec des troubles psychiatriques comme des troubles obsessionnels–compulsifs, une hyperactivité et des troubles de l'attention, des actes d'automutilation ou une perte de contrôle de l'agressivité (crises de rage). Les caractéristiques épidémiologiques de la maladie sont encore aujourd'hui mal connues. Les chiffres disponibles sont très variables, dépendant de l'âge au moment de l'évaluation, et des difficultés diagnostiques liées à la variabilité et à l'hétérogénéité de la présentation clinique. L'incidence et la prévalence varient en fonction du choix de la population et sont respectivement 0,46/100 000 et de 0,5 à 23/10 000 [2], [3]. Dans 50 à 70% des cas, les tics sont initialement moteurs et débutent au visage ou à l'épaule et au cou. En revanche, les tics vocaux ne sont inauguraux de la maladie que dans 12 à 37% des cas [4], [5], la coprolalie restant le symptôme le plus marquant, bien que pas le plus fréquent [6]. Les tableaux cliniques restent cependant souvent déconcertants pour l'entourage et peuvent être à l'origine d'un rejet familial et scolaire, conduisant à l'isolement social puis plus tard professionnel de patients pourtant majoritairement indemnes sur le plan cognitif.

Cependant, si les retentissements du trouble sont lourds pour la personne atteinte, les impacts familiaux ne sont pas à négliger. Une revue de la littérature internationale montre cependant que peu d'études ont été menées dans ce domaine. Les recherches réalisées tendent pourtant toutes à montrer une souffrance dans ces familles, avec la présence accrue chez les parents de troubles anxieux associés à une faible estime de soi [7]. Cet état de fait renforce les résultats d'une étude plus ancienne [8] argumentant en faveur d'une prise en charge thérapeutique dans ces familles. Plus récemment, Robinson et al. [9] ont réalisé une étude basée sur le modèle écologique [10] et l'approche transactionnelle du développement [11] auprès de parents ayant un enfant atteint

de SGT. Les auteurs postulent que les problèmes rencontrés dans ces familles sont prioritairement liées à des compétences parentales peu stables, cette difficulté étant exacerbée par une stigmatisation sociale liée à la croyance – erronée - que les tics sont des symptômes facilement contrôlables voire volontairement provoqués. Les résultats de l'étude soulignent à nouveau des niveaux de stress et d'anxiété importants chez ces parents ainsi qu'une difficulté émotionnelle à gérer et exprimer leurs difficultés. Robinson et al. insistent aussi sur l'importance des troubles comorbides qui cumulent avec la symptomatologie déjà lourde du SGT. Enfin, les auteurs confirment, à la suite d'autres travaux [12], le risque accru de maltraitance possible du jeune atteint lorsque le stress et la perception parentale du trouble sont respectivement lourd et menaçante [13]. En effet de nombreux modèles ont montré que c'est bien la *perception du stress* (stress perçu) et non les caractéristiques réelles de la situation stressante qui sembleraient essentielles à prendre en compte chez l'individu, pour pouvoir lui apporter une aide fiable [14], [15]. De même, le soutien social - le fait de se sentir soutenu, écouté, compris ou encouragé - renforcerait et maintiendrait les ressources des sujets [16], [17]. De plus, le soutien social modérerait les effets du stress perçu et précéderait les stratégies de faire face (le coping) en affectant leur élaboration [18]. Partant de ces paradigmes en psychopathologie développementale et psychologie de la santé, ainsi que de la littérature dans le SGT, l'objectif de notre étude a été d'étudier l'impact des *perceptions cognitives* des parents ayant un enfant atteint de SGT - spécifiquement le *stress perçu* et le *soutien social* - sur la mise en place de leurs stratégies de coping.

Méthode et outils

1.1 Participants et procédure

L'étude a été réalisée au "Centre de Référence Syndrome Gilles de la Tourette" à l'hôpital La Pitié Salpêtrière (Paris, France). Le comité d'éthique de la Pitié-Salpêtrière a donné son accord pour l'étude. Tous les participants ont signé un formulaire de consentement éclairé.

1.1.1 Les parents:

L'étude a été proposée aux deux parents de l'enfant venus consulter pour un diagnostic et/ou un suivi de SGT. Une famille était inclue à partir du moment où l'un des deux parents donnait son accord. Vingt-huit parents de 21 enfants atteints de SGT ont été recrutés. Il y avait 17 mères (60,8%) et 11 pères (39,1%). L'âge des parents du groupe s'étendait de 34 à 52 ans (moy= 43,3 ; ET= 5.2). Ils vivaient en couple à 93%, les autres parents étant divorcés. Au plan professionnel, 2 parents sur 28 (7,1%) étaient en recherche d'emploi et 3 (10,7%) étaient parent au foyer (un homme et 2 femmes). (21 parents sur 28 appartiennent aux catégories socioprofessionnelles 2-3-4 respectivement artisants-cadres-professions intermédiaires.)

1.1.2 Les patients:

Les patients étaient âgés de 6 à 16 ans (m= 9,8 ; ET=) ; 81% était de sexe masculin. Ils devaient remplir les critères diagnostiques du DSM IV-TR [19] pour le syndrome Gilles de la Tourette. Les patients souffrant de troubles comorbides de type psychotique ou de troubles autistiques étaient exclus.

1.2 Echelles cliniques

La version française de l'« *Hospital Anxiety and Depression Scale*» (HAD) [20] a été utilisée afin de coter les niveaux d'anxiété et de dépression. Le stress perçu a été mesuré par la version française de l'«*Apraisal of Life Events Scale*» (ALES) [21]. Cette version contient trois facteurs, décrits par 14 adjectifs sélectionnés en référence aux formes d'évaluation primaire d'un stresseur : la perte, la menace, le défi. Le soutien social a été évalué à l'aide du «*Social Support Questionnaire*» (SSQ6) [22]. Il permet de coter à la fois le *réseau social*, c'est-à-dire le nombre de personnes données comme étant disponibles pour aider et soutenir le sujet; puis le *soutien social perçu* qui est le degré de satisfaction ressenti par le sujet pour l'aide et le soutien reçu. Les stratégies de coping ont été évaluées à l'aide de la version française de la «*Way of Coping Checklist-Revised»* (WCC-R) [23] selon la perspective transactionnelle de Lazarus et Folkman [18].

Résultats

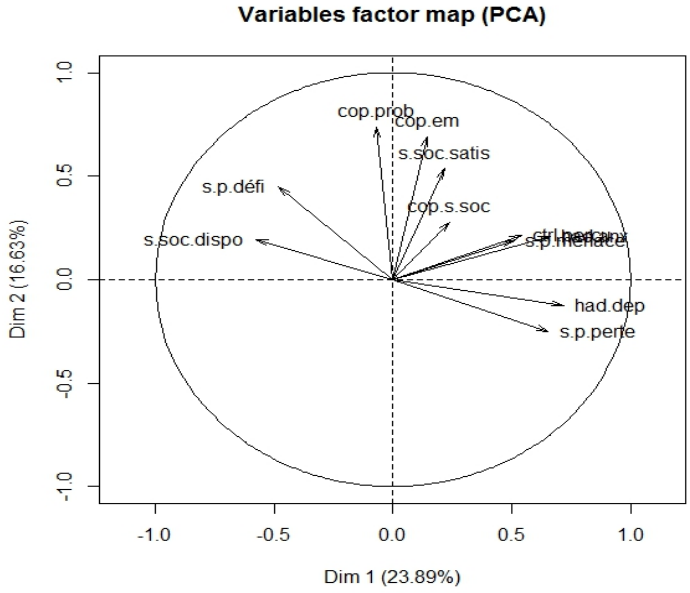
Une analyse en composante principale (ACP) a été menée, permettant de décrire les données du point de vue des variables. Au plan de l'analyse descriptive des résultats, les thématiques les plus souvent évoquées comme événements stressants par les parents dans l'ALES étaient: *i*) les questions scolaires; *ii*) la peur ressentie face à des crises de rage importantes; *iii*) savoir si l'impulsivité constatée chez les enfants relevaient du troubles

ou d'autre chose. Concernant les résultats de l'HAD, 12 parents (43%) ont un score global égal au moins à 13, équivalant à un problème adaptatif. De plus 5 d'entre eux ont un score supérieur ou égale à 19.

1.3 Résultats de l'ACP (pour les variables)

Axe1 horizontal: L'axe 1 transcrit une opposition (corrélation négative) entre d'une part le groupe de variables dépression-anxiété, stress-perçu-perte et d'autre part la variable soutien-social-disponibilité. Ainsi plus un individu obtient un score élevé sur le premier groupe de variables, plus son score en soutien-social-disponibilité sera faible.

Axe2 vertical: Cet axe transcrit principalement les réponses des sujets sur les variables de coping (problème et émotion) ainsi que pour le soutien-social-satisfaction. Ces variables sont corrélées entre elles et comme elles se situent sur le second axe factoriel, elles sont aussi relativement indépendantes des variables décrites par l'axe 1.



Discussion

L'objectif de cette étude a été d'observer l'impact des perceptions cognitives sur les stratégies de coping de parents ayant un enfant atteint de SGT. Nos résultats montrent qu'il existe une relation entre les traits d'anxiété et de dépression observés à l'HAD chez ces parents et la variable stress perçu, pour la dimension «perte» ; de plus ce regroupement de variables est corrélé négativement au réseau social qu'ils décrivent. Ces résultats répliquent et précisent ceux d'études précédentes montrant un taux d'anxiété-dépression important chez les parents d'un enfant atteint de SGT [7]. Il a en effet été largement été démontré qu'être parents d'un enfant avec trouble avait un impact négatif sur la santé physique et psychique du ou des parents en charge de son éducation. Ceci a particulièrement été observé dans le cadre des troubles du développement, spécifiquement des autismes [24], [26]. Ainsi les difficultés d'adaptation et/ou d'humeur des parents apparaissent comme liées une perception intolérable et douloureuse du trouble de leur l'enfant. Ceci poursuit le travail de Al Anbar et al. [28] montrant que la représentation que ce font les parents du trouble de leur enfant a un impact sur leurs stratégies éducatives ainsi que sur la compliance au traitement. Nos résultats précisent ce constat en montrant que les variables thymiques sont en opposition avec le réseau social, c'est dire le nombre de personnes décrites comme présentes autour des parents. Ce résultat rejoint les travaux menés dans les familles ayant un enfant atteint de troubles autistiques, montrant qu'un faible réseau social a un impact délétère sur l'organisation et la cohésion familiale [29]. A l'inverse un réseau social décrit comme important et fiable peut devenir un facteur de protection essentiel pouvant accompagner les parents vers un processus de résilience familiale [30]. Un soutien social fort a également été associé à moins d'anxiété, de dépression et de symptômes somatiques dans ces familles [25], [27], [31]. Son rôle apparaît donc comme majeur, tant dans notre étude que dans la littérature portant sur les facteurs de protection des familles ayant un enfant atteint de trouble et/ou handicap(s).De même, nos résultats permettent la mise en évidence d'une corrélation entre les variables coping et le soutien social perçu. Ainsi, les stratégies de coping centrées sur le problème et sur l'émotion sont liées à la disponibilité perçue

des personnes qui entourent ces parents. Il apparaît donc qu'une relation existe entre la mise en place de stratégies adaptatives autour du trouble de l'enfant et la satisfaction retirée du réseau social. Mais il est surtout intéressant de remarquer que ces variables sont indépendantes de celles décrites précédemment (sur l'axe 1), et que les stratégies de coping ne semblent donc pas dépendre du stress perçu et/ou de troubles de l'humeur. Si ces résultats peuvent à priori surprendre, d'autres études – prenant un point de vue développemental - ont en effet montré que les parents parvenaient au fil des années à mettre en place des stratégies de coping adaptées, construisant et reconstruisant ainsi de nouveaux aménagements dans leur vie [32]. Nos résultats nous amèneraient dès lors à conclure à une relative indépendance entre la perception du trouble de l'enfant et les stratégies adaptatives mises en place par ces parents. Il apparaît également que le soutien social, tant sur sa dimension quantitative (réseau) que qualitative (disponibilité), est une variable essentielle à un fonctionnement plus positif dans ces familles. Ainsi, nos résultats invitent à axer les actions préventives sur la détection de difficultés liées à un réseau social faible et/ou peu adapté aux circonstances vécues par ces parents [33]. La promotion d'une résilience familiale semble liée à la présence de cette variable qui devient dès lors un facteur de protection important, évitant le stress et l'anxiété, par un soutien adapté, voire même comblé sur le plan médico-social et associatif. En effet, les liens sociaux (tant au plan familial, amical qu'auprès des praticiens de santé) évitent l'isolement (ou le sentiment de l'être) et participent à la mise en place de stratégies visant à s'adapter à des conditions de vie parfois très douloureuses, surtout lorsque cela touche son propre enfant.

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Le conte familial, un projet intergénérationnel vecteur de résilience ?

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Abstract

In the nowadays society, the sociodemographic mutations reach an evolution of the family structures where more generations meet. The studies presented bring, on the evaluation of the effects of an intergenerational activity, the family legend, that allows to the person to find an active place in his environement, by the transmission of the family history, of the experiences and abilities, the development of the narrative identity and of the generative principle. The objective of the study is to present the impact of the legend, on one side, on the quality of life of 23 old persons, marked or no, by the cognitive troubles, and on the other side, on the perception they have about their health. The comparison of the results obtained due to the questionnaires and meetings, in pre-tests and post-tests, have showed effects attended on the improvement of the quality of life, but also on the complementary effects. That is, an improvement of the perception of the quality of sleep, a perception of diminution of the pain, a diminution of the negative emotional reactions, a better mobility, an improvement of the energy and a qualitative and quantitative improvement of the family relationships. The family legend seems to be propice for the development of the resilience, for the capacity of a positive developement, in spite of the life obstacles met (Cyrulnik, 1999). This instrument also allows the promotion of the family resilience assuring the well being psycho-physic, of the subjects, by maintaining the recuperation of the family dynamic (Dujardin, 2013).

Key words : to get old, intergenerational, family legend, quality of life, resilience.

Introduction

1.1 *L'intergénérationnel, vecteur de résilience*

Les relations intergénérationnelles ont connu des modifications sous l'effet des transformations démographiques, culturelles et sociales. La structure familiale connaît également des remaniements [1]. Ainsi, suite à une augmentation de l'espérance de vie et à une baisse du taux de natalité, la famille étendue dite « large » laisse place à la famille réduite dite « allongée » où quatre à cinq générations se côtoient [2].

L'intergénérationnel s'inscrit au sein d'un arc de vie, un continuum au sein duquel l'ensemble des générations s'interpellent [2]. Selon Everarts, il renvoie à un concept transversal et temporel, englobant le passé, le présent ainsi que le futur [3]. De ce fait, « *l'intergénérationnel, en faisant se côtoyer et se découvrir les générations, est une manière de lutter contre les stéréotypes du vieillissement. En mettant l'emphase sur la richesse de l'expérience de vie, il aide les personnes âgées à affirmer leur place d'acteur dans la société.* » [3]. Les projets intergénérationnels sont dès lors perçus comme une alternative à la potentielle rupture du lien entre les diverses générations évoluant au sein d'une société confrontée au vieillissement de sa population [4].

Les programmes d'activités intergénérationnelles, basés sur une logique de don et contre-don, présentent de multiples avantages pour les aînés. En effet, ils permettent notamment de lutter contre l'exclusion sociale liée au processus de vieillissement, de contribuer au maintien d'activités valorisantes, du sentiment d'utilité sociale, des capacités cognitives, d'améliorer le sentiment de satisfaction, la résistance aux situations de stress, l'empathie et la tolérance envers autrui [5]. En côtoyant des personnes plus jeunes, les personnes âgées disent changer de point de vue sur ces derniers mais également sur eux-mêmes. En effet, ils affirment pouvoir prendre davantage conscience de leurs propres valeurs et expriment une meilleure estime d'eux-mêmes [6]. De plus, les aînés inscrits dans une dynamique intergénérationnelle font preuve d'une plus grande vitalité, d'une meilleure humeur et d'une motivation accrues, les rendant plus forts face à l'adversité. Ainsi, leur capacité à faire face aux difficultés liées à la santé physique ou mentale s'avère, à son tour, plus élevée [6].

Ces implications rejoignent le concept de résilience que Cyrulnik définit comme « *la capacité à réussir, à vivre et à se développer positivement, de manière socialement acceptable, en dépit du stress ou d'une adversité*

qui comporte normalement le risque grave d'une issue négative. » [7]. Il s'agit dès lors d'un potentiel actualisable tout au long de l'existence [8]. Dans une dynamique interrelationnelle, des auteurs se sont également penchés sur le concept de résilience familiale qui vise à assurer le bien-être psycho-physique de l'individu et celui des membres de sa famille. Pour ce faire, plusieurs stratégies de rebondissement sont énoncées telles que le maintien du fonctionnement familial ou la récupération de celui-ci [9].

1.2 L'histoire familiale, un conte à transmettre

La théorie du développement psychosocial de l'être humain énoncée par Erikson (1950) s'articule autour de huit stades cruciaux allant de la naissance à la mort : la confiance, l'autonomie, l'initiative, la créativité, l'identité, l'intimité, la générativité et l'intégrité. La septième étape du cycle de vie porte sur le concept de générativité que l'auteur définit comme la préoccupation quant à l'établissement et aux conseils à l'intention des générations futures [10].

Ainsi, « *dans leurs multiples rapports au passé, tels qu'ils l'incarnent aux yeux de leurs petits-enfants, les grands-parents sont donc des historiens à demeure et aussi les détenteurs de la mémoire familiale et de la mémoire collective jusqu'à en être les déverrouilleurs* ». Ils présentent dès lors pour fonction «*d'offrir aux petits-enfants l'assurance d'une identité enracinée pour eux dans un temps immémorial. Aujourd'hui, les grands-parents ne sont pas les créateurs du lien familial (ce qui appartient aux parents), mais ils en sont la caution, les garants* » [11].

La générativité peut s'exercer par le développement d'un projet intergénérationnel basé sur la rédaction d'un « conte familial » qui inscrit les membres de la famille dans le temps et dans un ordre hiérarchique. Ce média, vecteur de l'expérience humaine [12, 13], permet aux sujets de prendre de la distance, de symboliser des problèmes, conflits et émotions négatives [14]. Cette tradition orale et collective réunit aussi les uns avec les autres, mais également « *chacun en chacun et chacun à chacun* » [12] dans une fonction unificatrice.

Il contribue à l'émergence de l'expression narrative qui se définit comme un outil de résilience permettant de recouvrir une cohérence personnelle et de soutenir les relations nouvelles [9]. Chez les aînés, cette identité narrative est plus forte qu'aux autres étapes de l'existence car ils ont repensé, raconté, cherché à saisir, écrit, évoqué et l'âge avançant, désirent ardemment comprendre les expériences vécues. De ce fait, l'affect et le sens, concepts de référence de la résilience, sont plus vivants que jamais [15].

Méthodologie

Le conte familial a été co-construit avec l'aide d'un psychologue rencontré à 3 reprises pendant 45 minutes :

- première rencontre : choix d'un univers, d'un personnage et constitution de l'arbre généalogique
- deuxième et troisième rencontres : conversion des souvenirs, des anecdotes vécues sous forme de conte écrit et illustré.

1.1 Questions de recherche

Nos deux recherches s'articulent autour de deux questions de recherche :

- L'activité « conte familial » a-t-elle un effet bénéfique sur la perception de la santé de la personne âgée présentant ou non une démence ?
- L'activité « conte familial » a-t-elle un effet bénéfique sur la qualité de vie de la personne âgée présentant ou non une démence ?

1.2 Echantillon

Notre échantillon occasionnel comprend 23 familles composées de trois à quatre générations et seize professionnels paramédicaux.

Sept familles comptent un grand-parent – sujets âgés de 70 à 85 ans - exempt de trouble cognitif majeur dont deux vivent en maison de repos.

Seize familles comptent un aîné - sujets âgé de 70 à 93 ans - présentant un score inférieur à 24 au Mini Mental State Examination (MMSE) indiquant une suspicion de démence. En effet, les personnes âgées présentant des troubles cognitifs ont obtenu un score compris en 13 et 21. Sept d'entre eux évoluent en maison de repos.

1.3 Outils d'évaluation

Dans un dessein quasi-expérimental avec pré-test et post-test, notre échantillon a rempli quatre questionnaires avant et après la co-construction du conte familial :

- Indicateur de Santé Perceptuelle de Nottingham (ISPN) : évaluation de l'auto-perception de l'état de santé et de la qualité de vie liée à la santé.
- Index de Satisfaction de Vie du Troisième Age (LSITA) : évaluation du niveau de satisfaction de vie des sujets sans trouble cognitif majeur.
- EQ – 5D : évaluation de la qualité de vie des personnes avec troubles cognitifs accompagnées d'un soignant. Le questionnaire comprend une évaluation standardisée à cinq dimensions et une échelle visuelle analogique [16].
- Échelle de Mesure des Manifestations du Bien-Être Psychologique (EMMBEP) : évaluation de niveau de satisfaction de vie des personnes avec troubles cognitifs accompagnées d'un soignant.

L'élaboration du conte familial a également fait l'objet d'une observation participante.

Les aînés sans troubles cognitifs ont participé à un entretien semi-directif. Les membres de la famille des personnes âgées désorientées ont, quant à elles, rempli un questionnaire de satisfaction relatif au déroulement et aux apports du projet intergénérationnel.

Résultats

1.1 Personnes vieillissantes sans trouble cognitif

L'analyse des résultats à l'ISPN révèle une meilleure perception de la santé par les aînés après la réalisation du conte familial. En effet, l'échantillon présente une amélioration qualitative et quantitative du sommeil. Ainsi, les aînés affirment avoir plus de facilités pour s'endormir (N=3), se rendormir (N=4), déclarent avoir un sommeil de meilleure qualité (N=3). Cinq aînés révèlent également de meilleures réactions émotionnelles et trois expriment une amélioration dans les items relatifs au courage et à l'énergie. Quatre sujets témoignent d'une douleur physique moindre et d'une meilleure mobilité. Finalement, deux familles affirment une augmentation de la fréquence des visites des petits-enfants.

Les résultats à LSITA indiquent que six personnes âgées présentent des scores relevant d'une meilleure satisfaction de vie après la réalisation de l'activité intergénérationnelle. La septième témoigne, quant à elle, d'un effet plafond élevé.

L'analyse des entretiens semi-directifs a mis en évidence, pour deux sujets, une meilleure communication entre les différentes générations, la dissipation de certains malentendus et la (re)construction de nouveaux liens affectifs. Les solidarités familiales présentes au sein de la famille ont également été mises en évidence. Ce résultat rejoint la conclusion selon laquelle « *pour que l'échange atteigne une dimension réelle, il faut que les deux échangeurs soient au clair quant à sa nature et son extension et puissent le reconnaître mutuellement* » [16].

1.2 Personnes vieillissantes présentant des troubles cognitifs

L'analyse des résultats à l'EMMBEP a montré un gain positif de 14% selon les professionnels et de 10% selon les aînés et ce, principalement pour les sujets évoluant en maison de repos.

Les résultats de l'ISPN et de l'EQ-5D présentent une augmentation de la qualité de vie et de la santé subjective de l'ensemble des sujets, perçues tant par les personnes âgées que par l'aidant professionnel. L'EQ-5D a, quant à elle, montré une perception moindre de la douleur et l'anxiété par les séniors. Les scores de l'ISPN ajoutent la présence d'une réduction des réactions émotionnelles « négatives » et une amélioration du sommeil.

L'observation participante a mis en évidence un échange verbal et/ou non verbal accru de la personne âgée qui suscitait l'intérêt des autres générations soucieuses d'en connaître davantage sur leur histoire familiale. L'enquête de satisfaction a, quant à elle, attesté d'un engouement éprouvé par les familles et ce, principalement dans le cas d'un aîné résident en maison de repos. Selon les participants, le conte familial permet de renouer le lien avec le parent, de transmettre des faits inconnus de l'histoire familiale et des émotions positives.

Discussion

L'analyse des résultats montre un effet positif du conte familial sur la satisfaction de vie et la santé perceptuelle des aînés présentant ou non des troubles cognitifs. Ainsi, l'échantillon a déclaré une amélioration de son sommeil, une perception moindre de la douleur et une diminution des réactions émotionnelles négatives

telles que l'angoisse et l'anxiété. Ces résultats confirment certaines dimensions préalablement énoncés dans la revue de la littérature telles que l'amélioration du sentiment de satisfaction et la résistance au stress [5]. Cette capacité à se développer positivement en dépit de l'anxiété, de l'adversité renvoie, dans une certaine mesure, au concept de résilience définit par Cyrulnik [7]. L'observation d'une amélioration de la communication et de la dynamique familiale peut également être mise en relation avec une hausse de l'empathie, de la tolérance envers autrui [5] susceptibles, in fine, d'améliorer la prise de conscience de sa propre valeur et l'estime personnelle [6]. Offrir la possibilité à la personne âgée de transmettre son expérience, d'exprimer son identité narrative [15] lui permet également de réaffirmer son vécu, de lui donner du sens [7] et donc, de cheminer vers la résilience [15].

Le programme intergénérationnel a aussi favorisé l'émergence de conflits, de malentendus familiaux enfuis et l'union des sujets [12]. Il a contribué à assurer leur bien-être psycho-physique par le maintien voire la récupération de la dynamique familiale [9]. En conclusion, nous pensons que le conte familial peut être non seulement vecteur de résilience individuelle, mais également de résilience familiale.

Conclusions et perspectives

Dans le contexte sociodémographique actuel, les grands-parents ont davantage l'opportunité de se créer une place plus importante dans la vie de leur(s) petit(s)-enfant(s) et ce, au fil des générations. L'intergénérationnel s'immisce dès lors dans le cercle privé. A ce titre, nous avons développé un outil intergénérationnel, le conte familial qui, toute proportion gardée, a présenté un effet positif sur la santé perceptuelle et la qualité de vie des aînés. En outre, alors que la vieillesse se voit fréquemment associée à des pertes, déclins et stéréotypes, nos résultats laissent penser que le projet permet de contribuer au développement de leviers pour la résilience tant individuelle que familiale.

En prolongement de nos résultats, il conviendrait d'étudier davantage les effets de l'activité intergénérationnelle sur l'aîné et ce, en ayant recours à une observation systématisée de la communication non-verbale et à la confection d'une boîte à outils contenant notamment un guide pratique, le matériel nécessaire et une méthodologie validée destinée aux professionnels. Celle-ci présenterait l'outil et ses spécificités liées au public-cible. En effet, au cours de notre recherche, si le conte s'est révélé être un vecteur adéquat de la transmission familiale, il s'est avéré complexe pour certaines personnes souffrant d'une désorientation de narrer leur histoire de vie sous la forme traditionnelle du conte. Des formations continues centrées sur l'utilisation de ces outils permettraient également de sensibiliser les professionnels à l'importance de l'intergénérationnel dans le cycle de vie ainsi qu'au sein de la dynamique familiale et communautaire.

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La notion de transmission au coeur de la parentalite des parents entendants d'un enfant atteint de surdite et implante cochleaire : quelle resilience possible ?

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Abstract

Parent – child relationship woven over the years leads each character in an infinite trading system where the notion of transmission becomes central, parents are the owners of a family culture to pass on to their children as themselves have received from their own parents. The transmission is available on several levels, as unconscious as conscious: in the latter case, it is the intergenerational transmission operating mainly through language and in particular the language considered as a communication tool.

Some parenthood as hearing parents of deaf children raise questions about communication and transmission between various protagonists. The difference in hearing sensory of the child and parents, represent an obstacle or an interruption in the transmission by a common language. Thus, we wanted to examine the place of cochlear implantation in the maintenance and continuation of intergenerational transmission in these families. Semi -structured interviews given to 20 parents show how the cochlear implant for their child beyond profits in language, developed family interactions, not just repair deafness but restore the axes of their parenting. In fact, the variability of the status of the implant from the risk factor of protection is discussed in relation to a resilience process from these families.

Keywords: hearing parents and deaf children, cochlear implant, intergenerational transmission

Introduction

La relation parents-enfant tissée au fil des années depuis le désir d'enfant entraîne chaque protagoniste dans un système infini d'échanges où la notion de transmission devient centrale, les parents étant les détenteurs d'un leg à transmettre à leur enfant comme eux- mêmes l'ont reçu de leurs propres parents et ainsi perpétuer un continuum existentiel. La transmission se décline sur plusieurs niveaux, tant inconscients, on parle de la transmission transgénérationnelle que conscients, il s'agit alors de la transmission intergénérationnelle. Ainsi, les parents s'engagent à léguer un héritage biologique, mais aussi familial et social à leur enfant. Plus précisément, cette transmission, intergénerationnelle, opère la plupart du temps par le langage et notamment la langue considérée telle un outil de communication.

Certaines parentalités comme les parents entendants d'un enfant sourd suscitent à bien des égards des interrogations relatives à la relation, la communication et la transmission entre les divers protagonistes. A ce sujet, force est de constater, l'apport prolifique de la littérature scientifique qui dépeint cette parentalité de manière négative, interrogeant par là même la capacité à savoir-faire et être les parents de l'enfant. En effet, la différence sensorielle auditive de l'enfant et des parents, caractéristique centrale de cette constellation familiale, représenterait une entrave, voire une interruption dans la transmission au moyen d'une langue commune des parents à leur enfant. En outre, l'implantation cochléaire intervient de plus en plus tôt dans sa vie et celle des parents, un dépistage précoce de la surdité étant pratiqué dans les trois premiers jours suivant la naissance de l'enfant. Actuellement, l'enfant sourd est implanté très tôt dans sa vie ; pour exemple, un bébé peut bénéficier de l'implant cochléaire dès l'âge de six mois. De fait, la relation parents-enfant se construit très rapidement en présence de l'implant cochléaire. Bon nombres d'études tant en France [1] qu'outre-atlantique [2] ont démontré l'efficacité de l'implant cochléaire sur la communication et les habiletés sociales de l'enfant sourd mais également sur la qualité de vie familiale. Aujourd'hui, il n'est pas rare de voir un enfant bi-implanté [3] avec des résultats tout à fait satisfaisants notamment dans l'amélioration de l'audition dans les milieux bruyants ce qu'un seul processeur ne permet pas. Même si l'efficacité de l'implant cochléaire a été maintes fois vérifiée au plan

médical, nous avons voulu interroger le point des vue des parents sur sa place, son rôle dans le maintien et la poursuite de la transmission intergénérationnelle au sein de ces constellations familiales.

Méthodologie:

Dans le cadre de cette étude, l'approche méthodologique retenue est qualitative se basant sur l'étude de cas, plus précisément sur l'étude de cas spécifique à une situation, «*situation analysis*» [4]. En l'occurrence, il s'agit d'une situation familiale où un enfant est atteint de surdité et dont les parents ont fait le choix de l'implantation cochléaire. Le recrutement de la population a eu lieu auprès de l'Unité Pédiatrique d'Implantation Cochléaire de Toulouse dédiée à la période post-implantatoire durant laquelle le réglage de l'implant cochléaire revêt une importance capitale. Au préalable, chaque parent a été informé du thème de l'étude et de son déroulement, puis a signé un consentement éclairé. Ainsi, dix couples de parents entendants d'un enfant sourd ayant bénéficié de l'implantation cochléaire ont été sollicités au moyen d'entretiens semi-directifs.

Pour explorer ce qui relève de la transmission intergénérationnelle au sein de ces constellations familiales, le temps depuis l'implantation cochléaire est apparu telle une variable incontournable.

De fait, ce temps équivaut à une durée de plus de 5 ans, offrant ainsi aux parents un regard distancié relatif à leur «*chemin*» parcouru dans la relation avec leur enfant.

Population:

Le groupe de parents recruté dans le cadre de cette étude se compose de dix couples de parents entendants d'un enfant sourd implanté. Pour respecter la variable temporelle évoquée ci-dessus, l'âge de l'enfant se situe sur un intervalle de 9 à 12 ans, implanté donc depuis plus de 5 ans. Parmi les dix couples sollicités 9 mères et 7 pères ont répondu favorablement à notre demande.

Procédure:

Les entretiens semi-directifs d'une durée d'une heure ont été structurés par quatre questions relatives au choix de l'implant cochléaire, son apport dans la vie de l'enfant et des parents et son rôle dans la transmission intergénérationnelle. Plus précisément, la première question : « *Pourquoi avoir choisi de faire implanter votre enfant* ? » vise à interroger l'aspect « décisionnel » des parents, leur positionnement par rapport à l'implant cochléaire. En effet, après l'annonce du diagnostic de surdité de l'enfant plusieurs alternatives sont présentées aux parents comme les appareillages, prothèses numériques dans un premier temps si possible ; sinon l'implant cochléaire et les moyens de communication tels la Langue des Signes Française, le Langage Parlé Complété. La deuxième question: « *Selon vous et avec le recul quels sont les bénéfices de l'implant cochléaire* ? » invite les parents à évaluer l'apport de l'implant dans la vie de l'enfant et dans celle de la famille. La troisième question:« *Comment concevez-vous l'avenir de cet implant dans la vie de votre enfant* ?» sollicite les parents dans une projection vers l'avenir. En outre, la notion de transmission émerge dans le sens où ce que les parents ont choisi pour leur enfant peut plus tard être remis en question par ce dernier. Enfin, la quatrième question : « *Que pensez-vous lui avoir transmis en qualité de père/de mère*? » aborde de manière plus ciblée et centrale la transmission intergénérationnelle et suggère par là même le rôle de l'implant cochléaire dans cette transmission.

Résultats:

Au vu des entretiens semi-directifs, se dégagent deux dimensions qui seront développées ci-dessous.

1.1 L'implant cochléaire, un projet des parents pour l'enfant

L'annonce du diagnostic de surdité de l'enfant provoque incontestablement chez les parents l'effet d'un traumatisme laissant place souvent à une sidération. Une mère relate à ce sujet : « *Ah quand on prend ça en pleine figure, moi je me suis effondrée même si on s'en doutait un peu, j'ai pleuré, j'arrêtais pas de pleurer…, c'était impossible…* ».Vient ensuite pour les parents ce temps de réflexion relatif aux choix à réaliser pour l'avenir de leur enfant. Cet espace temporel est très souvent mis à profit pour des recherches en tout genre, un père expliquant : « *Nous, on avait besoin de savoir où on allait, on a cherché sur internet, on a rencontré des enfants implantés, on a discuté avec leurs parents, on est allé dans une association de Sourds, eux ils sont pas pour l'implant, mais bon voilà quoi, nous on avait toutes les infos en main…* ». De fait, la décision de faire implanter leur enfant s'inscrit dans une dimension de *projet* des parents, une décision que l'on peut qualifier d'éclairée au regard des stratégies d'adaptation instaurées : « *Une fois qu'on a eu toutes les infos, on a décidé, on*

leur a dit qu'on voulait faire implanter notre fille, c'était notre choix, on voulait lui donner le meilleur pour l'avenir et pour nous c'était possible avec l'implant… »

Vient ensuite la période post-implantation explorée en l'occurrence par l'évaluation selon le point de vue des parents, des bénéfices de l'implant cochléaire. Avec un recul de plus de cinq ans, les parents sollicités dans le cadre de cette étude, ont tendance à être satisfaits des résultats en matière de communication au sein de la famille, d'interactions sociales mais également au niveau des apprentissages scolaires, de l'autonomie et de l'épanouissement de leur enfant.

A ce sujet une mère exprime l'enjeu de l'implant en matière d'acquisition de l'autonomie de son fils : « *Pour moi ce qui est hyper important c'est que ça aille au-delà de nous, c'est son autonomie, qu'il soit capable de communiquer avec n'importe qui, qu'il ne connaît pas…et aujourd'hui c'est gagné !* »

En outre et toujours dans le cadre de l'autonomie, les parents évoquent l'appropriation de l'implant par leur enfant : « *Ah, c'est son implant, il fait partie de lui…le matin au réveil, hop, il met son implant sinon, on sent qu'il n'est pas bien… quand on part, il prend le chargeur pour ne pas que son implant tombe en panne…c'est vraiment son appareil !* » ; ou « *ben mon fils et son implant c'est un tout* (rire)... ».

Les parents relèvent de même les bénéfices de l'implant au niveau du comportement de leur enfant avec notamment un apaisement des angoisses inhérentes aux difficultés d'évaluation et de compréhension : « *N. comprend bien ce qu'on lui dit, ce qui lui enlève beaucoup d'angoisses qui étaient présentes chez elle avant. Ainsi elle participe à beaucoup d'événements de la vie sociale* »

Dès lors que l'on interroge les parents sur l'avenir de l'implant dans la vie de leur enfant, les réponses apparaissent mitigées. Pour les uns, il est inconcevable de se projeter dans l'avenir sans l'implant, tellement selon eux, il est intégré au quotidien de l'enfant et à la vie familiale.

Pour les autres, ils s'en remettent au choix futur de leur enfant : « *L'implant, c'est vrai que c'était notre projet pour lui donner le meilleur dans l'avenir, mais si elle décide un jour qu'elle préfère rester sourde et signer bah… on respectera son choix mais au moins elle aura acquis toutes les armes pour pouvoir s'épanouir aussi avec les entendants.* ». Emerge en filigrane de cette dernière remarque, la notion de transmission intergénérationnelle pour laquelle l'implant cochléaire occupe une place centrale.

1.2 L'implant cochléaire au cœur de la transmission intergénérationnelle

A l'origine de l'implantation cochléaire de l'enfant se dégage une décision parentale, en somme un projet des parents. En quelque sorte, c'est comme si le parent faisait don à son enfant sourd de l'implant cochléaire, l'entraînant ainsi à découvrir le monde du bruit, des sons, de la voix, de la parole à l'instar de sa perception du monde sonore. Parallèlement, la notion de choix de l'enfant dans l'avenir apparaît centrale dans le discours des parents. A ce sujet un père explique : « *Par rapport à l'avenir, qu'elle n'ait pas de regrets de dire qu'on aurait pu l'implanter et que ça n'a pas été fait. Comme ça elle aura le choix d'entendre ou d'être sourde* ou *les deux*. ». Pour autant l'implant cochléaire ne « gomme » pas la surdité de l'enfant et les parents tendent à multiplier les échanges avec lui sur sa spécificité d'enfant né sourd ou devenu sourd issu d'une famille « d'entendants » comme si ce dialogue permettait symboliquement d'introduire la surdité dans l'histoire familiale. « *Depuis la connaissance de la surdité de N. je lui ai toujours parlé de sa surdité sans tabou pour qu'elle l'accepte comme moi je l'accepte…on a toujours répondu franchement à ses questions* » De même certains parents favorisent et maintiennent dans le temps la rencontre avec la communauté Sourde. Ainsi, un père raconte : *« …elle a besoin de la culture entendante parce qu'elle est issue d'une famille d'entendants mais elle a besoin de se retrouver avec des Sourds qui signent parce que c'est son monde à elle aussi. ».*

La notion de transmission vient faire écho à celle de socialisation au sens de Durkheim [5]. Ainsi les parents vont transmettre à leur enfant au fil de son développement, toutes les valeurs sociales et éducatives issues de leur propre culture. A ce sujet, force est de constater le rôle majeur de l'implant cochléaire devenant comme le souligne une mère « *un facilitateur* » dans la communication et dans la relation entre les parents et leur enfant sourd : « *…comme tous les parents, je crois, on lui dit ce qui est bien ce qui est mal, ce qui est interdit, autorisé, on lui explique les choses…quand elle a des questions par rapport à quelque chose qu'elle comprend pas, on lui explique mais ça sans l'implant, on ne pourrait pas ou alors ce serait très compliqué…* » ; de même : *« j'essaie de lui transmettre les règles sociales, lui apprendre l'autonomie…et mon rôle de maman, c'est de faire en sorte qu'il soit avant tout libre, capable de s'exprimer et de porter sa vie, et ça c'est rendu possible avec l'implant…*»

La transmission intergénérationnelle peut s'entendre également dans l'échange de vécus, d'émotions, de sentiments, de savoirs, de connaissances, de goûts divers. Faire découvrir à son enfant ce que l'on aime, ce que l'on affectionne, c'est lui transmettre une part de soi, de ce qui façonne notre identité : « *j'ai voulu lui transmettre mon goût pour la musique et même si elle ne discerne pas toutes les nuances, elle aime les chansons rythmées et commence à avoir ses propres goût musicaux* » ; ou « *…c'est vrai que moi, j'adore le sport, elle a pris le relais, elle aime aussi le sport, on partage beaucoup à ce niveau…* ».

Les parents de notre groupe s'expriment à l'unisson sur l'importance du rôle joué par l'implant cochléaire dans la relation et la communication avec leur enfant confortant et enrichissant par là même cette transmission intergénérationnelle vécu au quotidien.

Conclusion

L'objectif principal de cette étude qualitative visait à explorer du point de vue des parents le rôle de l'implant cochléaire dans la transmission intergénérationnelle au sein de ces constellations familiales. Au vu des résultats recueillis lors des entretiens semi-directifs, l'implant cochléaire s'inscrit dans le cadre d'un projet des parents pour leur enfant. Pour ce faire, ces derniers collectent de multiples d'informations sur divers support afin d'étayer au mieux le choix et la décision de faire implanter leur enfant sourd. Ces stratégies de recherche d'information s'apparentent à du coping centré à la fois sur le problème mais aussi sur le soutient social [6]. De plus, nos entretiens permettent d'expliciter ce constat en montrant que les parents s'approprient progressivement l'implant cochléaire pour ensuite le léguer à leur enfant qui, au fil de son développement, le fait sien à son tour.
Ce leg, tout à fait symbolique est une façon d'inviter l'enfant à goûter au même monde que celui de ses parents ce que l'on peut qualifier de *phénomène d'aperception* au sens de Virole (2003). En effet, selon cet auteur, les parents ont le sentiment que leur enfant implanté partage quelque chose du même monde perceptif qu'eux.

De même, cette étude met en exergue le rôle majeur de l'implant décrit par les parents comme « facilitateur » dans la communication et la relation au quotidien avec leur enfant. Ainsi, il vient renforcer les axes de l'exercice et de la pratique de leur parentalité [8], ces axes mis à mal par la surdité de leur enfant. Cette étude montre combien l'implant cochléaire est positionné comme facteur de protection dans la relation des parents avec leur enfant sourd offrant ainsi une qualité et une richesse dans la transmission intergénérationnelle de ces familles ou pour certaines les deux cultures entendante et sourde se côtoient. Toutefois si la taille de cet échantillon ne nous permet pas de généraliser ce constat, notre étude a néanmoins le mérite d'ouvrir des pistes de réflexion sur le sujet.

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Parentalite et deficience intellectuelle: facteurs de resilience

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Abstract

In contemporary societies, starting a family is a legally recognized right. In fact, becoming a parent turns a choice coveted by a growing number of adults living with a disability or developmental delay. Having a child makes some of these adults reach a full and active social participation. However, several risk factors can influence the success of this project to life. For example, cooperation between parents and those involved with them are often fraught with stereotypes, prejudice, lack of understanding and openness to the reality of the other. In addition, parental stress, low socioeconomic status, difficulty in obtaining and maintaining jobs are elements to consider.

Despite this context of adversity, parents with disabilities or developmental delays succeed in developing a positive parental identity and to establish a meaningful relationship with their children. This finding emerges from a secondary exploratory analysis from interviews with nine parents. This brief article reports on protective factors that contributed to the more positive adaptation and development of resilience.

Keywords: social representations, parenting, developmental disabilities, mental slowness, resilience

Introduction

Dans les sociétés industrialisées, un nombre croissant de personnes vivant avec une déficience ou une lenteur intellectuelle (DI/LI) choisissent de devenir parents [1]. Or, l'exercice de cette parentalité singulière pose plusieurs défis en raison des stresseurs personnels, familiaux et environnementaux auxquels elles sont confrontées. Malgré la présence de tels stresseurs, certains parents font preuve d'une adaptation positive comme l'indiquent les résultats obtenus dans le cadre d'un projet doctoral ayant porté sur les représentations des parents présentant une DI/LI à l'égard de leur parentalité. Ce texte rend compte des facteurs de protection qui sont caractéristiques de l'adaptation plus positive de ces participants. Il se subdivise en quatre sections principales, soit : (1) la problématique; (2) la description de l'étude; (3) l'exploration des facteurs de protection; (4) la discussion.(Le terme DI/LI est utilisé pour référer aux personnes ayant un diagnostic établi où ayant des déficits sur les plans cognitif et adaptatif caractéristiques d'une lenteur intellectuelle, aux limites du diagnostic.)

Problématique

Être parent constitue un rôle social hautement valorisé. Pour quelques adultes ayant une DI/LI, son exercice représente une modalité d'expression d'une participation sociale pleine et active. Or, plusieurs facteurs peuvent altérer la réalisation de ce projet de vie. À ce propos, certains parents ayant une DI/LI ont de la difficulté à assumer adéquatement leurs responsabilités parentales, ce qui peut affecter le bien-être et le développement de leur enfant. D'ailleurs, une surreprésentation de ces enfants dans les systèmes de protection de l'enfance est constatée dans plusieurs pays industrialisés [2]. De plus, lorsque des mesures de protection sont appliquées, entre 40 et 60% de ces enfants font l'objet d'un placement hors de leur milieu familial d'origine [3].

Cette situation ne tient pas compte uniquement des limites cognitives de ces parents. Elle doit être examinée en fonction de la diversité des facteurs qui caractérisent leur réalité [4]. D'ailleurs, plusieurs personnes ayant une DI/LI ont une histoire de vie marquée par la stigmatisation et par la rupture répétée de liens affectifs [5, 6]. Dans certains cas, elles n'ont pas pu compter sur des modèles parentaux adéquats, soit parce qu'elles ont vécu en centre d'accueil, soit parce que leur vie familiale était chaotique ou dysfonctionnelle [7]. Dans d'autres situations, elles ont été victimes d'abus ou de négligence pendant leur enfance [8]. Coppin [9] constate que peu de parents ayant une DI ont bénéficié de la préparation nécessaire à un choix éclairé de parentalité. Alors que des individus ont été peu ou pas conscientisés aux responsabilités sous-jacentes à ce rôle [10], d'autres n'ont jamais été mis en situations concrètes de pratique (p. ex.: gardiennage) [11].

Les conditions de vie de plusieurs parents ayant une DI/LI se caractérisent par la pauvreté, l'isolement social et un niveau de stress élevé [12]. Certains ignorent la présence de ressources de soutien disponibles, alors que d'autres vivent dans la peur d'être jugés défavorablement par les membres de leur entourage ou de perdre la garde de leur(s) enfant(s) [13]. Ces conditions adverses ne sont pas toujours associées à l'apport de services adaptés. En effet, des chercheurs constatent la présence d'importantes lacunes en ce qui a trait à l'adéquation entre les besoins des parents et l'offre de services de soutien et d'éducation [14, 15]. La coopération entre les parents et les professionnels impliqués se heurte souvent à des préjugés, et parfois, à un manque de compréhension et d'ouverture à la réalité de l'autre [16]. Les intervenants sociaux se sentent généralement démunis face à ces personnes, invoquant des connaissances et une expertise limitées, un manque de temps pour se perfectionner et un délai insuffisant pour réaliser l'intervention [14].

En dépit d'un tel contexte d'adversité, des parents ayant une DI/LI arrivent à développer une identité parentale positive et à développer une relation significative avec leur(s) enfant(s), comme le révèle une enquête menée auprès de cette population. En effet, l'examen des propos des participants témoigne de la résilience de certains. Selon Luthar, Cicchetti et Becker, [17], ce concept réfère à un processus qui se caractérise par une adaptation positive de l'individu en présence d'un contexte d'adversité. Une adaptation positive réfère à une adaptation nettement supérieure à celle qui serait attendue étant donné l'exposition au risque [18]. La résilience est fortement influencée par la présence de facteurs de protection individuels et environnementaux. Elle se manifeste « par la mise en oeuvre d'une attitude active et positive face à l'adversité visant à tirer profit des aspects pénibles d'une situation, ou, tout au moins, d'en faire une occasion d'apprentissage» ([19], p. 14).

Description de la recherche

Dans le cadre d'un projet doctoral en service social, neuf parents ont participé à une étude ayant pour objectif principal d'explorer leurs représentations sociales de la parentalité vécue par les personnes présentant une DI/LI. Les objectifs secondaires étaient : (1) de dégager les composantes cognitives (informations) et sociocognitives des représentations (opinions, attitudes, croyances, etc.) ; (2) d'explorer les convergences et les divergences entre celles-ci et (3) d'identifier les facteurs d'influence. Pour cette étude, une représentation sociale se définit comme un ensemble organisé d'opinions, d'attitudes, de croyances et d'informations se référant à un objet ou à une situation, qui est déterminé à la fois par l'individu lui-même, par le système social et idéologique dans lequel il est inséré et par la nature des liens qu'il entretient avec ce système social [20]. Cette interprétation de la réalité lui permet de donner un sens à ses conduites et de comprendre la réalité à travers son propre système de référence.

Les participants ont été recrutés par l'entremise d'organismes communautaires de la province de Québec au Canada. Dans le cadre d'une première rencontre avec la doctorante, tous ont signifié leur accord pour participer à cette étude en présence d'un témoin de confiance de leur choix. Puis, deux entretiens de trente minutes ont été réalisés avec chacun d'entre eux. Cinq thèmes principaux, liés aux objectifs de l'étude, ont été couverts, soit : (1) le désir de procréation; (2) l'exercice des droits et des devoirs parentaux; (3) la pratique des tâches et des responsabilités parentales; (4) l'expérience de parentalité (vécu subjectif, sentiments); (5) les conditions de vie favorables à l'exercice du rôle parental. Leurs propos, retranscrits sous la forme de verbatim, ont fait l'objet d'une analyse de contenu se basant sur une démarche inductive.

Des neuf participants, six parents présentent un diagnostic de DI légère et les trois autres reconnaissent avoir des limitations cognitives illustrées par les difficultés ayant marqué leur parcours de vie. Celles-ci réfèrent aux apprentissages scolaires (p. ex. : fréquentation de classes spéciales) et à leur intégration sociale (p. ex. : mise à pied fréquentes et difficulté à conserver un emploi). Les six mères et les trois pères de l'échantillon sont âgés de 22 à 59 ans. Ils vivent majoritairement en milieu rural (n=7). Ils sont sans emploi à temps plein et bénéficient de prestations gouvernementales (solidarité sociale). Cinq de ces neuf parents ont la garde de leur(s) enfant(s). Ces derniers bénéficient de mesures de soutien de leurs proches ou d'intervenants d'établissements public ou communautaire. Les autres (n=4) se sont vus retirer la garde de leur enfant en vertu de la Loi sur la protection de la jeunesse du Québec.

Les propos recueillis ont conduit à définir deux profils d'adaptation positive associée à la résilience des parents sur la base de certains critères. Le premier est propre aux cinq participants qui ont conservé la garde de leur(s) enfant(s). Ils ont su développer un sentiment de compétence et de confiance en leurs ressources, en dépit des évènements stressants ayant ébranlé leur vie de parent. Le second profil correspond à celui de deux pères qui disent partager une relation significative avec leur enfant, même s'ils ne vivent pas avec lui au quotidien. Bien que la séparation de leur enfant ait suscité souffrance, colère et tristesse, ils estiment avoir accepté cette situation. En effet, ils reconnaissent qu'ils ne disposaient pas des conditions de vie propices à l'accueil d'un enfant et se réjouissent de son bien-être et de sa qualité de vie auprès d'autres figures parentales. Ils détiennent la volonté de demeurer un modèle exemplaire pour leur enfant et assument adéquatement d'autres rôles dont l'exercice est source de satisfaction et de fierté, tels que celui de conjoint ou de membre actif d'un organisme communautaire d'entraide. Il est à noter que les résultats présentés à la section suivante ne tiennent pas compte des deux parents de l'échantillon de l'étude dont le profil ne correspond pas aux critères de ces deux profils d'adaptation.

Exploration des facteurs de protection

Les éléments présentés dans cette section réfèrent aux parents présentant une DI/LI qui font preuve d'une adaptation estimée positive, malgré leurs difficultés et les défis rencontrés dans l'exercice de leur rôle parental. Les facteurs personnels et environnementaux abordés sont ceux qui peuvent être qualifiés de barrières face aux adversités et qui ont contribué à leur bien-être, selon leur perspective. L'analyse décrite s'inspire du modèle du processus de production du handicap [21].

1.1 Facteurs personnels

D'après les propos recueillis, la parentalité symbolise l'accès à un rôle hautement désiré et à une image de soi positive. En effet, être parent confère un statut d'adulte responsable, digne d'assumer pleinement son autonomie. Ce statut fournit l'occasion de prouver ses compétences à autrui. Il permet à ces personnes de vivre des expériences normalisantes, telles que de se rendre à l'école avec son enfant. C'est comme si l'identité parentale venait gommer « l'identité stigmatisée » de personne ayant une DI. Avoir un enfant a suscité, la motivation à redoubler d'efforts pour développer de nouvelles habiletés.

Tous les participants ressentent de la fierté face aux réussites de leur(s) enfant(s) (p. ex. : bons résultats scolaires, obtention du permis de conduire, accès à un emploi, etc.). Ils estiment avoir, en quelque sorte, contribué à ces succès, ce qui amplifie leur propre sentiment de compétence et de confiance en soi. Sans nier leurs difficultés sur les plans de l'apprentissage ou de la compréhension, ils se comparent avantageusement à des parents sans DI/LI, s'estimant tout aussi bons et parfois même meilleurs qu'eux.

Devenir parent peut faire émerger des souvenirs douloureux pour des adultes ayant eu une enfance difficile. Pour les participants ayant conservé la garde de l'enfant, ce passé semble les avoir motivés à lui offrir ce qui leur a manqué en s'appuyant sur de bons modèles de parentalité. Selon leurs propos, la présence de l'enfant est une source puissante de motivation à assurer son bien-être.

Les sept informateurs reconnaissent l'ampleur des responsabilités liées à l'exercice parental. Ils insistent aussi sur l'importance pour toute personne présentant une DI/LI, d'effectuer une réflexion préalable et une vérification des ressources dont elle dispose avant de concrétiser son désir d'enfant. Il est intéressant de souligner qu'une partie considérable du discours des répondants porte sur la protection de l'enfant. Pour ceux qui ont conservé la garde, la protection s'actualise, entre autres, par la prévention du danger grâce à une surveillance constante de l'enfant. Cette conscience du risque semble être particulièrement importante pour les parents ayant eu une enfance difficile.

Pour avoir une vision globale de leur situation, il faut aussi considérer les facteurs environnementaux sur lesquels ils peuvent compter.

1.2 Facteurs environnementaux

Les participants rencontrés se sont tous dits satisfaits du soutien dont ils bénéficiaient au sein de leurs réseaux. Deux principaux facteurs de protection propres à leur trajectoire parentale semblent avoir favorisé leur adaptation positive. Le premier correspond à une relation affective, sécurisante et stable avec un intervenant de confiance provenant de leur réseau informel. Le second concerne un fort sentiment d'appartenance à un réseau informel et/ou à un réseau communautaire où leur contribution est recherchée et valorisée. Ils y puisent une image positive de leur potentiel à exercer leurs rôles d'adulte, de conjoint, de parent ou de membre actif de leur communauté.

1.2.1 Réseau formel

Le soutien offert par un intervenant de confiance constitue un important facteur de protection. En effet, l'aide professionnelle a des effets positifs sur l'estime de soi et sur le développement d'une représentation positive de leurs compétences parentales. Pour les parents qui ont conservé la garde de l'enfant, cette aide prend différentes formes: l'offre d'enseignements ponctuels, du soutien affectif, des mesures de répit, de l'accompagnement aux rendez-vous scolaires et médicaux. Le lien de confiance intervenant/parent est fondamental puisqu'il contribue à amoindrir leur niveau d'anxiété. Il leur permet de développer une vision positive de l'avenir; ces parents sont plus confiants en leur potentiel à apporter une réponse adaptée aux nouveaux besoins de leur enfant tout au long de son développement. En effet, ils paraissent rassurés par la présence de ce professionnel présent dans leur vie depuis plusieurs années, qui a toujours su les accompagner dans la recherche de solutions satisfaisantes et efficaces à leurs problèmes. Ce lien de confiance a aussi favorisé le développement d'une plus grande assurance à faire part de leurs besoins à leurs proches et aux autres professionnels impliqués dans leur vie.

Les sept répondants reconnaissent plusieurs qualités aux intervenants. Celles-ci réfèrent à : (1) l'écoute, l'ouverture et l'absence de jugement; (2) le respect de leur désir d'autonomie; (3) la croyance en leur potentiel,

s'actualisant par une approche misant sur leur responsabilisation; (4) la reconnaissance et la valorisation de leur potentiel; (5) le respect de leur rythme; (6) la disponibilité à travers les étapes de vie plus difficiles. Il est à souligner que les intervenants dont il est question détiennent tous plus de trente années d'expérience auprès des personnes présentant une DI et une expertise dans le domaine. Un parent reconnaît aussi des qualités distinctes à un professionnel de la protection de l'enfance, soit: sa transparence, son honnêteté, son humanisme, sa neutralité et son objectivité.

1.2.2 Réseau informel

Les sept répondants disent bénéficier de mesures de soutien satisfaisantes au sein de leur réseau informel composé d'un conjoint, d'amis et/ou de membres de la famille proche et élargie. Parmi ceux-ci se retrouve une mère de deux adolescents qui demeure chez son père avec qui elle partage certaines responsabilités parentales. Elle a de nombreuses amies et de plusieurs tantes qu'elle visite régulièrement. Il y a aussi deux participants qui sont mariés depuis une dizaine d'années et qui s'estiment comblés par leur relation fondée sur l'amour, le respect, le soutien à travers des étapes de vie difficiles et sur les forces de chacun. C'est davantage la qualité des liens établis qui apparaît importante aux yeux de l'ensemble des participants.

1.2.3 Réseau communautaire

Au-delà de l'appui provenant de leurs réseaux formel et informel, cinq participants ont fait part de leur engagement dans un organisme communautaire constitué de personnes présentant une DI/LI et d'un intervenant social. Leurs propos traduisent une appréciation du climat de solidarité et d'entraide qui y règne. Le sentiment d'appartenance à ce groupe a des retombées fort positives sur leur bien-être psychologique.

Pour les parents ayant conservé la garde de l'enfant, le soutien puisé au sein de ce réseau communautaire leur permet d'échanger des conseils et de se valider dans leurs pratiques parentales dans un climat d'ouverture et de respect. Certains ont aussi mentionné y solliciter l'aide de membres de confiance afin d'obtenir des services de répit s'actualisant par du gardiennage.

Les propos des parents ayant vécu le placement d'un enfant témoignent de l'apport essentiel du soutien amical et psychosocial reçu dans le développement d'un sens nouveau à leur parentalité. Ils font également part de leur appréciation du soutien juridico-légal qui leur a été offert, lequel leur a permis de recevoir l'information nécessaire sur leurs droits parentaux dans un format adapté à leur niveau de compréhension. En dépit des sentiments de frustration et de souffrance vécus au moment du retrait de leur enfant, ils sont parvenus à traverser cette période de vie douloureuse grâce à ces appuis et à développer de nouvelles stratégies propres à une adaptation positive.

1.2.4 Regard sur les deux profils d'adaptation

Dans cet article, deux profils d'adaptation positive ont été établis. Sept participants à l'étude présentent une telle adaptation sur la base des critères établis antérieurement. Leurs pratiques parentales ont toutes fait l'objet d'une évaluation extérieure à un moment de leur trajectoire. Dans cinq situations, cette évaluation a mené à la mise en place de services et/ou de mesures de soutien visant le plein exercice de leurs responsabilités parentales. Pour les deux autres répondants, le placement de l'enfant a été imposé par les autorités légales, pour motif d'incapacités parentales perçues. Or, quels éléments distinguent la situation de ces deux pères? Quelques pistes peuvent être suggérées. D'abord, ces deux adultes rapportent avoir grandi dans un milieu familial fermé et isolé auprès de parents présentant des limitations intellectuelles. Leur enfance a été vécue à travers plusieurs allers-retours entre leur famille et les centres d'accueil. Aussi, leurs difficultés vécues dans leur vie socioprofessionnelle constituent un thème récurrent de leur discours. Des sentiments de tristesse et de colère émergent de leurs propos lorsqu'ils réfèrent à l'incapacité qu'ils ont eu à conserver un emploi et à leur impression d'avoir fait l'objet de discrimination dû à leur différence. Finalement, au moment du placement, les deux pères se trouvaient avec une conjointe présentant une problématique majeure de santé mentale, dont les comportements décrits témoignent d'un désinvestissement à l'égard des responsabilités parentales. Ces deux répondants rapportent avoir souffert des représentations négatives à l'égard de leur capacité à s'occuper d'un enfant, perçues dans le regard et les comportements de leurs parents ou de leurs beaux-parents. Somme toute, l'examen de leur situation au moment du placement de l'enfant témoigne de la présence de plusieurs facteurs de risque. Le potentiel nocif de ces facteurs et de leur cumul sur les compétences parentales est bien documenté [1, 4].

Brève Discussion

L'exploration de l'histoire vécue par les parents ayant participé à cette étude témoigne de leur adaptation positive en dépit des adversités et des défis rencontrés à travers leur trajectoire parentale. Le

développement des stratégies personnelles et des aptitudes présentées témoigne du potentiel insoupçonné que peuvent développer certains parents présentant une DI/LI. D'abord, plusieurs participants sont parvenus à développer des pratiques parentales adéquates pour assurer le bien-être et la sécurité de leur enfant, en dépit des difficultés relatives à leur histoire de vie et des préjugés entretenus à leur endroit. Plusieurs recherches mettent en lumière que les difficultés de ces parents sont souvent perçues comme étant insurmontables, permanentes et rendant impossible l'acquisition des compétences nécessaires à une réponse adaptée aux besoins évolutifs d'un enfant [2, 16, 22, 23, 24, 25].

Les propos des sept participants témoignent aussi de comportements proactifs dans la recherche d'opportunités de participation sociale. À cet égard, être parent semble avoir un effet important sur leur motivation à exercer leurs responsabilités au meilleur de leurs capacités, ce qui témoigne de leur résilience.

Il est reconnu qu'une perception positive du soutien favorise le bien-être psychologique et l'apprentissage de nouvelles habiletés parentales [26, 27]. Dans cette étude, la satisfaction à l'égard des ressources de soutien représente un facteur de protection fondamental. Le réseau de soutien des parents, qui est constitué principalement du conjoint, des amis et/ou des membres de la famille proche et élargie, offre de l'aide émotionnelle au sein de relations significatives, sécurisantes et stables. Ce portrait diffère des constats établis dans le cadre d'autres recherches canadiennes, américaines et australiennes qui relèvent la présence de besoins non comblés en termes d'aide amicale et émotionnelle chez ces parents qui bénéficient bien souvent d'un réseau restreint composé principalement d'intervenants et de membres de leur famille [28, 29, 30, 31]. Ce contraste peut s'expliquer, d'une part, par la stratégie de recrutement particulière à cette étude, c'est-à-dire par l'entremise d'intervenants d'organismes communautaires. D'autre part, il faut aussi considérer qu'une majorité des participants provenaient d'une même région rurale, où semblent régner entraide et solidarité.

Conclusion

Cette étude rend compte d'une exploration de facteurs ayant un potentiel positif sur la résilience de parents présentant une DI/LI. Elle offre des pistes pouvant inspirer la concrétisation d'autres recherches sur le sujet. Il serait pertinent de réaliser des analyses plus approfondies en vue de mieux comprendre les mécanismes d'adaptation positive déployés par un échantillon plus nombreux de parents qui arrivent à surmonter, contre toute attente, les obstacles et les difficultés auxquels ils sont confrontés. Il serait aussi intéressant d'inclure d'autres populations de parents fragilisées et d'établir des parallèles entre les résultats obtenus. De telles préoccupations s'inscrivent dans une visée globale de produire de nouveaux savoirs qui témoignent du potentiel et des capacités de ces personnes, intégrées au sein d'une société qui prône justice sociale et équité pour tous.

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Children's resilience and family secrets

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Abstract

The beauty of family secrets comes from the contribution that generations have brought to its construction and from the mystery with which each person works on it in order to tell us something. There is an approach of family psychotherapy which relates certain human fears or anxieties with events which were hidden during life. The therapist helps the person to reach a state of relief by giving him/her a new meaning to the situations experienced. The secret is rather a "burden" that prevents the person to take his/her destiny in his/her own hands, by repeating certain behaviours of his/her parents (Serge Tisseron). In this case the therapist acquires a major role to help the person to unlock himself/herself in order to continue his/her life by using own resources. However the main human resource is resilience. It is more than simply adapt to adverse conditions in order to survive. Resilience links generations together and ensures continuity as well as an overcoming of human condition. Resilience helps children to find solutions to the problems, fears or unfulfilled desires of their parents. Many of these problems, fears or desires are known implicitly or explicitly by the child. Even when they are secrets, resilient children actively works with them, by looking for positive forms of expression as solutions or wish fulfilment. The child unconsciously knows the story of his parents and of descendancy and due to his resilience looks for an overcoming of parents' condition. But overcoming does not necessarily mean a better social position or remuneration. Overcoming human condition means fulfilment through a higher level of understanding, a better way of expression in front of you or others, an increase in maturity and regaining self-confidence. I analysed 42 family stories that have highlighted the resilience and family secrets of my clients and I assessed together with them the results of psychotherapy through the confidence they had in own resilience capacity, at the end of our work.

Key words: family, secret, unconscious, resilience, human condition.

Resilience and family system

Humanity has evolved because those who have survived found superior solutions to adapt compared to their ancestors. Each of us is born with the ability to learn how to deal with stress, how to adapt quickly to change, how to recover from failures and to find ways to turn an unfavourable situation into a favourable one. However some of us are stuck in a state of victim blaming others for their failure, while others explore alternatives and find solutions on their own. ``Resilience is something you do rather than something you have``. I was fascinated by the power that family secrets have on us. Serge Tisseron states that `` family secrets have the effect of excluding some members, most often the youngest in the group's sphere of trust. Paradoxically, they come rather from the desire of parents to protect their child […]``. However the child knows the truth implicitly and strives to re-enter the sphere of the family trust. Involvement of these efforts increases the resilience capacity of the child. He becomes motivated to do something and chooses the most favourable alternative to fix what his family considered to be shameful, wrong, evil and painful. Apparently it is an individual choice, conscious and deliberate. However, this choice to straighten family issues hidden by secrets has a deep determination in the family system itself because the last one needs equilibrium. On the one hand, the child finds different behavioural strategies to bring him back in the family (group of trust), and on the other hand, family is geared to reintegrate the excluded member, according to the theory of family constellations [2].

1.1 Case studies: resilient children and their families

I explored children`s capacity of resilience in 42 families who had different type of secrets as: unfulfilled relationships (1), unwanted pregnancies, abortions (2) failed marriages (3) prostitution (4), killing of family members (5) parallel families (6) sexual orientation (7), injustice/abuse (8) professional unfulfillments (9). For each type of secrets I will provide below details on a case study, by emphasizing the link between the family secret and the child capacity of resilience.

In the *case of Petra* (1) parents have forbidden her to have a relationship with Andrew since childhood. Nevertheless Petra has always felt attracted to Andrew; she fell in love and began a relationship with him in secret. Her parents found out and opposed marriage by quarrels, interdictions, penalties and even curses, triggered mainly by the mother. Seeing his daughter's determination to formalize the relationship with Andrew, the father finally confessed the secret reason for which the family opposed. In youth the father had been in love and cohabitated with Andrew's mother, but that relationship ended with strife and violence, followed by a strong enmity between the families of Petra`s and Andrew`s parents. The situation of these families became more interesting when I found out that Andrew 's father (Joseph) was born of a secret relationship between Mary (his mother who was mentally sick) and an uncle in the family of Andrew's mother (Joseph`s wife). The situation shows that children of two generations (Joseph and Andrew) find solutions for their parents` life problems by getting married with descendants of those families with whom their parents had unfulfilled relationships. In this way the family system regains equilibrium (homeostasis). There are remarkable personality traits of the two children. Although born of a secret relationship between a mentally sick mother and a father who do not take responsibility of his actions, Joseph is shown to be a very skilled and valued person in the community for his skills, kindness and beautiful physical traits. In turn Andrew, Joseph`s son, finds solutions for an unfulfilled relationship of his mother, who was in love with Petra`s father. Andrew is an open mind person, enterprising, skilled and with a special kindness. Petra is also an empathetic and intuitive person that always tries to understand and solve problems.

In the next *case Calin* (2) is the third child coming from a modest family of workers. His parents kept secret their attempt to commit an abortion when his mother became pregnant with him. Calin was actually an unwanted pregnancy of his family. It is interesting that this child survives in an unexpected way, after mother`s several attempts to miscarry. At that time abortions were illegal in Romania and many mothers resorted to unconventional solutions in order to cause miscarriage. Sometimes these attempts were fatal not only for the infant, but also for the mother. I noticed that Calin had an extraordinary capacity of resilience. Since childhood he was appreciated by parents for his intelligence, thirst of knowledge, empathy, respectful and supportive behavior for parents and brothers. Calin has the best career path in his family. He is the only one who completed higher education and became a police officer while his brothers are workers with average education. Calin`s resilience lead to a professional ascent. In addition, Calin has a professional career oriented towards investigation, discovery of guilty persons and defense of the victim. The parents are now proud of the child that once they wanted to lose, by denying his right to leave.

In the *case of Corina* (3) her father's family hid a relationship of marriage and violence that was her father`s failure. Marriage was considered a disgrace that stained the honor of man`s parents because his wife had an extramarital affair. Separation occurs rapidly and brutally and this life episode is covered in silence as if it had not occurred: marriage pictures and clothes are destroyed and family members avoid talking about it even when asked. Man remarries and does not tell his new wife about the previous marriage. Corina is born and she has a spectacular professional and social ascent, best in her family. Corina chooses a partner from a different culture with non-violence education based on respect and equality. She gives birth to two children without formalizing a marriage relationship. If the father and his family hid a failed marriage, because of shame and fear of being socially disregarded, Corina builds a family without getting married with her partner. She communicates in this way the importance of feelings for each other, to the detriment of social disapproval and labeling. Moreover, she chooses to be pathologist doctor investigating and elucidating the causes of death or unexpected losses.

In the *case of Bogdan* (4) his father had a secret relationship of love with a prostitute woman. Bogdan`s father was often tempted to divorce in order to marry the young prostitute. The fear of prejudicing his social image prevented him from doing this change. Bogdan does not know the secret explicitly but later he marries a woman who was involved in prostitution, even if he reached a professional career well appreciated in the community. Thus Bogdan legitimizes the behavior of his father by validating a relationship that is socially disregarded.

In the *case of Mircea* (5) the secret is related to the death of uncle Silviu. Parents and grandparents told Mircea that his uncle died accidentally, being shot by a fellow officer who was cleaning his weapon. The officer had pointed the weapon at uncle Silviu by playing and he was unaware that the weapon had been loaded. In 40 years after the incident, Mircea finds out secretly in the night during a discussion between his father and another relative that uncle Silviu was killed by his colleague because he knew about some illegal affairs conducted by police chief together with his colleague. The family hid the incident in secret because of fear of conflict with police authority which could bring more harm on the family members in a communist society. Mircea becomes a well-known person fighting for human rights, developing monitoring actions of public institutions and taking attitude against abuses of public institutions on community members. The family considers that Mircea is the most responsible and professionally accomplished family member. Thus, the system shows a new way of regaining lost equilibrium.

In the *case of Denis* (7) the secret is related to the sexual orientation of male family members (Denis` father and parental grandfather). Both his father and grandfather are homosexual. The grandfather keeps the

secret and his wife (Denis' grandmother) was not aware of it. Their problems of sexual dynamics are solved differently: Denis` grandmother finds a lover and saves the marriage while Denis` grandfather isolates himself more and more and fights his sexual identity. Unlike his grandfather, Denis' father partially accepts his sexual identity. He has homosexual relationships during marriage but hides them from his wife. Thus, Denis` parents find also a way to solve sexual problems. His mother finds sexual fulfillment in an extra-marital relationship and saves the marriage, like his grandmother while Denis` father remains in the family but has secret relationships with homosexual partners. Marital crisis leads them to the brink of divorce. Denis` father is the most motivated to keep the family, by succeeding to keep the secret about own sexual orientation and to save appearances. This is an important issue in a conservative society with many prejudices and stereotypes related to homosexuality. Denis, a very intelligent, open minded and empathetic young man, manages to win the admiration of his family through school and later very good professional results. He has a very good professional ascent and reaches top management positions. Denis` parents worry when he is late to introduce them a girlfriend. A real drama is triggered when Denis discloses his true sexual orientation and tells his parents that is going to move in with his boyfriend. Meanwhile Denis speaks publically about his sexual orientation and even gets involved in the actions of non-governmental organizations advocating for homosexuals` rights. Thus, Denis proves a good capacity of resilience and resolves the conflict of his grandfather sexual identity and respectively of his father, by validating homosexual relationships in his own family, beyond the prejudices and social stereotypes that led his father and grandfather to keep this secret for two generations.

In the *case of Christine* (8), the secret is related to a hidden sexual abuse occurred in her family. Christine's mother (Eva) was sexually abused by her stepfather around the age of 6 years. Eva tries to talk to her mother about the abuse but is not believed. Her mother is intrigued, denies the abuse and discourages Eva in her intention to reveal the abuse. Child sexual abuse continues with the secret approval of her mother. Eva hides the secret and begins a new life when she builds her own family. Eva gave birth to her daughter Christine but soon after that she loses her husband in a car accident. She decides not to get married again because was afraid of another abuse against Christine. It follows a very difficult time for Eva who becomes a single mother with very low income. Therefore Christine has a tough childhood and is concerned to get good grades in school and succeed in life. Even during school she starts working in order to help her mother with her share of the expenses and to be financially independent. Christine proves good resilience capacity because of the successful ways to face difficult situations in life, to improve social status and to get recognition at workplace. After completing higher education in psychology, Christine specializes in the work with children and supports sexually abused children within an organization that defends children`s rights. Thus, resilience does not only help Christine to succeed in life but also to find positive solutions to abuse and injustice that affected her mother, and implicitly the whole family system.

In the *case of Rares* (9), he discovers the secret of his parents while working on a biographical book about his family. Being always influenced by his dominant and authoritative father who was a respected teacher in his village, Rares starts a university career and reaches the highest level as *professor doctor*. His father was born also in a family of teachers who have advised him to follow the same professional career that was associated with social prestige in the Romanian rural culture. Rares` father has started higher education but it is a secret the fact that he did not graduate because of many failed exams. The secret is not revealed to parents or children. Even so, Rares` father promotes himself as having this status, taking advantage of the fact that he could be a teacher in the village even with average education. Rares` mother is the only one who discovers the truth but does not share it with Rares until after the death of her husband. Rares proves a good resilience capacity because of outstanding academic achievements by reaching a high professional level and being more determined and with better performance than his father. Thereby Rares not only evolves professionally but he also accomplishes the professional aspiration of his father.

Conclusion

Several case studies of the families that hide important secrets with life problems reveal great personality of children who achieve to restore equilibrium of family system thanks to their capacity of resilience. If we speak about resilience mostly when the person is directly and explicitly affected by adverse stimulus (eg. abuse, loss), in the case of secrets the person is indirectly and implicitly affected. The link between children`s resilience and family secrets is even more interesting if we understand the ambivalence of the messages communicated through secrets. On the one hand, the family wants to protect the child against the emotional impact of past life problems and on the other hand, this behavior leads only to the child exclusion from the family trust sphere, and the child is implicitly affected by it. Thus, child exclusion increases implicitly his capacity of resilience, by determining significantly his destiny and own personality assertion.

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Promotion de la résilience familiale dans les espaces éducatifs et récréatifs hospitaliers

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Abstract

The care for children and their family in hospital involve the integration of formative, educational and recreational proposals that contribute to encourage the participation of parents and child to develop resilience in a situation of disease. Spain integrates family in different hospital wards with technology use, as CiberCaixa Hospital Program, supported by the "la Caixa" Foundation in pediatric hospital. Their aim is to provide fun and education for family. We present the results of qualitative research on the impact of this program for families and children. We note significant benefits for families who enjoy the space successfully, emphasizing its role as a source of entertainment, relationship and emotional support to help them cope with the disease. Even from the point of view of work in the classroom is considered the care of the family of a resilient perspective as a mutual enrichment.

Keywords: teaching hospital, CiberCaixa hospital rooms, hospital classrooms, family resilience, health education, children with disease.

Introduction

La présence d'une maladie chronique dans l'enfance provoque un grand impact émotionnel sur la famille [1][2][3][4]. L'hospitalisation représente pour les enfants la séparation des personnes qui leur sont proches, le séjour dans un environnement étrange, la douleur, le manque de confort, la peur de la mort, des changements dans les relations avec la famille. Ce sont tous des facteurs qui contribuent à produire une situation de stress qui varie selon le stade de développement de l'enfant [5]. Les modèles de soins intégraux centrés sur la famille sont appliqués avec succès à l'échelle internationale. Ils impliquent la famille dans les actions de soins et proposent l'intégration de propositions de formation, d'éducation et de récréation qui contribuent à promouvoir les compétences parentales et à développer la résilience infantile en situation de maladie [6][7]. L'intégration des deux points de vue : le modèle centré sur la famille et l'approche résiliente se révèle pertinente [8]. Walsh se réfère aux «services centrés sur la famille et qui se basent sur ses points de force» comme une évolution d'un modèle basé sur le déficit à un modèle qui se concentre sur l'exploitation de ressources, d'un modèle basé sur l'individu à un modèle axé sur la famille, et de la fragmentation des services aux services holistiques. Le développement parental transforme la famille en gardienne et promotrice de la résilience infantile, ce qui constitue un facteur de protection qui permet un développement sain de l'enfant [9]. La résilience familiale aide à réduire le poids du stress sur les familles dont un membre souffre d'une maladie chronique et permet de garder «des niveaux optimaux de fonctionnement et de bien-être en équilibrant les ressources et les besoins de la famille» (page 103) [10]. Cette approche permet d'améliorer les facteurs de protection et de réduire les risques pour l'adaptation positive à la maladie dans chacun des membres de la famille. Il faut remarquer l'importance des ressources psychologiques de la famille et des facteurs de protection et de prédiction qui favorisent l'adaptation à la maladie [11]. Les soins hospitaliers pédiatriques se concentrent de plus en plus sur des modèles de soins intégraux concernant l'amélioration de l'humanisation, où une importance majeure est accordée au développement des activités éducatives et récréatives pour le bien-être et la qualité de vie des patients pédiatriques, aussi bien qu'à l'espace physique dans lequel cette humanisation se développe. La pédagogie hospitalière vise à répondre aux besoins éducatifs, de psychoéducation et récréatifs à partir des différents domaines d'intervention à l'intérieur et à l'extérieur de l'hôpital [4] [12]. Ce type d'action s'est élargi à l'échelle internationale afin de garantir les droits fondamentaux et les droits à l'éducation et à la santé. En Espagne, on a intégré des espaces éducatifs et récréatifs, dotés de moyens technologiques pour les patients pédiatriques et leurs

familles dans les différents services d'hospitalisation. Nous allons présenter les résultats liés à l'action de la CiberCaixa hospitalière destinée aux familles. L'objectif était de déterminer la perception des familles sur les avantages de cette ressource, et le point de vue des enseignants des salles de classe de l'hôpital, sur le travail avec les familles.

Méthodologie

Il s'agit d'une étude qualitative dans laquelle 36 familles d'enfants (6-12 ans) ou jeunes hospitalisés (12-18 ans) ont été interrogés. Les familles participant à la recherche ont été sélectionnées par échantillonnage non probabiliste. Les CiberCaixa hospitalières ont été sélectionnées sur la base de l'accessibilité et proximité des centres hospitaliers à évaluer, faisant partie de différentes Communautés Autonomes: Catalogne, Pays Basque, Aragon, Madrid, Murcie et Valence. On a cherché à inclure des centres des deux modalités de la CiberCaixa hospitalière: l'espace partagé de CiberCaixa avec des salles de classe de l'hôpital et l'espace unique. On a fait participer à l'étude des familles avec au moins trois enfants et deux adolescents qui ont fréquenté au moins une fois un des espaces. L'analyse des informations obtenues a été réalisée en utilisant le logiciel Atlas.ti.

Résultats

1.1 Bénéfices de la CiberCaixa hospitalière pour les enfants, les jeunes et leurs familles

En général le niveau de satisfaction à l'égard du centre et des activités développées dans l'espace est élevé. Les parents considèrent que c'est un endroit de récréation qui leur permet de s'éloigner des nombreuses préoccupations concernant la maladie.

« C'est un endroit de récréation pour les parents et les enfants et un bon moyen pour se détendre sans penser à l'hôpital » (Hôpital La Fe, Valence).

Ils considèrent ce centre comme un espace éducatif. Ils apprécient également la possibilité éducative que leurs offrent les ressources disponibles, en tant que complément des salles de classe de l'hôpital. La disponibilité de ressources technologiques leur permet l'accès aux ressources éducatives, récréatives et de la communication. La possibilité d'établir des relations avec d'autres personnes est un support pour la famille aussi bien qu'un élément de socialisation.

« C'est une porte ouverte à l'information qu'ils veulent (...) » (Hôpital Donostia. Pays Basque).

Il est considéré comme un espace de relation. La possibilité d'interaction avec d'autres personnes représente un soutien pour les familles et un élément de socialisation pour les enfants. Il est estimé comme un lieu de relation sociale et entre pairs (soutien social informel).

« C'est très bien d'entrer et parler avec beaucoup de gens » (Hôpital Niño Jesús, Madrid).

« .....c'est bien qu'ils puissent interagir et partager leur expérience avec d'autres enfants qui sont dans la même situation » (Hôpital La Fe, Valence).

De leur côté, les familles pensent que cet espace encourage l'expression des sentiments et améliore l'humeur des enfants et adolescents, en les aidant donc dans leur évolution et dans l'adaptation au séjour à l'hôpital.

« Je conseillerai sûrement la CiberCaixa car elle est très utile aux enfants, c'est un changement appréciable. C'est un endroit qui contribue à leur santé, où ils se sentent bien en compagnie de leurs parents. Elle permet d'oublier où on est et la maladie, c'est un endroit un peu plus "normal" » (Hôpital universitaire de Móstoles, Madrid).

Les familles perçoivent que cet espace les aide à faire face à la maladie et à l'hospitalisation, à mieux vivre le temps du séjour à l'hôpital. Il permet de faire face au processus de la maladie et de l'hospitalisation.

« C'est l'une des meilleures aides au service des enfants et des familles. Ça les aide à assumer la maladie autrement » (Hôpital La Fe, Valencia).

1.2 Perception des enseignants universitaires en ce qui concerne l'action avec les familles

La salle de classe à l'hôpital est un lieu d'activités éducatives pour les enfants hospitalisés, pour la période durant laquelle ils sont incapables de fréquenter leur école d'origine. Bien que traditionnellement l'activité suive un programme, la priorité est de répondre également à d'autres besoins, découlant de l'état émotionnel et de la santé de l'enfant. Tout en étant une ressource pour les enfants et les jeunes, les enseignants et les enseignantes qui suivent les classes entretiennent une relation étroite avec les familles, qui est conçue comme une occasion d'interagir avec elles, offrant un soutien et des conseils. De ce point de vue les enseignants interrogés donnent la priorité à la santé et au bien-être dans tous les moments de l'unité familiale.

« L'objectif est de rendre agréable le séjour et de faire en sorte que le fait d'être dans un hôpital et d'être malade ne soit jamais traumatique » (interview avec une enseignante, Hôpital universitaire de Móstoles, Madrid).

« L'objectif principal de notre travail est la santé et de faire en sorte que l'enfant oublie la situation dans laquelle il se trouve..... le plus important c'est qu'il puisse oublier la peur et l'angoisse : de la chambre, du médecin ou de l'aiguille qu'il a implantée dans une veine » (interview avec une enseignante, Hôpital Doctor Trueta, Girona).

Les professionnels de la classe considèrent les aspects émotionnels très importants, et pour cela ils développent un travail en classe pour améliorer le développement de compétences émotionnelles ; ils sont donc très sensibles à cette tâche.

« On s'occupe aussi des aspects émotionnels, beaucoup plus importants que ceux du programme : on encourage toujours a exprimer ses sentiments, car cela est très important pour que les enfants puissent se sentir mieux et surmonter la maladie. Il faut considérer aussi l'humeur de l'enfant, l'encourager, le valoriser et contribuer à son autoestime… » (interview avec une enseignante, Hôpital universitaire de Móstoles, Madrid).

Du point de vue de la résilience ils misent sur une attitude positive, à partir du potentiel, un aspect qu'ils développent dans leur travail éducatif quotidien.

« Par conséquent, la partie émotionnelle n'est pas "je me sens mal quand..." mais "je suis à l'aise quand ..." *»* (interview avec une enseignante, Hôpital La Fe, Valence).

En général ils considèrent que la relation avec les familles à partir de l'école de l'hôpital est très positive aussi pour leur développement professionnel, ce qui représente un enrichissement mutuel et contribue à l'établissement d'un lien. D'autre part, cela les aide à mieux comprendre les enfants et les jeunes qui la fréquentent. C'est une relation éducative basée sur l'accompagnement, elle sert de soutien informel et c'est une forme de médiation entre la famille et les professionnels de la santé.

« On essaie de les soutenir dans la mesure du possible et on les écoute quand ils ont besoin » (interview avec une enseignante, Hôpital Donostia, Pays Basque).

« Surtout, on collabore avec les personnes qui s'occupent des soins médicaux, en les informant des craintes et des doutes que les familles expriment, afin qu'ils puissent donner une réponse en cas de besoin » (interview avec une enseignante, Hôpital Donostia, Pays Basque).

Discussion et conclusions

La CiberCaixa hospitalière est une ressource intégrée dans la dynamique hospitalière qui offre de nombreux avantages. Elle est perçue comme un espace de distraction qui permet de se détacher de la situation, de se détendre et de se reposer en brisant la monotonie du séjour à l'hôpital. Elle représente pour les familles un endroit d'évasion et est considérée comme un espace éducatif. Les relations interpersonnelles offrent la possibilité d'établir de nouveaux liens e de partager des activités. On a mis en relation le soutien social de la famille et des pairs avec une meilleure adaptation à la maladie[14]. D'autre part, la salle de classe représente un espace de soutien affectif, de normalisation et de répit, contribuant au bien-être de la famille en général. On a constaté que le soutien de la famille dans une situation de maladie d'un enfant représente un élément de développement et de création de nouveaux liens, pour grandir et surmonter le traumatisme, dans ce cas, la maladie[15]. Dans l'ensemble, les bénéfices reçus par les familles offrent l'occasion de vivre l'hospitalisation de façon moins traumatisante et favorisent une meilleure adaptation à l'environnement. À partir de la salle de classe de l'hôpital on observe la relation avec la famille comme un élément nécessaire et une occasion d'enrichissement mutuel. La réalité de l'action dans ces espaces soulève la nécessité de s'adapter aux changements, en privilégiant l'amélioration du bienêtre émotionnel, avant d'autres besoins. De ce point de vue, on propose un modèle d'intervention multidimensionnel axé sur l'unicité de la famille et de ses besoins[15]. On peut en conclure que les espaces éducatifs et récréatifs permettent de s'occuper de la famille dans une perspective de résilience en renforçant les facteurs de protection qui peuvent contribuer à mieux faire face à la maladie, d'une manière à la fois cognitive et émotionnelle, à travers le développement de compétences émotionnelles, de la créativité, de l'amélioration du lien affectif et du soutien de l'entourage. Cette perspective aide les familles à se sentir plus capables de vivre avec la situation défavorable, améliorant considérablement leur bien-être et qualité de vie.

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Family leisure as a factor of resilience: how can we improve it within a context of residential care? Youths´ perspectives

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Abstract

The scientific literature recognizes family leisure as an individual and familial resilience factor. This fact is justified because family leisure provides a lot of benefits; it increases communication between the members of the family, creates memories which contribute to fortify the group identity, promotes well-being and positive relationships, etc. Due to these reasons, it is considered a protective factor.

In Spain, there are different alternatives for the welfare of children at risk: fostering in residential care, kinship foster care, non-kinship foster care and adoption. The present study is focused on residential care.

This research shows the opinions and suggestions of young people about family leisure in a context of residential care. The design of the investigation was qualitative and the data were collected by means of 21 interviews and 5 focus groups, with a total of 43 youths at risk (most of them had been living in foster care).

The youths who were interviewed appointed many ways of improving family leisure in residential care, such as the following suggestions: to use different rooms and places in the centre to try promoting family memories, to think and talk about future activities, to do activities that provide the opportunity to get to know each other better, etc.

In conclusion, family leisure is a resilience factor which can be improved in residential care, and this research provides some strategies to achieve this.

Keywords: Family leisure, resilience, residential care, youths´ perspective.

Introduction

The scientific literature recognizes the fact that family leisure provides many advantages to the family. Some authors mention these benefits, a lot of them related with resilience, such as encouraging the followings aspects: family closeness, bonding, cohesion, well-being, family functioning (Zabriskie and Freeman, 2004); communication, group feeling and group identity (Cuenca, 2005); personal and familial satisfaction, positive familial memories, familial stability (Cuenca, 2012); abilities to resolve problems (Wells, Widmer, and McCoy, 2004); affection, kindness, trust and support between family members (Huff et al., 2003).

According to the literature, family leisure is considered a parental competency (Balsells et al., 2013), a sign of quality of life (Somarriba and Pena, 2012), an aspect of positive parenthood (Rodrigo, 2012), a protective factor and a characteristic of resilient families (Hidalgo et al., 2009; Rodrigo, 2012).

However, Zabriskie and Kay (2013) point out that the perspective of the researchers has been focused on adults´ voices of "traditional" family types (families composed of married heterosexual parents living with their biological children). For this reason, there is a lack of theoretical underpinning about families at risk, including families with youths who have lived through a process of foster care, and only a few recent investigations include children´s perspectives.

Methodology

The principal aims of this research are two: to find out the elements which influence the family leisure in a residential care context, and inquire how young people believe this type of family leisure can be improved.

The research has been based on a qualitative methodology, using 5 focus groups and 21 semi-structured interviews.

The sample was composed of 43 youths at risk between 11 and 21 years old (44% were women and 56% were men). Of them, 30 were youths who had been living in a foster care situation and 13 were youths who lived with a family at risk but had not lived through a foster care process.

The analysis was made though the technique content analysis using the program Atlas.ti.6.1.1.

Results

The interviewed youths explained that the principal strategies to improve the family leisure could be:

- *Increment the frequency and duration of the visits/meetings*: If the youths do not see their relatives, they cannot spend leisure time with them. It is very important to meet the relatives frequently (in their opinion, at least once or twice a week) because if they have more time for the meetings, they can do more leisure activities. In their opinion, one or two hours is not enough to do any activity. Moreover, they say they are not relaxed during the activities because during the meeting they are thinking about the time to say goodbye. They suggest to educators that they could have more flexible timetables and give more facilities to the families.
- *Pay attention to the environment*: the youths think that educators should not be present at the visits because it hinders the natural relationship between the members of the family. They feel observed and this is uncomfortable, so they do not do natural leisure activities, especially the younger children. They also commented that they do not like the rooms where they have the visits. They say they hate the mirror of the room because they know that there are people behind it watching them (even, some youths say they can hear the speakers). They explain that if supervision is necessary, it would be better to use a recorder, to try to hide the mirror or reduce its size (not a mirror as big as the wall, as is sometimes the case). Moreover, they say there are no resources in the rooms (toys, games,...) or that there are not enough.
- *Offer an alternative place for leisure activities:* The youths prefer to have the meeting/visit in another place in the center, not always in the same room (for example, in the playground). But, overall, the youths prefer to do leisure activities out of the center because when they go out, they can do more things than inside the center (as go to the park or have a drink). Moreover, they say that they would like to go out not only during the last visits of the process, but the first ones too.
- *Use leisure time not only for pleasure or fun*: Use leisure time to encourage communication and affection between the members of the family, to improve the family cohesion and to fortify family memories (for example, through activities showing photos or activities to know each other better).
- *Doing different activities*: The youths do not want to always do the same activity, and they suggest activities such as doing sport, travelling, going to the park/beach/swimming pool/cinema/zoo/..., going shopping and visiting their extended family.
- *Informing the youths about plans and taking into account their preferences and characteristics*: Some youths prefer to talk about the future calendar, duration and activities, etc., and be informed by their parents, not by the professionals. In the same way, the youths would like adults to take into account their opinions, suggestions, age, gender and preferences to choose leisure activities.
- *Do leisure activities with their siblings*: Most of them do not see usually their siblings and they really would like to do activities with them.
- *Show real interest for their leisure needs*: The youths say it is important doing activities because all the members of the family really want to, and not just for commitment. However, they suggest that the educators show real interest in their leisure needs, listening and helping them with their petitions.

Conclusions

Family leisure is recognized as a strategy to promote resilience. The youths interviewed in our study want more leisure time and think that this type of leisure can be improved, giving us different suggestions.

The next step in the research is to carry out further studies on this topic and check if these suggestions can achieve this.

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Emotion recognition, family patterns and resilience factors in psychotic patients' families

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Abstract

Introduction: Emotion recognition, framed by the family emotional pattern, although it is not necessary impaired quantitatively, it may become a way to study resilience qualitatively. Seeing it as an ability developed in a family context, it indicates aspects that contribute to recovery, constructing both personal and family resilience.

Objectives: The determination, study and evaluation of family emotional patterns and the resilience factors in the presence of a psychotic disorder.

Material and methods: A descriptive study on a group of 25 subjects that have a family member diagnosed with a psychotic disorder was developed. The evaluated person has a caregiver role in the family setting. A photo set was applied (Paul Ekman's Emotions Revealed Photo Set) for the quantitative evaluation of the emotion recognition ability. A questionnaire with open questions (created by the authors) that evaluate qualitatively emotional patterns in the family and resilience factors was also applied.

Results: In terms of quantitative evaluation, the most recognized emotion is happiness (84%) and the least recognized emotion is contempt (8%). Qualitatively, emotions are important in the family frame, being described as a way of relating to others. To these families, the most negatively perceived emotion is contempt and the most accepted emotion is happiness – results that appear to be correlated with the quantitative evaluation.

Conclusions: Emotional family patterns may intervene in the psychotic pathology's evolution. However, considering that we assessed the families after the onset of the psychiatric disorder, we cannot ignore that the pathology itself shapes the emotional responses.

Keywords: Emotion recognition, Family emotional patterns, Resilience, Psychotic pathology

Introduction

Emotions are a large area of the human experiences and are defined in a simple way as the drive that controls behaviour. They are processed in the limbic system of the brain. Emotions can be regulated, and so humans can control their own actions and thoughts through reason. We are not slaves to our emotions but we do have to see them as they are: a very important part of us and an important part of our behaviour.

Emotion is a well-known term and it refers to a multifaceted answer to a situation that for the subject has meaning and it leads to modifications in the subjective experience, behaviour and physiology.

The sociology theory of emotions affirms the fact that emotions are social or cultural artifacts build by the participation to social roles or situations. [1]

The systemic family therapy provides the theory that people are formed to recognise social roles, act according to certain patterns, form their own beliefs and moral norms, and understand the world that they live in, including emotional patterns, through the family system, their family of origin and their present family.

Results of a major meta-analysis confirm that for child- and adult-focused mental health problems and relationship difficulties, family therapy is effective [2]. The average treated case fares better than 70% of untreated control cases. [3]

Emotion recognition is considered part of the social cognition of an individual. This ability is impaired in people with psychotic disorders and in their first degree relatives with high risk for psychosis. [4] This

provides a biological explanation of the genetic vulnerability to the systemic family therapy theory that sustains our combined assessment attempt.

An approach in evaluating emotions is a new concept in the study of psychiatric disorders and a combined study (qualitative and quantitative evaluation) is rare and offers the opportunity to raise important questions.

Objectives

The main objective is to evaluate the social cognition's component, emotion recognition, and how it is affected by a psychotic disorder present in the family system.

We try to analyse how this ability is impaired qualitatively and also quantitatively in relatives of a person suffering from a psychotic disorder.

Another objective is to evaluate the resilience of the family seen through the evaluated person's eyes. The opinion of the evaluator is also taken into consideration in our study.

A correlation between the qualitative studying of emotions and the quantitative one is attempted.

Material and methods

A group of 25 subjects is evaluated. This group contains 11 mothers, 6 spouses, 3 sons/daughters, 2 sisters, one father, one uncle and one cousin of the psychiatric patient.

The group is composed from 8 males and 17 females with the age between 25 and 70 years and an average of 49.24 years of age.

From the educational level point of view 9 subjects have superior education, 8 finished high school, 4 have post high school courses, two had 10 years of education and two had less than 10 years of education.

The duration of the referred psychiatric disorder in the family varies from one year to 33 years with an average of 10.04 years duration.

Five subjects had a psychiatric diagnosis, 3 reported their diagnosis as a reaction to the stress caused by the psychosis in the family and the other two had a pre-existing history.

For the quantitative evaluation the Emotions Revealed Photo Set (Paul Ekman) was used. This set includes one neutral expression and two each of the seven different emotions (anger, surprise, contempt, disgust, happiness, fear, sadness). [5] The pictures were shown one by one and subjects were instructed to indicate an emotion proper for each image. There was no time limit imposed and there were no possible answers from which the subject could select a correct one.

For the qualitative evaluation part of the study a questionnaire was developed. The questionnaire has four parts.

The first part refers to general information about the subject, the psychiatric disorder and the subject's relation to the psychiatric patient.

The second part of the questionnaire regards emotions and mainly how these, quantitatively evaluated emotions, are perceived subjectively, and what meaning is assigned to them.

The third part is the last part of the questionnaire in which the subject is involved. It evaluates the family's level of adaptation to the disorder and what changes have occurred after the onset of this disorder. In other words it evaluates the family's resilience.

The last part is addressed to the evaluator and regards his subjective opinion about the resilience of the family.

The questions were read by the evaluator and each answer was noted on the paper also by the evaluator, word for word.

Results

1.1 Quantitative evaluation for emotion recognition

In the first of two parts of this study a quantitative evaluation on the ability to recognise emotions is made. The subjects recognised between 4 and 10 images with an average of 6.88.

The most recognised emotion is happiness (it was recognised in 84% of the situations) and the less recognised emotion is contempt (8% of the situations).

In Table 1 the results are showed for all emotions evaluated. The percentage represents the situation in which the emotion was recognised from all possible situations.

Table 1 – Emotion Recognition Rates

Happiness	Surprise	Fear	Sadness	Anger	Disgust	Neutral	Contempt
84%	70%	50%	38%	38%	36%	20%	8%

1.2 Qualitative evaluation

The second part of the study represents a qualitative evaluation of several subsections mentioned below.

1.2.1 Emotions

The first question in this section is whether emotions are important or not for the members of the family (family that includes the psychiatric patient) and why. The themes followed are: emotions perceived positively or negatively, along with their importance in the family frame. The majority of the subjects considered emotions important (23 out of 25). While 11 considered that emotions are positive, 9 considered emotion as negative and 5 gave a neutral answer.

The next seven questions force the subject to divide happiness, surprise, fear, sadness, anger, disgust and contempt as being shameful or acceptable in their family frame. The most accepted emotion is happiness (all subject consider happiness as being acceptable in the family frame). Surprise is also largely accepted (24 out of 25). The least accepted emotion in the family frame is contempt (6 out of 25) with anger coming second (14 out of 25).

The next two questions try to define an emotional atmosphere in the family, also defining how the investigated subject feels most of the time.

subjects define their family as being mostly sad (8 out of 25) or happy (7 out of 25) and only 3 saw their family as being angry, 3 surprised, 2 considered their family as being fearful and one subject defined contempt as the main emotion expressed in the family.

When asked about their own emotions, subjects define themselves as being mostly sad (11 out of 25) or happy (8 out of 25) and only 2 were feeling angry, one felt fearful and one surprised.

The next two questions refer to the emotional support in the family. The first of the two asks about the permission for emotional expression and emotional support in the family, and the second asks about perceived emotional freedom and if that freedom is perceived as a support from the family or not.

Out of 25 subjects, 16 felt they could express their emotions in the family frame but only 9 felt support in this regard from the family members. Also, 19 out of 25 felt that the family is a support because of the emotional freedom they perceive in this frame.

Next, the subjects were asked about a change they would make about themselves, the patient and two other family members of their choosing: 17 out of 25 subjects would change something regarding themselves as a person and only 6 wanted to change something about their way of socializing.

The changes desired for the psychiatric patient were mostly regarding his/her way of socializing, communication skills (11 out of 25) and regarding his/her disorder (6 out of 25).

Regarding what is to be changed in the other relatives of the subject's choosing the main theme is increased support (33 out of 50).

1.2.2 Resilience

The first two questions of this section try to evaluate the subjective opinion of the examined subjects about their family resilience. The first tries to evaluate the ability to adapt of the family and the second tries to evaluate the ability to cope.

The ability to adapt is evaluated in two ways, if the family is considered to be fast adaptable or not and if it adapts well no matter how fast.

Subjects see their family as not adapting fast to a stressful situation (16 out of 25) and 14 out of 25 consider their family inadaptable.

Considering the ability to cope the majority of the subjects see their family able to cope to any stressful situation (23 out of 25).

The questionnaire tried to evaluate the perceived ability to positive reframing of the psychiatric disorder present in the family but with taking into consideration the negative influences of it.

Only half of the examined subjects considered their family to have reframed the psychiatric disorder positively (12 out of 25), and 14 out of 25 took into consideration concrete negative situations caused by the disorder.

20 out of 25 considered the psychiatric disorder a change factor in the family frame.

1.2.3 Evaluator's subjective opinion

The evaluator was asked in the last section to evaluate the family after applying the questionnaire to the subject regarding resilience.

17 out of the 25 families were considered to be resilient by the person that applied the questionnaire.

Conclusions

Emotions seem to be an important factor in the family frame, but are seen often as having a negative impact if expressed.

The accepted emotions seem to be the ones most often recognised by the subjects and the less recognised emotions are also the least accepted.

The atmosphere in the analysed families is perceived as being mostly sad or happy but when asked if they would change something in their relatives they often mentioned the necessity for calm, suggesting a more active atmosphere than the one mentioned.

The subjects feel mostly sad or happy in comparison to the other emotions evaluated.

The majority of subjects feel emotional support exists in the family frame and consider that their family permits the expression of emotions.

Subjects feel they would need more support from the members of their family regarding the psychiatric disorder and feel the need to change the way in which the patient socializes or communicates, suggesting a deficit in social cognition present in the psychotic patients as described in the known literature. [7]

The subjects feel that their family is resilient, having the ability to cope and adapt but in the process of reframing an assistance is probably needed to achieve good results.

The opinion of the evaluator is in concordance with the subjects and considers the families as being mostly resilient.

Discussions

The first question about the study is if the evaluated group is representative for their families. All the subjects in the study were the ones that assisted the patient to every psychiatric consultation. The caregiver role is a burdening role to have inside a family and it provides special status and a certain way of seeing thing that might not be shared by the other members of the family. An evaluation of at least two members of the same family would have provided more details.

The group is formed mostly by women, suggesting that the role of the caregiver in the families is socially reserved for women.

The presence of a control group would underline the particularities for the evaluated subjects regarding all sections.

The need for emotional education emerges from the study and it raises the question if it would help in the process of becoming resilient. Also the low number of families that succeed to integrate the experience of the psychiatric disorder in the family suggests the necessity of some psychotherapy for the family, when such an event occurs.

A connection between what is accepted and what we are able to recognise is underlined. The question arises if some form of education in the family is necessary in order to be able to integrate and accept emotions perceived as negative.

Because the request for a better support from other members of the family is expressed, a higher level of involving the family in the treatment of the psychiatric patient seems adequate.

To see how the atmosphere in the family affects the psychiatric patient, an evaluation on his perceptions regarding this aspect seems necessary.

Resilience might have been either under evaluated because the most stressed person from the family was evaluated and he might have seen in a more negative way than in reality, or it might have been over evaluated because the level of implication and concern is high in the subjects evaluated and they might have projected on the other family members some of the positive ways of seeing things that their relatives might not agree on.

Limitations of the Study

The first limitation of the study is the low number of subjects and the lack of a control group to compare the results with. The gender rate is unbalanced: in the group women have the majority.

To determine family patterns the whole family must be evaluated, not a single member of it.

To evaluate resilience, a level of gravity and exposure to the stressful event must be established. It would have been useful to evaluate the psychiatric disorder also.

A level of subjectivity in the qualitative research is impossible to avoid.

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Modelling resilience in the family – a systemic perspective

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Abstract

Child life-threatening pathology tests not only the family's capacity to adapt and the professional environments in which the child is cared for, due to the severity of the illness, the duration of treatment and the risks and secondary effects that are involved, but also due to the psychological impact such a diagnosis has.

Grieving for the loss of the ideal child, the limitations imposed by the disease and its treatment, the inherent existential coordinates of the oncology illness, all exert pressure on the coping resources of the individual, family and institutional contexts.

Froma Walsh in her research on resilience says value systems, communication styles, and the capacity for effective resolution are ingredients of family resilience. Philippe Caillé mentions that in this context, the therapeutic relationship can become an "epistemological dance" in which personal resilience inspires, catalyzes, and models context resilience.

The presentation analyses this process in interviews taken in a individual, family, and institutional context, aiming the way in which resilience is built at these levels, as well as identifying modalities in which the process of assisting child life-threatening disease can be improved.

Keywords: life-threatening disease, mourning, resources, change, resilient context.

Introduction

This paper was based on the authors' experience as volunteer counselors in the Onco-Hematology clinic of the "Louis Turcanu" Children's Hospital in Timisoara, Romania. While research brings significant insights into the effect of psychological assistance for families undergoing child cancer treatment, this paper relies mostly on clinical observations and interviews with patients and staff. Research-oriented and evidence-based family therapy is a project that will be developed in the future.

Our theoretical framework is based on systemic family therapy, which offers a broad perspective, focusing on multiple levels. The starting point is the individual as part of its family system (in this case, the child diagnosed with cancer and his/her nuclear or extended family; in the clinic, the child is admitted with a relative, usually the mother or grandmother). At the same time, this perspective allows for a systemic analysis of the organization (in our case, the medical staff involved in the treatment of these children and the clinic itself).

Child life-threatening pathology and the impact on the family system

Life-threatening pathology in children can take many forms, from acute pathologies that can be fatal, like pneumonia, meningitis or acute dehydration syndrome, to chronic pathologies, such as HIV infection or AIDS, kidney failure, cardiac malformations, or cancer. The focus of this paper will be on children diagnosed with cancer. Cancer treatment in children is long term, ranging from a few months to more than a year or even longer in the case of relapses or the type of disease. During treatment, the child is admitted to the hospital with a caretaker, and can spend there months at a time, with very short home leaves. During that period, the child will undergo invasive medical procedures, oftentimes surgical interventions, chemotherapy and/or radiotherapy, which can have serious side effects, like loss of hair, lack of appetite, an altered general condition. At the same time, during the treatment the patient can develop related pathology, affecting the brain, leaver, kidneys, skin etc.

Delivering a diagnosis of cancer represents the starting point of the crisis for the family. Usually the mother is admitted in the hospital with the child, which means she becomes the primary caregiver of the child, leaving her job for quite a long time, leaving the other children (when there are other children in the family) in the care of the husband or the extended family. Patients come to this hospital from all over the country, which means that the contact with the rest of the family is kept mostly via technological means – by phone, email,

instant messaging, video chat – since frequent direct contact is impossible. This way the couple relationship suffers and parental responsibilities take up most of the time for the couple. Parent-child relationships change, due to the child vulnerability, and overprotection can be a normal reaction by the parents for the sick child. This can result in regression for the child and/or a privileged relationship with the child-patient, while the other children in the family have less parental involvement. If the child is going to the kindergarten or to school, socialization with peers in the school is interrupted until the end of the treatment. Not only the child undergoes an invasive medical treatment with serious side-effects, but he is removed from school and home, losing peer contact and the socialization process and less contact with his/her siblings and extended family, resulting in less support.

Having a child with such a serious disease can generate feelings of powerlessness and helplessness for the parents. Oftentimes we have heard parents saying that they would prefer to be sick themselves, that it would be easier for them. These feelings can make a parent more prone to developing underlying vulnerabilities, like alcohol consumption or substance abuse. Facing tremendous challenges, avoidance can be a reaction, and the parent can even abandon the family. People handle sorrow and negative emotions in different ways. This may result in extramarital affairs and even in the dissolution of the couple. Thus, the entire family goes through a crisis when a child is diagnosed with cancer.

The Hospital becomes in this context a "second home" for the child. For young children, the Hospital is the place where they make the first steps or learn to speak. It is the place where children make friends with other patients, with whom they shared a room for a while. For their mothers, the Hospital is a place of sorrow and hope, a place in which they live for months at a time, hoping for healing, but fearing fatality, having an uncertain prognostic. In order to create a family-like atmosphere, the Hospital created a separate center, which is called The Family Center. Here mothers and children can live in a family-like environment. At the same time, the Family Center is a place in which mothers can socialize with each other, they can support each other and have a sense of a community. The Family Center is a place of rest, space, and going back to the domestic life – washing, cooking, cleaning, which represents a different space than medical procedures. This way, the center can be a resource in family resilience.

One of the most difficult tasks for the families of children undergoing cancer treatment is dealing with the possibility or the actual death and loss of the child. Even with medical advances, sometimes the disease is so advanced (it is either diagnosed late, or advances very quickly), or the child's body cannot fight anymore due to biological depletion and there is little to do for saving the patient. Fear of loss of the child is spread towards the entire treatment process, and news of other children's deaths is something that is strongly lived by every mother in the Hospital. [5] describes individual mourning process, which was portrayed in what they call a Grief Time Line. The authors state that the grief process can range from 0 to 42 months, going through three phases – shock, disorganization and reorganization. They also integrated in their model Worden's task integrated mourning at the individual and family model, which are the challenges that each phase brings. Even if following the families after the death of the child is something that is out of reach for the hospital, we have often seen families go through similar stages after the diagnosis of a child.

We have seen until now the effects of child life-threatening pathology on both the child and the family system of which the child is part of. We will focus within the next chapter on resilience and means an individual and a family can overcome difficulties.

Family resilience

Family resilience is defined as "the ability to withstand and rebound from disruptive life challenges" [1]. A later definition adds "to rebound strengthened and more resourceful" [4]. Resilience results in positive adaptation in the face of crisis and chronic stress. While the crisis directly affects one person in the family (in our case the child diagnosed with cancer), the consequences will impact the entire family, as discussed above. In a similar manner, there are factors which mediate recovery of the family system as a whole and its individual members. As a result of a crisis, a resilient family will not only survive, but thrive, develop new insights, new meaning, new abilities to cope in the face of future challenges, reappraise relationships and investment in people. An intervention model focuses on activating the strengths of the family, rather than the deficits, in order to foster recovery and growth.

Walsh developed a model of building resilience by focusing on three domains of family functioning: family belief systems (making meaning of adversity, positive outlook, transcendence and spirituality), organization patterns (flexibility, connectedness, social and economic resources) and communication processes (clarity, open emotional expression, collaborative problem-solving) [1].

Speaking about positive outcomes following a traumatic event, Tedeschi and Calhoun in [2] introduced the concept of post-traumatic growth, defined as "the perception of positive changes in the aftermath of an event initially perceived as being negative". In their opinion, growth and positive changes can be seen in the following areas: interpersonal relationships (positive significance of friendship and family), self-perception (better

acceptance of self and limitations) and philosophy of life (appreciation of small things, but also a deeper understanding of spirituality and religion).

Kubler-Ross considers loss to be a catalyst for growth and understanding [6]. She wrote that studying human beings facing death and loss, is a way in which one can learn the most regarding life and its ultimate mysteries.

When it comes to the death of a child, things can be more complicated, and even if a parent can go on with his/her life, the loss of one's child may not ever be fully processed. Walsh says that "With the death of a child, a parent's suppression of grief may work well for job functioning but may block support to a grieving partner and can impair the couple's relationship and their coparenting of surviving children", p.184. Not recognizing and not treating the effects of grief can have severe consequences, and may result even in the dissolution of the family. Resilience and recovery in these situations is a dynamic process, which does not result over night in moving on, but is oscillating between grieving and restoration. Making meaning of the loss is crucial in this process.

Modeling resilience

We have chosen to present and analyze the context in the Onco-Hematology clinic of the "Louis Turcanu" Children's Hospital due to some unique features in the leadership of this context and also because of the experience we had in the clinic. Professionals who are involved in the department have suffered personal losses, and in spite of very difficult life circumstances, they proved to be resilient. In an interview she gave for Hotnews.ro, Prof. Serban talking about the motivation for choosing this medical specialty and for investing so much in helping children with cancer says "[…] Then I went through and awful experience (Professor Serban's son died in adolescence) when I thought I will not be able to return. After a long period I had to come back to work and I met people in the hospital and the mothers… in the situation of loosing their child… and then I told myself: this is where you belong" [9]. Thus, personal resilience is being transferred to the institutional level and modeled within the clinic. After losing her only child in an accident, the Professor came back to the clinic to fight for saving other parents' children. Her family founded another center for treating children with diabetes, center which is named after the son they lost. The Family Center, which is a project she founded is unique in Romanian hospitals, is another element which was meant to facilitate a different experience for the families which are confronted with child cancer. Even more, the Professor is speaking about a model of leadership and practice she instilled for the residents and the other doctors in the department in which treating the children and families with respect, regardless of their background plays a very important role [10]. These features are consistent with the model of resilience described earlier.

Between resilient professionals on one side and the patient and his/her family on the other, the relationship is profound, with a sense of awe and respect. Wright in [8] speaks about the concept of reverencing in front of illness. To hear the narrative of illness leads to a deeper understanding of the human condition.

Systemic intervention in the Onco-Hematology clinic

According to the model of systemic intervention at different levels, even if the focus of our intervention was to offer support and counseling for the mothers and the children admitted in the Hospital for different types or stages of oncologic pathology, medical professionals were also part of the intervention. Facilitating communication between caring professionals and suffering families when there are problems which arise as a result of powerlessness and are targeted toward the medical staff, which generates frustration; confirmation of the efforts the medical system were putting into acting as agents of change in a context with many economic and social limitations were part of systemic mediation. The Family Center and the very advanced medical protocols are only a few examples of the efforts of the system.

At the same time, there were moments in which we as volunteer mental health professionals and the medical and mental health professionals of the hospital found ourselves in the situation of processing the death of children who did not survive, supporting each other and validating the feelings generated by these unfortunate situations. Behind the suffering of the families, the professionals who had developed a caring relationship with these children go through their own process of mourning when one of them does not make it. This needs to be acknowledged and dealt with in order to be able to go on and care for the other children. Professionals themselves need to be resilient in order to be able to work in such an environment.

Resilience in families that are dealing with child cancer starts at the point of accepting the diagnosis, and also accepting what is called the mourning of the ideal child. When they become parents, everyone believes that their offspring will be perfect, and dealing with a serious diagnostic like cancer challenges the image a parent has regarding their child. Integrating the reality of the illness and the requirements of the treatment process are one of the first tasks families need to do. At the same time, the prognostic with such a diagnosis is uncertain, and parents and children need to deal with the anxiety that this process generates. From our

experience, in such times most families rely on spirituality and religion. In times when personal resources are surpassed and one cannot control the situation, having something that is beyond you can offer assurance and peace [3], [8].

Psychoeducation regarding the disease and the natural course of the emotions involved in the process is another component of our intervention in with the families. Encouraging support and communication with the rest of the family, in order to prevent negative consequences mentioned earlier was also a focus. Helping families make meaning of illness is something that has been present in our intervention, too.

Dysfunctional or single-parent families deal with more difficulties in the process of adjusting to the situation. Support is crucial for the entire family, since the treatment process putts a very big strain on the system, while financial difficulties or lack of support put extra pressures on the family. Due to the cultural model in which the mother is the caretaker of the family, it can be very difficult for the father to find himself the primary caretaker for the other children remained at home, in the same time having to provide for the financial needs of the entire family. In situations like these, leaving the system or alcohol consumption as self-medication can be an attempted dysfunctional solution, and the future of the family can be seriously affected.

Another problem that we identified is the lack of information some families have regarding the cancer treatment, which sometimes results in very late diagnosis of the problem, by which the cancer is so advanced that there is very little the medical professionals can do in order to save the child. Or, due to the fear of the side effects of the treatment, a child can interrupt the treatment, and again, the medical professionals find out that the disease has spread too much and the recovery is compromised.

Conclusions

In the systemic perspective, the life-threatening diagnoses reverberate within the entire family, activating preexisting vulnerabilities. The sick child sometimes teaches resilience because they have innate ability to comfort the parents. A resilient family can inspire and encourage the child in building personal resilience.

Building on the strengths of the family, clinicians can develop interventions that will activate the resources of the families dealing with the devastating diagnosis of child cancer. Empowering the family and supporting them through the process of making sense in the face of this adversity can strengthen family ties, develop new competencies and instill a sense of hope.

Caring professionals' resilience inspires, encourages and models resilience for the families in a mirroring process with posttraumatic growth at many levels. The existential dimension involved in processing death requires spiritual resources with which the "valley of sorrows" is transformed in a "place of springs", Psalm 84:6.

Acknowledgements

We are thankful to all families in the Onco-Hematology clinic who have opened their lives in their most difficult times and allowed us to witness their sorrow, hope and joy. As well, to the caring professionals for their honest disclosure and transparency regarding their personal losses and for their daily fight for the lives of these children.

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Explaining risk and protective factors in developing proactive and reactive aggression

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Abstract

The Behavioral Approach System (BAS) and Behavioral Inhibition System (BIS) are widely studied components of Gray's sensitivity to reinforcement model. There is growing interest in integrating those systems into model of risk for psychopathology. One of the models explaining the ethiology of proactive and reactive aggression grounds on the reactivity in BAS and BIS systems. Research suggests that BAS dominance increases risk for proactive aggression while BIS dominance increases risk for reactive aggression. Proactive and reactive aggression originate from separate family contexts. Reactive aggression is promoted by parenting behaviors such as lack of warmth and caregiving toward the child and rough family relations. Proactive aggression is promoted by parenting behaviors such as lack of parental discipline, monitoring and control. An attempt is made to model the interactional processes by which parenting style and BIS and BAS dominance in adolescents magnify or diminsh each other's progress toward healthy or antisocial development. First goal of this study was to examine predictive links of BAS and BIS dominance to proactive and reactive aggression. The second goal was to examine whether high levels of parental monitoring serves as a protective factor for reducing the risk of developing proactive aggression and whether high levels of parental warmth serves as a protective factor for diminishing the risk of developing reactive aggression. Measures of proactive and reactive aggression, BAS and BIS dominance, parenting styles were obtained on 17 year old adolescents (N=81).

Keywords: aggression, reinforcement sensitivity, parenting style

Introduction

The distinction between proactive and reactive aggression is becoming increasingly important research topic that promises to contribute to better understanding of the causes of aggression and different etiological pathways to aggression [1]. Reactive aggression has been conceptualized as irritable and hostile defensive response to provocation. It is characterized by lack of inhibitory functions, reduced self-control and increased impulsivity. Unlike reactive aggression, proactive aggression is not displayed as an emotion-laden, defensive response to immediate threat. Instead, aggression is used as a tool for personal gain that is applied strategically and methodically. It has a function to reach a goal, whether that goal involves material gain or social dominance.. Proactive aggression is associated with greater self-efficacy and fewer internalizing problems than reactive aggresion [2]. Unlike reactive aggression, proactive aggression predicts later externalizing problems [3]. Basically, researchers distinguish between aggression that is driven by anger, defense, and revenge from aggression that is callous, premeditated and purposefully goal directed [4]. There are two fundamental types of behavior – one to approach positive outcomes, and another to avoid negative outcomes. Jeffrey Gray [1987, according to 4] postulated specific brain areas that underlie approach and avoidance behavior. According to Gray's Reinforcement Sensitivity Theory (RST), the approach system is involved in Behavioral activation system (BAS) that activates behavior toward incentives. The avoidance system is involved in Behavioral inhibition system (BIS), relating to avoidance of conditioned aversive stimuli, and Fight-Flight system (FFS) relating to avoidance of unconditioned aversive stimuli. RST has been recently revised. In the revised reinforcement sensitivity theory (rRST), BAS continues to be the appetitive motivational system. Thus, its responsibility is to motivate approach behavior in response to both conditioned and unconditioned rewarding stimuli. Activity in the BAS is posited to be associated with the positive emotions of enthusiasm and relief. Impulsivity is hypothesized to be a causal basis of the BAS. Sensitivity to all punishments – conditioned and unconditioned is contributed to the FFFS (Fight/Flight/Freezing system) in the rRST. Thus, the primary responsibility of the FFFS is to motivate avoidance and escape behaviors in response to both conditioned and unconditioned aversive stimuli. The FFFS is also posited to be the neural supstrate for the emotions of fear and panic. In the rRST, the primary responsibility of the BIS is to resolve conflicts among competing goals (e.g.

approach-avoidance conflict) by inhibiting prepotent behavior, increasing attention and by actively engaging in risk assessment behavior. The aim of these processes is goal resolution (resolving conflict between BAS and FFFS). The BIS is also proposed to be the neural supstrate that underlies the emotion of anxiety [6,7]. Research suggests that BAS dominance is a risk factor for developing externalizing problems, whereas BIS (in RST) dominance is a risk factor for developing internalizing problems [8]. Contribution of Gray's model to the field of developmental psychopathology is significant because it provides an opportunity to combine multiple levels of influence such as biologically based individual differences with environmental risk and protective factors into a theoretical framework. Socialization affects input from the environment to which the BIS and BAS respond [8]. While proactive aggression is defined as aggression that is purposeful and rewarding, it was hypothesized that proactive aggression would be associated with sensitivity to reward. Alternatively, while reactive aggression is defined as aggression that is associated with aversive provocations unrelated to reward incentives, it is hypothesized to be related to sensitivity to punishment. Thus, the first goal of this study was to explore the predictive links of sensitivity to reward (BAS dominance) to proactive aggression and to explore predictive links of sensitivity to punishment (FFFS dominance) to reactive aggression. Reactive and proactive aggression are anteceded by different familial contexts [4]. Reactive aggression is assumed to be promoted by poor attachment relationship between the parent and the child, for example through a lack of warmth and caregiving behavior toward the child. These relationships are important for children for learning how to effectively attend to, understand, and take into account others' intentions. This may eventually induce feelings of insecurity and hostility and aggression in social relationships. Past rejections provoke anger and frustration which can result in excessively emotional responses to even minor stressors. Those children are easily threatened and frustrated, and tend to respond impulsively to any source of stress. Proactive aggression maybe assisted through a lack of parental discipline, monitoring, and control. Implicit or explicit parental endorsement can encourage the child to view and use aggression as an acceptable, successful means of goal achievement. Proactive aggression over time becomes a primary means of achieving personal security, competence, and control that was not given by their caregivers. Thus, reactive and proactive aggression appear to result from largely separate environmental contexts, with lack of maternal caregiving influencing reactive aggression, and lack of parental monitoring and control influencing proactive aggression. Of specific interest in this context are parental monitoring and control and parental warmth and caregiving as protective factors for two types of aggression. As such high levels of parental monitoring should reduce the risk of developing proactive aggressive behavior and experience of warmth and caregiving from parents should diminish the risk of developing reactive aggression. As such, the second goal of this study was to examine whether the expected predictive links of BAS and FFFS to later proactive and reactive aggression would be moderated by the level of adaptive parental behavior. The construct of "parenting style" had proven highly definite because it combines a variety of empirically supported parenting constructs (e.g. warmth, involvement, and control) [9]. Baumrind's conceptualization of parenting style has influenced research about child development more than 30 years. Of specific interest here is the Authoritative parenting style which, in general, comprises both warmth, caregiving and monitoring, control, demandingness [9]. Because of wealth of research concerning Baumrind's conceptualization of parenting style [10], I have chosen Authoritative style to be a measure of the protective factor for reactive and proactive aggression. In that way, authoritative parenting style should reduce the risk of developing reactive and proactive aggression. Mother's and father's Authoritative parenting style were separately assessed.

Method

Participants

Participants were 81 highschool students from Zagreb (55 girls and 26 boys). They were all attending third grade, and were all around 17 years old.

Measures

Peer Conflict Scale (PCS) [11] is a 40-item self-report measure including 20 items assessing reactive aggression (10 reactive overt items, e.g., *"I have gotten into fights even over small insults from others"* and 10 reactive relational items, e.g., *"I spread rumors and lies about others when they do something wrong to me"*) and 20 items assessing proactive aggression (10 proactive overt items, e.g., *"I threaten others to get what I want"* and 10 proactive relational items, e.g., *"I try to make others look bad to get what I want"*). Reactive and proactive aggression can be manifested in various forms, overt and relational. In this respect it is important to consider the form (overt or relational) and the function (proactive or reactive) of aggression together. Items are rated on a 4-point scale (0=not at all true, 1=somewhat true, 2=very true, 3=definitely true.

Validated Sensitivity to Punishment and Sensitivity to Reward Questionnaire for Children (SPSRQ-C) [12]. Luman et al. [12] validated the children's version of the questionnaire measuring sensitivity to punishment

and reward (Colder and O'Connor, 2004) which contains 33 items and is divided in a Punishment Sensitivity scale (15 items) and three Reward Sensitivity scales: Reward Responsivity (7items), Impulsivity/Fun Seeking (7items) and Drive (4 items). Reward Responsivity subscale measures emotional sensitivity and enjoyment of reward, the Drive subscale measures tendency in pursuing appetitive goals, and the Fun Seeking subscale measures tendency in seeking out novel and rewarding experiences [13]. Each item is scored on a 5-point Likert scale (1=strongly disagree, 5=strongly agree). The 5-factor model was almost identical to the 4-factor model: there were three Reward Sensitivity factors (Reward Responsivity, Impulsivity/Fun Seeking and Drive) except for the Punishment Sensitivity factor which was divided in two separate factors (FFFS and BIS). Coefficient alpha's of the 5-factor model were 0.79, 0.78, 0.70, 0.65, 0.76 for FFFS, Reward Responsivity, Impulsivity/Fun Seeking, Drive and BIS respectively. Since 5-factor model is most closely related to Gray's revised reinforcement theory because it provided separation of the FFFS and the BIS, it was used in this research. Example of FFFS item: "Whenever possible, I avoid demonstrating my skills for fear of being embarrassed", BIS item: *"Whenever I can, I avoid going to unfamiliar places"*, Reward Responsivity item: *"I do a lot of things for approval",* Impulsivity/Fun Seeking item: *"I often have trouble resisting the temptation of doing forbidden things"*, Drive item: *"I like to compete and do everything I can to win"*.

Parental Authority Questionnaire (PAQ) [14] is a 30-item instrument consisted of three 10-item scales representing authoritative, authoritarian and permissive parenting styles. It was designed to assess parenting style based on retrospective adolescent ratings. In validation studies, items were constructed based on Baumrind's descriptions of the parenting style. The PAQ has a good internal consistency (range=.74-.87) and test-retest reliability (range=.77-.92). PAQ scores did not appear vulnerable to social desirability response bias [9].

Procedure

Participation in a research was voluntary and anonymity was warranted. Filling all the questionnaires lasted half an hour.

Results and discussion

When we look at the correlations (Table 1), we can see that some results are not in line with the expectations. In accordance with the assumptions, reactive overt and reactive relational aggression would be positively and significantly related with FFFS, but those associations were not obtained. In accordance with the assumptions, proactive overt and proactive relational aggression would be significantly and positively associated with Reward Responsivity, Impulsivity/Fun Seeking and Drive which all represent the BAS factor. Significant correlation was found just between Impulsivity/Fun Seeking and proactive (overt and relational) aggression but also between Impulsivity/Fun Seeking and reactive (overt and relational) aggression. According to the RST, the BAS factor is mapped onto impulsivity and the BIS factor is mapped onto anxiety. Because Impulsivity itself is a complex trait cluster rather than a single dimension per se, some researchers think that the identification of the BAS with impulsivity was not a favorable choice. Impulsivity is widely regarded as having various dysfunctional implications, being associated with rash actions, a failure to consider the consequences of one's actions and even as having a key role in criminal behavior [15]. Impulsivity probably comprises a mix of sensitivity to reward and a lack of inhibitory control [16]. That could explain the results where both proactive and reactive aggression were significantly related with Impulsivity/Fun Seeking. In accordance with assumptions, proactive aggression was positively associated with Impulsivity/Fun Seeking because of heightened sensitivity to reward. On the other hand, association betwwen reactive aggression and Impulsivity/Fun Seeking could be explained by lacking of inhibitory control. Lack of correlations between FFFS and reactive aggression and between Reward Responsivity, Drive and proactive aggression are not in line with the assumptions and could be asigned to small sample size. According to correlations, we can conclude that Impulsivity/Fun Seeking can be a risk factor for developing proactive and reactive aggression (relational and overt).

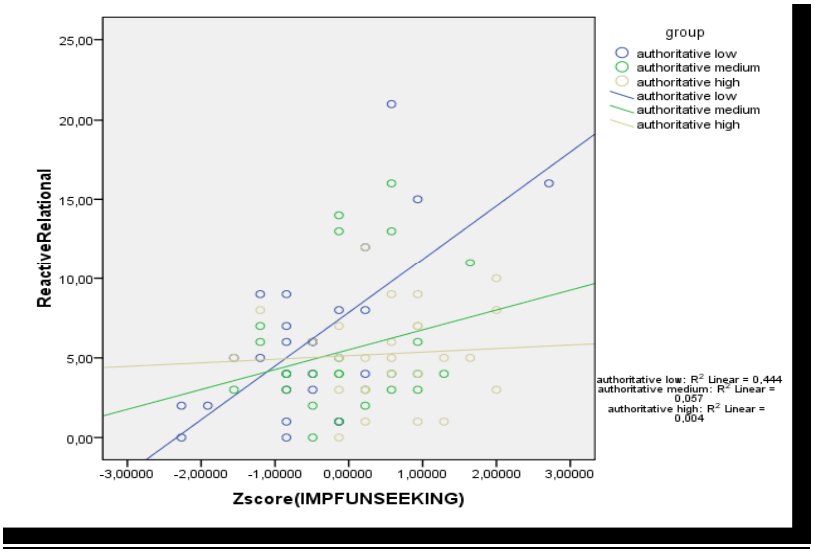
Table 1: Correlations between reactive (overt and relational), proactive (overt and relational) aggression and Reward Responivity, Drive, Impulsivity/Fun Seeking, FFFS, BIS

		Reward Responsivity	Impulsivity/Fun Seeking	Drive	FFFS	BIS
REACTIVE OVERT	Pearson Correlation	,102	,351**	,223**	,100	,063
	Sig. (2-tailed)	,370	,001	,046	,377	,580
REACTIVE RELATIONAL	Pearson Correlation	,083	,314**	,009	,034	,094
	Sig. (2-tailed)	,460	,005	,934	,762	,402
PROACTIVE OVERT	Pearson Correlation	,057	,392**	,019	,066	-,039
	Sig. (2-tailed)	,616	,000	,870	,559	,731
PROACTIVE RELATIONAL	Pearson Correlation	-,003	,299**	,043	,112	,114
	Sig. (2-tailed)	,979	,007	,702	,318	,312

*** Correlation is significant at the 0,01 level (2-tailed)*
** Correlation is significant at the 0,05 level (2-tailed)*

To answer the second question, whether the Authoritative parenting style moderates the association between Sensitivity to reward and Sensitivity to punishment and two subtypes of aggression, moderator analysis was conducted. There were four criterion variables: Reactive overt, Reactive relational, Proactive overt and Proacive relational aggression. While only Impulsivity/Fun Seeking was significantly correlated with criterion variables, it was the only predictor variable entered into analysis, besides Authoritative parenting style. To salve the problem of multicollinearity, variables Authoritative parenting style (mother's and father's) and Impulsivity/Fun Seeking were centralized. When the criterion variable was Reactive overt aggression, Adjusted R Square enhanced (from 12% to 15%) once the interaction variable of Impulsivity/Fun Seeking and mother's Authoritative parenting style was brought into analysis. However, Beta of the interaction variable was not significant (β=-0,21, p>0,05). So, we can conclude that mother's Authoritative parenting style does not serve as a moderator variable. When the criterion variable was Reactive relational aggression, Adjusted R Square was enlarged (from 9% to 15%) once the interaction variable was brought into analysis. The Beta of the interaction variable was significant (-0,26, p<0,05). So, we can conclude that the mother's Authoritative parenting style moderates the association between Impulsivity/Fun Seeking and Reactive relational aggression. When we look at the Graph 1, we can see direction of the interaction. Thereby, the more authoritative parenting style manifested by the mother, the less reactive relational aggression manifested by the impulsive child.

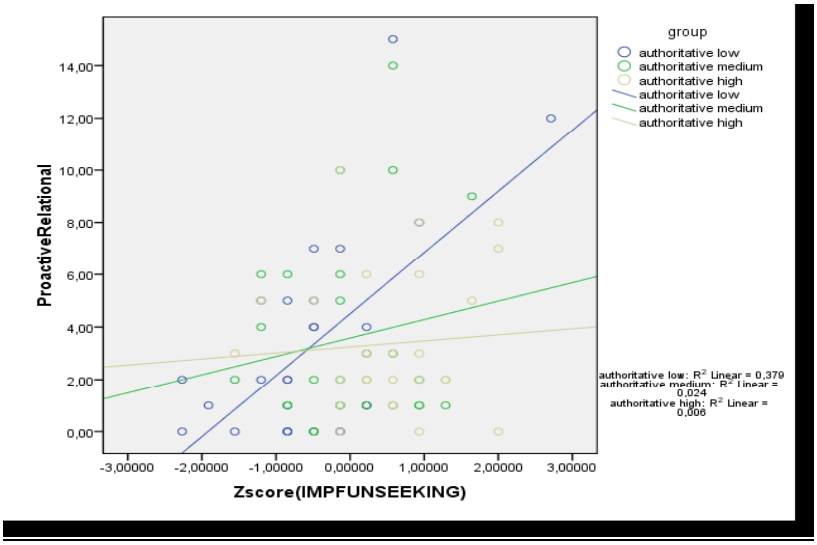
Graph 1: Mother's Authoritative parenting style as a moderator variable in explaining association between Impulsivity/Fun Seeking and Reactive relational aggression



When the criterion variable was Proactive overt aggression, Adjusted R Square enhanced (from 13% to 15%) once the interaction variable was brought into analysis. However, Beta of the interaction variable was not significant (β=-0,15, p>0,05). So, we can conclude that mother's Authoritative parenting style does not serve as a moderator variable in explaining relationship between Proactive overt aggression and Impulsivity/Fun Seeking. When the criterion variable was Proactive relational aggression, Adjusted R Square was enlarged (from 7% to 13%) once the interaction variable was brought into analysis. The Beta of the interaction variable was significant

(-0,26, p<0,05). So, we can conclude that the mother's Authoritative parenting style moderates the association between Impulsivity/Fun Seeking and Proactive relational aggression. When we look at the Graph 2, we can see direction of the interaction. Thereby, the more authoritative parenting style manifested by the mother, the less proactive relational aggression manifested by the impulsive child.

Graph 2: Mother's Authoritative parenting style as a moderator variable in explaining relationship between Impulsivity/Fun Seeking and Proactive relational aggression



Similar results were obtained for father's Authoritative parenting style. Father's Authoritative parenting style moderated the association between Reactive relational aggression and Impulsivity/Fun Seeking (Adjusted R Square enhanced from 9% to 16%; Beta from the interaction variable=-0,29, p<0,05) in a way that higher authoritative style manifested by the father, less reactive relational aggression manifested by the impulsive child. Father's Authoritative parenting style moderated the association between Proactive relational aggression and Impulsivity/Fun Seeking (Adjusted R Square enhanced from 12% to 19%; Beta from the interaction variable=-0,29, p<0,05) in a way that higher authoritative style manifested by the father, less proactive relational aggression manifested by the impulsive child. Obviously, associations between overt (proactive and reactive) aggression and Impulsivity/Fun Seeking were not moderated by Authoritative parenting style, while between relational (proactive and reactive) aggression and Impulsivity/Fun Seeking were moderated. One explanation could be that overt aggression is more influenced by Impulsivity/Fun Seeking than relational aggression. In Table 1, we can see that the correlations between overt subtypes of aggression and Impulsivity/Fun Seeking are higher than those between relational subtypes of aggression and Impulsivity/Fun Seeking.

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Facteurs de protection de membres de la fratrie de jeunes présentant une Trisomie 21

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Abstract

This communication is included into the theme of resilience in the families with a member with intellectual deficiency (ID).It is admitted that the fact of having a brother or a sister(B/S) presenting a DI implies also positive and negative impacts (8).It is a long time since when, having a brotherhood member presenting a DI, can be a risk for a person, and a reason for negative consequences.There are only few studies on resilience to prove it(12).In the context of the Quebec city,where from the end of the !980's, persons presenting a ID lived always with their natural families (not in institutions), it is pertinent to ask about the impact of that context on B/S.As this peoples lives always with persons presenting a ID,there was a certain impact on the relation between them, and also on their values and options in live, etc.In the context of a doctoral research focused on the intentions of implication on B/S considering a person with trisomie 21, present communication proposed a case study of two participants regarding the resilience indices, presence in the relations of B/S presenting an ID from the infanthood to the adult age. The risk and protective factors are relevated and also the present state of the situation.

Keywords: Resilience, intellectual deficiency, brotherhood, relation, protective factors

Contexte théorique

1.1 Impacts de la déficience intellectuelle (DI) sur la fratrie

Le fait d'avoir un frère ou une sœur (F/S) qui présente une DI a inévitablement des impacts à plusieurs niveaux chez la fratrie. En effet, des études ont démontré que les F/S de personnes vivant avec des incapacités physiques ou intellectuelles constituaient une population à risque en raison du nombre considérable d'impacts négatifs occasionnés par la condition de la personne présentant des incapacités [17,18, 25]. Les études ultérieures ont démontré que ces impacts peuvent être négatifs ou positifs [1, 2, 4, 6, 16, 20]. Enfin, les études les plus récentes démontrent, quant à elles, un ensemble complexe d'impacts positifs et négatifs chez la fratrie adulte [8]. Il semble donc que le fait d'avoir un F/S présentant une DI ne constitue pas une garantie de vivre uniquement des impacts négatifs. Au contraire, il appert que les F/S développent des caractéristiques qui leur sont propres. Le Tableau 1 suivant présente une synthèse des impacts positifs et négatifs retrouvés dans les écrits scientifiques. Il ressort que les impacts négatifs sont plus nombreux et que les impacts positifs relèvent de l'acquisition de traits de personnalité ou d'attitudes.

Tableau 1 Synthèse des impacts du fait d'avoir un frère ou une sœur présentant une trisomie 21

Impacts négatifs	Impacts
• Embarras devant les pairs • Responsable ou chargée de prodiguer les soins • Ostracisme • Moins de temps «un à un» passé avec les parents • Diminution des activités sociales de la famille • Davantage de restrictions dans la routine • Exposition au stress et à l'anxiété des parents • Diminution du revenu familial à cause des soins à donner • Ne pas avoir une relation dite normale avec le F/S • Accepter et «faire avec» les comportements problématiques • Préoccupations pour l'avenir • Difficultés à faire des activités et à communiquer avec leur F/S • Sentiment de colère et/ou de culpabilité	• Tolérance • Ouverture à la différence • Maturité • Compassion • Appréciation de leur état de santé et de leurs habiletés • Patience • Tendance à aider, soutenir, assister

1.2 Facteurs de risque et de protection

Le concept de résilience s'inscrit dans l'équilibre entre les facteurs de protection sur les facteurs de risque, équilibre qui permet de faire face à l'adversité. Ainsi, la définition de la résilience retenue est la suivante : « le processus qui fait que, face à l'adversité, face au traumatisme ou face au stress, des individus, des familles, des groupes d'humains s'en sortent, ne présentent pas de troubles psychiques, continuent à vivre comme avant (ou presque) et peuvent même présenter un fonctionnement psychique meilleur qu'auparavant » [9].

Peu d'études se sont penchées sur la résilience dont font preuve les F/S d'une personne présentant une DI [12]. L'étude de Fisman a révélé que la satisfaction conjugale des parents, la cohésion familiale et une relation chaleureuse et non-conflictuelle avec le F/S présentant une trisomie 21 (T21) constituaient des facteurs de protection pour les F/S d'une personne présentant une T21 [5].

Depuis les années 1980, au Québec, les personnes présentant une DI ne sont plus institutionnalisées. Ainsi, les frères et sœurs québécois âgés de moins de 35 ans constituent la première cohorte à avoir toujours vécu dans la même résidence que la personne présentant une T21 [11].

Méthode

1.1 Participants

Les deux participantes (âge) retenues pour cette communication ont été tirées d'une étude doctorale incluant quatre frères et cinq sœurs d'une personne présentant une T21. Les entrevues individuelles avec les participants ont duré entre 60 et 130 minutes.

1.2 Instruments

Les instruments qui ont servi à la cueillette de données de l'étude doctorale et dont sont tirés les résultats faisant l'objet de cet acte de congrès sont présentés ici brièvement. Dans le cadre de cette présentation, il est à noter que les résultats de la *Ligne de vie*, des sections de l'entrevue semi-structurée (Relation fraternelle et Implication actuelle) de même que la *Grille de réseau de soutien social* ont été utilisés spécifiquement pour les études de cas.

1.2.1 Questionnaire sociodémographique

Un questionnaire sociodémographique a été élaboré spécialement pour les fins de ce projet de recherche [22]. Il permet de recueillir des informations sur le participant et sur le F/S présentant un syndrome de Down notamment sur l'âge, le sexe, le statut civil, l'occupation ou non d'un emploi, etc.

1.2.2 Ligne de vie

La *Ligne de vie* [10] vise à rapporter les événements marquants dans la vie du répondant sur une ligne allant de la naissance du participant à la date de l'entrevue (dessinée sur une feuille 8 ½ x 14 présentée dans le sens horizontal) de même qu'à leur donner une valeur positive ou négative (les événements positifs devant être représentés au-dessus de la ligne et les événements négatifs, en-dessous).

1.2.3 Génogramme

Le *Génogramme* [7] vise la représentation des membres de la famille du participant ainsi que des relations entretenues entre eux sous une forme graphique.

1.2.4 Entrevue semi-structurée

Le guide de l'*Entrevue semi-structurée* a été conçu spécifiquement pour les besoins de cette étude [23]. Il comprend une quinzaine de questions couvrant cinq grands thèmes, soit : (a) les relations fraternelles, (b) l'implication actuelle, (c) la planification effectuée par la famille, (d) les intentions d'implication dans l'avenir et (e) les besoins de soutien.

1.2.5 Grille de réseau de soutien social

Cet instrument constitue une adaptation de l'instrument original [12]. Seule la partie sur le F/ST21 a été ajoutée afin d'adapter cet instrument aux besoins du projet [24].Il s'agit de rapporter la liste des personnes qui peuvent donner du soutien dans cinq situations (besoin de parler ou d'être écouté, besoin d'emprunter de l'argent, besoin d'aide pour réaliser les tâches domestiques et pour avoir du plaisir ou se détendre et projection de l'aide nécessaire dans l'avenir en lien avec le F/ST21) et celle des personnes auxquelles les participants sont attachés.

1.3 Sélection des cas à l'étude

Les deux participantes sélectionnées pour le présent acte de congrès est basé sur les critères d'inclusion suivants : 1) participants de sexe féminin puisque les femmes sont davantage représentées dans l'échantillon de l'étude doctorale et dans les écrits scientifiques; 2) ces deux participantes sont âgées de 26 et 18 ans et ont toutes deux un frère présentant une trisomie 21 (FT21). L'une est l'aînée d'une fratrie de quatre enfants (son frère FT21 a 8 ans de plus/moins qu'elle) alors que l'autre est la cadette de 2 ans d'une fratrie de deux.

Résultats

Les résultats de la double étude de cas sont présentés dans la prochaine section et se déclinent en deux sous-sections : 1) le relevé des facteurs de risque et de protection; 2) la trajectoire de la relation.

1.1 Facteurs de risque et facteurs de protection

Les facteurs de risque et de protection des deux participantes ont été ciblés au travers des différents instruments utilisés. Les résultats de l'étude de deux cas sont présentés dans le Tableau 2 suivant.

1.2 Trajectoire de la relation au FT21

Les deux participantes ont toujours habité avec leur FT21 et les autres membres de la famille. L'une est allée à la même école primaire que son FT21 alors que ce n'est pas le cas pour l'autre en raison de la différence d'âge. À l'adolescence, toutes deux ont rapporté avoir vécu cette période plus difficilement en raison d'un manque d'attention parentale.

Au moment des entretiens, les deux participantes ont rapporté avoir actuellement une bonne relation avec leur frère et habiter encore avec leurs parents et leur FT21. Elles partageaient donc leur quotidien avec ce dernier et évaluaient la satisfaction dans leur relation actuelle à 8,5 sur 10. Elles rapportent toutes deux partager des activités de loisirs avec leur FT21 (p. ex. sports, jeux vidéo, loisirs) et avoir parfois un rôle de soutien parental (p.ex., en rappelant les consignes au FT21).

Tableau 2 Facteurs de risque et de protection relevés pour les deux sœurs

FACTEURS DE RISQUE	
F01	**F03**
Individuels • --	*Individuels* • A vécu de l'intimidation en lien avec son frère • Difficultés scolaires
Familiaux • Relation conflictuelle avec un de ses frères	*Familiaux* • Relation conflictuelle avec ses parents
FACTEURS DE PROTECTION	
F01	**F03**
Individuels • Capacité à reconnaître des forces et des faiblesses au FT21 • Plus âgée (26 ans) = maturité • Aînée (donc plus maternelle) • Très impliquée (coach de soccer) • Considère avoir vécu une belle enfance	*Individuels* • Capacité à reconnaître des forces et des faiblesses au FT21 • Capacité à donner du sens à ses expériences
Familiaux • Parents en couple • Mère très impliquée dans la vie associative • Bon niveau socio-économique	*Familiaux* • Parents en couple • Bon niveau socio-économique
Environnemental • Réseau social impliqué et sensibilisé	*Environnemental* • Bon réseau social

Discussion

Les deux études de cas présentées confirment les écrits scientifiques [8] qui ont démontré que le fait d'avoir un frère ou une sœur présentant une déficience intellectuelle pouvait avoir des impacts à la fois positifs et négatifs. Malgré la période adolescente rapportée comme plus difficile en raison du manque d'attention parentale associée à la présence du frère T21, il semble que les trajectoires de relation (vie et activités communes) et les facteurs de protection relevés dans cette présentation surpassent les facteurs de risque, et permettent une grande satisfaction dans la relation au FT21. Il est possible de croire que la résilience des sœurs pourrait être liée à ces éléments et permettent la conscience des impacts positifs.

1.1 Limites et retombées

Il n'est évidemment pas possible de généraliser les résultats de deux études de cas qui ne peuvent aboutir à une représentativité de l'ensemble des F/S. De plus, il est possible que les soeurs ayant participé soient très impliquées auprès de leur frère et, par le fait même, plus aptes à rapporter des impacts positifs. Toutefois, cette étude constitue une avancée dans les connaissances. D'abord, de par la nature exploratoire de l'étude, il a été possible d'apporter un éclairage sur une réalité relativement nouvelle au Québec. Il s'agit également d'un sujet et d'une façon de traiter celui-ci, qui constituent une innovation. Les instruments utilisés ont démontré leur utilité et leur richesse.

Conclusion

Cette présentation a permis de relever certains facteurs de risque et de protection chez deux participantes ayant un FT21 de même que la trajectoire et l'appréciation de la relation avec celui-ci. Il en ressort qu'il est possible de retrouver davantage de facteurs de protection chez les deux participantes, ce qui a certainement contribué au fait qu'elles se disent satisfaites de la relation qu'elles entretiennent actuellement avec leur FT21 et apparaissent bien assumer cette différence dans leur fratrie.

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Research on protective factors in five resilient women who grew up with a parent suffering from bipolar disorders

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Abstract

This study aims at exploring internal and external protective factors in resilient subjects, who lived with a parent suffering from a mental illness, using the analysis of the family drawing and the semi-structured interview.

Five mental healthy adult women, from 20 to 43 years old, who lived with a father or a mother with bipolar disorders, have participated in the study. Family drawing when they lived with both parents whose one was mentally ill, was used in case of participants.

In the family drawings, among the *internal protective factors*, three of the five subjects showed a character strength and a good emotional maturity. The two others showed either inhibition or introversion as defence mechanisms. Among the *external protective factors*, we observed a closer relationship with the healthy than the mentally ill parent in two of the five drawings, a closer relationship with a sibling than the parents in two other drawings. These results corroborate the protective factors reported in the semi-structured interviews and were the most predominant. These results are congruent with those in the literature.

Thus, the family drawing is a relevant and original tool given its projective feature to investigate and evaluate the weight of the protective factors in the offspring of mentally ill parents.

Keywords: protective factors, resilience, adult offspring of parent with bipolar disorders, family drawing.

Introduction

The studies about the children of mentally ill parents are generally focused on children with mental disorders or at risk. As Rutter and Quinton (1984) noticed in their four-year-follow-up study on the children of parents who are mentally ill: one third of the children has persistent disorders, one third has temporary disorders, the last third has neither emotional nor behavioral disorders. But, we know very little about the last third, those children who are resilient.

Problematic

The present study aims at exploring internal and external protective factors in resilient subjects who lived with a parent suffering from a mental illness, and have the ability to maintain in a good mental health despite the environmental circumstances.

Methodology and population

Five mental healthy adult women, from 20 to 43 years old, and who lived with a father or a mother with bipolar disorders, participated in the study.

Family drawing when they lived with both parents whose one was mentally ill, was used in case participants, as complementary tool to semi-structured interviews.

The latter aimed at highlighting the point of view of adult offspring who grew up with a parent suffering from a mental illness, and exploring internal and external protective factors, which helped the subjects to maintain in a good mental health, compared to those in the literature.

The family drawing was chosen to emphasize the quality of the links between the adult offspring and their family members.

Results

The results were partially obtained from the analysis of the subjects' family drawings. The other part was obtained from the semi-structured interviews.

The internal protective factors:

They are reflected by the general quality of the drawing and the behavior of the subject during the test. These concern the character strength, the emotional maturity, the self-image and the relationship to another of the subject. Three of the five subjects showed a character strength and a good emotional maturity. The two others showed either inhibition or introversion as defense mechanisms. These features identified in the drawings replicated the internal protective factors reported in the semi-structured interviews and were the most predominant. Moreover, the generational difference is well integrated. This is present in four of the five drawings. However, the gender difference is less well represented. Three of the drawings have no gender characteristic.

Other protective factors appeared in the semi-structured interviews such as the independence, the ability to reach out to others, interest in learning.

The external protective factors:

The family unit is part of both internal and external protective factors. The family drawings of the five women included all the family members of their real families. The parental couple was drawn at first for four of the subjects. The fifth subject drew first herself surrounded by her siblings, then she drew her parents. The parents have a parental role in all the drawings. They are represented at first compared to the offspring and/or were drawn taller. The offspring conserve their child place despite their carer role for three of the five subjects. The distance or the closeness between the characters reflects the quality of the links between family members. We observed a closer relationship with the healthy than the mentally ill parent in two of the five drawings, a closer relationship with a sibling than the parents in two other drawings. This observation corroborates some of the external protective factors already identified in the semi-structured interviews. Others were found as well such as the support from adults outside the family and/or peer support, information about the mental illness.

Discussion

The results obtained through the family drawings showed that the mental illness of a parent doesn't alter the family composition. The subjects' drawings match their real family composition. The generational difference is well integrated but the gender difference is, however, less well represented in the drawings. We can suppose that the mental illness of a parent affect the sexual identification of the offspring, which can be explored in a further study. Living with a parent suffering from a mental illness doesn't affect the places and the role of each family member for these five women. The parents have a parental role. The offspring can take a carer role and conserve their child place, which is in line with the results found in the literature [1, 2].

Some protective factors found in the family drawings are congruent with those in the literature: the presence of a healthy parent [3], a close relationship to a parent or a member of the family [4], the family cohesion [5]. The peer support [6] and information about the mental illness are also mentioned in the literature [7]. Among the external protective factors, the family appears to be the principal environmental protective factor, before school environment and community, which is to be further explored. We think that the stigma of the mental illness impedes the family members to talk about it outside the family. The mental illness of a parent generates suffering among the relatives, including the subjects of this study, but this is also what explains their bonds. The weight of the protective factors relative to the interactions between the members of the family has to be further explored.

The results of the present exploratory study cannot be generalized because the sample is limited and the participants were all women. Further studies can be conducted using a larger sample, including men and women, with parents suffering from with a multiple range of mental illnesses and not limited to bipolar disorders.

Conclusion

The aim of this study was to identify the presence of internal and external protective factors in five resilient women who grew up with a bipolar parent. The family drawing, with its projective feature, is a relevant and original tool that allows us to achieve this goal. Such a tool may be used to investigate and evaluate the weight of the protective factors in the offspring of mentally ill parents.

The internal and external protective factors do exist in the children of parents suffering from mental illness. The combination of data from the semi-structured interviews and those from the projective tests shows that for these five women, the protective factors are to be drawn, first, within the family itself. This family is a resilience element associating both internal, i.e. specific to the subject, and external protective factors, which are primarily associated with the family dynamic.

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Child's behavior, quality of life, and marital adjustment of parents with autistic children: mediator effect of resilience and social support

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Abstract

The current findings regarding the effects of having an autistic child on the family are contradictory, as they reveal that such situations may have both positive and negative consequences according to several others mediating variables. Some studies suggest that resilience and social support may positively mediate the influence of the child's disability on the personal adjustment of the other family members as well as the adjustment of the family as a whole. The current study aims to investigate whether family resilience and social support mediate the relationship between parent's perceptions of aberrant child's behavior and both marital adjustment and parental quality of life. The sample of 51 parents who participated in our study were 26 to 50 years old (M=41.82) and they all filled in several self-report scales. The obtained data was analyzed with structural equation modeling which included bootstrap resampling; the findings showed that family resilience fully mediated the effects of the aberrant behavior of child on both marital adjustment and parental quality of life, social support fully mediated the effects on marital adjustment, and partially mediated the effects on family quality of life. Our results are discussed in the context of their relevance for the therapy of families with children who suffer from Autism Spectrum Disorders.

Keywords: Autism Spectrum Disorders (ASD), Marital Adjustment, Quality of Life, Social Support, Resilience

Introduction

1.1 The impact of raising a child with ASD on parents and families

The consequences of raising an ASD child do not only impact the main caregivers – they extend to the entire family system. The increased levels of parental stress, number of conflicts and behaviour issues of the child contribute to a higher rate of divorce among parents who care for ASD children as compared to those whose children are normally developed [1]. Families of children diagnosed with autism were shown to have a lower quality of life as compared to families of children diagnosed with other disorders, and as compared to families of normally developed children [2]. The quality of life in families of children with developmental disorders is mediated (in its relationship to the impact of the disorder on the family) by variables like resilience and social support [3]. Brobst et al. (2009) revealed that parents of autistic children are intensely affected by the child's behavioural problems, experience higher stress levels and lower parents' relationship satisfaction as compared to families of non-autistic children [4]. Higgins et al. (2005) revealed that these parents report lower levels of relationship happiness and lower adaptability and family cohesion as compared to families with normally developed children [5]. Gau et al. (2011) have shown that, as compared to mothers of normally developed children, mothers of autistic children report lower levels of: marital adjustment, dyadic consensus, expressing affection, family adjustment and family cohesion [6].

1.2 Family resilience and social support in families with autistic children

Although it is known that the presence of an autistic child negatively impacts the whole family, there are also researchers arguing that the negative consequences stated cannot be generalized to all families – sometimes, the presence of an autistic child within a family system may engender positive consequences. For example, Sanders and Morgan (1997) concluded that, although they lead stressful lives, parents of autistic children are no different from either parents of children with Down syndrome or parents of normally developed

children regarding a series of important aspects: family cohesion, conflicts, independence, goal focusing, family control and family organization. The only significant differences occurred in what concerns the degree of involvement in cultural and leisure activities [7]. Similary, some research concluded that families of children with developmental disorders show resilience in adapting to the special needs of their child [8,9]. Plumb (2011) argues that elevated parental stress is associated with a low feeling of family resilience, while the strongest correlations between family resilience and parental stress seem to be connected to variables like: family communication, family spirituality, family connection and family problem solving [10]. A supportive network was also shown to mediate how much protection parents extend to their children and how they perceive the child's problematic behaviour. The available social support offered by the partner and by friends to families with children suffering from developmental disorders was shown to be associated with a higher satisfaction towards family functioning [11].

The purpose of our study is to investigate whether social support and resilience mediate the relationship between parents' perception of the aberrant behaviours of the autistic child and the quality of family life, as well as the relationship between these behaviours and marital adjustment. Some studies suggest that having an ASD child has strong negative effects on the family quality of life [2,] and several studies found that social support and resilience positively mediate the effects of the child's disability on family adjustment [12, 13, 14], as well as the effects of the special needs of the ASD child on the family quality of life [3]. The aim of our study is to continue the previous line of research in this field by addressing a gap in the current scientific literature; for this purpose, we examine the potentially mediating effects of resilience and social support on the relationships between how parents perceive their ASD child's abnormal behaviours and the family quality of life and, respectively, marital adjustment.

Method

1.1 Participants

The participants were 51 parents of children with ASD recruited from two day-care centres and a special education school located in Iași and Suceava. Our final sample consisted of 24 males, and 27 women with ages ranged from 26 to 50, with a mean age of 42.8 years, SD = 6,30. They all filled in several self-report scales. The participants completed the questionnaires at home.

1.2 Measures

The Social Support Index (SSI) consists of 17 items on a five-point Likert-type scale. Respondents were asked to rate their responses to the questions from 0 (strongly disagree) to 4 (strongly agree). Cronbach's alphas for the current study were .82. The range in score on the SSI is 0 to 68. All scores were summed, with a higher score indicating a higher level of social support.

The *Aberrant Behavior Checklist-Community (ABC-C)* is a 58 item scale that measures parent's perceptions of their child's problem or maladaptive behaviors at home or school. ABC-C items are grouped into five subscales. Respondents rate items on a 4- pont Likert scale ranging from (0) "not at all a problem" to (3) "the problem is severe in degree". The ABC-C subscale scores are calculated by totaling the scores of the subscale items. Cronbach's alphas for the current study were .98.

Family Resilience Assessment Scale (FRAS) consists of 66 questions and one open ended question. The open ended question was not used in this study.The measure uses a 4-point Likert Scale that ranges from *strongly disagree* to *strongly agree*. The higher score indicates a high level of family resilience, and a low score indicates a low level of resilience. In our sample, Cronbach alpha for the total score is .97.

Dyadic Adjustment Scale (DAS) is a 32 item scale that measures relationship quality and adjustment. The scale is divided into 4 subscales. The score varies from 0-151. The total scale and the subscales can be considered as measures of different aspects of marital satisfaction. Cronbach's alphas for the total score in this study is were .93.

Family Quality of Life Index (F-QLI) is a comprehensive multi-dimensional measurement tool that reflects the priorities and goals of families that define quality of family life as made up of the following seven domains: 1)life satisfaction, 2) physical health and psychological well-being, 3) social relations, 4) activities of daily living, 5) alcohol and other drug abuse, and 6) goal attainment. Each domain can be scored separately and the separate domain scores can be added to produce the total quality of family life score. The last three domains are not used in this study. Cronbach's alphas for the current study ranged between .81 and .95.

1.3 Procedure

Informed consent was obtained from all the participants. They are guarantees that the answers are anonymous and confidential and that the data provided will be used only for research purposes. The research

presented that purpose of the study to the participants. Also, they were informed that their participation was voluntary.

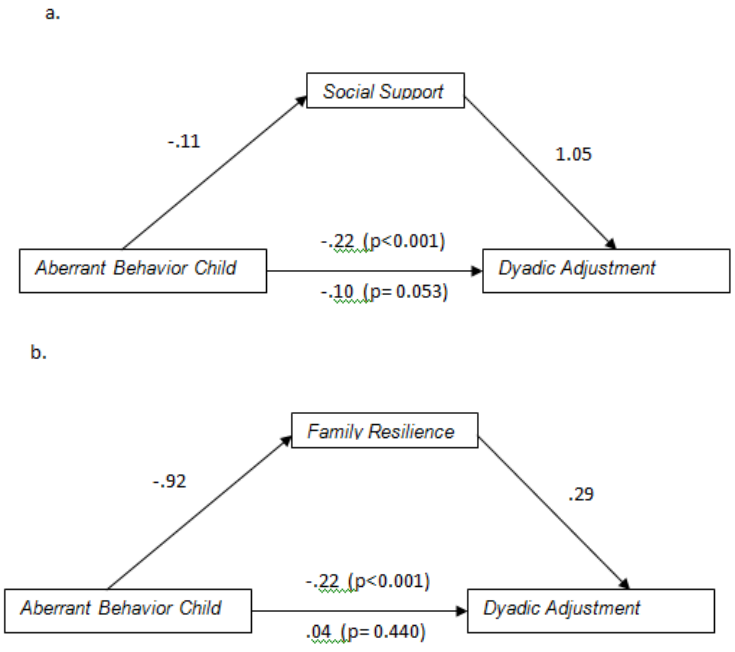
Results

Table 1 presents descriptive statistics and correlations of all variables from the present study. Preliminary analyses (using Pearson correlation) showed that parent's perceptions of their child's problem or maladaptive behaviors is negatively linked with dyadic adjustment (r=-.53; p=0.028), family resilience (r=-.82; p<0.001), family quality of life (r=-.61; p<0.001) and social support (r=-76; p<0.001). Analyzing the relationships between dyadic adjustment, family resilence, quality family life and social support, the results showed that all these variables are positively associated.

	1	2	3	4	5
1. ABC-C	1				
2. DAS	-.53**	1			
3. FRAS	-.82**	.68**	1		
4. F-QLI	-.61**	.46**	.74**	1	
5. SSI	-.76**	.61**	.60**	.62**	1
M	64.76	97.41	166.94	193.70	37.29
SD	42.67	18.26	48.41	34.57	7.94

Table 1: *Correlations, means and SDs of analysed variables; Note: **p<.01, *p<.05; ABC-C - Aberrant Behavior Checklist-Community; DAS - Dyadic Adjustment Scale; FRAS - Family Resilience Assessment Scale; F-QLI - Family Quality of Life Index; SSI - Social Support Index*

To analyze if family resilience (FR) and social support (SS) mediate the relationship between parent's perceptions of aberrant behavior child (ABC) and dyadic adjustment (DA) and family quality of life (FQoL), we used Structural Equation Modeling, which included bootstrap resampling by AMOS. Four mediation analyses were conducted: two with relationship ABC-AD and the other two with relationship ABC-FQoL. In all these analysis the mediator variables were SS and RF and these mediators were introduced one by one in the analyses, which resulted four mediating relationships. These relationship are ilustrated in Figure 1.



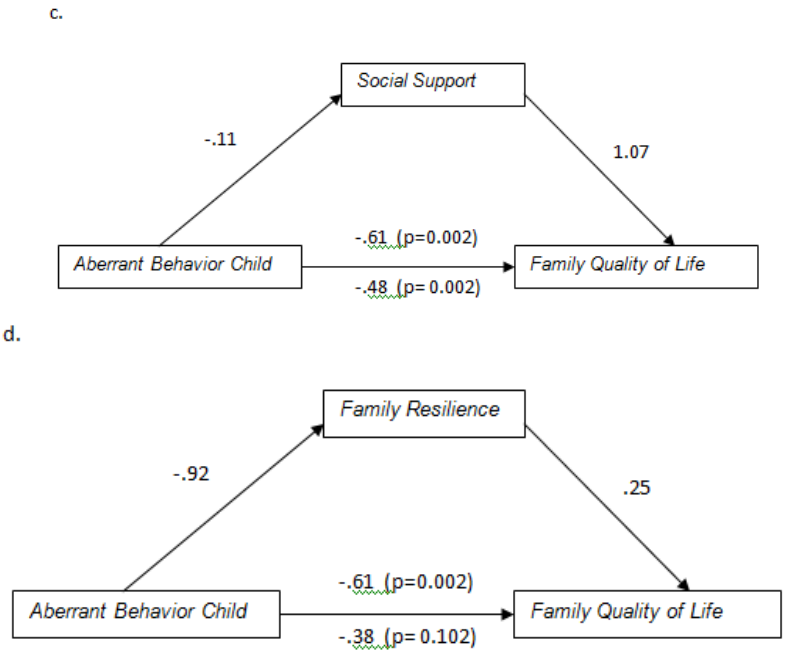


Figure 1 *— a)SS as a mediator of the relationship ABC-AD; b)FR as a mediator of the relationship ABC-AD; c)SS as a mediator of the relationship ABC-FQoL; d)FR as a mediator of the relationship ABC-FQoL*

As shown in Figure1a, the relationship ABC-DA is completely mediated by SS (B =-.22; p<.001) which means that the relationships between independent and dependent variables are not significant without the mediation of SS (B = -,10; p=0.053). In Figure1c it is observed that SS is a partial mediator between ABC-FQoL (B =-.61; p=.002), which means that the relationships between independent and dependent variables are still significant without the mediation of SS (B =-,48; p=0.002).

We find out that FR fully mediates the ABC-DA and ABC-FQoL. This results are presented in Figure 1b and 1d and it is observed that the relationship ABC-DA isn't significant without the mediation of FR (B =.04; p=0.440). In the same direction, the relationship ABC-FQoL isn't significant without the mediation of FR (B =.-,38; p=0.102).

Discussion

To conceptualize the experience of families affected by autism we analyzed the relationships between family resilience, social support, parents' perception of the child's aberrant behavior, dyadic adjustment and family quality of life. More specifically,the aim of our study was to investigate whether FR and SS mediate the relationships ABC-DA and ABC-FQoL. The results of our study suggest that SS and FR fully mediated the effects of the child's disability symtoms on both marital adjustment and parental quality of life, with exception that SS is a partial mediator between parent's perception of aberrant behavior child and family quality of life. These results confirmed and extended findings from previous research [12,13,14,3]. The results of this study suggest that social support and family resilience are complex phenomena that could act in different capacities given the literature on the role it has on family adjustment and family quality of life in families affected by autism. Therefore family therapists should work with families to improve family communication and problem solving skills, assist in helping families develop coping mechanisms that help to maintain a positive outlook, while building social connections, and supportive networks. Although these findings are limited by the cross-sectional methodology and the small number of subjects, the results of this study can be used in the therapy of families with children who suffer from ASD to better assess marital adjustment and to seek resilience qualities that can be enhanced.

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Promoting positive parenting; a strategy to improve family resilience in contexts of social inequalities

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Abstract

Background: The parent-training program for families (PTP) is being implemented in Barcelona to promote positive parenting. The social conditions in which people are born, grow, live, work and age, called Social Determinants of Health (SDH), influence people's lifestyles and health. Unequal distribution of SDH and gender, ethnicity, territory, age and social class generate inequalities in health, which can be avoided through suitable interventions. Family can create a low-risk proximal context for children in high-risk distal contexts. Objectives: 1) to assess the changes in parental competence, stress and social support after participating in the PTP, that are generated by promoting positive parenting intervention; 2) to suggest these changes as a strategy for parents to resiliently address some difficulties caused by the uneven distribution of SDH . Methods: A pre-post quasi experimental intervention was carried out. Families filled out the pre and post questionnaires. At the end of the program, one individual interview and five focus groups were carried out among families and professionals. For the quantitative analysis differences before and after the participation in the PTP were tested using Excel 2007. A content analysis was carried out with Atlas-ti for interviews and focus groups. Results: After participating in the PTP people significantly improved parenting skills and perception of social support. Parental stress was slightly reduced. Discussion and Conclusions: The PTP was effective in improving parenting skills and helping families to resiliently address the challenges of raising children in contexts of inequality.

Keywords: Positive Parenting, Socioeconomic factors, program evaluation, Social Support, Stress, Psychological, Parenting Skills, Resilience

Introduction

The parent-training program for families (PTP) [1] of Barcelona Public Health adapted from "Programa-Guía para el desarrollo de competencias emocionales, educativas y parentales [2] has been implemented in Barcelona since 2012 to promote positive parenting.

Parenting is understood from different perspectives and there is not a common definition for it [3]. The European Union refers to parenting as all the roles falling to parents in order to care for and bring up children [4]. Positive parenting is understood as parental behavior based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance [4]. Indeed, the full development of the children is emphasized. The social conditions in which people are born, grow, live, work and age, called Social Determinants of Health (SDH), influence people's lifestyles and health. Unequal distribution of SDH and gender, ethnicity, territory, age and social class generate inequalities in health, which can be avoided through suitable interventions [5]. PTP set family as a SDH of its members [6], particularly for children development [7]. Parents are also considered as victims of multiple psychosocial factors (employment conditions, social support or parental stress), that impact parental competence [8][9][10].

Resilience is conceived as an opportunity to address contextual adversities generated by social inequities that affect family healthy development, and become empowered by this process. Resilience is developed from proximal interactions, so family is a principal resilience mentor [11]. Family resilience is defined as "the group of processes of reorganization of meanings and behaviors, which a family under stress activates to recover and maintain optimal levels of functioning and wellbeing, balancing resources and family needs [12]. Parental skills enabled parents to positively address inequities and adversities of family context [13]

Parenting skills are as important as children's needs and their psychosocial context [8][9]. Therefore, multifactorial perspective of positive parenting is the starting point of this study [14]. PTP promotes factors that are considered essential in family resilience: self-esteem, strategies for establishing home norms and structures, coping strategies, cooperative conflict resolutions or empathy and emotional communication [15][16][17]

Methodology

This evaluative study aims firstly, to make evident the changes in parental competence, stress and social support that are generated by promoting positive parenting intervention. Secondly, it wants to show these changes as a strategy for parents to resiliently address some difficulties caused by the uneven distribution of SDH.

A pre-post quasi experimental and qualitative research intervention is carried out. The quantitative part is based on three questionnaires. Parenting skills are assessed by questionnaire of parental competences [2]. Parental stress is evaluated by the Spanish adapted and reduced version of Parental Stress Scale [18] [19]. Finally, Spanish versions of Duke-UNC Functional Social Support Questionnaire (DUFSS) [20] are used to evaluate social support.

The sample consists of 145 participants, of which 89% are women, only 30% have a job, 31% live with a partner and 47% are immigrants (Table). Ten of the twelve participant groups are located in areas of Barcelona where family income is below average (1 Sants-Montjuic, 3 Nou Barris, 4 Ciutat Vella, 1 Barceloneta and 1 Cambrils) [21]. Analytic process was carried out with Excel 2007 by comparing the different pre- and post-intervention percentages for each item and dimension of parenting, social support and parental stress.

Table 1. PTP participant general characteristics

	n	%
Sex		
Men	16	11%
Women	129	89%
Educational level		
Without studies	8	6%
Primary education	31	23%
Secondary education	30	22%
Professional studies	17	13%
University studies	43	32%
Doctoral	1	1%
Others	5	4%
Marital status		
Single	38	27%
Married	85	61%
Widowed	0	0%
Divorced	17	13%
Country		
Spain	73	53%
Other	66	47%
Family typology		
Live with partner	95	69%
Live without partner	42	31%
Employment status		
Employed	41	30%
Unemployed	60	43%
Housework	28	20%
Student	1	1%
Disabled	1	1%
Retired	1	1%
Others	6	4%
Number of children		
1	41	30%
2	58	43%
3	25	19%
4	11	8%

Qualitative evaluation was developed carrying out 1 individual professional interview, 4 focus groups with 12 professionals and 1 focus group with 6 families.

Professionals and families were asked about program effects in parenting skills, social support and parental stress. Interviews also contained questions about contextual and personal facilitators and barriers of program effects. All information was recorded and transcribed. The content analysis process was carried out using a designed categorical system with Atlas-ti 6.1 informatics software.

Results

Quantitative analysis is showed in Table 2. Parenting skills, social support and parental skills are improved. Improvements in emotional regulation and relax (second dimension) and strategies for boundaries development (sixth dimension) rise by 22%. Conflict resolution strategies (fifth dimension) and parental self-esteem (third dimension) increase by 21% and 20%, respectively. These results demonstrate that PTP improves parental skills.

Social support changes are also significant. Confidant social support increases by 11% and affective social support by 10%. Parental stress changes after intervention are not as significant, although it is showed a reduction of 6%.

Table 2. Parental skill, social support and parental stress percentage comparison pre- and post- intervention (2013)

	Pre-Intervention	Post-Intervention	Changes
Parenting skills			
Development stage understanding	53%	64%	11%
Emotional regulation and relax	57%	79%	22%
Self-esteem	68%	88%	20%
Assertive communication	81%	96%	15%
Conflict resolution	62%	83%	21%
Norms and boundaries structure	42%	64%	22%
Social support			
Confidant support	72%	81%	11%
Affective support	75%	83%	9%
Parental stress	51%	45%	-6%

Qualitative analysis reinforces these findings making evident PTP as a strategy to face family contextual difficulties and inequities. When we asked, professionals say that PTP offers families a relaxing and supportive environment that allows them the opportunity to get away from contextual stressors and improve their skills to relax.

Experiential and group methodology is shown as a key factor to make families aware of different parenting models, and empowering them to change. They also identified self-esteem as an important outcome related with stress reduction and quietness increase.

<<Program sessions helped them to have an independent environment, without children, to be quiet and relax, to think about other perspectives and to stop, think and share about parenting>>(Professionals)

<<It has opened an environment to become brave and start some little changes. They have seen other views to be a parent (…). They have felt supported, because they have seen other people in the same difficult situation. This is a really big help to change attitudes. They feel all on the same team>> (Professionals)

<<Now mothers that despite problems try to answer to their children without shouting… was incredible… they said: "But… how you can be so patient? You have a lot of problems like me!">> (Professionals)

<<Their self-esteem was very low. It was very difficult for them to think about positive personal characteristics. But at the end they said expressions like "Well, finally I don't do it as bad as I was thinking">> (Professionals)

<<These sessions have been useful to insist, insist and insist to get over difficulties>> (Professionals)

Discussion and conclusions

PTP is a positive parenting strategy that generates parental competences, social support and parental stress benefits. This program is situated as a tool to create relaxing, supportive and empowering environments that allows families to resiliently respond to difficulties. After intervention, parents' boundaries and rules knowledge and skills are improved. These results are consistent with original program findings in other parts of the country [22]

Parents become strengthened, with better rates of self-esteem and calmness, and they feel more capable of addressing difficulties that are unhealthy for them and the rest of the family. Group social support seems to be important in all of these progresses. These findings are consistent with many other international studies, which after carrying out content analysis of answer interviews of parents who have participated at parent training programs, make evident that parental education can empower mothers by increasing understanding and raising self-esteem [23]. In addition is known that families empower each other, and also through the network built from the parent group [24]. Meta-analytic reviews also reinforce our parent psychosocial health outcome,

because they prove that parent training programs generate parental stress reduction and self-esteem improvement [25][26]. It is important to know that these studies conclude that further input may be required to ensure that these results are maintained. Future research will try to fill this gap, collecting data to show PTP long-term effects.

Finally we can conclude, indeed, that positive effects of PTP relate not only to parenting skills, but also to other factors associated with positive parenting, parental wellbeing[8] and family resilience [15][16][17] like social support or parental stress.

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Shāh Māt and historic(al) non-resilience: tolls and victims

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"Nationalism ... is like cheap alcohol.
First it makes you drunk,
then it makes you blind,
then it kills you".
Daniel Fried, USA diplomat

Abstract

The thesis of the present paper is to investigate the diachronic causes and outcomes of top-down zero-resilience policies in Central - Eastern Europe, more precisely on the Hungarian-Romanian geopolitical stage. We aim to analyze the discourses of the (super-)powers and the extent to which their non-resilient historic(al) actions perpetrated inter-ethnic and inter-national conflicts. We also aim to reply to questions such as: what is the local, regional and international price of non-resilience? Who are the checkmated victims behind the super-powers' interest-oriented chess board movements? How does history punish non-resilience? Finally, how do grassroots citizens address their *shah mat* on the international chess board table?

Keywords: top-down ideological policies, zero resilience, super-powers, nationalism, political *shah mat*.

Introduction

Transylvania, the northwestern-central part of today's Romania has been the apple of discord over the last one thousand years, due to one obsessive question nailed in the minds of both the Hungarian and the Romanian nations: which of these two states does Transylvania really belong to?

In order to comprehend the present political and cultural background one must resort to history. The dilemma triggering all frustrations is the interrogation regarding the issue of who the first inhabitants of Transylvania actually were. Was it the Hungarians' ancestors - the Magyars or the Romanians' ancestors - the Dacians? Who was here first, the Hungarians or the Romanians, therefore who has the historic(al) legitimacy to claim Transylvania? Both nations argue that it was their own ancestors who inhabited, thus appropriated the Transylvanian territory first.

NON-RESILIENCE: toying over NINE CENTURIES OF REPRESSED malcontent

Lacking diplomacy-focused resilience, the Hungarian side argues that the Magyars arrived in Europe in 896 A.D. and settled in the Carpathian Basin. Geographically, his included most of today's Hungary as well as the Western part of Romania up to the Carpathian curve, including Transylvania. They populated this region, gradually implemented their own laws and created a centralized state. They developed trade and agriculture, as well and established the Hungarian medieval state, with a political, judicial and administrative apparatus. The establishment of the Hungarian state in 1000 A.D. was orchestrated and officially recognized by Western Europe and by the Pope himself, who offered the Hungarian crown to the new Hungarian King Stephen I, shortly before his official coronation in 1000 A.D. [1].

The Romanian side counter-attacks with their own argument: when the Magyars arrived and settled in today's Hungary and Transylvania in 896 AD, the Dacians (the ancestors of the Romanian people) had already set up their statal and proto-statal communities in Transylvania.

Following the same inflexible, non-resilient pattern of the present chain of arguments, the Hungarian side again argues that the population of these secluded Dacian communities only existed in the *peripheral* zone of Transylvania, being restricted solely to the mountains. They were no real statal formations and by no means comparable to the official, West-acclaimed Hungarian kingdom. They were small villages, scattered loose in

proto-feudal fiefdoms, which had no modern political, administrative or judicial apparatus, no centralized administrative system compatible with the overlapping Hungarian state [2].

As world renown specialists argue, the present lack of clear evidence and the zero resilience attitude on both sides have certainty fueled the nine century long tensions between the Romanian and the Hungarian historians over Transylvania [1].

To most scholars in these two oppositional camps, it is still a matter of harsh dispute if the Romanians' ancestors (the romanized Dacians) indeed survived in Transylvania and whether they survived all over this region or only in disparate administrative forms, in its marginal areas. Moreover, other specialists argue that the first Vlachs (proto-Romanians) appeared in the area as late as the 13th century, after a northward migration from the Balkan Peninsula [3], [4]. There is an ongoing scholarly debate over the ethnicity of Transylvania's population before the Hungarian conquest: "almost certainly, the Vlachs came from the Western Balkans and only migrated into Rumania as nomads, abandoned it in the late thirteenth and early fourteenth century" [5].

It is paramount to mention that history may anytime be sagaciously manipulated and / or reinvented in order to justify the present, both by Hungarian and by Romanian historians. The historic(al) events that unfolded one millennium ago will always bear the shadow of (at least) some mystery for both debating parties. That is why any (Pre-)Modern or Postmodernm top-down nationalistic tendency to reinvent history may easily kindle ill-positioned, opinionated outbursts.

As history attests it, over the span of time 896 - 1920 Transylvania belonged to Medieval Hungary, followed by the Austro - Hungarian Empire, which practiced zero resilience-oriented policies. Tragically, during these nine centuries, although the Romanian population in Transylvania was constantly increasing, it was kept under the indomitable authority of the feudal Hungarian protectorate or government. The Romanian population had an ignominious secondary status, that is a status of a tolerated minority, without any political or civil rights, unlike the adverse, majoritarian Hungarian population. The exclusively Hungarian nobility in Transylvania filled the main political and administrative positions and politically dominated the Romanian "underclass" [1] until the 19th century.

The tragic outcomes of this non-resilience policy are detailed by Dr. Stephen Fischer-Galati, Distinguished Professor Emeritus of History at the University of Colorado: "The singling out of Transylvania and of the Romanians as central to Hungarian aspirations is ultimately related to the historic contempt shown by Hungarian ruling classes, and even by many of the non-ruling ones, toward their Romanian counterparts. The Romanians, whether in Transylvania or in the Old Kingdom, have been traditionally viewed as uncivilized, unscrupulous and inferior to the Hungarians. If Romanian leaders resented Tsar Nicholas's *bon mot* that being a Romanian is 'a profession rather than a nationality', if they expressed outrage at the Germans' concept of the *'Unmensch'* which embraced the Romanians with other peoples in Southeast Europe, it was the Hungarians' contempt for the Romanians that gave Romanian nationalism the greatest impetus since the late nineteenth century. The 'liberation' of Transylvania from Hungarian yoke was the primary goal of Romanian nationalists before Trianon, and conversely, the liberation of that province from the Romanian yoke became the primary goal of Hungarian nationalists after Trianon. Under these circumstances a review of the significance of Trianon for Romania is indeed desirable, particularly because of the continuing importance of the Transylvanian question in the 1980s to nationalists and communists alike" [6]. The same issue is debated in more details in Fischer-Galati's essay "Romanian Nationalism" [7].

It is of paramount importance to underline the following issue: the nine centuries of Hungarian domination in Transylvania meant nine centuries of pro-Hungarian / anti-Romanian policy perpetrated by the feudal Hungarian administration. This non-resilient policy prompted a direct outcome: it sowed the deep seeds of nationalism and inter-ethnic hatred between the two cohabitating communities in Transylvania. This serves as a premium example of subtle top-down orchestration of nationalism.

outcomes of top - down zero resilience: '*Fortuna labilis*'!

Taking a giant leap over the nine centuries of Hungarian domination, we arrive to another turning point of inflexibility and of zero resilience in the process of thriving nationalism in Transylvania: the Treaty of Trianon. It presupposed the turning of the wheel of fortune, as the concept of dominance stayed, yet the two terms 'Hungarian' and 'Romanian' swapped. Following the Treaty, the Romanians became the dominators and the Hungarians became the dominated. Transylvania was annexed to Romania. Nationalism, conflicts and tensions would further thrive.

The Treaty of Trianon, signed at the Grand Trianon Palace at Versailles, on 4th June 1920 by the victor Allies (the British Empire, France, Italy, Japan, Russia and the USA) deprived Hungary of approximately two thirds of its territory and population, thus being one of the most violent peace treaties that Hungary ever signed. Romania was rewarded with Transylvania, thus the long-disputed region was incorporated into Romania.

It was the victor superpowers' clever chessboard move to annihilate the Austro-Hungarian Empire and to attempt to preserve the balance of powers in the Europe. The British Empire was strong enough, so Western

Europe did not need a second empire. Therefore the Habsburg Empire was dangerous as well as superfluous, consequently it had to disappear from the map of the world in order to preserve peace and balance on the stage of international politics.

Hungary being defeated in World War One, the peace Treaty was a perfect opportunity for the world powers to chop up Hungary and annihilate her political and military power. The Hungarian representatives complied with the Treaty in Paris under vehement protest. They had no choice as Britain, France, Italy and Japan were pointing their threatening thumbs to them at the table of discussions: "the victorious Allies dismembered the Austro-Hungarian Empire by creating a number of so-called *successor states*. The idea was to replace the multi-national monarchy with smaller national states, who would jealously guard their newly won independence and thereby prevent a possible future expansion of Germany into East Central Europe" [8].

Top-down policy - zero resilience - tensions and buffer zones

Why does the Treaty of Trianon bear such special significance to the Hungarian nations? According to Illyés, "Trianon bears the meaning of a human slaughterhouse" [9], as the Hungarian state was torn apiece, losing two thirds of her national territory and two thirds of her ethnic population. Trianon became one of the most drastic, non-resilient measures in the history of Transylvania and it triggered further nationalism encouraged from above, *not by the leaders of the either of the two countries, but by the super-national world powers dividing their war plunder.*

This encouraged a rampant explosion of hatred and nationalism in the 1920s directed against the ever-long ethnic rival, the Romanians. The other countries which were allocated territories of the former Great Hungary were and are never seen with such enmity as Romania, who incorporated Transylvania, the buffer zone of nationalism.

Shah mat: further victims of the super-powers

Following the Great Unification in 1918, after the end of the First World War, the Romanian government commenced an anti-Hungarian / pro-Romanian policy, as a form of retaliation against the Hungarians, a form of dealing with their nine-century long painful past, when their own situation had been exactly the reverse.

As Stephen Fischer-Galati points out, it is probable that the Great Unification would not have spurred such vehement nationalism between the two states, if the Romanian government's steps had been slightly more malleable and resilience-oriented: "It is possible […] that the resultant dislocations could have been made less painful, had the process of Romanianization been directed […] for the benefit of the Romanians of Transylvania but in a spirit of reconciliation toward non-Romanians […] As for the Hungarians, their bitterness toward Romanians was exacerbated by the need to deal with Bucharest appointed functionaries and to cope with Bucharest methods of governance" [6].

As we may conclude, the intrusive authority of the world powers at the Treaty of Trianon served Transylvania to Romania, on the tray. That is why, to a certain extent the Treaty not only gave way, but also justified the subsequent political chaos between the two countries and between the two nations, providing the setting for a confused history between them, for the next few decades [10].

One form of Bucharest's zero-resilience policy regarded the status of the Hungarian ethnic minority: "in the greatly enlarged post-World War I Romania, the position of the Hungarians was of least favored" [10]. The ethnic Hungarians in Transylvania saw their land expropriated and redistributed to the Romanian farmers. Hungarian administrative and political dominance was swept aside and Romanian bureaucracy was installed. At the same time Romanian replaced Hungarian as the official language [1].

Furthermore, in the 1930s Romania witnessed the rise of a strong Fascist movement. It is true that anti-Semitism ranked higher with Romanian nationalists than anti-Hungarianism, still the enhancing Fascist movement perpetrated crimes against the Hungarian population in Transylvania. Mainly due to their preponderance in urban, commercial and professional activities, the Fascists saw the Hungarian minority as "exploiters of the Romanian masses" [8].

It was a radical shock for the Hungarian population in Transylvania: overnight, they were compelled to realize that they belonged to a different country, with a different citizenship, culture, language and religion. They lost their status of favored, ruling people to a miserable status of tolerated people. They were obliged to speak and use a foreign language which they had never studied and which they did not speak. Thus they could hardly establish any connection to the representatives of the new administrative or political apparatus, in official addresses. Experiencing a sinking loss of identity, they felt as foreigners in their own homes.

This is the prime reason due to which the Treaty of Trianon has been alimenting so much tension among the two nations. One swift brush of the pen and the non-resilient victor powers sealed the fate of almost two million Hungarians, opening a new age of acute enmities between the two countries. Having arrived at this

point, a paramount question arises: had the superpowers been informed about the possible long-term outcomes of the Treaty, would they have signed it with the same indomitable omnipotence? Had the signatory powers adopted a slightly more resilience-oriented position, would the nationalistic (even chauvinistic in the 1990s) clashes between the two nations have diminished?

Conclusions: non-resilience and A PEACE TREATY?

Let us reconsider the historic(al) interrogation: *how much peace did the "Controversial Trianon Peace Treaty" bring*? For the Hungarians "the word 'Trianon' is a symbol of national catastrophe" [11] due to their territorial and population loss. For the Romanian officialdom, it encouraged its anti-Hungarian policies. A straightforward reply would acknowledge that the Peace Treaty did not cause only peace within the *local* level of our discussion: as a toll for the European peace it sealed over the World War I fronts, the Treaty opened new channels of animosity between the two states directly involved, Hungary and Romania. Some historians even go as far as to consider the Treaty itself a "typical product of European nationalism, belonging to the tortuous history of Europe's reorganization according to the principle of nationality and nation-state" [11].

The Treaty of Trianon serves as one historic example of non-resilient top-down policies that indirectly encouraged local and regional conflicts. Unfortunately the inter-ethnic animosities further thrived in the second half of the 20th century due to the same indomitable, zero-resilience attitude of European and local actors: the Second Vienna Award in 1940, the Paris Peace Treaty in 1947, the totalitarian regimes during the 1940s – mid 1960s and the Ceauşescu Communist regime (1965-1989).

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The adaptability of needy families to a precarious social state

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Abstract

Within this study, the authors are atempting to prove that poverty in families may perpetuate untill it becomes common and a state of „normality". Actually, the content of the study is represented by the resiliency of poor families to socio-economic stress. What has occured in the political and socio-economic stage in Romania in the past decades has created a field suitable for the development of a behaviour that accepts poverty as a state of fact. The mechanisms that may explain this phenomenon are defensive, which go beyond the social learning within a family, to the instinctual background. In order for this paper to have a scientific consistency, among the theoretical notions that come from various sources, it will rely also on field sociological survey and a particular case study represented by Jiu Valley as a simptomatic area of Romanian poverty. In fact, the resiliency of famillies to socio-economical stress is a social adaptability created not by the survival instincts but by the socio economical lifestyle imposed by the governing. While analysing this type of resiliency we are not following to point out the imediate acomplishments of families within the social field but a deformation of behaviour that signifies the acceptance of a precarious social state with negative longtime effects.

Keywords: Resiliency, poverty, social vulnerability, adaptability, family.

Introduction

For a long time, the poverty in Romania has been a theme for contemplation, not necesarily in a scientific manner, but as a succesion of ideas and atitudes that make up a relevent pattern. A scientific knowledge of the phenomenon of pauperity and how it affects a large part of romanian families is required. Nowadays in our country there are many families that are confronted by a very harsh financial condition. A singular case isrepresented by Jiu Valley and families living in this area. The cause is directly related to the drastic reduction in mining activities and by default of workplaces. We have noticed that needy families fromJiu Valley share 2 major characteristics:

- They fit within the general frame of poverty in Romania
- They can only be described if we regard Jiu Valley as a disadvantaged area, in which economy is underdeveloped, without being influenced by the great reduction in mining.

Poverty is a grave state through which most of our country's population is experiencing. Poverty is defined as „a lack of material means needed for existance"[1]. In an absolute manner „poverty signifies a state in which the individual lacks the resources necesary for survival"[2] . In a relative sense, poverty „poverty signifies an individual's or a group's lack of resources when compared to other members of society – in other words, their relative lifehood."[3] In a world in which man wishes to have a confort that lives up to current civilisation, he is confronted, paradoxally, with the problem of poverty that affects him directly or otherwise. Poverty mai be defined as a state of permanent lack of resources needed to ensure a decent lifestyle, acceptable within the collective. [4]

Absolute poverty is relying on the idea of subsistence, the concept of minimum standard of living. How can we determine this minimum required to satisfy the basic needs? The concept of absolute poverty implies the possibility of establishing some universal standards and compared to these, the progress in eliminating poverty is analysed. However, human needs are interpretated more as physical needs (foo, clothing, housing) rather than social needs, still, as Townsend pointed out „needs are born through social roles and relations(...) they come from the fact of being parents, partners, neighbours, friends and citizens".[5]

Relative poverty is based on the idea of relative/comparative needs, established reporting to the well-being of the entire population. From this perspective, the socio-cultural context is noted, considering that fundamental needs take different forms according to the context. The needs are relative to the lifestyle of the

collective (house heating for cold climate, not for the areas where it's warm all year) or the the degree of development in the comunity (social development brings along new needs). The state of poverty depends on the differences between the needs of the individuals, their lifestyles, the environments in which they live, the moments in time we are refering to etc.

Beyond the income or the expenses of individuals, beyond how it evaluates others, poverty is about the individuals self apreciation, meaning that it bears the mark of subjectivity. The multitude of explanations for poverty can be synthesized in 4 great categories[6] *1. Poverty as a moral feature of the individual.* According to this approach, the poor are lazy, vagabonds, deliquents, socially inadapted. „the guilt" of being poor belongs to htem. Poverty is in this view an effect of personal, family or groupal characteristics. 2.*Poverty as a cultural trait.* The subculture of poverty is transmited through the process of socialization. „The culture of poverty" is a product of pauperity but also a source of continous deprivation, a self-perpetuating way of life that ensnares the needy in a no way out situation. 3. *Poverty as a structural issue.* Poverty is the effect of a structural tendency emerging from the socio economical organisation of societies: inequal distribution of wealth. The amrxist theory of exploitation, the functional structural approach and other such views have proven that the socio-economical system contains within several imbalances that can hardly be avoided and that afects certain indiviuals. *4. Poverty as an effect of the Welfare State.* The followers of this theory are unveiling two circuits through which the Welfare State causes poverty instead of eliminating it: *a. The structural circuit:* In order to eliminate poverty, the states asumes responsability of support, though for this it needs resources; to obtain these resources it increases fiscality, however this has the already mentioned negative consequences: investments drop, unemployment rises, leading to economical downfall and finally to increase in poverty. *b.The cultural circuit:*The generous benefits of the state lead to developing a colture of dependency, to a reduction of the responsabilities of an individual, family, comunity, to the diminishing of their capacities. The poor are victims of the paternalist state of Welfare.

1.1 Globalization and destitution.

The theory of globalization[7] examines the apparition of a global cultural system. It sugests that a global culture is being promoted by a series of social and cultural developed societies among which the worldwide phenomena fit in. Globalization represents today one of the most disputed themes, approached from several points of view. Ann Harrison [8] claims that there are obvious links between globalization and poverty. There are two ways through which globalization is accelerated: trade and international bonds. The usage of unqualified workforce in creating goods has a negative effect. Globalization may bring for the needy (persons or states) positive short-term effects, on the long run these effects may turn negative. Another issue that must be debated is the effect of globalization on developed countries. Among the positive effects (usage of a low cost qualified workforce) negative effects may appear such as the expansion of poverty into well developed countries.

1.2 Globalization of social policies.

The matter of globalization was recently reported to social policie, for welfare state (Deacon, 1997; Mishra, 1999) [9]. Globalization is analysed in the sphere of the social policies through the impact of similar processes of the economy and politics over social policies under several aspects: the globalization of social issues and policies to solving them; the world competition regarding social policies role models; the globalization of social policies concepts.

The unfavorable consequences of these changes as well as the measures society must take in order to counter them at a given time, have been synthetised in the sintagm „social costs". This concept has received over time from different authors many definitions, more or less complete. Therefore, academician N. Constantinescu (1992) considered that: „social costs are reffering to what the populations must support so that the country can get to the market economy" [10]. N. Dobrotă considers that social costs are „ costs of reform, that may be synthesised in the population's contribution, the disclaims it must accept towards building an efficient market economy." [11] These statements converge towards the idea that these costs are affecting negatively the material needs to make a living. Cătălin Zamfir and Lazăr Vlăsceanu have pointed out defining the concept of social cost, the economical and non-economical resources spent in order to accomplish social activity and the negative effects resulted from the social activity [12]. This means that a complete definition must encmpass the deteriorations that take place within the material and spiritual conditions of a segment of the population, aswell as the effort, mostly financial, made by the state to limit these deteriorations as much as possible. Poenaru and Molnar (1992) define the dimensions of social cost with the help of two large categories of analyses: those reffering to „negative or unwanted change that occur in people's existance conditions reporting to natural evolution or a standard of refference" and those that „regard the necesary costs in order to elliminate negative aspects of social development or associated to promoting some policies (programs) that follow the accomplishment of precise social objectives" [13].

The needy family. If we are viewing poor families, we must think about the possibilities of social protection. Elena Zamfir, sociologist, defined the role of the social protection system as a support for people, groups or comunities that are „ in difficulty and cannot live through own resources a life that is according to what is considered the normal minmum standard of living" [14]. Altough relatively independent to the society in which it is formed, the family is determined as a last resort and conditioned in it's organising and evolution by the way that society reflects. What is stable and definitive for any kind or type of familiy existance is it's essence of „unity of personal interactions and intercomunications, engulfing the roles of husband, wife, mother, father, son, daughter, brother and sister'[15], constituated through mutual shared affection. Some authors such as Giddens, define the family as a group of people linked directly through kinship and the adults take on the responsability of raising the children [16]. Giddens also says that „kinship are relations between the individuals established either through marriage, descendence that makes consanguinity (mother, father, children, grandparents) Marriage can be defined as a social recognition and approved sexual union between two adult individuals. When two persons wed, they become relatives; the link of marriage widens the area of kinship. Parents, siblings and other blood relatives become kin of the partner after marriage"[17].

Starting from the numerous given definitions of family, soem authors have outlined a series of family features [18]: the existance of a certain number of people; their reunion is imediatel precedated by marriage; between the group's members there is a series of law guaranteed rights and obligations; interpersonal relations, biological, psychological and moral; psychosocial atmosphere; ruels and regulations regarding the conduct of family members; structural organization, with a certain distribution of roles and tasks; carrying out certain societal functions.

The quality of family life, according to C. Ciorfu [19], is influenced by a series of factors, we will point out only those that have a signifiant impact: *Economical status* – the growth of income implicitly leads to a growth of demands, the desire to benefit from other services and facilities. The lack of money becomes for some families a very powerful stress factor. This may constitute a source of family instability. *The parents' workplace* – the family and it's needs are in conflict with the tasks that parents must handle at their workplace, however if the mother stays at home, the economical level drops drastically; *The role of a mother* – provided at superior parameters. There is a permanent conflictual situation between her status as a mother and that of a member of society; *The role of the father* in the family is not about his masculinity but about the way he manages the family's life.

The resiliency of needy families. The resiliency of the family is an ability to adequate handle the circumstances of life. „Family resiliency , in time's perspective, will be all about the succes in acomplishing intra and extrafamilial functions (at societal level) and obtaining positive results (...) despite adversities that a family is up against" [20]. We consider that the adaptability of needy families to a precarious social state fits within this given definition of family resiliency.

Methodology

The applied stepts in reasearching the adaptability of families to a precarious social state are relying on a sociological research, and it's theme is: *local social policies for granting support to people with no or low income,* a reasearch undergone in the year 2012 on a sample of 820 people from the poor families of Jiu Valley and that are in their townhall records in order to benefit from welfare. This research is based on the following hypothesis: *a. If people from needy families are are sufficiently supported and on time through means of social protection, they will display a normal social behaviour. b.The lower a municipality's financial resources, so is the possiblity of aiding needy families. c.The lack of money and other resources required for a normal life causes a growth in felony and the deterioration of the family environment. d. The poorer tha families are, the higher the risk of children flunking out of school.*.

The sample used for the purpose of this researh was made based on the method of interrelated odds (age, gender and population share within each of territorial administrative unit from the six towns that make up jiu Valley) is representative for the entire population, which allowed extrapolating results. The instrument of choice was the sociological questionnaire applied on the field study by students at the respondents residence as a direct inquiry, face to face type. The purpose of the research was to point out the situation of families with low income and their adaptability to a certain state of poverty.

Results

Needy families are quite vulnerable especially to the lack of material needs. However, we can point out hte fact that poverty does not influence in a decisive way the degradation of the functions of the said families. They manage to survive and even more than that, they fullfill their major tasks at educating children, maintaining a proper environment for the developing of individuals.

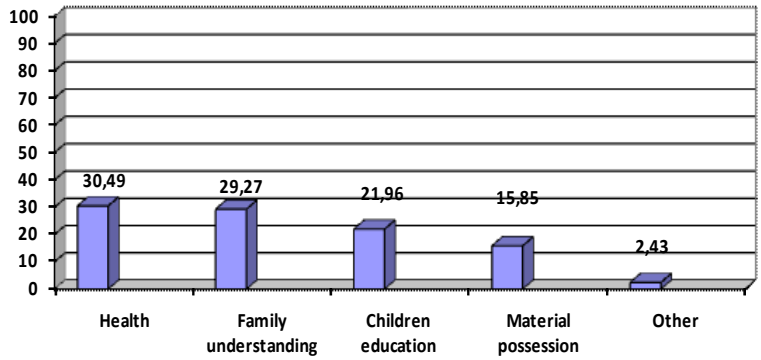

Fig. No. 1 – The most important thing in a family's life (%)

In the graph above, we can see that the subjects' first choice is health (30.49%) followed by family understanding (29.27%), not far behind is children education (21.96%). Material possession barely on 4th place with 15.85%. We may conclude that needy families of Jiu Valley do not necessarily prize material wealth despite that on many occasions even the basic items are lacking. It is suprising how these families manage to keep a certain normality and do not fall into a state that might lead to destruction. We cannot deny that poverty may become a danger to families that reach the edge of survival. For these families, in order not to degrade themselves, it is necessary that the responsability of the local administration increases. Material support is absolutely necessary especially for the children in needy families not to abandon school. Unfortunately school dropout is rising in Romania.

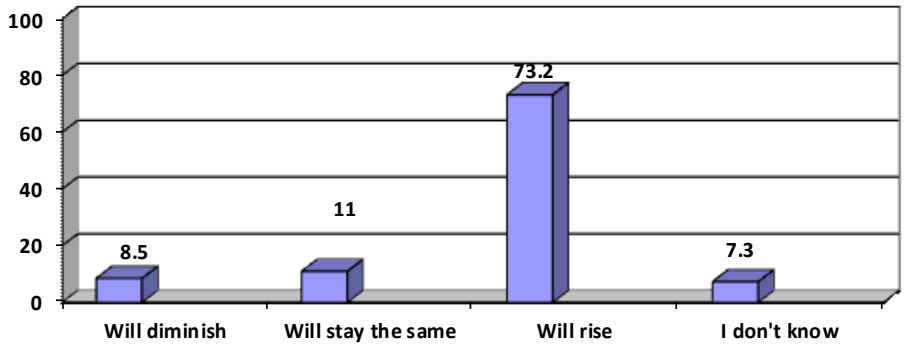

Fig. No. 2 – How is family poverty seen in the future (%)

From the graph above we notice that the most subjects, representing 73.2 % believe that in the future families will get even poorer.

I believe that this category of subjects has the dark perspectives in sight of the closure of the mines. In these conditions is not very likely that local administrations will have the capacity to grant support for needy families if they won't be in turn supported by the state's central institutions.

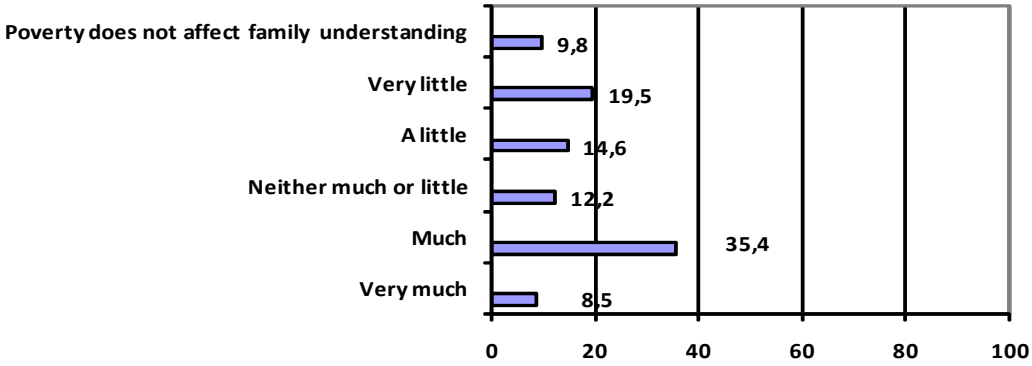

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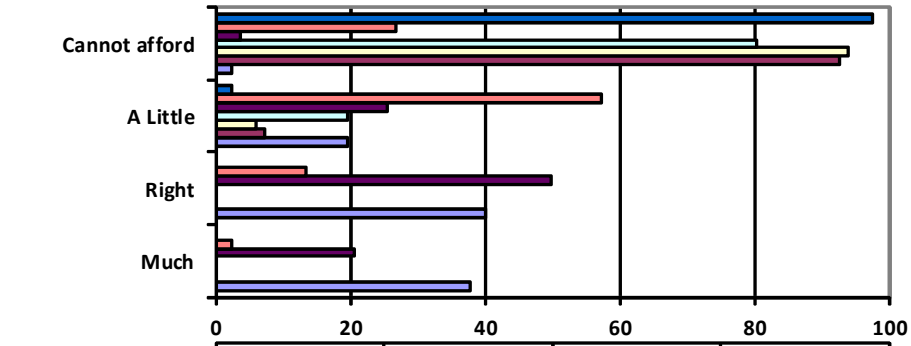
Fig. No.3 – How much does poverty affect family understanding (%)

It is difficult to assume how the relations within a family can evolve wehen it reaches abject poverty. Everything seems to be allright if the family is solid, but when the required money for living, for sending the children to school, for food are missing, problems may appear that affects the peace and family understanding. This aspect, we believe, is understood by 43.9% of the subjects that considers poverty to affect much+much (negative) the family climate. Only 9.8% believe that poverty, regardless of it's level, does not interfere with family climate. Probably this category of subjects is right from certain points of view of the fact that a stable family does not come apart easily. On the other hand, a state of prolongued poverty may deteriorate the relations from within if it gets to alcohol abuse and frustrations caused by the lack of material means.



	Much	Right	A Little	Cannot afford
Car			2.4	97.6
Electrical appliances	2.4	13.4	57.4	26.8
Second hand clothes	20.7	50	25.6	3.7
New clothes			19.5	80.5
New furniture			6.1	93.9
Superior quality food			7.3	92.7
Inferior quality food	37.8	40.2	19.5	2.5

Fig. No. 4 – The capacity to purchase certain assets (%)

From the previous image it is clear that the families we questioned are in a precarious state. This situation results from the statistical data according to which there is no capacity in order to purchase anything but inferior quality food and second hand clothes. In very high percentages, the questioned subjects cannot afford to buy : superior quality food – 92.7%; new home furniture – 93.9%; car – 97.6%; new clothes – 80.5%. I believe

that this statistical situation says everything about the state of the questioned families and about their capacity to ensure the come up with the necesary money for their children's education.

Conclusions

1. Jiu Valley has low financial resources, but these resources will further diminish byt the gradual closing of the mines. The subjects' perception is that the local, county and also central institutions are not sufficiently implied in eliminating poverty and unemployment.
2. The lack of money and other material assets leads to the increase of felony. A common theft is that of scrap metal, copper or other metals that are taken to collection centers. If we consider that some industrial sites have been fraudly decomissioned and sold by important state institutions, then the theft of scrap metal for survival may seem a minor deed.
3. the increase of poverty in some families determines, in some cases, a deterioration of the familial environment. The lack of money leads to tensions and even permanent raptures in some families
4. A part of the children that come from needy families, including from the reaserch subjects are absenting alot from classes. This implies a growth of school dropout. The main cause is the lack of money and other goods needed to live, up to 59.8%.
5. Local social policies, at the level of jiu Valley tried to solce social cases however because of lacking funds only a part of these cases are somewhat resolved. This endangers the stability of the family itself and we beliee that the phenomenon of romanian needy families' resiliency has as it's cause the tradition of stability of the romanian family, however, the danger of degradation is always present and it may cause this tradition to dissapear in time.

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Resilience and social risks management. Concepts and policies.

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Abstract

Especially considering the overarching objective of sustainable development, and the specific challenges of ongoing societal, demographic and economic change, Social Risk Management and Social Resilience, both relatively new concepts and social policy paradigms, seem to be closely related. According to some authors, the realms of SRM and SR overlap, while other authors suggest that social resilience represents an alternative to social risk management approach. This paper aims to build on the available literature in order to delineate an integrative analytical framework of the relationship between the concepts and policies of SRM and SR. We would argue that a sound, healthy and sustainable social risk management system is a prerequisite for the resilience of individuals, society and institutions confronted with various threats, stressors and shocks. At the same time, high resilience at various levels of social systems and institutions would provide support and sustainability for social risks management system and instruments. We also intend to highlight the main social and economic policy tools able to enhance social resilience and the functionality of social risk management systems.

Keywords: social resilience, social risks management, social protection

Introduction

In the context of irreversible and unexpected change, of continuous and ubiquitous incertitude that confront the existence and evolution of most socio-economic and ecologic systems, achieving the ultimate goal of sustainable development requires new paradigms, new strategies as well as new political and social tools. Among them, social resilience and social risks management have emerged as different, yet convergent and interdependent concepts with critical inferences at social policy level. This paper aims to build on the available literature in order to delineate an integrative conceptual framework of the relationship between the concepts and policies of social risks management and resilience.

Social Resilience

Against the framework of multiplied and diversified risks, of high heterogeneity within growing vulnerable social groups, of increasingly multidimensional nature of hazards' impact, the theoretical and political discourse has integrated and progressively brought to the foreground the concept of system resilience. Substantiated, and elaborated especially in the ecological and climate change setting, this concept has been adopted and adapted to more and more theoretical and empirical research fields its core meaning refers to the dynamic ability of a system to cope with and respond to change and hazard while maintaining vitality, basic functions and structures [1], [2].

The long-term social and economic perspective of development has also assimilated and endorsed *resilience.* Given soaring predictable or unexpected threats, as well as divergent and challenging processes associated to economic, financial, cultural globalisation, demographic ageing and climate change, it has become self-evident that the resilience of the economic and social systems is to be considered a pre-requisite for sustainable development and, therefore, a primary goal for policy makers and for society as a whole and local communities as well. [3], [4], etc

Applied to the socio-economic area, resilience may be defined as the ability of a social unit (be it at micro or macro level, from individual, to organisations, communities) to mitigate hazards, cope with the hazard aftermath when it occurs, to achieve recovery shortly and with minimal social disruption and to anticipatively diminish the effects of future shocks [5], [4]. A high level of resilience decreases the probability of failure as

well as the necessary time for full bounce back, for recovery and avoids long-term downturn in socio-economic development progress. [3]

In the current literature, the concept of resilience jointly encompasses the capacity to absorb, accommodate stress and hazards through resistance or adaptation, the capacity to maintain basic functions and structure during hazards, as well as the recovery and regenerative abilities through learning. [1], [2], [6]

This involves, consequently or simultaneously, disturbance absorption, learning, adapting and system reorganization processes and, therefore, there is increasingly more focus placed on understanding *resilience* as a process rather than an attribute, a trait. [3], [6], [7], [8], [9]. Resilience does not involve, nor encourage obstinate determination for sticking to a previous equilibrium, but readiness for change, for undergoing processes of transformation that lead to vitality, functions and roles preservation. Therefore, resilience is not a state but a dynamic set of conditions, not an outcome, but a process that involves learning, adaptation, anticipation and improvement in basic structures, actors and functions. [3]

Lately, the systemic approach has also been increasingly accentuated in the literature, with emphasis placed on the jointly contribution of a wide range of stakeholder in conceiving and implementing the best strategy for achieving resilience. [2], [3], [7], [10] Another component is that of ensuring that individuals and communities themselves are actively involved in the process of change [11], [4]. Also, the system-based thinking should therefore replace the fragmented responses to hazards.

Resilience is closely connected with *vulnerability*. Some authors define and measure resilience as the opposite side of vulnerability [7]. While vulnerability is generally described as the degree to which a system may be affected by or negative consequences of a hazardous event [2], [3], [7], [12] and understood as a function of exposure to risk and coping capacity of the system, resilience appears to be the positive expression of the ability to deal with hazard, providing insights on how a system may become less vulnerable.

Yet, other authors argue that resilience goes beyond being the opposite side of vulnerability, to the capacity of a system and individual to manage change and eventually thrive in the context of dynamic systems, to capitalize upon incertitude and transform threats into opportunities [14], [15]

Some authors, [16], [17], depict, among the main dimensions of social resilience: threats, capacities, enabling factors and outcomes. This perspective links resilience to risk factors, arguing that the resilience level of the same system may vary largely from a type of threat to another. Capacities to deal with risk and change may be reactive and proactive, thus choosing either coping instruments or mitigating instruments. This choice is largely determined by access to capital, be they economic, cultural or capital. Among the enabling factors, one of high importance appears to be the public institutions as they shape rules and regulations, facilitates communication and learning processes. Outcomes may encompass a large array of probable or certain, short-term or long-term, positive or negative consequences, depending on the above mentioned elements.

Social Risks Management framework

In the realm of social protection policy approach and design, the same processes and tendencies mentioned above have imposed the necessity of a new paradigm which would finally be able to address the frailties of the traditional social protection systems regarding their efficiency, efficacy, viability and sustainability in ensuring protection against risks and providing social assistance to all individuals. Outlined in the strategic paper of the Social Protection Sector of the World Bank [18], this paradigm has been gradually adopted and developed in the literature and policy of social protection and social sustainability. The *social risks management* (SRM) *paradigm* presents several differentiating traits that would eventually lead to new political approaches and strategies.

At the core, stands the integrative systemic view which inter-relates and activates multiple social actors, a wide range of social risk management instruments.[10], [19]. Fighting many budgetary and logistical restrictions, the state resigns its position and role of sole creator and administrator of social risk management instruments and resources and undertake a new role which, even though as central as before, focuses more on coordination, activation, empowering of system's elements and relationships, ensuring its functionality, equity and ethics. Therefore, the new paradigm extends the responsibility and capacity beyond the state interventions towards the private domain, be it the informal or market realm [20], [21], [22], [23].

In the system of social risk management, all actors, from the individual at risk, to household, community to market agents, NGOs, international donors and governmental institutions, acknowledge and undertake responsibility and active role, providing instruments and resources while following their own specific interests and objectives. Moreover, the risks under consideration are no more confined to a list of major social risks, but are generically defined through their impact on the individual and societal welfare [24], [25], [26].

Also, the traditional social protection main objective, that of providing assistance to people hit by hazards, is extended and the focus shifts from ex-post intervention, to anticipative, ex-ante strategies of prevention and mitigation. Thus, in the centre of the social risk management is the individual / community at risk and not only the risk itself.

The goals of a functional social risk management system are multi-fold, concentrated on empowering the individual to diminish exposure to risk and amplitude of negative consequences in case of risk materialisation. Therefore, they encompass (1) ensuring a minimum living standard through granting access to basic goods and services, which include health care, education and life-long learning opportunities and professional development and reorientation; (2) developing proactive strategies and policies with preventive and protective role against the social risks, which would join the ex-ante, reactive, risk-coping interventions; (3) promoting and developing the potential and opportunities of individuals, communities and society.

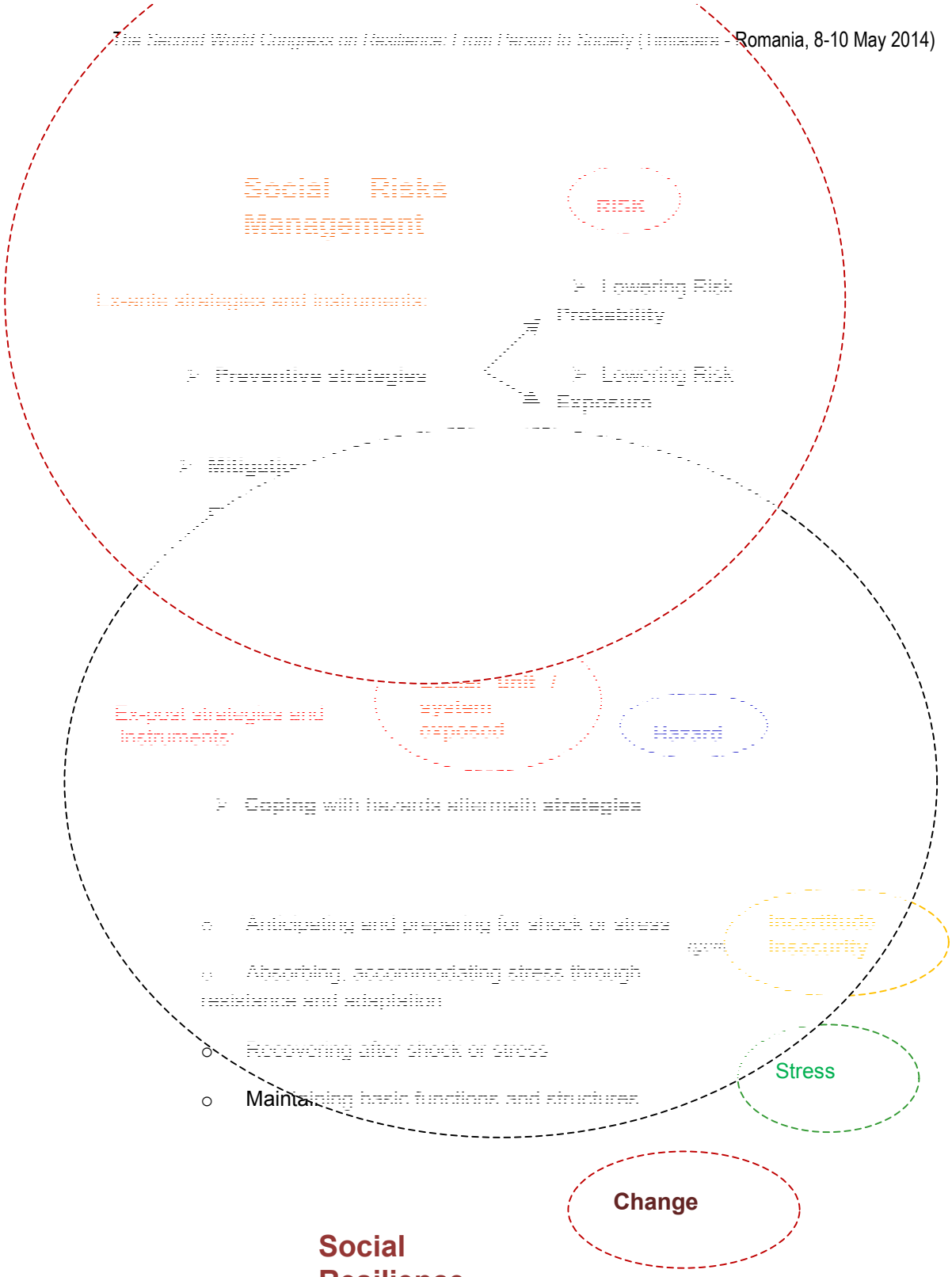
The social protection functions have, consequently, multiplied, adjoining promotive, empowering, equity ensuring, developing, transformative and adaptive functions to the traditional protection and support functions.

The main principles guiding the strategic options design, selection and implementation, are: (1) *the integrative management principle* that rely on the systemic character of social risk management and requires integrating intersectoral policies, actors with divergent interests and different resources and influence, distinct social protection programs. (2) *the person-focused principle* outlining the necessity to tailor social protection interventions and instruments, based on a holistic approach that considers the individual's specific background, social, economic and educational context. It calls for an active involvement and co-participation of the person at risk in the design and implementation of strategies; (3) *the vulnerability-focused principle* that requires a thorough causality chain analysis, in order to identify upstream risk factors and vulnerability sources; (4) *the anticipative management principle*, as, drawing on risk-factor and vulnerability analysis, preventive and mitigating ex-ante strategies present more effective and durable results, as compared to ex-post strategies; (5) *the empowering principle* which involves rendering all social stakeholders responsible and empowering them. Inter-institutional cooperation and communication is vital for optimal addressing the needs and vulnerabilities of every individual at risk.

Resilience and Social Risks Management, common ground and particularities

With *resilience* as a pre-requisite for, and *social risks management* a vector and essential instrument of, sustainable development, the relationship between the two concepts is, obviously, multi-fold and bidirectional at theoretical as well as political level. They meet on common conceptual background, as they:

(1) have both evolved as an answer to contemporary generalized environment of risk, uncertainty and insecurity and a search for formulas for preparedness, adaptation and survival [3], [27];
(2) are applied within systemic frameworks, endorsing holistic approaches in system analysis, from individual, households, communities through to sub-national and national levels;
(3) are both hazard oriented and provide important background for strategic options for managing uncertainty, risk and hazard;


Social Risk Management
Risk
Lowering Risk Probability
Lowering Risk Exposure
Preventive strategies
Mitigation
Ex-post strategies and instruments
Social Unit / system exposed
Hazard
Coping with hazards/disasters strategies
Anticipating and preparing for shock or stress
Absorbing, accommodating stress through resistance and adaptation
Recovering after shock or stress
Maintaining basic functions and structures
Uncertainty Insecurity
Stress
Change
Social Resilience

(4) focus on the entity at risk, on understanding and reducing vulnerability while strengthening adaptive and coping capacity;
(5) endorse employing proactive and ex-ante policies. [7], [17];
(6) are closely interconnected with vulnerability, which stands as a core primary concept for both resilience and social risk management [4];
(7) accentuate the importance of the active participation of the system exposed in preparing for and recovering from hazard and stress [28];
(8) both call for sharing responsibility among social actors and for active involvement [28]. Therefore, a short review on both the dimensions, factors and functions of resilience on one hand, and social risks management principles and functions on the other, reveals high compatibility between the two concepts. (Fig. No.1)

Yet, there are significant differences between the two concepts that justify complementarity beside partial overlapping. While both are focused on vulnerability and the social unit at risk, the social risks management paradigm deals with the social risks, as well. It provides the background for designing strategic alternative for lowering the probability of hazard occurring, as well as the social unit's exposure to it. Resilience thinking, on the other hand, acknowledges and accepts the reality of omnipresent risk and unpredictable hazards. It does not fight the negative event probability, but its impact and outcome. Therefore, resilience provides and all-hazards approach [7], [29] being concerned mainly with the system capacity to respond, adapt to and recover from, any stressor or shock, with learning to live with uncertainty and change [7] and with re-entering the upward development trajectory. It addresses preparedness for impact, aftermath management and transformation process. Moreover, resilience framework encompasses, beside the management of (short-term) hazard and shock, the very challenge of change and long-term stress that may also alter, to an even higher degree, the viability and development of the system.

Conclusions and policy implications regarding resilience and social risks management

Given the close relationship between the two concepts, it is apparent that a system effective in managing social risk is, also, more resilient to shocks and stress. And, also, a resilient system is more effective in managing social risks, no matter the risk.

According to current literature [3], [4], [7], [9], [29], [30], [31], [32], there have been identified several factors and inter-related characteristics determinant and conducive to high resilience:

- a high level of diversity in terms of asset base (capital), actors and opportunities. Availability of, and full and easy access to, complementary and interchangeable assets – which include both tangible as well as intangible resources – is critical to a system ability to mitigate and cope with risk. Also, increasing the diversity of actors fosters diversity of views, development of new thinking and approaches.
- Well-developed, strong and convergent social institutions (understood as the "rules" that govern belief systems, behaviours and organisational structure [33] and entitlements are essential as they mediate access to and control of assets, responsible involvement of all actors, information and knowledge sharing, etc.
- a high level of connectivity between institutions and organizations allowing for information, knowledge, evaluation and learning flows – formal or informal – among systemic elements. Appropriate knowledge and information regarding potential threats allows for thorough understanding of future change and prepares social systems for adapting and transformation.
- a certain level of redundancy that allows for some components to collapse or to be damaged without endangering the whole system
- a high level of flexibility in decision-making and solution implementation which entails, also, collaborative and innovation oriented governance, multilevel partnerships.
- the quality of being equal and inclusive of its component parts regarding risk distribution
- the level of social cohesion and capital which support individuals within social structures
- a new mind-setting assimilated at all systemic levels, from the individual to communities and institutions, which is open to living with change and uncertainty, which forsakes the desire for stability and certainty, that accepts to always expect the unexpected
- propensity for, and capability of, innovation at macro and micro levels. This is tightly dependent on knowledge and information flows, on communication.

Therefore, the policy interventions aiming at increasing resilience and effectiveness of risk management should increase diversity in asset base and instruments, connectivity among the social actors and their knowledge bases, learning, reflexivity, redundancy, equity, inclusion and cohesion [3], [4], [7]. They should also foster

technological innovation, as well as social innovation, which proves critical to depicting the best solutions and their optimal implementation.

As yet, the above conclusions are merely hypothetical and theoretical. Future research should aim at empirical substantiation, employing relevant indicators for both resilience and social risks management.

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Building resilient practices in a sustainable regional development context

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Abstract

Stakeholders in the regional development are subject to external events that may sometimes destabilize them or even to make them disappear. Changes can be brutal but also take the form of silent transformations. In all cases, it is important to allow the system to adapt and cope.

The present paper considers that the dynamics of a sector depends on two factors: the identification of the system variables and the understanding of their interaction on the one hand and the ability of interaction between different groups of actors who must contribute, together, to solve the problem, on the other hand.

In order to present the potential of the approach, this paper considers a case study: the person-environment exchanges in the context of developing sustainable society at European level. The aim of this study is to examine the processes that render individuals at risk to all stress situations and resilient in the face of it, dealing with various theories like interpersonal, action and human ecology theory. This type of approach identifies leads to be explored for attaining the objective of systematically integrating risks into urban and rural environments.

The results of this study show that, on the basis of realistic assumptions, the resilient practices can design and plan future sustainable communities, and can create a new form of risk management that does not ignore what already exists, but integrates it in the same way as if it were new, which improves the quality of life of its participants.

Keywords: Resilient practices, interaction, regional development.

The novelty of regional development concept

Generated by the transition, the concept of regional development is a topic that is very frequently treated. The region may be defined as a social system in which the private property is mainly present and that represents at the same time the scene for the influential manifestations of the parallel economy. The regional development remains the central social and economic entity that contributes to the implementation, in a specific territory, of the subsistence strategies but that, at the same time, begins to define its accumulation strategies [12], [11].

The concept of regional development is generated by the concept of economic development and it focuses on the aspects related to the territorial or local development [23]. The regional development "supposes the use of resources (first of all, of local resources, but also of the resources obtained from the national and international environment), in order to increase the general competitiveness of the territory and the adaptability degree defining the production components and the functional components, according to the structural needs for adaptation and, finally, from a macroeconomic perspective, in order to reduce the gaps existing between the different components of the structure that defines the national economic space" [24], [8]. In addition, regional development is a concept that aims at encouraging and at diversifying the economic activities, at stimulating investments in the public and private sector, at contributing at the unemployment decrease and at introducing an improvement of the standard of living.

In the current research environment, we frequently use the concept of regional development, defined as a quantifiable fundamental operational category that includes all the components and the relations existing between the economic, social, cultural and environmental components of a certain territory, irrespective of the dimension of that specific territory. The economic field was always interested in the localization of these

components and in the relations established within the regional development, trying at the same time to find the position that they occupy in the social and economic system; it was also interested in the mutual relations established between these components [16], [22]. We have reached the conclusion that these components are very frequently localized in such a way that they form networks defined by different configurations. In some cases, these networks can be interrelated in a regular way and, in other cases, they can be defined by a chaotic social and economic disposition [19].

The features of regional development are generated by the great quantitative and qualitative variety of the elements that form a specific territory, but also by the relations and the local connections established between the natural components, on one hand, and the social and economic components, on the other hand [22]. Therefore, every regional development has some metrical dimensions expressed by: surfaces, volumes, distances, etc.; some of them are set *a priori*, with the help of the administrative and territorial limits or with the help of subjective delimitations, generated by the need to study a certain territorial form [9], [15]. The progressive process of regional development results from the exchange that takes place at the level of each component, thus generating "feedback" reactions, meant to produce structural changes that affect the whole system [16], [5], [2].

In addition, such a type of growth supposes the development of the activity by humans and for humans, through exchanges of goods and services, as well as the development of information and symbols [22]; since the economic agents represent the active decision-making factors in case of any activity, according to the economic order and during the regional development process, the economic structures are closely related to the mental structures and to the social structures through mutual relations [18], [1], [29].

The resilient practices: a concept to define and an approach to build

Among the development approaches, we think that the micro approach, based on the concept of local or territorial development, represents the relevant analysis level that may help us define the existing territorial dynamics and the possibilities of implementation. We should understand the resilient practices only in relation to this context [1], [25], [30].

These practices are those that grant to a specific system the possibility to resist the social and economic perturbations that may occur, to adapt to the adverse circumstances and to be reorganized, according to the existing conditions, in order to always preserve its essence [4]. In several research papers, we have discovered the idea according to which the past exposure to shocks plays an important role for the building and the strengthening the resilience capacity of a specific community [10], [6].

According to this context, the resilient practices emphasize collective decision and scientific exploration.

The emergence of resilient practices based on this cooperation effort is the result of a long and sinuous process, implying several actors (member States, the European Commission, the Committee of the Regions, the European Parliament, the Association of local communities). This emergence was generated by a double parallel movement [14], [17]:

a) on one hand, the search for an official acknowledgement through the treaties concerning the European construction;

b) on the other hand, the action on the ground, mainly supported within the policy of economic and social cohesion by the relation between the individual and the environment. This was called, for a long time, regional policy.

At the European level, the trend is to implement a balanced development of the Community territory, the attenuation of the structural gaps between the regions of the European Union, as well as the promotion of effective equal opportunities for people [13]. The idea of a balanced regional development does not only refer to the level of economic performance, but it also concerns several components related to the social, demographic and environmental features of different regions [26]. Thus, the resilient practices refer to the concept of "development" in its plural meaning and according to its diversity in a certain territory. Then, the aim of the attenuation of the structural gaps emphasizes the need to adopt a dynamic perspective of regional development, like a process that has to be ceaselessly observed [26], (27]. The successful, creative and innovative regions have the tendency to separate themselves from the others; this becomes a problem only when the development tendencies are defined by efforts of self-consolidation during long periods. This double nature of the regional gaps, namely the necessity and the eventual threat, explains the need for constant landmarks set between the stakeholders [4], [28].

Finally, the implementation of effective equal opportunities for people makes us approach the concept of accessibility, understood as the access to services provided to people and companies, thus implying the idea of spatial justice.

The "ingredients" proposed by the resilient practices in the context of sustainable regional development are the following: communication, concentration, connectivity and cooperation. They can be resumed using the

formula 4C. In this framework, the resilient practices are multi-sectorial and multi-scalar steps; they must be understood in a non-static and progressive meaning and they should be integrated in the policies of multi-level governance. The success of the implementation of these practices could be ensured by the creation of synergies between the economic, social, administrative and educational field, providing that this approach is based on the needs of each participant involved in the development process and that confidence is generated by coherence, transparence and credibility [20], [3], [21], [22]. These practices imply a process that supposes the participation of all the factors involved the global proximity of the situations and of the partnership agreement and the accessibility to technology of the Information Society for Development [7], [22].

The implementation of resilient practices within the Community policies and strategies

The concept of resilient practices is understood by the vast majority of European actors as a transversal concept that cannot generate a specific policy and cannot be assimilated only by the policy of economic and social development. Its vocation is to be implemented in all Community policies, because a single policy cannot remedy by itself all territorial inequalities generated by the sectorial policies [26],[28].

The current society is defined by the omnipresence of governmental measures concerning sustainable regional development. Therefore, the sustainable regional development is a complex issue requiring relevant solutions that imply the three development directions: the social, economic and environmental development [22]. But, in addition, we need to identify and to implement the solutions that generate the desired or expected advantages and that are acknowledged by all the stakeholders involved in the process, because the success cannot be obtained without voluntary and conscious acceptation. The concepts of rationalization and of performativity are threaded throughout this argumentation, because they set the action framework of a territorial organization through theoretical strategies and they allow the respective organization to solve various crisis situations [9], [4].

These descriptive strategies evaluate a noticeable truth, while the interactionist approach, as well as the resilient practices, reveal the capacity to act. Let us give an example in order to better understand this difference. Let us think about the measures stipulated in the local plans that have in view the sustainable development of a territory. These measures do nothing but describe a certain reality, but they do not provide any hint for the understanding or the interpretation of the existing situation. Thus, these strategies remain superficial. They do not allow us to understand the dynamics that has generated the specific result. Thus, we emphasize the idea that the resilient practices refer to the factors that generate the phenomena [7]. According to these practices, the noticed reality is the result of an interplay that manifests itself through the alliances and the opposition established between the actors in a certain territory. We have to recreate this interplay in order to better understand the economic and environmental results. These interactions can be evaluated through some indicators issued by the analysis of the social networks. These indicators may be interpreted and explained. They help us to better understand the context that manifests itself through social, economic and environmental actions.

For a long time, we have thought it was impossible to reconcile the sustainable development, the economic growth and the crisis situations; nevertheless, there are nowadays new emerging patterns that refute this idea. The capacity of an organization to maintain stability in a context of unexpected transformation represents the paradoxical principle needed in order to understand its functioning from a single cell to the whole. The key to success concerning the process of sustainable regional development is represented by the territorial resilient practices. Thus, when we approach these practices, we take into consideration several steps: the context analysis, the problems, the possibilities; we try to define the objectives and the decisions concerning the strategic choices and, in particular, we formulate eventual action programs. In order to carry out these steps, we use interactionist indicators that allow us to carry out the evaluation of the situation in a constant and coherent manner. The constant check of the economic, social and environmental situation, based on the above-named indicators, allow for a more flexible adaptive management compared to the large-scale reference to regulations.

Conclusions

According to the considerations above, territorial resilient practices propose a regional development process, conceived according to the personal freedom, to the freedom of choosing from various options. The objectives of such a proposal exceed the limited framework of progress registered at the economic level and focus on the implementation of strategies and efforts that aim at satisfying the basic needs, in order to maintain and to protect the social and natural environment and at promoting the self-respect, the sense of value of the own resources and the freedom of expression in what concerns the economic, politic and social issues.

The understanding of the interplay, of the rules and of the influence that govern the appropriation and the use of space, as well as the implementation of territorial resilient practices in the field of organizations may

generate a positive impact on the local development and may turn out to be rewarding, implying an improvement of the structural balance.

These practices represent various steps of the strategic structure described above, implying successive and operational procedures, as well as values and hypotheses that help us identify and set the development goals, the methods through which these goals may be reached, the possibilities to evaluate the state of achievement, as well as the eventual corrections, if these goals are not reached. These corrections refer to a complex process of planning that cannot be defined as a simple succession of action steps, but that represents the crucial component of the strategic structure as a whole.

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Analyse d'un système de résilience culturelle à partir d'une personne en proie à une crise suicidaire à l'île de la réunion

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Abstract

Practiceing in L'ile de la Reunion we gained the conviction of cultural group's importance in approaching the distress states of a subject unable to find its own solutions for the suffering.Empowered by the cultural repertoire, the subject express and codify its suffering into standardised symptoms provided by the group.The first step involves the subject and its group into restauration of an harmonious state.We wanted to expose the example of a young man passing a suicidal crises and the fact that the resilience system based on the cultural reservoir can face the state of distress.The manner the resilience system functionates, insures the protection of the psychism, obliges the patient to follow a code which allows to pass through the sufferance, to heal, and finally to repare the ill enveloppe by injecting the "good" and ejecting the "bad".Against the harmful side of globalisation, the cultural resilience system configure an ethnic and individual frame able to insure the protection and organisation of the psychism.

Keywords: Witchcraft, cultural resilience, misbehaviour, ethos.

Introduction

Le concept de résilience popularisé à partir des années 1980 s'est d'abord construit sur l'idée que la capacité de faire face à l'adversité était une affaire où il fallait surmonter les stress et autres traumatismes à partir de ses ressources individuelles. Sans remettre en cause cette philosophie, il est apparu assez rapidement que le développement de la résilience était aussi une affaire collective : Une personne se construit à partir des fondements culturels de son groupe et puise dans son *ethos* les ressources pour faire face à l'adversité. Lambek (1999) indiquait déjà que la résilience d'une épouse maltraitée par son conjoint à Mayotte résidait dans le fait de demander le secours du groupe familial pour qu'il soit mis un terme à la maltraitance et non dans sa capacité à résoudre la situation par elle-même.

Par la suite Ionescu (2010) s'est attaché à développer le concept de résilience assistée qui a donné naissance à des voies de recherche prometteuses. La résilience culturelle a déjà fait l'objet d'un certain nombre de travaux (J. Brandibas, 2008; 2010) que à la Réunion, les traumatismes liés à l'esclavage au 17° siècle ont rapidement servi de fondement à la constitution et à l'émergence d'un peuple nouveau. Pour ces esclaves, les conditions de vie leurs les ont contraints à la fabrication d'un système d'explication du malheur et de protection contre l'adversité. C'est dans ce contexte que se sont constitués les divers dispositifs thérapeutiques groupal et culturel capables d'organiser l'adversité. C'est ce qui explique la variété actuelle du dispositif de soutien et de soin réunionnais qui a vu, à côté du dispositif de soin conçu par les premiers esclaves et leurs descendants, se développer des systèmes d'origine indienne, malgache, créole, musulman, chrétiens, millénaristes, etc. parallèlement à l'ascension, à partir des années 1950 le système médico-social républicain. Ce dispositif où cohabitent système de soin républicain laïc fondé sur la solidarité nationale et systèmes de soin non conventionnels et religieux fondé sur des solidarités groupales ou familiales est toujours d'actualité. Ces système cohabitent sur un même territoire mais on tendance à s'ignorer ou à s'exclure.

La présente communication a pour but pour montrer qu'un système de soin non conventionnel, est un système de résilience mettant en jeu divers facteurs fondés sur une conception spécifique de l'adversité. La résilience peut alors se définir comme un système dont chaque terme remplit une fonction prédéterminée. C'est à travers la prise en charge, par un dispositif de soin non conventionnel, d'un homme en proie à une crise suicidaire qu'il nous a été donné de théoriser l'existence d'un système global et culturel de résilience.

Vignette CLINIQUE: M. TIZAN

Mr Tizan consulte dans le cadre du dispositif thérapeutique de Mme Marie, guérisseuse à l'île de la Réunion. Il est venu avec ses parents, un frère et une sœur qui craignent une rechute suicidaire. Il a fait une tentative de suicide le mois dernier et a été hospitalisé pendant deux semaines à l'établissement public de santé mentale. Jugé hors de danger immédiat après la mise en place d'un traitement médicamenteux et des entretiens psychothérapeutiques, il continue de bénéficier d'un suivi ambulatoire au CMP de son quartier. Pour ses proches, le soin à l'hôpital ne l'a pas guéri. Dés le matin, il rencontre des camarades à la boutique, il leur répète son désespoir et sa volonté d'en finir tout en ingurgitant force de rhum. Pour ses proches, s'il peut être sauvé, il le sera grâce à des techniques de soin réunionnaises qui prendront en charge la raison véritable de sa détresse.

1.1 Comportement actuel

Sa femme l'a quitté il y a trois mois et sa souffrance est devenue telle que seule la mort, pense-t-il, peut le soulager. Depuis qu'elle est partie, il se sent tellement seul et incompris. Il a le sentiment d'avoir tout essayé pour la reconquérir, en vain. Malgré ses efforts, il se voit glisser vers la seule solution qui lui reste : le suicide. Il a perdu le goût de tout, sa femme, ses enfants, son travail. Alors il pleure, et boit le rhum. Quand la douleur se fait trop forte, et l'alcool trop enivrant, il se met à crier à qui veut l'entendre son désir de mort.

Pour l'entourage, la rechute mortelle est inéluctable. Il faut le sauver, le tirer de là. Leur dernier espoir réside dans l'intervention de Marie, la guérisseuse, qui saura trouver les raisons véritables de sa détresse et prescrire le soin adéquat. Pour la médecine, le comportement suicidaire est dû à la dépression consécutive au départ de sa femme.

1.2 Diagnostic

Assise sur une natte en face de l'autel des ancêtres, entourée de deux assistants, Mme Marie mène l'entretien. Les échanges sont exclusivement en créole ponctué d'expressions malgaches. Rapidement, elle délivre sa sentence. Mr Tizan ne veut pas mourir parce que sa femme est partie et qu'il est dépressif mais parce qu'il a été victime d'une attaque sorcière suite à la faute qu'il a commise.

Il a été infidèle et sa femme, apprenant son infortune, s'est mise en colère et l'a quitté en emmenant les enfants avec elle. Pour la guérisseuse, les problèmes qu'il a connus par la suite sont les conséquences de sa vengeance. Elle lui a jeté un sort qui depuis, œuvre à sa perte. Le sort a un effet d'autant plus violent qu'il succède à un autre sort jeté quelque temps plus tôt par sa maîtresse d'un soir qui n'a pas supporté d'être traitée de façon aussi cavalière.

Pour la guérisseuse, le mal magique est au final le résultat de l'inconséquence de son comportement amoureux.

1.3 Soin

Commence, une semaine plus tard, le temps du soin qui consiste en une extraction de l'entité surnaturelle qui le possède et le ravage. Le sort est désormais tapi au fond de lui et se repaît de son énergie vitale. A la Réunion, la sorcellerie est anthropophage.

Auparavant, il a dû prendre des bains purificateurs de son extérieur et des tisanes purificatrices de son intérieur. Après avoir suivi une diète sévère (pas d'alcool, pas de viande, pas de rapport sexuels), vient le temps de l'exorcisme (*Tirer bébète)*. Au terme d'une apre bataille entre les ancêtres de la guérisseuse et l'esprit, le sort a demandé grâce, il a été capturé et enfermé. Monsieur Tizan est épuisé mais soulagé. Quelques semaines plus tard, il a repris son travail, arrêté de boire et ne pense plus au suicide. (Pour la guérisseuse, l'homme était possédé par des esprits de noyés, ce qui explique sa soif inextinguible de rhum)

La sorcellerie réunionnaise, pierre angulaire d'un système de résilience assistée

A la Réunion, être victime d'un sort est l'un des principaux troubles modélisé par la culture, donnant lieu à des conduites standardisées que Devereux (1972) a nommé les *modèles d'inconduite.* L'existence de ces modèles permet à l'entourage de reconnaître, de nommer, de soigner des troubles imputés à la sorcellerie. Des personnes développent des symptômes standardisés permettant de reconnaître l'attaque sorcière perpétrés par un persécuteur dont les actes sont guidés par la jalousie, la rancune ou l'esprit de vengeance. (A la Réunion, le terme créole de jalousie renvoie au terme français d'envie.)

1.1 Modèle d'inconduite

La permanence des symptômes, la prégnance et la multiplication des adversités (un malheur n'arrivant jamais seul) a pour effet de précipiter l'ensorcelé dans une crise aigüe qui survient quand il a le sentiment d'avoir épuisé toutes ses stratégies adaptatives. Les conduites, de plus en plus stéréotypées deviennent aisément identifiables. La confrontation à l'angoisse extrême de la perte de soi provoque l'expression de la douleur au moyen d'inconduites modélisées. Ce qui permet à l'entourage d'envisager le recours à un voyant-guérisseur qui recommande généralement un soin traditionnel.

A la Réunion, être victime d'un sort permet à la fois :

- l'expression de la détresse psychique et de la souffrance,
- sa reconnaissance par le groupe
- son dépassement grâce à la mise en place d'un soin adapté

1.2 Le système sorcier

1.2.1 Les esprits

Le changement de comportement et le recours au modèle d'inconduite standardisé permettent son interprétation. Le mal est interprété comme étant le fait d'êtres culturels maléfiques (les esprits) ayant pris possession du sujet et œuvrant à sa destruction. La réalité de ces êtres est à la fois attestée par le comportement modélisé ainsi que par la guérison survenant après la mise en œuvre du soin. Ces êtres sont ressentis dans la population en termes négatifs car la plupart des infortunes et des malheurs leur sont attribués. Ils sont objets de connaissance et de pratiques de soin. Ainsi tout le monde sait :

- Qu'ils pénètrent la personne à son insu dans tout son être corporel et mental.
- Qu'ils se nourrissent de l'énergie de la victime qui s'affaiblit tant au plan psychique que corporel. En attestent parfois la maigreur prononcée et l'état d'extrême faiblesse de certaines personnes réputées envoutées. Les esprits les moins agressifs cherchent à posséder et à se nourrir alors que les plus violents œuvrent à la destruction complète du possédé. L'intérieur du corps, la substance, le principe même de ce qui constitue l'humanité de la victime peut être dévoré par un esprit maléfique.

Ces êtres, émanation de la surnature, sont des fabrications réunionnaises qui continuent d'être présentes, d'agir, de modéliser les relations interpersonnelles et de renforcer, grâce au soin, l'identité culturelle de ceux qui sont pris. Leur existence atteste de la vitalité réunionnaise et de sa capacité à résister l'uniformisation grandissante de la société française.

1.2.2 En réponse à une faute

Ici, personne ne subit la *sorcellerie* par hasard. Une personne est touchée parce qu'une faute a été commise, qu'une loi a été transgressée. Ce n'est pas la victime à elle seule qui est concernée par la faute commise, c'est l'entourage dans son ensemble qui devient concerné par la faute d'un seul. Le groupe se rassemble dans son entier et fait corps pour offrir à la faute de l'un des siens un front commun et solidaire, c'est ensemble que les conséquences de la faute sera traitée.

1.3 Le guérisseur, le possédé et le soin

1.3.1 Le corps

Le soin consiste alors à laisser exprimer à travers une lutte opposant le guérisseur à l'entité, des mots, des comportements socialement réprouvés. Habituellement, l'esprit est vaincu et la séance se termine par l'apaisement du patient et de son entourage. Le soin est efficace parce qu'il se situe, pour reprendre Reignier (1998), « à l'intersection du corps, du code et du groupe. »

- Le corps s'exprime selon les modèles culturels de l'esprit qui l'habite, révèle l'attaque sorcière.
- Le corps est le support du message. Mis en scène, brutalisé, sexualisé, le corps du possédé est le lieu brutal de la confrontation entre le guérisseur représentant de l'ordre social et l'esprit comme menace de cet ordre.

1.3.2 La langue

Cette confrontation partage un code de communication. L'exorcisme est réglé selon les interactions de l'un et de l'autre dans un code qui est le créole, un créole parfois incompréhensible pour marquer le partage d'une langue des origines du monde créole : c'est le *langaz*. Le guérisseur possède le langage sacré des origines.

1.3.3 Le groupe

Cette confrontation ne serait rien sans ses participants. L'entourage repère les symptômes du désordre et amène le possédé potentiel à la consultation. La famille, à la fois spectateur et acteur, intervient peu dans la confrontation mais vit avec intensité les enjeux en s'identifiant lors du combat à la personne du guérisseur garant de l'ordre et des normes culturelles et sociales.

Symptomatologies, étiologies, diagnostics et remèdes sont codifiées par les normes du guérisseur. Le soin est forcément social et collectif. Une fois nommé par le soignant, le mal sauvage est déjà en voie de socialisation. Par la suite, la protection du possédé une fois guéri se fait au moyen d'objets, de talismans, de prières et de remerciements prescrits par le guérisseur et qui sont tous reconnus comme l'expression du groupe.

Système sorcier, systeme de resilience

Le soin est à la fois somatique, psychologique, économique, social, religieux. Il renvoie toujours à un espace sémantique situé ailleurs, le lieu de l'efficacité.

1.1 Instauration de la représentation

Le dépassement de la crise par le recours à l'*ethos* et aux fondements culturels du groupe est une des formes de la résilience assistée mise en place par la culture. Ce système de résilience par la culture met en jeu une victime, une agression au moyen d'objets culturels, un invisible hostile, un sorcier, un guérisseur, ses objets culturels, ses invisibles et le groupe. Le dispositif thérapeutique permet le soin, la guérison, la fabrication d'une enveloppe protectrice individuelle et groupale vis à vis d'angoisses archaïques de destruction. Le recours à la culture et au système d'interprétation sorcière comme moyen de résilience fonctionne de la manière suivante : *Le possédé n'est* plus capable de penser, d'exprimer sa détresse il est envahi par l'effroi. L'acte de socialisation par la nomination du mal permet au guérisseur de lui donner forme. En transformant l'inconnu en connu, dans une représentation culturelle donc partagée, celle de l'esprit possesseur, la guérison devient envisageable. Cette interprétation rationnelle des symptômes permet d'instaurer au guérisseur de dire le mal. Au fur et à mesure de la séance, les agitations sauvages se socialisent, les cris deviennent des mots et le dialogue avec l'esprit de se nouer. Progressivement les manières d'être et de parler se socialisent. Ces liens essentiels une fois restaurés, la détresse singulière pourra s'exprimer. La souffrance et la détresse innommables prennent progressivement forme et corps dans une représentation partagée. L'instauration de la représentation est le premier terme de la résilience.

1.2 Le recours au code

Le soin commence avec les mots. Le créole réunionnais est la langue du soin et du savoir. Son usage par le guérisseur face à un possédé incapable de dire de ce qui lui arrive et l'agite, renforce le sentiment identitaire fragilisé. Les gesticulations et comportements sont progressivement insérés dans une matrice de sens. Le possédé ne fait pas n'importe quoi, il montre à travers le code de la possession qu'il n'est pas lui. Le guérisseur interprète et socialise. Il décode le modèle d'inconduite : refuser de manger du porc est la preuve de l'envahissement par un esprit *komor*, les sensations d'étouffement sont la preuve de la possession par l'esprit d'un pendu, le refus de boire par celui d'un noyé, un rire narquois par celui de Sitarane, etc.(Sitarane, engagé du Mozambique, faisait partie d'une bande qui, au début du siècle a commis un certain nombre d'atrocités, de crimes, qui ont frappé les esprits de l'époque. Il a été décapité en 1911. Aujourd'hui encore, sa tombe est l'objet de diverses pratiques. Nombre de faits de possession sont attribués à son esprit.)

La sentence du guérisseur institue le patient et sa souffrance dans un code qui devient loi. L'inscrire dans cette dépendance permet le dépassement de la détresse.

Ainsi le recours au code forme-t-il le deuxième terme de la résilience.

1.3 L' injection de la culture

La puissance d'une attaque sorcière est telle que les invisibles sont capables de détruire leur victime. Un sorcier est donc capable de vider une personne de son essence même. En réinjection la culture, en réintroduisant le bon, en réparant l'enveloppe meurtrie le guérisseur soigne et guérit un corps et une âme devenus exsangues.

L'injection de la culture constitue le troisième terme de la résilience.

Conclusion

Dans ce cadre culturel, être résilient c'est restaurer des liens au corps, à l'âme, au groupe et au code. Pour ses membres, la culture a construit un système de résilience efficace où le guérisseur figure un cadre

capable de contenir et de réparer les angoisses de destruction de soi. Contre l'œuvre déculturante de la globalisation, le guérisseur et son système représentent :

- un cadre ethnique et individuel originaires,
- une garantie contre la détresse,
- un système de résilience permettant la réadaptation au groupe et son renforcement.

La résilience culturelle s'exprime principalement dans le recours à l'*ethos* groupal. Les divers degrés de l'adhésion du sujet peuvent être considérés comme des modes de défense plus ou moins forts en fonction de l'urgence de la situation.

Dynamics of social identity. Social distance in multicultural regions

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Abstract

The following work is an approach on social identity seen as a social process from a social inclusion perspective. Within a social context, social identity establishes social distance, which further forthrightly defines inclusion and exclusion relationships between individuals and between groups. Therefore, self- and hetero-identification processes become dependent of a pre-existent common denominator to which nearness or distance can be related to. It is this common area which immutably negates dispersive tendencies.

The research underlying this paper brings illustrative examples from a region of Romania well known and recognized for being home to communities that celebrate cultural diversity: Banat.

The research methodology consists of predominantly qualitative approaches, such as, sociological observation, semi-structured interview, biographical interview and social network analysis.

The research focuses on specific dimensions concerning the social reality of these communities: self- and hetero-identification, community symbols, ethnic identity, religious identity and community customs.

Keywords: social identity, multicultural regions, social distance

Introduction

Within a social context, social identity defines social distance and automatically establishes inclusion and exclusion relationships between individuals and between groups.

In his book, The Presentation of Self in Everyday Life, published in 1959, Goffman [1] shows that society is not a homogeneous entity in which individuals perform actions as prescribed by the social status they bear. Assuming this premise, the acting behaviour cannot be prescribed nor is it entirely predictable in every social situation. The author states that different contexts and social requirements involve special action. People do not have the ability to assess a broader picture of society as a whole, but only immediate situations, in specific contexts, and, even so, the information acquired through direct interaction is insufficient.

As Karen A. Cerulo suggests in her study on the construction of identity [2], research on identity needs to be re-oriented towards aspects concerning gender/sexuality, race/ethnicity and class, the "holy trinity" of the discursive field today. From a collective identity point of view, the research examines the mechanisms which generate, maintain and modify values such as similarity and social difference.

Today, sociology addresses social identity as a social process. Its purpose is to systematically establish significant relationships based on similarity or differences between individuals, between communities or between individuals and communities. "Taken together, similarities and difference are the dynamic principles of identity, that is, the core of social life." [3]

"Society is nothing more than an organized and differentiated inter-unit." [3] Differentiation seemingly alienates one from the common social body to which they belong. However, the forms produced by differentiation complete and complement each other within the social body in terms of functionality. The differences in social classes, as determined by various criteria of social structure, ultimately aim towards unification and social integration. Differences can only exist if there is a common denominator. But this "common area" immutably negates dispersive tendencies. On these lines, in his anthropological study on multiculturalism, Prof. Christian Giordano describes Malaysia as a society that celebrates diversity by exploiting the myriad ethnic and religious identities concentrated in the small region of Penang, on the eastern coast of the peninsula. [4]

Usually, individuals make use of various psycho-social mechanism to diminish the distance between self-identification (what they believe themselves to be and the benchmarks against they identify themselves) and hetero-identification (as identified from the outside).

From a socio-functional perspective, identity can be viewed as a self-attributed value meant to help achieve social prestige or as a hetero-attributed one intended for social differentiation. Hence, identity becomes manifest when an actual social situation requires a prerequisite for differentiation, thus also requiring an assessment of stakeholders and which, consequently, applies to any social interaction. Once the condition of differentiation has been fulfilled, the actor must take on the socially "convenient" identity role that helps highlight qualities, skills, knowledge and social capital, symbolically favourable to them in that specific social context.

Fredrik Barth, an important representative of constructivism, is perhaps the most influential researcher to emphasize the importance of boundaries between groups, thus adding a new dimension to the study of social identity. [5] Culture is fundamentally stable against group dynamics. Therefore, group boundaries ensure quality and intensity of differentiation. As the author states, this involves at least two key dimensions, namely, transparency of borders, the extent to which group characteristics are visible from outside the group itself, and their permeability, the difficulty or ease with which boundaries can be crossed or overcome. Hence, the feeling of inclusion or exclusion is dependent on the relative proportion of these two dimensions. For Barth, there borders are what define identity, in the sense that identity is validated by the existence of borders, regardless of frequency or intensity of personal and group interactions that occur along these boundaries. The nature of these borders determines differences and similarities, i.e. social inclusion and exclusion.

Methodology

Due to the interdisciplinary nature of the present approach to social identity, the research was conducted in 2005-2007 starting from a descriptive analysis of the reality investigated, supported by surveys, attitude measuring scales and demographic document analysis. The second methodological sequence included structured interviews, direct observation, oral accounts of historical facts, analysis of documents from local archives (community centres, religious books, local monographies, press articles, as appropriate), to further support the investigation and validate the consistency of the data obtained. The methodological strategy provided a considerable amount of information as well as valid results on the subject matter.

Distinguishing between various forms of social identity also presented conclusive results, displaying both the general features, as well as those self- and hetero-identification specific in all investigated situations.

The geographical extent of the research performed was determined by the administrative and territorial boundaries of the Timiş County.

The Timis County is representative in terms of its inter-ethnic assortment within the historical region of Banat. Located in the western part of Romania, an area of 8,697 km^2, Timiş holds 3.65% of the Romanian territory.

To better define the coordinates of regional identity in Banat certain aspects must be taken into consideration. Timiş County belongs to the region of Banat, region which has been officially recognized for over three centuries. Banat does not refer to any political, military, administrative or financial affiliation, it is simply the name of a geographical area which has seen a complex and serpentine course of history. The Banat region spreads over an area of 28,562 km^2 of which 18,966 km^2 belong to Romania, one third - 9276 km^2 - to Serbia, while a small part to the Northwest belongs to Hungary (284 km^2).

Self and hetero-identification in Banat communities

Self-identification within a social group depends on the situational context to which the individual is subject [6]. Therefore, in the absence of distinctive benchmarks, in order to self-define themselves, the respondents made use mainly of positive and general attributes. The frequency of certain self-identification attributes, however, also shows specific tendencies, such as the use of the self-assigned attribute "old" in 5% of respondents from Banat.

In a self-identity non-specific context and lacking terms of comparison, the attributes used by the subjects did not cover any of the essential key traits which commonly describe affiliation to categories based on religion, nationality, occupation, age, gender, etc. Consequently, none of these categories referring to group identification received significant mention among the attributes listed by subjects to the question "'Who are you?". However, this does not make such group identification attributes less important to respondents or any less socially inclusive. It merely proves that in the absence of boundaries assessment remains general and positive. The responses given placed the subjects outside any comparative registry, beyond any social affiliation to a group they actually belong to or relevant out-group, so that identification did not aim to directly support affiliation to one group or another. Therefore, in the absence of the other, the attributes cited by the subjects did not define a particular social identity, but rather fell into a broader social context, that of socially recognized

values concerning morality (good), work (hard-working, diligent, thrifty), education (educated, trained, literate) and honesty (honest , fair)

Similarly, analysis of ethnic self-identification categories places the social life of the community among the top choices of the interviewees and demonstrates specific social representations identification features.

Hence, answers to the question "Who are we, the Romanians?" addressed to Romanian nationals interviewees from Banat, can be grouped into the following categories: openness towards the community, level of poverty, level of education (through positive feedback by use of attributes such as: smart, educated literate), other attributes and moral-religious identity. As in the case of self-identification, attributes referring to common social values (morals, work, education) have the highest frequency. However, aside from stereotypical depictions such as: "Romanians are: hospitable, kind, hard-working and smart", more specific self-identification attributes can be observed in relation to the dynamics of the villagers' social lives. Poverty, a present issue the rural population in particular must face, is another common occurrence among responses, ranking third in order of importance among self-identification attributes in Romanians.

National identity, defined through social distance from other national groups and hetero-identification, demonstrates a high social acceptance rate in most Romanians towards all other national groups: between 44.5% and 49.5% of Romanian declare themselves willing to marry members of other ethnic groups, with the exception of the Roma ethnic group (which recorded lower values - 30.2%).

From the Romanians' point of view, the greatest social distance manifests itself with regard to the Roma ethnic group (7.20% of Romanians consider Roma ethnics should be expatriated). Hetero-identification of Romanians in relation to all other national groups is positive.

The study also reveals other social stereotypical representations, such as: Germans are fair and cold, Jews are good traders and belong to a particular religious group, while the Roma are thieves, lazy and dirty. Results show that social distance correlates directly with hetero-identification. The significant differences between the frequency with which Romanians identify the Roma ethnic group by negative traits (50 %) and negative hetero-identifications for other groups considered (frequencies between 8% and 16 %), show a clear tendency towards negative social representations with regard to the group located at the greatest social distance: Roma ethnics.

Analysis of endogamy and linguistic behaviour confirms the results of the "Who are you?" test, as well as the social distance scale scores for national identity. Areas with a majority of Romanian population report high Romanian-Romanian in-marriage rates: 79%. Other national groups, Bulgarians, Ukrainians and Roma also record high in-marriage rates. The Timis County comprises three villages with a significant concentration of Bulgarian population; the low distribution of families in but a few enclave villages thus explains endogamy within these local communities: Bulgarian-Bulgarian in-marriage rate of 74%. Moreover, analysis results on hetero-identification in Bulgarians depict an overall positive image, which lacks, however, any specific features of this national group. The Romanians thus described Bulgarians using significantly positive attributes: "Bulgarians are good (15 %) and hard-working (13%)." This positive but neutral image, appreciative but lacking distinctiveness, denotes weak relationships and reduced frequency of social interactions between Romanians and Bulgarians. In the case of Ukrainians, the significantly high percentage of endogamous marriages, 69%, is explained by the Ukrainian community customs, strictly preserved after their migration to this region of the country, customs which weigh heavily on the choice of a marriage partner. Hence, the spouse is mainly selected from the same language community (Ukrainian), from the same religious community (Old Rite Orthodoxy), from a community with similar social practices (significantly higher population growth rate than the standard Banat model and higher seasonal or temporary migration rates among male community members choosing to work abroad), from a community with common history and origins (organized migration of descents of today's founding heroes of Ukrainian villages in Timiş).

Among Roma, the reasons for endogamy lie in prejudice, negative stereotypes and intolerance, readily observable from the results of the "Who are you?" test and the maximum social distance perceived by the Romanian subjects. Intolerance of other national groups, manifested through social, cultural and even spatial isolation of Roma ethnics, still active in the collective memory, explains both negative social representations and great social distance perceived by the subjects, as well as the endogamous behaviour of more than half of the population of the Roma ethnic group.

Consequently, relatively isolated ethnic communities have the advantage of preserving their habits, customs and socio-cultural traditions, but, on the downside, are subject to elevated endogamous behaviour and limited socio -economic and cultural exchange with other communities within the social proximity space.

Dynamics of identity elements

The communities investigated revealed complex identity building and assertion strategies, observable in specific cultural elements. The case studies sought to describe and analyse the elements underlying the

development of social identity: community symbols, distinctive local figures and places, community specific religious festivities and customs, community spirit, and inter-ethnic relationships.

In rural communities throughout Banat, mutual assistance is a common phenomenon, based on the old system of statute labour. Mutual help most often occurs between neighbours living on the same street or between all villagers during a period of crisis. However, from the villagers' point of view, the current poor economic situation has also had a negative impact on the frequency of mutual aid. Exceptions are relatively closed communities, such as the Ukrainian community of the village Ştiuca, where "a house is built in a month and people help each other even when working the fields" (village elder, Ştiuca).

Therefore, in recent decades, the identity of the village, of the community united for better or worse, has seen much change on account of economic, socio-cultural and demographic factors. Changes in rural community religious and ethnic patterns generated by migration are supplemented by structural changes, as the result of property exchange, infrastructure and means of mass communication. Predominantly, these changes have affected the value of mutual aid within rural communities.

In terms of inter-ethnic interaction in the rural areas of Banat, the relationships between different ethnic communities are mostly positive and inclusive. "Ethnicity is irrelevant to us, people understand each other very well. Look, I'm Romanian but I get along with the Russians [...], our Gypsies are hard-working. Then there's the Ruthenians, Lippovans" (village elder of Romanian nationality, Ştiuca).

The primacy of social integration presides over any separatist or social isolation tendencies. In spite of all conservatism in terms of social practices, safeguarded after their migration from the region of Maramureş, Ukrainians have adopted the cultural models of the Germans (a majority in the village of Ştiuca before the arrival of the first Ukrainian settlers), the Catholic ritual practices in celebrating the Orthodox church, the Banat Swabian village architecture (large houses, whitewashed every spring, etc.) and follow suit when integrating Ukrainian newcomers.

Similarly, Roma ethnics are integrated into the village community despite the overall negative image that dominates the collective mind with respect to this ethnic group. One may argue that intolerance, separation or social isolation from any "foreign" group dissolve with the increase of significantly strong long-term group social interactions, as the community exerts social control to integrate the "stranger".

Once integrated, the outsider becomes "one of us" in terms of social practices and internalisation of valuesand system regulations pertaining to the village community. This mechanism of opposite representations with respect to the same social group shows the dependence of social identity to affiliation to certain categories as well as to more or less direct social experience with the relevant other. Individuals find themselves on a scale of opposition-resemblance-identity, based on previous social experience and social categories identified by inbred social perceptions and representations.

Conclusions

In general, individuals tend to provide a socially desirable image of their own group, to build a positive social representation of their own in-group. The concept of positive identity is supported by numerous studies and psychosocial theories according to which identity aids self-esteem in the development of the psychological and social self [7]. Identity attributes, whether real or perceived as being real, are used to create a positive self-image within a specific social context [8].

Identity manifests itself in relation to the out-group or in relation to the other, affirmation, validation, confirmation being determined by the extent to which social interaction exists. Regardless of the level or form of interaction, the individual will always bring into attention on the field of interaction those personal traits that are positive or perceived as positive. Identity is re-negotiated within every social context and is essentially determined by the specific nature of a group or community.

In the absence of interaction, identity can manifest itself only against precast social images, such as stereotypes and prejudice. To this end, changes in identity and self-image become relevant to social representation of Roma ethnics in the rural communities investigated throughout the present research. Altogether, when discussing Roma ethnic outsiders, hetero-identifications are mostly negative, while references to Roma residents of the community provide a substantially more positive image.

If religion, nationality, gender or affiliation to a social group, provide a stable identity, unanimously accepted and all time validation, the dynamics of social reality prove just the opposite. Continuity is subject to change, tradition, customs and habits rank second in all social interactions originating between actual individuals or groups.

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Devenir resilient en contexte professionnel : approche experimentale d'un etiquetage dans un contexte de visibilite sociale

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Abstract

This work is focused on the concept of resilience in professional situation.The members of an organisation , at all hierarchical levels,could be submissive to the contexts of crises.The objective of the work is double.It is concerned to the construction of a questionnaire which to define an indicator of resilience for a person into a organisational context.The indicator will espress into a score.It is also concerned by the manner this indicator is sensitive to certain variables:labelling, social visibility.The participants in this experiment are the vietnamese workers also students of a second french cycle in Hanoi.Our problematic is linked to science of information and communication which explains why our approach on the resilience emphasises particularly the mobilisation of informational and communicational capacites.There are also emphasised the aptitudes to acces and process the informations, the abilities to create a narrative on past crises , or the possibility of an individual or of an organisation to be included into a social network, a community membership or much simple into a family or friendly entourage,capable to sustain the person in difficulty.

Keywords:organisational resilience, cleverness of the mads, information-communication, capital social, labelling, social visibility, Vietnam, questionnaire.

Introduction

Ce travail s'intéresse au concept de résilience en situation professionnelle. Les membres d'une organisation, à tous les niveaux hiérarchiques, peuvent être soumis à des contextes de crises. Notre problématique est ancrée dans le concept de résilience organisationnelle tel que défini par Mac Mannus & al. [1], c'est-à-dire considérant la résilience comme la prise de conscience d'une organisation de sa situation globale. Ceci permet une double approche : non seulement mettre en place des processus de résilience dans un contexte post-crise mais aussi élaborer une planification en pré-crise pour être à même d'anticiper au cas où la crise apparaitrait. Pour ce faire, l'organisation doit mettre en œuvre un management des "vulnérabilités clés", et des capacités adaptatives au sein d'un environnement complexe, dynamique et interconnecté. Ce management passe par des individus et la question est alors posée de savoir comment travailler sur le niveau de résilience d'une personne pour faire en sorte qu'elle surmonte ces situations pour aider son organisation. Mais aussi comment la résilience de l'organisation peut faciliter la résilience des individus qui la composent. Norris & al. [2] identifient quatre types de capacités auxquelles peut recourir l'individu résilient : le développement économique, le capital social, l'information-communication et la compétence communautaire. Du fait de notre appartenance disciplinaire (les sciences de l'information et de la communication), nous nous intéressons plus particulièrement à la mobilisation des capacités d'information-communication et de capital social. Des travaux français [3] [4] évoquent aussi la valeur ajoutée des liens et le rôle positif des tuteurs dans la capacité de recouvrement d'un individu, comme facilitateurs de la résilience. Dans une telle approche informationnelle et communicationnelle, sont valorisées les aptitudes de disposer et de traiter des informations de première main, d'être capable de mettre en récit la crise vécue ou tout au moins de pouvoir bénéficier de l'expérience de supérieurs hiérarchiques par la mise en récit des plans de sortie de crise mis en place avec succès par le passé. Le capital social fait référence quant à lui à la possibilité d'un individu ou d'une organisation de compter sur un réseau social, une communauté d'appartenance ou plus simplement un entourage familial ou amical capable de soutenir la personne en difficulté ; ce qui faciliterait le processus de résilience.

Effet de l'étiquetage sur le score de résilience individuel d'un individu en contexte professionnel

Dans ce travail, nous proposons la construction d'un instrument de mesure de la résilience a priori adapté au contexte organisationnel vietnamien. Comme le stipulent Ionescu et al. [5] du fait de la multiplicité des acceptions du terme de résilience, il en ressort un manque d'homogénéisation des échelles de mesure, les chercheurs ayant tendance à construire leur propre outil au regard du terrain investigué. Notre contribution est double :

- Le premier objectif est tout d'abord de construire un questionnaire permettant de définir un indicateur de résilience d'une personne dans un contexte organisationnel. Cet indicateur se traduit par un score. Il est très difficile de rendre compte d'un phénomène fin et qualitatif comme la résilience à travers un score performatif. Pour arriver à produire ce score, nous sommes partis d'un état de l'art des travaux existant [5] [6] [7] et d'une approche qui mobilise la sagesse des foules [8]. L'hypothèse de notre approche est la suivante : il est difficile de construire un score meilleur que les autres. Il est plus facile de proposer plusieurs scores, correspondant chacun à leur logique propre et de les agréger ensuite. Le score défini intégrera des paramètres intrinsèques à la personne et d'autres paramètres situationnels décrivant l'environnement info-communicationnel de travail.
- Le second objectif est d'étudier si la théorie de l'identification de l'action avec étiquetage [9] [10] est un paradigme porteur pour accompagner des professionnels vers plus de résilience. Selon Grandjean & al. [10] l'étiquetage consiste *« à délivrer à l'individu qui vient de réaliser un comportement, une information lui permettant de s'attribuer un trait de personnalité positif en lien avec ce comportement »*. Les auteurs identifient deux formes d'étiquetage : l'étiquetage fonctionnel, portant sur le comportement, et l'étiquetage social portant sur la personne elle-même et dont le niveau d'identification s'avère supérieur au premier. Nous avons souhaité aussi mesurer la possible efficacité de la variable « visibilité sociale » telle qu'elle est définie dans le paradigme de la communication engageante dérivée de la théorie de l'engagement [11] [12]. Ainsi on peut supposer que si une personne bénéficie d'un étiquetage social devant un public, alors son identification à l'action sera supérieure à celui d'une personne dont le même étiquetage aura été fait en tête-à-tête.

Pour tester l'impact de ces deux variables sur le score de résilience de notre échantillon, nous mettrons en oeuvre une approche expérimentale. Dans un premier temps un questionnaire permettra de connaitre le score de résilience de personnes. Les individus seront alors, en fonction de leur groupe d'appartenance soumis à un étiquetage et/ou un contexte de visibilité sociale. Le score de résilience sera une nouvelle fois calculé pour la population étudiée. Les écarts seront mesurés, discutés, analysés.

Méthodologie de construction du questionnaire :

Classiquement la construction d'un questionnaire passe par la mobilisation d'experts. Nous avons choisi au contraire d'élaborer un questionnaire en mobilisant le principe de sagesse des foules ou d'expertise distribuée. La « sagesse des foules » [8] montre que, sous certaines conditions, (diversité, indépendance des jugements, décentralisation), l'agrégation d'un nombre de points de vue individuels candides donne des résultats très supérieurs à celui donné par l'expert. En constituant un groupe diversifié, on augmente les chances de représenter la réalité dans toute sa complexité. Les partisans de la sagesse des foules reconnaissent le principe de rationalité individuelle limitée. Chacun a une vision imparfaite du monde. L'agrégation permet de représenter une vision d'ensemble. Pour ce qui nous concerne, nous avons donc mobilisé 35 salariés d'entreprises vietnamiennes à Hanoi dans les domaines bancaires et financiers, par ailleurs étudiants en cours du soir de second cycle universitaire, dans le cadre d'un séminaire sur la conduite du changement (master 2 de l'université de Toulon délocalisé à l'Academy of finance, université publique à Hanoi). Ionescu et al. [5] soulignent les risques de vouloir calquer des échelles de mesure de la résilience transculturelle. De ce fait, notre recours à la sagesse des foules permet de construire un possible instrument de mesure en adéquation avec la culture visée. La construction du score de résilience retenu s'est fait en trois étapes :

Etape 1 : Les étudiants se sont regroupés en groupe de 3 et on travaillé durant 48H de manière exploratoire à une recherche documentaire sur la résilience. Il s'agissait de formater le moins possible les esprits sur une vision partagée mais au contraire de susciter la recherche d'informations diverses. Suite à ce travail documentaire, les étudiants sont en charge d'élaborer un questionnaire de 15 questions maximum débouchant sur un score de résilience sur une échelle de 0 à 20. La construction de ce questionnaire prend 24H.

Etape 2 : A l'issue de l'étape 1, nous disposons de 11 questionnaires de 15 questions chacun. Dans un second temps, les groupes d'étudiants ont été reconstitués sur des bases nouvelles. Chaque nouveau groupe comporte 8 étudiants maximum et chaque groupe est constitué à partir d'éléments d'au moins 4 groupes de l'étape 1. Chaque groupe prend alors connaissance des questionnaires et scores élaborés dans l'étape précédente

par les 11 groupes. Chaque groupe a 24H pour élaborer un nouveau questionnaire de résilience conduisant à un score. A l'issue de cette étape, nous obtenons 3 questionnaires permettant de construire le score de résilience.

Etape 3 : En dernier lieu, deux chercheurs, (nous-mêmes, Boutin et Duvernay), se penchent sur les questions retenues par les 3 groupes. Ils identifient différentes familles de questions et reconstituent un questionnaire conduisant lui aussi à un score, s'appuyant prioritairement sur la mobilisation des capacités d'information-communication et de capital social [1] [2].

Les 3 questionnaires de l'étape 2 et le questionnaire de l'étape 3 ont été soumis aux étudiants qui y ont répondu. A l'issue de cette soumission, nous avons, pour chacun des 35 étudiants, 4 scores de résilience. Une étude de corrélation est réalisée pour juger de la corrélation entre ces 4 scores. Les résultats du calcul sont dans le tableau ci-dessous.

Tableau. 1 : Etude des corrélations des 4 scores de résilience

	QUEST GR1	**QUEST GR2**	**QUEST GR3**	**QUEST RECONSTITUÉ QUEST 4**
Q1		**0.39**	**0.13**	**0.80**
Q2			**0.11**	**0.67**
Q3				**0.199**

Les coefficients de corrélation sont positifs ce qui indique que les scores des 4 questionnaires vont dans le même sens. Si on retient un seuil de significativité de 0,8, on observe que la seule corrélation significative concerne le questionnaire du groupe 1 et le questionnaire reconstitué à l'étape 3. Dans la suite de ce travail nous avons retenu le questionnaire 1 et 4.

La finalité de ce travail est d'identifier des variables d'action susceptibles de favoriser la production d'un meilleur score de résilience chez la population observée. Le travail de terrain a été réalisé ainsi. Dans un premier temps, les 4 questionnaires ont été administrés à notre échantillon. A l'issue de cette administration, le lendemain exactement, une information a été communiquée aux personnes interrogées individuellement ou en groupe. A la suite de cette information, les 4 questionnaires ont été présentés à nouveau. Notre objectif est de mesurer l'impact de l'information communiquée entre les deux administrations de questionnaire. Cette information communiquée a joué sur deux niveaux. Deux variables peuvent donc être identifiées :

V1 : ETIQUETAGE La première variable consiste à jouer sur l'étiquetage social qui est fait à une personne d'une certaine capacité de résilience. Après l'administration du questionnaire, nous avons attribué à chaque membre de notre étude un score de résilience mais ce score n'est pas le score calculé sur la base des 4 questionnaires. Il s'agit d'un score défini aléatoirement mais les personnes de notre échantillon ne le savent pas. Certains individus se voient attribuer un score élevé (personnes résilientes) et d'autres un score faible (personnes non résilientes). A l'issue de cet étiquetage, les individus sont soumis une nouvelle fois aux 4 questionnaires et leurs nouveaux scores sont comparés aux anciens. Nous souhaitons voir si l'attribution d'un certain niveau de résilience a un impact sur le niveau de résilience mesuré par le score après l'expérience.

V2 VISIBILITE SOCIALE La seconde variable est la visibilité sociale. Pour certains individu l'annonce du score de résilience a été réalisée publiquement, c'est-à-dire dans une classe devant les autres. Pour d'autres, cette annonce a été faite lors d'un tête à tête avec l'expérimentateur.

Nous avons réparti les personnes interrogées en 4 groupes plus un groupe contrôle :

Tableau 2 : Répartition des 4 groupes dont Groupe 5 = groupe contrôle

	VISIBILITE SOCIALE DE L'ANNONCE	**NON VISIBILITE SOCIALE ANNONCE EN TÊTE À TÊTE**
ETIQUETAGE SOCIAL VOUS ÊTES RÉSILIENTS	**GROUPE 1**	**GROUPE 2**
ETIQUETAGE SOCIALE VOUS N'ÊTES PAS RÉSILIENTS	**GROUPE 3**	**GROUPE 4**

Chaque groupe comporte 7 personnes dont nous allons analyser les résultats dans les deux parties suivantes en termes d'impact, tout d'abord de l'étiquetage, puis de la visibilité sociale, sur la mesure de la résilience.

Impact de l'étiquetage sur la mesure de la résilience

Le tableau ci-dessous compare deux groupes d'étudiants : ceux à qui on annonce qu'ils sont résilients et ceux à qui on annonce qu'ils ne le sont pas, et bien évidemment, un troisième groupe contrôle à qui l'on ne dit rien (ils sont d'ailleurs physiquement écartés de cette séance d'étiquetage).

Tableau 3 : Impact de l'étiquetage sur la mesure de la résilience

	MESURE DE LA RESILIENCE QUESTIONNAIRE AVANT	**MESURE DE LA RESILIENCE QUESTIONNAIRE APRES**	**EFFECTIFS**
PERSONNES DECLAREES RESILIENTES *	**3.11**	**3.2**	**14**
PERSONNES DECLAREES NON RESILIENTES	**3.23**	**3.23**	**14**
GROUPE CONTROLE	**3.25**	**3.06**	**7**

**Cette déclaration se fait de façon aléatoire indépendamment du score de résilience calculé lors du questionnaire*

Nous avons pratiqué un étiquetage social, interne, dont l'acte subséquent serait de voir le score de résilience augmenter, lors de la passation du deuxième questionnaire *« Félicitations ! Votre score fait partie des plus élevés, vous êtes une personne particulièrement résiliente »*. Le fait d'être déclaré résilient renforce le score de résilience mesuré par le second questionnaire. Cet effet est renforcé par le fait que le score du groupe contrôle diminue entre le questionnaire avant et le questionnaire après. Joule et Beauvois [11] relatent une expérience similaire : des chercheurs ont annoncé à un groupe d'adultes qu'ils avaient réussi un test de personnalité (les résultats étaient donnés arbitrairement et ne reflétaient pas la réalité des réponses). En même temps que l'annonce de leur score, était pratiqué un étiquetage social en lien avec la thématique du test, du type *"vous êtes quelqu'un de particulièrement bienveillant"*. Les individus de ce groupe ont été ensuite plus nombreux, comparativement au groupe contrôle, à ramasser un paquet de carte qu'une personne avait laissé choir devant eux. Ces auteurs spécifient en outre que l'étiquetage ne peut être que positif, *« on n'étiquette qu'avec des traits favorables à l'estime de soi »*, ce qui peut permettre d'expliquer que le fait d'être déclaré non résilient, dans notre expérimentation, n'a pas d'effet négatif sur le score de résilience après.

Impact de la visibilité sociale sur la mesure de la résilience

Le tableau ci-dessous compare deux groupes d'étudiants : ceux à qui le score de résilience a été annoncé publiquement de ceux à qui le score a été annoncé lors d'un entretien en tête à tête.

Tableau 4 : Impact de la visibilité sociale sur la mesure de la résilience

	MESURE DE LA RESILIENCE **QUESTIONNAIRE AVANT**	**MESURE DE LA RESILIENCE** **QUESTIONNAIRE APRES**	**EFFECTIFS**
ANNONCE FAITE DANS UN CONTEXTE DE VISIBILITE SOCIALE *	**3.26**	**3.31**	**14**
ANNONCE FAITE LORS D'UN ENTRETIEN EN TETE A TETE	**3.08**	**3.12**	**14**

** Cette déclaration s'est faite dans une salle de clase réunissant 14 personnes, dont 7 ont été, nominativement, étiquetés comme particulièrement résilients, sans pour autant aficher leur score.*

On aurait pu s'attendre à ce que l'étiquetage public ait un impact de boost sur le score de résilience après. Tel n'est pas le cas. Ce résultat nous a interrogé car il va à l'encontre de la théorie de la communication engageante qui postule que le caractère public d'un acte est plus engageant qu'un acte réalisé dans l'anonymat [12], ce qui est corroboré par d'autres expérimentations conduites par différents chercheurs et relatés par Joule et Beauvois [11] notamment. Ces expériences réussies ont été conduites dans le cadre d'un contexte occidental. De ce fait, nous avons recherché des éléments explicatifs spécifiques à la culture vietnamienne qui seraient susceptibles de comprendre pour quelles raisons la visibilité sociale serait peu, voire non agissante. Une thèse de doctorat [13] sur le concept de « la face vietnamienne » fournit des éléments susceptibles de nourrir notre réflexion sur ces curieux résultats. Le fait que cette thèse soit rédigée par un doctorant vietnamien, alors étudiant en France, mais sur un terrain dans son pays d'origine (une école à Cantho) nous prémunit quelque peu du risque de biais ethnocentrés, le concept de face étant aussi prégnant dans la culture occidentale, en témoignent les travaux de Goffman [14]. Tran Van [13] souligne comme particularisme de l'importance de la face au sein de sa culture, celui de ne pas se mettre en avant, en tant qu'individu, par rapport aux membres de son groupe. Notre étiquetage social a consisté à étiqueter positivement 7 personnes sur un groupe de 14 personnes, réunies physiquement dans la salle de classe, en affichant au tableau les noms des sept personnes particulièrement résilientes (sans mentionner le score obtenu). Par défaut, les 7 autres personnes peuvent en déduire qu'elles ne sont pas, a minima, aussi résilientes, voire non résilientes. *« En relation avec les autres, les Vietnamiens n'aiment pas ceux qui cherchent à dépasser les autres membres du groupe en se faisant valoir ou remarquer par leurs actes trop marqués »* [13]. Ce particularisme permettrait d'expliquer que lors de la passation du second questionnaire, les étudiants annoncés comme résilients, n'aient pas cherché à performer davantage, comme auraient pu le faire leurs homologues occidentaux, afin de préserver l'union du groupe dans le but de protéger la face. En appui de cette approche, lors de sa participation à un colloque de psychologie à Hanoi en 2007, Cyrulnik [15] a été interviewé sur place sur le thème de la résilience et du Vietnam. Il déclare alors *« Les Vietnamiens ont des difficultés avec le "je" et le "moi", avec la notion très occidentale de l'individu »*. Selon Cyrulnik, le Vietnam peut être considéré comme un pays fortement résilient, dû à sa capacité de s'être relevé de plusieurs décennies de guerre, sans trop souffrir de lourds traumatismes. Dans ce contexte, la résilience communautaire aurait sans doute plus de sens que la résilience individuelle, les problèmes d'un individu étant alors pris en charge collectivement dans la tradition vietnamienne. (Le contenu de cette interview est consultable en ligne à l'adresse : http://www.forumvietnam.fr/forum-vietnam/le-vietnam-son-passe-son-histoire/2560-la-resilience-dans-loptique-dun-neuropsychiatre-francais.html)

Durant l'expérimentation nous avons découvert une troisième variable. En effet le questionnaire primitif permet d'attribuer un score de résilience à la personne. Ainsi pourrait-on dire, sur la base de ce questionnaire, qu'une personne se trouve, soit plus résiliente que la moyenne, soit moins résiliente que la moyenne. Or dans l'affichage qui a été fait, ce n'est pas ce score qui a été retenu mais un score de résilience aléatoire. Ainsi a-t-on pu dire à une personne qu'elle était résiliente alors qu'elle ne l'était pas ou le contraire. Quatre situations peuvent

se présenter : elles sont définies dans le tableau ci-dessous avec, dans le cœur du tableau, le score de résilience de chaque catégorie au niveau du premier questionnaire, puis au niveau du questionnaire administré après :

Tableau 5 : Emergence d'une 3eme variable non prévue

	ON DIT A LA PERSONNE QU'ELLE EST RESILIENTE	**ON DIT A LA PERSONNE QU'ELLE N'EST PAS RESILIENTE**
LE SCORE DE RESILIENCE DE LA PERSONNE EST FORT LORS DU QUESTIONNAIRE 1	**3.48→3.38**	**3.57→3.30**
LE SCORE DE RESILIENCE DE LA PERSONNE EST FAIBLE LORS DU QUESTIONNAIRE 1	**2.75→3.03**	**2.89→3.16**

Résilience questionnaire avant→ résilience questionnaire après. On peut analyser ce tableau de différentes façons.

Il ressort de ce tableau que les personnes qui ont obtenu un haut score de résilience ont tendance à avoir un score plus faible lors de la passation du second questionnaire quoiqu'on leur dise.

Il ressort de ce tableau que les personnes qui ont obtenu un score de résilience faible ont tendance à avoir un score de résilience qui s'améliore lors de la passation du second questionnaire quoiqu'on leur dise.

Ces résultats pour le moins contrastés ne sont pas évidents à interpréter. Pour quelles raisons des personnes réellement non résilientes progresseraient lors du second questionnaire ? Les travaux de Milgram [16] mettent en exergue la soumission à une figure d'autorité : les individus agissent dans le sens qu'ils supposent être attendu par cette figure d'expert. Ici, l'expert est représenté par les chercheurs qui se trouvent être dans le rôle également de l'enseignant dans le cadre du cours de Conduite de changement d'un Master 2 délocalisé au Vietnam. A cela s'ajoute les particularités de la société vietnamienne, sous le joug d'un parti unique autocratique et communiste. La soumission à l'autorité est présente à toutes les échelles : le pouvoir patriarcal familial, le chef au travail que l'on se garde de critiquer, la propagande politique présente dans la presse, dans les quartiers via des haut-parleurs diffusant la bonne conduite à adopter au quotidien, dans les murs de l'université et ses différents comités et autres cours de propagande.

Toutefois, cette soumission à l'autorité devrait aussi s'exercer avec les personnes réellement résilientes. Or leur score ne progresse pas, et tend à diminuer. Dans l'expérience de Milgram [16], 35% des sujets ne se sont pas soumis à la demande de la figure d'autorité. Cette désobéissance est expliquée, par le chercheur, par un recours à des valeurs élevées qui tendent à réduire l'influence des droits que s'arroge la figure d'autorité. Ainsi, nous avons donc cherché du côté des caractéristiques individuelles de l'individu résilient si ce dernier serait mieux armé pour résister à l'autorité. Cette intuition serait confirmée par la mise en perspective de Ionescu et al. [5], des différentes échelles de mesure de la résilience, différents chercheurs tels que Jew & al. [17] ou Hurtes & Allen [18] s'accordent à relever l'indépendance des individus résilients, leur capacité à prendre des décisions risquées pour elles-mêmes plutôt que d'accepter les règles d'autrui.

Conclusion

En conclusion, nous tenons à souligner que toutes ces observations ont été réalisées sur un nombre d'observations trop faibles pour donner lieu à généralisation. Toutefois, ces premiers résultats exploratoires fournissent des pistes qui pourront dans le futur faire l'objet d'approfondissements. Dans cette perspective, nous envisageons une approche comparative nécessaire sur des étudiants français en alternance d'une licence professionnelle en spécialité banque et assurance, pour confirmer l'efficacité de l'étiquetage social sur le score individuel de résilience, nous assurer de la justesse des interprétations culturelles quant à l'explication du non fonctionnement de la visibilité sociale de l'étiquetage en contexte vietnamien. Nous sommes conscients que nos explicitations concernant la troisième variable doivent être envisagées avec prudence, comme une première tentative d'éclairage dont la légitimité scientifique reste encore à creuser. Des entretiens compréhensifs [19] conduits auprès des étudiants vietnamiens pourraient nous aider à comprendre ces attitudes paradoxales des « vrais résilients » et « vrais non résilients » qui ont émergé à l'analyse du questionnaire, en marge de nos hypothèses de départ. Enfin, nous souhaiterions confronter ce travail à l'expertise d'autres équipes de chercheurs sur la résilience individuelle en contexte organisationnel, pour nous assurer que nos questionnaires mesurent bien de la résilience. En effet, Ionescu & al. [5] signalent qu'une partie de la communauté scientifique [20] [21] postule que la résilience ne pourrait pas être directement mesurée, mais inférée à partir d'autres concepts qui lui

sont liés (risque, adversité, compétence, adaptation réussie). Cyrulnik & al. [22] énoncent un certains nombre de limites, dont linguistiques, autour de « l'effet-baudruche » du concept de résilience. Des limites socio-culturelles s'appliquent aussi à notre approche, quant à la mise en oeuvre d'une culture sur son processus de résilience.

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What is the effect of stressors and resources on the expatriates' perception of the bidirectional work-family conflict and cross-cultural adjustment?

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Abstract

The rapid globalization of business urges international firms to be competitive by acquiring employees with global management skills. These employees are usually called expatriates and are sent by their organizations to a related unit in a new country, with the aim of accomplishing an organizational related goal for a temporary period of time. Usually, family members accompany the expatriates in this international relocation experience full of challenges, such as cross-cultural adjustment and the bidirectional work-family conflict. Using the family stress and family resilience theory, we explored the expatriates' perception of the bidirectional work-family conflict in the presence stressors (job hours and parental demands) and existing resources (work and home support). We also explored the influence of the stressors, resources and expatriates' perception of the bidirectional work-family conflict on their level of cross-cultural adjustment. By analyzing the answers from 139 expatriates (65 males, 74 females) who filled in the online questionnaire, we found out that job hours were positively related to the perception of work-family conflict and the work support received from the colleagues. The work support received from the supervisor was negatively related to the perception of work-family conflict, while home support was negatively related to the perception of family-work conflict. As expected, the stressors and the perception of the bidirectional work family conflict influenced the expatriates' cross-cultural adjustment in a negative way, while the existing resources influenced it in a positive way. These results emphasize the resources' importance in the expatriates' relocation and urge for a multi-informant perspective study.

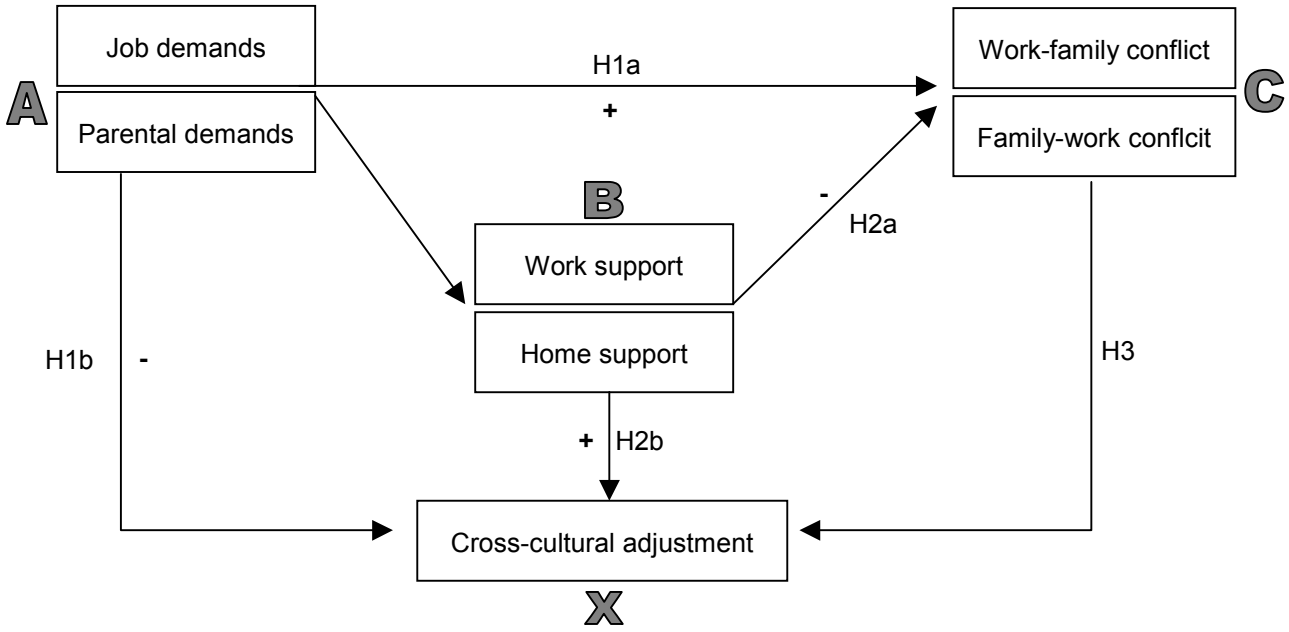
Keywords: expatriates, work-family conflict, cross-cultural adjustment

Introduction

The accelerating pace of globalization has been pressuring international firms to be competitive, by hiring employees with global management skills [1]. These competences are usually acquired through an expatriate assignment which consists in "a predefined timeframe job transfer that takes employee to a workplace outside the country in which he or she is a citizen."[2] According to recent surveys conducted by GMAC-Global Relocation Services (2011), family members are, most of the times, part of the expatriate assignment, since 80% of the expatriates are accompanied by their spouse and 47% by the children [3].

The move of these families to a new country is a challenging and stressful experience. Several studies indicate that the difficulty in successfully adjusting to a foreign culture, along family and work concerns are the most prominent challenges, which contribute to an unsuccessful expatriate assignment [4,5,6].

Having this in mind, we decided to take a closer look at the family and work microsystems and their influence on the expatriates' cross-cultural adjustment. Specifically, we applied the family resilience theory [7], which stated that family adjustment may be achieved through an interaction between demands (e.g. stressors), capabilities (e.g. resources) and meanings (e.g. family identity). These factors are also present in the classic ABCX theory [8]; where stressors (A) and social supports (B) interact with the meanings givens to the stressors (C), to affect the crisis (X). In the expatriate assignment, cross-cultural adjustment can be seen as a crisis, since the expatriate has to overcome this prominent challenge. The way the expatriate overcomes it, can be highly influenced by the stressors (A), the expatriates' perception of them (C) and the existing resources (B) just as the theoretical model (Fig. 1) illustrates.



H1a: Job demands will be positively related to work-family conflict, just as parental demands will be positively related to family-work conflict.
H1b: Job demands and parental demands will be negatively related to cross-cultural adjustment.
H2a: Work support will be negatively related to work-family conflict, just as home support will be negatively related to family-work conflict.
H2b: Work and home support will be positively related to cross-cultural adjustment.
H3: The bidirectional work-family conflict will have a direct effect on cross-cultural adjustment.
H4a: Work support will mediate the relationship between job demands and work-family conflict.
H4b: Home support will mediate the relationship between parental demands and family-work conflict.

Fig 1. Theoretical model and hypothesis

1.1 Stressors (A)

Family-related and work-related issues are pointed out to be a major source of stress for expatriates on international assignments. The most prominent examples of such stressful events are the parental and job demands. At a broad level, indicators of parental demands are the presence or absence of children and their ages [9], while job demands can be measured through the number of job hours per week.

1.2 Resources (B)

In order to buffer the stressors effect, expatriates may rely on the available resources, such as social support. According to Leavy (1983) [10], social support can be defined as "the availability of helping relationships and the quality of those relationships" (p. 5), which can be of two different types: practical and emotional. The practical support includes instrumental (e.g. loan of certain materials) and informational resources (e.g. suggestions) while the emotional support encompasses more affective resources, such as attention and comprehension [11]. Research on social support has acknowledged that individuals obtain support from various sources such as coworkers, supervisors, friends and families [12]. Therefore, expatriates' resources can be divided into home support and work support from coworkers and supervisor. Several studies indicate that supervisor support is an important resource for dealing with stress at work [13,14] while spousal support has been identified as a critical source of home support [15].

1.3 Meanings (C)

Just as mentioned in section 1.1, the most prominent stressors are family and work related issues. According to ecological systems theory, work and family microsystems can interact and influence one another, resulting in the work-family mesosystem [16]. This mesosystem is broadly cited in the literature as the bidirectional work-family conflict, which can be defined as "a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is, participation in the work (family) role is made more difficult by virtue of participation in the family (work) role" (p.77) [17].

1.4 Crisis (X)

The move to a new country has many challenges associated, which can be considered a crisis for expatriates to overcome. Among all the challenges, cross-cultural adjustment is the most prominent one. The broadly cited definition of cross-cultural adjustment states that it is a multifaceted construct which evaluates the degree of psychological comfort and familiarity regarding different aspects of the host country [18]. More precisely, it focuses on the food and climate of the host country (general adjustment), the performance standards and values (work adjustment) and different communication and relational styles used in the host country (interaction adjustment). Searle and Ward (1990) [19] distinguished two types of adjustment: psychological and socio-cultural. The psychological adjustment denotes internal aspects such as mental health and psychological well-being, while the socio-cultural adjustment focuses on external factors which connect the individuals to the new environment (e.g. the ability to cope with family and work problems).

Methods

1.1 Sample

The 139 participants (65 males, 74 females) in this study worked in the education and international/exterritorial field at large sized organizations (more than 250 people) and small departments (between 1 and 10 people), located in Lisbon, Portugal. On average they worked 46 hours per week and most of them (44.6%) earned an annual household income exceeding 70 001 euro. The majority of the respondents visited Portugal before the international transfer (69.1%) and were able to speak Portuguese (81.3%). Considering the country of origin, Germany (22.3%), USA (17.3%) and United Kingdom (15.1%) were the most predominant ones.

On average, participants were 43 years old (SD=7.94, and most of them were married (75.5%). The respondents were accompanied on this international relocation experience by their spouse and/or children. In terms of the number of children each expatriate family had, it could be observed that it varied between 1 and 4, with most having two children (43.9%).

1.2 Measures

The online questionnaire contained items that measured demographic characteristics as well as a number of scales measuring the bidirectional work-family conflict, resources (work and home support), stressors (job hours and parental demands) and cross-cultural adjustment. Table 1 presents the descriptive statistics, reliability coefficients and inter-item correlations.

Table 1. Means, standard deviations and inter-item correlations

	Mean	SD	1	2	3	4	5	6	7	8	9	10
1. Practical home support	2.342	.614										
2. Emotional home support	2.600	.565	.698**									
3. Work support from colleagues	3.775	.628	.136	.057								
4. Work support from supervisor	3.365	.829	.127	.111	.415**							
5. Interaction with locals	5.011	1.540	.354**	.362**	.152	.117						
6. General adjustment	5.445	1.056	.199**	.154	.181*	.232**	.398**					
7. Satisfaction with life	3.591	.756	.180*	.234**	.275**	.290**	.153	.405**				
8. Work-family conflict	2.997	.992	-.156	-.288**	.114	-.178*	-.090	-.169*	-.365**			
9. Family-work conflict	2.293	.839	-.172*	-.172*	-.046	-.188*	-.111	-.230**	-.283**	.527**		
10. Parental demands	6.012	4.024	.030	.104	-.177*	.119	-.192*	-.011	.052	-.090	-.110	
11. Job hours	45.86	19.75	-.039	-.096	.180*	.023	.022	-.078	-.106	.299**	.017	-.101

*$p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

1.3 Procedure

The expatriates who participated in this study were recruited from different organizations, such as international schools and companies, located in the Portuguese districts with a high representation of expatriates. We sent an e-mail to the director of each organization explaining the study and requesting its disclosure among all members of the organization. In order to facilitate the disclosure process, a letter was provided with the description of the study, the questionnaire's link and the inclusion criteria, which consisted in having an active professional life and living in Portugal with the spouse and/or children. This letter was also posted in some expatriate social networks and closed internet address books, in order to increase the number of participants and ensure a participation of the majority of expatriates living in Portugal.

Results

We first examined the variables in this study, in terms of correlations, means and standards deviations (see Table 1). Overall, participants perceived a greater interference of work in the family environment than vice-versa, received more support from the colleagues and at home were provided with more emotional than practical support. In terms of the proposed hypothesis, we were able to determine that H1a was partially confirmed since job hours were positively related to work-family conflict (r=.299, $p<.05$), while parental demands were not positively related to family-work conflict (r=-.110, $p>.05$). H1b was also partially confirmed, due to the fact that only parental demands were negatively related to one dimension of cross-cultural adjustment - interaction with locals (r=-.192, $p<.05$).

In terms of H2a which was related to the relationship between the resources and the bidirectional work-family conflict, we found out that just the work support from the supervisor was negatively related to work-family conflict (r=-.178, $p<.05$), while both dimensions of home support (practical and emotional) were negatively related to family-work conflict ($r_{\text{practical support}}=-.172$, $p<.05$; $r_{\text{emotional support}}=-.172$, $p<.05$), just as we predicted. The same can be affirmed regarding the predicted negative relationship between home support and cross-cultural adjustment. This allows us to affirm once again a partial confirmation of a hypothesis (H2b); since contrary to home support, the relationship between work support and cross-cultural adjustment is not fully confirmed, due to the non-significant relationship between work support (from supervisor and colleagues) and one dimension of cross-cultural adjustment (interaction with locals). This dimension was also the only one that was not significant in the predicted negative relationship between the bidirectional work-family conflict and cross-cultural adjustment (H3).

In order to test the mediation model (H4a and H4b), we followed the three-step procedure proposed by Baron and Keny (1986) [20]. The first step states that the mediator variable should be regressed on the predictor variables, aiming to prove that their effect is statistically significant. Step 2 states that regression weights for the predictors should also be statistically significant, when the criterion variable is regressed on the predicting variables. In the third step, statistically significant effects are expected when the criterion variable is regressed on the mediator and the predictor variables.

Table 2 and 3 are related to the first mediation model, which predicts that work support will mediate the relationship between job demands and work-family conflict (H4a). Table 2 depicts the first step of the mediation model, indicating that there is support only for the relationship between job hours and work support from colleagues ($\beta= .180$, $p<.05$). In the second and third steps illustrated in Table 3, we can see that the relationship between job hours and work-family conflict is significant ($\beta= .299$, $p<.001$) only in step 2, when the mediator variable is not regressed. Therefore, we cannot confirm H4a, since contrary to what we expected work support did not mediate the relationship between job demands and work-family conflict. The same can be affirmed regarding H4b, since we did not find any support for the predicted relationship, as it can be observed in Table 4 (step 1 of the mediation model) and 5 (step 2 and 3 of the mediation model).

Table 2. Regression of work support on job hours

Variable	Work support from colleagues				Work support from supervisor			
	β	R^2adj.	*F*	df	β	R^2adj.	*F*	df
Job hours	.180*	.025	4.411*	1,132	.023	-.007	.072	1,132

*p < 0.05 **p< 0.01 ***p<0.001

Table 3. Regression of work-family conflict on job hours and work support

Variables	Work-family conflict			
	β	R^2adj.	*F*	df
1. Job hours	.299***	.082	12.861***	1,132
2. Job hours	.290**	.078	6.551**	2,132
Support from colleagues	.047	.078	6.551**	2,132
1. Job hours	.299***	.082	12.861***	1,132
2. Job hours	.304***	.114	9.527***	2,132
Support from supervisor	- .196*	.114	9.527***	2,132

*p < 0.05 **p< 0.01 ***p<0.001

Table 5. Regression of family-work conflict on parental dema and home support

Variables	Family-work conflict			
	β	R^2adj.	*F*	df
1. Parental demands	-.107	.004	1.507	1,132
2. Parental demands	-.102	.025	2.696	2,132
Practical home support	-.169	.025	2.696	2,132
1. Parental demands	-.108	.004	1.561	1,134
2. Parental demands	- .091	.023	2.582	2,134
Emotional home support	-.162	.023	2.582	2,134

*p < 0.05 **p< 0.01 ***p<0.001

Table 4. Regression of home support on parental demands

Variable	Practical home support				Emotional home support			
	β	R^2adj.	*F*	df	β	R^2adj.	*F*	df
Parental demands	.030	-.007	.120	1,132	.104	.003	1.461	1,134

*p < 0.05 **p< 0.01 ***p<0.001

Discussion

The move of a family to a new culture implies a change of dynamics and a predisposition to overcome and adapt to the new environment. Therefore, it can be assumed that the expatriate along with his/her family may go through a crisis period while adjusting and overcoming the existing obstacles, such as the interference of work in the family environment and vice-versa [5,7]. Using the family stress and family resilience theory, we explored the expatriates' perception of the bidirectional work-family conflict in the presence stressors (job hours and parental demands) and existing resources (work and home support). We also explored the influence of the stressors, resources and expatriates' perception of the bidirectional work-family conflict on their level of cross-cultural adjustment.

Congruent with previous studies, the encountered results indicate that expatriates perceive higher levels of work-family conflict than family-work conflict [7,16], which can be influenced by the high number of job hours. The work support received from the supervisor may play an important role in reducing the work-family conflict, even though it does not mediate the relationship between job hours and work-family conflict. The same can be affirmed about the home support regarding its relationship with parental demands and family-work conflict. Both sources of support (work and home) influenced the cross-cultural adjustment in a positive way, while stressors influenced it in a negative way, just as expected. Therefore, we can conclude that the resources play an important role in the expatriates' relocation experience, helping them to overcome the existing obstacles and adjust better to the new environment.

For future studies, it will be useful to use a multi-informant perspective, involving the members of the family and determine their perspective on the variables involved in the ABCX model. At the same time, the spouse career should be taken into consideration and the model tested in dual career

expatriate families. In addition, other types of expatriation (e.g. self-initiated expatriation) in order to surpass the limitations of this study and determine to what extent are the results similar/different from the ones encountered in this study.

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The failure of status achievement

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Abstract

In this paper we wish to show the importance of a societal environment able to constantly ensure the existence of the factors and conditions which allow the occurrence and development of resilience at the members of the society, regardless of the social class they belong to. We consider especially the factors and conditions that make the educational environment (mainly the formal one, which continues the primary socialization valorizing the habitus of the social class from which every member of the society comes from), the democratization of the educational system through the decrease of the scholar inequities etc, combined with the social development seen especially from an economic perspective.

Keywords: social success, education, family, status recapitalization

Introduction

Social success, understood by placing someone in a higher societal position is, or it should be, a logical consequence of the professional level of education and training available to every member of the social body. In turn, the level of training is the result of a long effort of the individual and those who supported him in his achievement, and we consider the family as the first social group with a role in providing financial, material, emotional and social support. Formal and non-formal education (in addition to the informal education which is related to the intimate environment) must be supported by the family. Without this support, the social success chances of the child drastically decrease especially where the education is recognized with preeminence in status achievement. In such a case, the child / children get to face a series of problems related to social exclusion.

Analyzing the education as a tool of social inclusion, or more specifically of social inclusion strategies through education, comes amid multiple discussions on a similar theme, for as M. Cherkaoui iterates, the research of the relationship between education and society was the domain which held the attention of most sociologists after the second World War, on one hand in terms of educational inequalities arising from social-institutional or individual mechanisms, and or on the other hand in terms of the effect the training has on the socio-economic status of individuals[1].

The importance of the family in child's life is fundamental, the specialty literature allocating generous space to the treating of the family-child relationship, the summary conclusion being that the family must operate intra and extra-familiarly[2] for its members to actually have equal opportunities (not just legally) compared with the other members of the society. In addition, only the functional family lends to the child the confidence that he is supported and guided in every moments of its existence, especially during the time he is depending on the parents. In this way the child acquires the capacity to build good resilience, because on the one hand he is aware of family's support and on the other hand he gains self-confidence to overcome some trials.

Methodology

In the present study we used a combination of several databases resulting from two field researches, everything being analyzed and interpreted in the light of specialty literature devoted to the role that the education has in the social success of the individual as well as the importance of the family in sustaining the individual effort towards status achievement. The first survey was conducted in the student practice in the summer of 2013 and took place on the entire area of the Jiu Valley on a sample of 600 individuals based on the method of the inter-correlated quotas (age, gender and percentage of population in each administrative territorial unit of the six that make up the Jiu Valley) and is representative for the area's entire population, allowing the extrapolation of the results. The tool used was the questionnaire (prepared on the basis of a preliminary operationalization of the concepts we worked with) which was applied on the field by the students at the domicile of the respondents in the form of direct face to face investigation. The aim of this research was to capture the involvement of the families that have children in the process of scholar education (regardless of

level) in support of this effort that prefigures the shaping of the social position. The second survey took place at the end of 2013. The method used was also the sociological investigation based on a questionnaire (filled simultaneously but individually as a pop quiz), the subjects were students of sociology and social assistance from the Faculty of Sciences of the University of Petrosani. The questioned number of subjects is not large (49) but enough to get an idea about how the students would react to a failure of status achievement and what is the extent of the family's support in such a situation.

Results

Following an investigation conducted by us throughout the entire Jiu Valley, we have obtained a number of interesting responses regarding the family involvement in providing the necessary things for the children to acquire a good education by creating an optimal environment which favors the internalization of values that are transmitted by a secondary socialization. The obtained answers are more eloquent in emphasizing the role of the family as they are coming from an area that has been subjected to a severe economic reform since 1997 that has affected the very way in which a family fulfills its functions which consecrates it as organized or not. Analyzing the goods and services provided to children by the families in the Jiu Valley, we have chosen to focus mainly on the school tutoring from two points of view. Firstly because tutoring is a more expensive service than paying the monthly internet fee, than the acquiring of books that will become the student's library or than the taking possession of a computer. Secondly because the phenomenon known as tutoring is part of the so-called "parallel education" which is an extension of the education carried out in formal educational institutions. This phenomenon is known in both the developed and developing societies, only that unlike the first category in which it is subjected to some well defined rules in the second category it can be easily placed into the frameworks of corruption because the scholar promotion may also depend on the payment of the tutoring [3].

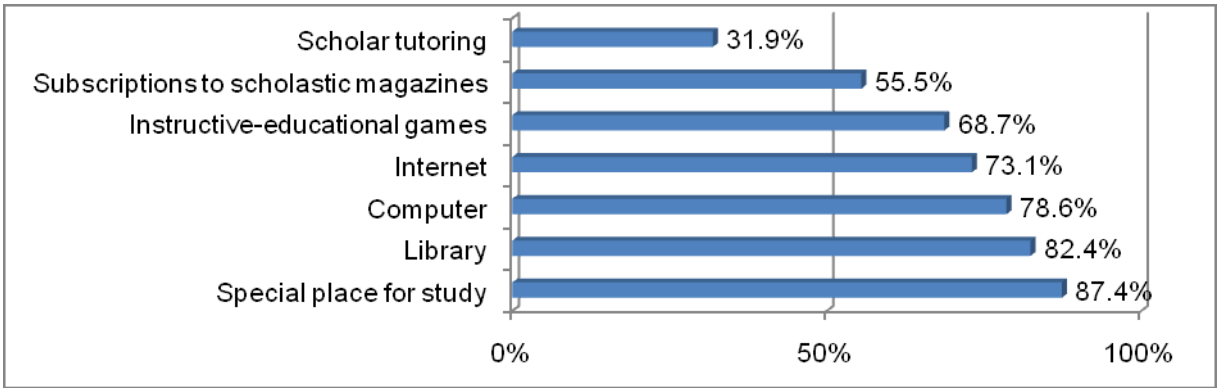

Fig. 1 The goods and services provided by the Jiu Valley families for their children

And not only that: although the stated purpose of tutoring is to achieve better school results they produce a perverse effect, emphasizing the social inequalities, because only certain categories of population can afford the financial resources to pay for their children's tutoring [4].That this is so it is proved by the correlation between the monthly revenues available to the Jiu Valley families (those families that passed the filters from the used tool and have minor children that are attending the classes of different teaching institutions) with the school tutoring that they can afford to acquire for their children at different disciplines. It can be seen from figure 2 that for all families with children in school and whose monthly income is up to 750 lei (we took into account the guaranteed minimal income beneficiaries, hence amounts to 350 lei or between 351-500 lei, depending on family size) tutoring is an educational service which they cannot afford for their children. Once the limit of 750 lei is exceeded, appear the signs of this phenomenon which tends to increase as the monthly income is becoming greater. Only after a monthly income of 2,500 lei the families begin to afford on a wider scale (57.1% of such income category) such an educational benefit. Also note that in the category of families whose monthly income is over 3,000 lei, all the kids are following additional training outside the formal and non-formal education, which we recognize as tutoring. We chose to represent with the aid of two frequency curves the income of the Jiu Valley families, making the dichotomy between those with children in school and the families throughout the Jiu Valley just to show that we have perceived this difference, closely following the families who have children. In full agreement with those shown above we appreciate that it can be felt a louder educational segregation depending on family resources, which has as finality, over the years, increased social inequalities in the

generational body. And this in context of greater chances of social mobility generated by the growing of the educational level.

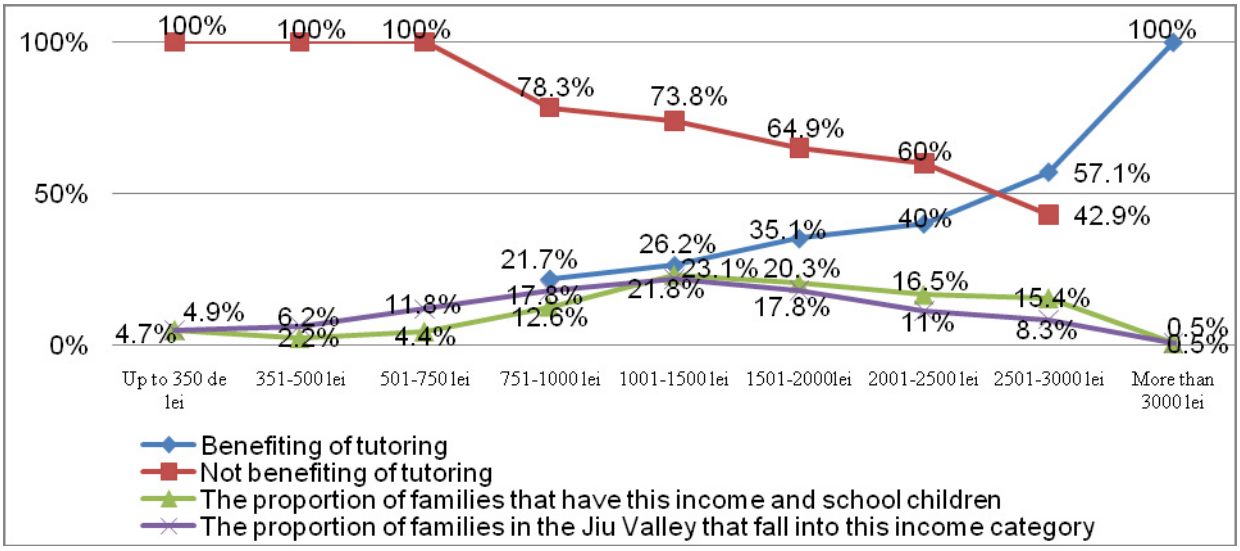

Fig. 2. The correlation between monthly family income and the children's tutoring, fitting by percentages of the Jiu Valley families by income.

In fact, what we have observed is a long noted phenomenon in the Western society. P.M. Blau and O.D. Duncan in their book *The American Occupational Structure* have analyzed the ways of social mobility in the United States. Their hypothesis was one that at least in theory seemed to be confirmed, namely: the lower the placement in the social hierarchy is, the higher the chances of social mobility will become. They brought the argument that the number of available social positions is much higher for those at the bottom of the social pyramid than the number of positions available for those who are already placed in the upper floors of the same social pyramid. The results of field researches have disproved this hypothesis by showing that the best chances of social mobility belong to the families that are already placed on top of the social hierarchy [5]. Besides, it is a situation replicated in the European space and the famous french sociologist P.Bourdieu in collaboration with J.C. Passeron developed the work *Les Héritiers, les étudiants et la culture*, which concludes that the school system is finally a tool for the reproduction of the positions inside the upper social strata [6]. Moreover, for P.Bourdieu the formal education is a form of symbolic violence that it imposes arbitrary aiming at the upper classes supremacy and the social stratification that favors them. The idea of social reproduction, developed by P.Bourdieu, is centered on the cultural reproduction, ie valuing the cultural capital of the dominant classes. We recognize here the implicit concept of habitus, understood as a way of personal thinking but with deep roots in the social class from which each person comes from. Or the school as an institution promotes and valorizes the habitus of the upper classes, which makes the individuals coming from lower classes to become disadvantaged in their struggle to fill a higher social position [7]. On the couple school-social mobility, in terms of impact, M.Cherkaoui puts several questions: to what extent the current society is hereditary? The rising of the individuals from the lower classes through school, is it real, approaching the meritocratic model, or conversely, we assist to the perpetuation of a myth, the current society being actually open to the past, undemocratic? M.Cherkaoui noticed a growing democratization of the educational system towards the decrease of the educational opportunities with the mention that it is still depending (very strongly) on the social origin [1]. The influence of social origin is also observed and recognized by A. Girard, which, in his book *La reusitte sociale en France* concluded with an interesting statistic about the social origin on approximately 2000 different personalities from all domains of activity, in 1961. Thus, the workers, the farmers, the traders and the craftsmen were providing 19% of all personalities, the officials and average professionals provided in turn 19%, and finally ,the business managers, the liberal professions and senior officers were providing the greatest mass of personalities, no less than 62% [8]. In his turn R.Boudon addresses the issue of the education stressing that the school was long seen by sociologists as the main tool in developing a policy for social equality, in that it contributes (or it should contribute) to the increase of social mobility. Boudon even appeals to one of the works of L.C. Thurow (Education and Economic Equality) to show the influence of increasing tuition rates on income distribution. Thurow's conclusion, to which Boudon adheres, is that the development of the educational system has not led to a decrease of the economic inequality, on the contrary, it increases the inequalities due to the social positioning by birth. Moreover, the development of the educational system does not cause an increase in

social mobility, but it only assumes the decrease of inequalities of the educational opportunities [9]. Just on such grounds Boudon sees the educational development from the position of one that conceives it as having unexpected and perverse effects: unexpected because the results of educational development provoked disappointment, and perverse because they induce in the social body the feeling of distrust regarding the finalities of the educational act, understood as a system [10].

However, at least among the students surveyed by us, the desire of status achievement is great, 55.1% of them choosing the profile they are preparing for a career. So this is not a conjectural choice but one with strong implications for the future from a personal but also professional perspective. On the other hand the achievement of a social position is perceived by the students as being conditioned by obtaining of an university degree, 61,2% of the respondents having such an opinion. At the same time the students seem to answer the question raised by M.Cherkaoui regarding the extent to which the modern society is a hereditary one from the perspective of the couple level of education-social mobility:

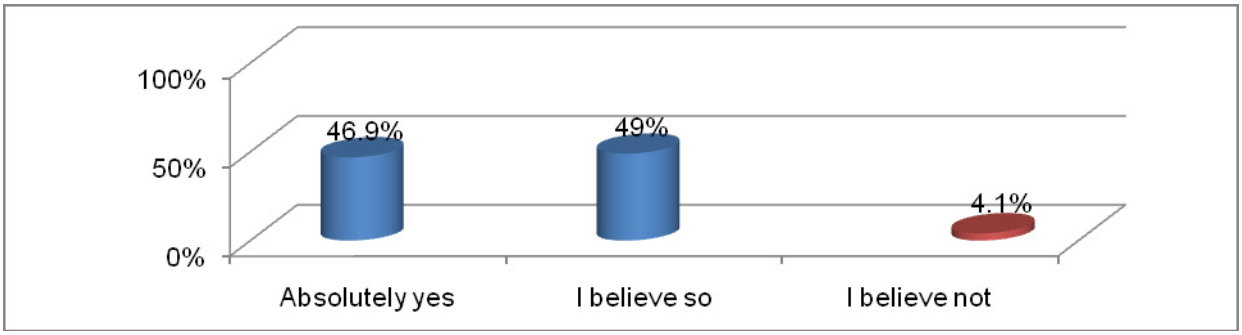

Fig.3 The opinion that the university graduates which come from families that are socially well placed have more chances to be employed

Cumulating the series of positive answers we have obtained the measure of the reality perceived by the students regarding the employment after the training stage from the faculty: 95,5% agree that the social origin is influencing the chances of employment, or otherwise of social mobility. In this case it occurs the actual materialization of what is called the achievement of status, avoiding unemployment, employment in jobs below the level of training or the professional reorientation. The completion of higher education studies should coincide, at least in the meritocratic model, if we were to refer back to M. Cherkaoui, with the social ascension of the individuals, especially of those from the lower classes. We have asked the students to estimate the chances that they have to be employed in the profession after the graduation, and the answers are interesting. Although they had at their disposal the option to estimate their chances to be employed in their profession as *totally*, not even one of the students used it. Very few of them (8,2%) estimate their chances to be employed as *great*. It is true that most of them (49%) consider their chances as *appropriate* but equally true is that by merging 42.9% estimate them as *small* to *nonexistent*.

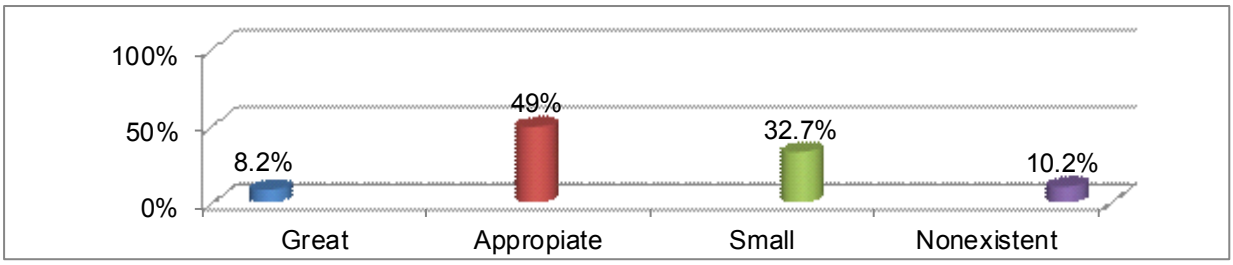

Fig.4 The estimation of chances of employment in profession after graduation

Therefore it seems to be confirmed the long noticed fact by M. Cherkaoui, L.C. Thurow or R. Boudon that the development of the educational system means above all its democratization by decreasing the educational inequalities and of a lesser degree the decrease of the economical inequalities through the alleged increase of the social mobility. In such a case those which are coming from families positioned towards the base of the social pyramid have within reach (outside unemployment) at least two ways of social recovery. The first

is that of employment in a different field of activity placed under the academic training they have. The acceptability of such a situation, with the nuances it brings, is presented in the following:

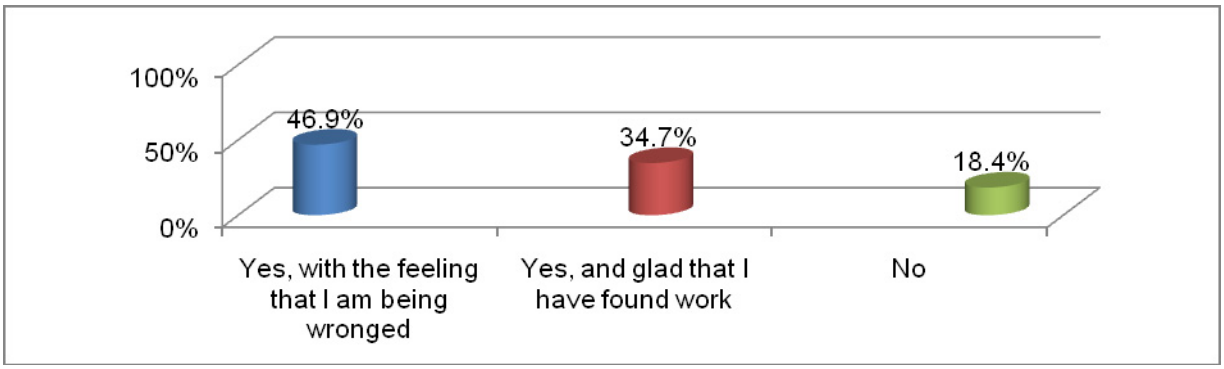

Fig. 5 The acceptability of employment in a workplace beneath the training level

Less than a fifth (18,4%) would refuse employment below their qualification. This high degree of acceptability is worrisome showing the flaws of the economy and of the entire social system. The young people that are placed in this situation are not only the product of a formal educational system but also (and especially) the result of the financial, material and psycho-affective effort of the families they belong to. Only in this register we can understand the decision of many of them (61,2%) that in case of failing in the status achievement to use what we have called *the status recapitalization* by acquiring new skills after graduating another academic specialties. It is, we think, a good example of resilient families which managed to develop their children's skill so that they become ever more able to face the challenges of life [11], the children of resilient families becoming themselves resilient[2]. Even if the families are resilient and are further transmitting the ability to adapt to their children, an important role in maintaining the resilience belongs to the community of origin (community resilience) and to the societal system as a whole (societal resilience). In the absence of well-organized social structure, optimally developed on all of its levels, all these elements can turn into sources of social exclusion:

-self-exclusion. This is an individual choice related to the cultural model someone finds himself in or because of disinterest. These individuals reject or renounce to a certain form of social participation;
-the system. The whole social system is not prepared to react through social policies against various social problems;
-the community to which the individual belongs to / area of residence, because some communities and regions are richer, others are poorer [12]. Moreover, the resilience of the community is given by the social, cultural, human, financial and political capital available [2].

At the level of the entire Jiu Valley we had already distinguished the awareness of the inhabitants that they belong to a community that is no longer resilient or which is about to lose its resilience: 60.5% of the parents said that the chances of social success of their children in relation to the children in the major cities of the country are smaller, the economic degradation of the area being primarily responsible for all the negative phenomena that have occurred or are occurring here simultaneously: unemployment, depopulation of the area because of the decrease of the birth rate and the emigration of the youth, the lack of investments etc.

Conclusions

The individuals may have the capacity to adapt to new situations they find themselves in throughout life, such as, for example, the ability of many students to overcome failure of status achievement because of the impossibility to be employed in the profession they initially prepared for, by following the classes of other faculties. This type of individual and familial resilience must be sustained for the entire societal environment, by ensuring those factors and conditions that allow the individuals to overcome difficult situations. Or we have remarked the weakening of a community in its entirety and the accepting of the idea that the chances of social success of its younger members are greatly diminished than those of the youth from another communities, especially of those from larger cities. We can say, therefore, that a strong community lends to its members the trust in their social success, the sense of belonging to a group whose set of values is not disputed nor is about to be diluted. The democratization of the educational system, in the sense of decreasing the educational inequalities through the permeabilization of the educational system has no positive effect on reducing the economical inequalities (and hence on social mobility) as long as it is not combined with social development in terms of

economic growth. Only on these terms the social mobility through status achievement can be felt into the lower strata of the society and the social inclusion by education becomes effective.

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Adaptation de l'*échelle de facteurs de protection* au contexte socioculturel des femmes camerounaises

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Abstract

The resilience is a complex phenomenon, an exceptional experience, a permanent construct ,the result of the positive interaction between the risk factors, the protective factors, the available resources, and the adaptative or motivational forces of a person.It takes part of salutogenic paradigm.A better knowledge of the resilience allows better health promotion interventions ; primary, secondary and tertiary prevention.The objoct of thi study was to adapt The Protection Factors Scale, elaborate in context quebecois, to the 20 to 55 years old Camerun women's sociocultural context.The analysis of the scale's items shows that it is advantageously destinated to the young universitary adults.We made the semantic adjustments and the addition of specific items of the cultural context of Camerun women's, which are still low educated on certain regions.It is about items concerning traditional medicine and the religious practice.The adapted version of the scale consists in 37 items.The study of the construct's validity, allows to finalise this scale adaptations process

Key words: scale adaptation, Camerun women's sociocultural context, protection factors, résilience.

Introduction

La résilience est le résultat d'un processus au cours duquel des personnes confrontées à une forte adversité, à un stress chronique, à des traumatismes parviennent à ne pas sombrer dans des troubles psychologiques, à reconstruire leur vie autour de ces expériences pénibles, et à présenter un meilleur fonctionnement psychique [1-3]. Il n'existe pas encore à ce jour de consensus sur la définition de ce concept qui subit l'influence des principaux courants de pensée en psychologie. Le nombre d'études réalisées sur la résilience (en date du 25 janvier 2014, dans les bases de données PsycInfo et Web of science, on dénombrait plus de quinze mille études en rapport avec le concept de résilience), l'absence de consensus autour de sa définition, les différentes entités qui en font l'expérience (individu, famille, société, etc.), et la singularité du vécu chez chacune d'elle en font une complexité bien difficile à étudier dans le réductionnisme scientifique (qu'on soit dans le paradigme positiviste ou interprétatif) et dans l'enfermement disciplinaire ou contextuel [1, 4-7].

La résilience n'est pas un acquis définitif, puisqu'on peut être résilient à un moment et ne pas l'être à un autre, dans un contexte et ne pas l'être dans un autre, etc.[1, 3, 5, 8, 9].C'est un construit permanent qui est fonction de l'interaction entre les facteurs de risque en présence, les facteurs de protection, les ressources disponibles, et la force adaptative ou motivationnelle de la personne. La complexité du phénomène de résilience suggère que ses outils d'évaluation soient adaptés à une population et à un contexte socioculturel donné. Cet article a pour objectif d'adapter l'*échelle de facteur de protection* [10] au contexte socioculturel des femmes camerounaises âgées de 20 à 55 ans. Un facteur de protection est une qualité personnelle ou environnementale, une qualité émergente des interactions écosystémiques pouvant permettre l'adaptation face à des situations de risque ou de forte adversité ou en prédire une bonne issue [11-13]. Il est donc spécifique au champ de la promotion et de la prévention primaire et convient d'être distingué du concept de ressources qui est plus large. La reprise d'un développement après un traumatisme ou une désorganisation est de l'ordre de la reconstruction, de la réadaptation, de la restauration. Il s'inscrit dans la prévention secondaire et tertiaire, et fait appel à des ressources individuelles, familiales et environnementales. C'est le cas d'une personne atteinte d'une psychose chronique, d'une dépression, d'un viol, d'une addiction, d'un traumatisme craniocérébral modéré ou grave, etc., qui peut aussi après un point tournant, reprendre un développement avec bénéfice [11, 14, 15]

Une consultation des bases de données PsycInfo et Web of Sciences (25 janvier 2014) montre seulement trois études sur ce phénomène au Cameroun. Ces trois études [16-18] se sont déroulées pour la plupart en zone rurale anglophone et ont utilisé un devis de recherche qualitatif (ethnographie et théorisation ancrée). L'une s'est intéressée aux stratégies de résilience utilisées dans la gestion de la pauvreté chez les populations Bakweri de la région anglophone du Nord-Ouest [17]. Une autre, dans une approche qualitative exploratoire, à

l'aide des focus group discussion, s'est intéressée à l'adversité vécue par des femmes handicapées de cette région [18]. L'on constate, à partir des données de la recherche documentaire effectuée, qu'il n'existe pas d'outil d'évaluation des facteurs de protection élaboré ou adapté au contexte socioculturel camerounais et utilisable en prévention primaire.

Le Cameroun, pays d'Afrique centrale, compte 51% de femmes, plus de 200 ethnies vivant dans des paysages écologiques très différents (forêts, savanes, montagnes, littoral, etc.) et dans lesquels on observe un syncrétisme culturel. Les conditions des femmes sont particulières. Elles sont de grandes multipares, avec un indice synthétique de fécondité de 5,2 enfants. Elles subissent la pauvreté et la précarité de l'emploi qui sévissent de manière endémique. Un quart des ménages sont dirigés par des femmes, dont 40% sont des veuves parmi lesquels seulement 36% sont alphabétisées. De 2001 à 2007, l'on a observé que la pauvreté diminuait chez les femmes alors qu'elle augmentait chez les hommes. Par ailleurs un tiers de promoteurs d'entreprise sont des femmes[19]. Bien qu'elles vivent en contexte d'adversité, elles semblent s'appuyer sur des facteurs de protection pour favoriser leur adaptation et, pour d'autres, leur résilience. La disponibilité d'un outil d'évaluation des facteurs de protection, adapté au contexte socioculturel des femmes camerounaises, a pour finalité de contribuer à améliorer l'étude de la résilience chez celles-ci. Deux objectifs spécifiques ont guidé cette première étape d'adaptation de l'*Échelle de facteur de protection* : établir l'équivalence sémantique et la validité de contenu. La validité de construit sera étudié dans le cadre d'un travail doctoral portant sur l'adversité et les ressources favorisant la résilience des femmes camerounaises.

Méthode

Cette première phase du processus d'adaptation de l'*Échelle de facteurs de protection* s'est faite en deux étapes. L'échelle a d'abord été soumise à cinq femmes camerounaises ayant au moins un baccalauréat (licence) et des connaissances en sciences sociales et humaines (une anthropologue spécialisée en question de genre, une anthropologue de la santé, une infirmière clinicienne, une étudiante de maîtrise en sciences infirmières, une gestionnaire). Il leur a été demandé de relever les items qui posent des problèmes de compréhension, ceux qui ne semblent pas adaptés au contexte socioculturel de la femme camerounaise âgée de 20 à 55 ans, et de faire des propositions d'items spécifiques aux facteurs de protection utilisés par les femmes camerounaises. Les résultats obtenus ont été discutés lors d'une réunion du Groupe Aidenfant affilié au Laboratoire de santé mentale de l'Université du Québec à Trois-Rivières, en présence de la plupart des auteurs de l'échelle. Dans un deuxième temps, la version ajustée de l'échelle a été soumise en prétest à 14 élèves aides-soignantes et 10 étudiantes infirmières diplômées d'état. L'instrument a été administré en groupe dans une salle de classe.

L'*Échelle de facteur de protection* [10] est un questionnaire dichotomique de 35 items conçu pour évaluer les dimensions individuelles (12 items), familiales (12 items) et environnementales (11 items) des facteurs de protection. Son coefficient alpha de Cronbach est de 0,82. Ses items s'inscrivent dans le processus cycle de vie, partant de l'enfance à la phase adulte.

Résultats

Les résultats de cette première phase d'adaptation de l'*échelle de facteurs de protection* sont présentés dans le tableau ci-dessous.

Tableau1
Analyse des items de l'Échelle de facteurs de protection dans le contexte socioculturel de la femme camerounaise

Dimension de l'échelle **Éléments d'analyse**	**Facteurs de protection individuels**	**Facteurs de protection familiaux**	**Facteurs de protection environnementaux**	**Justification**
Items non modifiés	N°10 & 11	N°14, 15, 18, 20 & 22	N° 29 & 30	Les informatrices et les participantes au prétest n'ont pas signalé de problème de compréhension
Items posant des problèmes d'équivalence sémantique	N°3 (tempérament), N°5 (ouverture d'esprit), N°7 (habiletés sociales), N°8 (estime de soi N°9 (humour), N°12 (stratégies d'adaptation)	N°19 (soutien émotionnel)	N°23 (réseau social), N°28 (modèles de pairs), N°31 (mentor)	Les concepts utilisés se réfèrent à un langage spécialisé inaccessible à des personnes de niveau d'instruction faible
		N°17	N°24	Dichotomie des propositions
	N°1, 2 & 6	N°13, 16 & 21	N°25, 26, 27, 33, 34 & 35	Nécessité d'une clarification, spécification ou simplification des items pour en faciliter la compréhension
Item supprimé pour inadaptation au contexte socioculturel			N°32 en rapport avec les animaux de compagnie	Au Cameroun, les animaux domestiques ne jouent pas très souvent le rôle d'animaux de compagnie
Items ajoutés en rapport avec la culture			N°36 (recours à la médecine traditionnelle)	Selon l'OMS (2002), 80% de la population en Afrique recourt à la médecine traditionnelle.
			N°37 (pratique religieuse)	Elle est très forte et répandue au Cameroun
Spécificité de la population cible			Possession d'objet culturel ou spirituel pour la protection	En remplacement de l'item N°32
			N°26 (étude universitaire)	Taux d'alphabétisation encore faible chez la femme camerounaise
		N° 13, 15, 17, 19, 20 & 21 en rapport avec les parents.	N°27 en rapport avec le conjoint	Aucun item en rapport avec les enfants qui peuvent être source de protection et représentent une grande richesse au plan culturel.

Discussion

Les résultats obtenus à l'issue de cette première phase d'adaptation font ressortir les différences au niveau des caractéristiques socioculturelles entre la population québécoise auprès de laquelle l'outil a été développé et la population féminine camerounaise pour laquelle l'outil est adapté. Il s'agit notamment du niveau d'instruction ; de la période développementale de la population cible qui semble celle de jeunes adultes faisant des études universitaires ; des pratiques culturelles dont il était prévisible qu'elles soient différentes, de par la singularité de chaque peuple. Le taux d'alphabétisation des femmes camerounaises reste encore très faible dans certaines régions, notamment septentrionales, où il est inférieur à 40%[19]. Cette différence de niveau général d'instruction, la spécialisation du langage et les aspects linguistiques contextuels entraînent des problèmes d'équivalence sémantique qui nécessitent une reformulation de certains items.

L'*échelle de facteurs de protection* semble être adressée à de jeunes adultes. Elle insiste plus sur les parents (items 13, 15, 17, 19, 20 et 21), moins sur le conjoint (item 27) ou les enfants (aucun item) qui peuvent aussi être source de protection. En 2009, l'indice synthétique de fécondité était de 1,73 au Québec [20], alors qu'en 2012, il était de 5,2 chez les femmes camerounaises. La plupart des femmes au Cameroun deviennent mères entre 20 et 25 ans [21], alors que l'âge moyen de la maternité au Québec en 2009 était de 29,8 ans [20].

S'agissant du contenu, l'item 32 ne semble pas adapté au contexte socioculturel camerounais. Dans la plupart des cas, le rôle dévolu aux animaux domestiques n'est pas souvent en rapport avec la compagnie, mais plus avec la sécurité ou la chasse aux rongeurs. D'un point de vue culturel, les informatrices anthropologues ressortent le recours des populations à la médecine traditionnelle pour la protection, les soins ou la résolution des problèmes considérés comme coutumiers ou mystiques, ainsi que la forte tendance à la pratique religieuse. En Afrique, 80% des populations recourent à la médecine traditionnelle pour répondre à des besoins de santé [22].

Conclusion

La première phase d'adaptation de l'échelle de facteurs de protection a permis d'obtenir un accord sur l'équivalence sémantique et de procéder à un ajustement au niveau du contenu des items en vue d'une adéquation avec le contexte socioculturel de la femme camerounaise. L'outil final comprend 37 items répartis comme suit : 12 facteurs de protection individuels, 12 facteurs de protection familiaux et 13 facteurs de protection environnementaux dont cinq sont spécifiquement en rapport avec la culture. Il convient toutefois de rappeler que si les items de la version adaptée de l'*Échelle de facteurs de protection* sont mieux compris par les femmes camerounaises, il est important de déterminer ses propriétés psychométriques. Par ailleurs, une étude du processus de résilience dans une perspective cycle de vie montrera si ces facteurs sont effectivement retrouvés dans l'expérience de résilience des femmes camerounaises.

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Building capacity in public health nursing students to respond to adversity experienced in the reality of practice

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Abstract

Adversity experienced in professional practice has been identified in the fields of health care, social work and teaching with implications for the ability of practitioners to maintain their own wellbeing and to be effective in their roles. For public health nurses working in the field of child and family health in England such adversity has been exacerbated by significant reduction in their numbers, coupled with the widespread financial constraints and organisational change. The notion of 'practitioner resilience' is established in the literature. The challenge for educators is to support development of such resilience in student practitioners.

This paper reports on a doctoral study exploring how student public health nurses' experience in higher education and practice settings contributed to development of their capacity to respond to the adversity experienced in the practice role. Case study methodology, rooted in a critical realist approach, utilised a series of focus groups and semi-structured interviews to collect data from twelve students over the year of their course. A conceptual web of learning for practitioner resilience, drawing on resilience and transformational learning theory and reflecting the levels of critical realism, emerged from literature review and preliminary data collection. Key findings identify links between transformative learning and promotion of resilience.

Key words: 'Practitioner resilience', 'transformative learning', 'critical realism', education,

Introduction

There has been growing interest in practitioner resilience, particularly in relation to health, social care and education professionals, and the adversity that they may experience in their roles. McCann et al [1] define professional resilience as "the ability to maintain personal and professional wellbeing in the face of on-going stress and adversity" (p 61). Adversity in the context of work is taken to include difficult, or negative experiences with the potential to have an adverse impact on the functioning of the practitioner [6, 4]. Previous research has indicated that many entering the caring professions have experienced adverse personal circumstances [2]. In addition they may experience vulnerability through the contexts in which they work, expectations of their employers and society, and vicariously through exposure to the experiences of the populations, communities and individuals with whom they engage [3]. These factors combined with negative workplace experiences including growing workloads, diminishing resources, organisational change and poor organisational culture contribute to the experience of adversity in professional life [4, 5].

The public health nurse (Health Visitor) workforce in England has recently experienced a significant level of disinvestment. This has contributed to discrepancies between broad public health standards, against which these nurses' specialist professional education is validated, and the reality that they are exposed to in practice. Financial constraints and significant organisational change in the NHS have coincided with the reduction in staff numbers. Newly qualified Health Visitors (HVs) therefore experience practice that can impact negatively on their functioning and wellbeing.

There is recent research reporting on the occurrence of stress and burnout in nurses, social workers and teachers [6, 7]. Links are made with causes and protective factors and identifying remedial action [8, 9]. A role for professional education in promoting practitioner resilience has been identified [4, 6, 9-13]. Although the importance of building resilience through professional education has been recognised, little has been written about how this can be achieved. In the last few years a growing interest in specific interventions in professional education and their impact on building capacity to respond to adverse experiences, has started to emerge [4, 10, 14-16]. However, there is a lack of research examining the whole experience of student learning and the means by which this may enhance practitioner resilience. In addressing this issue the doctoral study explores 12 student

public health nurses' expectations of their new role and the reality of their experience, together with learning experiences that have contributed to development of existing or new abilities to respond to this reality.

Methodology

Critical realism, the stance from which the study is approached, situates the researcher in a position in which reality may be taken to be 'out there'; there is a real world but it is not unchangeable or unchanging. The way in which sense is made of this world is not fixed but affected by the social and historical contexts of the individuals experiencing the world. Distinctions are made between "things we experience and things that cause what we experience" [17 p.3], through: what exists (real), what is experienced (empirical) and the elements that are introduced into the system and their consequences (actual), these three levels of reality being brought into alignment through social action [18]. Intrinsic case study methodology [19] rooted in a critical realist perspective allowed for analysis of the complex, non-linear relationships between what students bring to learning, what they experience and what causes those experiences.

Ethical approval was gained from the University of Brighton and participants were recruited from a cohort of 35 students prior to the start of the course. Case study allowed for multiple methods of data collection. Qualitative data was collected through focus groups and semi-structured interviews. Some basic biographical data was also collected from the participants. 12 students volunteered to take part in the focus groups and 6 subsequently took part in individual semi-structured interviews. The sequencing of three focus groups over the year and interviews in the last two months allowed for emergence of issues and experiences that could be followed up at an individual level, enabling complexity to be explored.

Data collection

Data were collected from 12 participants through two series of 3 activity-based focus groups, run in parallel over the year's duration of the course. Semi-structured interviews were carried out with 6 of the participants. Course documents provided the context of the planned curriculum.

Activities in the focus groups included mind-mapping expectations, ranking resources promoting capacity to respond to adversity, and using a tower building game to explore how learning was built through the course.

The longitudinal nature of the data collection allowed for triangulation through examining the complexity of the issue from a number of perspectives [20] and an iterative approach to both data collection and analysis. A conceptual web of learning for practitioner resilience, drawing on practitioner resilience [4, 10, 13, 21-23] and transformational learning theory[24-26] and reflecting the real, actual and empirical domains of critical realism[18], emerged from initial literature review and preliminary data collection, providing a framework for data analysis.

Findings

Content analysis of the data against the conceptual framework resulted in clustering of data linked with each category. The domains and cluster themes are summarised in Table 1. That health visiting was a complex activity involving 'difficult' work emerged clearly from the data. Tensions in the participants' individual expectation and reality were overlaid with significant adversity being observed and experienced in practice, and to a lesser extent adversity experienced in the university. This adversity was evident in relation to the participants and their HV colleagues in practice settings and in their individual experience of being students, confirming the need for promotion of practitioner resilience at both individual and organisational levels.

Table 1: Cluster themes by domain emerging from content analysis.

Domain	**Cluster themes**
Real: Exposure to the HV role in the real context of practice	Identification of expectation and reality
	Challenges emerging from the structures and mechanisms
	Social contributions to building individual and collective resilience
Actual: The organisation of learning	Starting points
	Scaffolding learning for resilience
	Endings
Empirical: The experience of becoming a health visitor	Creating an identity
	Learning from negative experience
	Health Visitor as a "chameleon"

In congruence with critical realism relationships were not linear and links were evident between domains in the conceptual framework. Key to this linkage was praxis *ie* the participants testing out their learning in practice. In transformative learning, spaces are created to allow the students to 'take action' in their learning [26], that is to explore the use of their knowledge through praxis. Identification of these spaces takes us some way to understanding how the process of praxis may be promoted.

Theoretical content, delivered through student-centred Problem Based Learning (PBL) integrated with exposure to socio-economic deprivation in the client populations challenged the participants' assumptions and beliefs provoking an 'inequalities imagination' [23]. Participants were surprised by what they saw in practice, finding it emotionally difficult to cope with. This exposure, which could have been disempowering and undermine their resilience, actually acted as an incentive to do something about it, a 'resilient move' [27] in response to what was being seen. This action contributed to participants' objectives to 'make a difference' something voiced repeatedly throughout the study. Recognition of having done so was a positive influence on their resilience and ability to persist in their role.

'Openness' was identified as a central factor promoting resilience in the participants. This was evidenced in a number of contexts: individual openness to participate in reflective practice, the openness of leaders to see and hear what was happening in their teams and to respond to what was being expressed, and openness within teams. 'Openness' contributed to building a 'safe place' for reflection within the individuals that they could then take into any context. The development of openness was supported through honesty and trust established in relationships between the students in the context of their formal learning and in their social interaction. The participants identified the importance of the trusting, honest social support networks established in the university with their peers. At times breaks and mealtimes were identified as more important than the taught content. Small group work in PBL trigger groups, Action Learning Sets (ALS) and sustained contact with the same tutors provided environments that nurtured this trust and honesty in the formal curriculum. Numerous spaces for reflection and modes of its application were identified across contexts, with good evidence of participants' commitment to its use and value as a resource for resilience. Negative experiences were an important source of learning if handled well by those involved with reflecting on the experience, however they had the potential to severely undermine resilience if handled badly.

Role modelling and observation were widely recognised as ways in which participants learnt resilient behaviours, as well as learning how not to behave. This related to building resilience into their identity in their new role, a 'way of being' in that role, and the way in which they would lead and work in their teams.

Team dynamics and leadership influenced the existence of both individual and team resilience. Adversity as a collective experience was clearly evident [28], and links between individual and team resilience were identified by participants who recognised that a single team member lacking resilience had the potential to undermine the resilience of the HV team collectively and individually.

Conclusions

The study contributes new knowledge regarding the development of practitioner resilience through the transformational learning experience of the course. The critical realist approach facilitated the emergence of relationships between individual and team experience of resilience that is based in social theory. The conceptual framework of a web of learning for practitioner resilience contributes to understanding the complexity of causal relationships in transformative learning for building resilience.

Participants appeared to have developed a number of resources promoting resilience through the transformative learning experience of their course. Learning is not a linear process, and praxis is critical in the scaffolding of learning for resilience.

The study suggests limited application of practitioner resilience at an individual level, and supports the application of a wider social theory of resilience.

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Social support, satisfaction with physician-patient relationship, couple satisfaction, body satisfaction, optimism as predictors of life satisfaction in people having a current perceived health problem

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Abstract

Purpose. The aim of this study is to analyse the life satisfaction predictors in participants having a currently perceived health problem. The life satisfaction is being conceptualised by the means of the LiSat-11 model, which has been extended to some new dimensions. Conceptually, the study includes several new elements and is consistent with current ongoing worldwide research. Social support is being analysed using a resource-oriented approach, the physician-patient relationship satisfaction is discussed ethically, and the couple satisfaction is investigated through a proprietary instrument that contains both cognitive and attitudinal elements. Additionally, body wellness and optimism are also included, as determinant factors of life satisfaction.

Method. The questionnaire technique was used. Multiple scales were included.

Results. Multiple regression has shown that social support, satisfaction in the physician-patient relationship, couple satisfaction, body satisfaction and optimism are all predictors of life satisfaction in people having a currently perceived health problem. Life satisfaction is lower in participants having more than one health issue than in those with only one such issue. Social support is lower in persons that have not been hospitalised than in those who have been. The social support is also lower in those who have undergone a lengthy period of drug administration than in those who have not. The physician-patient satisfaction is lower in subjects who have been administered medication for lengthy periods of time.

Conclusions. The study highlights the following predictors of life satisfaction: social support, medic satisfaction, body satisfaction and couple satisfaction. Satisfaction towards the physician-patient relationship awards the subject self-confidence, as well as confidence in the medic, which leads to an increase in positive perception and trust in his own abilities, physical as well as psychological, to face illness. The longer the treatment is, the more negative the patient's social support perception becomes; similarly, in the case of long treatments the levels of satisfaction with the physician-patient relationship tend to drop.

Keywords: Social support, satisfaction with the physician-patient relationship, couple satisfaction, body satisfaction, optimism, life satisfaction.

Introduction

The somatic discomfort and the perception of the general health state variations is associated with a decrease in life satisfaction Rogers [1]. Life satisfaction can be defined as a cognitive component of the subjective well-being. [2] Life satisfaction reflects the degree to which the basic needs are satisfied and the degree to which a variety of other purposes are perceived as achievable. It deals with the perception of difference between reality and the personal needs in the activity, participation and functioning areas.

Life satisfaction is also an indicator of health and general well-being that leads to a general feeling of physical and mental health, usually associated with a greater longevity. It is the degree to which an individual evaluates his life's global quality as satisfactory. The main areas of attention in life satisfaction evaluation are: life as a whole, vocation, economy, leisure, contacts, sexual life, activity of daily living, family life, partner relationship, physical health, psychological health. These aspects are integrated in the LiSat-11 questionnaire, an evaluation model developed by Fugl-Meyer . [3]

One of the most important determinants in life satisfaction is income. A higher than average income is associated with high levels of life satisfaction and psychological well-being. Income does not exert a significant

influence on life satisfaction after a certain threshold has been reached, due to the fact that the basic needs have been satisfied and income does not have real usefulness for anything else.[4]

Physical well-being is associated with high levels of life satisfaction. [5] Also, life satisfaction can be influenced by social functioning, marital status, psychological functioning, age [6] and cross-cultural variations (Needs and Values) [7]

The present study wishes to thoroughly investigate the presence of life satisfaction determinants in persons with perceived health problems. Previous works have suggested other predictors of life satisfaction, such as life fulfilment [8], future perspective perception,[9] Marital status [10], physician-patient communication [11], body image [12]. Other areas of particular interest are the degrees to which life satisfaction is predicted by: social support (the dynamics of the support/resources relationship), the physician-patient relationship satisfaction (the dynamics of expectancy / needs / reality), couple satisfaction (the quality of the relationship is the main focus, regardless of the marital status of the couple), body satisfaction (which is the satisfaction the subject feels towards his own body parts) and optimism (which is relevant in the classic dispositional approach).

1.1 Social support

Interpersonal support relationships hold great value in maintaining health, well-being and lowering stress. [13] The perceived help, worry, comfort and respect coming from the peers blend into the concept of „support".

Social support is the help a person is being offered by his peers in a defined situation or in general. Social life aspects (family relationships, group memberships) and resources that fulfill personal needs are included in the social support. Social support has various ramifications: actional/instrumental, economic/financial, informational, emotional. Other experts catalogued social support as informal, when it is being provided by family and friends [14] or formal, when it is provided by the state or by private institutions.[15] Patients evaluate social support according to the relationship between the external offer and the internal need for support.

Social support is evaluated according to the type and frequency of social relationships or according to the character of the resources involved (material or non-material). Some studies underline the role change and equity plays in providing social support (especially when provided between generations) and their impact on life satisfaction. The exchange, or equity, approach provides essential insight about intergenerational support and its relationship with the life satisfaction of the elderly.[16]

Psycho-social support plays a major role in alleviating the damaging effects of stressful events and, thus, in reducing the progress of health issues.

The important role of social support on the psychological well-being and life satisfaction of the individual has been highlighted since as early as the 1970s by Siu & Philips (2000).[14] Research has shown that the qualities, as well as the quantity, of the support are deeply connected to life satisfaction.[17] Other studies show that social support reduces,[18] has a profound impact on reducing the negative impacts of stress on mental and physical health. [19]

1.2 Satisfaction with the physician-patient relationship

The patient's satisfaction is a measurement of the relationship between expectancy he has from the health services and what he actually receives or experiments. The expectancy is different according to the sociodemographic characteristics of each patient and to the complexity of his illness.[20] But the perception of the quality of care has no connection whatsoever to the seriousness or complexity of the patient's pathology.[21]

Patient satisfaction is in accordance with several key factors, such as: the performance of the medical service, [22] the communication skills of the medic treating him, with the humanism of the medic [23], the medication (fast occurring, short-term effects and long-term medication results),[24] the impact the treatment has on daily activities, the patient's health monitoring quality by medical personnel.[25]

Considering facts from an ethical perspective, the patient's satisfaction can be translated as the result of his perception of the medic's shown ethical behavior. Using this ethical perspective, we can understand the main approaches the patient has when evaluating the medic: *the virtues' approach* (he values his ethic principles that enable him to develop or save human lives), *the common good approach* (he works in everyone's favour, treating every patient in the exact same way), *the honesty and justice approach* (he acts correctly, in a non-discriminatory fashion, communicating the truth), *the rational judgement approach* (he protects people's rights and morality), *the duty ethics approach* (he treats people as ends rather than means), *the utilitarian approach* (he produces results and does not intervene if he does not have the guarantee of success in accordance to the principle of „primum non nocere").[26]

This is the perspective of this research approaches. Additionally, the effect the medic-patient satisfaction has on the beneficiary's life satisfaction will be studied, taking another hypothesis into account: people do not forget experiences they had with medics, these affect them either positively or negatively.

1.3 The body image

The concept of "self" is the nature of the beliefs an individual has about himself. The body image represents the perception of one's own body as opposed to an ideal body image.[27] The body image is conceptualised as a multidimensional construct that reflects the way individuals think, feel and behave regarding their own physical attributes.[28] Body self-esteem is an individual's satisfaction towards his own body image. There is a strong connection between body self-esteem and self-esteem.[27] Poor body image perception leads to lowering self-esteem and to unhealthy behaviors (such as eating disorders) [28].Body image is an important part of global self-esteem.[29] Body self-esteem is associated with satisfaction in the couple and with life satisfaction.[30]

A negative body image leads to psychological and physical negative consequences. Women with a negative body image are predisposed to anxiety and depression, they are less prone to engage in relationships and make self-oriented statements. Furthermore, they experience a lower couple satisfaction and low levels of life satisfaction.[30] Individuals with high self-esteem are more confident in their relationship, and more prone to undertake emotional risks as solutions to various situations. Individuals with high self-esteem are more confident in their interpersonal abilities.[30]

1.4 Couple satisfaction

Romantic relationships are a central aspect of an individual's life. The couple satisfaction is an interpersonal evaluation of the relationship's quality in contrast to his own goals and other aspects of attraction and engagement towards the partner, including the relationship's expenses and rewards.[31] Couple satisfaction is also a by-product of the cognitive process of comparing one's partner to personal expectations, previous relationship experiences and personal observations of others. This type of satisfaction manifests itself through concrete, positive behaviors such as openness, reassurance, diving tasks among the couple or reciprocal help in the development of social life. Couple satisfaction is also analysed through the quality of communication and openness towards the partner.[31] Couples with high levels of satisfaction communicate more efficiently and adopt problem and conflict solving strategies. Couples with low levels of satisfaction minimize or avoid conflicts.

1.5 Optimism

Optimism is defined as the extent to which an individual has a stable tendency of manifesting positive expectancies towards the results of various life events [32]. Dispositional optimism is a person's tendency of being motivated by a belief in the easiness of obtaining the desired results [33]. Optimism is a positive emotional state that acts against psychological disorders (like hope or courage).[34]. Optimism has beneficial effects on the physical and psychological health of people.[33]. It contributes to the general psychological wellness through the improvement of the individual's ability to cope with stress.[33]. It is a major contributing factor in the quality of life in hospitalised subjects.[33].Optimism has been associated with significantly high rate of healthy behaviors.[35]. They tend to face the psychological, medical or physical adversities better than those with lower levels of optimism (fact that has been proven while experimenting with epilepsy patients) [36] and they act when confronted with health issues in order to reduce risk.[37] Optimists have positive health habits,[35] benefit from a better immune system.[35]. Optimism leads to different life expectancies than pessimism.[37]

Methods

For this exploratory study, the strategy of transversal research was chosen, alongside the correlational method and keeping the major focus on highlighting the predictor quality of the following variables: social support, satisfaction with the physician-patient relationship, couple satisfaction, body satisfaction, optimism and life satisfaction. This major objective was analysed for the criteria variable in subjects who consider their general health condition as afflicted in some way.

Other than the objective of testing the role predictor variables play on the life variable we have also considered testing how certain variables, such as health issues (one or more health issues), medical history (with or without medical history), illness history (with or without hospitalisation) and medical treatment (with or without administered medicine) influence the level of life satisfaction, the perceiving of social support and the satisfaction in the physician-patient relationship, variables which, in this case, have the status of independent variables.

1.1 Participants

The questionnaires were applied on general population, participants having been previously interviewed on the subject of their medical health and the possibility of having health issues that require a special treatment or regime. Out of 102 applied questionnaires, only the ones that mentioned a present health issues and scored lower-than-average on the GH (General Health) scale were selected. 30 males and 32 females with ages ranging from 21 to 63 years old (M-44.5, SD=16.5) were selected in the final stage. Out of these, 33 stated the existence of at least another health issue other than the previously mentioned one.

1.2 Material and procedures

The Life satisfaction criteria variable has been measured on the LiSat-11 scale, with the addition of 7 items: the comfort of the residence, the standard of living, the daily lifestyle, life, the accomplishments, future perspectives and financial situation. The psychological health item was eliminated and the resulting instrument has a Cronbach's Alpha =0.92.

The current perceived health problems were evaluated with the GH scale from the SF-36 Quality of life questionnaire. Additionally, four other items have been introduced: main health issue, the existence of a secondary health issue, hospitalisations and surgical treatment.

The predictor variable „Social support" was measured with the Patient Perceived Social Support (author E. Avram), an instrument consisting of 15 items that requires the patient to indicate(on a scale from 1 -very little- to 5 -very much-) the helpfulness of the following aspects: guidance, emotional and moral support, care received, communication (information/advice), financial support, material aid (objects, food etc.), visits/the presence of other people, trust, confidential information, various problem solving, given time, promptitude, availability, care for household errands, help in all ways possible, physical support (Cronbach's Alpha =0,94).

Satisfaction with the physician-patient relationship (author E.Avram) has 24 items which represent evaluative behavioral anchors that describe the medic using morally-based traits or behaviors (e.g. approachable, offers explanations, tells the truth, respectful, calm, competent, disciplined etc.) (Cronbach's Alpha = 0.97). The patient evaluates the doctor on a Likert scale from 1 to 5.

For the measurement of the relationship with the partner quality the Couple Satisfaction Scale was used. This is a 13 item instrument, 3 of those being negative. It contains such items as: „The quality of the relationship I have with my partner is very good", „If I were to pick again now, I would pick the same partner", „Our relationship influences my health in a positive fashion", „I have a series of frustrations in this relationship" etc. (Cronbach's Alpha=0.94).

The Body Satisfaction Scale is a modified version of The Body-Esteem Scale (35 items, by Franzoi & Shields, 1984; Franzoi, 1994) [38] which consist of 37 items that address the body parts of the subject, along with their traits (e.g. height, weight, head size, eyes, nose etc.). The patient expresses his level of satisfaction with these items on a scale from 1 to 5. (Cronbach's Alpha =0.92).

Optimism has been measured with the Life Orientation test (Scheier et al., 1994).[39] It has 10 items that measure the dispositional optimism (Cronbach's Alpha =0.70).

Results and discussions

Firstly, we have used the Bravais-Pearson bivariated statistical correlation procedure to highlight the correlations between variables. The linear regression analysis was applied to highlight the relations of prediction. The averages, standard deviations and correlation coefficients' values of the studies' variables are presented in Table 1.

Table 1. Descriptive statistics and correlation coefficients

Variables	Mean	Std.Dev.	1	2	3	4	5	6
1. Social support	52.38	15.76	-	0.39**	0.28*	0.40**		
2. Satisfaction phys.-pat. rel.	93.06	19.88	0.39**	-	0.41**	0.41**		
3. Couple satisfaction	47.50	12.77	0.28*	0.51**	-	0.38**		
4. Body satisfaction	130.52	31.37	0.42**	0.41**	0.38**	-		
5. Optimism	30.82	5.82	0.51**	0.33**	0.48**	0.34**	-	
6. Life satisfaction	14.66	4.59	0.40**	0.41**	0.56**	0.42**	0.51**	-

Legend:

** Correlation is significant at the 0.05 level (2-tailed)*

*** Correlation is significant at the 0.01 level (2-tailed).*

We can notice the fact that all correlations display positive values and that the „Life satisfaction" criteria variable records average values of correlations with the other predictor variables, especially with couple satisfaction and optimism. Social support correlates strongly with optimism. The satisfaction with the physician-patient relationship has a lower correlation with optimism. Couple satisfaction correlates more with optimism. Body satisfaction correlates with life satisfaction.

The study has shown multiple results through simple linear regression analysis (Table 2.). Simple linear regression analysis has shown that social support ($\beta = .40$, $p < .001$), medic satisfaction ($\beta = .41$, $p < .001$), couple satisfaction ($\beta = .56$, $p < .000$), body satisfaction ($\beta = .42$, $p < .001$) all represent independent predictors of life satisfaction.

Table 2. Simple linear regression analysis for independent predictors of life satisfaction

The predictor variable	B	SE(B)	β	t	Sig. (p)	R square
Social support	.11	.03	.40	3.40	.001	.16
Medic satisfaction	.09	.02	.41	3.53	.001	.17
Couple satisfaction	.20	.04	.56	4.73	.000	.31
Body image	.06	.01	.42	3.62	.001	.18

Criteria variable: life satisfaction

The variance of the criteria variable is explained by the following predictors: social support (16%), couple satisfaction (31%) and body satisfaction (18%). A positive body image leads to a higher degree of life satisfaction. Likewise, a high level of couple satisfaction, excellent social support and increased medic satisfaction all lead to a rise in the same criteria variable.

The simple linear regression analysis revealed that that the body image ($\beta = .38$, $p < .005$) and optimism ($\beta = .48$, $p < .000$) predictors are both independent predictors of couple satisfaction. A positive body image and a high level of optimism are associated with high levels of couple satisfaction. Body image explains 15% of the criteria variable's variance, while optimism explains 23% (Table 3).

Table 3. Linear regression analysis for independent predictors (body image and optimism) of couple satisfaction

The predictor variable	B	SE(B)	β	t	sig. (p)	R square
Body image	.15	.05	.38	2.93	.005	.15
Optimism	1.01	.26	.48	3.83	.000	.23

Criteria variable: couple satisfaction

The simple linear regression analysis has shown that social support ($\beta = .47$, $p < .000$) is a predictor of optimism. A high level of social support leads to an increase in optimism. Social support explains 22% of the variance of optimism.

Table 4. Simple linear regression analysis for optimism predictors (social support)

The predictor variable	B	SE(B)	β	t	sig. (p)	R square
Social support	.17	.04	.47	4.16	.000	.22

Criteria variable: optimism

The comparative study was carried out using the t-Student test on independent samples. Patients with more than one health issue (M=13.51, SD= 4.16) have a lower level of life satisfaction than those who have declared only one health issue (M=15.96, SD=4.76) (t=-2.15; p<0.05). The determination coefficient is $r^2 = 0.08$.

Patients which have been hospitalised (33 cases) (M=59.21, SD=15.04) have a higher social support than those without a consistent medical history (M=45.17, SD=12.74) (t=3.89; p<0.01. The determination coefficient is $r^2 = 0.20$.

Patients following a drug prescription for a long period of time (n=44, M=49.18 şi SD=15.57) have a lower perception of social support than those who have not undergone such treatment (M=58.56, SD=13.53) (t=-2.13; p<0.05). The determination coefficient is $r^2 = 0.08$.

The same patients have a lower level of medic-patient relationship satisfaction (M=103.56, SD=11.82) than those who have not undergone a lengthy treatment (M=90.52, SD=20.54) (t=-2.39; p<0.05). The determination coefficient is $r^2 = 0.10$.

Body image is also a predictor of the partner's involvement and openness inside the relationship. This leads to a better communication and an improved conflict management which, in turn, leads to a higher degree of couple satisfaction that supplies the high levels of life satisfaction.

Optimism is another important factor in couple satisfaction, as optimist partners display higher levels of couple satisfaction. It is influenced by social support in the sense that a high social support leads to higher levels of optimism.

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The church's contribution to the resilience of the child institutionalised in romania in view of his integration into society

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Abstract

In Romania there is a connection between the public social assistance and the ecclesial social assistance, and the very research in this paper proves this aspect in today's Romania. Taking into account life quality in Romania, we can easily paint the big picture of the problems of institutionalised children, not only as regards their life in the protection institution, but also their existence after leaving it. The low living standard, the problems related to family life etc., all these cause the instability of Romanians' life. In this situation, the Church plays its part in Romania's social work and assistance system, and our research, starting also from the Romanians' national culture, shows the connection between the Church and the public system of social work and assistance in Romania, as component of the institutionalised child's resilience in view of his integration into society.

Key words: child protection, institutionalised children, resilience, Church, priest

Introduction

The sociological research conducted in these past two decades has proved that Romania is a country still committed to traditional values[7]. In other countries of the world, we may also find high enough scores as regards each individual's religiosity [7], but in Romania religiosity is directly proportional with the use, for instance, of Christian symbols in public spaces, which in other secularised states is not possible and is even forbidden by law. In public spaces such as institutions of education, health, social work and assistance and even in administrative and top executive bodies, on the local, county and even central level we find Christian symbols placed in honoured positions. Religiousness among Romanians is not only a declarative aspect, but something that proves a certain empirical character, irrespective if it is connected only to the fact that we speak about superstition or about a concrete commitment to a religious life conform with the Church theological gnoseology. As the religious conduct of Romanians is rather strong, both on the individual level and in society at large, we may claim that we can speak about a Romanian identity specificity [6].

The Church is inclined, grace to its very formation, toward aid and assistance [2], which have taken new forms nowadays, different from traditional philanthropy, but the very Church in Romania practices a professionalised social work, either through its own social work activities, or by its involvement, with resources and pastoral-missionary activity, in the public practice of social work and assistance. "The analysis of religious structures and mentalities in Romania and of their transformation during these past two decades should start from an adequate comprehension of the operation mechanisms of the religious sphere in the Communist period. The idea of a religious reviving specific to post-communist countries is often presented as a logical reaction to the deep secularisation of the previous period, marked by a true atheistic ideologisation. Religion has followed, within communist societies, a more complex trajectory which, despite religious persecutions, drastic regulation of church activities and political secularism, has survived in the private sphere of the family environment "[1]

Within the dynamics of contemporary society we can remark the involvement of the Church on the social level, especially as regards social work. Researches throughout Europe present the West-European regions, where the secularisation process was more intense, and religion has a rather important contribution to the societal commitment as an institution of social work and assistance, sometimes professionalised. This is due to the fact that the population of this European area has been intensely fed with the spirit of secularisation. In exchange, on the East-European aria, the things are different. We find peoples strongly anchored in religion, and the institutional Church involvement is rather important, because the state-Church relation is different, and secularisation is an almost unexisting process.

After 1990, the Church in Romania has also gained a high confidence from the part of Romanians [8]. Among the institutions preferred by Romanians we find the Church and the Army, these two being in turn in the first and second positions in the population's trust top. Due to political instability during this period, the Romanians' confidence has been focused on the Church, as we also find a high percentage of Romanians who declare to be religious. In fact, the Romanian society has still remained strongly anchored in traditionalism and thus it is not strange that the Church is still one of the institutions offering Romanians a high degree of credibility.

The protection of the institutionalised child in Romania: summary aspects

In the communist era, until 1990, the child protection policy in Romania had a categorically centralised character, favouring the institutionalisation of children and less the responsibilisation of family and community, system specific to the communist ideology, when it was thought that the system masters the social situation of the country without major social problems. That is why we have very easily reached a rather serious situation in the matter of the institutionalised children, because, along with the fall of communism, the international press has written and presented materials showing the inhuman situation of the children from Romania's orphanages, as the system used to provide the strict bear necessities for existence: clothes, food, superficial education etc.

The milestone year for child protection was 1997, when the Romanian Government adopted the Emergency Ordinance no. 26/1997 regarding the protection of the child in difficulty, laying the foundations of a new protection system. In the subordination of county councils and local and Bucharest district councils, the law ruled the creation of bodies responsible for the establishment, application and monitoring of the protection of the child in difficulty: *Commissions for the child protection*, conceived as specialised organisms of the local public administration; *Specialised public services for the child protection,* public institutions conceived as "executive" bodies of the commissions, with the mission to provide protection to the child in need, granting assistance in the realisation and exercise of their rights and awarding support to the family for the prevention of the situations endangering the child's security and development [5].

The general division is the public institution with legal personality, created in the subordination of the county council and the local council of the Bucharest city district, through the merger of the public service of social assistance and of the specialised public service for the child protection on the level of the county, town and Bucharest city district, by the afferent take-over of their attributions and functions. The general division implements, on the county and local level, the measures of social assistance in the field of the protection of family, single persons, old people, handicapped persons and any other persons in need.

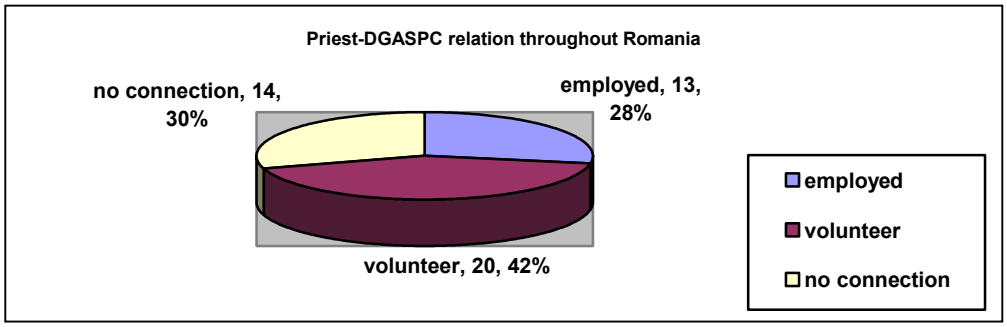
Formal and informal involvement of priests within the General Divisions of Social Assistance and Children's Protection (DGASPC) of Romania. Research aspects on national level

Most reforms in social assistance in Romania since 1990 have taken place in child protection and regarding child protection. Thus, our summary scientific endeavour of the paper will be focused on what is already an empirical certainty related to the presence of the Church by its involvement, grace to its specific activity in the field of child protection in Romania.

We shall briefly present a qualitative survey following a data collection by means of psycho-social inquiry in all 47 DGASPC offices (41 counties + 6 Bucharest districts) throughout Romania. We should mention that this research of ours was answered by all 47 Romania's. DGASPC offices. We must also highlight the high percentage of the *incidence of affirmative answers, significantly higher than in the psycho-sociological inquiries of the years 2000-2013 conducted in Romania, which sometimes used to exhibit a response rate o only 20%-30%.* In the case of our research, the percentage is very high: almost all DGASPC Offices in the country transmitted official and personalised answers, except three DGASPC Offices that were contacted by phone and offered a response through this communication medium. The research assembled on this occasion aimed at validating the following hypothesis:

Within the DGASPC organisations of Romania the incidence of the priests' involvement is majority;

As for the relation of the priest with the DGASPC institution, we shall present the data received from the field research, first under the form of a graph meant to suggest the situation in percentages too: concretely, how many priests are employed by DGASPC, how many are voluntary, and how many divisions in the country there is no connection with the priest. This can be seen in the **Graph 1** below.



Graph 1. *Priest –DGASPC relation throughout Romania*

As regards the priest-DGASPC relation in Romania, we have the following data presented in **Graph 8**: priests employed (counties who are currently employing priests in their apparatus): we find them in 13 counties of the total 41 counties + 6 Bucharest districts, representing 28%; priests who are volunteers: there are 20 counties in Romania, representing 42%, working with volunteer priests, and finally the counties where there are no priests present, in any form, are in number of 14, representing a 30% percentage.

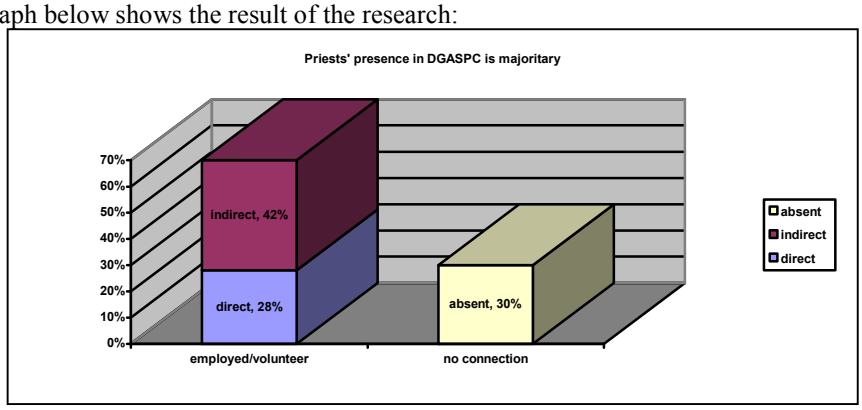
The number displayed next to the priests employed by DGASPC in the country is one representing in fact the number of counties that have such positions within their apparatus. It does not represent the total number of priests employed by DGASPC offices throughout Romania.

Moreover, I have already referred to this aspect in the present paper, and we shall present it briefly. When we say *voluntary priest*, we do not refer to mere volunteering we are used to promote, but to the volunteering that is connected to the higher leading bodies of the Church. For instance, there are very many cases when a young theology graduate can be ordained as missionary priest within leading bodies of the Church, such as deanery, diocese etc. If partnerships are concluded between DGASPC şi and the aforementioned ecclesial organisms, the liaison person between the two institutions becomes the missionary priest who is present in the programme of the institutions of child protection without being the actual employee of the DGASPC, but only a volunteer.

In order to quantitatively test ***Hypothesis 1*** of the research we shall define the three variants of response as follows:

1. Employed priest —***direct*** presence of the priest in DGASPC
2. Voluntary priest —***indirect*** presence of the priest in DGASPC
3. No connection — ***absence*** of the priest from the DGASPC institution

The graph below shows the result of the research:



Graph 2. *Validation of hypothesis*

Using this official data, throughout Romania the priest-DGASPC relation is one of complementarity because the ***Research hypothesis*** was validated. Although the number of counties that have a position of priest within their apparatus is slightly lower than the counties with no connection with the priest, we encounter volunteering (indirect presence of the priest in DGASPC), which provides a rather high result. The fact that throughout Romania there are so many counties that are currently employing priests in their DGASPC apparatus means that these positions of priests within DGASPC in the country have not been and are not sporadic. The 28% percentage aggregated with the 42% of volunteering leads to the 70% - presence of the priest within the public institutions of child protection, which means more than 2/3 of the total value of the data collected through the research conducted.

Conclusions: Contribution of the Church by the involvement of the priest in the resilience of the institutionalised child in view of his insertion into society

For several centuries, the process of separating laic power from ecclesial power has been increasingly obvious. The State-Church relation in the Western countries has become rather cold, the word of order between the two being neutrality. In Romania, things are different. In fields such as social work and assistance, in our country the State-Church relation is one of complementarity. Even in the projects started in Romania grace to European institutions and with European financing, in laic social assistance the Church is not regarded as a mere non-governmental organisation , but as an extremely important institution in the Romanian society, especially in the rural area. Starting from the involvement as a priest in laic social assistance, more precisely in the field of child protection, we conducted a national survey meant to assess the relation between the Church and DGASPC, co-operation that confirms the role currently played by the Church in the child protection institution in Romania.

Our scientific endeavour is relevant. The author's experience as a priest in a laic institution of social work and assistance is not unique, so we do not refer to a mere singular case in the region or in the country. The commitment to help in children's needs and crisis situations represents a very important thing in order to stabilise the institutionalised child. His integration into society after the exit from the system is necessary, and the Church participates also in this effort by the priest's formal or informal involvement.

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De la cite de l'education a la cite resiliente

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Abstract

From 2008 to 2013, we conducted an extensive action research coeducational in three cities from Belgium in significant economic, social and psychological distress. Increasing poverty of their population causes extremely negative impact on school and social adjustment of young people and the educational practices of parents, teachers and the community in general. To cope with this crisis with eminently traumatic effects, it germinated the idea of (re) invent the Cities of Education. To achieve this, it was necessary that everyone takes action: not only educational institutions but also the political, social and scientific bodies, business ... to develop a partnership for a common educational project.

Throughout and at the conclusion of the action research, we conducted both quantitative and qualitative assessments. The results show that collective consciousness can build and generate benefits at all persons, especially in children (regarding especially the language).

Why can we say that the City of Education became a Resilient City? Because it has allowed many subjects to engage in a new way of emancipating development due to various factors, that has encouraged its emergence: the installation of a reliance between different actors (affective factor) better control of knowledge and meaning of events (cognitive factor), the introduction of new power relationships (social factor) and thinking about new values to guide action (conative factor).

Keywords: Poverty, Action Research, Cities of Education, Co-education, Resilience

Introduction

De 2008 à 2013, nous avons mené une vaste recherche-action dans trois villes de Belgique en grande détresse économique et sociale. (La recherche-action « Parents partenaires de l'éducation – Expérience-pilote à l'école maternelle » que nous avons dirigée a été subsidiée par la Fédération Wallonie-Bruxelles – Ministère de l'Enseignement obligatoire. Les chercheurs ont été : P. Couvreur, V. Della Piana, A. Hachat, F. Hardy, D. Horlin, M. Houx, B. Humbeeck, J. Lecompt et A. Tutak. Le concepteur graphique de « Polo le Lapin » a été M. Berger.) La pauvreté croissante de leur population provoque des retombées extrêmement négatives sur les comportements d'adaptation scolaire et sociale des jeunes et sur les pratiques éducatives des parents, des enseignants et de la communauté en général. Dans ces villes, nous avons constaté que les parents ne savaient plus comment éduquer, les enseignants ne savaient plus comment enseigner, les responsables politiques ne savaient plus comment gérer les problèmes sociaux et les enfants ne savaient plus comment apprendre. Pour faire face à cette crise aux effets éminemment traumatiques, a germé l'idée de (ré)inventer les Cités de l'Education. Eduquer dans la Cité, par la Cité, relier les désirs et les forces de chacun, créer de la reliance, émanciper ses habitants tels furent les objectifs de cette recherche-action. Pour y parvenir, il fallait que chacun se mobilise : non seulement les instances éducatives mais aussi les instances politiques, sociales et scientifiques, les entreprises… pour développer un partenariat visant un projet éducatif commun. Le but a visé une coéducation école-famille-communauté en vue d'une synergie fructueuse et ce au départ d'outils créés pour la circonstance.

Tout au long et à l'issue de la recherche-action, nous avons effectué des évaluations tant quantitatives que qualitatives. Les résultats montrent qu'une conscience collective peut se construire et susciter des effets bénéfiques chez tous et notamment chez les enfants (en ce qui concerne le langage particulièrement). Des zones d'éducabilité, trop souvent ignorées, existent bel et bien et nous incitent à poursuivre l'action entreprise. Etant donné les résultats engrangés, de multiples villes dans différents pays se sont engagées dans un tel projet, tant et si bien que nous avons été amenés à créer un Réseau International des Cités de l'Education (RICE), régi par une charte et une convention d'engagement.

Pourquoi peut-on dire que la Cité de l'Education est devenue une Cité résiliente ? Parce qu'elle a permis à de nombreux sujets de s'engager dans une voie nouvelle de développement émancipateur en raison de divers facteurs dont elle a favorisé l'émergence : l'installation d'une reliance entre les divers acteurs (facteur affectif), la meilleure maîtrise des connaissances et du sens des événements (facteur cognitif), l'introduction de nouveaux

rapports de pouvoir (facteur social) et la réflexion à propos de valeurs nouvelles pour guider l'action (facteur conatif).

L'objectif poursuivi dans les propos qui suivent sera de préciser les retombées négatives du chômage de longue durée qui nous ont amenés à mettre en œuvre la recherche-action « Parents partenaires de l'éducation », laquelle a débouché sur la création de « Cités de l'Education » dont on peut dire qu'elles sont devenues de véritables Cités résilientes.

La pauvreté et ses retombées

Les trois villes dans lesquelles nous avons mené notre recherche-action – Charleroi, Péruwelz et Etterbeek (Commune de Bruxelles) – se caractérisent par un contexte économique très difficile. Le chômage de longue durée y règne en maître. On sait que cette situation n'a pas qu'un impact financier. Elle entraîne aussi des conséquences sociales, médicales, psychologiques et éducatives désastreuses. S. Ionescu et E. Bouteyre [1] consacrent un chapitre de l'ouvrage « Traité de résilience assistée » (sous la direction de S. Ionescu, 2011) à la résilience assistée en situation de chômage. Ils y décrivent les connaissances les plus récentes à propos des effets du chômage sur la santé mentale et mentionnent les modèles qui expliquent ces effets. Nous reprenons ci-après quelques résultats de la méta-analyse de Paul et Moser (2009), cités par les auteurs précités.

Les effets négatifs du chômage sur la santé mentale sont confirmés. Ils se traduisent par un large spectre de manifestations : détresse, dépression, anxiété, symptômes psychosomatiques, diminution du bien-être subjectif et de l'estime de soi. Ils sont plus importants chez les chômeurs de longue durée : ils se stabilisent à un niveau élevé au cours de la deuxième année et une nouvelle hausse intervient pendant la troisième et la quatrième années.

S. Ionescu et E. Bouteyre [1] citent le modèle de la privation proposé par Jahoda (1981, 1982) qui souligne que la détresse des personnes sans emploi est liée à la privation de différentes fonctions bénéfiques du travail : celui-ci, en effet, structure le temps, favorise les contacts sociaux, permet d'atteindre un but collectif (se sentir utile), fournit un statut et satisfait le besoin d'activité. Ils mentionnent aussi Hayes et Nutman (1981) pour qui le bien-être matériel, obtenu grâce au travail, permet de maîtriser l'environnement et contribue à satisfaire le besoin de créer. Ils citent encore Fryer (1986, 1997) et Fryer et Payne (1986) qui soutiennent que la pauvreté empêche l'anticipation de l'avenir, favorise le pessimisme et rend plus difficile la mise en place de stratégies proactives pour faire face à la situation vécue. C'est dans un tel contexte de détresse que vivent de nombreux enfants de Charleroi, de Péruwelz et d'Etterbeek.

Par ailleurs, nos recherches, notamment une étude longitudinale menée sur une durée de 30 ans, ont montré :

- le poids considérable de la famille dans le développement et l'adaptation scolaire des enfants [2] ;
- la précocité des déterminants de la trajectoire scolaire [3] ;
- la faible diversité des pratiques éducatives des parents en milieu démuni [4] ;
- la reproduction, d'une génération à l'autre, des comportements et attitudes éducatives qui discriminent les groupes sociaux [5].

Ainsi, un lourd déterminisme, lié à l'environnement, pèse sur la trajectoire scolaire et sociale des individus. Avec l'accroissement de la pauvreté, les problématiques éducatives ne font qu'augmenter.

Les jeunes issus des milieux où règne la pauvreté connaissent des conditions de vie désastreuses et expriment le plus souvent leur mal-être soit par la passivité, soit par la révolte. Peu s'en sortent. Comment encore apprendre à l'école quand on est submergé par des sentiments d'impuissance et d'injustice ? Les parents, sans repères et vulnérables, sont démunis face à l'éducation de leur(s) enfant(s) et reçoivent peu de soutien. Les enseignants eux aussi sont en désarroi devant l'immensité des difficultés.

Si l'ensemble des apprentissages sont concernés par cette problématique, l'apprentissage du langage apparaît comme particulièrement touché par celle-ci. Ainsi, nos recherches [6] et celle de Bentolila [7], traitant des acquisitions linguistiques des jeunes enfants fréquentant l'école maternelle, montrent les énormes disparités qui existent entre les enfants selon le milieu social dont ils sont issus et la précocité de l'installation de celles-ci.

Or, des travaux tels que ceux de Vygotsky ou de Bruner mettent en évidence le rôle du langage dans la construction de la pensée. On sait aussi que la maîtrise du langage est un puissant facteur de réussite scolaire. Mais, par-delà, l'apprentissage d'un code langagier permet à l'individu, dès son plus jeune âge, de s'inscrire dans un jeu de pouvoir, donne du sens à ce qu'il vit et détermine la nature des liens qu'il établit avec les autres. C'est dire toute l'importance du langage dans la formation de l'être humain : il possède une fonction tout à la fois sociale, affective et cognitive. De plus, des enfants issus de la pauvreté et/ou de l'immigration vivent une situation très difficile parce que les codes linguistiques utilisés dans leurs divers milieux de vie – dans la famille, à l'école, dans la communauté – sont différents.

C'est donc une multitude de difficultés qui atteint les enfants vivant en situation de pauvreté. On peut parler, pour beaucoup d'entre eux, de traumatisme, le trauma prenant la forme d'une épreuve durable susceptible de produire chez eux un fracas, une véritable effraction psychologique.

Par ailleurs, les relations école-familles pauvres sont, en général, soit absentes, soit très conflictuelles. Pour les parents qui, fréquemment, ont mal vécu leur scolarité, les rencontres avec les enseignants rappellent des souvenirs douloureux et peuvent constituer une menace pour leur équilibre psychique : ils les évitent donc ou les abordent avec violence. Pourtant, de nombreuses études et recherches-actions rapportent, depuis longtemps, les effets bénéfiques sur la réussite scolaire de l'implication des parents dans le système éducatif scolaire [8]. Là aussi, les enfants issus de familles pauvres sont perdants et il devient compréhensible que certains s'orientent vers des comportements anomiques, la défiance à l'égard de la société puis son rejet s'installant lorsqu'ils prennent conscience que celle-ci ne leur donne pas les moyens pour atteindre les objectifs qu'elle propose et ne respecte pas les valeurs qu'elle préconise.

Or, à toute société incombent deux missions : celles de protéger et d'émanciper. Nous venons de voir qu'avec les familles pauvres, on est loin du compte. Il devient donc indispensable et urgent d'agir. Mais comment faire ? Le contexte ambiant incite le plus souvent au fatalisme et au sentiment d'impuissance. Tout se passe comme si les milieux – école, famille, communauté – fermés les uns aux autres étaient incapables de mettre en place les opportunités permettant aux individus de faire preuve de résilience. Si, isolément, les milieux ne peuvent aboutir à un résultat probant, alors un partenariat école-famille-communauté au sein d'une Cité de l'Education peut, quant à lui, produire le changement.

C'est pourquoi nous avons mené, de 2008 à 2013, une recherche-action, dans les trois villes précitées, en prenant pour cible, dès l'école maternelle, le langage oral, dans ses dimensions lexicale, syntaxique et phonologique. Si, comme nous l'avons signalé, le langage est une composante importante du développement humain, il a surtout été le moyen de favoriser la coéducation entre les différents milieux de vie de l'enfant.

La coéducation se distingue de la simple relation professionnels-parents par le fait que les acteurs unissent leurs forces afin d'atteindre un objectif commun, à savoir le développement optimal de l'enfant, à l'aide d'outils communs, basés sur un référentiel commun, à savoir une définition partagée de ce que recouvre le développement psychosocial et langagier de l'enfant.

Nous décrivons ci-après la recherche-action « Parents partenaires de l'éducation » qui, au fil du temps, a donné naissance au concept de « Cité de l'Education ».

La recherche-action « Parents partenaires de l'éducation »

1.1 Ses Caractéristiques

Il importe de souligner d'entrée de jeu que la recherche-action menée s'inscrit dans un contexte écosystémique en ce sens qu'elle implique une indispensable articulation entre les sphères politiques (les autorités municipales, le pouvoir organisateur), scientifique (l'Université) et pédagogique (les parents, les enseignants, les chefs d'établissement). Durant les trois années de la mise en œuvre de la recherche-action, de nombreuses rencontres de types différents ont eu lieu : réunions de concertation et d'accompagnement, colloques, forums, séminaires… avec les divers acteurs scolaires et politiques, avec les parents, avec des experts… Le plus souvent, les acteurs politiques et pédagogiques ne disposent pas des outils nécessaires pour entreprendre une démarche partenariale. Il est donc indispensable d'innover. C'est là que peut intervenir la sphère scientifique pour élaborer, expérimenter et évaluer des outils efficaces pour aider les sphères politique et pédagogique à agir sur leur terrain.

Ainsi, trois outils essentiels ont été produits : une série d'activités langagières, un recueil d'activités de coéducation et un programme d'éducation familiale.

La mise en place d'un contexte éducatif visant à stimuler le langage oral chez l'enfant de 3 à 6 ans a impliqué la production d'un ensemble d'activités à travers lesquelles le parent et l'enseignante agissent ensemble comme partenaires d'un acte éducatif commun. Issues des pratiques des enseignantes, des activités ont été regroupées dans 10 fascicules pour chacun des âges (3, 4 et 5 ans), proposant à l'enfant de se livrer à la fois à l'école et en famille à de petits jeux visant à renforcer ses compétences lexicales, syntaxiques et phonologiques. Les fascicules ont été construits autour d'un personnage récurrent : Polo le lapin. Celui-ci a aussi été matérialisé par une peluche qui « voyage » avec l'enfant de l'école vers la famille. Souriant et rassurant, ce petit personnage a la capacité d'exercer un impact affectif considérable et de susciter la motivation à apprendre.

Au cours de cette recherche-action, nous avons également répertorié les pratiques innovantes de coéducation créées par les enseignantes. Ce recueil, intitulé « Coopérative d'activités de coéducation », s'est enrichi au fur et à mesure du développement de l'expérience.

Par ailleurs, un programme d'éducation familiale a été élaboré dans le but d'enrichir les pratiques éducatives des parents de façon à ce qu'elles répondent le plus largement possible aux besoins affectifs, cognitifs et sociaux des enfants. Neuf fascicules ont vu le jour à la fois comme support aux groupes de parole pour

stimuler la conscientisation, la réflexivité, l'auto-analyse et l'expression du vécu et comme outil complémentaire pour les parents, à domicile. L'animation des groupes de parents n'est pas assurée par les enseignants mais par un intervenant extérieur en lien avec l'école.

A côté des fascicules, une plateforme internet présente la recherche-action et met à disposition, pour le téléchargement, les activités de langage et de coéducation. La traduction (en 7 langues) des consignes a été réalisée pour les parents non francophones.

L'ouverture aux médias est également une démarche favorisant l'intérêt pour la recherche-action. Ainsi, dix émissions « Une éducation presque parfaite » ont été réalisées et diffusées sur deux chaînes locales. Ces émissions sont aussi utilisées comme support à la discussion dans les groupes de parents.

A l'issue de la recherche-action, un guide intitulé « Stimuler le langage en maternelle par un partenariat école-famille » a été réalisé. (Les fascicules de langage et le guide sont téléchargeables sur le site : http://www.eduquonsensemble.jimdo.com)

Lors de la phase extensive de la recherche-action, ce sont quelque 106 classes des villes de Charleroi, Péruwelz et Etterbeek qui ont participé à la recherche-action.

1.2 Son Evaluation

1.2.1 Evaluation quantitative des gains de langage

Lors des trois années durant lesquelles s'est déroulée la phase extensive de la recherche-action, nous avons comparé les gains de langage d'un groupe expérimental qui a participé au projet à ceux d'un groupe contrôle qui n'y a pas participé. Chaque année, trois tests de langage (2 tests de vocabulaire et un test de syntaxe) ont été appliqués en pré-test (en octobre) et en post-test (en mai). Un indice global de maîtrise du langage a aussi été calculé (regroupement des 3 tests). Par ailleurs, des variables signalétiques et contextuelles relatives à l'enfant, à sa famille, à l'enseignante et à l'école ont été prises en compte.

Les résultats au test-t montrent que le gain global (les 3 tests réunis) est, pour les trois années consécutives, très significativement supérieur chez les enfants du groupe expérimental. Nous observons aussi que les gains aux trois tests et pour les trois années successives sont supérieurs chez les sujets du groupe expérimental, souvent très significativement.

Si nous examinons les relations (au test-t) qui existent dans le groupe expérimental entre le gain global langagier et les variables signalétiques et contextuelles et qui se recoupent d'année en année, nous observons que le gain global langagier des enfants est significativement supérieur quand :

- l'implication pédagogique et la satisfaction de l'enseignante dans le projet sont élevées;
- l'approche méthodologique tend à être moins conforme à ce qui a été proposé dans le programme (activités fragmentées avec approfondissement de chaque partie ou innovations personnelles dans la présentation des activités) ; ce constat rejoint celui de l'implication pédagogique ;
- la mascotte Polo est employée en classe et « voyage » de l'école vers la famille et inversement ;
- la participation de la famille au projet est important ;
- les élèves sont issus d'écoles caractérisées par une hétérogénéité des milieux sociaux, contrairement à ceux qui fréquentent des écoles recrutant dans un milieu défavorisé homogène (il n'y a pas d'école composée d'élèves issus d'un milieu exclusivement favorisé).

Par contre, aucune association significative n'est observée avec les variables : genre de l'enfant, structure familiale, réseau d'enseignement, quartier de l'école, niveau socio-économique de la famille, année scolaire fréquentée par l'enfant et langue parlée au foyer. Pourtant, on observe des gains plus élevés (sans être significatifs) chez les enfants de niveau social inférieur, chez ceux de 1ère année maternelle et chez ceux dont la langue maternelle n'est pas le français.

Ainsi, nous pouvons affirmer que, d'un point de vue quantitatif, le programme de stimulation au langage associé à des pratiques de coéducation, améliore les performances et compétences langagières de l'enfant en vocabulaire et en syntaxe. L'objectif visant à optimaliser la maîtrise du langage oral des enfants en maternelle est atteint.

Soulignons également que l'efficacité du projet est liée à la mise en place de pratiques pédagogiques innovantes des enseignantes et de participation des parents.

1.2.2 Analyse des entretiens avec les enseignantes

Un recueil d'informations systématisé a été réalisé auprès de 24 enseignantes issues des groupes expérimentaux. L'*implantation du projet* est perçue favorablement car beaucoup d'enseignantes étaient en recherche de solutions face au problème de langage et donc d'outils pour travailler plus efficacement. Elles apprécient en outre que leur chef d'établissement joue un rôle mobilisateur à l'égard du projet.

Si, dans un premier temps, les enseignantes tendent à se conformer aux indications et suggestions présentées dans les fascicules, très rapidement, elles adaptent les activités proposées de façon variée et diversifiée. Beaucoup réalisent un matériel complémentaire à visée pédagogique. La peluche Polo est fréquemment utilisée en classe, « voyage » régulièrement de l'école vers la famille et, au retour, est le prétexte pour stimuler l'expression orale de l'enfant chez qui elle a séjourné. Par ailleurs, la disponibilité des chercheurs a permis aux enseignantes d'être sécurisées et valorisées dans leurs pratiques. La participation des parents n'a, par contre, pas été à la hauteur de leurs espérances. Elles réclament le soutien des chercheurs pour trouver des solutions plus efficaces à cet endroit.

Le *bilan du projet* est perçu de façon positive. Les enseignantes reconnaissent que les activités de langage qu'elles mènent sont désormais devenues à la fois beaucoup plus réfléchies, systématiques et plaisantes. Elles ont constaté un accroissement des compétences langagières chez leurs élèves tant sur le plan lexical que syntaxique. Des changements positifs sont survenus chez tous les enfants et particulièrement chez les « petits parleurs ». Les effets bénéfiques de l'affectivité générée par le personnage Polo ont aussi conduit les enseignantes à porter un autre regard sur leurs élèves et à porter plus d'attention à leurs besoins et à leurs progrès. Ainsi, les attitudes plus positives des enfants et des enseignantes se renforcent mutuellement, créant un véritable cercle vertueux.

Toutefois, les attentes initiales quant à l'implication active des parents dans la coéducation restent quelque peu insatisfaites. Ce constat n'est cependant pas démobilisateur pour beaucoup d'enseignantes car il les incite plutôt à s'interroger et à se remettre en question. Au final, faire participer tous les parents est pratiquement le seul point difficile du projet qui a eu un impact positif sur les pratiques et le rôle des institutrices maternelles. Celles-ci estiment qu'il serait bon de poursuivre les activités au premier cycle de l'enseignement primaire en vue d'établir une continuité d'apprentissage.

1.2.3 Évaluation du programme d'éducation familiale

Les informations concernant le programme d'éducation familiale ont été recueillies par des entretiens collectifs, des entretiens individuels et des questionnaires auprès de 31 parents issus de 5 écoles différentes.

Le programme a été vécu de façon très positive par les parents. Développant une méthode implicative qui fait appel aux expériences vécues, il favorise, selon les parents :

- la reliance au sein du microsystème (échanges et dialogue accrus avec l'enfant et avec d'autres membres de la famille), du mésosystème (nouveaux rapports entre l'école et la famille, entre les participants au sein du groupe de parole ; perception d'un soutien social) et du macrosystème (prise de conscience de l'impact des contextes économique, social et politique sur l'éducation ainsi que des causes externes aux difficultés rencontrées dans l'éducation) ;
- la réflexivité tant dans les attitudes (curiosité, auto-analyse de leurs expériences d'éducation) que dans les compétences (questionnement sur leurs pratiques, décodage, mobilisation des apports théoriques, reconstruction mentale) ;
- l'estime de soi, se manifestant par un accroissement de l'amour de soi (auto-reconnaissance de son identité, satisfaction par rapport à soi-même), de la vision de soi (évaluation de soi, auto-reconnaissance de ses compétences) et de la confiance en soi (conviction d'être capable d'agir, perception d'un regard positif d'autrui sur soi, sentiment de reconnaissance de sa compétence par autrui) ;
- l'enrichissement des pratiques éducatives, grâce surtout aux échanges avec les autres participants.

De manière générale, les parents interrogés se disent satisfaits de la méthodologie proposée. Ils ont pu dépasser leurs craintes, voire leurs réticences de départ (prendre la parole dans le groupe) et leurs frustrations (recevoir des recettes est plus facile). Ils ont aujourd'hui beaucoup d'interrogations nouvelles et désirent poursuivre leur formation. Pourtant, la participation des parents n'est pas facilement régulière. Elle demande une sollicitation constante de la part de l'animateur (choix de l'heure, rappels…). La pérennisation d'un tel programme d'éducation familiale suppose de dégager une personne-ressource et une institution-relais qui soient porteuses du projet et qui puissent assurer les missions de *sensibilisation* auprès des écoles concernées, des parents et des autres partenaires potentiels, de *réactualisation constante* en fonction des publics, des demandes, de la dynamique du groupe, etc. et d'*évaluation* continue, mais aussi au terme de chaque rencontre.

Vers la Cité de l'Education

La Cité de l'Education est un pas de plus vers l'alliance éducative car on dépasse ici la seule coéducation école-famille pour y intégrer la communauté dans son ensemble. Les sphères politique, scientifique et sociopédagogique (parents, enseignants mais aussi intervenants sociaux et éducatifs) s'articulent autour d'un objectif éducatif et d'un canevas méthodologique communs, ce qui permet de coordonner et de dynamiser l'ensemble des initiatives prises dans le domaine de la coéducation et du soutien à la parentalité au sein d'une

même entité, la Cité de l'Education. Les différents partenaires disposent ainsi d'un cadre structurel au sein duquel les projets peuvent être mis en place dans les différents espaces investis par les parents : crèche, école, accueil extrascolaire, maison de la parentalité, centre public d'aide sociale, commune, entreprise…

Un tel dispositif nécessite la mise en place d'une double stratégie : l'une de formation de chacun des partenaires sociaux, l'autre d'une mise en réseau des différents projets concernés par la problématique de l'éducation. Il vise à faire réfléchir les acteurs sur leur action, en articulant les différents projets autour d'un référentiel commun qui donne une cohérence à l'ensemble de l'action. Ce concept d'approche intégrée implique à la fois le respect de la spécificité de chacune des approches et le développement d'un corpus de pratiques cohérentes.

Tout pouvoir organisateur peut décider d'implanter une Cité de l'Éducation : ce peut être une ville, une commune, un quartier, une école, voire une classe. Sa finalité est de concrétiser des pratiques de coéducation en créant du lien social, en reconnaissant les responsabilités éducatives de chaque partenaire et en recherchant l'émancipation de chacun de ses membres.

Comme nous l'avons déjà signalé, le projet de coéducation « Parents partenaires de l'éducation » et le concept de Cité de l'Education reçoivent beaucoup de demandes d'information et/ou d'accompagnement émanant de la Belgique mais aussi de l'Italie, de l'Espagne, du Portugal, du Québec, de la Grèce, de la France… Un Réseau International des Cités de l'Education (RICE) a été créé, dont les membres signent une charte, actuellement disponible sur le site de l'AIFREF (Association Internationale de Formation et de Recherche en Éducation Familiale www.aifref.org)

Conclusion : La Cité de l'Education, une Cité résiliente

Les résultats de la recherche-action menée apparaissent à l'évaluation indiscutablement positifs. En fait, les familles pauvres disposent de ressources souvent insoupçonnées et insuffisamment mobilisées. En aucune façon, la société ne les accueille, ne les valorise et ne les stimule. Elle ne suscite pas leur projection dans le futur, ne communique pas avec elles, ne les outille pas, ne leur donne pas de repères éducatifs, ne les conscientise pas aux enjeux d'une éducation émancipatrice. Avec la recherche-action « Parents partenaires de l'éducation », c'est chacun de ces éléments non pris en compte que nous avons voulu réhabiliter tout à la fois chez les enfants, les parents, les professionnels et d'autres acteurs de la Cité, comme, par exemple, les entreprises qui, elles aussi, peuvent devenir éducatrices.

Ainsi, il existe d'extraordinaires richesses dans tous les milieux et il faut non seulement les débusquer (en milieu démunis, elles ne se voient pas) mais aussi faire du processus de coéducation un facteur permanent de reliance école-famille-société, un outil de maîtrise de l'environnement qui (re)donne du sens à la vie et un moyen de recouvrer du pouvoir pour accéder à plus d'autonomie. N'est-ce pas là les ingrédients nécessaires à une trajectoire de résilience ?

Pour favoriser un tel parcours, nous avons rompu avec une vision éducative « scolarocentrée » pour nous orienter vers une logique d'alliance, de collaboration, de mise en réseau des différents lieux et des multiples acteurs socio-éducatifs. Dans cette perspective, nous avons aussi renversé le principe sur lequel repose généralement la relation éducateur-éduqué : le processus que nous proposons suppose que ce ne soient plus seulement les éducateurs qui éduquent mais aussi les éduqués qui fassent œuvre d'éducation puisque c'est la ville, avec tous ses acteurs, qui se fait, dans ce cas, apprenante.

Pour qu'une telle action soit efficace, il importe que le désir d'agir ensemble repose sur une série d'objectifs généraux communs et d'objectifs opérationnels qui leur sont liés. C'est ce que nous avons réalisé à travers les activités de coéducation et de stimulation du langage « Eduquons ensemble avec Polo le lapin ». Par ailleurs, le programme d'éducation familiale ainsi que celui qui, toute la durée de la recherche-action, a guidé la formation des enseignants et des autres acteurs socio-éducatifs ont contribué tout à la fois à susciter la réflexivité de chacun par rapport à ce qu'il fait et à inciter à une production, en tant qu'auteur, en fonction de l'expertise de la personne. Soulignons que l'ensemble des activités menées (programme de stimulation au langage, programme d'éducation familiale, émission TV « Une éducation presque parfaite », coopérative d'activités de coéducation, formation continue des enseignants) repose sur un modèle du développement psychosocial : le modèle des douze besoins psychosociaux de Pourtois et Desmet (1997) [10]. Celui-ci permet d'articuler les réflexions autour d'une définition commune de l'éducation et des objectifs d'émancipation que l'action menée s'est fixés.

Ces objectifs, intégrés dans un véritable projet politique, ont progressivement mis en place une Cité résiliente au sein de laquelle chaque individu garde son historicité, sa propre spécificité mais devient en même temps acteur, voire auteur de son développement.

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Resistance and resilience in active minority behaviours

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Abstract

Regarded from a psycho-sociological perspective, human acts are either rich in reasoning, or rich in energy. The rational dominant is encountered especially in group manifestations and it offers group members arguments to be together. On the other hand, the energetic or reactive expression is mainly encountered at the level of individuals, who must provide quick responses to the various stimuli they are facing. In relation to groups and persons that adapt positively to various critical circumstances by using the force of both rational elements and of their impulse, it is being said that they perform acts of resilience. The essential objective of any minority is to reproduce itself as a group and, implicitly, to resist the "tyranny of the majority". For this purpose and depending on the context, minorities mobilise traditional and modern, deliberate and residual, selfish and altruist, constructive and destructive aspects, brands and patterns etc. Becoming aware of threatening situations is stressful and challenging for all minority groups. Consequently, each minority responds, when it is capable of resilience, through active, mutually advantageous negotiations of extra-group relations and by creating an intra-group system of social work. The present study outlines a number of aspects related to the majority – minority relations, as well as some standards that the active minority could use to amplify its resilience ability. We have proceeded in such manner so as to conclude that the active resilient minority promotes an accentuated community spirit, has abilities that ought to be valued by society, and the minority status is no longer disagreeable.

Key words: minority, majority, resilience capacity, active minority, community, social justice, socio-cultural resistance

Heterogeneity and the unity of social spaces

Contemporary societies are social bodies of too little homogeneity. Modernity, and especially postmodernity, have turned social spaces into mosaics; therefore, what we now call society is, in fact, a huge demographic environment, highly segregated, to which most individuals and groups subscribe only for the sake of various advantages: collective identity, sustainable security, social protection, formal education, social justice etc.

The more densely populated societies are, the more numerous elements that separate their members come into play, the higher the probability of critical internal situations occurring, and thus the more constrained they are to amplify their resilience capacity. Therefore, in all societies, by way of more or less rational and organised procedures, the sources of alienation of individual and social normality are identified, risk factors are ranked according to the danger that they pose and the imminence of their outburst, as many resources as possible are localised with the aim of being mobilised in anti-crisis reactions, rules are formulated to supervise inter-human relations, conditions are cultivated so as to functionally correlate various structures and to create stable social units etc. Ultimately, all such endeavours construct an image that facilitates the social contract, and individuals and groups of all categories understand that their adhesion to the contractual state is not random, but compulsory. The effects thereof are vital [1] and some of such effects deserve to be recalled: guaranteeing the fluency of the relations between majority and minority groups; establishing the individual's main standing towards the group and the relationship between personal will and collective will; making compatible the heterogeneous components of society by the unitary use of a normative system; stimulating the actors of social life to become aware of the advantages resulting from the status of a contract party, as well as of the disadvantages that they encounter when they express escapist, segregationist and exaggerated views; the endemic transmission of natural resilience strategies within the social body and, implicitly, amplifying the resilience capacity at individual and group level.

The lack of homogeneity in societies becomes easily noticeable when we compare them: if we ignore the elements that pertain to the natural logic of the structuring and functioning of the social – according to which there are parties (family, economy, religion, leadership etc.) and functions (reproduction, care, education, order

etc.) that are similarly or unifying for the entire world – the means and images expressed by social agents (persons, communities, societies) depend on social positions, predispositions, dispositions, attitudes, capacities and choices [2] that they hold or perform in a certain context.

"Distinctiveness" characterises one society by reference to another, starting from the simplest cultural features – such as good manners, favourite colours for clothing, culinary tastes, bribing practices, styles of communication – up to the most complex ones: the will to highly performance, attitudes towards war, resilience capacity, tenacity in work, popular manners, the members' axiological options.

The abundance and the obviousness of the differences between the socio-cultural models applied by various societies constrain us to avoid or renounce holistic and generalising visions on societies. At the same time, they encourage us to opt mainly for actual analyses of the social bodies, so as to discover their inner connection and the forces that constitute their capacity for resilience. In this last situation, we consider the "status quo" of a nominal society, whose particular features are identifiable not only in connection to what happens outside it, but to what happens inside it. The lack of homogeneity is easy to notice this time too; however, in the case of a single society, the heterogeneous composition is transformed by the social contract into "coherent heterogeneity" [3]. In this respect, P. Bourdieu argues that the space of any normal society is an "ensemble of distinct and coexisting positions, external to each other, mutually defined in connection with the others by *mutual exteriority* and by proximity, closeness or distance relations, as well as by order relations such as above, below and in between" [4].

In a particular society, its members differ with age, physical appearance, residential environment, marital status, wealth, social class, educational capital, religion, political views, resilience capacity, ethnic origin etc. Consequently, the sum of the indicators that disperse individuals along various registers of classification is very comprehensive. This is why it is relatively difficult to rank persons with a mosaic of features as belonging to the same community or society unit. Yet, their qualities usually place them, one in relation to another, on positions of functional interdependence. The range of relations among individuals as parties to the social contract remains very broad, comprising variants connected to super-ordination, subordination, collaboration, indifference, harmony, conflict, ignorance, tension, assistance, incompatibility etc., yet their relation of complementarity remains the most important because: **a.** it provides a solution to the discomfort created by the lack of homogeneity among social environments, involving apparently disconnected components; **b.** it forces social agents to reconsider their position towards what is minor or minority in the society and it highlights the special roles that they can play in special contexts; **c.** it increases resilience capacity at individual and group level by joining together the forces of most departments of socio-cultures.

Demographic majority and minority

From a sociological perspective, each indicator that demarcates the characteristic features of society becomes a criterion for the statistical distribution or for the division of population in two categories which are disproportionate in number: *the majority and the minority.* The first of the two categories designates the group that comprises more than half of the members of a society; group belonging is the consequence of the automatic registration of individuals among those who have or lack a certain quality, or by the similarity of the content of the wills, positions, opinions, attitudes etc. of most of those comprising the respective society. The second one, the minority, defines any group unit that has different socio-cultural and / or physical characteristic features from those of the larger population, with which it formally coexists in the same juridical-administrative space, and risks being discriminated by the majority precisely on account of its long-preserved differences.

The simplistic and dichotomous allocation of population among these categories of groups leaves space for interpretations and even criticism [5]:

- **a.** according to a certain criterion (for instance, skin colour), an individual can belong to the majority, but at the same time he or she can belong to the minority through his or her religion or language etc.;
- **b.** the presence of an individual within the majority segment does not imply his or her automatic association with success, a state of comfort, social advantages etc., just like his or her belonging to the minority group does not necessarily represent a predisposition to failure, inferiority, trauma, stigma, the need for social work;
- **c.** at various stages in historical experience, minorities were understood as spaces of social abnormality, while the majority was imagined as a source of axiological correctness, a legitimate axis of values and a space of normality;
- **d.** a minority's behaviour is tolerated and defined as normal, up to the moment when it distances itself too much from the expectations of the majority, and if the majority does not get used to the specificity of the minority group, the occurrence of discrimination is possible;
- **e.** discrimination emerging in such context appears to be a procedure to constrain and sanction, and the minority defends itself from the abuses of the majority by "refugee behaviours", by boycotting the social projects in which it is not co-interested, by identifying a subsidiary protection system etc.;

f. when the majority puts pressure on a minority group and fails to obtain the desired outcomes, society turns into a conflicting space that engages energies, prejudices, vanities etc. which can dissolve the psycho-social climate;

g. if the majority's essential goal is not the "collective good", but success, at any costs, in the confrontation with the minority group, then the state of the social contract is deeply affected, and the minority adopts the natural defence attitude towards the "tyranny of the majority" [6];

h. the crisis of the relations between the majority and the minority should lead, in a rational way, to increasing the society's resilience capacity, but its only actual outcome is the reactive increase of the residual resistance of the groups inside it, which are preoccupied more with conserving and reproducing their identity than with developing their own forces.

When evaluating the social roles occupied by the majority and the minority, people tend to assign the most favourable positions to the majority group and to associate minority groups with the marginal areas of social comfort. Seen from the perspective of demographic weight or of access to the elements of power (administration, politics, economics, legislation, decision making etc.), the majority seems to outperform minorities: the majority has most members in power, distributes statuses, grants certificates, supresses and elaborates norms, manages material resources and so on. By analogy, it can be argued that the *majority always has a high resilience capacity, while the minority's resilience reaches only a minimal potential of resistance* or of survival.

As resilience is understood as the "capacity to succeed in a socially acceptable way, despite stress or adversities that normally involve the severe risk of a negative outcome" [7], we can conclude that *minority resistance is a form of pseudo-resilience*. Minorities demonstrate a respectable capacity for resilience when: they do not isolate themselves but are in dialogue; they do not subordinate themselves unconditionally, but obtain equality; they do not give up traditions, nor limit themselves to their protective force only; they do not deny it when they undergo critical periods, but turn them into opportunities to optimise the state of the group; they are not satisfied with simple "imports" from the other coexisting groups but offer them solutions arising from their own experience; they do not resort to immoral and subversive ways to impose themselves in the social space, but they identify constructive alternatives for action, to consolidate the social contract and to increase their own prestige. Through such a philosophy of engagement in the functioning of the social space, a minority becomes active and increases its capacity for resilience.

Active minorities and resilience

In the present democratic societies, socio-cultural models promoted by the majority are no longer unconditionally accepted by minorities. On the contrary, the latter perceive many of the majority's initiatives and decisions as threatening or utterly tyrannical. Moreover, ethnic, religious, political, linguistic, sexual, occupational minority structures etc. react, trying to balance social forces and to gain access to favourable positions that are easily available for the majority. Such demographic segments constitute the minorities of a society, and on account of their proven reactivity, they are also called *active minorities*. Essentially, such a minority represents the "assembly of individuals who, without benefiting from numerical force, power or acknowledged prestige, reject the norm accepted by the majority of group members and determine social change" [8] in the direction that they are targeting.

The activism of minorities can be channelled in a dissolving, anomic, constantly disputing direction, during the minorities' relation with the majority. On account of their conspicuously disproving and deliberately exaggerated orientation, an active minority of this type can also be entitled *counter-normative*. Its capacity for resilience is low and continuously diminishing, consuming many resources only to be nihilistic towards the initiatives and behaviours of the majority. On the other hand, when a minority deconstructs the socio-cultural model recommended by the majority, but proposes in exchange a better performing option, the process being useful to all categories of individuals, including those who form the majority, such minority can be entitled *pro-normative*.

It is desirable for any society to comprise only *active pro-normative minorities*. Such minorities would monitor the activity of the majority, for constructive purposes, and they would interfere so as to optimise the functioning of the entire social environment. In parallel with the action-based success of this type of active minority, the capacity for resilience would be developed not only within the minority group but also in the society to which it belongs. Unfortunately, in very many societies, both in the East and in the West, the mentality of the majority remains of an exclusivist type, admitting discriminations for various reasons and forcing minorities to contend themselves with the pseudo-performance of surviving or of being tolerated.

Overcoming these failings implies the activation of the capacity for resilience through the involvement, by the minority group, of multiple factors from an incredibly large spectrum: from energies that come genetically and advantages arising from geographic position or from historical antecedents etc., up to forces that derive from organisational affiliations, spiritual adhesions, moral practices, conscious and elevated accumulations of cultural

capital. At the same time, the societies set out principal measures concerning the social health of the relationship between majority and minority, which we can associate to the concept of "assisted resilience" [9] and which can be considered genuine methodological orientations in the use of the capacity for resilience:

a. solving conflicts between the minority and the majority by resorting to the "win-win" strategy and by emphasising the parties' cooperation and complementarity in decision-making;
b. promoting a positive image of a minority by encouraging it to be present at moments of evaluation initiated by the public opinion, especially so as to showcase its outstanding accomplishments and thus claim and obtain the social respect that it deserves;
c. engaging relations between the majority and the minority starting from the *in group* position of both parties and from the idea of their equality of rights / duties;
d. educating the minority in the spirit of the rejection of positive discrimination, so as to avoid cases when the majority could consider that it is being discriminated via the special protection granted to minorities; **e.** stimulating communication between the majority and the minority, their association in situations that suppose solidarity and community spirit – without thus forcing the assimilation or subordination of one of the parties by the other;
e. expressing, unequivocally, the views on the various crises that impact society, so as to remove all suspicions connected to the potential duplicitous or centrifugal behaviours of either the majority or of the minority;
f. constructing a national legal system that protects all types of minorities, but which also inhibits anyone tempted to commit discriminations;
g. disseminating the international legislation fighting discrimination, including the provisions that do not encourage minorities to turn the right to minority's existence into a privilege or a special source of rights;
h. analysing critically and periodically the national and international legislation, so as to adapt legal norms to current realities and to have the guarantee that legislation is always non-discriminatory / anti-discriminatory;
i. promoting, on a large scale, national and international cases of good practices in negotiating the dialogue between the majority and minorities, with the aim of educating these groups in the spirit of social justice and of the availability to share social protection, rights, obligations and benefits [10].

Conclusion

The implementation of the lines of action listed above requires, inter alia, that certain conditions connected to the financing, duration and special means of communication are met, that cultural and political personalities embrace this cause, that the egalitarian / democratic community spirit is sensitised. Irrespective of their number, these conditions must be fulfilled, as long as stakes depending upon them are :

a. the development, inside society, of the feeling of "us" by having both the majority and minorities concurrently subscribing to it;
b. the preservation of the status of minority by individuals and groups, yet without associating it to stigmata, ingratitude and social non-integration issues;
c. harmonising majority-minority relations by transforming minorities into active pro-normative groups;
d. the development, by each minority community, of the internal resilience capacity and, implicitly, the increase of society's standards concerning social work.

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Social processes of resilience among young men leaving the care of girls and boys town, South Africa

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Abstract

The vulnerability of those aging out of residential and foster care has become widely recognised in recent years. Much attention has been given to the structural measures required to buffer care-leavers from this vulnerability. However, the resilience of care-leavers is less well documented. This paper draws on data from those who have left the residential care of Girls and Boys Town in South Africa. Using grounded theory research, four social processes in which young men engage emerge. These include Striving for authentic belonging, Networking people for goal attainment, Contextual responsiveness and Building hopeful and tenacious self-confidence. This paper provides a brief overview of all four processes, followed by closer attention to the ways in which the study participants interact with their social environment to increase their resilience. The importance of addressing resilience at the interface between people and their environments, thus an ecological perspective, is emphasised.

Keywords: Care-Leavers; Resilience; Belonging; Child and Youth Care; After-care; Independent Living.

Introduction

The vulnerability of young people aging out of residential and foster care has become widely recognised in recent years [1]. Young people typically enter care because of various deficits in their personal functioning and/or social environments. Even when quality care is provided, these young people frequently leave care vulnerable. They return to social environments that have usually not improved during their time in care. The picture that these young people present is often seen as bleak, resulting in researchers calling them "one of the most vulnerable and disadvantaged groups in society" [2]. Outcome studies on young people leaving care have demonstrated rather disappointing outcomes [3], including homelessness, poor health, poverty, substance abuse, early parenthood, and involvement in crime [4] [5]. All told, the research on care-leavers makes for "depressing reading" [6].

Despite this unhappy situation, some young people, perhaps even many young people, do exit care successfully and transition successfully into adult living, establishing themselves in life, finding stable work, securing safe accommodation, establishing meaningful relationships and avoiding drugs and crime [7]. There has consequently been a steadily growing interest in the resilience of young people leaving care, to determine what kinds of factors contribute to successful transitions into adult life [8]. Resilience as a theoretical framework has become increasing important and valued in care-leaving research, because it recognises and celebrates the strengths of young persons as they navigate through the challenges of life. It aligns well the values of child and youth care work and social work's strengths perspective [9].

This paper draws on grounded theory research conducted among young men who had left the residential care of Girls and Boys Town (GBT) in South Africa several years previously. The study sought to understand the social processes that young men engage in as they navigate through the transition from care towards independent living. Four primary processes emerged through this research. This paper gives particular attention to the ways in which the young men interacted with their social environments to increase their resilience. The importance of addressing resilience at the interface between people and their environments, thus an ecological perspective, is emphasised.

Literature review

This study is located within resilience theory, with a particularly ecosystems perspective. Resilience has become quite widely recognised as an important and valuable theoretical lens for research in the field of care-

leaving, and an ecosystems or ecological approach to resilience has been enjoying increasing favour in recent years. Resilience as an umbrella construct refers to the capacity and processes that enable individuals or systems to recover after stress. Vaillant's [10] well-known definition is that resilience is "both the capacity to be bent without breaking and the capacity, once bent, to spring back". The bending is the stress or adversity, while the flexibility is the recovery. Resilience incorporates both facets (adversity and strength) distinguishing it from, for example, the strengths perspective in social work, which emphasises only the strengths [9]. I have operationally defined resilience as "the ratio between the presence of protective factors and the presence of hazardous circumstances" [11].

An increasing body of care-leaving research has begun to show the kinds of resilience factors that contribute to greater success in adjusting to life after residential care. These emerge from studies that have uncovered that while the outcomes for care-leavers are not excellent, they are not universally bad. Some young people – many young people – do well in their journey out of care. Research has endeavoured to identify what enables these youth to do well, despite the challenges of care-leaving. Stein [12] has recently pulled these factors together, emphasising things like: attachments, positive school experiences and problem solving while in care; social networks and gradual transitions while exiting care; and employment, education, self-determination and resolving past conflicts with their birth families after care.

However, much of the resilience research (including studies on the contributors to positive outcomes, which are not necessarily conducted from a resilience perspective) has foregrounded structural resilience factors, that is, factors located in the social environment that are provided as part of a social welfare system. These include independent living programmes prior to leaving to care, mentoring in the transition out of care, the provision of aftercare, facilitating or funding educational advancement, assistance with employment and the provision of a range of social welfare benefits through policy initiatives [13].

While all of these structural factors are good and appropriate, few of them are available in resource constrained environments like South Africa, and indeed most of the developing world. The centrality of these factors in the literature can, perhaps, be attributed to the fact that much of this research is conducted in the UK, USA and parts of Europe and Australia – much better resourced, first world countries. While putting in place structures that facilitate healthy transitioning out of care is essential, young people in currently resource constrained environments are finding their own resilience factors that enable them to transition successfully into adult life. The current study is particularly interested to identify these factors.

While this research actively focuses on the social processes that young people themselves engage in and deliberately looks beyond structural factors, it is nevertheless conducted with due regard for the person-environment interface. The ecological perspective, which attends to the person-in-environment nexus, is entrenched in social work [14]. This perspective has more recently been written about as the social ecology of resilience [15]. Ungar views resilience as an interactional process between individuals and their social environments. It is not just that there are protective resources available in the environment. And it is not just that individuals have internal resources that foster well-being. It is the intersection between these two that constitutes an ecological perspective on resilience. It involves complex interactions between people and their environments, drawing on both individual and environmental assets. When these two sets of assets line up, a resilience response is seen.

The current study, however, does not emphasise the resilience producing properties of the environment as much as Ungar does, preferring to focus on the point of interaction between individuals and environments. Consistent with the strengths perspective [9], all environments, even resource constrained environments, are seen as full of resources. Young people leaving care draw on these resources. Frequently it appears that the environment generated the resourcing response, but this study's assumption is that care-leavers are adept at triggering these resourcing responses, by the ways in which they work at this person-environment interface.

Methodology

This qualitative study made use of a grounded theory (GT) design, specifically, constructivist GT [16]. GT was selected because of its focus on social processes and actions, rather than themes or factors. The constructivist version of GT was valued because it attends to the ways in which research participants and researchers construct rather than discover theory – research becomes a process of sense-making, rather than discovery.

The population was defined as all young persons who had been in GBT's care for at least 18 months and had disengaged from care four to six years previously. Nine members of the population of 74 individuals were sampled using availability sampling. Due to the lack of a GBT aftercare programme, most members of the population could not be traced. The nine participants were the only ones that could be. Although the population included a few women, they could not be located, thus the sample comprises only men. These men represented various demographic groups, occupational status and family situation.

Data were collected using an unstructured interview schedule, by a team of three researchers who conducted the entire project (from conceptualisation to report writing) as a team – this use of a team contributed to the rigour of the study [17]. Participants were asked to narrate their life story since leaving care, giving particular attention to successes and challenges. Data were collected and analysed iteratively in two rounds. Interviews were transcribed verbatim and analysed by the team, using GT methods. The study was informed in advance by resilience and ecosystems theories, but a thorough literature review was conducted only after data had been analysed. The full report is available at www.adrian.vanbreda.org.

Findings

Figure 1 below illustrates the central findings from this study. Four themes emerged, which describe the social processes of resilience evidenced by these young men as they journeyed towards independent living. *Striving for authentic belonging* emerged as a fundamental process, as care-leavers invested, albeit ambivalently, in establishing secure, meaningful and familiar relationships in which they felt validated and accepted. Care-leavers *networked people for goal attainment*, identifying the right people in the right places, often people they had little or no relationship with, who could help them get ahead in life. The young men showed a knack for *contextual responsiveness*, reading their social environments, identifying opportunities and threats, and responding in constructive ways. And despite the ongoing challenges they encountered in life, they continued to *build hopeful and tenacious self-confidence*, believing that they will overcome and trusting that things would work out okay. These four social processes were expressed within contextual boundaries – contexts with numerous limitations and lack – at the person-in-environment interface.

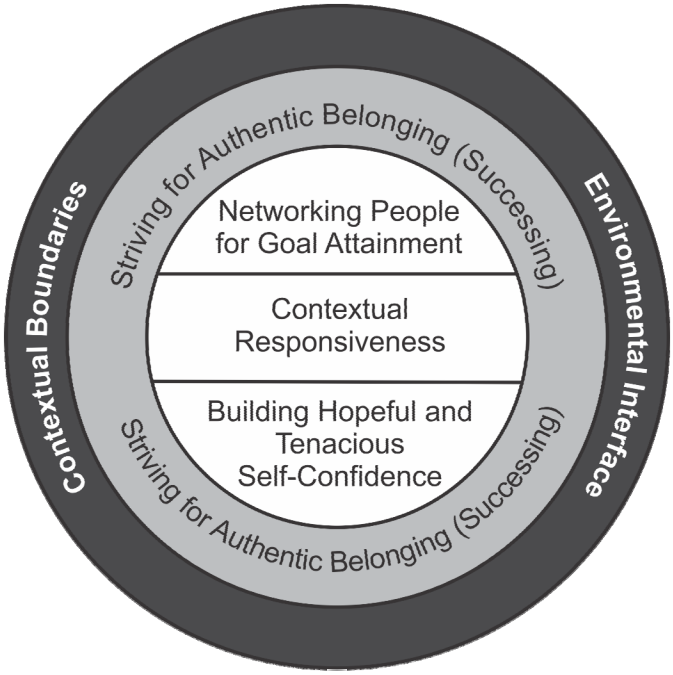

Figure 1. The Social Processes of Resilience among Young Men Leaving Residential Care.

All four social processes emphasise the young men's interaction with the world around them. They do have cognitive, affective, volitional and behavioural elements that are personal – located inside of them as individuals. But they are played out in the social arena. This is in contrast to many resilience processes, such as sense of coherence [18] or hardiness [19], which are primarily located inside individuals. It is also in contrast with the demographic aspects of resilience, such as the finding that the older people age out of care the better they do [20], over which young people may have little control. And it is also in contrast with the more structural or environmental focus of much resilience research on care-leaving, which emphasises for example the importance of providing secure accommodation or support for further studies [12]. Instead, the data from this study emphasise the ways in which young people initiate engagement with their social environments that is conducive to their own development.

Striving for authentic belonging is one good example. This process emphasises the young person's effort – their striving – to establish relationships that satisfy a deep and often unmet need for genuine

relationship and the sense of belonging. Belonging has been increasingly recognised as central in the lives of all young people [21] and vital in facilitating successful transitioning out of care [22].

Germaine, for example, expressed a high need for close, familial relationships and was successful in establishing these kinds of relationships with ex teachers, friends and even a drug lord. He articulated that this was rooted in the absence of a sense of authentic belonging in childhood: "*I was alone all my life [from age six when he left his mother's care], I had to stand on my own two feet, stand by myself. I had nobody to depend or to fall back on*". He associates this early experience of being dislocated from his maternal relationship with his subsequent descent into: "*Smoking weed, doing drugs – scoring a whole of wrong stuff*". Perhaps in response to these early belonging deficits, Germaine strives to construct new opportunities to experience authentic belonging through being likeable, friendly and, in some ways, childlike: "*I attach to people quite quickly.*" These social processes have been highly successful for Germaine, and he has experienced meaningful authentic belonging in several family-like relationships.

Other care-leavers have developed authentic belonging in the context of intimate relationships. Thabo, for example, related how disclosing his GBT history deepened his relationship with his girlfriend. "*She was one of the first people I confided in and said, 'I am a Boys Town boy', told her about a lot of stuff, so when I talked to her she would understand me.*" Her acceptance of who he was and her willingness to guide him out of the challenges of his past were instrumental in the path he chose for his future: "*I had to make some hard decisions for my life, and she was instrumental in helping me say look, remember what you learned, remember where you come from.*"

The need for authentic belonging, while universal, is rooted for many young people in care in the deficits experienced in early attachments [3]. Fractured attachments leave young people particularly hungry for authentic belonging and, paradoxically, ambivalent towards such belonging. Andre, for example, related a key life event, when he was 8 years old, as the traumatic loss of his brother in a car accident: "*I lost him there in a car accident, and I tried to replace him because I was heart sore."* He cites this loss as the motivation behind some of his behavioural problems: "*From that age I started stealing heavily.*" His ambivalent stance towards his need for authentic belonging interferes with his ability to establish steady intimate relationships: "*Every time when I meet someone new I always find a way without me noticing to mess it up. I always, always. But I keep on telling myself that's my bad luck.*"

Networking people for goal attainment is a second important social process that is particularly located at the person-environment interface. It refers to the ways care-leavers engage with others in ways that elicit helpful responses from others than help the care-leaver achieve his goals. While these others are sometimes people the care-leaver knows well (such as a family member), they are frequently acquaintances or strangers.

Dean, for example, who had started his own apparently successful business, struck the interviewer as *"mature and confident without being boastful or bragging. It felt like he had been used to being successful in his life already – self-assured"* (from the interviewer's field notes). After the interview was completed and the recorder switched off, Dean *"said something like, "Now that I have done something for you, would you mind doing something for me? I would like you to share my business card with the [GBT] campuses that may then use my business'."* Here Dean uses the interviewer to network for work opportunities, drawing on his friendly, easy going and self-assured manner to mobilise the interviewer, despite them having had no prior relationship.

Even quiet, shy individuals, like Christopher, are able to network for goal attainment: *"I decided to start looking for another job. I was walking around just to get away for the day and I walked into [a restaurant] to have a nice lunch. I saw that the place was quite busy and the waiters were running up and down. I asked to see the manager and the manager came to me and I asked him, 'Are you perhaps looking for waiters?' and he said, 'Yes, I am. Are you interested?' I said, 'Ja [yes], I wouldn't mind coming to work here as a waiter'. And he said, 'Well okay, you're starting tomorrow'."*

Social capital theory is helpful in explaining the importance of relationships in helping care-leavers get ahead in life and navigate successfully through life's challenges [23]. However, it emphasises the depth of these relationships, rather than the breadth, as being most important [24], while networking people for goal attainment more often plays out with strangers or passing acquaintances than with enduring relationships. Granovettor's [25] theory of 'weak ties' provides a helpful theoretical explanation. He argues that strong ties, which social capital theory emphasises, link one to others who share one's relationships, leading to a rather closed network which is less likely to introduce new information or opportunities. On the other hand, weak ties (e.g. passing acquaintances) connect one to other networks with whom one has no relationship, and are thus much more likely to offer new information and opportunities.

When one is therefore in need of assistance, housing, a job or some other opportunity, weak ties have great value. But one does have to be willing and able to engage with strangers, recognise opportunities and elicit helpful responses. Networking for goal attainment was evidenced in all the narratives of the young men in this study.

Discussion and Conclusion

These findings were generated in a resource-constrained environment. South Africa, unlike countries such as the United Kingdom, has no legislation or policy on care-leaving, and most children who age out of care exit the child welfare system with no support or protection. This requires them to adjust almost instantly to adulthood, particularly because of the lacks in their family networks. Within such a context, young people are forced to rely on themselves to construct a social environment that is supportive and enabling. This environment is not provided as part of a standard of care to those leaving residential care – it is not a norm. Therefore, to survive in an environment that has numerous deficits and that does not provide focused support to those exiting care, care-leavers must create such an environment themselves.

I have focused in this paper on just two of the four care-leaving processes that emerged in this study, because they best illustrate how young people construct these environments, by investing in the development of the interface between themselves and their environment. Striving for authentic belonging attends to the relational and psychological needs of young people – their affective social support needs. Their well-being and psychosocial survival depends on having relationships that satisfy the deep and often ambivalent need for attachment. Care-leavers show skill in establishing these kinds of relationships, though they are often also self-defeating in maintaining these relationships, recapitulating their early experiences of attachment failure. Networking people for goal attainment also attends to the relationships of care-leavers, but stresses the ways in which care-leavers mobilise other people, mostly weak ties, to assist them in achieving their goals for employment, housing, education and food – their instrumental social support needs.

Arguably, when a young person exits residential care back into a reasonably well-functioning and caring family, their need for authentic belonging may be naturally met by their social environment and they may be less likely to 'strive' for authentic belonging. Similarly, when a young person exits residential care and is provided with instrumental support through well-functioning and policy-driven aftercare programmes, they may be less likely to 'network people' for goal attainment. In such environments, the needs for authentic belonging and goal attainment are satisfied and the young person does not have to strive or network.

Resilience theory is premised on the assumption that adversity triggers coping resources and processes in people, which are intended to aid them in overcoming adversity. Theoretically, in the absence of adversity, there would be no resilience. Rutter refers to this as "steeling" [26] – small experiences of adversity, successfully managed, prepare a person to deal with later greater experiences of adversity. By implication, adversity is a prerequisite for steeling.

In resource constrained environments, such as South Africa, the solution to the challenges of care-leaving may lie less in trying to change the social environment and more in developing the resilience of the care-leaver. This is not to say that the social environment should not be addressed. Legislation and policy to support care-leavers are required and independent living and after-care programmes are essential. However, with limited resources, the feasibility and impact of such initiatives may be less than what is required. In the meantime, young people need to be equipped to deal with the current social environment.

This requires social service professionals, such as social workers and child and youth care workers, to invest in developing the interpersonal skills of young people in care. Particular attention can be given to developing their social skills – those skills that facilitate authentic and enduring relationships with friends, family and lovers, and those skills that are effective in mobilising people towards supportive and helpful responses. Among the authentic belonging skills are found honesty, I-messages and constructive conflict management. Among the networking skills are smiling, ingratiation and self-confidence. Much greater attention should be given to developing these kinds of social skills among young people in care, because by doing so we increase their resilience, by equipping them to navigate the challenges of real-world social environments.

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Social economy for Roma population – intervention strategies for supporting the social integration of Roma ethnics in Romania

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Abstract

In the last few years, social economy has been given lots amounts of attention in Romania, mainly as a result of the interest shown by the European Social Fund in this matter, interest materialized in important financing programs being directed to Romania in order to develop this sector of the economy. Moreover, in Romania have been made substantial efforts in the last two decades in order to socially and economically integrate the Roma population which, in general, is poor and low educated, with important cultural differences relatively to the majority of the population. All these efforts have not fully reached the desired outcomes but they didn't totally failed either, some important changes being made over the years. This study illustrates the strategies used in a couple of Roma communities that managed to develop social economy organizations and improve their living conditions, theorizing them and building recommendations for those interested in replicating these good practices in other Roma communities.

Keywords: Roma, resilience, social economy, good practices.

Introduction

The topic of social economy is trending in Romania for a good few years now, more and more people and organizations talking about and trying to operationalize this concept both theoretically and practically. Although the tradition of social economy exists in Romania for a long time, the infusion of funds from the European Social Fund (ESF) into its development has given this concept an important boost in popularity in the last years [1]. There is no legislation regulating the field of social economy in Romania yet but the social economy entities, a legislative project for social economy being discussed for more than a year now and there are no certainties on its contents or on its adoption timeframe. The latest regulations regarding social economy can be found in form of a draft law on social economy in which there are many confusions regarding the relationship between the public and private sectors [2]. Part because of its novelty, part because it is not clearly explained, nor properly regulated, the term "Social Economy" is given lots of different interpretations, some of them limiting and others extending its attributes, hence the need for further research of the concept and for proper correlation with other, adjacent ones. Identifying and evaluating good practices in social economy could ensure the promotion and the consolidation, both conceptually and theoretically, of the specific aspects of this form of economy [3].

Roma ethnics have been living in Europe for a considerable amount of decades but they are still having important integration issues that more and more states are facing and searching solutions for [4]. Although the process of obtaining ethnic integration has become a legitimate objective of the state and is considered to be a public good, the public opposition against integrating Roma ethnics has not decreased in intensity [5], nor are there perspectives of it diminishing in the near future. In 2006, Ionescu and Cace [6] estimated that the Roma ethnics were making up to 10% of the total stable Romanian population, meaning between 1.5 and 2.5 millions of Roma ethnics were living in Romania. There are more than 200 NGOs promoting the social inclusion of Roma ethnics in Romania that are active in diverse fields such as promoting political participation of Roma ethnics, improving their access to education and health services, improving their living conditions and their participation in economic activities [7].

From a social point of view, Roma ethnics had a symbolic position within the main society, their traditional professions being regarded as archaic but with enhanced symbolic value [8]. In Romania, Roma population is closely related to social economy by the projects developed by a diversity of NGOs militating for

Roma ethnics' social and economic inclusion. In this paper we will discuss some of the most important initiatives focused at improving Roma population's social inclusion mainly through growing their employment odds in their communities.

Social economy in Roma communities

Social economy took birth as there was a growing need of fulfilling the needs that the state or the market could not fully attend. These needs were too fragmented, each community facing different issues or even similar ones but with enough variety, hence a centralized system could not successfully manage all of them [4], [7]. Successful social economy initiatives are known to have been started from within the communities, with the communities' needs in focus [6]. In analyzing social economy projects developed in Roma communities, two main ways of actions have surfaced. The first one starts from the principle of participatory community development and it mainly consists in facilitating the organization of initiative groups within the communities that are encouraged to take action and begin solving the local problems. Another approach to social economy projects implemented in Roma communities consists in offering professional training courses for Roma ethnics, courses meant to include them in the labor market and, as a result, to socially include them [9].

The employment situation has not changed significantly in the last decade for Roma ethnics, studies highlighting the Roma minority as having a high degree of illiteracy. According to a study conducted by the Quality of Life Research Institute, 25% of the population over 16 is illiterate [10], a low level of qualification: 39.2% of the employed and the unemployed (unemployed and housewives) who sought a job in the last year declare themselves that they have no qualification, while 77.3% have a level of education which does not allow any formal qualifications [9], an employment rate below the national average: 57.7% compared with 63% in the age group 18-64 years, 39.6% in the age group 18-59 years having weak or occasional jobs and 21% working only in their households; for those over 15 years, an occupancy rate of approximately 40% compared to 58.8% nationally in 2010; population of 16 years and over, 51.5% say that they haven't worked ever and only 10% have worked continuously over the last years [12].

Just over half of the Roma ethnics have no trade or practice activities that do not require prior qualification through formal training system. According to the *Regional Action Plan for Employment and Social Inclusion 2009-2011 SE*, approximately 33.5% of the Roma population have no qualifications, 14.3% are farmers and 4.6% are day laborers. Modern qualifiers can be found in 37.3% of the cases and 10.3% in the traditional case.(PRAO SE 2009-2011, available online at: http://www.fsesudest.ro/271_PRAO_2009-2011_STP_SE_varianta_finala_cu_coperta.pdf (accessed 10 Feb. 2014)) According to the National Agency of Labor Force Occupation (ANOFM) activity reports (2006-2010): the number of Roma included in professional programs of the ANOFM declined steadily in recent years: 2283 (2006), 1613 (2007), 1109 (2008) and 775 (in 2009). Roma people have been constantly employed in temporary employment programs, but their number has steadily decreased over time.

In the recent years there have been a number of social economy initiatives in Roma communities, and some of them attempted to reevaluate traditional Roma crafts and adapting them to modern trades. Studies that have examined the entrepreneurial potential of Roma highlighted the main obstacles they face and stressed the importance of national dissemination of examples of good practice identified [8].

1.1 Romano Cher – integrating Roma traditions into the main body of culture

A study in this regard was „Romano Cher - Casa Romilor" initiated by KCMC - K Consulting Management and Coordination (2010-2013) in partnership with the Community Development Agency „Împreună", co-financed by the ESF. (The project's description is available online at: http://mesteshukar.ro/i_acasa.asp?SMID=36&ARTID=91;http://www.agentiaimpreuna.ro/files/Casa_Romilor.pdf accessed 10 Feb. 2014). The project aimed to integrate traditional Roma artists on the labor market and in the active life of the community, to reevaluate traditional Roma crafts and to adapt them to the nowadays' market demand. Assuming that one of the aspects that constitutes a positive communication capital relative to the Roma minorities is the practice of traditional crafts (blacksmith, chopping wood, manufacturing household items, manufacturing bricks etc.) the project initiated a campaign for combating the stereotypes related to Roma ethnics with a pragmatic approach to Roma traditional crafts in order to adapt them to the requirements of the current market context. As a result of this project, there have been created 30 artisan cooperatives as representative social economy entities through which Roma craftsmen received consultancy services and benefited of training programs in areas that allowed them to adapt merchandising strategies for their products for a free market based on the added value of their crafts and the process through which they have been made. In the practical phase of the project, the craftsmen have been trained in modern techniques of marketing, financial management, social economy, in workshops that were held in turn in five regions. The communicational component of the project

involved, in addition to disseminating and communicating the results of the project, the foundation of the Roma Culture Museum in Bucharest, the first institution of its kind in Romania.

1.2 Touched Collection – from art therapy to social economy

Building on some activities conducted as a way of doing art therapy at the maternal center „Casa Agar", the Touched Romania Association managed to develop a social economy enterprise for financially sustaining and motivating the mothers living there. The social economy enterprise's main objective is to create jobs for the most skillful mothers of both Roma and Romanian ethnicity in manufacturing and selling jewelry. The jewelry is commercialized mostly at different fairs for companies and NGOs, but they are also intended for the general public. Besides its commercial activities, this social economy enterprise is aiming at creating a support group for the women working there, at helping them write their CVs and applying for other jobs, in participating in professional trainings and workshops. The commercial profits of the organization are shared between the mothers working there and the maternal center „Casa Agar". The social entrepreneurship Touched Collection is aiming at achieving financial independence for the mothers at the maternal center and is actively involving in solving the community's problems. The occupational therapy reached its objectives by raising the self-esteem, the self-trust and dignity of the mothers in difficulty and their children. Besides the mothers hosted at the maternal center, there are two Roma ethnic women working in the maternal center's staff [13]. It is highly important to empower women by facilitating their social inclusion by way of jobs or supporting them into development of entrepreneurial skills so that they could become more independent [14].

1.3 Fem.Rom – Roma ethnic women on the labor market

Fem.Rom was a project implemented in 2009-2014 by the Department of Equal Opportunities between Women and Men in the Ministry of Labor, Family and Social Protection, aimed at improving the access of Roma women in the labor market through the development of integrated services for them (information, guidance and counseling, and also specialized and personalized employment by creating cooperatives for women). (The project's description is available online at: http://www.femrrom.ro/ro/proiect/prezentare-proiect (accessed 10 Feb. 2014))The project aims to mobilize disadvantaged groups in order to participate as active players in the labor market, supporting economic growth, revitalizing Roma communities and promoting social inclusion of vulnerable groups through their integration in the labor market. The main results of the project consisted in opening three "one-stop-employment" workshops, five pilot production cooperatives for Roma ethnics, the development of a national network for cooperatives that employ Roma ethnics and the development of an international support network for entrepreneurs. Within the "one-stop-employment" workshops, there have been offered services for over 1000 persons and more than 200 persons have been assisted at their workplace. More than 550 Roma women benefited of professional training courses and the five pilot production cooperatives provided workplaces for more than 50 women. Roma ethnic women are found in a position of double vulnerability as they are discriminated both based on gender and ethnicity [15], hence the need for improved support directed toward them.

Discussion and conclusions

The analysis of the studies and projects aimed at the social inclusion of Roma ethnics demonstrates that the socio-economic rights of this minority are recommended to be implemented in practice, hence to equalize their chances of access to decent jobs. The improving of living condition and the quality of life for Roma ethnics represents the main purpose of the majority of organizations preoccupied by the problems of Roma population, this purpose being unattainable if access to education, jobs, social services etc. is not facilitated for them. There are tight links between all the causes and conditions leading to Roma population's weak social integration and consistent and sustained efforts need to be conducted in order to bridge the gap between Roma population and the main body of the society.

Throughout the practices adopted by the civil society in its efforts to socially integrate Roma ethnics, a special attention is paid to activities promoting the traditional culture and traits specific to Roma population. Through this kinds of attempts, it is promoted a kind of integration by diversity, an approach that has more success than trying to force them to incorporate the main population's culture. The fact that NGOs are interested and active in undertaking sustained efforts to support the social integration of Roma ethnics demonstrates that they understood the importance of being able to live together in harmony and diversity [7]. The amount of attention paid to developing Roma population's social inclusion often has two main effects in Romania. The general perception of the main population is regarding the projects and programs intended for Roma ethnic's social integration is that of positive discrimination, while for the direct and indirect beneficiaries of these actions, they are means of enhancing resilience and aligning them with the society.

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The role of family democratization in the adaptation process to circulatory migration

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Abstract

Circulatory migration has become so prevalent in so many countries that its effects on families have been widely investigated in the literature. However, the research results remain contradictory. Some studies highlight positive effects while other documented numerous negative consequences. In this paper we use as explanatory variable of these contradictions the level of democracy within the family. How the family democratization influence the adaptation process to circulatory migration it is analysed from the perspective of changes in family roles and power relationships between family members. The questionnaire based survey conducted among 386 couples (N=772) in which at least one partner practice circular migration confirms that the strongest predictor of the consequences of circular migration is the family democratization. For democratic families the influence of circulatory migration is positive: marital satisfaction post-migration is high, the propensity to divorce is reduced and deviant behaviors among children are rare. Democratic families successfully manage the tensions induced by the changes in family roles and power relationships because the communication between the family members is open, the practice of sharing the family roles is well established and the authority within the family is not normative but constantly negotiated.

Keywords: Family democratization, family roles, family power relationships, circulatory migration.

Introducere

In many developing countries circulatory migration is the most dynamic form of social mobility. The phenomenon has become so prevalent in these countries that its effects are felt acutely both by those who leave and those who remain at home. In these circumstances, understanding how families can successfully adapt to the challanges of circulatory migration is critical.

Family separation due to circulatory migration can lead to one of the following scenarios: (a) a parent remains at home with the children and the other parent migrates to a country of destination; (b) both parents migrate to another country, leaving children with the grandparents - either at home or outside the nuclear family's home; (c) both parents migrate to another country, leaving children in the care of relatives or friends.

Although many studies have investigated the subject, the effects of circulatory migration on families are discussed contradictory in the literature. Some authors emphasize positive effects while others document negative consequences.

The positive effects are driven by the increased living standards as a result of remittances sent by the migrant partner [1], [2]. Remittances are seen to strengthen the relationship between the conjugal partners and the children welfare. Also, circulatory migration presumes a level of women empowerment often leading to their emancipation. Migrant women from traditional societies of origin have access to financial resources and a more egalitarian cultural environment, which strengthens their power in relation to men. Equally, the women who are performing at home the instrumental roles held previously by men achieve a level of empowerment that transcends boundaries of gender affiliation.

Numerous other studies, however, highlight negative social costs, such as the tendency to divorce and deviant behavior among children [3], [4], [5], [6]. Studies conducted in Asia [4], [5] and Latin America [6] show that distances and lack of regular and effective communication weaken conjugal relations between partners and family relationships in general. In the Philippines [7] divorce and separation rate among migrant women was 4.4 times higher than the national average and migrant women had a 15 times higher probability of being separated or divorced than men. With regard to women's empowerment, Debnath and Selim [4] argue that it is temporary not permanent, women resuming their traditional roles with the return of their spouse. Moreover, the same authors show that men left behind are not always willing to take on the responsibilities of wives, fact which undermines women's emancipation trends.

Despite these contradictions there is a broad consensus in the literature that the circulatory migration leads to changing family roles and power relations between family members [8], [9], [10]. Both changes are usually described as disturbing and generating tensions [11].

As in other circumstances which change familly dynamics (e.g. divorce, death of the parents) circulatory migration generates new roles [8], [9]. Partner who remains at home will take expressive or instrumental roles hitherto met by the migrant partner. This adaptive behavior is stressful because of the pressure of overlapping roles (in terms of perceived incompatibility between the roles and additional workload), some of the new responsibilities go beyond the expertise of the partner or transcends the gender boundaries. Adaptive behaviors are particularly typical with the migration of mothers, but each family member who migrates fulfills roles that family members who remain at home will have to assume.

The gender reconfiguration of the family practices generated by migration changes also the power dynamics within conjugal partnerships [10]. Circular migration produces major changes on power relations between partners by women's empowerment mechanism. Women reposition themselves on the labor market, take control and assume the role of familly provider. In addition, the contact with more liberal societies allows them to confront the hegemony of men in the domestic sphere. From the perspective of power relations, the tensions induced by the changes in family roles are particularly disruptive when migrants return and try to reassume the roles they have met before leaving.

Since changes in family roles and power relations are key elements of the families' adaptation to circulatory migration, the fact that in some families the situation is better than in others may be due to how these families manage the tensions induced by these changes. The egalitarian literature [10] investigating adaptive processes within families suggest that democratic families recover from disasters better than undemocratic families. Since the involvement of families in circular migration can be as dramatic and disruptive, in this paper we conceptualize and use as explanatory variable for the success or failure of adaptive processes of these families, the construct of family democratization. The statements of truth tested by a questionnaire-based survey are: (H1) The lower the familly democratization is, the higher are the tensions induced by the changes in family roles; (H2) The lower the familly democratization is, the higher are the tensions induced by the changes in family power relations. Research results confirm that the level of family democracy is the strongest predictor of how families adapt to circulatory migration.

The construct of ”family democratization”

To assess the level of family democratization, first of all we have to discuss the measurement domain of this construct. Critical review of the literature on egalitarianism [11], power relations [12], decision-making processes [13], and communication [14], within families led us to a multi-dimensional conceptualization of the construct. From this perspective democratic couples have an egalitarian power structure, each partner contributing to the decision-making process. Partners have equal power, they can express their views and family roles are disaggregated and fluid. The 5 dimensions conceptualized and used to measure the "family democratization" are: the desegregation of family roles, the fluidity of family roles, decision making process, authority and communication between family members.

By desegregation of family roles we understand the gender integration of family roles. In democratic families, roles are not segregated according to gender affiliation but are flexible and interchangeable. Equality and democracy allow family members to fill the various roles of any other member. Family roles are not rigid but fluid. In a crisis situation varied tasks can be exchanged and made by someone else according to the situation. If one conjugal partner can not fulfill its roles, in a democratic family te other partner or another family member may exercise relatively easy those roles.

Also, in democratic families the decision-making process involves negotiation between partners. Each partner contributes to the decision making process. If power is exercised by a single dominant partner, or the other partner refuses to negotiate, complies without supporting its views or seemingly accept the other partner decision the democratization of the family is low. Dimension "decision process" includes four sub-dimensions (negotiation, rejection, compliance, influence).

Methodology

Hypothesis testing was done through a questionnaire-based survey. Although the psychometric variations of the scales across socio-demographic variables it has been considered and analyzed, the representativeness of the sample in relation to the total population was not a mandatory requirement. The aim of the research was to test the statements of truth developed through the systematic review of the literature and not to generalize results to the entire population. For this reason sampling was non-probabilistic, opportunistic, being included married couples from Caras-Severin County (Romania) in which at least one conjugal partner practice circular migration to other European countries. From a total of 3046 questionnaires that have been distributed,

1086 completed questionnaires were collected and 1036 questionnaires were considered valid. Some questionnaires (N=213) were directly administered by an operator. The remaining valid questionnaires (N = 823) were self-administered. The response rate of the self-administered questionnaires was 28.65%. 772 questionnaires were completed by both partners (386 couples) and 264 questionnaires were completed by a single partner (182 women and 82 men). To test the hypotheses have been used only the data collected from those 386 couples. All couples participating in the research were heterosexual.

In determining the sample size were taken into account on one hand the number of items of the focal construct "family democratization," and on the other hand the matrix developed on the basis of socio-demographic variables and those that describe the migration behavior. Each construct, measured by a Likert scale with 7 levels (-3 = strongly disagree, 3 = agree strongly - and null option: do not know/can not answer), was analyzed under three aspects: (1) the reliability of the measurement scale, (2) convergent validity and (3) discriminant validity. As a statistical tool for checking the reliability coefficient was used Alpha-Cronbach. The scales with level of Alpha-Cronbach of at least 0.7 have been considered valid (according to Nunnaly [15]).

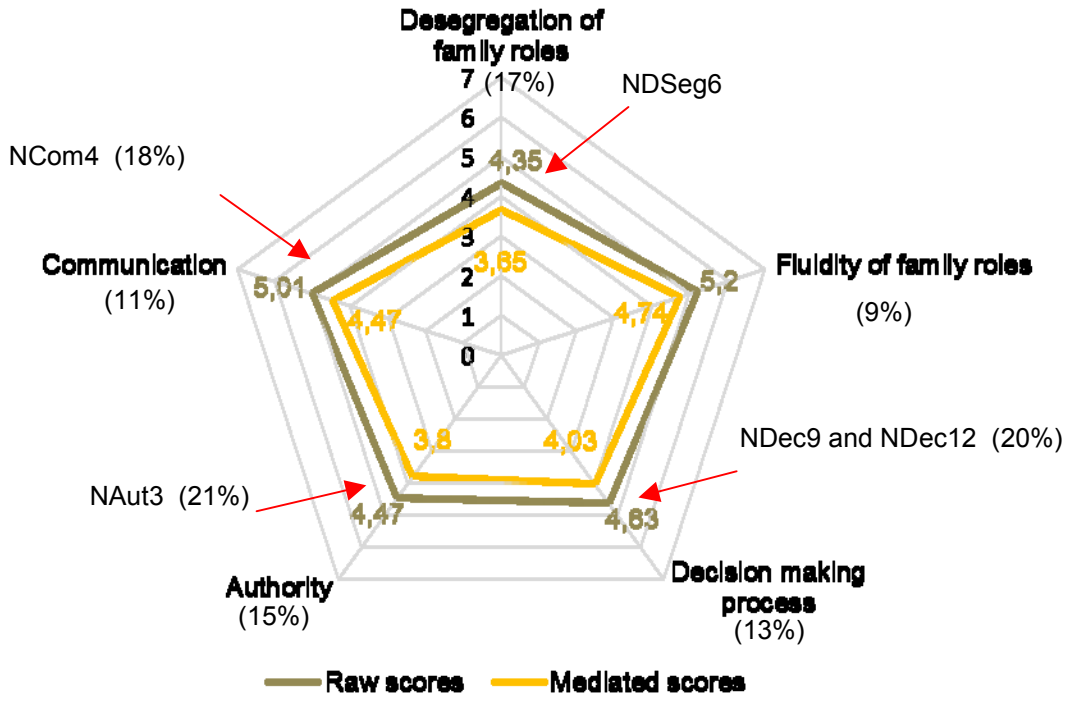
An important statistical treatment was applied to collected data measuring the family democratization construct. Although data were collected at the individual level (each conjugal partner was the reporting unit), the reference unit was the conjugal couple (the family). As they were taken into account only data collected from both partners, a mediating algorithm was used to determine a unique score for the unit of reference (the family). The developing of the algorithm was based on two principles: (1) whether partners' views converge, the family democratization is around level expressed by the partners, (2) where opinions diverge; this divergence reflects a low level of family democratization. Algebraic algorithm should, in these conditions, include the mean of the scores (to satisfy the principle (1)) and the absolute value of the difference between the same answers (to satisfy the principle (2)). It was also intended that the algorithm is valid and consistent for all possible pairs of responses. Algorithm that meets all these criteria is translated into the following mathematical formula: famN = ((N1 + N2) - |N1 -N2 |) / 2 (where famN represents the mediated score at the family level and N1 and N2 are the answers to the two partners).

Rezults

All scales have proved to be valid according to established criteria (Alpha-Cronbach coefficient of at least 0.7). The scales for measuring the tensions induced by changes in family roles and power relations have been measured by 4 items each and Cronbach Alpha was 0.831 respectively 0.721. Scale measuring the level of democratization included 34 items and Alpha-Cronbach value after the removal of the 8 items was 0.769. Both hypotheses were tested by multiple linear regressions. The hypotesis were considered confirmed if the the significance level of the relationship between the antecedent and the dependent variable was less than 0.05 ($p < 0.5$).

On a scale from 1 to7 (where the scores from 1 to 3 describe a low level of family democratization and scores from 5-7 high levels), the level of family democratization reported by respondents prior to the application of the mediating algorithm was greater than 4 ($\mu ND=4.73$) for all dimensions of the construct (Figure 1). The highest level of democratization was recorded for two dimensions: Fluidity of family roles ($\mu ND=5.2$) and Communication ($\mu ND=5.0$). After applying the algorithm family democratization scores have decreased on average by 13% ($\mu NDm=4.13$) (Fig. 1). The biggest differences are for the dimensions Desegregation of family roles (17 %) and Authority (15%). The items on which the perceptions of men and women are strongly divergent are: NDSeg6 (husband should bring home more money than his wife - 20%), NDec9 (I know how to approach the partner to get what I want - 20%) , NDec12 (although he/she is not always right often I accept the partner's point view - 20 %), NAut3 (I'm the real boss in the family - 21%) and NCom4 (When I have a disagreement with my partner I get carry a way and and say things that I did not want to say - 18%).

Figure 1. The changes in family democratization scores after applying the mediating algorithm



H1 hypothesis testing result shows that the research hypothesis is confirmed (Table 1). The relationship between the antecedent and the dependent variable is statistically significant (p=,000). The level of family democratization affects how couples manage the tesnsions induced by the canges in family roles role (b = -, 574).

Table 1.
Linear regression coefficients of the relation between independent variable The democratization level of the partnership and dependent variables Tensions induced by changes in family roles[a] and Tensions induced by the changes in power relations[b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	p
		B	Std.Error	Beta		
1	(Constant)	-,145	,035		-4,109	,000
	NDEMOC *The democratization level of the partnership*	-,604	,037	-,574	-16,482	,000
a. Dependent Variable: ESROL Tensions induced by changes in family roles[a] (R Square=,328)						
2	(Constant)	-,106	,040		-2,642	,008
	NDEMOC Nivelul de democratizare al familiei	-,341	,042	-,329	-8,151	,000
b. Dependent Variable: ESPUT Tensions induced by the changes in power relations[b] (R Square= ,106)						

Negative values of standardized beta coefficients show that the variables are inversely correlated: the lower the familly democratization is, the higher are the tensions induced by the changes in family roles. The level of family democratization yet explains only 32% of variations in roles tensions (R^2 = 328).

H2 hypothesis testing result shows that this research hypothesis is also confirmed. Statistical analysis of the hypothesis H 2 (Table 1) demonstrate that the significance level of the relationship between the antecedent and the dependent variable was less than 0.05 (p=,000). The level of family democratization affect how couples manage the tensions induced by the changes in power relations (b = -,329). Negative values of standardized beta coefficients show that the variables are inversely correlated: the lower the familly democratization is, the higher

are the tensions induced by the changes in family power relations. The level of family democratization explaines only 10% of the power tensions variation ($R^2 = 106$).

Conclusions

The practicing of circulatory migration by one or both conjugal partners determines the changing of family roles assumed by both partners and the power relations between them. Both adaptive processes are potentially disruptive and generate family tensions. Research results show, however, that adaptive processes must be understood in relation to the level of family democratization which significantly influences how couples manage these tensions. The lower the familly democratization is, the higher are theboth types of tensions.

Conjugal partnerships with a high level of democratization will be able to successfully manage the tensions induced by changes in family roles, on the one hand because partners have the exercise of sharing the roles, are not criticizing each other, do not feel frustration by assuming simultaneously expressive and instrumental roles, and secondly because the good communication between partners defuse these tensions. In democratic families the practice of good communication and the fact that authority is not normative but constantly negotiated makes the bond between the partners to remain strong and parental ties with the children to be close and open.

Research shows that in democratic families the change of power relations following the emancipation of women is constructively accepted. Since the decision making process is based on negotiation, in these families power tensions are significantly attenuated.

The research confirms the observations of many authors [16], [17], who argue that when both conjugal partners are interviewed several gaps are revealed. Studies based on a single set of answers can not describe the whole picture of family democratization. The results thus obtained reflect only how a certain family member perceives it. Perceptual differences between conjugal partners are highlighted not only by the discrepancy between the mathematical values of the reported scores but also by the differences in the meaning of these scores.

If we consider only the discrepancy between the values of the scores, the level of democracy of the couples included in the sample, although low, is positive for all dimensions of the construct ($\mu ND = 4.73$). The differences between the scores reported by women and men describe a perceptual bias of 4.06 % on average. Unlike men, women tend to describe the level of democratization of the partnership as being high. They perceive conjugal authority rather negotiated and not normative and family roles as disaggregated. This result puts into question the widely accepted claims of the literature on power relations that men tend to overestimate and women to underestimate their power in the family. On the one hand, the result may be due to the presence in the measuring instrument of attitudinal variables describing the partner's aspirations and not necessarily the actual facts. In other words, women's aspirations for freedom and aspirations of men to preserve the patriarchal status quo may be causing this perceptual bias. An argument for this explanation is that the mathematical differences are significantly higher the scores measuring two dimensions Desegregation of family roles (6.4 %) and Authority (7.5%). These two variables were measured mainly by attitudinal items. Actually, the biggest differences were recorded for the attitudinal items NDSeg3 - not normal for men to carry out work which belong exclusively to women (or vice versa) except occasionally and NDSeg5 - men should share housework as washing dishes and cleaning, respectively NAut1 - man should be head of the family. The other three dimensions of the family democratization construct is measured almost exclusively by descriptive items (items describing how facts as perceived by respondents).

On the other hand, the lower scores reported by men may be due to current cultural expectations that the wives should not have more power than men. In other words, men feel the pressure of traditional cultural matrix reporting a patriarchal family structure even when conjugal partnership is actually more egalitarian. Why women would report a higher level of family democratization than the real one is difficult to explain other than by the lack of convergence of perceptual realities of the partners. Such an explanation is supported by results obtained after applying the mediating algorithm.

The meaning of the scores describes a particular perceptual reality. The lack of convergence of these perceptual realities between male and female partners is sanctioned by the mediation algorithm. The results show that after applying the algorithm the level of family democratization of the sample decreases on average by 7%. In other words, not only did partners report different mathematical scores when describing the family democratization but in 7% of the cases one partner percieves the conjugal structure as egalitarian and the other as undemocratic. This confirms the results of the studies investigating the family decision making processes which show that perceptual differences between partners may have a magnitude of up to 55-76% [16].

Research shows that conjugal satisfaction also depends on the level of family democratization. Couples who enjoy a high level of democratization are more satisfied than those with poor egalitarian practices. It follows that the emancipation and empowerment of women as a result of circular migration has positive effects on family life.

Within the conjugal couples with high marital satisfaction prior migration, the tensions induced by the changes of family roles and power relations are low. Therefore, we conclude that the level of family democratization moderates the role and power tensions through both a direct and an indirect influence. The indirect influence is mediated by the level of conjugal satisfaction prior migration.

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Resilience and metacognitions as predictors of outcome in a randomized controlled treatment trial of generalized anxiety disorder

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Abstract

Background: This study aim was to explore resilience and metacognitions in the understanding of changes in patients with generalized anxiety disorder (GAD).

Method: 57 patients were included in a randomized controlled treatment trial for GAD. The patients were randomized to three conditions, waiting list, cognitive behavioral therapy (CBT) and metacognitive therapy (MCT).

Results: This study explored how resilience (*Resilience Scale for Adults* [1]) and metacognitions (*MCQ-30*; [2]) predict changes in GAD symptoms measured by e.g. *PSWQ*. To the best of our knowledge this is the first time these predictors are explored in such a context.

Conclusions: Understanding how resilience factors and metacognitions predict the changes of GAD symptoms related to treatment may potentially give a new perspective to treatment related changes in GAD patients.

Key words: Resilience Scale for Adults, GAD, CBT, MCT

Introduction

Resilience has become a conceptual umbrella for protective factors associated with good outcomes despite experiences with adversity [3, 4]. It therefore includes protective resources across very many different domains. The general accepted consensus is that protective resources are 1) individual positive dispositions, 2) family coherence, and 3) supportive social environment outside the family [5, 6, 7]. The classical studies of resilience are prospective studies that identify protective factors that contribute to adaptation. Some studies have explored resilience in relation to interventions [e.g. 8, 9, 10, 11]. The general approaches is to base interventions on a selection of protective factors, or target a selection of clinical useful tools and explored these result in increased levels of resilience or better adaptation. However, the relatively few studies have studied levels of resilience derived protective factors as predictors of outcome from effective psychotherapy for a specific disorder. That is the aim of the present paper.

Method

The patients were included in a randomized controlled treatment trial for generalized anxiety disorder (GAD). The patients were randomized to three conditions, waiting list, Cognitive Behavioral Therapy (CBT), and Metacognitive Therapy (MCT [12, 13, 14, 15, 16, 17]. CBT has shown effect for 50% of patients with GAD [18], and focuses principally on thoughts and the content of thoughts. MCT has been show effective for 75-80% of patients [19] and focuses principally on the thought process and not on the content. Both treatment conditions are effective treatments of GAD. The aim of the present paper was to explore if direct measures of resilience derived protective factors would predict reduction in the level of worry symptoms in GAD patients that underwent efficient psychological treatment.

Sample

In all, 57 patients were included, the mean age was 37.4 years (*SD* = 12.5), and 72.8% in the sample were women.

Measures

Penn State Worry Questionnaire (PSWQ; [20]) is a 16-item self-report scale that assesses the tendency to worry. It is considered to be a content-nonspecific measure, and measures tendency to worry but it is independent of the topic of worry. The internal consistency (r = .86 to .93) has been found to be good among patients with anxiety disorders, college students, and community samples [21, 22 ,23], as well as for older samples. The test-retest reliability is relatively high (r = .74 to .93). Convergent validity has been supported with positive associations between the PSWQ and other worry or anxiety measures [21, 24]. Associations between the PSWQ and measures of depression and anxiety ranged from high to moderate [23].

Metacognitive questionnaire-30 (MCQ-30; [2]) is a 30 item that measures levels of maladaptive metacognitions. It is a short version of the original 65 item Metacognitions Questionnaire [25]. It is a self-report scale with a 4 point Likert based scale format, with no reversed items. The higher the scores the more maladaptive metacognitions the individual reports. It is designed to measure meta-cognitive beliefs, cognitive confidence judgements and selective attention to mental events and cognitive self-consciousness. Cartwright-Hatton and Wells (1997) found significant positive correlations between the MCQ and measures of different anxiety states like trait anxiety, obsessive thoughts, obsessive checking, social worrying and health worry. These results have later been replicated [26, 27]. Positive significant correlations were also found for a range of obsessive compulsive symptoms [2]. Positive associations were found with anxiety and depressive symptoms as well as stress [28], and MCQ-30 also explained a significant and substantial part of the variation in anxiety and depressive symptoms. Further, the MCQ-30 has shown significant positive correlations with alcohol use and problematic drinking [28]. It is a good measure of metacognitions which is associated with a range of other psychological symptoms and maladaptive behaviour.

Resilience Scale for Adults (RSA; [1, 29]) is a 33 item self-report scale for measuring protective resilience factors among adults [30, 31]. Higher scores indicate higher levels of protective factors associated with resilience. The reliability and validity of the RSA has been found satisfactory in several studies [e.g., 29, 30, 31, 32, 33, 34, 35]. It uses a seven point semantic differential scale in which each item has a positive and a negative attribute at each end of the scale continuum [36]. Half of the items are reversely scored in order to reduce acquiescence-biases. Initially, a five-factor structure was reported, but later confirmatory factor analyses indicated a better fit when splitting one of the five factors. The final version has a six factor solution [30, 34] with factors named: 1) *Perception of self* (Cronbach's α = .74), 2) *Planned future* (α = .73), 3) *Social competence* (α = .83), 4) *Structured style* (α = .80), 5) *Family cohesion* (α = .80), and 6) *Social resources* (α = .74) [30, 34]. It measures protective resources that statistically and conceptually are separate from measures of measures of vulnerability and symptoms of psychological disorders [33], and the RSA predicts levels of hopelessness even when controlling for gender, age, stressful life events, levels of depressive symptoms and the entire NEO-PI-R personality inventory [35]. It covers the three overarching categories of protective factors associated with resilience, namely 1) personal positive dispositions, 2) family coherence and 3) social resources outside the family. An independent evaluation of existing resilience measures gave a favorable evaluation of the RSA [37].

Results

The results indicated that the scores on PSWQ were significantly reduced from pre to post treatment, which was also the case for the scores on MCQ-30. The scores on the RSA increase significantly from pre to post treatment. Separate hierarchical regression analyses indicated the changes from pre to post treatment in metacognitions and resilience predicted levels on the PSWQ post, even when controlling for the pretreatment PSWQ scores. In addition the prescores of resilience predicted PSWQ post scores, when controlling for the PSWQ prescores. Finally a moderation hypothesis was explored and the results indicated that resilience partially mediates the relation between metacognitions and levels of GAD symptoms. This indicates that changes in metacognitions promote higher levels of resilience which again contributes to reduction of symptoms.

Conclusions

Understanding how resilience factors and metacognitions predict and contribute to the changes of GAD symptoms related to treatment may potentially give a new perspective to treatment related changes in GAD patients. Potentially it also gives an indication of the relation between symptoms, vulnerability and levels of protective factors that may be relevant for other disorders, or mental health in more general.

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L'evaluation de la resilience des personnes ayant des deficits cognitifs ou des incapacites intellectuelles

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Abstract

This presentation focuses on the development of an instrument for measuring the resilience of people with cognitive impairments or intellectual disabilities. In these people, the resilience is to present the best possible development deal with specific adversities that are encountered, to target the well-being and social integration (Jourdan-Ionescu and Julien Gauthier, 2011). The assessment instrument was developed from the Resilience Scale Wagnild and Young (1993, translated into French by Ionescu et al., 2010). The items in the scale were first adapted: reformulation of items based on cognitive characteristics of the target population and adoption of the interrogative form items. Subsequently, changes were made on the listing and procurement standards they are inspired by the work of Blocher (2004) on measuring the resilience of people with disabilities. The adapted instrument was tested with the target population (three cohorts) and a training program to the award of the scale is developed. It aims to facilitate communication and interaction between people with cognitive impairments or intellectual disabilities and evaluators. The presentation includes the main steps to achieve the instrument: adaptation of the items to the original scale, validation, testing as well as the development of training program evaluators. It is discussed in connection with the use of this scale in the context of rehabilitation intervention, which aims to support the social integration and participation of people.

Keywords: Evaluation, Resilience, Persons with intellectual disabilities, Adaptation, *Scale of Resilience* – Wagnild and Young, Social Integration

La résilience est la capacité de composer avec sa condition ou un contexte particulier et d'envisager l'avenir de façon confiante et positive [1]. La résilience naturelle intervient sans aucune aide de la part de professionnels et se construit à travers l'interaction de la personne avec l'entourage.

À l'opposé des modèles traditionnels d'intervention basés sur la pathologie, mettant l'accent sur les déficits et les problèmes d'adaptation, la résilience s'appuie sur les forces de la personne [2] et vise la mise en place de stratégies pour construire à partir de ses ressources et de celles de son entourage [3]. Chez les personnes ayant des déficits cognitifs ou des incapacités intellectuelles, la résilience consiste à présenter le meilleur développement possible face aux adversités particulières qui sont rencontrées, afin de viser le bien-être et une pleine intégration sociale [4]. Elle se développe dans l'interaction de la personne avec des mentors, des tuteurs de résilience ou des réseaux de soutien social [5].

Cette étude vise le développement d'un instrument d'évaluation de la résilience des personnes ayant des limitations cognitives ou des incapacités intellectuelles. Pour mesurer la résilience de ces personnes, l'*Échelle de résilience* de Wagnild et Young ([6], traduite en français par Ionescu [7]), construite à partir d'entrevues avec des personnes considérées comme résilientes, a été sélectionnée. Cet instrument d'évaluation, dont les qualités psychométriques sont solides, a été expérimenté dans différents contextes, auprès de populations diverses et de culture variées [8]. La version de l'*Échelle de résilience* [6] choisie est celle qui comprend 25 énoncés, évalués à partir d'une échelle de type Likert (cotation de 1 à 7). La traduction de cet instrument a été ajustée au contexte culturel québécois par trois experts des domaines de la psychologie et de l'éducation. Une attention particulière a été portée à la pertinence de la formulation des questions afin de s'assurer d'obtenir les informations souhaitées.

Par la suite, les énoncés de cette version ont été reformulés en « langage simplifié » [9] afin de les rendre accessibles aux personnes ayant des limitations cognitives [10]. La syntaxe des énoncés a été modifiée en privilégiant la forme interrogative afin de réduire la tendance à l'acceptation présente chez ces personnes [11].

Exemple:

- *When I'm in a difficult situation, I can usually find my way out of it* (original)
- *Lorsque je suis dans une situation difficile, je trouve habituellement une solution* (traduction)
- *Est-ce que tu réussis à te sortir d'une situation difficile ?* (adaptation)

Les normes de passation de l'instrument ont été modifiées, en s'appuyant sur les résultats de recherches récentes sur la passation d'instruments de mesure aux personnes ayant des limitations cognitives (Julien-Gauthier, Jourdan-Ionescu, & Héroux, 2009). La passation de l'instrument a été effectuée à l'oral, pour faciliter la compréhension (p. ex., joindre le geste à la parole pour aider la personne à bien saisir la question ou d'autre part, permettre à l'examinateur de repérer les attitudes d'incompréhension chez la personne). Pour chacune des questions, il est possible pour l'examinateur de répéter si la personne semble éprouver des difficultés de compréhension. Il lui est aussi possible de reformuler la question, à partir d'un deuxième énoncé prévu à cet effet, pour assurer l'uniformité du protocole (chaque question comprend deux énoncés) :

Exemple :

- *Est-ce que tu réussis à te sortir d'une situation difficile ?*
- *Quand tu vis une situation difficile, est-ce que tu réussis à trouver une solution ?*

La cotation des énoncés a aussi été adaptée, passant d'une échelle de type Likert en sept points à trois options de réponse : oui (2 points), parfois (incluant « ça dépend », « un peu », « pas toujours », etc. pour 1 point) et non (0 point). Le protocole de passation a aussi été modifié, afin d'être mieux adapté aux caractéristiques des personnes ayant des limitations cognitives dans le traitement de l'information.

Lors de la passation, l'examinateur pose chacune des questions dans l'ordre à la personne et après l'obtention d'une réponse, il suscite un ajout de contenu en utilisant des incitatifs verbaux (p. ex., répétition du dernier mot ou de la finale de la phrase) ou non verbaux (p. ex., regard significatif, moment de silence) [12]. Cette forme de passation, où la personne produit une réponse qui est complétée par la suite s'inspire des travaux de Blocher [13]. La passation est enregistrée sur bande audio et le verbatim est transcrit intégralement. Les réponses à chacun des énoncés sont par la suite analysées, selon la méthode de l'analyse fonctionnelle [14].

Une pré-expérimentation de l'instrument a été réalisée auprès de sept personnes qui avaient des limitations cognitives légères ou modérées. Les résultats ont permis de réaliser une première évaluation de la résilience auprès de ces personnes et de préciser certains aspects de son développement et sa consolidation. Ainsi, lors de la passation, les personnes ont mentionné l'aide apportée par l'entourage, par des mentors, tuteurs de résilience ou réseaux de soutien social, ce qui permet d'émettre l'hypothèse que dans cette population, le processus de résilience est similaire à celui de la population générale, où il se développe par les interactions avec les autres, des mentors, tuteurs de résilience ou réseaux de soutien social [5]. Les personnes ont aussi détaillé certaines formes de soutien, entre autres l'accès à des activités qui favorisent le développement de liens sociaux et la connaissance de ressources dans l'environnement. Elles ont également abordé les structures municipales ou communautaires qui facilitent l'accessibilité aux ressources, telles le service de Transport adapté (déplacements) ou les centres d'alphabétisation (information).

Les résultats de cette pré-expérimentation ont aussi permis d'améliorer la formulation de cinq énoncés qui avaient été compris par une partie seulement des personnes. Des ajustements ont été effectués, afin d'assurer une meilleure accessibilité de l'instrument aux personnes ayant des limitations cognitives.

Les résultats ont aussi permis d'identifier quelques constats : le premier est que dans sa forme actuelle, l'instrument est accessible aux personnes ayant des limitations cognitives légères. Des modifications à la structure de l'instrument (ajout de repères) ou aux normes de passation (utilisation de mises en contexte ou ajout de moyens facilitant la compréhension, tels des scénarios représentatifs) sont nécessaires afin qu'il puisse être accessible à des personnes ayant des limitations plus importantes. Toutefois, comme les personnes ayant des limitations cognitives ou des incapacités intellectuelles présentent dans une proportion d'au-delà de 85 % des limitations cognitives légères [15], il permet de mesurer la résilience de la majeure partie de cette population.

Le deuxième constat fait référence à la nature des questions comprises dans l'instrument, qui font en majeure partie référence aux émotions (acceptation de la vie, confiance en soi, détermination). Or les personnes ayant des limitations cognitives ne sont pas familières avec leur univers émotionnel. Plusieurs auteurs [16, 17, 18] soulignent « la négligence de l'intérêt envers la vie affective et les difficultés émotionnelles ressenties par les personnes ayant des limitations cognitives, quel que soit leur âge » [4, p. 290]. Il faut mentionner ici que les intervenants qui offrent de l'aide aux personnes ayant des limitations cognitives ont manifesté de l'étonnement, en prenant connaissance de l'instrument. Plusieurs ont mentionné que dans l'aide offerte à ces personnes, la capacité d'exécuter les différentes tâches liées à l'autonomie sociale ou résidentielle constituait l'essentiel des apprentissages ou du soutien offert. Comme le mentionnent Langevin et ses collaborateurs, l'aide est orientée

vers une autonomie d'exécution [19] et les aspects visant l'autonomie de décision ou le bien-être sont trop souvent négligés.

Les résultats de l'étude ont permis d'élaborer et d'expérimenter une première version d'un instrument de mesure de la résilience des personnes ayant des limitations cognitives ou des incapacités intellectuelles. Dans la période de raréfaction des services que connaissent actuellement les organismes qui offrent de l'aide à ces personnes, l'évaluation de la résilience des personnes peut contribuer à l'évaluation de la qualité des programmes et services qui leur sont offerts et permettre de cibler les plus efficients. Dans les autres milieux dans lesquels les personnes évoluent, qu'il s'agisse du milieu scolaire, d'un milieu de travail ou d'une ressource résidentielle, l'évaluation de la résilience peut être utile. Elle permet une mesure du bien-être de la personne et contribue à identifier des éléments qui l'aident à surmonter les difficultés qui se présentent en raison de sa condition ou du contexte. À l'instar de la population générale, le développement de la résilience des personnes ayant des limitations cognitives est un aspect important de leur évolution et doit être pris en considération, au même titre que le développement des capacités physiques ou intellectuelles.

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Risk and resilience: children's perspectives through drawings on parent's economical migration and ethnicity

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Abstract

Introduction: Economical migration together with ethnical belonging (e.g. Roma) impact severely over the child's education, health and various psychosocial traits. Examining children's drawing gives us important insights into how drawing fits into the overall physical, emotional and cognitive development of the young child. Drawings represent the child's experience of the world, because children are using their mind and emotions as they engage in the physical act of drawing.

Purpose: To understand and signal the importance of resilience in children undergoing social and cultural discrimination.

Material and methods: The study comprised 50 children aged 6-10 years that were divided into two equal groups. The first group (L) included children from the "We grow up together" Program of the Save the Children in Romania Organization and consisted of Roma children living within a large community in the absence of one or both parents. On the other hand, the second group (S) consisted of children living in a small community in the absence of only one parent. Behavioral, emotional and cognitive development was investigated by applying projective techniques (drawing techniques) like: Tree test, Draw-a-Person (DAP) test, Kinetic family drawing (KFD) test and SDQ questionnaires (The Strengths and Difficulties Questionnaires).

Results: Total SDQ retuned abnormal results in 68% of L and 36% of S ($p=0.025$), with a larger percentage of abnormalities in the subdivisions: hyperactivity ($p=0.001$) and prosocial ($p=0.006$). The KFD test revealed immaturity traits ($p=0.041$) and instrumental disorders ($p=0.029$) within L group. Whereas, the Tree test showed traits of: trauma ($p<0.0001$), fear ($p<0.0001$), impulsivity ($p<0.001$), lack of energy ($p<0.0001$), cautiousness ($p=0.03$), quarrel of opposing trends ($p=0.015$) and choleric temper ($p<0.0001$) within L group and traits of: narcissism ($p=0.027$), opportunism ($p=0.03$) and need for affection ($p=0.0069$) within S group.

Conclusions: Childhood is a time of exploration and trying new behaviors rather than trying to remove life's challenges, we need to support children to develop self-confidence, skills and abilities that make them resilient. Developing these skills will benefit children as they move into adolescence and adulthood.

Key words: Roma population, children, economical migration, community, resilience

Introduction

Children are meaning-makers *par excellence*. They use many signs to create meaning and represent reality within the means of drawing [1]. While there are many possible approaches to the study of cognitive, behavioral, social, contextual and organic factors, assessing a child's drawings can provide a window into their representational world of how they represent knowledge and encode events [2]. Resilience refers to patterns of positive adaptation in the context of significant risk or adversity. (Masten and Powell) When a person is called resilient, we are able to make distinctions and achieve a balanced viewpoint about a person matching

characteristic features of resilience. It is also important to keep in mind that identifying resilience is not assumed to describe people in totality, to define their lives at all times, or to be doing well every minute of the day, under all imaginable circumstances.[3]

Although the impetus for resilience research originally aimed "at risk populations", resilience-oriented programs may target those populations which are most in need of intervention, like children, that have the same needs for care, skills, self-esteem, autonomy, and other components of resilience [4].

One of the so called "at risk people" is the Roma population, that throughout time was portrayed as an idle, dirty, and criminal people [5]. It was often claimed that these nomads posed a threat to women and children of local societies or that they harbored disease and were responsible for its dispersion. It is suggested that psychology, behavior and moral character of Gypsies/Roma is determined by their biological inheritance [6]. Another stereotype is that of a romantic Gypsy figure, evolving with the rise of the Romantic Movement during the 19th century, where the Gypsy was portrayed as an exotic and picturesque figure that remained in harmony with nature, and stayed independent from the advancing industrial society [7]. Roma people have different language and distinctive cultural features and so they have acquired the status of a minority group. Nonetheless, they face problems like low socio-economical status, less education, a vanishing culture and the experience of not being fully accepted into society [8].

Moreover, facing diverse issues, resilience differs in the presence of protective factors. One of these factors might be considered a small community acting as a support group, compared to a large community in which support is difficult to achieve. Therefore, this study aims to understand and signal the importance of resilience in children undergoing social and cultural discrimination.

Material and methods

Within a population, the town is considered to be a community. In this respect, communities can be large, medium or small. Such is the case of two towns in Romania, Călan of Hunedoara County and Timişoara of Timiş County. Călan is a former industrial small town (about 11.000 inhabitants) [9], in which due to almost complete cessation of the industrial platform, unemployment rates exploded leaving its population in serious economic and social problems leading to a great rate of economical migration. On the other hand, Timişoara is a bigger town (about 300.000 inhabitants) [9] situated in the western part of Romania, close to the border, with smaller economical issues, however known to be a multiethnic town (e.g. Serbian, Bulgarian, Hungarian, German, Jewish, Roma, etc.).

In various types of communities, people tend to create a physically and emotionally safe environment for children. Such is one of the goals of the Save the Children in Romania Organization that has 16 branches all around the country. One of these branches is in Timişoara and it provides complex social and educational services for children and teenagers originating from disadvantaged communities (e.g. Roma). Among these programs are: "Second chance" (school integration/reintegration), "School after school" (offering educational support) and "We grow up together" (aims to reduce the negative impact related to parents' migration on home-alone children) [10]. On the other hand, in Călan, local schools organize various activities within the Children's club, involving the child's creativity and development.

Within this cross-sectional study are comprised 50 children, boys and girls, aged 6-10 years (Fig. 1, 2), and it was conducted in between November 2013 - February 2014 in Călan and Timişoara. The studied population was divided into two equal groups (N=25) based on the type of community they originate from. Group L (Large community) comprised children from the Program "We grow up together" Timişoara, of the Save the Children in Romania Organization and consisted of Roma children living within a large community that are cared for by a single parent or another family member (blood related or not – e.g. grandparent/s, aunt, uncle, stepmother/-father), with little or no communication with their biological parents. Whereas, group S (Small community) consisted of children living in a small community (Călan), cared for by a parent or a blood related family member (e.g. grandparent/s), but with a strong and healthy communication with their biological parents.

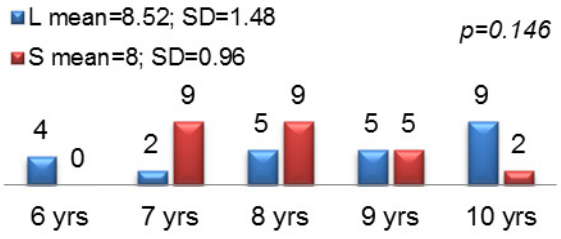

Figure 1. Age distribution within the studied population

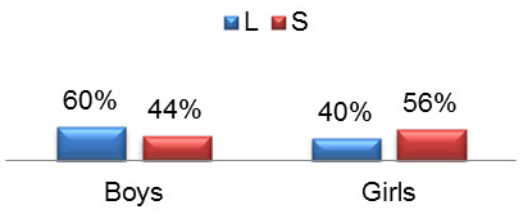

Figure 2. Sex distribution within the studied population

Behavioral, emotional and cognitive development was assessed by applying projective techniques (drawing techniques) as: Tree test, Draw-a-Person (DAP) test, Kinetic family drawing (KFD) test and SDQ questionnaires (The Strengths and Difficulties Questionnaires). The abovementioned techniques were applied under the supervision of a Child and Adolescent Psychiatrist and a Psychologist, who also gathered and interpreted the materials.

Based on these materials, data was collected and organized in a Microsoft Excel 2007 data base and analysis was performed using SPSS (Statistical Package for the Social Sciences) version 17.0 and EpiInfo 7. The groups were compared using unpaired t-tests or the $\chi 2$ test. $P<0.05$ was considered significant.

Concerning statistical analysis within this study, the DAP test interpretation used a series of terms defined in connection to scoring, as follows: Superior >111 pts, Normal = 86-110 pts, Dull = 76-85 pts, Mild cognitive disorder traits = 56-75 pts and Moderate cognitive disorder traits = 46-55 pts. Each child gathered a number of points on the basis of his/her drawing. These points were related to the standard coefficient by age, and the final score consisted of a percentage resulting from the proportion of standard pts for the age and the given pts.

Parents and caregivers signed an informed consent prior to applying the projective techniques. The study was approved by the Ethics and Research Committees of each institution included.

Results and discussions

A total of fifty children coming from different types of communities were assessed through projective techniques. Concerning their home environment, 16% of L and 60% of S were cared for by grandparents (χ^2=8.49; p=0.0036), 20% from L were cared for by another family member (blood related or not – e.g. aunt, uncle, stepmother/-father) (χ^2=3.56; p=0.059), while the others were cared for by one of the parents.

1.1 Strengths and Difficulties Questionnaires analysis

The informant-rated SDQ comprises 25 items, grouped in 5 scales (Emotional problems, Conduct problems, Hyperactivity, Peer problems and Prosocial behavior) [11]. These were used and interpreted both in the raw form of scores and classified as normal, borderline and abnormal. Worth mentioning is the fact that abnormal score of the total difficulties scores can be used to identify likely "cases" with mental health disorders [11].

Therefore, a total SDQ score was significantly higher in L sample compared to S sample (L mean=17.4, SD=5.22; S mean=13, SD=7.06; p=0.016), retuning abnormal results in 68% of L and 36% of S (p=0.025), with a larger percentage of abnormalities in the scales for: Hyperactivity (40% of L and 4% of S, p=0.001) and Prosocial behavior (40% of L, 4% of S, p=0.006) as shown in Table 1.

Table 1. SDQ scores

	SDQ Emotional Problems					SDQ Hyperactivity			
	L	S	χ^2	P		L	S	χ^2	P
Normal	84%	52%			Normal	44%	92%		
Borderline	0%	8%	6.454	***0.04****	Borderline	16%	4%	13.399	***0.001****
Abnormal	16%	40%			Abnormal	40%	4%		
	SDQ Conduct Problems					SDQ Peer Problems			
	L	S	χ^2	P		L	S	χ^2	P
Normal	40%	52%			Normal	68%	52%		
Borderline	16%	16%	0.865	0.649	Borderline	12%	12%	1.676	0.433
Abnormal	44%	32%			Abnormal	20%	36%		
	SDQ Prosocial Behavoiur					Total SDQ			
	L	S	χ^2	P		L	S	χ^2	P
Normal	52%	72%			Normal	16%	52%		
Borderline	8%	24%	10.17	***0.006****	Borderline	16%	12%	7.369	***0.025****
Abnormal	40%	4%			Abnormal	68%	36%		

1.2 Drawings

1.2.1 Draw-a-Person test

The DAP test revealed no significant difference between the two samples (L mean=20, SD=6.26; S mean=20.24, SD=4.26; p=0.88), with cognitive results as: Superior (L 0%; S 16%), Normal (L and S 56%), Dull (L 24%, S 12%), Mild cognitive disorder traits (L and S 12%) and moderate cognitive disorder traits (L 8%, S 4%).

1.2.2 Tree test

The Tree test interpretation was divided into general traits and traits of: adaptability, personality, environmental relations. The general traits were also divided into skills for resilience and concerns for resilience (Table 2).

Table 2. Tree test – general traits

Large community group		Small community group	
Skills for resilience	Concerns for resilience	Skills for resilience	Concerns for resilience
Vitality ***(χ^2=15.68; p<0.0001)***	Irritability ***(χ^2=16.64; p<0.0001)***	Gentleness ***(χ^2=23.16; p<0.0001)***	Shyness ***(χ^2=15.68; p<0.0001)***
Vivacity ***(χ^2=8.036; p=0.0046)***	Quarrel of opposing trends ***(χ^2=5.98; p<0.015)***	Scrupulosity ***(χ^2=24.08; p<0.0001)***	Lack of vivacity ***(χ^2=8.036; p<0.0046)***
Extroversion	Impulsivity	Socially active ***(χ^2=5.98; p=0.015)***	Fear
Will to adapt	Choleric temper ***(χ^2=24.08; p<0.0001)***	Enthusiasm	Infantilism
Need for physical contact	Anxiety	Fantasy	Irritability
	Aggressiveness	Active imagination	Low self esteem
	Signs of depression	Message for the father	Anxiety
	Inhibition	Need for affection ***(χ^2=7.29; p=0.0069)***	Aggressiveness
	Lack of energy		Signs of depression
	Anguish towards reality		Choleric temper
	Lack of affectivity		

Thus, adaptability traits as low intelligence were more frequent in the large community sample, whereas the need for affection, prudence and passivity were only signaled within the children from the small community. Personality traits more frequent in the L group comprised: adaptability, altruism, immaturity, impulsiveness, signs of psychological trauma (χ^2=16.09; p<0.0001), insecurity, fear (χ^2=15.53; p<0.0001) and introversion (χ^2=4.735; p=0.0296) compared to the S group where more frequent were traits of: criticism, narcissism, practical person, stiffness, shyness and vivacity.

Within traits of environmental relations more frequent in the large community group were: enthusiasm, impulsivity (χ^2=12.224, p<0.001), inhibition, lack of energy (χ^2=18.667, p<0.0001), insecurity, cautiousness (χ^2=4.735, p=0.03), gentleness, sociability, fear (χ^2=4.735, p=0.0296), introversion and the will to succeed. The children from the small community group showed: aggressiveness, extroversion, fantasy, fear of reality, independence, narcissism (χ^2=4.878, p=0.027), opportunism (χ^2=4.735, p=0.0296).

3.2.1 Kinetic family drawing test

The KFD test revealed a series of traits that were divided into skills for resilience and concerns for resilience (Table 3).

Large community group		Small community group	
Skills for resilience	Concerns for resilience	Skills for resilience	Concerns for resilience
Extroversion	Instrumental disorders ***(χ^2=4.734, p=0.029)***	Acceptance	Ambivalent attachment towards mother
Message for the father	Immaturity ***(χ^2=4.196, p=0.041)***	Self-centered	Low autonomy
Open and available to listen to adults	Low autonomy	Message for the father	Emotional disorders
Docile	Aggressiveness	Narcissism	Difficulty in expressing their own feelings
Desire to be noticed	Anxiety traits	Need for affection	Low energy
Expansion	Depression traits	Repressed aggression	Aggressiveness
	Not oriented towards society	Controlled behavior	Anxiety traits
	Sense of not belonging	Good self-esteem	Depression traits
	Low self-esteem		Shyness
	Inner conflict		

Discussions

In this study we found that a high percentage of Roma children are prone to develop behavioral disorders, with an emphasis on hyperactivity and prosocial behavior as opposed to other, nonRoma children but with a similar risk factor. Our hypothesis that ethnical minority children have a higher risk of developing mental health disorders, can be sustained by results obtained in a Norwegian longitudinal study comparing changes in mental health [12]. On the other hand, well known is the fact that hyperactivity is likely to hinder successful positive interaction with peers [13] and that children with hyperactivity are maladaptive. Thus, these children may be at a serious disadvantage with regard to their social [14] development.

Considering the family, children from both samples came from a somewhat "disorganized family". Thus, the children from the small community came from a family in which they were cared for by a parent and/or one/both grandparents, whereas children coming from a large community (the Roma children), were in the care of a nonparent member of the family (blood related or not – e.g. aunt, uncle, stepmother/-father). As Amato [15] found too, these facts influenced severely their emotional and social well-being. Moreover, Amato [15] also said that many single parents and caregivers are less emotionally supportive of the children, have fewer rules, dispense harsher discipline, are more inconsistent in dispensing discipline, provide less supervision, and engage in more conflict with their children. So, children growing up with single parents have an elevated risk of experiencing cognitive, social, and emotional problems. Keeping this in mind, within the analysis of the DAP test of this study there was a slight difference among the two groups. Notably is the fact that all the children that presented traits surpassing their biological age were from S group. Issue also highlighted by the fact that most Roma children live in deprived communities with poverty rates four times higher than the national average, together with the little value in children attending school rather than helping support the family financially [16].

However, the lack of statistical significance in this sense may be explained by the limitations of this study, namely the small samples analyzed and the short period of time in which the study was conducted, thus not having a prospective feature.

In our study al children underwent a more or less obvious psychological trauma, that of not being in a "well organized" family. In addition to this, children from L group presented two more risk factors, namely: the appurtenance to a world mal-seen ethnical minority (Roma) and the absence of an economical well-being. In this respect, the perception of these children upon nature (Tree test) and family (KFD test) revealed strong signs of psychological trauma together with fear, introversion, impulsivity, lack of energy, cautiousness, quarrel of opposing trends and choleric temper. Supporting these findings several authors found that psychological trauma in children increases the risk of mental health problems, including depression and anxiety, substance abuse, delinquency and crime and future perpetration of child maltreatment [17]. Moreover Herrenkhol [18] said that protective factors associated with resilience in maltreated children include characteristics of the individual child (e.g., intelligence, positive temperament, personal agency) and of the child's social environment. Similar features

were revealed within these children's drawings as well (e.g. adaptability, altruism, enthusiasm, gentleness, sociability, etc).

Overall the human being is to live within a community and this is, mainly, due to the presence of several resilience proximity protective factors. In this respect within the traditional community parents and grandparents are usually present. Thus throughout the child's psychological development the primary attachment figure may as well be one of the grandparents.

Through globalization several changes appeared in the general term "family". More and more families are single parent families, or children are left in the care of a nonrelated family member. Moreover, these changes are also well seen within minority ethnic groups, as Roma, where not long ago tradition requested that they should stay within family. Nowadays, even though this is still a request of tradition, most Roma people cannot carry-out their lives in tents and manifest their nomadic features, leaving most of their offsprings to evolve in an alien culture and environment. Furthermore, living within a large community, the child and his/her problems may become invisible. This is why resilience should be ensured by specific organizations and programs.

Conclusions

Childhood is a time of exploration and trying new behaviors rather than trying to remove life's challenges. In addition, we need to support children to develop self-confidence, skills and abilities that make them resilient. In this respect our study offers an insight regarding the need for programs and organizations that help avert ethnical discrimination and promote the developing of skills for resilience by teaching both parents and children how to cope with the given situation

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Community resilience and social inclusion of people living in rural areas. Development of a win win strategy

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Abstract

Recent European Social Fund (ESF) co-financed projects demonstrate that social economy offers innovatory alternatives to employment of the ones in need especially vulnerable people. Still, sustainable development of entrepreneurship initiatives or self-employment needs local support in terms of technical assistance provision, financial support, mutual acceptance, and nondiscrimination.

The research hypothesis of the paper is what makes poor community able to face various challenges. The paper overviews case studies of best practices in the field of social economy. The community resilience is analyzed as local focal point in supporting development strategy toward social inclusion through economic opportunities.

Keywords: community resilience, Roma minority, social

Social economy and vulnerability

The research of social economy emphasized its openness to match economic activities with social profit [1], [2], [3], [4], [5]. A growing number of people are working in social economy at European level [6]. Their values and principles are in line with Social Economy Charter adopted in France in 1980 (revised in 1995) and with the Charter of Principles of Social Economy (2002). It includes: solidarity, responsibility, freedom, equal opportunities for all members, mutual respect, democratic control by members, and reinvestment of obtained profit in the benefit of its members, democratic and voluntary participation, private character, independence and autonomy [1]. Probably the best known social economy principle is one voice one vote. Without reducing social economy to labour market insertion of vulnerable people, social economy continues to be promoted as one of the tools in fighting unemployment. A comparative research including nine European countries concluded that domestic public policies reflect social economy in connection with solving social problems [1].

Social exclusion from education, health, housing and labour market are main sources of social exclusion and vulnerability [7]. In terms of targeted public policies, the research shows that more than 60 groups were identified as vulnerable within Romanian public policies [8]. We are not going to list them in the paper but briefly refer to poor Roma people as one of the most significant vulnerable groups. Analyze of public policies in the field of education, housing, employment and health targeting Roma reflect an increased interest during Romanian's accession to European Union [9].

In terms of vulnerability and high exposure to discrimination, more than two-thirds of Roma from Central and Eastern Europe are living in Bulgaria, Czech Republic, Romania and Serbia. Almost 9% of Roma in Europe are living in Romania. Employability perspectives of Romanian Roma reflect a younger workforce poorly able to enter labour market mainly in low paid jobs, unskilled or low up to medium qualification [10]. Predictor factors of poverty risk in Romania include: number of children, residential regions, education level, occupations status and ethnicity (higher poverty rates in the case of Roma) [11]. European comparisons shows that Romanian Roma confronts discrimination in labour market either at work either looking for a job [12]. In terms of demographic structure, Roma minority in Romania is much younger than the rest of population. The active Roma population represents 60.3% with a distribution of men 60.55% and women 60.11% [13]. Still, Roma workforce is not fully valorized and investment in this direction is supported by its positive dynamics

[14]. Due to migration flows of Roma minority, domestic as well as European preoccupation on this subject could potentially positively impact in terms of reducing the pressure on the pension system caused also by increase life expectancy.

Case studies of Best practices

In direct connection with local environment the development of community resilience take into account the fact that "social resilience of vulnerable groups is, thus, a problem of the community as a whole, because, as part of it suffers, the entire community suffers" [15].

We refer to community resilience in terms of recent swift from „predict and prevent paradigm in the context of specific hazards, to building capacity communities" [16].

This section presents a selection of best practices in developing win win strategies in local communities. The dissemination of such day to day practical experiences would inspire other entrepreneurs. From the methodological point of view, the research is a secondary analysis on identified best practices in the field of social economy in Romania [17], [18], [19], [20], [21].

The selection of best practices was done in accordance with characteristics of community resilience: knowledgeable and healthy, organized, connected, has infrastructure and services, had economic opportunities, and can manage its natural assets [16].

1.1.1 Biocoop cooperative

Paradoxically, in a preponderant agriculture country as Romania, the market of ecological food is an emergent one supported by public concerned about responsible consume and environment protection.

Biocoop cooperative was established in 2006 as a supportive platform for peasants in Sibiu county willing to directly sell their products to buyers without going through secondary intermediates (hypermarkets, traditional markets and so on). As pre-history, the entrepreneurial initiative was based on trade exchange firstly between agriculture producers and secondly with Sibiu citizens concerned about their responsibility in assuring a decent life and healthy food for their families. Awareness about healthy food and promotion of locally produced aliments are one of the top priorities in setting up long term transparent and trustfully collaboration between producers of ecological food and ordinary consumers. In order to reduce the involved costs, once a week, food producers are selling their products in a small shop rented in the historical part of the city. Their direct contact with clients allows the provision of any need information. The producers are focus on keeping a high quality small business based on traditional methods than growing. As win win strategy, hundreds of family benefit from this agriculture cooperatives while the producers can provide a decent life to their families.

"The cooperative is the most democratic organisation form to work" declared the founder of Biocoop. The innovatory character is due to promotion mechanisms of small producers. Once they build a group of constant buyers, they give their space in the shop to a new arrival by moving their business directly to their farms. This social economy initiative is technically and financially supported by international and national partners [17].

1.1.2 Pater Paulus ferm, Bacova village

With the support of Caritas Timisoara, the farm functioning in Bacova village was launched in 2000. Workers at the farm are homeless from Timisoara willing to change their life. The farm includes agriculture activities, a craft workshop, and gardening activities. The craft workshop provide furniture for Caritas nigh shelters for homeless living in Timisoara. "I can think again to my future here, I have a job, a monthly income and a safe home, maybe I can still change something in my life" declared one of the homeless employed there. The farm is financially supported by Caritas and other international partners [17]. In 2011 the farms has won a grant the Ministry of Labour through an ESF project to diversify its activity.

1.1.3 Hercules Association

Hercules is an association involved in education of children from poor families with parents as long term beneficiaries of minimum income guarantee or working abroad. The lack of employment opportunities, low incomes, high unemployment, and undeveloped infrastructure has an impact on neglecting children. In the case of left home children while with parents are working abroad the risk of dropout school is high. The Association provide social economy services through a social enterprise focus on organising events (marriages, parties). The obtained small profit is reinvested in two meals per day for each of 55 children, and after school activities [17], [18]. The Association was supported by national and international partners including public administration. Hercules Association was selected among the winners of NESsT social enterprise competition. The provided technical assistance supported the development of future activities.

1.1.4 Mutual organisation for employed people in education Fălticeni

This mutual organisation was established in 1926 with the purpose of financial mutual support of teachers confronting difficult situations. During the time, the mutual opened to all the ones interested. It provides financial services adapted to various current needs. Efficient and continuous activity of this social economy entity is recognised at national level. During the last years it was constantly included in top 5 mutual organisations for employed people associated within National Association of Mutual Organisations for Employees [17].

1.1.5 Sweat health

Social insertion enterprise Valea Barcaului was established in 2011 thanks to a grant from the Ministry of Labour provided through an ESF project. This entrepreneurship initiative is based on the partnership between Agapis Foundation and Valcau de Jos city hall. Beekeepers and fruit growers have the possibility to valorise their natural products through the social insertion enterprise. Small dimension traditional family businesses are supported in producing at high quality standards. The profit is reinvested in promoting access to education of children confronting school dropout risks due to financial problems, in promoting rural tourism, and a decent income for local producers [19].

1.1.6 Braiding workshop Tamajda

The workshop was set up as a successful partnership between Ruhama NGO and Avram Iancu city hall from, a poor village relatively isolated by big cities with a large Roma community. The social enterprise was opened with the financial support of a grant won in 2011 from the Ministry of Labour through a ESF project. The possibility to conduct an economic activity using local resources is an alternative answer to low employment opportunities [18]. Tamajda social enterprise was nominated among 2013 winners of NEST social enterprise competition.

Conclusions

From the methodological point of view, the paper was based on comparative analysis between Romanian social economy entities assessed as best practices in promoting social inclusion through employment of vulnerable groups. Their selection was based on potential to encourage economic opportunities as one of the characteristics of community resilience.

Empowerment of local stakeholders especially public administration, use of local resources, and long term investment in supporting local entrepreneurs are key elements which could support the development of a win win strategy in the case of rural community concerned about social inclusion of poor people.

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The role of the elite Roma population in their community development.

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Abstract

This paper is based on an exploratory research focuses on Roma elite population (intellectuals, community leaders, and businessmen) which I coordinated in late 2012 within the Research Institute for the Quality of Life of the Romanian Academy. It attempts to depict a positive image of an increasing segment of the Roma population, with promising implications for social change within their community. This research aimed to shift perceptions by choosing not to focus on the poor and marginalised segments of the Roma population whose development is seriously hampered by strong societal barriers, instead, it focused on the social segment that overcame difficulties and was able to take advantage of new opportunities. This socially successful segment of the Roma population represents the potential future of a presently marginalised group; it paints a new picture of the Roma population and it endorses new life styles through the social success narratives of a narrow, but expanding, group. In our survey, we selected ten geographical areas representative for the variety and complexity of success scenarios of the Roma population in Romania. However, the sample does not have the representativeness across the country, because the successful segment of the Roma population is sometimes difficult to identify; it is not very visible within Roma communities.

The objective of the paper is to bring a positive image of an increasing segment of the Roma population, with promising implications for social change within their community.

Key words: Roma elite, educational policies, positive discrimination, success factors, work culture, labour market integration

Political context of transition and the explosion of opportunities for minorities

The 1989 of December Revolution produced a radical change in the situation of the Roma. They were formally acknowledged as a distinct ethnic group. Initiatives of support to help them break away from the state of marginalisation emerged. Roma organisations were established, which were promoting their interests. An important support was granted for the assertion of the Roma culture. During this period, the Romany language became written language; own cultural manifestations appeared and the Romany history was taught in schools. Politically, particularly special attention was paid to the struggle against the various forms of discrimination of the Roma. The political status of the Roma improved substantially. But the economic crisis, starting with ’80, revived, however, the adoption of strategies of survival at the margin of the society, often contained to homogenous, poor and often closed communities. Political winners, the Roma were the great economic losers of the transition [1].

This contradictory process strengthened the social image of the Roma as a community situated at the margin of the society showing no sign of integration within a modern society. The economic isolation strengthened. The collective image of a poor and marginal population consolidated, with negative effects for the life of the Roma. This situation is reflected in time in many sociological studies [1], [2], [3], [4], [5].

The number of sociological studies that focused on the situation of the Roma increased dramatically after 1989. The image resulting from these studies depicted the Roma as placed outside the dominant community, with a precarious economic situation, using survival means that opened large socio-economic-cultural gaps between the Roma and the majority of the population.

The Roma who left their 'Gypsiness' behind, who tried to integrate with the general flow of modernisation, tended to disperse within the Romanian community at large with a rather hesitating attitude towards self-identification. This explains why many samples of those sociological surveys represent strongly the traditional poor segment and very unsystematically the segment of the Roma people engaged in a process of change and social integration. Beyond their important role of diagnosis of the real problems confronting the Roma, the sociological surveys had a secondary, perverse effect: the consolidation of a rather negative image of

the Roma. Thus, individually, the typical Roma tends to be the Roma with no education, with no paid job, living on modest, marginal resources, at the limit of legality, is a member of poor communities, socially and ethnically homogenous [6]. A population that cannot fit within a general flow of modernisation becomes the hopeless prisoner of a negative history. Therefore, the poor segment is highly socially visible and easily identifiable by the researcher.

In the same time, there were several factors that stimulated and supported the fast development of this upper social segment:

- The explosion of opportunities for school participation and professional training
- National and international policies of support for ethnic minorities, and Roma in particular
- Supportive family environment ensuring a competitive advantage for individual success
- Increased capacity of the Roma population to cope within the new social and economic context and to provide a stimulating environment for the new generation.

The opportunities to develop small businesses were also significant for the improvement of the self-esteem and of the social status of the Roma. In addition to these, the Roma took advantage of the freedom of movement within the European Union; this, however, had some undesired effects on their image abroad. The opportunities for economic initiatives were rapidly overshadowed by the economic recession and massive job cuts that affected especially the Roma; as I mentioned in the recent past time [7], [8], [9]. Many people, including Roma, lost their jobs and very few managed to get a new job within the formal economy. Thus, many of the future aging Roma will be deprived of a pension.

Despite these obstacles, an important opportunity for the future of the young generation remains the access to education. It became much easier and much more encouraging for the Roma to stay in school after the introduction of several measures that stimulated enrolment in school and higher education. During the early 1990s, as our studies showed, the Roma population was highly socially and economically homogenous in poverty and marginalisation, with a low level of formal education and professional integration in the formal economy [1], [2], [7], [10].

The school attainment was very low in 1992. Thus, the ability to use new educational opportunities provided by the Revolution was very low, as well as the occupational integration within the modern economic system. For instance, in 1992, of the total sample of 5,968 active Roma people, 16.1% had modern professions, 3.9% traditional professions and 79.4% had no profession at all [1].

The novelty of this survey is its distinct sociological perspective that focused on the elite segment of the Roma population, characterised by social, economic, and professional success, rather than on the poor, vulnerable groups, at risk for severe poverty. We are thus trying to overcome the bleak image of an increasingly poor population. Hence, the originality of the study resides in its emphasis on the positive aspects of the Roma, which has the potential to motivate changes within the community. The systematic omission of the upper, elite segment of the Roma from the sociological survey, in favour of the poor segment, decreased the odds of success of many ordinary Roma people. Their initiatives to stand up and do something to change their lives are often blocked by a feeling of despair and "learned helplessness"/disabilities. Their efforts to overcome their "Gypsiness" seem hopeless [1]. The Roma elite group is not always visible within the community, despite the fact that its influence in real life communities cannot be ignored. Because it is not an explicit and visible part of the sociological surveys, it cannot be perceived publicly and properly by the majority population. Nevertheless, the successful Roma, as an integral part of their communities, help depict a comprehensive picture of the modernising Roma ethnicity. To further complicate the issue, successful Roma are often perceived as being assimilated by the majority group. During the transition period, a group of the Roma population ascended the social ladder very rapidly. This group is small, but is nevertheless significant for the Roma community and it consists of intellectuals, business people, and social, political, and religious leaders.

After the Revolution, The University of Bucharest had the positive discrimination initiative to introduce a number of special places for Roma students. In the beginning these places were for Social Work students only, but other departments adopted this measure as well [4], [9], [11].

We may thus conclude that the 1989 Revolution provided ample but uneven opportunities: on the one hand, it created important advantages for a small part of the Roma population, but, on the other hand, it intensified the process of social exclusion for an important segment of it. Although the Revolution opened possibilities for cultural, political, economic and intellectual integration for the Roma (improved access to education through positive discrimination, etc.), not all the Roma were entirely ready to embrace them. Some of the Roma remained passive and demoralised and continued to have very poor educational attainment. However, the most active of Roma were able to capitalise on their traditional aptitude for entrepreneurship. It is worth noting that in our sample of successful Roma businessmen, only 25% of participants had graduated from higher education and 37.5% had an elementary or middle school education.

The Roma elite and the Romany culture

Historically, both the Roma community and the Roma culture were received by the majority population with a rather negative connotation. Romany culture didn't receive a formal status or political support. The fact that it was oral and didn't have any correspondent in a written culture allowed it to crystallize only to the extent that it could be expressed and transmitted orally. Under these circumstances, it unavoidably suffered of chronic underdevelopment.

The ethnic self-identification of the Roma has some particularities. For most of the Roma, their ethnic affiliation was socially visible. Most often this was due to the marginal-poor social situation and to their traditional life style. On the other hand, the negative branding of the Roma by the majority population often pushed many Roma to avoid self-identifying with their ethnic group. The 1992 census register a much lower number of Roma nationals than they actually are. The 1992 census reported about 440,000 Roma people. Our studies estimated a larger number, around one million. The Roma NGOs and the Roma leaders produced much higher figures (about 2.5 million) due to obvious reasons of asserting their identity and because they need financial support [1], [2].

The Roma dispersed within the bulk of the community experiment harder the double identity: ethnic and citizenship. Many were expected to consider themselves Romanian citizens first, and only secondarily, Roma people. This is more so as the ethnic identity is not included in the official documents, just the citizenship. Part of the Roma intellectuals, active in the process of assertion/support of the Roma, were obviously motivated to state their ethnic affiliation.

The increasing number of self-identified Roma, by about 200,000 from 1992 to 2012, is difficult to explain. One may consider that the Roma were motivated to state openly their affiliation to the group due to the growth of the birth rate (not so high, however), or in response to the improved social image of the Roma following the process of social inclusion. However, they may also be another factor, the larger homogenous groups of Roma people where the ethnic self-identification is more likely.

It is a widely shared point of view that the establishment of houses of culture, clubs or cultural centres is desirable and that they would make an important contribution to the development of the Romany culture and of the self-awareness of the Roma people. The intellectuals are slightly reserved, but two thirds of them support this idea.

The arguments are very interesting. They too aroused passion bringing forth a lot of ideas and comments. Of the total 432 subject, only 325 came up with reflections and proposals.

Following is a selection of proposals and of cultural policy fears that might manifest during the functioning of the cultural institutions. The fear relates to the risks of ethnic cultural conflicts that may appear due to the improper management of the dialogue or due to the intersection/communication of cultures. The political options for the development of cultural life strategies of the Roma must come from the group of successful Roma, thus helping the decision-making factors by:

- Establishing a space of communication and information/organisation of events by special private, NGO or public cultural institutions.
- Preserving and promoting the Roma culture and traditions.

Roma elite and Roma cultural institutions

The Roma consider that they urgently need an institutional space which to accomplish a package of vital functions**.**

Actually, these institutions must be conceived as a space for mutual acknowledgement, for improving the social image of the Roma, as supported by the evaluations.

This group of questions about the Roma culture stirred up passions expressed in the wealth of ideas. The general feeling is that more has to be done for the development of the culture and for its dissemination within the Roma community and within the communities of the majority population.

The study of the successful Roma group started from the premises, supported by the psycho-sociological theories, emphasizing the intrinsic, motivating role of the individual success. As the Romanian psycho-sociologists Mihai Ralea and Traian Herseni were stating in their book "Sociology of success: nothing maintains the success better than success itself" [12].It is known that the intrinsic motivation of the actions supports performance in the best possible way, accompanied by socially acknowledged achievements/successes confirmed and accepted as significant for the community.

Conclusion

The major objective of the research was to make an analysis, as clear and as close as possible to the big complexity of the socio-economic and cultural diversity/ of the Roma community. Our purpose was to raise the awareness and to help the community and institutional factors to imagine strategies for the development of conservative, traditional patterns of the Roma culture within the context of the global transformations affecting presently the modern civilisation. The presence of services of information and knowledge of the cultural diversity and of the result of the culture intersections helps forming a tolerant, flexible attitude of accepting the diversity of the cultural patterns of life, requirement of the process of globalization. Furthermore, it contributes to removing the prejudices underlying the intolerance to other cultures (ethnocentrism) and the cultural discriminations of all kind that may bring serious prejudices to the community security, harmony and balance.

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Self-concepts and resilience by Roma youngsters living in poor communities

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Abstract

This paper is based on interviewing 20 Roma adolescents, from residential homes and from poor Roma communities. We are looking at how their self-concepts and future orientation are marked by their disadvantageous environments, as well as the resources they have to maintain themselves hopeful. In this context we try to draw the line between ecologic normality, seen as turn-away of youngsters from mainstream education and career aspirations, and resilient behaviour, seen as maintenance of positive illusions and continuous struggle towards educational and vocational attainment and social integration. Applying the concept of positive illusion [1], we examine their capacity to maintain positive mental health and self enhancement capacity expressed in positive illusions about themselves, about maintaining control and future orientation [2].

Keywords: resilience, Roma youth, transition to adulthood, aspirations

Introduction

Definitions of resilience vary according to their theoretical roots, but it is most often viewed as a strength based concept, a process that refers to exposure to adversity and adaptation resulting in positive outcomes [3]; [4].

The transition to adulthood is a period when adolescents face a number of risks, but in this paper we argue that Romanian Roma adolescents face even more adversity, which can translate into difficulties in making a successful transition to adulthood. This is based on several studies that point at the multiple disadvantages experienced by the Roma minority ethnics, ranging from poverty, inadequate housing, low enrolment in education and employment and lack of political participation [5]; [6]; [7].

Theoretical reflections on risk, protective factors and resilience

The ecological-interactional-developmental (EID) approach is a useful perspective for integrating the resilience approach into research. The EID draws particularly on the bio-ecological model of human development [8], which is a theoretical system evaluating human development as the phenomenon of continuity and change in the biopsychological characteristics of individuals and groups [9].

Adverse experiences of poverty and social threat can have long-lasting and pervasive impact on many but not all children's development and sense of well-being. Resilience in cases of adversity is mostly understood as a dynamic developmental process that results in positive adaptation despite such experiences or trauma [10]; [11].

According to the positive illusions theory [12], inflated self-views function as a psychological resource and resilient coping strategies to buffer the negative emotional impact of events that are threatening children's development. This view opposes reality-based theories holding that whatever the direction of the distorted self-views (inflated and deflated), they have detrimental consequences, and only realistic self-views are emotionally healthy [10].

Methods

This study was conducted in Cluj-Napoca, the second largest city in Romania, with a population of 324.576, out of which 1% Roma minority ethnics [13]. The sampling procedure was non-probabilistic, following the diversity principle. We interviewed 20 Roma adolescents coming from different socioeconomic backgrounds in terms of education, housing, family history and employment status: Roma high school students who either live in Cluj-Napoca or commute to Cluj-Napoca for school from localities nearby (17-18 years old, 5 females and 3

males); Roma adolescents who live in the biggest segregated area in Cluj-Napoca (16-21 years old, 4 females and 6 males, living and collecting garbage at the landfill); and Roma adolescents living in residential homes in Cluj-Napoca (20 years old male student, 18 years old female high school student).

Three researchers were involved in conducting the interviews, and all made use of an interview guide. Adolescents and parents/guardians were asked for their consent to participate in the study and to record the interviews and were informed about the ethical aspects of the research. After the interviews were transcribed, we employed deductive analysis in relation to the main themes of our research.

Results

1.1 Perception of Adulthood

As the majority of other adolescents, our participants state that becoming an adult means to be able to start a family, to find employment and provide for their family. In addition, our interviewees also mention that one should also become independent, wiser, more responsible and overall an honest person. Adolescents living in residential care and those living at the landfill particularly stressed the importance of having their own house, even if this means working very hard in any type of employment.

When asked where they see themselves in the transition process to adulthood, adolescents refer once again to what should one achieve in order to become an adult and stress that there are still things they need to accomplish.

"I don`t consider myself an adult yet (...) And you know why? Because I don`t have children yet, I don`t have a wife, and I don`t think about these things yet (...). Maybe when I`m older, 20 or more, but not until then. No, because I don`t need things to worry about, like providing food for my children and my wife (...)." (Male, 18 years old, high school student, living and working at the landfill)

1.2 Future Orientation, Education and Context-Based Aspirations

Adolescents` narrations about aspirations include aspects referring to obstacles and resources in their environment which have shaped their understanding of what might be achievable for them. In terms of aspirations, our interviewees` answers vary significantly. High school students mostly described graduating from high school and getting a graduation diploma as their short term plan, followed by continuing their studies and finding employment in their field of interest. For the adolescents living in residential care, prolonging education is of particular interest since this entitles them to stay in care shelters until they finish their studies. Being aware of this aspect, adolescents describe their struggle to become independent by getting a diploma and subsequently finding employment. Interviewees living at the landfill, out of which the majority have abandoned school, describe their future plans as related to their dream to leave the landfill and start a new life which includes having a formal job, avoiding the health dangers of the landfill and providing the wherewithal for their families.

"There are a lot of plans… To start with, I would like to graduate and get my graduation diploma, and then I would like to continue my studies, maybe in the field of nursing or physiotherapy (...). Basically to find employment, be accomplished, find your place, and not to depend on anyone and the rest will follow: friends, marriage, and children." (Female, 18 years old, high school student)

As emerges from the ecologic theory, the optimism or pessimism, the activism or passivity of the Roma adolescents from poor communities depend on the characteristics of their communities, families and the support they get from social services or support persons.

1.3 Self-Reliance

According to the theory of positive illusions, Roma adolescents identify a number of personal characteristics which they consider as resources for them reaching their goals. Perseverance, hard-work and patience to build things one by one are some of the personal qualities adolescents identify in themselves. Once again, answers are different among our interviewees, ranging from their capacity to get a high school graduation diploma to their work experience in the informal sector, which prepared them for different jobs and should help them in finding employment.

"Now it is up to me to succeed with my dreams, my family has done a lot so far…and about becoming a policeman, I have some qualities, I am disciplined and ambitious… but I know I need to trust myself a little bit more (...)." (Male, 18 years old, high school student).

1.4 Family Influence and Education

We investigated this aspect only with adolescents who are in their family`s care. The influence of family members in shaping adolescents` self-concepts and future plans emerged in all interviews, but this aspect

was heavily linked to issues of poverty and disadvantage. Adolescents living at the landfill particularly refer to their family as influencing their decision to abandon school, but mostly explain this as the need to help their family survive or parents` low education level. Some of them stress that even now, when they are out of school, their family members encourage them to go back, but given the context, they are aware that this is only a dream. For the adolescents who are still in school, family`s support is perceived as one of their main resources for the future. However, in these cases, adolescents do not describe their families as being as impoverished as adolescents at the landfill do.

"I abandoned school when I became pregnant and I was too ashamed (...) to continue going to school (...). My grandparents were very upset [because I abandoned school], they didn`t approve…We fought and then time passed, I didn`t listen to them and this wasn`t good for me (...). I loved school very much, I really loved going to school." (Female, 17 years old, living and working at the landfill)

"My parents would really do whatever it takes to see us fulfil our goals, and help us become someone (...) to see me accomplished, so that I am satisfied and they are satisfied too. They work in commerce; they work very hard for us (...).I would like to go to university, this would be my main goal, but it depends on my parents, if they can help me with the money. " (Roma male, 18 years old, high school student)

Taking into consideration the influential role of parents for the interviewed adolescents, in the case of adolescents living in residential care, we consider the focus should be on the role of non-parental adults in their environment.

1.5 Friends, Neighbourhood and Organisations

A common aspect throughout the interviews is adolescents` perception of religious organisations as resources for them. Others mention their friends either as sources of support in difficult situations but also as risk factors for them in the decisions they have already made (such as the decision to abandon school). Nonetheless, community organisations or other NGOs are also perceived as protective factors, in some cases even preventing them from turning away from their desired educational and career path. Besides the school setting, none of the adolescents mention any other institutional support.

"I have a neighbour, he graduated the police academy (...), and he is very satisfied with his work. Indeed, he spent a lot of time studying, but he is not sorry. He earns good money, people show him respect, and so he reached his goal." (Male, 18 years old, high school student)

"I use to go to church, the Baptist Church (...) yes, there are many young people like myself in this church (...). We hang out together sometimes after rehearsals [Sunday choir rehearsals]. (...) We plan to start a study theme about life...particularly about married life. A lot of us are now in this stage, at the point of getting married (...)." (Male, 20 years old, post graduate student, living in residential care)

Conclusions

According to adolescents` narratives, the main influences in shaping their aspirations are parents, friends, school personnel and members of non-governmental organisations. Role models from their environment turn to be of particular significance for adolescents while describing their transition to employment, especially if they can relate to success stories of their similar like. Despite the positive influence that some non-parental adults have on adolescents' envisaging their future path, some other are seen by adolescents as perpetuating discrimination.

The situation of adolescents living at the landfill needs particular attention since it illustrates a high risk phenomenon which is not singular in Romania. It describes among others the case of (and in the same time the results of) residential segregation, early school abandonment, perpetuation of informal labour and extreme poverty. How should one discuss resilience in respect with these young people? They identify numerous obstacles, and they admit that they hardly see themselves going back to school, but they hope that once they will get the chance to leave the landfill, more opportunities will be available for them, such as formal employment or a house of their own. Applying the theory of positive illusions, helping landfill young people has to envisage their emotional needs, and encourage their aspirations, whatever these might be.

Based on our findings, we share our interviewees` concerns about the difficulties they face or they are about to face in their transition to adulthood. We argue that the specificities of each category we approached in our research should be a priority for practitioners and policy makers when designing interventions and policies for these target groups. Programs aimed at building resilience for these adolescents should by no means overlook adolescents` understanding on what can help their transition to adulthood become more successful.

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Best practices in the resilience process of the human trafficking victims

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Abstract

Exploitation is seen as an increasing issue across Europe as well as in the world. Unfortunately, the victims are some of the most vulnerable of our society and particularly susceptible for re-victimization. The traumas suffered by these victims are usually very severe due to the fact that human trafficking is a complex crime and the victims have been intensely exploited throughout several months and sometimes even years. Achieving the state in which these victims manage to cope with the stress and adversities they were forced to face is a very complex and long-lasting process. The solution is for all the agencies to work together to tackle the situation in a holistic manner. One UK Non Government Organisation has taken this a stage further and as well as providing support to victims has started to establish investigation hubs across the UK to act as a bridge between the victims and the police. The presentation will outline this new dynamic approach and how it could be applied as a new measure to improve the current approaches and achieve an efficient "healing" of the victims.

Keywords: Resilience, Victims, Traumas, Vulnerability, Human Trafficking.

Background

1.1 The Problem

1.1.1 Trafficking is a hidden crime.

Many victims are never identified. This issue is a combination of the covert nature of criminal activity and a lack of awareness on the part of too many staff, whose job is to interface with vulnerable people, caused by a lack of training. In 2013 the UK National Referral Mechanism (NRM) received 1746 referrals of potential victims of trafficking. This represents a 47% increase on 2012 referral totals. The 1746 referrals were comprised of 1122 females (64%) and 624 males (36%) with 1295 (74%) referred for adult exploitation categories, 450 (26%) being referred for minor (child) exploitation types and 1 (<1%) of unidentified age at time of exploitation. [1]

1.1.2 Traffickers often operate across several borders, national and organisational

The victims found in the UK in 2013 were reported to be from 112 countries of origin. This represents a 18% increase on 2012 country of origin totals. This makes them difficult to detect and means investigations can be highly complex and multi-jurisdictional. Without a coordinated approach to fighting trafficking in which everyone is clear of their own part to play and of whom else they should be communicating with, the traffickers will maintain their upper hand. This is why it remains crucial that frontline staff, like police personnel and social workers, share their suspicions and information with the UK Human Trafficking Centre, local police and with other related parties. If a victim arrives in the port of Dover and is trafficked via London where he is passed from one trafficker (the transporter) to another trafficker (the recipient) and ends up in Bradford, the investigating officer needs to share his intelligence with the UK Human Trafficking Centre, the police constabulary in West Yorkshire, Kent and SCO9 in the Metropolitan Police. There also may be additional agencies who need to know this information e.g. Gangmasters Licensing Authority (if the victim has been working in the food or food related industry), Her Majesty's Revenue Collection (in the event of child benefit fraud), Benefit Fraud department of Department of Work and Pensions (in the event of other types of benefit fraud).

1.1.3 Some victims are too fearful or too traumatised

Victims don't come forward and identify themselves as trafficked or give evidence because of their experience. In some cases encountered by Hope for Justice, victims actually encountered police officers directly but were too afraid to disclose their situation and passed up the opportunity to exit it because of the violence and threats made against them.

1.1.4 Victims are prosecuted

Victims that have come forward, or been intercepted by the police, have been prosecuted themselves for offences committed whilst trafficked as a result of desperation or duress. In contravention of the Convention on Human Trafficking and of Crown Prosecution Service Guidance it was found, between 1 April 2009 – 28 February 2010, that a staggering 40% of victims who received a positive Reasonable Grounds Decision (indicating that they were likely trafficked) were in prison at the time of referral.[2] A further 29.7% were being held in immigration detention centres at the time of their referral to the Government's National Referral Mechanism which exists to identify trafficking victims. Here in the UK, we may well be convicting or deporting more victims of human trafficking than perpetrators.

1.1.5 The traditional approach has not worked

The traditional approach has not worked. A new approach has been needed to bridge the gap between victims and the police, who through no fault of their own have focused on other pressing priorities.

Hope for Justice New Approach

1.1 A British NGO

1.1.1 Hope for Justice

Hope for Justice is an anti-human trafficking organisation working to uncover and abolish the hidden crime of modern-day slavery. Their unique vision is to assist the police practically through intelligence gathering and rescue within the UK. Human trafficking is not someone else's problem, it's happening in our communities, in our neighbourhoods, in our country. In 2004, in his fight against this "modern day slavery", Ben Cooley, a concerned individual, booked the Birmingham National Exhibition Centre to raise awareness. At least 6,000 people atended and Hope for Justice was born. Hope for Justice was created to be the practical solution to human trafficking with four areas of operation:

1.1.2 Area 1 - Investigating and bringing about the rescue of victims from the abuse of human trafficking

The Hope for Justice Investigations Team responds to intelligence received from frontline agencies and community groups they've trained to recognise the indicators of trafficking. This work enables them to debrief victims, identify them as trafficked, inform them of the National Referral Mechanism (system for identifying victims and providing appropriate support), rescue victims from situations of exploitation and transfer them to aftercare providers. Intelligence is submitted to the police and can form part of the picture where a larger organised crime culture exists. With so many victims arriving from countries with disreputable policing, and so many others wilfully instilled with a terror of UK police, the need for a third party is distinct and urgent. Hope for Justice builds bridges of trust between police and victim, and act as a conduit for intelligence that would otherwise simply never see the light of day.

The public are encouraged to report human trafficking directly to Hope for Justice. "If you suspect a case of human trafficking and/or think you may have identified a victim, then contact Hope for Justice on: **0845 519 7402 or operations@hopeforjustice.org.uk.**" This could result in more reports in cases where the public do not want to contact the police directly.

Hope for Justice have developed a number of Regional Investigation Hubs around the country. The first Hub was in West Yorkshire and the second Hub is in West Midlands. The Investigation Hubs are staffed with experienced investigators who are familiar with police procedures. They are often retired senior police officers with a great deal of experience. Each Investigation Hub is named after a victim that has been rescued i.e. Emma's Hub, Zoe's Hub. They have developed intelligence sharing agreements with the local police force and are often involved with operational raids to rescue victims. They take on cases that clients don't want to report to the police. This helps to provide a bridge between victims and the police and overcomes a barrier.

In only 15.6% of cases from 2011-2012, did the victim feel confident and safe enough to cooperate with police investigations on the day they exited exploitation (Hope for Justice, 2012). However, after a few weeks in aftercare, the number of victims requesting Hope for Justice to advocate for a police investigation and prosecution of their oppressors rises to 78%. This shows that NGOs can bridge the gap between victims and the police and increase reporting.

Hope for Justice celebrate every victim that is rescued in a unique way that creates a powerful internal culture that keeps all staff motivated on the vision to eradicate human trafficking in our lifetime.

1.1.3 Area 2 - Assisting in the protection and rehabilitation of victims

Aftercare in the UK is overseen by the Salvation Army, who hold the Government tender at a cost of £3m, and they subcontract to a number of organisations who provide safe houses and accompanying services. Hope for Justice Aftercare Coordinator makes it their business to know about the standards of care offered at each facility. Follow-up phone calls and visits are also made to those Hope for Justice rescues and the team track each individual's progress. After 1-2 weeks in safe accommodation 78% of the victims Hope for Justice have assisted request that Hope for Justice advocate on their behalf for police investigation and prosecution. They work closely with the national Human Trafficking Centre. "The UK Human Trafficking Centre (UKHTC) is a multi-agency organisation led by the National Crime Agency. Its role is to provide a central point of expertise and coordination in relation to the UK's response to the trafficking of human beings. The Centre seeks to facilitate a coordinated, cooperative and collaborative way of working within the UK and internationally. Its work to combat human trafficking and provide victim-centric support covers three key inter-linked areas:

- Prevention
- Protection
- Prosecution

This work involves a wide group of stakeholders and partners, who together deliver a diverse set of programmes designed to prevent and reduce the harms caused by human trafficking. The UKHTC's partners include police forces, the UK Border Agency, HM Revenue & Customs, the Crown Prosecution Service, the Gangmasters Licensing Authority, non-Governmental organisations (NGOs) and many charitable and voluntary expert groups."

The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support. The NRM is also the mechanism through which the UKHTC collects data about victims. This information contributes to building a clearer picture about the scope of human trafficking in the UK.

The NRM was introduced in 2009 to meet the UK's obligations under the Council of European Convention on Action against Trafficking in Human Beings. At the core of every country's NRM is the process of locating and identifying 'potential victims of trafficking'.

To be referred to the NRM, potential victims of trafficking must first be referred to one of the UK's two competent authorities. In the UK the two Competent Authorities are:

- The UK Human Trafficking Centre, which deals with referrals from the police, local authorities, and NGOs.
- The UK Border Agency, which deals with referrals identified as part of the immigration process, for example where trafficking may be an issue as part of an asylum claim.

Once a referral has been made, trained experts in the Competent Authority will assess the case and make a decision on whether an individual is a victim of trafficking.

This initial referral will generally be handled by an authorised agency such as a police force, the UK Border Agency, social services or certain NGOs. The referring authority is known as the 'first responder'. First responder agencies include: National Crime Agency / UK Human Trafficking Centre, Local Authorities, UK Border Agency, POPPY Project, TARA Project (Scotland), Migrant Helpline, Kalayaan, Medaille Trust, Salvation Army, Gangmasters Licensing Authority, UK police forces, National Society Protection of Cruelty to Children/CTAIL, Local Authority Children's Services, Barnardo's, Northern Ireland DHSS, Northern Ireland Public Safety, Unseen.

1.1.4 Area 3 - Ensuring perpetrators are held responsible for their crimes via prosecution

According to the Crown Prosecution Service, between April and December 2011 the British Government prosecuted 87 offenses of trafficking for sexual exploitation. There were 29 offenses of labour trafficking or other forms of exploitation, prosecuted under the Asylum and Immigration Act; and 11 offenses for slavery and servitude prosecuted under the Coroners and Justice Act. The Government did not provide

comprehensive sentencing data for convicted trafficking offenders in 2011; however, the Government reported the average penalty for convicted trafficking offenders in 2011 was 27.2 months' imprisonment, and the average sentence for non-sex trafficking sentences was 55.2 months." TIP Report 2012, p.358 [3]

Hope for Justice works with the UK Human Trafficking Centre (UKHTC), a branch of the National Crime Agency, and local Constabularies to ensure perpetrators are brought to justice. Hope for Justice's Legal Team focus on evidence and intelligence gathering to generate more robust prosecution cases and have developed strong, professional relationships with law enforcement agencies.

Hope for Justice regularly submit intelligence in respect of on-going investigations. It was recently part of a multi-agency operation, in Leeds, as part of a police investigation into human trafficking, which saw 17 men, women and children rescued from exploitation.

The three-day operation saw 60 West Yorkshire Police officers, supported by Hope for Justice, Leeds City Council staff, health agencies and the Salvation Army, visit 25 addresses across Leeds to offer help to families identified as being potential victims of trafficking.

Hope for Justice provide specialist training for the police as victims are not always obvious when they come into contact with a police officer who is very busy. Hope for justice include in their training full offence outlines with guidance notes and a breakdown of the elements of each offence for use by police officers and frontline agencies trying to identify victims and pursue perpetrators.

Listed below are the existing human trafficking-related offences in UK legislation:

- Holding Someone in Slavery, Servitude and Forced or Compulsory Labour (Section 71 Coroners Act 2009)
- Paying for the Sexual Services of a Prostitute Subject to Force (Section 14 Policing and Crime Act 2009)
- Trafficking into the UK for Sexual Exploitation (Section 57 Sexual Offences Act 2003)
- Trafficking within the UK for Sexual Exploitation (Section 58 Sexual Offences Act 2003)
- Trafficking out of the UK for Sexual Exploitation (Section 59 Sexual Offences Act 2003)
- Trafficking People for Exploitation (Section 4 of the Asylum and Immigration Treatment of Claimants Act 2004)

1.1.5 Area 4 - Campaigning at a local, national and international level to ensure the laws on human trafficking work effectively to combat the problem

As Hope for Justice develop relationships in Whitehall, their advocacy and legislative agenda is growing with over 100 ACTFORJUSTICE community groups joining their call for action and awareness. They are an established part of the anti-trafficking NGO community and a member of the Human Trafficking Foundation, the umbrella forum chaired by Anthony Steen. They closely work with other organisations and often advise on legislation which improves the rights of victims.

The Human Trafficking Foundation (HTF) is a UK-based charity which grew out of the work of the All Party Parliamentary Group on Human Trafficking. The Human Trafficking Foundation was created in order to support and add value to the work of the many charities and agencies operating to combat human trafficking in the UK. Their vision is of a UK:

- which presents a hostile environment for human traffickers;
- where there is widespread public awareness of the evils and existence of trafficking;
- where there is tangible and accessible support for trafficking victims;
- where traffickers are swiftly and effectively brought to justice.

Hope for Justice sits on the Human Trafficking Foundation Forum which meets quarterly to discuss the legislative and policy issues surrounding human trafficking in the UK.

1.1.6 Numbers of victims rescued and results for 2013

In 2013 Hope for Justice:

- Assisted 104 victims of human trafficking;
- Including the rescue of 57 victims of human trafficking.
- Assisted 8 children who were victims of human trafficking.
- Housed 18 victims of human trafficking who would otherwise have been homeless.

- Rescued victims ranging in age from one year old to 58 years old.
- Trained 729 participants at 30 training events about tackling human trafficking.
- Had a 100% success rate in appealing negative benefits decisions for victims of human trafficking.
- Provided legal advice to 32 victims of human trafficking and to four other agencies/lawyers.
- Continued to work on our longest case to date which began on 11th January 2011 and is still ongoing.

The whole Hope for Justice approach is unique and traditionally NGOs have focused on victim support. Hope for Justice, as well as focusing on victim support, are focused on investigation and intelligence functions that have traditionally been the role of law enforcement agencies. It is hoped that this new approach will help to bridge the gap between victims and the police and help more victims to be discovered, rescued and for more perpetrators to be brought to justice.

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Human trafficking victims and the process of resilience

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Abstract

It is obvious that victims of human trafficking have had experiences of such intensity and impact on their psyche that most people can't even grasp the full extent of the traumas those experiences can cause. The abuses most of the victims were subjected to will never be a part of a normal human being's life. Starting with deprivation of liberty, physical and mental abuse, up to witnessing other people being beaten as an example, to even executions in some cases, can compare these person's experiences to those of the war victims or combatants.

Since war victims and participants in armed conflicts were the subject of countless psychological studies, especially in the 60's with the test subjects being World War II, North Korean War and Vietnam War combatants and veterans, the discovery and deep understanding of the coping mechanisms has become a very popular and important chapter of psychology as a science. The input coming from the people involved in these conflicts helped psychologists and psychiatrists understand how the human mind copes with major traumas and overcomes the intense feelings associated with it, in short: how people have the capacity to "forget" what they felt and what methods are used in the process.

This article is going to draw a comparison between the traumas suffered by the war veterans and victims, and the traumas suffered by the victims of human trafficking, and then compare how the same coping mechanisms apply or do not apply towards solving the trauma in each case.

Keywords: resilience, victims, war, coping mechanisms, trauma

The concept of resilience:

Technology describes resilience – according to Campbell, Flake C. (2008) as *"the ability of a material to absorb energy when it is deformed, and release that energy upon* unloading [1]*."*

If we were to convert the technological definition of resilience into a psychological one, it would sound something like this: Resilience is the ability of the human psyche to absorb harmful energy that deforms it and release that energy in the form of self-restructuration.

We took the freedom to speculate upon the definition of psychological resilience for two reasons: firstly because the term, in two completely different fields, measures such similar properties, and because there is no widely accepted epistemological definition for it, only *an agreement regarding two essential points:*

- *Resilience characterizes a person that has, or is going through a traumatizing event or chronic adversity period and shows strong adaptability […]*
- *Resilience is the result of an interactive process between the person, its family and the environment.[2]*

We could summarize by saying that resilience is simply the resistance of a person to traumatizing events, chronic adversity, or the measurement of the coping mechanisms a person can mobilize, in order to overcome difficult situations or an overwhelmingly stressful existence. This though, would be wrong. Things are not as easy or simple. Resilience is different from resistance, and the very concept of it goes beyond the measurement of the capacity to cope with stress, adversity or trauma, beyond the simple solving of internal conflicts resulted from aversive events and experiences while keeping mental sanity.

1.1 Psychological "strength"

Psychological strength is often used at an empiric level to define a person's capacity to stay mentally stable and cope with situations and circumstances in which others would lose their hope or fall into despair. It only regards surviving situations which seem disastrous and which have a very high potential of destroying a

"weak" person's mental sanity or appetite for life, the very difference between the "strong" and the "weak" – at an empirical level – being the capacity to stay alive and keep mental sanity after such an experience. We avoided using the term "*mental toughness*" since it doesn't underline the empiric aspect of psychological strength, of a "strong person", being something seemingly similar but actually very different.

Psychological strength is confined largely to the identification and activation of coping mechanisms through native or artificial methods.

Native methods are, in fact, innate techniques and mechanisms which the individual possesses – motivational and energo-dynamic systems, (temperament) – operated and handled through emotional intelligence – *intrapersonal intelligence* [6] – which acts the same as general intelligence, managing processes, systems and psychological mechanisms more or less effectively. The more developed intrapersonal intelligence is, the higher the chances that developed and existing coping mechanisms to be intuited and applied effectively, making the person stronger and more equipped to face terrible odds.

In contrast to native methods, artificial methods are acquisitions of psychological techniques and coping mechanisms learned from experience or through the support and help of others such as family, relatives, friends or through means of therapy or professional counselling, which might even help – according to the person's age – to enhance and develop intrapersonal intelligence and the introspection tools of the person artificially, through learning, just like, for instance, chess or math can significantly develop logical-mathematical intelligence. While artificial methods rely more on cognition and rationalization of emotional processes with support from the environment, native methods rely more on innate systems of control that are more or less consciously applied as filters on the emotional processes, and are highly related to the energo-dynamic system.

Obviously, these two methods are not parallel; they intertwine, being strongly correlated and interdependent. No sane individual is deprived of the ability to sense coping mechanisms or the necessary intelligence for their management and application, which combined with experience, support and learning from external sources guarantee the existence of necessary mental tools and techniques needed to cope with traumatizing events.

All in all, we could say that some individuals have a "talent" to withstand catastrophes in their lives, and their talent only helps them as much as any talent would help in any other field.

1.2 Mental toughness

Mental toughness is a term created by James Loehr, a sport psychologist in 1986, and it is commonly being used by coaches, sport commentators and business leaders to define a person's ability to persevere through difficult circumstances or the challenges implied by a competition.

One of the definitions of the term is "*Having the natural or developed psychological edge that enables you to: generally, cope better than your opponents with the many demands (competition, training, lifestyle) that sport places on a performer; specifically, be more consistent and better than your opponents in remaining determined, focused, confident, and in control under pressure*." [4]

According to this definition we might make the confusion that mental toughness is the same thing with psychological strength. Even though they are similar concepts and very interdependent, there are quite some differences between these concepts. While psychological strength is an empiric concept used to define someone that has the will to survive when odds are against them, mental toughness is an epistemological concept that defines the ability to fight and continuously search for ways to improve your resistance when faced with many demands, staying focused on a task and keeping control under pressure.

Even so, the concept being mostly used and tested in sports, where the demands are related to physical activity, willpower is channeled specifically on physical activity and competition, be it overcoming pains or fatigue or the frustration involved in poor personal or collective performance. Of course, a professional athlete has a background of very-well polished discipline which required ambition and willpower. These were built up throughout years of training and you could expect from such an individual to be determined and focused when aiming for something. Yes, it would be logical and could be true; in theory. Reality though, shows us the fact that such individuals are as exposed to the risk of committing suicide following a romantic deception – for instance – as anyone else and regardless of their polished ambition and discipline or training – which includes self-discipline and a high level of mind toughness – they cannot cope with certain types of situations which imply other coping mechanisms.

Therefore, mental toughness cannot guarantee the mindset and/or equipment necessary for coping with affective disasters, illness or aversive overall existence for instance; apparently ambition, determination and willpower has to be channeled in certain directions, in certain areas of existence and practiced in the right area in order for it to have a proper impact on the individual's adaptability capabilities.

1.3 Differential concept of resilience

While Psychological strength and mental toughness are concepts related to resilience, the process of resilience is broader, its composition is complex and reaching resilience is a long process which involves successive transformation stages:

1. Becoming aware of acute stress and toxic situations
2. Creating a self-care, personal, renewal program
3. Surrounding oneself with four kinds of friends
- *the prophet (a person who stretches us and challenges us to go to the scary place that we may have been avoiding, but where we may ultimately find freedom.)*
- *the cheerleader (a person who offers us unabashed, enthusiastic, unconditional acceptance)*
- *The harasser: (someone to make us laugh at ourselves, to rip up our unrealistic expectations, and to "regain and maintain perspective" by way of gentle teasing.)*
- *Guides: (people who help us uncover the voices that are guiding us, and "especially the ones that make us hesitant, anxious, fearful, and willful.)*

4. Recognizing and concentrating on signature strengths
5. The examination of oneself and acceptance of shortcomings
6. The practice of mindfulness and meditation [5]

In order to differentiate the process of becoming resilient from the other concepts, it is important to understand that resilience is not just resisting, not just surviving, but a process of change, of rearrangement of one's mindset, the main difference between it and other resistance systems being it's very dynamic and adaptable character, the fact that, instead of just resisting a traumatizing event or a chronic aversive condition, a rechanneling process begins which transforms the triggering event into a motivational motor that pushes the individual forward in a new direction.

According to Ionescu (2013) the avoidance of colaps system is divided into two axes: one stretches from resistance and its opposite – "irresistance", and the other one from resilience and its opposite – "iresilience". While resistance ensures the maintenance of evolution in terms of *"not giving in under the effect of an antagonic pressure",* irresistance leads to divestment which means that "*the subject tends to divest a part of his or hers development potential and to give up one or more of his or hers evolution sources"*. While iresilience will lead to alienating neo-development, resilience will lead to liberating neo-development. [2]

As seen above, resistance will lead to stagnation in a certain measure while resilience will necessary lead to "*neo-development*" which does not only means development but a certain type of development which completely transforms the individual at a mental level, the individual ceases to be what he or she has been before the triggering event and starts anew, "from scratch", changing its path through life from that point on.

Resilience implies evolution, rechanneling and rewiring of one's self using all forms of coping systems and defensive mechanisms, to relieve stress and anxiety or depression, going in and out of states of resistance/irresistance, and even iresilience in the process of actually achieving the goal of becoming a resilient individual.

Resilience in victims of human trafficking

Resilience and the process of becoming resilient is of great importance for any individual of any age, sex, and from any social context, but especially for individuals which are exposed to certain experiences of a traumatic nature on a daily bases, be it because of their work or carrier which might be particularly dangerous or it could expose them to scenes that have the capacity to traumatize; be it because of the life conditions and/or social circumstance is of such nature as to cause traumas or harsh living conditions; or just because the current general status is aversive.

Human trafficking being a form of modern slavery exceeds from the point of view of the magnitude of the psychological impact upon the victim, the impact which slavery used to have on its victims back when slavery was a common practice. In modern society, where slavery is unimaginable, the impact of the slave status upon the human psyche is amplified compared to the times when slavery was a legal practice and the slave status was directly observed, known, and thus, considered a possibility.

The triggering event of the trauma is the trafficking of the individual itself. When the individual realizes that he/she is being trafficked, it is usually too late to try to escape or get away, mainly because of the techniques that traffickers use to make their slaves "loyal" immediately after the trafficking started. Used methods are well known, starting from threats and beatings, up to torture and forcing victims to see other victims suffering, aimed to seed panic and terror, thus cutting down any intention or ambition of escape or mutiny.

Aside from the initial trauma suffered by the victim, instead of having a break, an aversive period starts to which they have to adapt, still bearing unhealed scars of the initial trauma, some of them still being in shock

for quite some time afterwards and/or in denial. But probably, the most painful and destructive state of mind these victims are experiencing are the feelings of uncertainty and helplessness.

Uncertainty regarding their own future, but most of all, regarding loved ones, especially when there are children involved, or close relatives, who might be endangered and the situation is being exploited by the trafficker as a means of control over the victim.

Helplessness, since the victim is incapable of any action that could change the situation he or she is in at the moment and the prospect of being able to change the situation in the future is dimmed by fear and terror.

The same two characteristic emotions that the victims of human trafficking are experiencing, and similar shocks followed by aversive periods, are also being experienced by victims of war, and, in some cases, war combatants.

Starting from traumatizing sights of: bodies, (especially children), witnessing death or brutality and rape, up to suffering themselves various abuses, human trafficking victims who were heavily exploited and war victims share the same types of traumas; and one of the few aspects setting the two categories of victims apart, is the fact that war victims are in the sphere of collective trauma.

Collective trauma can be defined as simply a traumatic psychological effect shared by a group of people of any size, up to, and including, an entire society or population. This type of trauma is different in terms if impact of course, and is characterized by duality. On one side, collective trauma affecting large numbers or entire populations has a deep, drastic effect on the individual. The sheer magnitude of change – in a natural catastrophe or total war for instance – and the many facets of the change triggered in an unexpected and/or unpredictable way, causes the individual to find himself in a totally changed environment to which he has to adapt in so many ways – family and relatives, friends, may or may not be there anymore, possessions might be taken or destroyed – and the individual finds himself forced to adapt to a completely new order which was never imagined or pictured before. From this point of view, collective trauma is catastrophic at an individual level, but its dual nature shows itself in the form of solidarity and collective empathy, somehow alleviating the state of mind of the individual through a process of collective resilience; usually the more resilient individuals tending to pull up, support and help the less resilient or emotionally liable ones in which would not happen in other circumstances in the same way.

Aside from this effect, of a society or population trying to cope collectively with the trauma, the lack of positive alternative helps individuals overcome the traumas easier.

While the victims of wars and catastrophes suffer collectively, victims of human trafficking, in most cases, suffer by themselves – at least after the traumatic event or aversion period comes to an end and a healing or rehabilitation process begins. Their upper hand in comparison to collective trauma is that victims have the possibility of getting back to loved ones and to normality. The difference in this particular case between resistance and resilience, would be the perception of the victim regarding both the triggering event and/or aversion period, and the normality, and whether or not that normality includes going back to whatever the victim was before the trauma occurred; or, to take a different path and develop in a different direction instead of trying to restore their lives to a previous state – before the trauma that is. If the victim finds coping mechanisms and resets his/her life to a previous state it means that no development on new paths has taken place and the victim just "lost time" – both the time spent in the traumatic event/aversive period, and the time spent during the healing period – and the victim has just resisted the trauma and overcame it without reaching resilience, or without realizing that – in most cases – the very state he/she was in before the trauma, contributed to the events that triggered the trauma. If the victim becomes resilient, it means that when the rehabilitation process begins, he/she realize that the "old ways" were flawed, trying to achieve a development on a different path that would have much lower chances of taking them back into a circumstance or situation in which they were at the moment the traumatizing event was triggered.

Both victims of human trafficking and victims of collective traumas can achieve resilience if all means – native, internal, external and supportive – are used. Combined with therapy and professional help, almost any individual is able to achieve resilience and thus take full control over their own lives.

Ana Muntean (2011) has an ingenious comparison towards understanding precisely what resilience is: *"While immunity refers to stressor biological factors (microbes, bacteria, viruses); resilience emerges as a psychic immunity towards psycho-emotional stressors which represent or imply violence against the individual or the social group"*[6]

Considering the above, it is easy to understand how resilience works in comparison to survival, coping or resistance. While the other processes act as mental medication towards solving the internal conflicts and healing the scars left by the traumas, resilience acts like a vaccine, which, with successful administration inoculates the individual, rendering him resilient to future traumas through a process of self-enlightenment, neo-development and productive rehabilitation.

Resiliation cannot assure that the person will become necessarily better in the eyes of others, but it can guarantee change, and it can guarantee that the person will be better in his/her own eyes. Resilience is

permanent, just like immunity is permanent, once inoculated, there is no going back, and immunity rarely has a negative connotation.

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The resilience of mother-child couple in domestic violence

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Abstract

Irrespective of the fact that the concept of *domestic violence*, as form of attack on the mother-child relationship, is not new, it is rarely approached in social work practice. The abuse tactics compromising this relationship are part of a continuous direct and indirect attack leading to the undermining of mother-child relationship and to erecting a barrier within the couple. The present paper proposes to analyze the impact on mother and children, thus focusing on risk and resilience. In this case, resilience reflects, first of all, the mother's ability to preserve her paternal skills under extremely difficult circumstances and creating protective factors to provide and develop in the child the ability to adapt, change and cope with continuous stress. Consequently, the need to consolidate the relationship between mothers and children begins at a point in time when children and young people consider, in general, this relationship as a positive and very important one. It is proof of the resilience in the mother-child relationship the fact that these positive perceptions are preserved even when the relationship can be submitted, directly or indirectly, to undermining during several years of family abuse. Therefore, in the intervention process we are supposed to take into consideration the role the social workers and psychologists must hold in identifying and valuing these strengths and in working together both with the mother and with the child.

Keywords: domestic violence, mother-child couple, risks, resilience, intervention

Introduction

The last decades have emphasized and prioritised the debates on the aspects connected to the act of violence against women in private life, but especially the violence against children and their subsequent long- and short-term consequences. These issues have been interpreted as a result of the deterioration in the moral structure of nowadays family but also in the community as such. Social work services, in most of cases, have approached these cases separately, but we are aware that family violence is much more complex, since it stands for an attack not only on the adults' relationship, but also on the mother-child relationship. The direct attacks, which are the most extreme, involve one's depriving of the maternal relationship through: the child's homicide [1], attacks during pregnancy leading to spontaneous abortion, child abduction, or turn women into servants of their families, and the only people who are allowed to be a "mother" to the child are the husband's female relatives [2].

Other direct attacks on mothers are represented by the abuser's insults and criticism which are addressed to mothers in the presence of children: sexual insults, accusations of sexual infidelity, accusations concerning irresponsible behaviour towards children, the mother is criticised for not being able to "control" and nurture her children, etc. [3]. This constant surveillance and undermining of maternity are reported to be deeply problematic [4]. In the case of mothers who are obliged to prostitute themselves, they are separated from their children and forced to spend their lives away from them, and the children who lack their mother's love and protection may undergo emotional and behaviour problems. Other aggravating factors are the desire to keep the secret and the lack of communication between women and children about their life experiences concerning violence and the abusers' using children as "weapons" against mothers when fathers/abusers lose the other ways of harassing and controlling them. However, the most critical situation can be found in the abuser's attempt to kill the mother, which highly inflicts damage upon the children's psyche.

Unfortunately, violence acts are often repetitive and continuous and may leave women and children feeling dazed and bereft [5].

In these situations, the indirect effects on the mother-child relationship are created through ensuring that women are unavailable for their children by disabling them physically [6], or mentally [7].

Risk and resilience in cases of abuse

The strategies used by the abuser to undermine mother-child relationships and maternal authority are limitless and such interference tends to continue or increase post-separation [8].The emotional recovery of children who have been exposed to domestic violence depends on the quality of their relationship with their mother more than on any other single factor; therefore, the undermining of that relationship by a person who behaves violently can have powerful implications.

For women who have left abusive partners, developing a sense of control is fundamental to surviving and positioning in the future [9].

In this situation, the mother confronts two kinds of difficult decisions. First of all: how will she protect herself and her children from the physical dangers posed by her partner? Secondly, how will she provide for her children? This second set of social and economic risks are central for the mother in order to ensure the children's safety.

In addition, the mother must prove the ability to be resilient, namely, to preserve her paternal abilities under extremely harsh circumstances (harassment and violence on the part of her former partner, the absence of a shelter, health problems, financial problems, changing their lifestyle, the loss of or separation from close persons, relatives, neighbours, a change in social networking, etc.) and to have the ability to support her child so that he/she could adapt to the stress caused by the new situations via developing new protective factors.

Anyhow, both the protective factors and the risk factors can vary a lot in a child's life. Some children have been "labelled" as skilled, resilient, and even invulnerable [10], having competent parenting and healthy attachment relationships, easy temperament, intellectual resources and, social competence; others, however, lack the ability to face the situations generated by violence without specialized help. Among the factors met with in the case of children, we mention: behaviour problems, premature birth, hereditary mental illness, illegal substance consumption, physical abuse, exposure to violence, lack of shelter and poverty. These factors vary and most of the times they are associated with a high risk of undergoing precarious physical, emotional and behavioural development. Most researchers agree that risks of a chronic, rather than an acute nature are most likely to have damaging long-term effects [11]. On the other hand, the protective factors (the child's positive temperament, intellectual capacity, social competence, caring adults, secure attachments to caregivers, and strong relationships with others, as living in a supportive, safe community), are those variables which can improve the impact of effects resulted from children's exposure to violence.

From the point of view of resilience, efforts that target the major developmental tasks of early childhood, as well as those that directly reduce the impact of the stressors faced by children exposed to domestic violence should be effective in helping young children negotiate developmental challenges. Masten and Coatsworth (1998) propose that such strategies should fall into three major categories: (a) risk-focused (focusing on reducing or preventing risk and its impact), (b) resource-focused (adding resources to counterbalance risk) and (c) process-focused (strategies that focus on the processes underlying competence, such as parent-child relationships, social skills, and self-regulation) [12].

As a consequence, each and every child, be they exposed or not to violent situations, should be offered the chance to healthy development which will lie at the basis of their life. We will also mention those factors which are relevant for understanding the impact of exposure to domestic violence: 1. developing a safe attachment relationship especially with the mother (the attachment status reflects the balance between a child's willingness to explore and the need to stay close to a mother/caregiver after ca short separation from her [13], 2. the beginning development of a self-regulatory system that enables a child to exercise control over emotions and behaviours (the development of self-regulation is a prerequisite to the development of social skills that allow individuals to successfully negotiate complex social situations and to develop reciprocity and empathy, i.e., connections with others) [14], 3. social and peer relationship skills that prepare a child for entering school [5] (social competence is a key task of the preschool to school-aged period, and high social competence has been associated with better behavioural control and increased sociability and agreeability [5].

As such, children's resilience (created since childhood) leads to the consolidation of the relationship between them and their mothers, thus turning it into a positive, sure, special and very important relationship. Moreover, in order to preserve this relationship (even under circumstances of continuous attacks which can last sometimes several years) the mother also need have personal resources, inventiveness, determination to solve problems, personal development even after leaving the abusive partner, but also a good health to cope with challenges.

Current research have shown that early intervention can offer important ways through which the mother-child couple, exposed to domestic violence, might be able to access the necessary services in order to minimize the risks it is exposed to. Both the mother and the child can request protection but also legal and social services, economic resources which are necessary for their survival and for creating a certain financial stability and emotional comfort.

For that purpose, the intervention strategies of the social work system must consider the fact that separating services for women from those for children is not efficient. One must aim at the recovery and

consolidation (subsequent to family violence) of the relationship by mutual activities and by highlighting the interconnected needs of women and their children. Last, but not least, the set of problems in this field underlines the need for sensible services able to support the various needs of women who are victims of domestic violence [2].

It is important that during the intervention process one should insist on rebuilding the relationship between mother and children through various activities aiming at building self-esteem, helping children to identify and talk about feelings, strengthen their communication with their mothers and talk about aspects of their lives, which were considered secret in the past.

In the intervention process an important part is held by social workers and psychologists who must identify and value both the mothers' and their children's strengths in order for the former to work with them. One must take into consideration that after family violence (aggressive and frequent attacks) problems arose in the mother-child relationship; these problems must be identified and dealt with in order to make a new attachment tie in this couple; specialists should also focus on the improvement of certainty and stability for children and their parents.

But for any intervention to be successful, it must attend to the family's economic and cultural context and needs, and build on the natural supports around the child and family [5].

Discussion and conclusions

The exposure of the mother-child couple to domestic violence can have profound and long-term effects on them; however, many of them have the ability to cope with it without specialized help, thus proving resilience even under extreme circumstances. In this case we refer, first of all, to mother' resilience, which is actually "her ability to develop and become a parent who is good enough for her own children despite events and unfavourable circumstances to which she has been exposed" [15], but also to the protective factors holding an important part in a healthy development of children exposed to domestic violence. Therefore, the child's resilience, once shaped, reflects his/her capacity to adapt, change, cope with continuous stress concerning both the way in which he/she sees the world and the way he/she unfolds his/her life in it. The support provided via specialized intervention must offer ways and resources meant to support the development of mother-child couple, to minimize the risks they have been exposed to, emotionally support abused children and mothers, support and encourage positive change. Also, an important resource-oriented strategy is supporting ill-treated women and children to shape social networks, which aim at reducing isolation associated with family violence.

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The role of the social work as professional factor in resilience building in the human traffic phenomenon

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Abstract

This paper argues the links between the social worker as catalyzer in the process of building resistance in multidisciplinary intervention for beneficiaries who are victims of human trafficking. Starting from the social workers roles as stated by Federico (1973), of the principles of the deontological code of the National College of the Social Workers, of the ethical code published by the National Association of Social Workers (USA), but also of the manuals created by the National Agency Against Human Trafficking form Romania, the authors will make an inventory of a set of useful information in the process stated in the papers' title. Also, a documenting of the responsibilities and professional results of the social worker who activate at the Regional Center Timisoara in the frame of the National Agency Against Human Trafficking and of the professionals from the field who activate in NGOs (Young Generation Association). The results of the theoretic and on field documentation in Timisoara will be presented in the second part of the paper as professional factors in building resilience with direct referral to the responsibilities of the social workers in the frame of individual intervention or as member of a multidisciplinary team.

Key-words: social worker, assisted resilience, human trafficking, multidisciplinary team.

Introduction.

From the beginning of this study we must admit the reality occurring to which in the case of persons who were victims of human trafficking we can not accept the existence of a process of natural resilience processes. Due to the intensity and longevity of the traumas in time of the beneficiaries of these services we can merely use the term assisted resilience as it is explained in a recently published book in Romanian language edited by Editura Trei [1].

The Statistics of the Integrated System of Assessment and Monitoring of the victims of human trafficking for the period 01.01.2013-30.06.2013 has registered a total number of 501 identified victims, out of which 35% have been trafficked in the same period of time. The large number of persons victims of human trafficking In Romanian in 2014 leads to the necessity of well organized and efficient psycho-social services. We must admit that the professional field of the services for the victims of is one in which the fundamental role of the social worker is recognized in specific interdisciplinary activities with these categories of beneficiaries. In a paper published in 2008 the psychologist Mihai Şerban admits the role of the social worker as a case manager in the intervening multidisciplinary team in case of victims of human trafficking [4]. WE agree with this opinion because the social worker reunites in his professional practice a number of knowledge, abilities and values that may contribute essentially in the process of gaining resilience by the victims of human trafficking.

Discussions

Starting from the definition of the term resilience as it is explained in the field literature [3][1]in this paper we will try to make an inventory of the role of the social worker as facilitator in obtaining resilience through all his actions made through the support of the beneficiaries.

We will now present the responsibilities of the social worker in individual professional activities as well as in multidisciplinary teams from the perspective of the scientific papers from the general field, but also of the manuals written by the National agency Against Human Trafficking. WE will associate these information with the data we have from the interviews with a sample of 5 social workers who work with beneficiaries form the above mentioned category.

In a first description we note the model of Federico from 1973, cited by Ch. Zastrow in 1986 [5] who identifies roles of the social worker which we consider can be transposed also in his activities with the victims of human trafficking:

- The role of outreach worker – the professionals who go into the community in order to identify a need and the references given in the context of the work will follow. The social worker makes assessments and social enquiries at the homes of the victims of human trafficking. The obtained data gathered through this filed work is relevant for the process of help and integration of these persons in the family and community they come from.
- The role of the broker – who knows the available services and insures that those in need get to the service they are in need of. In their quality of case manager the social worker can use effectively this role of intermediate.
- The role of advocate – Helping specific clients to obtain certain services which normally would be rejected, help extend the services for people in need. The victims of human trafficking are part of the category of beneficiaries who can be stigmatized due to their past and the connections they had with organized crime networks. This category of beneficiaries must know that social workers are professionals who support them in these situations. Also, the professionals is the one who makes the administrative paper work necessary to prevent the social exclusion of the victims of human trafficking both during the assistance process and during the monitoring post intervention.
- Evaluation role – evaluating the needs and resources, generating alternatives for accomplishing the needs and taking decisions. In the activities with the persons who are the victims of human trafficking the social worker can have the evaluating responsibilities both individually and as member of the multidisciplinary team.
- Teacher role – teaches facts and abilities that can be useful for the beneficiaries in the process of gaining resilience.
- Mobilizer role – helps developing new services, this is a role that can be activated together with that of the advocate.
  The role of the person who determines behavioral changes – changes some parts of the behavior of the clients which can be useful also in the process of gaining resilience. The traumas of these categories of beneficiaries can create them self-destructive behaviors, non-trustful attitudes and isolation [2]
- Consultant role – works with other professionals in order to help them to be more efficient in assuring services.
- Community planner role – helps groups of the community to plan efficiently the social needs of the respective community.
- Care giver role – insures services of caregiving for those who are unable to solve completely alone their own problems and needs.
- Data manager role – collects and analysis information with the purpose to be able to take decisions.
- Administrator role – carries out activities necessary to plan and implement service programs (Federico from 1973, cited by Ch. Zastrow [5])

We consider that these roles reflect important components of the social workers activity and rise by applying them the efficiency of the professional work. When speaking about these roles in the interdisciplinary team caring for the victims of human trafficking we consider that the social worker is an important actor who can take over the attributions of a case manager.

We will now present the attributions of the case manager in the activities with the victims of human trafficking after a paper of ANITP who's author is the psychologist Mihai Şerban:

- assessing the victim's needs;
- establishing the priorities of intervention;
- assessing the available resources that can be mobilized for the process of assisting the victim;
- inventorying the accredited services form the local and regional network which can answer to the needs of the victim;
- constructing an individualized intervention and service plan;
- establishing the victim's connection with the selected services;
- offering the services;
-progressive monitoring of the intervention;
- assessing the intervention results;
- closing the case;
- post-intervention monitoring. [4]

It is obvious that in the unfolding of the above stages the activity of a multidisciplinary team is necessary. The phases of case management have the purpose of reestablishing the functionality of the person

who was the victim of human trafficking. This bio-psycho-social functioning represents the capacity to fulfil responsibilities towards one's own, the own family and the society. It is important that the beneficiary integrates on the labor market or in an educative system.

Besides the professional roles and methods offered by the knowledge and ability of the professionals an important role have also the professional values which establish a set of deontological norms. These may offer the social workers attitudes that insure a correct behavior towards the beneficiaries and contribute to the increase of mutual trust in the professional help process. In this way the Deontological Code of the Social Worker Profession in Romania published in the "Monitorul Oficial" from March 2008 it is stated in the articles 18-30 that the professional relationships with the beneficiaries must be based on honesty and confidentiality, respecting the principles of self-determination and maintaining the access to resources through a protective attitude. WE remarked here that article 14 writes that the social worker has the following responsibilities : to plead for the improving of the social conditions with the purpose of satisfying the basic human needs and promoting social justice; to act in order to facilitate the specific services and the possibility for vulnerable, disadvantaged or persons who are in difficulty to choose, to promote conditions which encourage the respect of social and cultural diversity; to promote the politics and practices that encourage awareness and respect of the human diversity; to facilitate and to inform the public about the participation at the communitarian life and social changes that intervene; to insure professional services in emergency situations , in the frame of the law and of the norms of the social work professional; to admit the fundamental importance of inter-human relationships and to promote them in the practical progression, to encourage the relationships between people with the purpose to promote, remake, maintain or improve life quality; to ensure the respecting of the basic human rights of men and of the laws Romania has adhered to.

The social worker treats all the cases given into assistance, based on the conclusions of risk, need and resource evaluation. The social worker will deal with priority the cases of minors in difficulty being activated automatically the principle of the child's best interest in the terms of the UNO Convention regarding the child rights. The social worker will always consider that his own behavior represents a model for the community members, acting in accordance, (Article 14 from the Deontological Code of the Social Workers of Romanian published in M.O.173 from 6.03.2008). In the same idea we have referrals to the professional values of the social worker in the Ethical Code of the national Association of The Social Workers of the USA (NASW) which promotes values like social justice, respecting dignity, integrity and human diversity. We consider that respecting these professional values creates the trust-based relationships in the interaction between social worker-beneficiary, reducing communication difficulties between the two parties. Respecting the association between principles and the implementation of competitive work techniques in the interaction with the victims of human trafficking can be factors in the process of assistant resilience.

We will now present a set of factors that can insure the resilience of the victims of human trafficking contributing to the success of professional intervention. These factors represent the synthesis of the theoretical elements but also of the results of five interviews applied on a sample of social workers from Timisoara who work with victims of human trafficking. The factors associated with social work that may favors resilience at these beneficiaries are the following:

- realizing a professional relationship based on trust between specialist and beneficiary;
- placing the beneficiary in a secure environment;
- introducing the beneficiary in a specialized counseling program;
- offering the victim the opportunity to beneficiate from a permanent contact with professionals of the support team;
- a real access of the beneficiary to the services established through the service plan;
- the existence of a continuous monitoring methodology of the beneficiaries situation, the registered progresses and of their needs;
- assuring the conditions of educational or professional reintegration of the victims of human trafficking.

Conclusions

Our study has succeeded in identifying from theoretical and applied point of view elements of the Romanian social workers activity that can produce in assisted manner resilience from the victims of human trafficking. The arguments presented in this paper indicate a reality in accordance to which the work methodology of the social worker and the professionals competencies contain elements that facilitate the resilience of beneficiaries of the social services. In conclusion the social work through his abilities, knowledge and professional values can contribute in a fundamental manner to resilience whether activating individually or in frame of a multidisciplinary team.

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In the aftermath of family violence: lifeworlds of resilient adolescents. Are resilient adolescents really over the edge“?

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Abstract

Questionnaire data from a cross-sectional study of a randomly selected sample of 5,149 middle-school students from four EU-countries (Austria, Germany, Slovenia, and Spain) was used to explore the effects of family violence on resilient adolescents. We used variance analysis to compare social and personal characteristics of non-violent/non-depressive students without family violence experiences and resilient (non-violent/non-depressive) students despite family violence experiences.

Our results indicate that a positive resilience status isn't a sufficient indicator for a positive social and personal development. Resilient students showed significant higher levels of social and personal risks and lower levels of social and personal protective characteristics than students without family violence experiences.

Additionally we were able to confirm the hypothesis, that despite the positive resilience status, the higher the experienced level of violence family was, the higher the risk characteristics and the lower the protective characteristics of the resilient students were.

Keywords: Aggression, family violence, depression, resilience, protective factors, risk factors.

Theoretical introduction

In the Western industrialized world between 28-31% of children and youth experience violence in their families. For example, in Canada, in 2010, the total number of police-reported family violence crimes (including dating violence) constituted 39% of all violent crime for that year. More than 63% of the victims of these crimes were female [1]. Further, almost 28% of adolescents in the US-National Longitudinal Study of Adolescent Health reported physical abuse by caregivers during childhood [2]. Exposure to violence in the family, especially to intimate partner violence, may well be the most common form of abuse affecting children and youth that we know [3]. This kind of violence is deeply implicated in multiple social problems, including poor physical and mental health, addiction, poor academic outcomes, problematic behavioral issues including delinquency and criminality and poor employment outcomes [4].

Aggression and depression are two social problems that have long been linked physical maltreatment by parents (e.g. [5], [2]) and witnessing physical or psychological aggression between parents (e.g. [6], [7]). Overall, violence exposure is certainly an established risk factor for the development of violent behaviour and depression in adolescence (e.g. [8], [5], [2], [9], [6], [7], [10]. Further, converging new evidence shows that early-onset exposure to domestic violence is associated with maladaptive life courses for children culminating in a less optimal outlook through the entire lifespan (e.g. [3], [11]). The extent of this widespread social problem begs the questions: How resilient are the young people who are exposed to violence in their families? What promotes and supports their resilience?

Methods and Results

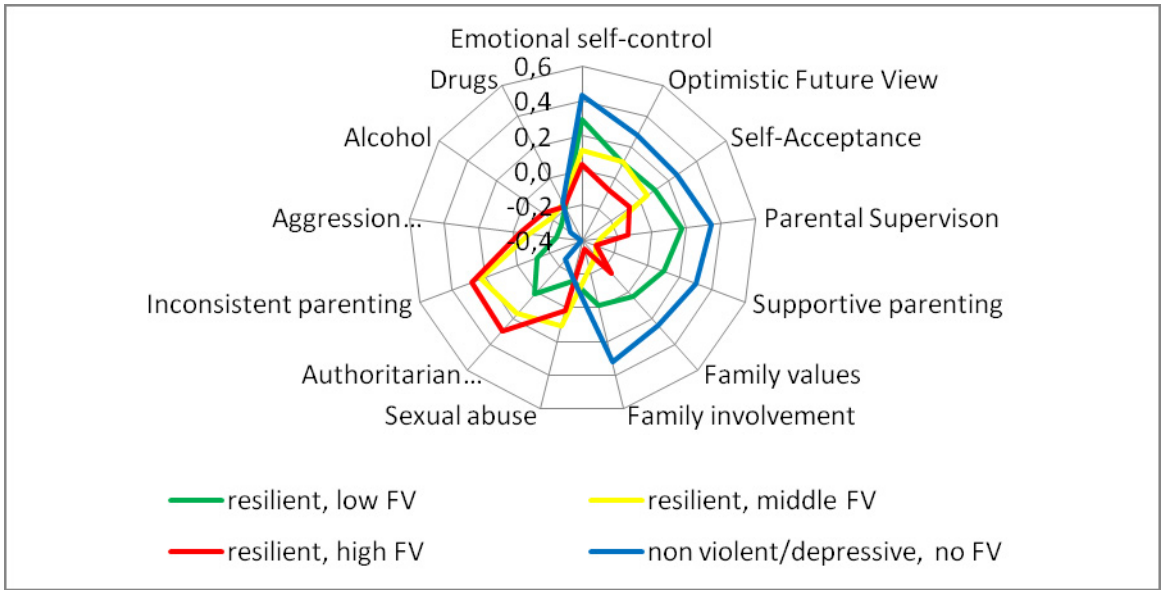
The data were collected in spring of 2009 from a **random sample** of 5,149 eighth graders in four EU-countries (Austria n = 724, Germany n = 2,832, Slovenia n = 726 and Spain n = 867) who completed a **questionnaire anonymously in class**.

Our study provides us with alarming results: of the 5,149 participating adolescents with an average age of 4.5 years, 1,644, that is, 31.9% reported experiencing violence in their families with 23% reporting physical parental abuse and 17% reporting witnessing physical spousal abuse. Consistent with the findings of (e.g. [12],

[13]; [7]), we detected a robust significant overlap (r = .475**) between the two reported family violence indicators. To examine the family burden, all 1,644 respondents who indicated they were exposed to some form of family violence were included in a subsample, family burden., The z-standardized-scores of this scale were trichotomized into the groups, low (n = 644), middle (n = 568), high (n = 432) levels of family violence. In order to identify the resilient youth, we created a composite resilience variable that included all participants' self-reports about their use of aggression and their depressive tendencies: The students who reported no use of aggression and who additionally had depression scores below the middle of our depression scale were coded as resilient (n = 510 /1,644) 31%). Students who reported use of and/or an above middle of the scale tendency to depression were coded as "non-resilient" (n = 1,134/1,644, 69.0%)

Our central question was: Is a positive resilience status a sufficient indicator for positive social and personal development? To answer this we conducted contextualized resilience analyses by computing the average protective and risk factors scores in the three resilience-groups and compared the means of the specific protective and risk factors (self-concept, family, school, peers) per group. Using variance analysis post hoc test (Bonferroni test) we found robust and reliable differences between the three resilience-groups (see Fig.1). The results of the variance analysis indicate that the average scores of the resilient adolescents' risk factors (the post-hoc tests between all risk groups are significant) increase and the average scores of the protective factors decreases as family burden level increases. Thus our central result is that higher levels of family burden, even in the case of resilient adolescents' are still strongly correlated with fewer protective and significantly more risk factors. This crucial finding about the lifeworlds of resilient adolescents' supports not only the finding of comorbidity of risk factors on higher family violence levels but also the parallel lack of protective factors. For those students who were exposed to high levels of violence in their families, the risk factors far outweighed the protective factors even if some reliance remained. These findings suggest that in order to promote resilience, controlling the level of family violence experiences is the most effective strategy.

Figure 1: Comparison of the protective and risk factors of resilient adolescents



Discussion

If we continue to structure our analysis of resilience only in terms of the absence or presence of core personal positive criteria (e.g. non-violent and non-depressive despite family violence), we continue to run the risk turning back to the individual as the sole source of explanations for why resilience is not achieved [12]. We call resilience conceptualizations based on single personal positive criteria as "first level resilience". We contend therefore, that resilience research should also examine the relationship between core positive resilience criteria (first level resilience) and further individual and social factors for modelling a contextualized and holistic resilience approach (second level resilience). Thus, a positive single criteria success as being non-violent and non-depressive despite family violence has been contextualized in our study not only on individual factors, but also on a range of ecological factors like family, school, and peers.

While we were encouraged to find that among the young people who had been exposed to violence, there were still many who exhibited resilience, this resilience came with limitations. However, our results indicate that a positive resilience status is not a sufficient indicator for positive development. Resilient students

showed significantly higher levels of social and personal risks such as significantly higher levels of aggression supportive beliefs, alcohol consumption, drug use verbal aggression towards and from teachers, and use of indirect aggression and lower levels of social and personal protective characteristics such as self-acceptance, emotional self-control, optimism about the future, seeking help form other and positive relations with parents and teachers, than students without family violence experiences. Resilience is not an on-off characteristic. As our results showed: The higher the experienced level of violence family was, the higher the risk factors and the lower the protective factors of the resilient students were. Our findings therefore suggest that in order to promote resilience, controlling the risks is of great importance that promoting protective factors because the weight of the risks diminishes the power of any protective factors that remain even though protective factors still play a significant role for all three levels of family burden. Exposure to aggressive parents and verbally aggressive teachers can create conditions where even an optimistic outlook is not enough to preserve resilience. Ultimately, we conclude that the level of family burden [14], and the accumulation of risk factors (e.g. [15], [16]) are central to resilience status and should therefore be the prime targets for prevention and intervention.

The research that we are report on here is part of a larger study, the STAMINA-project Formation of non-violent behaviour in school and during leisure time among young adults from violent families[1], funded from 2009-2011 by the European Commission Daphne III Programme. The STAMINA project investigated the social (family, school, peers) and individual (self-concept, attitudes, behaviour) characteristics of adolescents.

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Psychological aspects of trauma and resiliency in victims of human trafficking

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Abstract

The human trafficking is a social phenomenon with pathological aspects and with a large variety of manifestation within the contemporary world. Notwithstanding of the goal and the personal characteristics of the victims, within the human trafficking we always find the relationship between the owner and the slave. Human trafficking is a relationship based on two poles: the perpetrator and the victim.

When the perpetrator is in the focus of the law, the victim is in need of complex rehabilitation. This rehabilitation starts with the enforcement of human rights and the circumscription of the victim within the framework which protects the human dignity and it continues with the efforts to understand the bio-psycho-socio-cultural aspects of the trauma and the enhancement of person's resiliency.

Human trafficking raises the costs and the threats of the democracy in the contemporary world. During the last years, the increased attention to the phenomenon, as well as the International, European and national social policies and the special structures aimed to implement the policies come together on the objective to stop the phenomenon.

Our presentation will be focused on the psychological aspects of the victim and the victim's family. We also intend to present the dynamic and the types of manifestations of the phenomenon during the last years.

The objective of this paper is to raise the attention of participants at the psychological trauma and PTSD's aspects involved in human trafficking as well as to the possible resilience of some victims.

Key words: trauma, PTSD, victim, perpetrator, resilience, human trafficking.

Introduction

The last decades brought to the professionals and researchers in the field of psycho-social sciences lot of information regarding the human development and functioning within aversive conditions. The entire literature in neurobiology shows the effects of trauma on human development. Recent researches following the focus on traumatic conditions and trauma's consequences discovered the differences in human functioning within difficult existential circumstances. The concept of resilience born and it's glorious carrier brought us today here. The pervasive violence of human being developed within different historical periods a variety of tuff and cruel adversities. "Homo hominis lupus" is just as old as the known beginnings of Roman Empire. The innate violence of humans shared with mammals defined very often within the human relationships two different roles: the role of the victim and the role of perpetrator. Traffic of human beings is one of the oldest types of the social phenomenon generated by human violence and defining the roles mentioned: victim and perpetrator.

In order to develop our presentation we need some basic definition about the concept which we are going to use:

1. **Psychological Trauma** is a type of damage that occurs as a result of a severely distressing event. The event can be either a single experience, or an enduring or repeating event or events, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. The effcts of the overwhelming experience can be delayed by weeks, months, or even years. Psychological trauma can lead to serious long-term negative consequences mostly named post-traumatic stress disorder (PTSD). Unfortunately often the symptomes of PTSD are ignored even by mental health professionals: "If clinicians fail to look through a trauma lens and to conceptualize client problems as related possibly to current or past trauma, they may fail to see that trauma victims, young and old, organize much of their lives around repetitive patterns of reliving and warding off traumatic memories, reminders, and affects." [1].
   Psychological trauma may accompany physical trauma but may also exist independently of it. Psychological trauma can occure due to terrifyng events such as: violent attacks such as mugging, rape or

torture; harassment, sexual abuse, employment discrimination, police brutality, bullying, domestic violence, indoctrination, living with an alcoholic parent, the threat of either, or the witnessing of either, particularly in childhood, life-threatening medical conditions, medication-induced trauma. Catastrophic events such as earthquakes, floods, and volcanic eruptions, car or train wrecks ; war or other mass violence can also cause psychological trauma. Long-term exposure to situations such as extreme poverty or milder forms of abuse, such as verbal abuse, can be traumatic.

There are theories suggesting that childhood trauma can lead to violent behavior in adulthood due to the lack of capacity to cope with stressful situations.

2. **The consequence of trauma: post-traumatic stress disorder (PTSD)**: is a mental condition that can develop following the type of events described above. People with PTSD have persistent frightening thoughts and flashbacks and feel emotionally numb. PTSD was first brought to public attention by war veterans and victims of rape.

   People with PTSD may experience sleep problems, nightmares, feel detached or numb, or are permanently alert. They lose interest in things they used to enjoy and have trouble feeling affectionate. They may feel irritable, more aggressive than before, or even violent. Neutral things or situations can be triggers reviving to them the trauma, which could lead them to avoid certain places or situations.

   Women are more likely than men to develop PTSD. PTSD can occur at any age, including childhood, and there is some evidence that susceptibility to PTSD may run in families. The disorder is often accompanied by depression, substance abuse, or one or more other anxiety disorders. In severe cases, the person may have trouble working, keeping the affectional relations with significant others including children, or socializing.

   The great theories in psychology (psychoanalysis, attachment theory, behavioral theory) bring the concept of trauma and its influences on human development and functioning. It is only later-on when Diagnostic and Statistical Manual of Mental Disorders (DSM), second edition, [2] issued by American Psychiatric Association included trauma and the post traumatic stress disorder as one of the diagnosis and launch an instrument for evaluation of PTSD. DSM is a non-theoretical and pragmatic approach of psychiatric diseases.

[3] DSM 5th edition (2013) reconsider the criteria included in the previous editions and expanded some aspects for diagnosis of PTSD:

Criterion B: intrusion symptoms

The traumatic event is persistently re-experienced in the following way(s): **(one required)**

1. Recurrent, involuntary, and intrusive memories. Note: Children older than six may express this symptom in repetitive play.
2. Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
3. Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
4. Intense or prolonged distress after exposure to traumatic reminders.
5. Marked physiologic reactivity after exposure to trauma-related stimuli.

Criterion C: avoidance

Persistent effortful avoidance of distressing trauma-related stimuli after the event:
(One required)

1. Trauma-related thoughts or feelings.
2. Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

Criterion D: negative alterations in cognitions and mood

Negative alterations in cognitions and mood that began or worsened after the traumatic event: **(two required)**

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
4. Persistent negative trauma-related emotions (e.g., fear horror, anger, guilt, or shame).

5. Markedly diminished interest in (pre-traumatic) significant activities.
6. Feeling alienated from others (e.g., detachment or estrangement).
7. Constricted affect: persistent inability to experience positive emotions.

Criterion E: alterations in arousal and reactivity

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: **(two required)**

1. Irritable or aggressive behavior
2. Self-destructive or reckless behavior
3. Hyper vigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbance

Criterion F: duration

Persistence of symptoms (in Criteria B, C, D, and E) for more than one month.

Criterion G: functional significance

Significant symptom-related distress or functional impairment (e.g., social, occupational).

Criterion H: exclusion

Disturbance is not due to medication, substance use, or other illness.
Specify if: With dissociative symptoms.

In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

1. **Depersonalization**: experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
2. **Derealization**: experience of unreality, distance, or distortion (e.g., "things are not real").

Specify if: With delayed expression.

Full diagnosis is not met until at least **six months** after the trauma(s), although onset of symptoms may occur immediately.

The new clinical orientation talks about complex trauma, specific for childhood. The [3] DSM 5th describes the trauma in childhood (0-6 years old). Above this age, the PTSD symptoms are similar, as mentioned above.

PTSD can be understood only when we take in account the social consequences [4].

Trauma gives like a new vision on the human development.

Psychological trauma is tightly connected with neurobiology. The way in which our brain is functioning within stressful circumstances brings the explanation for the consequences of traumatic experiences.

When facing traumatic event the individual reactions have a variety of manifestations going from the pathological development of PTSD to a resilient reaction.

3. **Resilience:** Different people will react differently to similar events. One person may experience an event as traumatic while another person might not. In other words, not all people who experience a potentially traumatic event will actually become psychologically traumatized.

Resilience is a 'dynamic' process in place only in relation to adverse conditions. Based on the large existing literature, [5] mentioned "two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process." [5]. Etymologically, the word 'resilience' comes from the Latin 'salire' (to spring, spring up) and 'resilire' (spring back). This means that resilience can be regarded as the capacity to recover or spring back. There are considerable variations in the way in which resilience is defined in the literature . This makes it difficult to interpret the research into resilience. Moreover, research into resilience often employs a wide range of measuring tools that are only partly connected with resilience. This causes problems in assessing and comparing the results [6]. Resilience and posttraumatic growth as protective factors are assumed to decrease the likelihood of PTSD among victims.

Children's resilience is based on the protective factors, including the genetic aspects [7], [8] listed the protective factors building-up the resilience of children: some aspects belong to the child (personal resources) and others refer to social resources (within the family, within the educational units or within other social environments).

The recent talks and investigations on the field of Resiliency expand the concept at the family and community.

The resilience is proved by the reaction and personal story of the person fallowing the stressful event. [9] talks about three main kind of resilient development after confrontation with traumatic event: the attitude toward himself; the attitude towards others; the attitude toward life.

There are different instruments used to evaluate the resilience.

More recently, [10] launched the concept of assisted resilience.

4. **Social phenomenon:** defined by [11] "Social phenomena are considered as including all behavior which influences or is influenced by organisms sufficiently alive to respond to one another. This includes influences from past generations."
5. **Traffic of human beings:** Human trafficking is the trade in humans, most commonly for the purpose of sexual slavery, forced labor or commercial sexual exploitation for the trafficker or others, or for the extraction of organs or tissues, including surrogacy and ova removal. Human trafficking can occur within a country or trans-nationally. Human trafficking is a crime because involving coercion and commercial exploitation. Sometimes human trafficking involve the movement of the person to another location. Human trafficking is an illegal international trade estimated at $650 billion per annum in 2010. Human trafficking is condemned as a violation of human rights by international conventions. In addition, human trafficking is subject to a directive in the European Union.

   Human trafficking is by all the circumstancies and aspects inducing psychological trauma. It means dislocation of people, being kidnapped or held captive, violence and threat, verbal and physical abuse, harassment and all kind of violation of human rights of the person. Human trafficking induces to victims the feeling of being powerless, totally confused, betrayed and exposed to any kind violence thretening the life.
6. **Victim**: Anyone who is harmed by another person, the perpetrator. The victim is the disadvantaged party in a crime (e.g. swindle.). A person who suffers any other injury, loss, or damage as a result of a voluntary undertaking. An unfortunate person who suffers from a disaster or other adverse circumstance. A person who is conquered or manipulated by a villain.There is an orientation which attributes complicity to the person who is harmed by the social phenomena. This orientation is known as victim blaming. The Social Work Dictionary [12] mentions: „For example, a woman who is raped or sexually harassed is accused of seducing the attacker;...". This is unfortunately, very often the case for the victims of human trafficking. There is an interdisciplinary scientific domain: the victimologie, which is focused on the victims conditions and the context of victimization.
7. **Perpetrator:** it is always associated with crime. A perpetrator is often a suspect until it has been proven that he or she carried out the offense. The word usually describes someone who's committed a crime, but any wrongdoing will do.

As a theoretical conclusion we can say that human traffiking is a social phenomena occuring within specific socio-economic context, generated by perpetrators very often connected among them in network all over de world and involving trauma and PTSD as well as the resilience of victims.

The objective of our presentation is to raise the attention of the participants to the traumatic aspects of human trafficking and to initiate a debate on the opportunities to assist the resilience of the victims.

Statistics on human trafficking

Bellow we give some figures regarding human trafficking in the West Region of the country. The figures are provided by National Agency against Trafficking in Person – Regional Centre Timisoara.

Table 1: Demographic aspects of victims during 2011, in the West Region of the country

2011	Age of victims		Gender		Area of recruitment		Type of exploitation					Place		Total
	minor	adults	f	m	R/	U	sex	lab	beg	por	rob	Ex	int	
CS	12	13	20	5	6	19	13	4	2	1	5	13	12	25
TM	8	45	24	29	33	19	12	21	19	1		47	6	53
AR	33	55	45	43	45	42	40	37	3			62	26	88
Total	53	113	89	77	84	80	65	62	24	2	5	112	44	166

Table 2: Demographic aspects of victims during 2012, in the West Region of the country

2012	Age of victims		Gender		Area of recruitment		Type of exploitation					Place		Total
	minor	adults	f	m	R/	U	sex	lab	beg	por	rob	Ex	int	
CS		10	2	8	2	8	1	7	1		1	10		10
TM	19	50	46	23	32	37	40	20	9			39	30	69
AR	3	4	7		1	6	7					4	3	7
Total	22	64	55	31	35	51	48	27	10		1	53	33	86

Table 3: Demographic aspects of victims during 2013, in the West Region of the country

2013	Age of victims		Gender		Area of recruitment		Type of exploitation					Place		Total
	minor	adults	f	m	R/	U	sex	lab	beg	por	rob	Ex	int	
CS	8	1	4	5	5	4	9					4	5	9
TM	27	25	30	22	32	20	25	23	2	2		31	21	52
AR		8	8		5	3	8					6	2	8
Total	35	34	42	27	42	27	42	23	2	2		41	28	69

Case study

A phone call from police office in Bucharest advertised and asked for assistance to a NGO in Timisoara (Society for children and parents/ SCOP). A girl, 16 years old, with her nuclear family (mother and father) were moving from a city in the south of the country to Timisoara. The story of the girl (named: A) was unbelievable: she was unique adopted child of the family M. She was in the high school and started a relationship with a boy in the same city. Family M. was very welcoming this friendship as the boy's family was very rich. Soon A. moved into the boy's family and house with the approval of her parents. A continue to attend the school but little by little she accumulated truancies in a class. The parents saw her regularly but not each day. They did not feel comfortable to visit the boy's family despite the fact that they agreed with the relationship between the teens. After a period of a week when the girl did not contacted them, neither by telephone nor visiting, they tried to get in touch with her and made phone calls to the boy's family. They found that the teens went in Greece together and they are well. This was strange to parents as the school was on. They wait for few days hoping that the girl will be back. As nothing happened after several contacts with boy's family, and after the visit home of the boy, they went to the police asking the support in order to find the girl. They were aware not having a great impact to the police office as the boy's family had friends everywhere in the administration of the city. Eventually the girl's parents succeeded to send a letter to the President of the country complaining about the situation and asking for support. The police in Bucharest took over the story and found the girl who was sold as a prostitute in another country. The police in Bucharest decided to ask the support of a NGO known as having activities for preventing human trafficking. The NGO could shelter and work with A. and the family could move from their city in order to protect them self and the girl. Very few information were disclosed by the police to the worker in the NGO. The girl was sheltered for 6 month and the psychologist and social worker worked together with her and her family. Both the girl who could not speak about her experience and the parents who had a permanent angered attitude were deeply traumatized by the entire situation in which not only that the girl had passed through terrible situations but they had to be dislocated from their place and to try to leave with very little resources in another city. After 6 months they moved to another city in the north of the country where the girl was again enrolled in a high school. A couple of months following their move to the next city, the mother made a desperate phone call to SCOP and she complained that the girl is again captured by the network. They were persuaded by a new relationship of the girl with a policeman in the city. As the first time they accused the police as being involved in the network of which the girl was victim, this time they were sure that the policeman who is playing as a boyfriend of A. is involved in the criminal network. The psychologist in SCOP tried to calm down the mother and take another appointment at the telephone two days after. Two days after the psychologist called the number she had from mother but nobody answer and such number was not in use. She called several times in Bucharest, the police office, but she could not get in touch with the police officer who referred the case. Apparently nobody knew there about the case.

Conclusions

Being a criminal activity the human trafficking is wrapped in secrecy. The secrecy is always damaging the human being, at any age. Human trafficking is producing lot of money for perpetrators. That is why usually they work in international network. These networks promote all kind of criminals activities: drugs, weapons, corruption, smuggling and deceiving people who become victims. When a person becomes victim to get out of the network is almost impossible. When the victim can get out this is not sure that she will not be again captured. What is the resilience in such a situation?

In case of human trafficking as well as regarding any risk factors there are circumstances which push the development of the events and make a predisposition of a person to become victim. In case of an adult, the decision taken one moment enchained the final situation in which she or he find him/herself as being the victim. The cascade theory is very evident functioning in such a situation.

When the victim is a child the responsibility of the entire situation is on the shoulder of the adults caring of him/her.

The ignorance is always, in both cases of victims, part of the picture.

The reverse of ignorance, the education is always the strongest protective factors. In human trafficking as well as regarding other unhealthy or toxic stressful situations prevention is much more possible and costless than interventions. The efficiency of education, supporting the resilience of the person victim, depends on many contextual aspects.

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Trauma et catastrophe naturelle : incidence de l'attachement à l'habitat sur le vecu de victimes d'inondations - étude qualitative concernant l'inondation de la vallee de la somme (picardie, france) du printemps 2001

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Abstract

In 2001, the valley of the Somme (Picardie, France) has experienced significant flooding. This study aims to evaluate the relationship between the manifestations of traumatic experience and the attachment to habitat of flooded people. Ten participants (age ≈ 64 ± 8 years, sex ratio = 1; owners) have agreed to answer first to a semi-structured interview covering both the experienced flooding and attachment to the habitat, then to the self-administered questionnaires: impact of Event Scale - Revised (IES-R)by Weiss and Marmar (1997) and a questionnaire collecting socio-demographic data. The interviews were conducted in participants' homes, in conditions which ensure the confidentiality of what is said. The results indicate that, for a significant probability of trauma (n = 5), there is a considerable habitat attachment (n = 4) or significant (n = 1). If attachment to the habitat does not appear exclusively decisive for the occurrence of trauma, however it clearly stains the manifestations of traumatic experience. Not enough generalizing, these results contribute to our understanding of the relationship between an individual and his habitat and the impact of the habitat to the traumatic experience related to flooding. This study raises the perspective of specific research on the relationship between attachment style of individuals and the one concerning their habitat. These elements could also be explored through other traumatic events affecting the habitat; likely to improve on the one hand, our understanding of trauma in specific situations, and on the other to highlight additional data on attachment to the habitat. Finally, this type of work is an interesting relay through interfaces as the site memoiredescatastrophes.org which aims to support the stories of individual trauma; for the purpose of appropriation of individual and collective trauma and at the same time promoting resilience.

Keywords: Habitat attachment, trauma, resilience, flood, natural disaster

Introduction

L'interface de l'habitat revêt une certaine complexité. Les représentations conscientes ou inconscientes associées à l'habitat varient pour chacun à travers l'organisation des propriétés du Moi. Si l'habitat reflète dans une certaine mesure notre monde interne, ce dernier ne noue de liens d'intimité avec cet espace qu'au gré d'expériences nourrissant notre vie, d'expériences qui modèlent le monde dans lequel nous tenons. Les réalisations personnelles au niveau familial, social, professionnel sont autant d'événements qui, au moins temporellement, peuvent être associées au point de référence spatial qu'est le domicile. Les liens qui se tissent entre le sujet et l'habitat peuvent prendre alors une certaine consistance. Notre expérience clinique a soulevé de nombreuses questions: que représente l'habitat pour le sujet ? Quelle place y tient-il au regard de sa famille, de

ses proches, au regard de la société ? Dans quelle mesure s'y sent-il chez lui ? Quelle place occupe l'habitat dans la mémoire du sujet et dans celle de son entourage ? Dans quelle mesure l'habitat est-il nécessaire au sujet pour sa réalisation dans le monde ?

Un certain nombre de repères théoriques ont été établis et permettant d'envisager les conséquences cliniques et psychopathologiques potentielles, suite à une séparation d'avec le domicile. Cette question qui sera explorée ici à travers l'étude du vécu de l'inondation en 2001 de la vallée de la Somme (Picardie, France) chez 10 sinistrés.

1.1 Étymologie et sémantique

L'*habitat* dérive du latin *habitatus*, signifiant « domicile » ou « action de demeurer ». Ce terme est issu du verbe *habiter* ou en latin *habitare*, lui-même étant dérivé de *habere* signifiant « avoir » [1]. Notons d'emblée qu'à la racine du terme *habitat*, se situe un verbe d'état employé en français dans deux perspectives inverses : d'une part, dans un rapport à la possession (exemple : « Henri *a* une maison ») et d'autre part dans un sens d'appartenance (exemple : « La maison *est à* Henri ») [2].

Par ailleurs, Liiceanu [3,4] nous fait observer qu'en grec, les verbes se rapportant à l'habitat : *oikein, naein, demein*, etc., renvoient au fait d'exister. Ces verbes étaient les seuls à pouvoir commuter entièrement avec le verbe « être », constituant dès lors de véritables synonymes. Les rapports étroits entre les verbes « être » et « habiter » sont mis également en lumière par Heidegger [5] lequel nous fait remarquer qu'en vieux-haut-allemand, le verbe *Buan* signifiait à la fois *bâtir, habiter* mais aussi « *[...] la manière dont nous autres hommes sommes sur terre [...]* ». Par leur racine commune, les verbes allemands *buan* et *bin* (signifiant respectivement *habiter* et *suis*) sont employés dans un sens commun, à tel point que « j'habite » vint à signifier « je suis » ou « la façon dont je suis » et vice-versa.

La langue française comporte de nombreux termes se rapportant à l'action d'habiter : demeurer, loger, occuper, résider, séjourner, vivre, crécher, hanter, etc. En toile de fond, la *durée* et la *stabilité* apparaissent comme des propriétés attachées au sens de ces verbes. Certains d'entre eux révèlent l'analogie entre l'habitat et la personne. Par exemple, le corps se constitue en habitat lorsqu'une personne est habitée, hantée par un esprit ; ou encore, le terme de « demeuré » qui désigne à son origine celui qui faute de moyens psychiques suffisants, n'a pu quitter la demeure familiale [6]. De même, ne dit-on pas avoir une « araignée logée au plafond » pour désigner une personne au comportement et aux réflexions incongrus ?

D'autre part, le sens de « déménager » peut être entendu comme un mouvement déstructurant, faisant perdre ses repères au sujet, au regard par exemple de l'expression « ça déménage » ou encore de « il déménage » qui renvoie à celui qui déraisonne.

L'observation montre que l'intensité du lien entre un individu et son habitat est variable. Cette intensité dépend de la propension de chacun, à faire d'un habitat un *chez-soi*. Cette expression dont le « chez » (du latin *casa* signifiant « maison » [1]) complété du pronom « soi », soulève la notion d'ancrage identitaire. Celle-ci met en exergue le lien indéfectible entre l'habitat du sujet et l'inscription de son être dans le monde [7]. Au regard de ces éléments, nous dégagerons les processus qui participent à l'élaboration de ce lien singulier.

1.2 Les représentations et fonctions de l'habitat

1.2.1 *Spatialité et temporalité*

L'individu construit depuis sa naissance un référentiel spatial à partir des coordonnées de son corps et celles de son environnement. La représentation du corps, délimité entre autres, à partir de l'espace dans lequel il évolue, est également support de l'investissement de cet espace [8]. Le référentiel spatial évoqué plus haut, se fonde sur l'image du corps et sa représentation consciente. C'est à partir de celui-ci et par le biais de mécanismes projectifs, que l'espace environnant prend un sens pour le sujet. Néanmoins, au-delà de la représentation du corps, c'est son incarnation, c'est-à-dire la spatialité du sujet, qui lui permet d'agir sur le monde et d'investir l'espace [4]. L'espace de l'habitat est le lieu privilégié à la fois de projections psychiques et de la pénétration du corps : *« c'est la spatialité du sujet qui permet d'appréhender l'espace habité plutôt que sa représentation »* ([4], p.4) .

1.2.2 *L'analogie des fonctions de l'habitat et du Moi*

De manière similaire à la construction du Moi, l'habitat est l'objet de projections de l'image que nous avons de notre corps [6]. D'ailleurs, Anzieu [9] prolonge l'idée du Moi Freudien avec le concept de « Moi-peau ». Celui-ci nous permet alors de penser un habitat soumis à ses projections et d'y envisager une structure et des fonctions aux propriétés analogues.

Les fonctions du Moi-peau décrites par Anzieu [9] sont au nombre de huit : *maintenance, contenance, pare-excitation, individuation, intersensorialité, soutien de l'excitation sexuelle, recharge libidinale, inscription*

des traces. Eiguer [6] quant à lui décrit cinq fonctions de l'habitat : *contenance, identification, continuité historique, créatrice et esthétique*. Les recoupements des fonctions attribuées d'une part au Moi-peau et d'autre part à l'habitat sont remarquables. En effet, l'habitat par sa fonction de *contenance* maintient l'individu dans une enveloppe stable et rassurante offrant du même coup un caractère de *maintenance* et de *pare-excitation*. La fonction d'*identification* de l'habitat, soutient la singularité du sujet dans le partage et les échanges des espaces ; et renvoie aux fonctions d'*individuation* et d'*intersensorialité* du Moi-peau. Ces échanges, par l'action d'une mémoire liante, permettent le maintien d'une *continuité historique* par l'*inscription de traces* communes positionnant l'individu dans un groupe d'appartenance. Cette appartenance au groupe est soumise à la *créativité* et l'*esthétique* : agencement du salon ou association de bijoux, de vêtements ; pour « *le plaisir de tous* »... En ce sens, le Moi-peau comme l'habitat est une interface avec le monde.

1.3 L'appropriation de l'habitat

1.3.1 *Un processus d'identification*

L'individu, porteur de son intimité propre, s'installe dans un habitat pour en prendre possession. Cette intimité est nourrie par une vie familiale, domestique, par des secrets, des arrangements privés, etc. Elle s'infiltre et imprègne les murs de l'habitat par un processus dynamique. « *La notion d'intimité traduit le sens et l'expérience même de l'habitat* » ([10], p. 6). Les processus psychiques évoqués (mécanismes projectifs), correspondent dans une certaine mesure au *processus actif* de l'appropriation de l'habitat soulevé par Bonetti [11], Djaoui, [[12] ou encore Serfaty-Garzon [10], pour lesquels il s'agit du « *projet d'engager l'espace habité comme la construction de soi* ».

1.3.2 *La réification de l'intime*

Investi de représentations diverses, l'habitat contient un intérieur particulier : une intimité. Intérieur et intime se rapportent à un dedans circonscrit dans les limites de l'habitat ou du corps. Néanmoins, l'*intime*, superlatif d'*intérieur*, désigne : « *ce qui est le plus à l'intérieur* » ([10], p. 6). Il est nourri de notre *identité*, de ses secrets, aspirations, regrets, malheurs ou encore de ses forces ou de ses angoisses ; mais il fait état aussi de nos liens d'*appartenance* familiaux, professionnels, sociaux, etc. Ce sont ces données de l'intimité de l'individu qui se matérialisent dans l'habitat investi. Certains auteurs n'hésitent pas d'ailleurs à user de métaphores éloquentes concernant cette symbolisation du *for intérieur*. Bachelard [13] propose celle d'un *être vertical* où les pôles de la cave et du grenier se rapporteraient respectivement aux espaces de l'inconscient et du conscient ; ou encore Goffman [14] qui parle d'un *espace narcissique*, équivalent de « *prothèse psychique* ». Il existe également une idée d'extension de l'intime vers l'intérieur de l'habitat lorsque par exemple Djaoui [12] parle de *pseudopode* du Moi de l'habitant ; il en va de même pour les objets possédés, parfois considérés comme des prolongements de la personne ou des membres de la famille [15]. En ce sens, l'intérieur de l'habitat révèle au gré d'un processus d'appropriation, une forme de réification de l'intimité du sujet. Au sein de cet espace familier, le sujet peut se manifester de manière authentique, s'autoriser à être lui-même, et laisser tomber les masques que lui imposent la vie en société. L'habitat permet de se ressourcer dans un univers intime, gratifiant, favorisant l'intégration des expériences du monde extérieur plus ou moins éprouvantes [12].

1.4 L'habitat : un point d'ancrage pour une ouverture sur le monde

La dynamique d'appropriation de l'habitat met en évidence les nouages complexes entre les dimensions du monde interne du sujet et celles de son habitat. Qu'en est-il des nouages avec le monde extérieur ? À l'instar du sujet qui observe et écoute à partir de sa subjectivité, l'habitat, en tant que prolongement de l'intime, et à travers ses analogies au Moi-Peau, symbolise une *interface du sujet avec le monde*. L'individu construit un chez-soi, qui devient ainsi un point d'ancrage, à partir duquel se dessinera une organisation du maillage de ses liens avec le monde. L'habitat serait dans une certaine mesure, à la fois le reflet de la trame de ce maillage, mais également celui qui permet de maintenir cette trame en tension afin que ce tissu ne s'effiloche. Une de ces lignes de tension est représentée par la famille comme groupe principal d'appartenance. Dans cette perspective, l'habitat n'est pas seulement le miroir (ou narcissisme) du sujet mais il est également celui de ses habitants et des liens qui les relient entre eux (qu'ils soient intenses, ténus, conflictuels, etc.). De manière plus intuitive, l'habitat est un instrument à partir duquel nous décidons de ce que nous souhaitons montrer, ou pas, de nous-même. L'habitat peut mettre en scène notre créativité, nos goûts, nos convictions religieuses, la confiance que nous inspirons, notre unité familiale, notre volonté d'intégration ; mais aussi notre souffrance ou notre solitude, etc. L'habitat permet de communiquer au dehors de ses murs, à la fois des formes d'expression de ses habitants mais également les corps de ceux-ci.

Cet ancrage dans l'habitat peut se perpétuer au-delà même de la présence de ses habitants en ses murs. L'habitat est dans ce cas « hanté » par la mémoire de son ancien occupant. À l'extrême, l'habitat peut s'élever en mémorial ou encore en sanctuaire, voué à l'immortalité [12].

1.5 L'habitat : un objet d'attachement

L'habitat est potentiellement au confluent d'investissements individuels, familiaux et sociaux. S'il symbolise l'intime, les liens entre ses habitants, un lieu de rencontre avec le dehors, il n'en demeure pas moins que selon les époques, les cultures et ses habitants, ces dimensions varient pour former la singularité du lien d'attachement qui relie un individu à son habitat. Cova & Giannelloni [7] résument différentes dimensions, reprenant en substance le cadre proposé par Oswald & Wahl [16]. Ainsi, les auteurs dénombrent les dimensions *personnelle* : identité, familiarité, intimité, refuge, héritage, sécurité, etc. ; *familiale et sociale* : statut social, socialisation intérieure, extérieure, etc. ; *économique* : efforts, investissement, héritage, etc. ; *spatiales et temporelles intérieures* : fonctionnalité, confort, équipement, etc. ; *spatiales et temporelles extérieures* : insertion dans l'espace urbain, nature, présence de commerces, de services, etc. La complexité de ce lien d'attachement est mis en lumière par la multitude des variables qui le composent.

Dans cette étude nous avons analysé le vécu qu'ont eu les inondés de la vallée de la Somme, à travers l'attachement des sinistrés à leur habitat.

Méthode

Notre population d'étude a été constituée de 10 sujets dont les caractéristiques sont présentées dans le Tableau 1.

Tableau 1. Description de la population de l'étude

	Hommes	**Femmes**
Nombre de sujet	5	5
Âge	M= 64,4 (DS=5,0)	M=63,8 (DS=10,1)
État civil	Marié (n=4) Veuf (n=0) Union libre (n=0) Célibataire (n=1)	Mariée (n=2) Veuve (n=2) Union libre (n=1) Célibataire (n=0)
Situation professionnelle	Retraité (n=4) Employé (n=0) Cadre (n=1)	Retraité (n=4) Employée (n=1) Cadre (n=0)
Propriétaires	5	5

M = Moyenne ; DS = Déviation Standard

Notre étude a nécessité la construction d'une trame d'entretien semi-directif ayant pour but d'évaluer l'attachement à l'habitat des sujets concernés par l'inondation de 2001 ainsi que le vécu subjectif associé à cet événement. Nous avons également utilisé un auto-questionnaire : l'échelle révisée d'impact de l'événement (IES-R de Weiss et Marmar, 1997) permettant d'évaluer l'impact actuel du vécu traumatique associé à cette inondation. Les résultats de celui-ci étaient croisés avec les données recueillies via l'entretien semi-directif.

Chaque sujet a été rencontré une fois, à l'occasion de sa passation. Avant chaque passation, le sujet a reçu un courrier présentant la recherche et recueillant leur consentement éclairé.

Résultats

Les résultats indiquent que pour une probabilité de trauma non négligeable (n=5), on retrouve un attachement à l'habitat *considérable* (n=4) ou *non négligeable* (n=1). À première vue, la probabilité de trauma *non négligeable* semble associée à un attachement à l'habitat relativement important mais l'inverse ne semble pas évident. Les symptômes de trauma les plus fréquents étaient ceux du « syndrome de répétition ou de reviviscence » [17].

Pour illustrer ces résultats, il nous a semblé pertinent de présenter le cas d'un participant afin de mieux rendre compte de l'existence de liens entre attachement à l'habitat et trauma lié à une inondation. Nous allons donc aborder la situation de Corinne K., âgée de 66 ans.

Corinne K. a acheté une maison avec son mari suite à « un coup de cœur ». Cette maison représente pour elle un prolongement de sa maison d'enfance. Il s'agit d'un lieu accueillant pour la famille et les amis. En tant que directrice d'école, elle est très connue dans le quartier. Corine a une appropriation de sa maison très importante. Notons qu'elle y vit seule depuis le suicide de son mari, qui s'est noyé dans les eaux de la Somme quelques années auparavant.

Au début de l'inondation, l'école dont elle est la directrice est touchée, puis l'eau apparaît aux portes de la maison, ce qui génère une très grande appréhension soulagée lorsque l'eau entrera dans la maison. Le rez de chaussé est alors complètement inondé, les portes ne ferment plus et l'armée se positionne dans les rues. Malgré une grande angoisse, et l'absence d'eau courante Corinne souhaite néanmoins rester dans sa maison.

Rapidement, l'espace refuge que représente sa maison se retrouve réduit à sa chambre, où Corinne tente de reconstituer une enveloppe pare-excitatoire suffisante. La tension anxieuse demeurera importante malgré un éloignement du domicile conseillé par ses filles pour que Corinne K. se repose. Durant l'inondation, Corinne se saisit de son entourage pour supporter le quotidien, en se faisant inviter à manger, pour faire sa toilette, etc. Par ailleurs, elle apprend au cours de l'inondation que sa petite fille ne supporte plus de se baigner, considérant l'eau comme un danger. Cet élément fait écho a posteriori au suicide du mari de Corinne par noyade et à la souffrance qui est associé à cet événement. Ces souvenirs réactualisés renvoient au retour de la réalité angoissante qu'induit cette inondation. De manière générale, Corinne se défend face à cette inondation d'abord avec déni puis par un activisme, avec humour, une hypervigilance. Au décours de l'inondation, on note pendant un certain temps une hypervigilance ainsi que des troubles de la conscience et de la mémoire.

Cette inondation a nécessité le réaménagement du mobilier et notamment des affaires de son mari qui étaient restées en place depuis son décès il y a quelques années. En tant que Directrice de l'école primaire, Corinne fut médiatisée et s'engagea dans plusieurs actions associatives.

Pour résumé, Corinne a subi l'inondation d'un espace pleinement investi. Cette atteinte à l'habitat fait potentiellement écho à une effraction fantasmatique de l'enveloppe de contenance (que l'on peut envisager comme une matrice maternelle, selon Alberto Eiguer, 2004). Cette effraction renvoie à celle du moi-peau, générant ainsi des angoisses archaïques.

Malgré la tentative de reconstitution d'une enveloppe dans la chambre par le rassemblement d'objets familiers appartenant à son quotidien, il demeure une porosité de l'enveloppe pare-excitatoire. Néanmoins, cette inondation a permis de retravailler le deuil de son mari et de surcroît la présence de sa mémoire dans les murs.

Sur le plan psychique, Corinne a fait face à l'événement en mobilisant de nombreuses défenses maniaques parfois dépassées et nécessitant l'emploi de défenses psychotiques comme en témoignent les phénomènes dissociatifs qu'elle décrit (déréalisation, dépersonnalisation). Néanmoins au long cours elle rapporte son vécu en mettant en évidence une objectalisation de sa blessure narcissique. Cela lui ayant permis de faire le lien de manière intéressante entre d'une part l'inondation et ses conséquences matérielles et d'autre part son histoire et ce qu'elle a éprouvé dans l'intimité.

En somme, nous pouvons avancer que les manifestations traumatiques liées à l'inondation et sa manière d'y faire face dépendent de l'attachement qu'éprouve le sujet envers sa maison.

Discussion

Les participants à l'étude ont chacun subi une inondation différente tant dans le déroulement de celle-ci que dans les conséquences. Celles-ci ne présagent pas de la probabilité d'un trauma. C'est bel et bien la confrontation de l'événement aux capacités de représentation du sujet qui conditionnera ses possibilités de subjectivation concernant l'événement, et l'éventualité d'un trauma. Pour les cas où nous avons considéré la probabilité de trauma comme non négligeable, son expression s'est traduite à travers le contenu et la forme du récit, et non par l'expression directe d'émotions ; les douze années écoulées depuis ont probablement favorisé la métabolisation psychique de l'événement, permettant d'introduire plus aisément un sens par le verbe et la métaphore. En ce sens, le trauma est présent en particulier par sa probabilité à être réactualisé.

Globalement, les participants pour lesquels nous avons évalué l'attachement général à l'habitat comme *considérable*, présentent une intensité d'attachement élevée pour la plupart des dimensions. Cette qualification ne saurait se résumer à l'addition des valeurs attribuées pour chaque dimension. En effet, un même sujet peut présenter un attachement nul ou faible dans deux dimensions et s'avérer être considérablement attaché à son habitat. C'est le cas par exemple de Corine K. pour qui la dimension "héritage" est faible et celle "efforts et/ou renoncements" est nulle. Or, l'intensité des autres dimensions est telle que l'attachement général à l'habitat apparaît très important. D'ailleurs, sur une échelle verbale analogique, Corinne évalue au maximum l'attachement à sa maison. Les résultats ont également mis en évidence une position variable donnée à l'habitat au sein du référentiel (personnel, familial, social, etc.) dans lequel ils évoluent. L'habitat participe pour certains au socle qui

les maintient dans le monde. Ce point est soulevé notamment, par l'incapacité de certains participants à se projeter dans un éventuel déménagement. Cet aspect est parfois inenvisageable et d'autres fois il est déduit lorsque nous percevons qu'un tel projet nécessiterait des aménagements considérables au risque sinon pour le sujet de perdre pied. L'habitat prend donc une place relative vis-à-vis des liens du sujet à son monde.

Ainsi, il convient de considérer au cas par cas, les rapports entre l'intensité de l'attachement à l'habitat et celle du trauma.

Au sein de notre population, nous observons que les participants évalués avec une probabilité de trauma *non négligeable* présentaient un attachement à leur habitat *considérable*, sauf un pour qui cet attachement était considéré comme *non négligeable*. Dans le cas des 10 participants, la perspective de perdre ce qui représente l'histoire d'une vie entière semble avoir participé au vécu traumatique. À cela s'ajoute le fait de vivre dans une maison où les fondations deviennent douteuses, où le sous-sol, de tout temps non investi, devient un lieu obscur, susceptible de faire disparaître les corps, de générer l'angoisse de *« s'enfoncer »*. Le sentiment de friabilité de la maison semble renvoyer à la fragilisation du Moi dont les assises narcissiques sont fissurées. Pour chacun de ces participants, le vécu traumatique lié à la rencontre de l'inondation avec l'habitat est singulier, par exemple : le retrait de l'eau, qui pour un autre participant, révèle un paysage de désolation, où règne uniquement la mort de ce qu'elle a créé et entretenu (fleurs, arbres, etc.) ; ou encore, pour un autre sinistré, la perte transitoire mais relativement longue de l'habitat, lieu refuge confortant le sentiment d'unité familiale ; ou bien, dans un contexte différent, l'inondation du cabanon, détruisant tous les outils, ces derniers permettant à son habitant de s'inscrire, de se positionner et de s'épanouir au sein de son habitat ; et enfin pour Corinne K., les portes maintenues ouvertes par la force de l'eau, nécessitant la protection de la maison par l'armée et générant du même coup un sentiment d'enfermement au sein d'un lieu habituellement porteur d'une grande intimité, celle-ci étant alors à découvert, à la vue de tous.

Bien que les manifestations du vécu traumatique semblent liées à de nombreux paramètres, le type d'attachement à l'habitat colore de manière substantielle le vécu traumatique.

Conclusion

L'habitat est un lieu qui touche à ce qu'on est en tant que sujet. Le lien qui se tisse entre l'habitat et son habitant se réalise, entre autres, par le concours de ce qui structure le sujet, et de l'écho, dans le temps, que cet habitat est susceptible de renvoyer à son habitant. Les inondés de la vallée de la Somme de 2001 ont, dans une certaine mesure, été touchés à travers l'atteinte de leur domicile : l'attachement à l'habitat joue sur l'expression du vécu traumatique lié à cette inondation. Ces données alimentent nos connaissances sur les liens qui relient le sujet à son monde intime, familial et social.

Par ailleurs, ce travail soutient l'intérêt de l'existence d'interfaces comme le site *memoiredescatastrophes.org*, qui permet à toute personne de raconter une catastrophe vécue collectivement. Avec cet outil, c'est à travers la subjectivité du récit singulier qu'est permise une appropriation d'un événement potentiellement traumatique. Cette appropriation se réalise pour celui qui témoigne mais également pour celui qui lit ce témoignage, celui-ci étant ainsi renvoyé à son propre vécu. En cela, l'Institut d'Histoire et de Mémoire des Catastrophes (Ihmec) constitue un outil intéressant pour la résilience de victimes de catastrophes.

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Resilience centered approach for children during floods

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Abstract

Natural disasters are for children in emergency state, the source for multiple traumatic events in their proximity and at representational level of their world. That can be perceived as endangering also their meaningful relationships [1,2] Recognition of psychological symptoms (including the possible post traumatic stress disorder (PTSD) is an issue also for adults in their environment ,due to special circumstances and developmental related (limited or special)expressivity in childhood. The cumulative risk factors should be acknowledged, to avoid more intrusive action in emergency situation and for preventive intervention in mental health [1].Attachment theory offer better understanding of behaviors observed in stress as base for early empathic intervention ,play therapy and lather in time story-making ,story breaking therapy .Resilience can be built through supportive relationships which help to make sense of what has happened .Actor-network theory refering at action that serves to reassembling the social in special ways can be useful in Romanian situation

The steering team, targeted 130 children, their families and a rural community in research-action projects, initiated during floods in 2005 in Western part of Romania ,for diagnosis of psychological reactive symptoms and screening for possible PTSD .Observation methods ,videotapes , drawings ,play ,focus groups, semi-structured interviews adjusted at developmental level engaged creativity and competences and tutoring processes at all levels.

Save the Children Organization, was committed, when pioneering the field, to emphasize the need for certain ethics and techniques for intervention in mental health services for children .Promoting United Nation Convention on Child's Rights (UN-CRC) it generated a practical guide that was enriched in time by experience that included children's opinion for those acting as volunteers in floods.

The specific volunteer involvement of academics from Timisoara's universities, governmental structures and other NGOs, in assisting (as professionals/supervisors)as volunteers in networking processes was focused to promote resilience at multiple levels. The strategic plan was focused on human relations as resources to increase resilience. Lessons learned in initial processes promoted resilience factors and changed practices and attitudes influencing local mentalities concerning children at risk.

Key words: floods ,research-action ,PTSD in childhood screening, resilience, UN-CRC principles

Introduction

In 2005, the floods in the Western part of Romania, in emergency involved "Save the Children" volunteers to deliver humanitarian aid in the immediate aftermath (providing food and shelter, medical supplies) for most affected communities in Timis district in four villages: Foeni, Otelec, Cruceni, Ionel. The aim was also to identify best ways to support local competence for recovering and facilitate feelings of being in control of the multiple processes that can lead finally to local to resilience. In order to empower communities to support themselves, (fighting through the pain of losing their possessions and houses), focus groups were conducted aftermath to set priorities of agenda of actions, with residents and local authorities, assisted by psychologists as leading volunteers in ONG. The initial assessment of children's needs was done on direct contact with local

schools directors and teachers concerned by children. Aiming to support complex processes immediately after the disaster, to promote resilience, on local groups were involved meaningful adults to make them available for children and their needs and rights. As result, in one of the villages, local consultative council decided as priority, to rebuild the school. That was considered meaningful by Save the Children Timis because already placed children as most important value in their agenda for action. Actor-network theory refering at action that serves to reassembling the social in special ways applied the social firld at that time in Romanian. Agency was regarded as a dispersed competence In contrast to classical approaches, actions were not simply an outcome of the interests, motivations, intentions and capabilities of actors. Instead, the realisation of actions was explained by exploring the points where an actor's dispositions meet the opportunities to act provided by concrete situations, contexts or constellations[7].

Material and methods

In Romanian was a lack of available literature in mental health, education, psychology or social work concerning psychological symptoms generated by perceived trauma during floods The specific issues connected with early recognition of possible Post Traumatic Stress Disorder (PTSD) in children victims of floods were quasi unknown It was designed an observational guide ,an interview guide, age specific for stages of development, concerning perception of events according to their unpredictability. Questions refer at different occurring moments: before, during, immediately after floods and lather in time, targeted on level of stress generated by perceived disaster. It was translated to be accessible for Hungarian speakers also in the region.

Diagnosis and intervention project was drafted in order to promote resilience at multiple levels (targeting also the youth group of Save the Children's volunteers). Mixed teams 36 participants as professionals specialized in psychology, social work, psychiatry, pedagogy, from universities, child protection agencies and school inspectorate's educational structures, (motivates also as adult volunteers for Save the Children) were coordinated and connected for common strategic plan and intervention. Brainstorming meetings with main actors in research and intervention took place in each institution (involving Save the children coordinators as team). They shared a basic knowledge about research - action and training intervention process ,attachment theory, PTSD diagnostic criteria in children . Special attention was done in training on observational skills necessary for capturing emotional verbal and nonverbal language to recognize and refer individuals with certain symptoms for psychiatric examination . For the steering team acting in training and supervision of students, exposed in their interaction with those confronted with floods, a special approach was also necessary. The drafted plan was known, and questions from interview and observational tools were discussed and enriched from different perspectives. Qualified mental health direct services were finally delivered for local community in mixed teams with local actors for only 3 children with clear PTSD symptoms ,and 4 with .

The level of perceived trauma was important to be correlated with perceived social support in the target group of 130 children from Foieni village.For children above 15 years it was applied an interview and an observational guide. For children between 10 - 15 years a special version of interview and observation guide was conceived. In the situation of children smaller than 10 years an interview about the child was held with the parent or principal caregiver..The interview at home was done for all 130 children focused on possible impact of events before, during, and after floods and in the following time. The observation of meaningful interactions and perceived social support took place in peer groups in kindergarten and school. The results of interviews indicated by adults were their feelings of distress regarding not only the lost of possessions, houses and animals in floods, but also concerns about the disruption of family life as washing, cooking, sleeping long time after. Some of the parents perceived the displacement much difficult because separation from peers or family members. The older children were worried about the additional stress factors for their parents and may choose to hide their emotions from them or teachers. Dealing with a "loss experience" as pets, toys, possessions, social isolation after moving to another accommodation place, changing life style that are recurring themes. Behavioral problems described by parents included tantrums and sleeping problems, as nightmares, enuresis since the floods - similar with what was found in the literature [7]. Poor academic performance can be a result of stress in family relations during the flood recovery process but also may be felt through disruption of routines and isolations from friends. The attachment to concrete places and/or their meaning is important to be focused in appreciation of consequences in disasters. When school was affected by floods some of the children perceived as double flooding trauma (and school was particularly challenging). Moving to a new school can increase the preexisting vulnerabilities (as having special educational needs). The lack of places for homework or overcrowded conditions in new places to live were perceived as added in time to the initial stress and important to be taken into consideration. The building of school as safe place in Foieni was considered as well as source of resilience and focusing attention to this aspect in future interventions was successfully promoted in this respect. In the case of neglected children school can be a source of consistency and continuity that can be assimilate to "the safe haven". The recent literature confirms our findings [9]. When teachers themselves, were personally impacted by flood experience it was challenging to deal with pressure added by their emotionality attendance to the children they were working

with [7]. Sentimental items that were lost when they, or the adults have to make, quick decisions in time were sometimes harmful feelings, the different life style after disaster induced the discomfort: loose of everyday routine as free time with family, with friends when it took long time to travel to and from the school[9]There are key themes when working with children and young people survivors of floods that were in focus for volunteers.

Results

Through interviews, (films and tape recordings) of play activities in school, 3 months after floods it was possible to have positive interactions and evaluate behaviors in all 130 children belonging to that community, called Foieni. Their perception and initial attitude towards floods (with tools adjusted to the age group, at home, at school and in the same age group) feelings were expressed verbally or through drawings of hand work in clay and ceramics under known adult's supervision. Narratives about events were listening with empathy from children and adult's as individual or family life stories. Teachers from local community (sometime working on the front line to protect children in classrooms or distribute emergency first aids) described their self-perception of social support and meaning ascribed necessary in the event. Those aspects were also analyzed together with conceptualized intervention, performing surveys, interviews, focus group. Finally was drafted a guide for strategic action, preserving child mental health and rights in emergency situation that can promote resilience. It was subsequently used by the volunteers in the counties of Dolj, Suceava, Iasi, facing floods in the following years. It was the starting point to involve children and youth volunteers in processing and elaborate strategies and presenting their perspectives in making plans to confront disasters in „Child Led - Disasters Risk Reduction"project(2009) It was considered of importance the transformation of the unpredictable in predictable. Understanding and using knowledge, mapping the resources in their proximity it helped in coping with situations and trusting relations to increase resilience

Discussions

Since the beginning, the lack of specific tools for diagnosis of PTSD in children victims of floods, generated the need for training for all participants in the project, to become familiar with diagnostic criteria and to recognize possible specific disorders in childhood, when acting as volunteers in different NGO's in emergencies generated by natural disaster. The studies identified from the literature have been divided according to whether they examined a single flooding event, or multiple events[7] The following self-reported psychological health effects were describe by those who had been flooded : anxiety, increased stress levels, sleeping problems, depression, panic attacks, flashbacks to flood, difficulty concentrating on everyday tasks,lack of energy, feelings of isolation, , nightmares, anger/tantrums, mood swings/bad moods, increased tensions in relationships (e.g. more arguing), thoughts of suicide. Research has identified a range of factors which were associated with higher levels of vulnerability including family income, age, ethnicity, pre-existing poor health and family structure[9] .

Risk factors associated with posttraumatic stress syndrome PTSD (elements were taken into account both the construction of the interview with the child and adults interview): age, sex, ethnicity, developmental stage of the child, pre-existing psychopathology (family, child), Special events/traumatic events in the last 3-5 years. Before, during, after the flood we studied at preschool children in kindergarten and family adaptive behavior and active search of social support as was remembered or illustrate in their narratives.

Adversity is part of the human experience. The program in action needed strong theories and clear guidelines for data collection, concerning children, their families and school. Symptoms that can elicit specific intervention from psychological diagnosis to psychiatric intervention needed to be known for those who assisted the processes of adjustment. For short and long term recovery in mental health it was important to be pro-active in involving multilevel perspectives and co-create strategies for each person's life span looking at their developmental level to grow across time as well at family group and community level.

Building on strengths and improving problem solving skills promotes feelings of self worth and increases overall capacity to deal with life challenge at all levels of actors participating in intervention. Different contexts will require guidelines to structured interventions but also specific responses.

The project methodology shows the importance of creating spaces (as time and places) where people can share their experiences in a way that enables them to learn from and support each other. Using participatory approach to empower local communities in their efforts to make sustainable livelihoods bring ethical concerns that need to be explicit from the very beginning and translate to local culture, that should be highly respected. Valuing diversity, working in multidisciplinary teams and volunteer ship as principle in action can increase the awareness concerning mental health and promote the principles of CRC.

This study supports the conclusions of other research [9] on disaster management. It may emerge from more informal working practices when is promoted a greater flexibility in terms of both institutional roles and individual job descriptions. Capability and capacity also emerge through facilitating and funding a broader,

community-based resilience approach, where there is cooperation between formal organizations and community groups.

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A study of changes in the impressions of *yogo* teachers about the condition of school children (aged 6 to 15 years) over a three year period in a prefecture severely affected by the tsunami of March 2011 in Japan

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Abstract

This study surveyed the mental and health condition of primary and junior high school children within severe tsunami disaster areas three years after 11th March, 2011. We conducted a survey of *Yogo* teachers who combine the function of school teachers and health care and education specialists in primary and junior high schools in two cities affected by the tsunami. We sent questionnaires by mail to all *Yogo* teachers in primary and junior high schools to ask about the condition of children in their schools. Almost three years after the disaster, this study has discovered several new problems about children's condition. First is an increase in the incidence of physical problems related to a lowering of immunity levels Next is the problem of family crises. High risk families tend to show a decrease in the function of child rearing, due to pressure caused by economic problems and social disparities.

Keywords: natural disaster, resilience, children, school teachers, psychosocial supports.

Purpose

This study surveyed the mental and health condition of primary and junior high school students within areas of Miyagi prefecture two and half years after suffering severe damage from the tsunami of 11th March, 2011. We conducted a survey of *Yogo* teachers in primary and junior high schools in two cities affected by the tsunami. *Yogo* teachers combine the roles of school teachers, and of health care and education specialists, which puts them in a unique position to assess the condition of children. This study started in 2012, and will be continued until 2014.

The ecological background of this study is as follows. The population of Miyagi is around 2,203,000. Miyagi is the economic and political center of the Tohoku region. In the disaster of 2011, Miyagi recorded the highest number of dead and missing people. Many schools located along the coast of Miyagi suffered severe damage. These schools also were designated as relief centers after the disaster. From the result of our prelimary study in 2012, we discovered the following facts and problems;

- The result of questionnaires showed that most school children had adapted successfully at schools.
- We found the unexpected results that the number of children with severe psychological problems from the disaster itself was remarkably low.
- However, teacher training programs based on the assumption that many children would get PTSD left teachers with a haunting fear of an impending 'epidemic' of PTSD. Too much PTSD was incapacitating teachers, creating a clinical-psychologist-made problem.
- The ratio of answers that children had not adapted successfully shows a correspondence to the mortality ratio for school children.
- In this presentation, we would like show the results for 2013.

Method

We sent unsigned questionnaires by mail to all the *Yogo* teachers in the same primary and junior high schools as in 2012 to ask about the condition of children in their schools.

The ratio of collection at the time of writing is over 70%. The questionnaire contained the same questions that we asked in 2012, asking teachers to choose from a group of alternative expressions about the health and mental condition of children and describe their concerns about children in a section for free description. We excluded the responses of teachers who had moved in from other areas in 2012.

In conducting this study, we had to work under some methodological restraints. The first restraint was that the Ministry of Education, Culture, Sports, Science and Technology has issued a directive asking researchers to refrain from collecting data from school children within the disaster areas. Secondly, ethical commonsense also dictates that any researcher should be sensitive to the side-effects of probing questions into the disaster and its after affects.

It is important to understand the methodological restraints under which we worked, and how this affects our data. It is under these restraints that we chose to collect data indirectly through *Yogo* teachers in schools within the disaster areas.

This study was approved by the ethics comittee of Yamagata University in 2012.

Results

Table 1 shows the ecological outline of the two cities studied.

Table 1 The ecological outlines of the cities surveryed

	City A	City B
Population	68,000	40,000
The frequency of disasters in the last hundred years	Frequent	Rare
Features of each city	Depressed area, mostly primary industry	A commuter town

Table 2 A comparison of the results of the questionnaire between the two cities

		City A	City B
The ratio of severely damaged schools		71%	60%
The ratio of collection	2012 2013	71% 76%	74% 70%
The mortality of school aged children		Almost 0.1%	Almost 1%
The ratio of *Yogo* teachers who answered the children did not adapt successfully.	2012 2013	10% 0%	40% 15%

Table 2 shows a comarison of the results of the questionaire between two cities in 2012 and 2013.

According to our results of 2012, only 10% of *Yogo* teachers of City A where 70% of all schools were affected severely, answered that children had not adapted successfully. In contrast, 40 % of *Yogo* teachers of City B where the mortality ratio of children was high answered that the children had not adapted successfully, even though the rate of severely affected schools was lower than City A.

The results of 2013 show that there were no *Yogo* teachers who answered that the children had not adapted successfully in City A. On the contrary, in City B, 15% of *Yogo* teachers still thought that there were children who had not adapted successfully.

Table 3. The concerns of Yogo teachers about children's problems in the free description section

	City A 2012→2013	City B 2012→2013
PTSD	0→0	1%→0
Afraid of aftershocks	10%→0	3.4%→0
The influences of family crises (unemployment, divorce, suicide, temporary housing stress, neglect)	17%→43%	30%→0
Truancy, school refusal	0→8%	3.4%→0
Deterioration of existing developmental problems	10%→4%	3.4%→10%
Obesity, Injury, fracture, dermatitis	14%→4%	13%→33%
Unidentified complains	3%→4%	3.4%→55%
Stress related to physical changes of school environment	20%→43%	6%→22%

Table 3 shows the changes between 2012 and 2013 in the number of *Yogo* teachers expressing concerns about children in the free description section.

According to the results for City A, *Yogo* teachers' concerns in 2012 that some children showed tendencies of obesity, skin diseases, or appeared to be increasingly accident and injury prone had decreased in 2013. However, some teachers were now reporting that certain individual children in high risk families (economically disadvantaged or in temporary housing) showed more serious psychological and physical problems compared to 2012. Some teachers reported that the tendency of truancy and school refusal is increasing because of a rise in children's apathy in high risk families.

Conclusion

In 2013, over 90% of the teachers reported that their children overall appeared to have adapted successfully. The resilience of children to the damage caused by the tsunami itself was remarkably high. However, we also found that in City B, not all the children had adapted successfully to the tsunami experience. The biggest difference in tsunami-related damage between City B and A is that the mortality ratio for school children was higher in City B. Some children still showed the same tendencies of obesity, skin diseases, or appeared to be still increasingly accident and injury prone as in 2012.

However, in City A where the majority of children had already adapted to the tsunami itself, by 2013, some teachers were beginning to report that certain individual children in high risk families (economically disadvantaged or in temporary housing) were showing a new range of psychological problems. The economic depression and damage caused by the tsunami to communities and families was evincing itself in pupil apathy and other social problems.

Our findings suggest that as Rutter argued, "it is necessary to focus on risk mechanisms and not on risk factors." According to the results of City A of 2012, children in that area showed better resilience than we expected. However, two and half years after the disaster, psychosocial risk has started to negatively affect some children caught in high risk environments.

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Traumatismes et resiliences chez les enfants de 3 a 6 ans dans trois quartiers de port-au-prince apres le seisme de 2010

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Abstract

The research is focus on three neighbourhoods of Port-au-Prince.

Objective: to measure psychological state of art of 3-6 years' old children after 2010 earthquake in Haiti.

Research method: two standardised questionnaires PSYCa 3-6 applied to parents at home by end 2011 and beginning of 2012.

Results: Young children are the most vulnerable. Boys are most exposed than girls to psychological disturbances. Size and rank in brothers increase the score of psychological disturbance. The neighbourhood and perception of environment violence have a considerable impact on range of psychological perturbation.

Significant scores improvement between the first and second ones emphasised an increase resilience whose main factors are social support received by the family, rapid re-entrance to school, faith and religions practique.

Key words: Haïti, earthquake, assessment, psychological perturbation, PSYCa 3-6

Introduction

Quatre ans après un séisme dévastateur qui a fait 300 milles morts, des dizaines de milliers de personnes restent parqués dans des abris de fortune. La pauvreté, la mortalité infantile et maternelle, les inégalités sociales, la violence et la corruption restent relativement inchangées. Une nouvelle gouvernance a peu modifié l'incurie ou l'inexistence des services publics. Il n'y a pas de politique de planification et très peu de ressources pour la santé mentale. En milieu urbain la population est confrontée à des niveaux élevés de criminalité et de violence. En fin 2010, une épidémie de choléra avait touché plusieurs centaines de milliers de personnes, provoquant plus de 8000 décès.

Méthodologie

1.1 Les outils

Il existe peu d'outils d'évaluation psychologique transculturelle généraliste des jeunes enfants permettant une identification rapide des enfants les plus en difficultés. Nous utilisons Le PSYCa 3-6 version simplifiée et adaptée du QGE [6]. Avec désormais une adaptation et une validation transculturelle et la structuration du guide d'utilisation (Marquer & al, 2012). Le PSYCa 3-6 propose une mesure globale de la détresse psychologique plutôt que de viser un trouble ou un symptôme spécifique. Le questionnaire est rempli sur place par l'évaluateur, plusieurs études soulignent la validité des informations parentales ou du caregiver sur l'enfant [3].

Le PSYCa 3-6 est constituée en première partie, d'une base de 22 questions peu saturée en facteurs culturels avec une cotation en intensité. En fin d'administration, les scores vont de 0 à 44, les scores les plus élevés soulignant des perturbations importantes. Les différentes validations transculturelles indiquent un seuil de perturbation à partir d'un score de 9. La seconde partie du questionnaire cible les caractéristiques sociodémographiques et doit être adapté à chaque contexte.

1.2 Adaptation

L'utilisation transculturelle d'un outil d'évaluation psychologique nécessite son adaptation au contexte culturel, social et linguistique avec un travail de traduction et rétro-traduction en s'assurant des équivalence sémantiques des termes employés. Le créole haïtien (Kreyòl) est la langue maternelle de la très grande majorité de la population haïtienne.

Les terrains de l'enquête se situent dans les secteurs populaires de trois quartiers de Port-au-Prince : Cité Soleil, Fontamara et Delmas. L'échantillon a été choisi parmi les familles des quartiers où intervient déjà l'équipe psychosociale de l'institution partenaire ID Microfinance. Les critères d'inclusion étaient les familles d'enfants de 3 à 6 ans qui avait signé un formulaire de consentement en créole, également lu par l'évaluateur pour s'assurer de la bonne compréhension. Les critères d'exclusion étaient des troubles envahissants du développement massifs et des déficits intellectuels profonds que les évaluateurs étudiants en psychologie avaient été formés à prendre en compte.

1.3 Partenariat avec ID Microfinance, objectifs, déroulement

Après le séisme, un programme d'appui psychosocial qui s'adresse à des familles présentes dans les zones ayant été fortement touché par le séisme.

A travers deux passations du questionnaire, fin 2011 et début 2013, nos objectifs partagés avec les psychologues de l'équipe psychosociale étaient d'une part : identifier les enfants les plus en difficultés psychologiques, sensibiliser les familles à la santé mentale et au rôle du psychologue, mettre en place une prise en charge adaptée en cas de besoin. Et d'autre part, à travers la seconde passation une année plus tard, avoir une indication de l'évolution des scores de perturbation psychologiques des jeunes enfants sur un axe vulnérabilité/résilience. La visite à domicile permettait de dépister les troubles psychologiques au sein d'une population qui ne rend pas non plus dans les centres de soins communautaires.

Résultats

La première passation Temps 0 (T0) concerne 166 enfants, la seconde passation Temps 1 (T1) concerne 49 enfants, les mobilités, relogements, déménagements, etc., n'ont pas permis de retrouver l'ensemble des enfants évalués à T0.

1.1 Première passation

Pour la première passation, fin 2011 qui concerne 166 enfants, il n'y a pas eu de refus. Sur les 166 enfants participants à l'étude, il y a 44 % de garçons et 56 % de filles avec une moyenne d'âge de 58 mois. La répartition des enfants par quartier est de 61 soit 36.75 % pour Cité Soleil, 60 soit 36.14 % pour Delmas, 45 soit 27.11 % pour Fontamara. 165 enfants ont été directement témoin et/ou victime du tremblement de terre et 30 % ont eu des morts ou des blessés dans la famille proche. Pour 47 % d'entre-eux, la famille a remarqué un changement notable affectant, le caractère, le comportement ou la personnalité de l'enfant à partir de l'évènement. 30% des personnes interrogées ont été contrainte de changer de domicile après le séisme. La moyenne des fratries de notre échantillon est de 3 enfants, 30 % sont enfants aînés, 25 % sont seconds et 18 % sont troisième. 97 % des enfants sont scolarisés. 98 % des familles se déclarent catholiques ou protestants ; 36 % catholiques, 62 % protestants, 2% autres ou vodouisants. Le nombre moyen d'habitant par foyer est de six et peut aller jusqu'à 13.

1.2 Scores indicatifs de perturbation psychologique à la première passation

Nous avons retenu un seuil de difficultés psychologique défini à 9 préconisé pour les trois études de validation transculturelle avec gold-standart au Niger, en Colombie et au Kenya et confirmé pour Haïti avec la CGI.

Proportion d'enfants avec un score PSYCa 3–6 >= 9 (égal ou supérieur à 9)

– au Niger; 12.5% (n=31/255)
– en Colombie; 7.3% (n=8/109)
– au Kenya;11.5% (n=14/121)
– en Haiti fin 2011, à TO, 59% des enfants au-dessus d'un seuil de 9 et 33 % au dessus d'un seuil de 12.

Le score de perturbation psychologique est très important mais corroboré avec d'autres recherches sur la situation psychologique des victimes de catastrophes naturelles.

1.3 Score et religion

Il n'y a pas de différences significatives entre les affiliations religieuses.

1.4 Score et genre

On constate une différence significative entre les filles et les garçons, ce qui diffère de la littérature internationale cependant ces études portent le plus souvent sur des enfants au-dessus de 7 ans.

- 62,6 % des filles ont un score de 1 à 10 et 38,7 % ont un score élevé de 11 à 27.
- 37,4 % des garçons ont un score de1 à 10 et 52 % des garçons ont un score de 11 à 27.

1.5 Score et âge

Bien que le résultat reste non significatif sur le plan statistique le groupe des plus jeunes enfants paraît plus vulnérable.

1.6 Score et perception de la violence environnementale

Plus de 53% des familles ont la perception d'une violence environnementale pour la globalité des 3 quartiers, mais cette perception est bien plus importante pour un des quartiers, Cité Soleil ou près de 80% des familles ont la perception de la violence environnementale. Le fait de percevoir et/ou de subir la violence au quotidien entraine une hausse significative du score au PsyCa 3-6 chez les enfants.

1.7 Score et fratrie

Le score de perturbation est plus important avec une fratrie nombreuse égale ou supérieure à 4 enfants. En fonction du rang dans la fratrie, de façon significative, les aînées ou les seconds ont un score de perturbation moins important que les cadets.

Seconde passation

La seconde passation concerne 49 enfants connus à la première passation. Il y a une différence significative entre les scores à Temps 0 (première passation) et Temps 1 (seconde passation) Les enfants ont significativement amélioré leur score. Certains enfants ont vu leur score augmenter, mais l'évolution générale est à la baisse. Le score médian est passé de 10 à 8

Il existe une différence statistiquement significative entre les évolutions relative dans le quartier cité soleil, les scores ont globalement augmenté (médiane supérieure à 0), alors que dans les deux autres quartiers les scores ont baissé. Ce qui est bien corrélé à la violence perçue à Cité Soleil.

Discussion

Le score de perturbation psychologique apparaît considérable à Port-au-Prince, cependant, il reste corroboré avec d'autres recherches sur la situation psychologique des victimes de catastrophes naturelles. De nombreuses études soulignent l'impact psychologique considérable des catastrophes naturelles sur les enfants, bien qu'elles ne portent pas sur les jeunes enfants. Dans l'étude de Osofsky & al, (2009), après le passage de l'ouragan Katrina à la Nouvelle-Orléans en 2005, 49.1 % des sujets atteignent un score de perturbation psychologique nécessitant des soins en santé mentale.

Le score élevé de perturbation psychologique en Haïti doit aussi être corrélé à la vulnérabilité globale de la population étudiée associée à d'autres paramètres liés au contexte socio-démographique, aux antécédents traumatiques, à l'environnement pré et post-catastrophe.

Réflexion et conclusion provisoire

L'étude souligne certains facteurs de risque ou de protection pour les enfants de trois à six ans. Les enfants les plus jeunes semblent plus vulnérables. Les garçons sont davantage exposés aux perturbations psychologiques que les filles. La taille et le rang dans la fratrie augmentent le score de perturbation psychologique. Le quartier et la perception de la violence environnementale ont une incidence considérable sur le score de perturbation psychologique. Une vulnérabilité accrue est en lien avec un environnement violent et ces corolaires de pauvreté et de précarité.

L'amélioration sensible des scores entre la première et la seconde passation met modérément en relief une résilience que l'on peut aussi définir comme résistance ou comme réduction de la vulnérabilité. Les entretiens qualitatifs avec les familles mettent en relief la foi et la pratique religieuse et une forme de relation personnelle avec un Dieu, ici perçu ou définit comme "Dieu" bienveillant et digne de confiance. En termes psychologiques une présence internalisée, secourable et toujours disponible dans les moments de détresse et dont on peut imaginer qu'elle est un facteur de protection pour la maman et pour ses enfants. Foi et pratiques font partie des ressources après le séisme de 2010. Les entretiens qualitatifs avec les familles soulignent l'importance de l'accompagnement psycho-social de l'institution ID Microfinance. Dans le volet psychosocial, les psychologues proposaient une guidance de plusieurs mois, des groupes de parole réguliers, des prises en charge pour un parent ou les enfants en cas de besoin.

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Le pain des morts, les mots des revenants: recits de resilience dans les camps de concentration

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Abstract

Testimonial literature is rich in including clinical lessons on establishing resilience process in extreme situations. Indeed, the testimonies of Levi, Semprun, Tillion, Lusseyran, as well as many others, support the idea of assisted resilience (Ionescu) starting with spontaneous help to organised solidarity, where the bread of dead save the live ones.

If this assisted resilience well supports the survival in the camp, she also plays an essential role in the oral collective experience. Starting with this point, the process of identified risk and protection factors is based on the study of link between individual and collective traumatisms, and rolls played. Concerning the latter, links between living and the dead ones support this „making grand narratives" represented by History according with Cyrulnik et Peschanski.

We will approach the connection between different memorial regimes and their influences on the resilience establishment. How current society welcomes the words of ghosts? What does the clinician with this data? Which therapeutic tools could be developed?

Key words: assisted resilience, stories, concentration camps, History.

Introduction

Rappelons quelques éléments. Le système concentrationnaire nazi s'organise autour de deux axes, la déportation de persécution celle de répression. L'entreprise totalitaire, fondée sur l'idéologie d'une hiérarchie entre les races, vise à l'élimination des individus considérés comme des « parasites » et à la répression des opposants au régime. La mise ne œuvre de cette politique se fait au sein de nombreuses infrastructures dans tous les territoires occupés, dont les camps de concentration et camps de concentration avec centres de mises à mort [1], [2].(Camps de concentration avec centre de mise à mort: Chelmno, Treblinka,Sobibor,Belzec, Lublin-Maïdeneck, Auschwitz-Birkenau. 5 à 6 millions de Juifs et 250 000 Tsiganes ont été exterminés. Au départ de la France: 165 000 déportés.76 000 déportés de persécution (110 000 enfants), 3% sont revenus. 85 000 déportés de répréssion dont 60% sont revenus.)

Dans ces situations extrêmes, toutes les stratégies de survie cherchent à contrecarrer la déshumanisation imposée visant la destruction. Après le traumatisme du *Grand voyage* [3], commence pour le déporté, un cycle d'effractions (deshabillage, désinfection, rasage, immatriculation, quarantaine), visant à l'animaliser, avant de le transformer en *Stück* (chose).Soumis à l'arbitraire absolu, affamé, il doit effectuer un travail harassant dans des conditions désastreuses. L'horreur devient l'ordinaire, l'exposition à l'effroi est permanente. Le détenu est expulsé du sentiment d'appartenance à l'espèce humaine [4].

Du traumatisme à la résilience section

Ainsi, comme le note Boder, qui a réalisé en 1946, 120 entretiens avec des rescapés, tous ont été soumis à des expériences formant un « indice traumatique » [5], décrivant des violences physiques et psychiques, et la rupture des cadres sociaux. On retrouve dans la liste de Boder tous les signes d'une effraction continue inscrite dans une dimension collective.car, si l'expérience est vécue de façon unique et singulière par chaque individu, elle prend en raison même de sa nature de mort de masse, une dimension collective. Boder met la *déculturation* au centre de son analyse, « l'amputation progressive d'un être humain pour l'adapter aux camps » [5]. En forgeant cet antonyme du mot *acculturation* (incorporation de l'individu dans le groupe) [5], Boder annule la séparation entre traumatisme individuel et collectif. En effet, si certains facteurs (âge, condition physique, métier, compétences linguistiques), influent sur les possibilités de survie ils sont dépendants du contexte historiquement déterminé : date et motif de la déportation, camp d'affectation, nature du travail. Ces données

augmentent ou diminuent les probabilités de survie. Ces dernières ne peuvent être étudiées qu'à travers une analyse systémique et contextualisé. Qu'en est-il pour la résilience ?

1.1 Instauration des processus de résilience dans les camps

Dans ce contexte de terreur organisée, chaque détenu mobilise des stratégies conscientes et inconscientes, des habiletés et compétences, pour ne pas succomber à l'effroi. L'hypervigilance et l'hyperesthésie permettent de décrypter cet « univers ubuesque », évoqué par Rousset, pour en déceler les pièges (Repérer les meilleurs outils, les endroits les moins exposés, localiser les SS, éviter d'être isolé.) [6].Cette mobilisation intrapsychique concerne aussi des activités mentales, capacité de rêverie, d'abstraction, permettant de s'abstraire de l'environnement terrifiant. Mais, dans ce contexte, l'environnement est primordial car on ne peut survivre seul. Les caractéristiques et potentialités individuelles ne peuvent se déployer, qu'avec et grâce aux autres, ce qui installe d'emblée la primauté des tuteurs de résilience comme agents et vecteurs de la survie et des processus de résilience .La présence et les actions spontanées ou organisées de ces tuteurs suturent la brèche traumatique, facilitent la reprise de l'activité mentale, suspendent la condamnation à mort.

Tous les témoignages font état de ces présences miraculeuses offrant gestes et paroles qui sauvent : un camarade répare les lunettes d'Antelme [4], un autre soulage de Saint Marc d'une part de travail [5]. « Trouver un personne amie, c'était le salut », écrit Levi [8]. Ces gestes viennent rompre le facteur de risque qu'est l'isolement, ils forment cette « coalition de l'amitié » à laquelle Tillion [9] rattache sa survie. Mais, le réconfort vient aussi parfois du fait d'être encore vivants ensemble, il faut rester groupés, explique Rousset [10].Grouper, pour reconstituer, non seulement une identité collective, mais même selon Lusseyran, une identité unique « faisant de nous tous une personne -une seule » [11]. Ainsi, on voit comme le souligne Rutter [12], qu'un facteur de risque (la promiscuité), peut devenir un facteur de protection. Fédérer de telles actions, pour que chacun devienne le tuteur de l'autre, est un des axes du programme de la Résistance dans les camps, programme que l'on pourrait qualifier de résilience assistée appliquée.

1.1.1 Résilience assistée et Résistance

Le concept de résilience assistée élaboré par Ionescu [12] s'inscrit dans une perspective intégrative englobant les caractéristiques individuelles et le réseau d'interactions avec l'environnement. Le terme *assisté* souligne le fait que : « les professionnels ne font que seconder, accompagner, le sujet dans ce processus » [13].C'est une « intervention basée sur les forces » [13], et non sur les troubles et dysfonctionnements. Ces préceptes se retrouvent dans le monde concentrationnaire, qui montre une série de similitudes entre résilience assistée et Résistance, où l'on voit par exemple que, grâce au réseau relationnel, le coping centré sur l'action et celui centré sur l'émotion ne s'opposent pas, mais au contraire, se complètent.

1.1.2 Des forces pour la vie

« Résister dans un camp d'extermination, c'est protéger des vies », écrit Langbein [14]. Les gestes d'humanités ne pouvant suffire, dans tous les camps, les détenus ont mis en place des stratégies de survie : accueil et éducation des arrivants, repérage des compétences (linguistiques, manuelles, artistiques), amélioration du quotidien, organisation des activités culturelles et éducatives (conférences, écriture, spectacles), soutien des groupes défavorisés et des plus démunis, etc. On retrouve donc toutes les caractéristiques d'une *intervention basée sur les forces*. Prenons un exemple : la *solidarité*, où les morts secourent les vivants.

1.1.3 La solidarité ou le pain des morts

La *solidarité* désigne une pratique de partage des rations alimentaires. Un prélèvement est effectué sur les rares colis reçus par certains détenus, sur les rations distribuées. On utilise aussi les aliments « organisés » (volés ou troqués), et le trucage des listes de détenus. Des collectes sont organisées dans les blocks et à l'infirmerie, où les infirmiers conservent les rations des morts de la nuit. Mais, pour réaliser cet exploit, les morts devenus tuteurs de résilience doivent être montés sur la place d'appel, où les SS font les comptes. Les morts sont « soutenus par des mains invisibles » [3].Comptabiliser les morts comme vivants permet de conserver le même nombre de rations : « avec le pain des morts […] les copains faisaient un fonds de nourriture pour venir en aide aux plus faibles, aux malades », écrit Semprun [3]. Ces actes sont passibles d'une exécution immédiate.(Les bénéficiaires sont les blessés, les malades, les jeunes, les vieillards, les *musulmans,* terme d'origine inconnue désignant ceux qui ne luttent plus pour survivre)

1.1.4 L'assistance organisée

On voit ici que ces actions requièrent un haut niveau d'organisation : fédération du groupe, mobilisation de compétences diverses (observation, rapidité, sang-froid, aptitudes relationnelles, coordination), bref, une

longue chaîne d'interactions, toutes tendues vers un but commun, ce qui légitime la transgression. Dans ce cas, désobéir est plus qu'une vertu, c'est la réaffirmation de son humanité par le dépassement de soi, une *sublimation en acte*, selon la définition de Lagache [15].Le besoin de se nourrir est transcendé par celui d'aider l'autre [16]. Ce faisant, l'autre aussi affaibli soit-il, réanime l'aidant, le rend riche de son don. (Steinberg parle « d'assistance mutuelle »)Au sein du collectif, luttant contre la violence, animé par des valeurs communes, chaque individu devient un tuteur de résilience, comme on le voit chez Lusseyran : « Nous étions […] emboîtés les uns dans les autres, l'un protégeant l'autre, l'autre protégeant l'un, dans une circulation d'espérances communes » [11]. Ainsi, avec cet exemple, on peut dire que la résistance met promeut un programme de résilience assistée, tel que le définit Ionescu [13], programme qui soutient des personnes à risque, dépiste les ressources existantes dans l'entourage (tuteurs), crée et active de nouveaux réseaux.

Ce programme préventif et thérapeutique, mobilisant les forces pour la vie en utilisant toutes les ressources de chacun, se trouve au cœur des témoignages des déportés, où le pain des morts, cette solidarité inouïe, est l'emblème d'une coalition pour la survie.

« CrÉer, c'est rÉsister » [17]

La solidarité alimentaire illustre la réinstallation d'un contrat social basé sur la reconnaissance des individualités et des compétences de chacun, dans la mutualité des échanges. Si la priorité va aux actions assurant la survie immédiate, la promotion de l'expression des pensées et des émotions est au cœur du dispositif d'entraide. Toutes les activités- dessin, écriture, théâtre, musique, etc.-, facilitant le récit du ressenti sous des formes éphémères ou durables sont encouragées. (De nombreuses œuvres nous sont parvenues : dessins de Taslitzky, opérette de Tillion, poèmes rassemblés par Verdet et bien d'autres.) Elles répondent au besoin primordial de donner un sens et une cohésion aux pensées et aux émotions. Parce qu'elles s'inscrivent dans la relation à autrui, sans qui elles ne pourraient exister, ces productions servent, dit Taslitzky, à « éloigner l'homme du désespoir » [18], jusque dans l'après-coup du retour.

1.1 Récits de résilience

Véritable aire transitionnelle, les récits des revenants refondent le dialogue, de soi à soi, et de soi avec les autres, et contribuent à cette « fabrique des grands récits » qu'est l'Histoire, comme l'ont montré Cyrulnik et Peschanski [19]. Ce sont des documents, dont l'élaboration à commencer dans les camps. Mais, ils sont aussi des livres mémoriaux, qui rendent hommage aux camarades de déportation, à leurs actions, et aux effets de ces dernières. Ces récits hybrides, étranges et inclassables sont des passerelles entre les vivants et les morts.

De plus, derrière la liste des faits et évènements, ils dévoilent l'arrière-scène du théâtre intime, l'expérience effroyable en train de se vivre. Encore plus que dans la vie ordinaire, « l'histoire de vie se compose avec une multitude d'autres histoires de vie », comme l'écrit Ricœur [20]. Ainsi, le *Je* du témoin décrit bien l'expérience ontologique d'un individu, mais il donne également corps et voix, aux compagnons de détresse et aux disparus, ce qui amène l'expression d'un *Je* pluriel et polymorphe né dans le camp.

1.2 Les métamorphoses du moi

Si les métamorphoses du moi sont liées au traumatisme, elles ont aussi à voir avec les processus de résilience qui ont permis la sauvegarde psychique. Le moi réanimé par la présence et la fréquentation d'autrui, se découvre des potentialités insoupçonnées, de nouvelles compétences. Les exemples abondent. Lusseyran, aveugle, détecte les mouchards grâce à sa sensibilité. Steinberg, s'improvise chimiste, il trompe les SS parce qu'il a appris par cœur un livre de chimie. Ces réussites inattendues agissent au long cours, elles forment les axes des récits, témoignent de la métamorphose opérée. Ainsi, les récits de ces transformations participent de la sortie du trauma, ils sont la trace d'une « cicatrisation réactionnelle » [21] assurant la réparation du moi blessé, permettent par la médiation narrative de retrouver le monde des vivants.

Mais, les informations données, souvent qualifiées d'indicibles, sont le plus souvent inaudibles pour les destinataires. Pourquoi ? Parce que ces informations paradoxales, bouleversent notre rapport au monde, nos conceptions habituelles, nos cadres de pensée établis, nos catégories nosographiques.

Les mots des revenants : une langue Énigmatique

Les récits des revenants furent accueillis de façon très variable, souvent problématique, obligeant certains d'entre eux à se taire [22], ou à retarder le témoignage. En plus de l'horreur et de l'inimaginable qu'ils véhiculaient, ces récits n'ont pu s'inscrire dans le discours familial et social qu'en fonction de moments historiques correspondant aux différents régimes de mémorialisation [23], mettant en avant différentes catégories

de déportés. Pour être entendu, un récit doit avoir une fonction sociale. Même sur le plan historique, ces récits, en raison de leur diversité et de leur variabilité, en font des documents difficiles à exploiter.

Ces éléments se retrouvent au niveau clinique. Si le syndrome concentrationnaire a été très vite décrit [24], bon nombre de déportés ont été en butte à l'incompréhension, à une « psychiatrisation » de leur état, leurs récits étant assimilés à du délire. Le retour a souvent été une épreuve supplémentaire. Pour toutes ces raisons, la langue énigmatique des revenants a suscité de nombreux malentendus, alors qu'ils sont riches d'enseignements cliniques sur le traumatisme, la résilience et le fonctionnement humain en général.

1.1 Leçons cliniques

La mémoire est composite, sensorielle, synesthésique [25], plastique [26], les souvenirs sont « enveloppés » [27], les détails servent métonymiquement d'accroche aux souvenirs, la dimension collective est centrale, elle englobe les souvenirs des autres. Le temps est réversible, éclaté. Le moi est polymorphe, pluriel, rhizomatique, en développement. Ces caractéristiques permettent de mieux comprendre l'Etat de Stress Post Traumatique, de le considérer, non dans une catégorie figée, mais dans une perspective dynamique, phénoménologique et développementale, qui remet en cause des idées classiques. Les frontières entre le normal et le pathologique sont remises en cause.

Les symptômes et la maladie peuvent sauver de l'effroi : « la maladie m'avait sauvé de la peur […] sans elle, je n'aurai pas vécu », dit Lusseyran [11]. Dans l'après-coup, les troubles, bien qu'ils fassent souffrir, sont des étapes de la cicatrisation. Le *flash-back* est aussi une tentative de contrôle et de recherche de sens à donner à l'évènement.ces éléments nous apportent aussi des leçons sur la résilience.

1.2 Sur la résilience

Les exemples donnés sur l'instauration des processus de résilience dans la situation extrême de la vie concentrationnaire apportent une vision dynamique et intégrative de la résilience. Ils mettent l'accent sur :

- La notion de développement avec des phases de progrédientes et régrédientes
- La variabilité des effets des facteurs de risque
- La positivation d'éléments habituellement perçus comme négatifs (transgression, désobéissance, etc.
- La plasticité du moi et de la mémoire
- L'importance des liens sociaux qui maintiennent l'identification à autrui et l'empathie
- L'importance des mécanismes de défense de type primaire que sont le clivage, et le déni et le rôle central étudié par Vaillant [28] des mécanismes de défense de type secondaire, comme l'intellectualisation et l'humour, selon Jourdan-Ionescu [29]. L'utilisation des deux séries facilite l'adaptation à un environnement anormal et violent. Intriquées, elles deviennent des facteurs de protection. La fonction essentielle de la sublimation est confirmée, car le recours aux valeurs idéales culturelles, morales, politiques, religieuses, est déterminant, ainsi que l'a montré Veyssière [30] dans son étude des déportés résistants français.

1.3 Vers une résilience assistée

Ces enseignements concourent à promouvoir la résilience assistée dans la pratique clinique, même quand il ne s'agita pas de situation extrême. Les récits des déportés peuvent nous aider, car ils font état de centrés sur l'action, animées par un idéal et intégrant les émotions. Elles mobilisent toutes les compétences, sans les hiérarchiser. Ainsi, l'habileté manuelle a autant de valeur que les connaissances intellectuelles, un manchot peut secourir un aveugle, qui lui-même aide les autres grâce à sa connaissance de l'allemand. Les apprentissages sont mutualisés, ils reposent sur l'échange des savoirs et des compétences, la pédagogie se fait par l'exemple (les anciens détenus éduquaient les nouveaux). Le rôle des tuteurs est essentiel, l'accent est mis sur les potentialités et non sur les manques.

L'amélioration des conditions matérielles forme un projet, elle conditionne la mobilisation des stratégies adaptatives et rend possible les activités sublimatoires indispensables à la survie. On voit que les concentrationnaires résistants ont installé empiriquement un dispositif de résilience assistée, repris par les associations de déportés, dont nous pouvons nous inspirer.

Ces exemples sont un éloge de la différence (physique, culturelle, sociale) considérée comme une richesse et non seulement comme un handicap. Cela vaut au plan individuel comme au plan collectif, on sait que l'Europe est née dans le creuset linguistique et culturel des camps.

À la lumière de ce constat, nous pouvons nous interroger sur l'organisation de notre système sociétal, éducatif et de soins, qui trop souvent isole, et enferme dans des catégories rigides. La pauvreté, la précarité sont des facteurs de risque [13] rarement considérés dans leur dimension traumatique. Sur le plan éducatif, le cloisonnement et la hiérarchisation des apprentissages creuse les inégalités. En clinique, l'hyperspécialisation, si elle permet des avancées spectaculaires, a aussi des inconvénients. Le patient est parfois suivi, sans prise en

charge globale, par une armée de spécialistes, la maladie finissant par cacher le malade, la souffrance étant évacuée du tableau clinique.

Conclusion

De fait, les enseignements restent à étudier précisément, mais d'ores et déjà, ils nous apportent une vision de l'ordre de la « complexité » [32], qui s'enrichit de nos incertitudes, et pense la résilience dans sa dimension éthique [33]. Ils nous montrent que dans l'adversité, « les petites choses » [34] sont souvent essentielles, que la persistance d'un futur possible est le moteur de l'action. En somme, en nous confrontant à l'existence du Mal, ces récits nous montrent aussi la part de liberté humaine, le souci pour l'autre dans la détresse. Ce faisant, ils nous transforment à notre tour [35], nous incitent à ne pas désespérer, à tenter modestement de réaliser les rêves des revenants.

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Resilient communities, historical trauma and narrative reconstruction of identity

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Abstract

In our research we have analysed 31 oral history interviews (1720 pages of transcript the manuscripts) as part of the documentary sources constituted by the Archive of the Group of Cultural Anthropology and Oral History of "The Third Europe Foundation", Timisoara, Romania. In the methodological design we have used a content analysis combined with values scale realized by M. Rokeach for a sample of subjects confronted with a traumatic event (deportation in the Second World War or in the Communist period). In the content analysis register we have indentified some constants of remembrances (the so-called discursive anchors) and the mechanisms of identitary discourses depending on certain imaginary nuclei of reference, grouped around the "family" symbolic anchor, which renders evident the social construction of identity. In the values scales register, out of over 2700 axiological references, we can distinguish the predominance of the values which would integrate in the register of "to be", to the detriment of the "to have" values. "Destiny", as well as "history", have deprived the investigated subjects of wealth, stability, social position, but all the existential breakings and all the discriminations they have lived are but the motives of a superior understanding of life, of the lasting and authentic friendships acquired, of the special achievements of their children. Therefore, these acquisitions in the register of "to be", which prove stronger than the misfortunes of fate, have activated the features of resilient communities.

Key-words: resilient communities, oral history, trauma, values.

Life history and the traumatic self – a qualitative approach of social identities

At the beginning of the 2000s I have started a series of studies concerning the analysis of the Banatian imaginary identitary, especially for ordinary people who experienced traumatic events (like deportation), through the methodology of oral history. Years later, I had accumulated significant qualitative data around these narrative identities, and in the following pages I would like to briefly resume my previous attempt to outline the image of the memorial Banat [1]. The topic of traumatic identity has been followed, attempting to enlarge the horizon of the identitary knowledge toward the realm of the *silent world*, toward the second-plan actors of history, so often ignored when self-reflexive surveys have been carried out and only *the pursuit of the forefront actors* has been preferred. I am referring to approaching the simple world, which has refused the forestage of the social, a generation that has fully assumed the traumas of the last century, beginning with the great conflagrations, deportations and dramatic readjustments to postdecembriste hopes. A generation that has accumulated so many unspoken aspirations and disillusionment and has lived each new challenge of the moment so intensely that, at last, is now insisting on being listening to. I will resort to a privileged way of identitary journey – "the life history" – regarded as a genuine way of *producing identity live* [2], in which *the confessing subject becomes a kind of concentrate of the social world*, with all its hopes and failing. It is proper to abandon the so-called break between the objective and subjective by understanding the social and interactive nature of the identitary construction. Consequently, he who approaches this world is forced to understand that he enters a *three-pole game* [2]. It implies the researcher's empathic participation, the enjoyment and almost therapeutic unburden of the subject, and the living and permanently rebuilt relationships with his life, that becomes an identitary belonging for he who produces the discourse as well as for the one who is listening to him. There is no more place for epistemological detaching, self-sufficiency or superior considerations.

Thus, *the meaning can be understood only in relation with the other* who is properly considered not as a localizable and classifiable object, but also as a partner in the mutual negotiation of identity. He becomes an active subject who communicates, by means of shared symbols, with another equal subject, beside whom he starts getting used to the "taste of the journey" among the interwoven destinies. In this way, I will briefly outline the itinerary of such an identitary journey by a sample of interviews taken from the *Archive of the Cultural*

Anthropology and Oral History Group of "The Third Europe" Foundation in Timişoara, investigated over the last decade. It has offered us the opportunity to meet such a rich and ardent world by which we shall strive to catch a collective portrait of a generation that has faced so many breakings of history. Certainly, *this portrait has rather a heuristic value,* because of the limited samples and the inevitability of catching only one Romanian cultural area – Banat – and only one generation – adults born after 1930. We will try to clear up the tone and the essence of this journey toward the "self" and the "other" alike by examining the resources of memory's source.

Retrieving these fragments of life reunited in a coherent ensemble, to which the subject confers referential values and significance, we will have access, by means specific to oral history, to *the formation of the self as a process* in this confrontation with the conditionings, often tragic of the social background and history. The life story will be looked upon as a remarkable resource of revealing the social frames of memory around which the alchemies of identity articulate. As T. Todorov was underlining, "the representation of the past is not only the constituent part of the individual identity – the person present being, in a way, <built> of his own self-images – but also of collective identity". Thus, "the majority of human beings need to feel they belong to a group, this being the most accessible means of obtaining the recognition of their existence, which is essential to any person" [3]. As the American interactionism has also asserted, the narrative structure hides an argumentative structure in which the identitary discourse folds on dialogue logic. The life story assigns a part to the individual in the arena of life and also to the larger groups that have participated in the shaping of the personal destiny. Being an *ultimately founding discourse*, the life story constitutes a defining staging of the individual and group identity, which projects the ideology, mentality and communitarian standards and values into a new and clarifying light [4].

In other respects, following the manner in which the clarification of the self is achieved in this social game, K. Gergen introduces the term *self-narrative*, by which the subject remakes his past, assembling his past experience in a whole, as balanced as possible. Becoming a narrator of his own life, the subject acquires a feeling of his unity and establishes a network of referential events by which the present identity appears as a dénouement of his life story [5]. We do not have only a monologic formulation of discursive coherence. The identitary discourse is always a discourse addressed to *the other who is listening to us*. In the reading scale suggested by the symbolic interactionism, in which *people act according to the significance* different social objects have for them, their significance is *constructed socially* within their mutual interaction and is transmitted, being reshaped and renewed through the process of *interpretation* to which social objects are submitted to and through *root-images*, a kind of primary constitutive elements of any semantic elaboration (interaction, the actor as a social subject and activated roles). The discovery of these deep images will constitute the main goal of the approaches I have resumed here.

This way, D. Bertaux reveals us the valences *le récit de vie* acquires in the knowledge of the social world or of the social situations built in the field of interactions generated by the memorial narrative. Firstly, the French anthropologist remarks the simultaneous presence of three orders of reality [6]: *the proper socio-historical reality*, with the whole ensemble of "objective" facts; *the semantic reality*, reuniting what the subject has acquired cognitively throughout his life, the sum of the retrospective rationalization and evaluation; *the discursive reality*, which the subject formulates about his existential journey constitutes a product of a dialogue relation with one's "self" and the "other". The discursive reality takes the aspect of the *story* achieved depending on a series of *frames* (for example, the scheme of the *Saviour*, or of a *Conspiration*, supported by much more elaborated mythological structures belonging to the social imaginary. Thus, an intermediary level is interposed between the sensitive facts experienced and their telling, called by D. Bertaux the level of *subjective totalization*, a dynamic register, permanently made actual again, made up of the ensemble of mental conglomerations which the subject mobilizes in order to produce a story (memories, reflections and evaluations, perspectives, ideological elements).

But particularly, at the end of an oral history approach, the access to the understanding of the functioning mechanism of a group's memory opens to us. It represents the clarifying instance of the definitions of realities, through which we can follow the way the transfer from individual memory to the collective memory is achieved and the social identity is outlined.

Description of the research – the methodological design

Since we have made an analysis of the classical content, correlated with the application of a value scale through the matrix technique, we have covered the following research stages of the archive social documents [7]:

- 1. Choosing the research theme and establishing the material for analysis aims at catching the image of the "self" / the "other" of the Banatians. The documentary sources we have resorted to are those constituted by the Archive of the Group of Cultural Anthropology and Oral History of "The Third Europe Foundation".
- 2. The sampling permitted the selection of the most relevant and complex interviews, both in terms of their extent, therefore information, and also in terms of the intensity of the story, out of the 400 interviews

currently contained by the archive. The selection has stopped at 31 interviews, including approximately 1720 pages of transcript the manuscripts.

- 3. Choosing the units of analysis and carrying on the research: implies the operationalization of M. Rokeach's social value scale, supplemented by a content analysis [8]. Thus, a series of parallel value portraits of the population investigated may be constructed (according to different criteria: level of instruction, age-group, ethnicity etc), facilitating the access toward a multi-thematic comparative approach. The quantitative processing has constituted only the primary stage of data interpretation. Thus the main *referential criteria* of the retrospective discourse have been isolated, localized in 20 included categories which in their turn have been regrouped into 3 large thematic areas: Individual, Community / Society, Culture <see table 1>.

Table 1 Referential criteria

INDIVIDUAL	COMMUNITY / SOCIETY	CULTURE
S =„self". EmV = major events in life (birth, baptism, marriage, moving house, employment, retirement, death, burial). P = personalities (a member of the family – individualized -; friend, priest, teacher, mayor)). C = the "other" ethnic (German, Hungarian, Bulgarian, Gipsy, …); regional (Moldavian, Oltenian, Bessarabian…). Ac = „home". Căl = journey. D = destiny. EvTr = traumatic events (deportation, emigration, prison, exile). LR =reference places (village / town, district, street, public house). M = work.	Fam = „family" (as a group or as a relation with a member of the family group). CatS = social categories (peasant, clerk, craftsman, dealer, intellectual, student, officer). SfEc = economic sphere (craftsmanship, commerce). Aut = authority (army, police, security, town hall, prefect's office). CatP = political categories (communist, iron-guardist, liberal, national-peasant, social-democrat, SS-ist). DsP = political and social discriminations (exploitation, collectivisation, class struggle).	Sb = celebrations ("rugă", "chirvai", "nedee", "fărşang"). Rel = religion (church, religious practice, faith). VCt = quotidian life (entertainment, dance, ball, fashion, sport, club, evening party, performance, film, theatre, music, choir, brass band). Ed = education ("school;" and educational code, kindergarten, school with private teachers, primary / secondary / high school, university).

The referential criteria have been correlated with the three-level value categories of Rokeach's social value scale <see table 2>. The relative frequency constitutes the local influence of the variable, taking into account its orientation, and it is obtained by differentiating between the frequency of appearance of the positively orientated variable and the negatively orientated one.

The mentions of values as part of the discourse have been kept, achieving a hierarchical system, as well as a combination with the main referential criteria, aiming at the *association affinities* between the two registers (axiological / referential). We have also associated the technique of the content analysis with the expert group technique.

Table 2 The Rokeach value scale is structured on three levels, as follows:

Value categories			Values: V_i
Level			
I	II	III	
VI	F	Fo	1-5
		Fe	6-10
	R	Rd	11-15
		Ra	16-20
VF	A	Av	21-25
		Ae	26-30
	S	Se	31-35
		Sd	36-40

Note: we have the following axiological structure:

- values of maximum generality *(level I):* VI = instrumental values; VF = finality values; - *average generality values* (level II): F (faber) = action values; R = social relation values; A = affective satisfaction values; S = affective satisfaction values.	- low generality values, depending on the latent potential or manifest of the respective value *(level III):* Fo = orientative action values; Fe = effective action values; Rd = disposition relation values; Ra = active relation values; Av = self-achieved values aimed at; Ae = effective self-achievement values; Se = expected affective values; Sd = acquired affective satisfaction values.

Discussion

In explaining the articulation mechanisms of the "self" / the "other" images we have chosen an association between the quantitative and qualitative methods. In a primary interpretation of data, our attention is drawn by the predominant positive tonality of the retrospective excursus (589 mentions for the positive values and only 423 for the negative values), despite the traumatic character of the destinies evoked in most narratives. The resulted group image reveals us a pole dispute between the values of "being engaged in activity, of work" (v6), much appreciated (influence point/threshold pi>110), and those which express "suffering" (v37, pi>70), perceived as extremely present. The influence threshold 60 is also reached by other two negative values, "sabotage of the other" (v16) and "unpretentious conditions, poverty" (v21), but the total of the other value influences determines the prevailing of the positive tone discourse. The tonality of referential criteria shows us, on the superior generality level, the prevailing of the criteria centred on the "Individual", to the detriment of those focused on "Community / Society", "Culture" respectively.

At the subordinated generality level we can observe the way the nucleus of the social representation is built around the discursive anchor of "the family" with the most numerous positive references (pi>130); the only criteria which can compete with family being the "self" criterion (pi>110), and the "other" criterion (pi>100) respectively, both oriented positive, and the criterion oriented negative – predictable through its memorial charge – "traumatic events", where pi>110. If we treat these criteria distinctly, we can observe the positive projections on the "self", confirming the egocentric construction of personality in a group context, although the collective actor investigated writes his retrospective scenario in the dramatic register. The above mentioned observation confirms the research in the field of social experimental psychology, which renders evident the role of appreciative projects on the "self", with a view to acquire and preserve self-esteem (Baumeister, Tice, 1986; Higgins, 1989).

At the same time the "other" remains a strongly polarized criterion, in which the positive and negative evaluations exceed the pi>90 threshold, which suggested us the need of shading the criterion in the future stages of the research; in the present form, the criterion is not sufficiently relevant. In other words, the "other" category

is too diverse to be included in only one variable. Thus, it has been observed that a significant differentiation occurs between the "other" ethnic ("German", "Hungarian", "Jew", "Bulgarian" etc) and the "other" regional ("Oltenian", "Moldavian", "Bessarabian"), the appreciations being, surprisingly, more positive in the first case. Another differentiation is also distinguished between the generic "other" (defined in global, mediated terms) and the individual "other" (defined in specific, not mediated terms). These findings led us toward the two subsequent shadings which would be proper to apply to this referential criterion.

The less fortunate retrospective perception is achieved, predictably, around "traumatic events" and is partially compensated by the positive influence in the global portrait of valuing "work". It is interesting to note the observation according to which all the political referentials ("authority", "political categories", "political discriminations") are perceived negatively, suggesting that the whole traumatic existential line is associated with a political element appreciated as disturbing and discriminating, generating strong rejection. A last remark that should be made is that the general field of "culture", although less influent, produces a positive global tonality – the positive referential values being more numerous than the negative ones with all referential criteria. Such a remark suggests that the private space, the space of celebrations and school space, which give substance to this field, are looked upon as a kind of "refuge" space from the aggressions of history, with its public register, impersonal and institutionalised.

All previous findings strengthen the initial suppositions, according to which the historical and social dynamic significantly affects the discursive contextualization (therefore the corresponding articulation of referential criteria) of life stories.

We start the discussion on one of the resources which has a remarkable heuristic charge offered by the methodology adopted – value portraits associated with referential criteria by examining the most relevant identitary profiles which later superposed and considered in their depth, will permit to catch the global self-image of the population investigated. However, there is often a "diurnal other", serene, and a "nocturnal" one, threatening, but these two categories do not superpose. The boundary that separates them is not an ethnic one, as we supposed, but rather a regional one, as well as one imposed by the image level structuring (generic / particular). One of the most solid referential criteria – through the number of evocations and valuations – remains the "family", with a preponderant positive tonality. It is significant that the area dominated by positive values is the area of instrumental values (vi=1-20). The area in which the negative values are more present is that of finality values (vi=21-40). The message transmitted by the lines of this portrait seems to suggest that the family constitutes a knot of the social identitary representation. Such a conclusion stresses a fact ascertained by a previous field study, conducted in Belinţ, which discovered family as a "source of stability and permanence" [1], in an environment perceived as hostile, through which the community can survive the earthquakes of history.

The relative level II values reconfirm the importance conferred to *faber* values, but they regroup the self-fulfilling in another register. If *Ae* was on the second position as influence at level II, the structure of level II value categories undergo modifications, only slightly positive, giving way to relation values. Anyhow, all previous findings flagrantly contradict the ethic stereotype of the "Romanian passiveness", bringing into forefront the responsible commitment and work values.

We have realized a comparison among the finality values, which once acquired introduce the social actor in the register of "*to have*" and the instrumental values, focused on the register of "*to be*". We observe that the continuous presence of work and of assuming one's destiny – represented by the territory of "to be" – is more extensive than the territory which places the subject in the register of "to have", stressing an important reconstruction of the existential paradigm for those confronted with a threatening and unsettled history. Quite often in the retrospective discourse, the memory becomes a support for the rehabilitation of the identitary type, and the recovery takes place rather symbolically and, in any case, in another dimension. Several subjects affirmed in an unburdening refrain, even if "we have lost everything" – goods, houses, lands, a life's acquisition, "our children achieved themselves", becoming over years doctors, engineers, professors. Thus, the dispossession in the register of "to be", suggests a change of the orientation frame of the identitary nucleus, which is now valued through another attitude and value opening. The analysis of the relative level I values presents us an overwhelming prevalence of the instrumental values, stressing the previous finding according to which the pressures of history do not determine only a weak retort of its subjects but also an engaging and responsible one, which rather hypostatises the struggle with history and destiny, than their passive and inert acceptance. Thus, the vocation of communities to mobilize real identitary strategies when confronting with an unfavourable social context is reconfirmed [9], precisely to confer coherence to its own existential line and to master the contextual determinations, activating communitarian resilience [10]. We are stressing that in the extenso form of the research we can also follow the articulations of the "other" image through the portraits of each ethnic group or regional identity, and we can examine the construction of the diachronic identitary dimension by revealing the contrast between the accomplished "Banat of yesterday" and "the Banat of today" perceived as disappointing [1].

Conclusions regarding self narrative strategies in traumatically events

Starting with an initial intuition, offered by the construction of a field in Belinţ village in 1996-1997, on the traces of the Banat-Crişana Social Institute team of the 1930s, and achieving a comparative analysis of the two researches, we can render evident an unexpected constancy of social attitudes confronted by the main communitarian and institutionalised instances (from the same pattern of the distribution of authority within the family, to the same reference type of the "institutional other": priest, mayor, clerk), even if the composition of the community has been changed throughout all these decades. Similar social conduits suggest the presence of a mental matrix which has not modified its dominants concerning its defining features. Therefore we have tried to direct our analysis to the territory of Banat, regarded as a collective character, which has preserved its profound mentality to a *longue durée* in the confrontation with the waves of history of this cultural area, which has succeeded in transgressing all the conjunctural cleavages.

The complexity of such a territory of investigation imposes an adequate methodology as well. We have chosen the study, through content analysis, of a sample from the Archive of the Cultural Anthropology and Oral History Group, being aware that we will be able to catch only *a tendentious portrait*. We have localized three large thematic registers, centred on the individual, community-society and culture, which in their turn are grouped around the "self", around the images of "home", the "other", "family", celebrations", "traumatic events" "political discriminations" and so on. At the same time, we have applied a multilevel value scale to such a discursive thematic destructuring, which differentiates between the instrumental and the finality values. From the retrospective discourses, in the thematic area of the "individual", the "self" constructs itself a positive identity, confirming the theories of the social identity, which argue the decisive role of self-respect in the interpersonal balance and the seeking of a positive social identity within the affiliation group [11]. Such a strategy is mainly achieved by out-group differentiation, the "other" oscillating between the radical alterity ("it is another world") and total similarity ("they are like us"). Along the discourses, the profile of a *traumatic identity* is born, which finds its refuge in the nucleus of the family. The "family" appears most frequently mentioned in discourses, reuniting, at the same time, most of the positive valuations of all the referential criteria, facing a contorted history, but over which is capable of projecting a serene light resulting from a superior retrospective understanding which acquires a new meaning. The *self-narrative* evoked by K. Gergen [5] is outlined, conferring coherence to the past and teaching the social actor to look upon the existential drama serenely and to heal through words, as well.

At the level of social representation of the memorial identity, the "family" references are imposed in a symbolic confrontation with categories associated with "trauma". Thus, the narrative anchors related to "family" become the most influent categories of memorial discourses, representing the core of self-identification in biographical overview. As for the value scale, out of over 2700 axiological references, we can distinguish the predominance of the values which would integrate in the register of "to be", to the detriment of the "to have" values. Even if "destiny", as well as "history", have deprived the discursive actors of wealth, stability, social position, but all the existential breakings and all the discriminations they have lived are but the motives of a superior understanding of life, of the lasting and authentic friendships acquired, of the special achievements of their children, therefore, of certain acquisitions in the register of "to be", which prove stronger than the misfortunes of fate.

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Risk and protection in mental health among syrian children displaced in lebanon

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Abstract

Resilience is a process shaped by the interaction of risk and protective factors operating across the different layers of child's social ecology. This paper examines the overall adjustment of 159 Syrian refugees children, living in collective shelters in different area of Lebanon, through investigating the variety of multi-layered stressors and protective processes impacting their mental health, from individual characteristics to environmental mediators. The sample is divided into 4 groups according to the region where they are located: Akkar, the Bekka, Mount Lebanon and Beirut. The methodology employed combines qualitative and quantitative measures. Symptoms of child post-traumatic stress disorder and co-morbidity and psychosocial functioning, are collected through self report scales for children, parents and social workers, validated in Arabic language. Resilience measure includes items based on key actors perceptions of children needs and main resources. Specific drawing tools are employed in order to take into account children's own perception of risk and protective factors in their life. Results enable to define good practices of "assisted resilience", in orienting and optimising NGO psycho-social interventions with refugees children, families and community. In particular the awareness of protective process, allow practitioners to identify the main resources which can be improved and reinforced through psycho-social interventions. Risk factors lead to define criteria for detecting and monitoring more vulnerable cases.

Keywords: Resilience, PTSD, Children, War, Refugees.

Introduction

Since the beginning of the civil war in Syria in March 2011, nearly 2.5 million people were forced to be displaced [1]. Lebanon has welcomed more than 900.000 Syrian refugees (36% of all Syrian refugees) [2], [3]. Shelter is a serious problem for this large population and more refugees are gathering in informal settlements like camps which present extremely critical life conditions [3], [4]. These conditions accrue the deep sufferance caused by the traumatic experiences of war, violence and forced displacement.

War experience can generate a variety of psychological and psychiatric consequences, which could range from adaptive responses to diagnosable psychiatric disorders [5]. Researches on mental health of youth victim of war and displacement have revealed a high presence of post traumatic stress disorder [6], [7], [8], [9], [10], [11], [12].

Resilience is the capacity of a dynamic system to recover from traumatic experiences which threaten its development [13]. It is shaped by the interaction of risk and protective factors operating across the various ecological systems of child's social ecology [14]. Risk factors, lead to increased likelihood of maladaptation. Protective factors are predictors of lower levels of psychological symptoms [15].

In the last three decades resilience paradigm has been guiding research and practice focused on mental health of children victims of armed conflict and displacement aimed at understanding and improving the adaptation of children victims of extreme adversities [15].

Intelligence, self regulations skills, meaning and hope in life, agency, religious beliefs that finds meaning in suffering, adaptability, temperament and self-esteem appear to be the main individual protective factors [13], [15], [7], [16], [17].

Family cohesion, support and communication, secure trust, strong bond between the primary caregiver and the child, child's trust in their parent's abilities to protect them against danger, parental psychological health and parent's educational level result key family protective factors [13].

Community support, particularly available in peers networks and in school, are considered vital environmental protective factor for individuals [5], [15], [18], [19].

The main risk factors detected in children victims of war and displacement are the number of traumatic experiences before arrival in the new countries and stressful events after arrival [6], [20]. Recent war exposure, being a victim or witnessing violent acts, being exposed to violent shelling or combat, personal life threat and life threat to loved ones, deaths of family member, being separated from parents and forced displacement emerged as the most traumatic experiences [21], [22], [23], [24], [25].

Stakeholders are particularly concerned with the impact of extreme adversities in children [13]. Risk and protective factors can become targets of intervention [19]. In this perspective, intervention research is designed by both field and research experts, with the goal of exploring capacities, at individual, family and community level, that allows to foster resilience in young victims.

Important recommendations emerged from studies in this field. Researchers suggest a better interaction between qualitative and quantitative methodology to reinforce the selection and adaption of resilience predictors and outcomes [15].

Secondly they affirm that in child adaption process analyses it is important to refer to different developmental domains, such as psychopathology and psycho-social wellbeing [13], [26], [27].

Furthermore, the importance of providing input from multiple informants has been stated [13], in order to pursuit an "ecologically informed study of children's adaptation following trauma" [28]

Last recommendation concerns the importance of assuming child perspective, which should be distinguished and integrated with the adult's one [29], [30], [31].

"Above all, we need to listen to children. They can tell us better than any professional expert what war does to the human spirit. They have witnessed it, close up and defenceless. They have learned, as I did, that war is not good for children" [19].

Drawing represents an important media that allows children to express feelings and perception of their own internal world. A study on narration and drawings of Lebanese refugee children, victims of war, state that the origin of their own trauma wasn't the war itself. The traumatic experience was the disruption of what they call "collective envelope", which is "temporality", in terms of past memory and future projection, and cultural and symbolic references. Significant life spaces, such as the child's home, and the human affective environment, which has been forming his social context, got lost due to migration. At the same time, new places couldn't be invested by the children, who felt therefore stranger to the new context and depredated of a part of Self identity [32].

Methodology

1.1 Objective

This study is aimed at identifying significant risk and protective factors, that shape the overall adjustment in Syrian children victims of war and displacement living in collective shelters in different area of Lebanon.

1.2 Sample

The sample is composed by 4 groups of Syrian refugees children, hosted in: two tented settlements in the Bekka region, in Zahle (Fayda Afandi camp) and in Taanail (Ssou camp); a group of collective shelters in the town of Bebnine; homes located in Zaatrieh, a dangerous town run by drugs lords and arms dealers.

In the following tables the main characteristics of the sample are illustrated.

TABLE N° 1
DISTRIBUTION OF SAMPLE ON KEY DEMOGRAPHIC VARIABLES

Variables	%	Variables	%
Gender		**City of provenances**	
Boy	44,9	Idlb	13,3
Girls	55,1	Halab	25,9
Age		Cham	19,0
(X = 10,7 years)		Homs	30,4
7 years	0,6	Raqqa	6,3
8 years	17,1	Damascus	5,1
9 years	12,7	**City of residence**	
10 years	15,8	Zhale	13,3
11 years	13,3	Bebnine	59,5
12 years	19,6	Taanail	15,8
13 years	8,9	Zaaiterieh	11,4
14 years	11,4	**Type of dwelling**	
16 years	0,6	tented settlements	29,1
		Shelter	59,5
		House	11,4

1.3 Measures

The methodology employed combines qualitative and quantitative measures.

Symptoms of child post-traumatic stress disorder and co-morbidity are assessed through the Arabic version of the Post Traumatic Stress Reaction Checklist - Child version [33]. It presents three subscales, which correspond to the three main cluster of the PTSD in the DSM IV [34] Re-experiencing, Hyperarousal and Avoidance. The questionnaire is administrated together with the Child War Trauma Questionnaire [35], which assess children's exposure to war trauma. Both measures are child self-report.

Psychosocial functioning is measured through the Strengths and Difficulties Questionnaires (SDQ) [36], validated in Arabic language [37], [38]. It presents 5 subscales: Conduct problems; Inattention-hyperactivity; Emotional symptoms; Peer problems; Pro-social behaviours. It was completed by parents.

Resilience was assessed through the Child and Youth Resilience Measure-28 items (CYRM-28) [39], expressly translated in Arabic by the Lebanese team of research. The instrument's subscales are divided into individual resources, which includes individual personal skills, individual peer support, individual social skills; Care giver resources, composed by Physical Care giving and Psychological Care giving; Context resources divided into Spiritual, Educational and Cultural.

Socio-demographic characteristics concerning the child were collected.

Specific drawing ateliers, edited by the Team of the Resilience Research Unit of the Catholic University of Milan, have been employed in order to explore children's own perception of:

- the main risk and protective factors in their life (Under the Rain) [40]
- significant internal and external resources (The Self Bag) [41]
- the adaptation process to the new Lebanese reality in terms of significant places which the child has invested in Syria and in Lebanon (The Cardinals Points) [42] and in terms of what they felt they have left in Syria and what they have taken to Lebanon (My marks on the Earth) [43]
- past and life history in terms of positive and negative memories (Time line) [44]
- capability of projecting himself in the future (The wishes Chest) [45]

The drawings activities have been coded through ex post content analysis, which leads to a classification of units of analysis into a set of categories [46], [47]. Specific domains of study of resilience research oriented the definition of categories [48]. Criteria of exhaustivity, mutual exclusivity and homogeneity have been followed in defining categories. In order to ensure objectivity, different researchers have been included in the codify phase [49].

1.4 Procedure

The field workers team was composed by 2 psychologists from Himaya NGO. Sample families has been recruited for the study through local NGO, tribal leaders and directly during researchers visit to the settlements. Informed consent has been signed by parents.

The children were divided into groups, of approximately 20 subjects, following similar age criteria, guided by one researcher. The instruments have been administered through 6 2h30 hours sessions. The setting varied depending on the locations: in Zahle and Taanail in opens spaces of the camps, in Bebnine in the courtyard of the municipality, and in Zaaiterieh in the community centre "Voix de la femme".

Results

Results are organized in two parts. In the first one, we will explore the relations between the single scales of the four instruments described above: CWTQ [35]; PTSRC [33]; SDQ [34] and CYRM-28 [39]. In the second part, we will explore whether children who expressed specific contents in drawings ateliers, differed in scales measure comparing to the ones who didn't express them.

1.1 Relations inside the scales

CWTQ correlates positively with the three scales of the PTSRC: Re-experience .350 (p=.000); Avoidance .295 (p=000); Hyperarousal .326 (p=.000). It indicates, as hypothesized, that the Post Traumatic Stress Disorder is due, at least partly, to the frequency of negative war experiences. This scale correlates weakly with the scale Behavioural problems of the SDQ (,170; p=.033).

PTSR is related also with the scales Emotional symptoms (Experience .354, p=.000; Avoidance .251, p=002; Hyperarousal .276, p=.000) and Behavioural problems (Avoidance .158, p=048; Hyperarousal .221, p=.008) of the SDQ and negatively with the scale Contest Educational, the importance to study in our life (Avoidance -.267, p=001; Hyperarousal -.161, p=.045). No relations were found between CYRM and both SDQ and CWTQ.

1.2 Relations between the scales and the categories of drawings, memories or wishes differed

1.2.1 CWTQ

T-Student statistic has been used to estimate the significativity of the difference between subjects who express or not specific contents on each scales of the four instruments. The principals significant differences will be reported.

CWTQ Scale has a range between 0 and 1. In the following table we report the main results obtained by relating drawing categories with CWTQ scale. Children who indicated bad memories of grief and armed conflict and the ones who expressed the future wish of their family recover and well-being reported higher exposure to war trauma. While desires concerning future educational pathway were more frequent in children with less exposure to traumatic experience.

Table n° 2 Means comparison between children who express or not specific categories on cwtq

CWTQ	Atelier	Categories	Subcategories	Presence mean	Absences mean	Mean difference	Sig. (2-tailed)
Exposure to war traumas	Time line	Bad memories	Grief	,36	,25	,11	0,40
			Armed conflict	31	18	,13	0,00
	Cardinal points	Host. Country	Community centre	17	28	-,11	,009
	Wishes chest	Self	Education	20	28	-,79	,045
		Relation	Original Family	35	25	,10	,029

1.2.2 PTSRC

PTSRC Scale has a range between 0 and 1. In the following table we report the main results obtained by relating drawing categories with PTSRC subscales.

Children who expressed bad memories of grief and armed conflict had higher rates of the PTSD symptoms. While lower PTSD symptoms were typical of children who indicated self disappointment experiences as bad memories and community events as positive memories.

Children who reported as risk factors war and violence experiences, but no negative perception of current environment, presented higher symptomathology of PTSD in the three clusters.

The indication of school and places of worship in native country as significant places in child's life was typical of children with higher level of PTSD symptoms. While school, home and community centre in the host country appeared as significant places in the drawings of children with less PTSD sufferance.

Children with wishes concerning their own educational pathway showed lower level of PTSD, while the ones indicating wishes on their original family recovery and wellbeing reported higher PSTD complete symtpomathology.

Table n° 3 Means comparison between children who express or not specific categories on ptsrc

PTSRC	Atelier	Categories	Subcategories	Presence mean	Absences mean	Mean difference	Sig. (2-tailed)
Re-experiencing	Time line	Bad memories	Grief	60	43	,17	,031
			Armed conflict	52	31	,21	,001
			Self disappointment	34	49	,16	,017
		Positive memories	Community event	34	50	,16	,007
	Under the rain	Risk factors	War and violence	51	26	,25	,000
			Current Environment	37	52	-,15	,007
	Cardinal points	Host country	School	15	49	-,34	,000
			Community centre	15	50	-,35	,000
			Home	14	49	-,35	,000
	Wishes chest	Self	Education	21	51	-,30	,000
		Relation	Original Family	62	43	,19	,016
Avoidance	Time Line	Bad memories	Grief	68	40	,28	,004
			Armed conflict	52	30	,20	,005
			Self disappointment	28	51	-23	,005
		Positive memories	Community event	32	51	-,18	,013
	Under the rain	Risk factors	War and violence	50	24	,26	,001
			Current Environment	35	51	-,16	,024
	Cardinal points	Native country	School	50	34	,16	,035
		Host country	School	11	48	-,37	,001
			Community centre	13	49	-,36	,001
			Home	11	49	-,38	,001
	Wishes chest	Self	Education	22	49	-,27	,003
		Relation	Original Family	79	38	,41	,000
Hyper arousal	Time line	Bad memories	Grief	67	36	,31	,00
			Armed conflict	47	27	-,21	,001
			Self disappointment	34	49	-,16	,017
		Positive memories	Community event	24	46	-,22	,003
	Under the rain	Risk factors	War and violence	47	20	,27	,001
			Current Environment	32	48	-,16	,018
		Protec. factors	Family	47	22	,25	,001
	Cardinal points	Native country	Open spaces	51	34	,16	,015
			School	42	38	,04	,050
			Places of worship	63	38	,25	,020
		Host country	School	10	44	-,34	,002
			Community centre	13	45	-,33	,001
			Home	10	45	-,34	,001
	Wishes chest	Self	Education	15	46	-,31	,000
		Relation	Original Family	64	37	,28	,003

1.2.3 CYRM

CYRM Scale has a range between 1 and 5. In the following table we report the main results obtained by relating drawing categories with CYRM subscales.

Children indicating grief negative experience presented less individual, family and context resources; armed conflict experience was reported by children with less physical care giving support and less educational resource.

Children recognizing their past and present environment as risk factors presented more individual, family and context resources. Children reporting their own house, school and community centre in Lebanon as significant places showed higher resources in the three levels. While those who indicate Syrian urban points as significant places reported lower level of individual resources.

Wishes concerning future education pathway were associated with higher family resources.

Table n° 4 Means comparison between children who express or not specific categories on crym

CRYM	Atelier	Categories	Subcategories	Presence mean	Absences mean	Mean difference	Sig. (2-tailed)
Individual personal skills	Time line	Bad memories	Grief	4,10	4,46	-,36	,009
	Cardinal points	Native country	Urban point	4,00	4,41	-,41	,028
Individual peer support	Time line	Bad memories	Grief	4,02	4.42	-,40	,020
	Under the rain	Risk factors	Past environment	4,47	4,20	,27	,037
		Native country	Urban point	4,00	4,41	-,41	,028
	Cardinal points	Host Country	School	4,78	4,30	,48	,022
			Home	4,74	4,31	,43	,035
Individual social skills	Time line	Bad memories	Grief	4,06	4,36	-,29	,036
	Under the rain	Risk factors	Current environment	4,44	4,21	,23	,027
	Cardinal points	Native country	Urban point	3,94	4,36	-,42	,005
		Host Country	Home	4,60	4,27	,33	,045
Physical Care giving	Time line	Bad memories	Grief	4,26	4,65	-,38	,004
			Armed conflict	4,51	4,72	-,21	,049
		Risk factors	School	4,87	4,52	,34	,010
	Under the rain		Current environment	4,71	4,50	,21	,037
	Cardinal points	Host Country	Community center	4,93	4,54	,39	,006
	Whish chest	Self	Education	4,89	4,52	,36	,004
Psychological Care giving	Time line	Bad memories	Grief	4,10	4,50	-,40	,001
	Under the rain	Risk factors	Current environment	4,54	4,36	,18	,054
	Cardinal points	Host. Country	Community center	4,72	4,39	,33	,016
	Whish chest	Self	Education	4,68	4,39	,29	,016
Spiritual	Time line	Bad memories	Grief	4,11	4,41	-,30	,054
	My marks	Leave	School	4,45	4,13	,32	,013
Educational	Time line	Bad memories	Armed conflict	4,41	4,72	-,31	,012
		Risk factors	Past environment	4,62	4,36	,26	,026
	Under the rain		Current environment	4,67	4,39	,28	,015
		Host Country	School	4,88	4,47	,41	,032
	Cardinal points		Community center	4,88	4,45	,43	,011
			Home	4,85	4,47	,39	,037
Cultural	Time line	Bad memories	Grief	4,22	4,53	-,31	,016

1.2.4 SDQ

SDQ Scale has a range between 0 and 2. In the following table we report the main results obtained by relating drawing categories with SDQ subscales.

Armed conflict experience was reported by children with lower level of pro-social behavior, and grief experience by the ones with higher peer relations problems.

Community as protective factors was frequent in children with higher level of pro-social behavior and with less behavioral problems and less difficulties in peer relations. Even school and beliefs or faith reported as protective factors was associated with less problematic peers relations and less hyperactivity.

Children who recognized their home, school and community centre as significant places show less behavioral problems and less emotional symptoms.

Future wishes linked to educational pathway were associated with lower emotional problems, while the ones concerning original families recover and well-being were typical of children with emotional problems.

Table n° 5 means comparison between children who express or not specific categories on sdq

SDQ	Atelier	Categories	Subcategories	Presence mean	Absences mean	Mean difference	Sig. (2-tailed)
Pro-social behaviour	Time line	Bad memories	Armed conflict	1,63	1,78	-,15	,041
	Under the rain	Protec. factors	Community	1,79	1,65	,15	,059
Hyperactivity	Under the rain	Protec. factors	Family	,84	,64	,20	,007
			Beliefs faith	,66	,82	-,15	,080
Emotional symptoms	Cardinal points	Native country	Place of worship	1,16	,87	,28	,030
		Host country	School	,50	,95	-,45	,001
			Community centre	,65	,94	-,28	,017
			Home	,51	,95	-,43	,001
	Wishes chest	Self	Education	,62	,96	-,34	,001
		Relation	Original Family	1,13	,87	,26	,025
Behavioural problems	Time line	Positive memories	Community	,55	,73	,17	,028
	Under the rain	Protec. factors	Community	0,54	0,72	-,18	,041
	Cardinal points	Host country	School	,38	,70	-,31	,012
			Community centre	,42	,70	-,27	,012
			Home	,40	,70	-,30	,013
Peers relations	Time line	Bad memories	Grief	83	65	,18	,019
	Under the rain	Protec. factors	Community	0,51	0,74	-,23	,001
			School	,54	,71	-,16	,034
			Beliefs faith	,51	,71	-,20	,009

Discussion

The strong relation between war-related experiences and Post Traumatic Stress Disorder symptoms show the relevance of the traumatic experience reported in the CWTQ. The correlation between Post Traumatic Stress Disorder and child psycho-social functioning, is consistent with the clinical description of traumatic symptomathology in children. The weak relations between resilience measures, war-related experiences and social functioning appears in contrast with the definition of resilience as positive outcome despite adversities.

Grief and armed conflict appear to be the main traumatic experiences as it correlates positively with symptomathology and negatively with resilience subscales. This results is coherent with the main risk factors illustrated by the literature [21], [22], [23], [24], [25]. The lower symptoms reported by children who indicated self disappointment experiences as bad memory can be due to one of the main peculiarity of traumatic experiences: they overwhelm the person, and induce the feeling of helplessness and hopelessness. Self-disappointment experiences are due to self failures; therefore controlled by the individual.

The second peculiarity of child war trauma that emerges through drawings ateliers is the disruption of his "collective envelope",[32] and the consequent chaos of space-time dimensions. Significant life spaces of past reality represent still an important reference for the child, but they got lost due to migration and new places of present reality cannot be invested. The traumatic overinvestment in past reality emerged in the perception of different sites in native country as significant places, which appearesd frequent in children with higher PTSD symptomathology and lower level of individual resources. While the recognition of school, home and community centre in the host country as significant places is typical of children with lower PTSD sufferance, less behavioral problems and less emotional symptoms.

Children who reported as risk factors war and violence experiences, but no negative perception of current environment, beside the several difficulties they are facing in the settlements, presented higher symptomathology of PTSD in the three clusters. The reason can be that traumatic events fixation doesn't allow the child to detach from the memory of the event and to move on with the present reality. Findings on the positive adaptation of children who reported community, school and beliefs as protective factors are coherent with the literature [5], [7], [15], [16], [18], [26], [32].

Presenting future wishes concerning personal educational pathway may show the child capability of projecting himself in the future, where he will grow up and develop and therefore it's frequent in children with less war exposure, lower level of PTSD symptomatology, resilient skills and less emotional problems. The high prevalence of psychological sufferance in children who reported future wishes of the original family recovery

and wellbeing may indicate that they are still focused on reparation process from the impact of traumatic experiences which they still feel very present.

Conclusion

This study presents typical limits of researches on extreme adversities, such as difficult availability of assessment tools suitable to the culture and situation, chaotic and hazardous settings due to the physical and political conditions, absence of pre-disaster baseline data, difficulties of engaging comparison groups and the lack of funds on this field [13]. And a very high rate of illiteracy among the children.

But at the same time results appear to have implications for interventions aimed at protecting children, mitigating risks and promoting resilience. It's important to be aware of the type of experiences lived by the child and to monitor the ones who has been exposed to high level of violence and grief.

Restoring a sense of agency in child and supporting his investment in the present reality, starting from the everyday concrete places, such as personal settlement, school and community centre are fundamental protective factor. Finally future project and wishes concerning the child are important protective factors, which should be supported. Community, school and personal beliefs play a central role in the resilient process.

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Resilience throughout life: the narrative of a senior missionary kidnapped by renamo

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Abstract

Active ageing is the process of allowing individuals to continue participating in social, economic, cultural, spiritual and civic issues independently of their age. Missionaries are members of a religious group sent to an area to do evangelism or other service ministries like education, literacy, social justice, health care and economic development. Based on a program we are experimenting in Portugal in order to develop individual active aging plans for missionaries who return from mission in retirement age, we will present a case study of a senior priest kidnapped by Renamo during his mission in Mozambique, Africa. Renamo (the Mozambican National Resistance) is a conservative political party in Mozambique, founded in 1975 following Mozambique's independence as an anti-communist political organisation, that fought against the FRELIMO in the Mozambican Civil War of 1980 and against the ZANU movement. We conducted 24 face to face sessions with this missionary, during which among others the priest wrote his life narrative. This narrative was subject of an analysis exploring stressors and resources. Being resilience the long-term capacity of a system to deal with change and continue to adapt and develop within critical thresholds, this case study brings an interesting insight to the actual uncertainty being again lived in Mozambique with several kidnappings.

Keywords: active ageing plan, missionaires, kidnapping, life narrative, stressors and ressources, case study

Introduction

Throughout life the human influences and is influenced by the environment. These influences and choices contribute to the quality of life at retirement age. Active ageing is the process of allowing individuals to participate in social, economic, cultural, spiritual and civic issues independently of their age [1]. The Model of Active Ageing presented by WHO [1] is influenced by several factors: personal (biological), behavioral (healthy lifestyles and active participation in the care of own health), economic policy (access to income and social protection), physical environment (safe neighborhood, safe food), social order (adequate social support, education) and social and health services (focusing on health promotion and prevention). This approach recognizes the importance of human rights of older people and the principles of independence, participation, dignity, care and self-actualization and encourages the responsibility of older persons in the exercise of participation in various aspects of their daily lives, based on health, security and social participation.

Missionaries are members of a religious group sent to an area to do evangelism or other service ministries like education, literacy, social justice, health care and economic development. To be a missionary implies having good interpersonal relationships, adaptability to other cultures and emotional stability [2]. Navarra & James [3] founded in a study with 76 missionaires that missionary acculturation follows a similar stress/coping model as other sojourner groups, though that religious orientations differentially predict perceived stress. When missionaires achieve a senior age, usually 30/40 years being abroad, they go back to their home country due usually to their health condition. When back, they see a different country from which they left, and they don't understand their actual role. Some show decreased mobility, others lack of motivation of continuing active.

As life narratives help seniors assign meaning to past action and events, sharing their knowlege with younger generations, this study aims to understand resilience throughout a life narrative of a senior missionary, identifying in each life stage stressors and ressources [4, 5, 6]. Based on a program we are experimenting in Portugal in order to develop individual active aging plans for missionaries who return from mission in retirement age, we will present a case study of a senior priest kidnapped by Renamo during his mission in Mozambique, Africa. Renamo, the Mozambican National Resistance, is a conservative political party in Mozambique, founded in 1975 following Mozambique's independence as an anti-communist political organisation, that fought against the FRELIMO in the Mozambican Civil War of 1980 and against the ZANU movement.

Methodology

We conducted 24 face to face sessions with this missionary, during which among others the priest wrote his life narrative. In session one an individual program was discussed and an agreement celebrated. Each session consisted of a one hour weekly meeting during which the psychologist read what the missionary wrote with pencil and paper, asked for more details and worked together age related doubts and anxieties as memory stimulation. The life narrative was subject of a content analysis exploring stressors and resources.

Results

The life narrative can be divided into 5 periods: 1. Childhood, 2. Adolescence, 3. Seminar in Portugal, 4. Studies in Rome, 5 Misison in Mozambique.

During childhood the main stressor we can find in the life narrative of this missionary is a punishment due to his bad behavior at school together with his classmates. As main childhood ressources we identify the priester invitation to the missionary to become his assistant at the church and his mother verbal approval after his decision to become a missionary. Now as senior, the missionary explains remembering these childhood moments that *"time eassembled everything in its place"* and that until today nothing could pull him from the road of being a missionary.

During adolescence the main stressor we can find in the life narrative of this missionary is the feeling that something was missing. As main adolescence ressources we identify the priester multiple iniciatives, including the invitation to visit two seminars. Now as senior, the missionary explains remembering these adolescence moments that thanks God every five years he can change his life and that Priester's words helped him overcome difficulties and uncertainties.

During the seminar in Portugal the main stressor we can find in the life narrative of this missionary is the fall from a tree and lost conscience. As main ressource during seminar in Portugal we identify the relationship with God. Now as senior, the missionary explains remembering these moments at the seminar in Portugal that it was the time he learned "*that a disease is for each of us a very important life moment as we are visibly more dependent of God with our most vivid hope waking up our faith"*.

During the studies in Rome we can find four stressors in the life narrative of this missionary: bad behavior in school room, difficult times due to Concil Vatican II, bike accident and bike theft. As main ressource during studies in Rome we identify the presence of his class mates. Now as senior, the missionary explains remembering these moments of studies in Rome that *"after all God does as He wants even after we have submitted plans for how we think about doing. It is a very useful teaching for each of us"*.

During the mission in Mozambique the main stressor we can find in the life narrative of this missionary is his kidnapping by RENAMO. As main ressource during the mission in Mozambique we identify his job prior to the kidnapping - the creation of 44 communities and the respective leaders for each of them. Now as senior, the missionary explains remembering the kidnapping by RENAMO in Mozambique that at first we was afraid to dye but said "*Be what God wants"*. Though at the end he recognized the deep relationship of friendship between them and the military.

Table 1.: Stressors, Ressources and Resilience at each life narrative stage

Life Stage	Stressors	Ressources	Resilience
1. Childhood	school punishment due to behavior	Priester invitation to become his assistant mother's approval to become missionary	*"time eassembled everything in its place"* *"I got enthusiastic for this great ideal and until today nothing could pull me from this road"*
2. Adolescence	feeling that something was missing	Priester invitation to visit 2 Seminars priester multiple iniciatives	*"I thank God because in my life until today every five years I could change my life"* *"There were Priester's words that helped me overcome difficulties and uncertainties of the way"*
3. Seminar in Portugal	fall from a tree and lost conscience	relationship with God	*"It was also a special day where I learned that a disease is for each of us a very important life moment as we are visibly more dependent of God with our most vivid hope waking up our faith"*
4. Studies in Rome	bad behavior in school room difficult times due to Concil Vatican II bike accident bike theft	school mates	*"After all God does as He wants even after we have submitted plans for how we think about doing. It is a very useful teaching for each of us"*
5. Mission in Mozambique	Renamo kidnapping	prior great job: creation of 44 communities and leaders for each of them	*"We said: Be what God wants...In that moment I thought it was my last life moment...To conclude I would say that the sacrifice that we did together - missionarires and our friends the RENAMO military, generated deep friendship, the one that is not easy to separate from us. It was therefore difficult for each of us when it came the goodbye hour"*

Conclusions

The main aim of this study was to understand resilience throughout a life narrative of a senior missionary, identifying in each life stage stressors and ressources. The content analysis of the life narrative shows us that ressources are in all five life stages persons: priester, mother, God, class mates, communities/leaders. Stressors are therefore punishments, accidents and missings. Resilience is for this missionary related with time, ideal/road, change, words and faith/dependency of God. Being resilience the long-term capacity of a system to deal with change and continue to adapt and develop within critical thresholds, this case study brings an interesting insight to the actual uncertainty being again lived in Mozambique with several kidnappings.

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Conceptualizing resilience: dissociation, avoidance, and silence as resilient trajectories among former child soldiers and ex-combatants coping with past trauma and present challenges in acholiland, Northern Uganda.

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Abstract

Studies of resilience in war-torn countries such as Uganda, Congo and Mozambique have broadened the field of resilience research [1, 2, 3, 4]. However "significant gaps in our knowledge about effective responses and factors associated with resilient outcomes and resilient trajectories" in these contexts prevail [5].

In 2013 ethnographic fieldwork was carried out among former child soldiers and ex-combatants from the rebel army The Lord's Resistance Army (LRA) in Northern Uganda, Acholiland to explore coping strategies, demobilization and resilience in a context of severe adversity. The LRA is known for methods of brutal torture and use of child soldiers in their war against the Ugandan government using similar means. This paper rests on in-depth descriptions and emic notions of individual ex-combatant's responses to such adversity. The responses associated with resilient trajectories and outcomes call for re-conceptualizations of resilience: In Acholiland `dissociation´, `avoidance´, and `silence´ and in some cases `appetitive aggression´ [6] seem key in resilient responses and coping. Thus resilience must be studied in a variety of contexts, based on what we know from resilience research [7, 8] but integrated with a culturally sensitive and individual differences perspective approach [9]. Not doing so puts the subjects we study at risk of being placed in confining categories of pathology, which in return puts scholars at risk of missing the opportunity to broaden and deepen our understanding of resilience.

Keywords: Resilience, dissociation, coping, ex-combatants, child soldiers, Northern Uganda.

Introduction

The paper derives from a study on resilience and coping strategies among former child soldiers (below 18 when abducted) and ex-combatants (above 18 when abducted or volunteering) from The Lords Resistance Army, originating from Acholiland, Northern Uganda.

The PhD is a qualitative study using ethnographic fieldwork methods such as participant observation and reflection [10], repetitive narrative life story interviews, semi-structured interviews as well as resilience scales and questionnaires assessing relevant protective factors such as perceived social support, locus of control and life orientation [11, 8, 12]. In some cases, where additional consent had been obtained, video recordings inspired by "A day in a life method" [13] were carried out when the researcher and the female or male interviewee found it appropriate. This paper however will only make use of the data obtained during participant observation and reflection, interviews and videos. (*N: 36.* Females: 18 Age 16 – 38. Males: 18 Age 19 – 39)

When constructs and categories do not capture what is on the ground

As explained in various articles resilience research originated from developmental studies of children growing up in chronically adverse environments [8, 14]. Since then the field has included studies of resilience as responses to singular traumatic events – in a recent paper referred to as `minimal-impact resilience´, which is

different from `emergent resilience´; indicating the chronicity of adversity to which resilient responses might emerge [14].

A gap in the literature [15] thus exist on research in populations where chronic adversity has become long-lasting, affecting children and adults throughout their lifespan, and where the adversity is defined by both re-occurring acute stressors such as attacks or violent conflicts in a region, as well as chronic adversity in the form of poverty and political turmoil. This study was conducted in such a context in Acholiland, Northern Uganda.

Our study of resilience among former child soldiers and ex-combatants from a context still struggling in its aftermath of war, has taken an explorative approach to identifying and defining what seems to be resilient coping in this context, precisely because the measurement tools and findings in resilience research at hand so far did not seem to adequately apply in this context of cumulative trauma and somewhat extreme adverse circumstances - and in some cases the data called for arguing against consensuses in trauma and resilience literature.

As a result we suggest a framework for identifying resilient coping strategies and resilient coping, which takes departure in the situated living conditions and culture asking: *What are the conditions for corresponding to established notions of resilience in this particular context?* Arguing that in some contexts, trauma is so severe and cumulative, and uncertainty in the forms of poverty and political instability is so prevalent, that conditions are too un-ordinary to make use of consensual and categorical trauma related disorders [15, 16] and resilience constructs arrived at in contexts far from the one represented in this study.

Along these lines our approach to researching resilience is particularly inspired by Bonanno and Burton [9] as well as Barber [15]. We aspire to their requests to pay increased attention to individual differences and providing detailed accounts of context. Bonanno and Mancini [7] in a groundbreaking article about ways forward in trauma and resilience research and beyond, critique traditional trauma theory for failing to grasp the full range of adjustment in the aftermath of potentially traumatizing events, and Bonanno and various co-writers in numerous articles describe studies (Mancini, Bonanno, & Clark, 2009, Curran & Hussong, 2003, Jung & Wickrama 2008, Múthen & Muthén, 2004 are referenced), which have "dramatically underscored the natural heterogeneity of human stress responding" [7 p. 76]. An additional important point set forth in the article is that studies of the latent structure of PTSD symptoms using taxometric analyses have consistently supported a dimensional rather than a categorical structure (Bonanno & Mancini 2012 referencing Broman-Fulks et al 2006, Ruscio, Ruscio & Keane, 2002). Thus: *"PTSD is best understood as a continuous dimension ranging from mild to severe trauma rather than as a discrete clinical category; thus, any diagnostic cutpoint we might use will to some extent be arbitrary."* [7, p. 75]. The fieldwork in which this paper has its foundation supports these findings and analyses.

Due to the context and population of this study, still rather uncommon in the resilience literature, our framework is eclectic and moves across approaches and paradigms in order to collect the most useful and applicable findings in the field of resilience research (O´Dougherty Wright, Masten & Narayan 2013, Masten 2011, Bonanno and Burton 2013, Bonanno and Dominich 2013, Betancourt and Williams 2009, Betancourt and Kahn 2008, Ungar and Liebenberg 2009, Carrey and Ungar 2007 to mention a few) to support our analyses of coping strategies and definitions of resilience as they emerged during the fieldwork among the female and male former child soldiers and ex-combatants in Acholiland.

We are greatly inspired by Klasen's term "posttraumatic resilience" [3] when defining resilience. Klasen et al research resilience in children (11-17) from Northern Uganda whom are former child Soldiers. Our study population is 16-41 years of age, with the vast majority above 18. The study is looking for detailed accounts of individual coping strategies rather than patterns across the study population. Thus our data calls for new conceptualizations and putting words and concepts to findings, we have not come across elsewhere in the resilience and trauma literature so far. Finally we focus on coping strategies, i.e. responses to the past cumulative PTE´s and present seemingly chronic adversity, which among other things characterize the Acholi context[1]. This has brought about the term "resilient coping". Our focus on coping strategies means that we empirically explore resilience by observing, inquiring about and co-reflecting with informants on mental and behavioral responses to adversity, with the goal of identifying what seem to be resilient responses. In other words; coping strategies are perceived as resilient if they entail relatively desirable and constructive outcomes in a challenging context with a study population with a severely challenging past. This means we consider and research both resilient processes (coping strategies) as well as resilient outcomes: By resilient coping we mean the outcome of the coping strategies which former child soldiers and ex-combatants more or less consciously and voluntarily engaged/engage in - and how these coping strategies have influenced/influence past, present and potentialities of the future for instance in terms of vicinity of resources (out of reach, moving closer or still out of hand?), mental states, self-efficacy, own evaluations of life quality, quality of social relationships. All of these factors, we stress,

[1] We favour Barber´s emphasis on contextualising resilience research. Publications in progress will provide lengthy accounts of the Acholi context; unfornuately it is beyond the scope of this congress paper to provide such.

are always influenced by situational and environmental cues such as political stability, climate, and states of poverty (see section 5 for elaboration).

Outline

The paper will present six markers we argue are crucial to paying attention to when researching resilience and if evaluating the resilience in responses to traumatic stress. The markers and the additional 5 criteria we use to define resilient coping are empirically based, but informed by existing literature on trauma and resilience research, as well as the gaps in the same literature we find essential to contribute to filling with empirically based knowledge. Due to the fact that 34 out of 36 informants were not part of any organization or NGO, which would address past trauma and facilitate interventions as part of a healing process; the data for the most part concerns mental coping strategies in general with dissociation, avoidance and silence as particular prevalent responses. This paper will conceptualize dissociation from diverging academic fields, to inform the empirical data and promote analysis of how dissociation, avoidance and silence in an Acholi context seem essential parts of resilient coping.

Relativity and traumatization: 6 markers that matter and complicate

Traumatization and resilient coping co-exist in Acholiland, and, we suggest, in many other contexts too. We are aware that the *experience* of how detrimental adversity or potentially traumatic events is to your functioning, to your system and life is relative and thus it does not take a context of war or extreme adversity like Acholiland to argue for a critical reflection in application of standardized measurement scales of resilience and adversity. What is extreme is relative too as is what is traumatizing and to what extent disturbances in functioning are disturbing enough to be viewed as pathology. Based on fieldwork data from Acholiland and findings in trauma and resilience literature [17, 18, 15, 13], we argue that how much a traumatic event affects you depend on

1. The prevalence of trauma in the surroundings society (family and societal context) of the person studied.
2. Occurrence of trauma (what type of trauma/number of PTE´s) in the individual person's life.
3. How emotionally sensitive the person is
4. How much support the person has and what kind of support

This also relates to cultural notions of suffering, coping and how to cope/heal/recover:

1. How much and how one is supposed to display emotional reactions to suffering, reflect on, talk about and share about pain and suffering (i.e. what is acceptable behaviour in a specific context? What can be talked about? What is taboo? Is rape? Is killing?)
2. What financial and social resources are available? If everyday life consists of either surroundings of privilege in a highly effective performance society, or a less privileged society equally busy with managing to meet primary needs and ensure survival - this influences what possibilities, social scripts, time available and resources one has to engage in ones coping process.

Clearly all these factors play a pivotal part in a dynamic complexity, which human beings exposed to adversity navigate more or less constructively and successfully. What is considered constructive and successful will vary too in relation to what cultural and socio-economic context is in focus, as well as the cultural and socio-economic context of the researcher influence what is noticed and how. In short; critical awareness of the ambiguity and shortcomings of resilience constructs and categorical diagnostic terms when describing and analysing responses to trauma in any given context is essential.

Five criteria for defining "Resilient coping"

With the stories and admirable struggles of Acholi females and males in mind, we propose 5 criteria for defining resilient coping, which we realize are not measurable, but none-the-less can serve as a guiding tool when exploring resilience in a context of cumulative PTE´s and chronic adversity. We have chosen to call them abilities, referring to "being able to". This connotes and promotes looking at actions and thus lived practices on the ground, which is a useful component when complementing, critiquing or revising measurement tools or diagnostic manuals. After these criteria we will use excerpts of elaborate case stories in order to serve our investigation of what coping strategies our informants have made use of (more or less voluntarily – this will be elaborated on) in order to enable resilient coping. We are aware that the following criteria as well as our perception of the coping strategies as relating to resilience can be provocative. We then again refer to the chronicity with which severe trauma occur in the context studied here.

1) *Ability to actually survive* through ambushes and a war known for its innate brutality and exploitation of the civil population in Acholiland. We realize that this also has to do with coincidence. But often stories of survival and escape spoke of tremendous courage, creativity, strategic planning, perseverance, self-control, and help from God, spirits or both, as well as avoidance, emotional numbing and compartmentalization.
2) *Ability to stay (relatively) sane through witnessing, carrying out or being target of ongoing atrocities such as repeated torture, rapes and killings.*
3) *Ability to maintain daily functioning despite having experienced severe trauma:* Relative maintenance of hope, will to live, self-efficacy, goals for the future. Ability to maintain ones daily functioning and ability to take care of primary needs. If a family caretaker; being able to feed and comfort children – unless poverty, present war and climate conditions inhibit one in doing so. Absence of chronic severe depression, re-occurring suicidal thoughts, absence of apathy, but not necessarily absence of PTSS, PTSD, DTD or for instance dissociative disorders. We argue that one can adapt to/learn to function with and despite eventual disorders and trauma-related symptoms.
4) *Ability to come to terms with a past, where one was both at the enforcing and receiving end of atrocities, through meaning or sense-making processes, decision-makings and navigation towards resources, which enable informants to live sustainable lives and continue the demobilization, which were initiated at escape or rescue from the Lord's Resistance Army*. This ability, like #2, 3 and 5, can be seen as operating on a continuum, but in this criteria #4 the continuum refers to having obtained more or less acceptance of one's past. One is not completely stuck in the past, but has an overall understanding, that the past belongs in the past and that now is something different. Due to the cumulative traumatic events the majority of the population in Acholiland has experienced, flash backs might occur (as they did to the majority of informants). This can seem as us being self-contradictory: Criteria # 4 stresses that one has an overall understanding that the past belongs in the past, since flashbacks is a distortion of the notion that past and present are separate time entities. However, referring to criteria 3, we would again argue that alterations in memory due to traumatization is a different matter than appraisals and meaning making of one's past and how ones past affects one's present and future. Even if suffering from flashbacks, one can maintain functioning on various levels and might be able to establish constructive and healthy notions of one's identity, even if this notion has to draw on imagination or altered beliefs in order to enable identifying with an identity that is bearable.
5) *To live relatively peaceful in co-existence with family and wider home community* (occasions of domestic violence between men and women, as well as village fights between the men in the community especially in combination with the consumption of alcohol is very frequent in many areas of Northern Uganda, and in this Acholi context should not be seen as something extraordinary, but rather "a given" (conversations with numerous families, men as well as women and NGO´s in Acholiland).

This last criteria in between the lines holds a premise that demobilizing is considered constructive and resilient, and in addition "a morally acknowledgeable thing to do". However this is complex. The vast majority of male former child soldiers and ex-combatants whom took part in this study say they would remobilize if "things got worst"; that is if war should break out again, if their life was threatened, or simply if poverty and unemployment got too detrimental to maintain daily functioning and, when being the caretaker of a family, to ensure survival of children and wife. Thus remobilization cannot always be considered "a choice to join violent networks because one seeks the violence, revenge or one has an urge to act violently, is radical etc". Though very critical of the government, most informants would join the government army if war should break out again, because they consider it to be "the winning side". This points to the fact that survival is not taken for granted, but has been chronically threatened in Acholiland. It is to all of us, but the threat to survival is kept very much alive in the history as well as in the minds and the present day life of many Acholi people. Thus, using Zimbardo´s words "What is available, dominates what is right and just" from studies in social psychology [19] as well as theories from evolutionary psychology [20, 21]: Most of us would choose to harm, and ultimately kill others, in order to ensure the survival of our own community. If joining combat was the only way to save our children, how many of us would pick up the gun and start shooting at the enemy literally attacking our daughters and sons? This is what has been at stake for many Acholis. Now that the war is over, to some informants, boredom, lack of belonging and lack of a sustainable future ensure (re)mobilization into the ranks. To a final few it is addiction to violence and an urge to kill that would make them take up arms again. Our data consists of stories on how this addiction came about as well as stories of how one managed through remarkable courage, perseverance, creativity and resilience to lose his addiction to killing. With the above mentioning of alterations and imagination we go on to define dissociation and shortly present the empirical basis for why dissociation is part of strategies enabling resilient coping.

Defining "dissociation"

1.1 Defining "dissociation" from within psychiatry and psychology

In the data from Acholiland "escape" is synonymous for various terms describing mental processes of coping; "dissociation" being the most important one. Dissociation is a term or concept often described in psychology, psychiatry and anthropology. However the various fields define dissociation in very different ways: In the American Diagnostic and Statistical Manual of Mental Disorders (DSM 4), dissociation is defined as: "Disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment. Among the most commonly described dissociative experiences are `depersonalization´ (an altered perception of self) and `derealization´ (an altered perception of ones surroundings)." [22, p. 649].

1.2 Dissociation in psycho-analysis: Into the `crypt´.

Rosenblum, inspired by Torok (1968) and French avantgarde author Perec writes about "The crypt": A space where that, which is too painful to live with, is hidden away, concealed, confined. The detrimental risk of opening the crypt, which is the premise on which psychoanalysis and other, more recently developed methods of therapy such as for instance Narrative Exposure Therapy rest, is what Rosenblum reflects on in "Postponing Trauma: The Dangers of Telling": "Perec feels that crypts obey a binary logic; they allow one modification and one only. They hold or they break. Crypts immobilize the dynamics of the unconscious" [23, p. 1333].

Perec's and Rosenblum's words resonate with numerous writings on reactions to trauma and how repression, dissociation and splitting are ways of coping with what are experiences of extreme suffering or shock: "Not only do traumatized subjects succeed in distancing, denying, erasing the shock, but what is erased is sometimes much more than the affective experience or subjective recognition that an unbearable event took place. Sometimes what is erased is the traumatic event itself and together with it, whole segments of reality." [23, ibid].

When defined from within fields of psychiatry and psychology, dissociation is a common response to double bind situations, trauma and other situations of severe stress [24, 25, 22] – a link which was first made in writings by Freud and in other theories of hysteria [24, 25]. In the double bind theory by Bateson and colleagues [28], and in additional writings [29, 30] the word `escape´ is often used synonymously with dissociation [23, 22, 26]. Bateson and colleagues wrote about the challenges of being in a double bind situation: *"but in an impossible situation it is better to shift and become somebody else, or shift and insist that he is somewhere else. Then the double bind cannot work on the victim, because it isn´t he and besides he is in a different place."* [28 p. 210]. The events leading to dissociation, whether singular and immediate or chronic are closely related to the building of the crypt, described by Rosenblum. The dissociation is the escape response to what is too painful to be fully conscious of; hence the building of the crypt. We shall return to both terms in the analyses.

In summary "dissociation" is both used as a term to describe *immediate reactions* to severe, and or shocking stressful events in the actual moment of the stressor occurring, and thus as a natural human reaction to severe stress, shock or trauma. And dissociation refers to a symptom of re-occurring or chronic patterns of alterations of consciousness, memory, identity or perception of environment and self, related to past trauma now reoccurring because the stressful event/shock or trauma has resulted in traumatization, and thus what in psychology and psychiatry is often referred to as trauma – and/or dissociation disorders.

1.3 Dissociation in anthropology

Contemporary anthropological analyses of dissociation, often referred to as trance, spirit possession and as processes, which are part of rituals, tend to "concentrate on its function as a way of articulating certain self-states in a manner that resonates with local cultural notions of personhood" [27, p. 42].

Thus anthropological approaches to describing dissociation tend to do so emphasizing meaning and structure by focusing on how dissociation contributes to the cultural constructions of self and personhood, and how dissociative processes articulate, confirm, break away from or maintain personal, social and moral order within the local cosmology. Thus, dissociation when described with an anthropological perspective seems to be expected, culturally appropriate, desired, even joyful and promoting good health. In contrast dissociation within the field of psychiatry and psychology might be described as expected in the sense that it is a mechanism; i.e. a bio-physiological response to a traumatic event, but culturally inappropriate, promoting ill health, viewed as a state of pathology.

1.4 Emic notions of dissociation in Acholiland: `Cen´ and `Ajiji´

A majority of ex-combatants mentioned spirit possession, or more specifically, *cen* when sharing their stories. In Acholiland *cen* is defined as "the vengeful spirit of a dead person" a spirit capable of possessing places where killings have been carried out, or anyone involved with the killing, including family members to the one who has killed [31, p. 59 and notes from fieldwork]. Cen and other notions of spirits would intertwine with other explanation - or belief systems in Acholiland. The majority of Acholis I came to know during fieldwork would integrate beliefs in both ancestral spirits, Acholi ritualistic healing, witch doctors, God, prayer and pills.

In the Acholi tradition people expect certain behaviors from a person who has killed. The person might be possessed by *cen* and furthermore a traditional healer clarifies: "If a person has killed someone and has not told his people at home, people would begin to know it through his bad deeds for he would be filled with the heart of doing harm. Especially when *cen* has taken control of him, like when he is drunk, he would be filled with the heart of doing bad things and even kill." [31, p. 61]. Cen is related to `ajiji´ meaning "the urge to kill". Such urge was a severe challenge to two of the informants in this study.

Signs of àjiji´ are nightmares, shouting, trembling, not able to think straight, and loosing strength – referred to as "strong fear" [31, p. 62-63]. The signs are thought to disappear over time without any healing processes, however it is recognized that `ajiji´ can lead to "madness" (*apoya* or *bal pa wic*). In the Acholi cosmology "madness" shows itself in "severe nightmares, `visions´ during which people vividly see what has happened in the past, overly aggressive behaviour, excessive shouting, talking about things that are not related to what is currently happening in the person´s surroundings, moving around in long an aimless walks." [31, p. 63].

As mentioned in the beginning of this section dissociation in this paper is simply perceived as ways of coping. Thus in the remaining when the terms of "dissociation", "repression", "crypt" [30], "erasure" or "disintegration" is used, they refer to the "escape" Bateson in articles and books [26] argues is a logical response to adversity. Thus the connection "escapes as coping" emerged as a common characteristic in coping strategies in Acholiland. Now, rather than determining from which paradigm dissociation should be defined, and where on a continuum from `culturally perceived healthy reaction´ to` pathological response´ to `psychosis´ and `schizophrenia´ the dissociative states presented in this paper should be placed, we have briefly presented different perceptions of what dissociation means. This will serve as a foundation to deeper and more poignant analyses of the routes of escape two informants, Janus and Martin walk down - or rather dissociate into. The following story about Janus exemplifies how this seems to be the case.

Analysis: On the first time Janus killed

Janus was ten years old, when he was abducted by the LRA. Janus had attended school, and so the LRA quickly gave him the position of attending the wounded, because he could read the labels on the medicine made accessible to the LRA in the bush by collaborators, corruption, looting and attacks. Janus has seen babies being bashed against trees, and "weak rebels" pushed off cliffs. Janus was around eleven when he killed for the first time. Janus tells very different stories of the first time he killed. In one of them he takes up the narrator voice of a fierce fighter, "shooting out the brains of the other man", "stealing his gun", stating: "*And that was the end. I would never fear anything anymore*". His voice is deep, his intonation abrupt, his body language big and harsh.

In other versions of the first time Janus killed, his voice is lower; he speaks of crying when thinking about "that man". Of waking up, seeing the face of the man, thinking about why he killed him and reflecting on that "God says we should not kill one another". In other stories intertwining with that of the fierce soldier, and of the one haunted by images of the man killed, Janus narrates in a way that allows him to appear a hero. In one particular conversation, documented on video, Janus, without neither the performance of a fierce soldier, nor a victim, simply says: "*There were very many small children in the rebel army. So many. Small, small children. So many…"* and in a rare, brief moment, Janus sits there, vulnerable and just is. His shoulders rounded, his right arm wrapped around himself. Shortly after, he breaks out of the vulnerable state of being in order to again become someone else; a someone more endurable: "*That is why very many are so grateful to me. Many from the bush they see me and they say `thank you, thank you´. Because I helped A LOT of children in the army, I helped A LOT!* ". Janus himself was twelve years old, when he managed to escape the LRA.

Martin is an ex-combatant in his early forties who is stuck in a limbo between longing for his past as a commander in the LRA and being haunted by the past. What complicates Martin´s present life is that his longing exceeds the haunting; Martin when we meet, regularly expresses feeling "the urge to kill". However, Martin at the same time expresses that he wishes to be at peace *in* the present. Janus too lives in a limbo, running around between various identities, of which none offers him at place to rest in terms of a sense of "a self" he can accept, and pursue a sustainable future through. Janus is unemployed, separated from his family because of poverty and

stigma and turns to wishful thinking, that some call lies, in order to identify with a bearable, desirable identity and his persistent ambition to "be more than this".

1.1 The urge to kill

There are many things Janus and Martin have had to mentally escape from to cope due to the atrocities which have been committed against and by them. One is the guilt that accompanies killing - or is considered as *supposed to* accompany killing. Martin has partly succeeded in this great escape. Only in nightmares do the faces of the ones he has killed, tortured and the bodies he has desecrated come to haunt him. About killings and rapes he has committed during his time as an, according to himself, highly valued and skilled LRA commander, he says: "*Back then it was good*". Whether Martin never felt guilt, or whether he has had to erase it in order to function today, is not clear (more thorough analyses of this theme is in progress in a forthcoming article on coping strategies). Martin describes his experience without any traces of emotion, describes it as thinking (not feeling) *"If this is work, let it be work"*. To this day, Martin says, what he misses the most about being with the LRA "is killing" and he elaborates without any encouragement: *"Seeing blood makes me feel so strong, makes me feel such a strong moral. Makes me want to go and kill even more"*.

On scales developed far from the battlefields Martin fought, Martin has the highest score possible on "The Appetitive aggression Scale" (AAS) [6]. The scale is a measurement tool based on research in contexts of mass-violence, where psychologists found that the form of aggression described as part of combat testimonies from 2. World War, The Congo, The Genocide in Rwanda and in Northern Uganda, differed from other descriptions of aggression theory and aggression studies in the field. According to the researchers "Appetitive aggression" is defined as: *"... the perpetration of violence and/or the infliction of harm on a victim for the purpose of experiencing violence-related enjoyment.*" [32, p.24-25].

1.2 Appetitive aggression – a protective factor?

Martin describes how he would be on the lookout for the opportunity to be violent, if battles for some reason had not been fought for a few days in the bush. He explains how the urge to kill calls him. He says about rape and killing that *"back then it was good"*. But he also says: *"If my wife knew what I did in the bush, she would leave me."* Martin knows that in the present life what he did can be viewed as "not good". Martin says; *"one has to consider oneself a hero – otherwise there will be a problem. If you do not see yourself as a hero, you will be the one who is dead."* Martin survived. He considers himself a hero, a good soldier. His statements of violence being "not good", is not just pure obliged rhetoric, but speaks of a desire to find peace in the present by continuing to live with his wife and children in the quiet village.

Weisterstall and colleagues argue that appetitive aggression seems to have a protective role against trauma-related illness. They have shown in studies among Rwandan genocide perpetrators and Ugandan Child Soldiers that "those who reported a greater propensity to appetitive aggression were more resilient towards the development of PTSD" [32, p. 2, 33]. All the men and women I spoke to in the village where Martin lives had been screened for PTSD by an international NGO working in the area together with locally trained counselors, and results were that the persons screened did not suffer from PTSD. Emotionally charging reactions in general, in Martins case, were somehow ungraspable, because they were rarely displayed.

All informants spoke about their time in the bush as a time to completely repress (they would use the word `erase´ or `forget´) their emotions of for instance longing for home, grieving over the loss of loved ones, or feeling devastated after being forced to kill.

This was a strategy of survival displayed empirically throughout every story shared in fieldwork, as well as the repression of emotions as a coping strategy when facing and coping with severe trauma is richly described empirically and theoretically across paradigmatic preferences in psychology and psychiatry [31, 29, 34]. We have just used the terms "coping strategy" and "survival strategy" interchangeably although well aware of the fact that they are theoretically two separate entities. In Acholiland however, when with the LRA, the ability to repress emotions was at that time a necessary strategy: Completely distancing oneself, separating oneself, or dissociating oneself from the pain, disgust, fear or sad emotions one feels is as effective as it is necessary if one is to survive in the bush: In addition to the daily death threats and witnessing of killings, which were part of bush life, there is a strong tendency among ex-combatants to believe that commanders in general in the LRA, and the LRA leader Joseph Kony in particular, have mythical or spiritual powers. Thus we argue that what initially was a survival strategy during war, captivation and combat, has been carried into the present as a coping strategy: *"They literally know how to read your thoughts, so you just have to stop thinking about home. The first week, you think about home. But the second week… No… they can read your mind. So it is like that. Yah."* (Janus about his first weeks into the abduction).

Concluding reflections: Escape, erasure, survival

Most of the men and women we met during this fieldwork were children or adolescents when they were abducted. During the abduction incident or the shortly following initiation rituals, other abductees, sometimes including loved ones, were tortured, and often killed. Each and every one we spent time with during both fieldworks had been told to "not show sad emotions" in the bush". "To not look miserable, to not cry", "to not long for home" – or they would be killed, severely tortured, or forced to kill. Such a context, we argue, calls for careful conceptualizations of what resilience is and how one can or is forced to act in order to survive and/or to cope resiliently with severe, cumulative and chronic adversity of different kinds.

We have made an empirically driven exploration of resilience by looking at coping strategies as they emerged during observations of actions and as they were narrated and reflected on during fieldwork. We have fused our analysis by eclecticism across disciplines to show how *coping* strategies during the years where the war ravaged the Acholiland were equivalent to *survival* strategies, and, to some extent, still are.

1.1 Forced resilience

In contexts of severe, threatening adversity, which we argue, is not isolated to Acholiland, but can include various contexts, resilience does not necessarily relate to choice, choosing one's strategy etc. In some cases, and intense moments, we argue, the term best describing what resilience is when displayed in such a specific situation is "*forced resilience*". Like Janus explained, thoughts about home were soon avoided, completely repressed or abandoned, and so were the showing of emotions or sad thoughts, because the commanders of the LRA are believed to be "mind readers" – and because experience in the bush quickly taught Janus and his many fellow child soldiers and ex-combatants, that showing signs of weakness; showing any kind of emotions considered relating to vulnerability, would get you killed.

"Avoidance" within the field of psychology and psychiatry is defined as a *symptom* of Posttraumatic Stress Disorder. However, in Acholiland the ability to avoid certain thoughts and emotional reactions to the extent where emotions are disintegrated from subjective experience; e.g. the ability to stop thinking about home, seem to have been carried through to today as a present coping strategy.

It is beyond doubt that many of the ex-combatants we spoke to were traumatized to some extent. But what forced them to abandon thoughts about home and emotions of sadness and suffering in the bush, referred to in this paper as dissociation, repression, and avoidance/escape, seems to be working as an effective coping strategy in most cases in this study. This ability offers escape where there is none, and a way to move forward by moving away from the severely violent domination that many Acholis have suffered, which creates intrusive memories, stuckness and confinement in Acholiland on a collective as well as on an individual level.

1.2 Silence intensifies when coming home

The silence which seems to so naturally accompany avoidance intensified once the former child soldiers and ex-combatants in our study came home from the bush. In the bush silence was enforced as a necessary survival strategy. But once reaching home, stories of what happened in the LRA might very well be stories of killing, torture and abduction that sons, husbands and daughters often do not wish to burden their siblings, parents or partners with. And quite possibly so the telling of the stories of killing, torture and abduction are likely to shatter the fragile post-war rebuilding of a community equilibrium, because sons, daughters, cousins and husbands are still missing, or are dead – because the perpetrators of these atrocities in many cases are the very same persons, whom are now returning after their own abduction and share of various forms of hardships while in the bush. Silence bandages help keeping together the ties of the wounded in many villages in Acholiland, as well as silence and avoidance with Rosenblum's words serve as bandages holding together the crypt on an individual level too; keeping it from breaking and Janus from staying too long in vulnerable states and identities undesirable, or unbearable, to him – and his home community.

Not so few grew up in the bush, made friends, new families, grew through the ranks in the LRA, and into a sense of belonging.

Very few of them shared stories of experiencing growing fond of killing, but some did. Whatever balance between being traumatized or thrilled by the battlefields, silence seems the safest and more effective coping strategy to obtain communal mercy, or at least lessen the fierce stigmatization, which most often follows a homecoming. One's pride as an LRA soldier or commander, as in the case with Martin, does not have much space, if any, in neither the local, nor the global communities [35].

There are few exceptions among the Acholis whom we followed who had returned from the LRA where silence had been replaced by sharing of stories and with openly confronting taboos of atrocities committed. 3 out of the 4 whom had shared their stories, were encouraged or told to do so while with an NGO, or when being sponsored or taken care of by one of the many European aid-workers whom have passed through Gulu town over the years. One young man, Jason, who in many ways stood out in remarkable ways and whom never passed

through any reception centre or NGO was abducted as a 12 year old boy from his local village and quickly rose through the ranks with the LRA. A common strategy in the LRA is to send soldiers, often child soldiers, back to their local villages to loot, abduct and in some cases cause terror by committing very graphic torture and killings. This also happened in Jasons case. Jason decided to abandon his post as a commander in the LRA and upon homecoming, one of the first things he did was to walk up to the family, from where he abducted three boys while with the LRA - two of them still missing - to let them know he was the abductor and ask for forgiveness. The family responded that they had known Jason as a child, that they knew him as a "good and gentle boy", and that they would forgive him. Further unfolding of Jason's story must resume elsewhere, but this is the only story we have heard of where silence at a returnees own initiative turned into sharing and confrontation of taboos during 2006 and 2012/2013 fieldwork periods. This study, of course, points to the differentiation between whom one is supposed to silence ones past to, and where exceptions to this collective rule are allowed or encouraged. As a few among many European researchers and NGO workers visiting before us, we were safe to share stories with, because we did not have sons or daughters, or other relatives whom the informants could have abducted, tortured or killed during their own years of abduction/or years with the LRA. In the urban areas talking to "wazungus" like us, could potentially be beneficial in terms of material resources, however in this case it was made clear that this would not be the case.

Lacking in our material is data on bodily reactions; remnants of memories, which we would in some cases with female former child soldiers, inquire gently about, but would not get verbal accounts of, although body language too is indeed informative in its own right. The stories shared by female former child soldiers and their coping with pasts of repeated rape and violence support the strategies of dissociation, avoidance and silence, which we conclude are the most prevalent coping strategies in our data. In this paper however we have chosen primarily to focus on two male informants, and will elaborate on the female former child soldiers elsewhere.

The mental escapes into something better than what the past, present or future has to offer the two men, are in both Martin and Janus' case mostly walked alone. The atrocities of the past are silenced, due to taboo and fierce stigmatization in the local community due the intertribal character of the conflict in Acholiland. However stigmatized or lonely, Martin and Janus do share a collective response carried out by many Acholis: Silencing and being silenced in order to avoid a horrific past to take up too much space, in order to obtain a sense of control, and thus leaving a more endurable image of the future in Acholiland.

The outro is not rosy-red. Janus is hungry, literally and existentially, and Martin says the only reason he does not return to violence, to killing, is that he does not have a gun. Is there a limit to how long one can endure stuckness without reacting in ways that are destructive to self and/or other? History nods. Martin and Janus have both lost lives of loved ones and taken lives. They have argued (Martin consistently, Janus only when taking up the position of fierce soldier), that doing the latter was right. To provide a rich account and exhaustive reflections on what place moral has in the Acholi context is beyond the scope of this paper. Deutch [36] seems to be even more at point than Zimbardo when trying to explain why gross human rights violations at times are believed to be the right thing to do: "Once a boundary between `us´ and `them´ has been established, and `them´ are gradually excluded from the moral community, one can consider oneself moral for engaging in otherwise `depraved´ actions" [36. P. 24]. Going along with Deutch´s thoughts on inclusion and exclusion: A judgment is present when creating the ultimate exclusion; a killing. And a judgment is present in the creating of the crypt, and when going into shock while experiencing trauma because it necessitates a subliminal and/or cognitive appraisal in the form of the judgment of something being too painful to fully and openly embrace in its totality.

Many would have broken down, many would and do appear in studies on the prevalence of PTSD, DTD or other disorders from the Acholi region [37, 38, 39, 40]. Many others merge into new constellations of militias or private security markets [41, 42], cadreship [43] or strike up fights in the many loud bars and liqueur sheds around Gulu town. The borrowed terms from psychiatry and psychology can categorize Janus as suffering from PTSS and split personality disorder, and Martin as one that is placed so far out on the continuum of dissociation and on the scale of appetitive aggression that it serves him as a protective factor against the breaking of the crypt, at the brink of who knows what? Time will tell what will become available to Martin and Janus. For now, coping strategies of dissociation, avoidance, silence and compartmentalization allow some to be heroes and to maintain the hope of one day to become "more than this".

1.3 The situated constructive-destructive continuum

The last point to end the concluding reflections is that before trauma or adversity related mental illnesses progress so far out on the continuum we will call `the situated constructive-destructive continuum´ that it *does* belong within a category of pathology, there once was and might still be a meaningful response in the behaviour, which was at the time necessary and helpful because one had to deal with adversity or even immediate and life-threatening danger.

We call it the situated constructive-destructive continuum rather than the `normal-abnormal´, `normal-deviant´, or `normal-pathology´ continuum most often operationalized within diagnostic disciplines, because we

hold onto our initial argument, that in a context like Northern Uganda, and other war torn contexts or dysfunctional families where traumatic events are cumulative and crisis become chronic, adaptation processes take place too. Resilience and traumatology research is very familiar with and attentive towards adaption and how influential adaptation is to coping, resilience and thus dealing with or overcoming adversity and trauma. We however, like Bonanno and Barber, request more studies focusing on the myriad of, individual differences in, and detailed accounts of coping with/responses to adversity, PTE´s and/or trauma whether cumulative/chronic or single/acute.

For example a study exploring resilience among Palestinians in the Ghaza strip, or child soldiers in Northern Uganda in combination with assessing resilience using the validated scales will, we argue, benefit from adding to their study questions about what meaning making processes (or lack thereof – see [44]) exist on the ground about how to overcome trauma, what notions of victimhood exist in the specific context and culture, and; when a trauma is collective and embedded in decades and possibly centuries of a community´s or nations history, how does this possibly influence such measures?

To be specific one could ask what happens, when atrocities become norm? Is the one committing the atrocity and the one whom the atrocity is committed against still related to feelings of shame, shaming or taboos? Is the reaction as severe? We are not asking these questions to diminish the destructiveness one who has killed has carried out, nor the suffering this has inflicted on the dead and his or her relatives, whom have lost a loved one. But in the pursuit of understanding coping strategies and resilience and how these are affected by the kind of social fabric, history, structure, rituals and culturally influenced expectations to "how one/we are supposed or can react to suffering in this particular context" we argue that when atrocities and trauma become collective as well as cumulative, in the case of Acholiland less attention, less "right to mourning", and less time and energy was spent on "feeling" the suffering. Less blame was put on killing.

Because the circumstances were in some areas and villages that *the majority* of young men had killed - some even killed kin - and *the majority* of young women - girls even - had been raped. Majority matters, because what is the norm matters. This matters because it seems universally human to compare oneself to ones surroundings and to want to feel a sense of belonging, a sense of fitting in. Several experiments in social psychology and neuropsychology has shown that conformity is a powerful structuralizing principle [19]. Atrocities hurt. But if you are the only one experiencing this, it becomes more of a taboo than if there is a shared understanding; a knowledge of that "this happened to us" - even if this knowledge is silenced.

1.4 The absence of the word "victim" – and of "victimhood"

An important note is that interestingly the word "victim" or "victimhood" [45], does not exist in the Acholi language, nor does a synonym. This stands in great opposition to the discourses, campaigns and interventions carried out by many of the numerous NGOs, which travelled to Northern Uganda to provide aid, and psycho-social interventions to help the Acholi population in the years where the war took its greatest tolls. The lack of the word "victim" in the Acholi language - and the fact that none of the female and male former child soldiers, and/or ex-combatants whom shared their stories identified with a victim-position - stands in strong opposition to reports and psychology and psychiatry research articles published from the region [46, 47, 37, 38, 39, 40]. NGO and human rights based discourses, practices and articles stressing the importance of "claiming the right to victimhood" or "speaking through your trauma in order to be able to heal" is in most cases full of good intentions, sometimes based on evidence [48, 49] when arguing that this is the most constructive trajectory to healing, but not necessarily taking into account the individual, socio-cultural and historical influences marking a specific context. For the children, women and men this study encountered, knowing what is your right seems crucial. But if the resources are not there to ensure that rights are fulfilled - if, for various reasons, the system, the financial resources and the human resources it takes to inform about, advocate for and make sure rights are given, met and followed are not obtainable, one can feel even more powerless by having learned about that "everyone has the right to…" not go through, what the vast majority of the Acholi population and many more around the globe unfortunately have had to endure for years.

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Resilience and segregation on post-communist romanian labour market

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Abstract

During the last two decades Romania has experienced major social and economic changes, influencing the structure and dynamics of the labour market: decreasing number of active and working population, increasing unemployment, the growing risk poverty and rising vulnerability of certain socio-professional groups. This approach studies the labour force in Romania from the perspective of the relation between resilience and segregation. The purpose is to identify regional convergences and disparities, shaped by the adaptation of the labour force in post-communist Romania, in the general context of international selective migration of population, economic crisis and recent application of new employment policies, in accordance with the European regulation. Based on the activity rate indicators and segregation indexes applied to different sectors and economic activities, the paper analysis the spatial differentiations marked by modernization processes of the social structures or by the perpetuation of the traditional regional disparities. The results demonstrate that Romania has entered a new social and economic paradigm while the issue of effective utilisation of labour force remains one of the main challenges of the future.

Keywords: labour force, regional disparities, segregation index, occupational mutations, social modernisation, labour market policies.

Introduction

In numerous studies dedicated to resilience in different fields (biology, psychology, engineering etc.) there are references to the capacity of a system to adapt when subject to external perturbations. Therefore, resilience expresses mainly the capacity of a system, region, community or person of responding and adapting to a quick change, of absorbing external shocks without attenuating their impact, so that sudden strains may not necessarily lead to a long-term decline, but to the fastest possible recovery [1], [2], [3]. The summarization of the characteristics of resilience in all these subjects have inspired and enriched the conceptualization on this topic, the varied approach of this term opening a wide range of interpretations, including in the field of the labour market analysis [4].

Generally, the *labour market* notion includes all the institutions and policies governing the labour force flows, as well as rules influencing employment, mobility, competences acquisition and continuous education, income distribution etc. The sudden changes during the past 24 years in Romania, as well as the broader structural transformations (higher flexibility, instability of jobs, changing working and salary conditions etc) are both opportunities and challenges for the labour market [5], [6].

The labour force resilience may be explained by reviewing the 4 stages characteristic to a system subject to external influences: *challenge, context, response and outcome* (fig. 1).

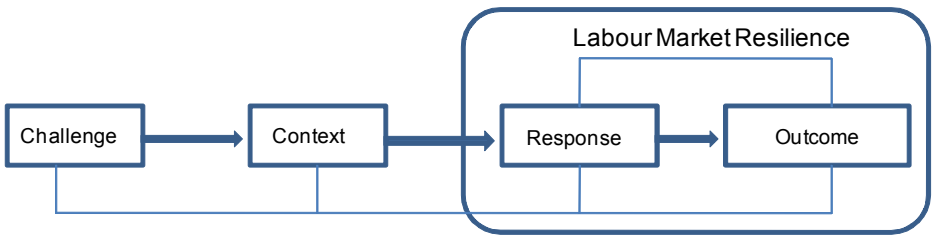


Fig.1 : Labour market resilience – conceptual framework (After Bigos et al., 2011, pp. 19)

First, the *perturbation* or *initial shock* triggers certain response mechanisms. For Romania, such thresholds can be identified in the sudden change of the political regime at the end of 1989, the beginning of the privatization of the large industrial enterprises in 1997 or the economic crisis in 2008. These events seriously affected the labour market by generating a decrease of both employment rate and national economic stability. The *context* refers to the fundamental structures that shape the labour market, namely the state politics, the functioning of the decision-making institutions, the demographic overall situation and the socio-economic context. Passing from a centrally planned economy to a transition economy and, subsequently, to a market economy (especially after 2007) implied the introduction to reforms hard to assimilate by a large part of the active population. The *response* should be understood as an adaptation, namely the ability of the labour force of dealing with the innovative challenges and the re-arrangement of the institutional structures. Finally, the *outcome* is either preservation of the initial pre-shock situation or the improvement of system's functionality. In other words, the labour force either was deeply affected or gained by minimizing the social costs and maximizing the citizens' welfare (decreasing the unemployment rate, changing the income distribution, improving life quality etc.).

A feature that can be put in relation to labour force resilience is occupational segregation that consists in the unequal distribution of the various work posts between two groups considered to be different. If we consider gender segregation of the workforce, one should notice that it is a multidimensional process that refers to the fact that men and women work in different occupations, economic sectors and have different contractual terms.

Objectives and methodology

The present approach studies the labour force in Romania from the perspective of the theoretical and methodological ensemble of resilience and segregation. Our first objective would be the estimation of the resilience of the labour force system components, the identification of the problems it faces, as well as the analysis of multiple relations contributing to the resilience of this system. Taking into account previous researches [7], [8], [9], [10] and using the available data, we built a composite index of the labour force resilience.

Consequently, the capacity of the labour force to adapt to the new economic conditions was analysed based on six indicators: ***st_p*** –the relation between the active population employed in industrial and services activities reported to the population employed in the primary sector; ***castig*** – the average monthly gross salary earnings per counties; ***som*** – unemployment rate; ***edu_sup_act*** – the percentage of the highly educated population out of the total population; ***migr_comp*** – the migration compensation indicator i.e. the rate between the arrived and the departed for each year of the considered period; ***intrGDP*** – the economic performance derived from the number of active companies, gross national product, related to the country population.

The TEMPO chronologic data series (1990-2012) from the National Institute of Statistics [11] was used in order to calculate the average value (***med***) and the average annual growth rhythm (***rtm***). The data were standardized, normalized and used within an ascendant hierarchic classification (cluster) in order to obtain typologies regarding the status and degree of adaptability of the labour force in every county.

The same variables were integrated within a principal component analysis (PCA) able to reveal the different importance of each indicator and the relative weight within the final resilience index.

The second objective was the identification of the existence of segregation per genders and activity sectors of the employed population and the estimation of segregation as regards the income distribution. We calculated an index of gender dissimilarity (ID) [12] of the employed population of each county, in relation to the active population. Eventually, a correlation between the resilience index and the dissimilarity index assessed the extent to which a higher degree of adaptability of the labour force is explained by the equal participation of women and men in economic activities.

Results

1.1 Evaluating workforce resilience

The recent major perturbations in the labour force system were determined first of all by the change of the political and economic system at the end of 1989, followed by a series of events that accelerated the system dynamics: the privatization and the deindustrialization of Romania (the shut-down of the great industrial units) which generated an important mass of officially unemployed persons but also unemployment under the mask of anticipated retirements, the restitution of agricultural properties, the migration of the labour force to Western Europe (especially after 2001), the accession of Romania to the European Union and the necessity of aligning to the European policies (including the labour force policy), and last but not least the world economic crisis (starting from 2008).

The '90s were marked by a continuous decrease of employees and an explosive increase in the unemployment rate. The climax was reached between 1998 and 2000, when the number of unemployed persons exceeded 1 million persons. Due to the limited possibilities of employment, part of the labour force left the labour market, another part was oriented towards agriculture and another towards the black labour market. From 2000, the phenomenon started to decline and was reactivated after the emergence of the economic crisis in 2008, when a new increase in the unemployment rate was reported.

If one refers to the adaptation cycle [13], the labour force system is currently passing through a *reorganization phase* marked by its resizing, the reduction of the secondary sector and diversification of the tertiary activities. According to the theoretic ensemble of resilience, this phase is characterized by the emergence opportunities that could easily reform the system, either by interventions from the upper hierarchic levels or by accumulating changes from the lower levels [14]. Nevertheless, future *malfunctions* might occur, given that the age-related structure of the population is more and more unbalanced, and the employees-retiring people ratio is clearly to the disadvantage of the first category. At the same time, the increasing *vulnerability* of certain segments of the active population (young men, unemployed, people with a low level of education etc.) highlights the importance of the horizontal and vertical relations between components while the political and legislative incoherence and instability diminish the resilience of the labour force.

1.2 Resilience assessment at county level. Cluster analysis

Based on these assumptions and taking into account the afore mentioned indicators, we applied a cluster analysis (ascendant hierarchic classification) and identified five classes that express the differentiated evolution of the labour force and its more or less resilient character in Romania, at county level (fig. 2).

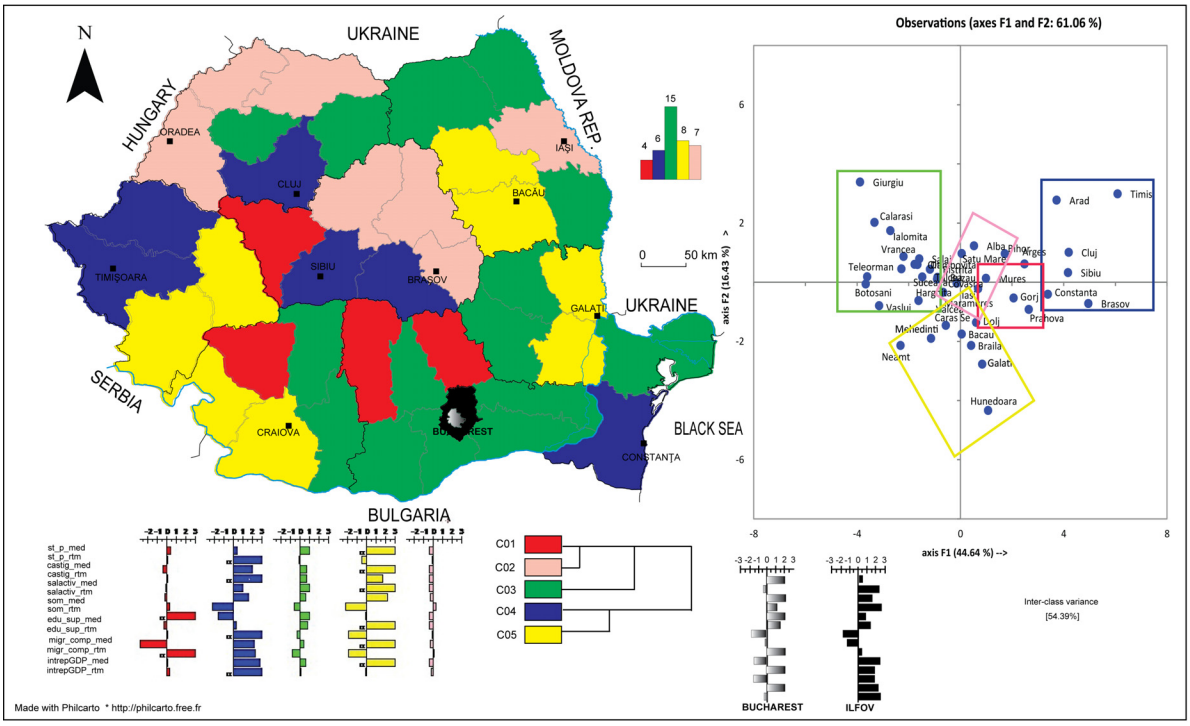


Fig. 2 Workforce resilience- typology at county level

Class 1 includes counties (Alba, Gorj, Argeş, Prahova) characterised by strong industrialization during the communist period, which managed to a certain extent to maintain their activities in the secondary sector; after 1989 they went through critical moments, marked by a high unemployment rate and high emigration rate, but, currently the tendencies seem positive, especially through the consolidation of their tertiary profile;

Class 2 is the most resilient; it includes counties economically strong, which had a quick recovery after 1990, benefiting from important re-technologizing investments, tightly connected to their favourable geographic position, to the superior infrastructure or long tradition of industrial development (Cluj, Constanţa, Braşov etc.).

Class 3 is the most comprehensive, occupying large areas east or south-east, but also in the Carpathian domain (Suceava, Botoşani, Buzău, Teleorman, Olt, Sălaj ş.a.); it includes counties with an important agricultural and natural potential, but with a relatively low degree of urbanization and modernization; though

they have been identified for a long time as areas of emigration of the labour force par excellence, their current counterurbanization and growth of the productivity in the agricultural activities seem to maintain a certain stability.

Class 4 includes counties (Galați, Bacău, Hunedoara etc.) that are currently in the phase of reorganization, namely of replacing an unprofitable industrial activity implanted in the communist period with more competitive fields. Their "inherited" professional structure, as regards the qualification level, is an advantage for economic restructuration and modernisation.

Class 5 has a profile close to the national average, includes apparently unbalanced counties, either because of the weak subordination of the rural space to one major city (Iași, Oradea), either due to the lack of such an important nucleus that may polarize efficiently the surrounding areas (Covasna); they are contrasting counties, where the adaptation and modernization of a part of the labour force coexist with the resistance to change of another part.

1.3 Segregation assessment

We have analysed both *horizontal segregation*, dividing females and males workers per activity sectors (primary, secondary, tertiary), and *vertical segregation*, dividing employees according to the income level [15].

If we take into account *horizontal segregation* in 2012, women predominate within the population occupied in social services (education 69%, healthcare and social work 79%, administration 57.5%), activities much more stable than the industry or private services [16], [17]. Nevertheless the issue of reduced access of women to the leading functions and the smaller earnings of women compared to men remain current. Employed men predominated in all the other economic activities, holding overwhelming proportions in transportation and storing activities (84.4%), construction works (84.1%) and extractive industry (83.3%).

While the first ten years after the revolution were characterized by economic instability, strongly influenced by the level and evolution of inflation, the second decade was marked by the end of the period of transition to the market economy, a positive evolution being reported in all the economic branches except for agriculture, revived only after 2007. From the viewpoint of the gender-related segregation, certain activities stand out due to a higher degree of feminization (healthcare, education, administration). As regards the agricultural and processing industry sector, segregation is much lower, on the background of a much more turbulent evolution of these activities (Table 1).

Table 1: Share of women in same major sectors of activity and their dynamics
(Source : National Institute of Statistics in Romania, TEMPO Database, Accessed in January 2014)

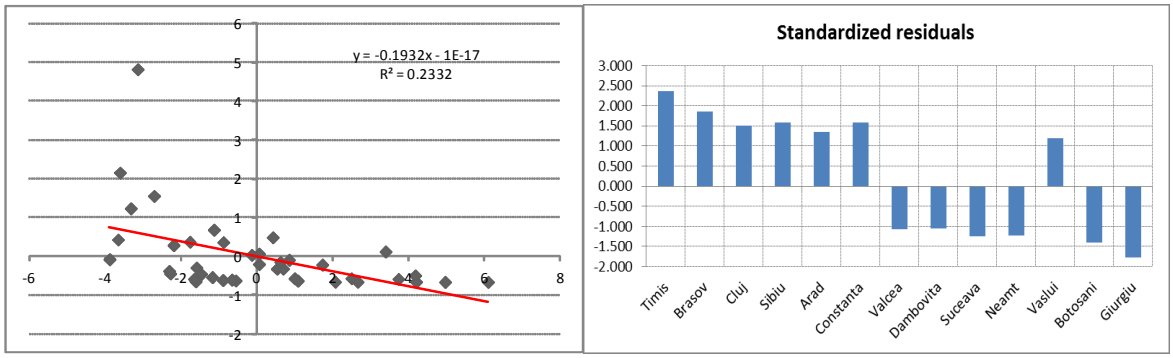
	1992_1996		1997_2001		2002_2006		2007_2012	
	% women	*sector_dynamic 96_92*	*% women*	*sector_dynamic 01_97*	*% women*	*sector_dynamic 06_02*	*% women*	*sector_dynamic 12_07*
Health	73.8	0.67	76.6	0.56	78.4	0.37	78.9	-0.06
Education	67.1	0.45	67.9	0.11	68.7	0.24	69.5	-0.13
Administration	49.6	0.26	57.0	0.22	57.9	0.46	55.0	-0.08
Manufacturing	45.1	-3.75	46.5	-3.07	46.4	-0.08	43.2	-1.56
Agriculture	51.5	1.6	51.0	3.2	52.3	-5.8	53.4	3.0
Constructions	12.1	-0.42	12.2	-1.02	11.9	1.56	12.5	0.82

The income-related segregation can be explained by a gender-related segregation between activity sectors, professions, jobs and hierarchic positions. Even if the salary gap between women and men is rather small and decreasing in the last years, men are better anchored in extra-family activities and consider their job more important, in exchange women are more traditionalistic and more attached to the household. The concentration of women mainly on certain activity sectors determines a decrease in their salaries (crowding effect). During the analysed period, the average gross salary of men was constantly higher than the national average, reaching its maximum value in 2001 (9.3% higher than the national average), but this percentage has been slightly decreasing for the past years. Nevertheless the average gross salary earned by women had an ascendant evolution, reaching 89.2% in 2001 and approximately 96% in 2008, after which it went back to 93%.

As regards the distribution of employees into salary categories, the gender-related segregation is more than obvious [18]. Women hold a high percentage in the categories of very low salaries (under RON 670). In the average salary group (up to RON 4,000), the gender-related distribution of employees is more homogeneous, but in the category of high and very high salaries, the percentage of men is much higher. Therefore, the differences in qualification level, job and hierarchic position influence the income level for the men and women working in different activities of the national economy.

1.4 The relation between resilience and segregation of workforce

If we take into account the correlation of the resilience index previously obtained and of the gender-related segregation degree on the labour market (described above and calculated as dissimilarity index for all Romanian counties), we notice a firm connection between the two. Each of them has a different basis: resilience is grounded on a set of factors seen from the point of view of their evolution, while segregation is centred only on the presence of the active population corresponding to the two genders on the labour market. However, a strong segregation, namely a much higher employment rate in men in comparison to women reveals a traditionalistic, sometimes retrograde, behaviour, which may be interpreted as a weak adaptation of the labour force to current realities (fig. 3).



(a) *(b)*

Fig. 3 (a) Correlation between resilience and dissimilarity indexes. (b) The highest values for regression's residuals

The tightest relation between gender-related segregation of the employed and the recent efforts of restructuring the socioeconomic system under the need for adaptation to the requirements of the market economy is most visible in the counties Alba, Satu Mare, Mureş, Bacău, Iaşi, as well as Hunedoara, Mehedinţi and Dolj. Still, there are administrative units whose clearly superior economic performance has different explanations, less connected to the gender-related structure of the labour force. This is the case of the capital and Ilfov, as well as counties Timiş, Braşov, Cluj, Sibiu, Arad and Constanţa. On the other hand, there are counties whose labour force is mostly exodynamic and apparently less adapted to the requirements of the inner market (although many times these are counties where a large part of the activities is insufficiently transparent or taxed), but where the gender-related segregation index is low. A particular case is Vaslui County, where though the lowest percentage of women in the employed population destabilizes the professional structure, it is not translated by a complete lack of capacity of resilience of the labour force.

Conclusions

The analysis of resilience within the workforce system highlights that recent social-economic were unequally resented by different areas in Romania, a fact that was reflected by the employment rate in dynamic economic sectors, the unemployment ratio or the level of salary earnings. The adaptation capacity is in direct relation to the quality of human capital and to the capacity of economic agents to innovate and increase their performance, both contributing to the attractiveness of each region or county. The composed workforce resilience index at county level is well correlated with the gender segregation of the occupied population which shows that increasing the integration of women in certain economic sectors is a mark for the capacity of territorial systems to adapt to the modern society's requirements.

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Resilience in children originated from families in which parents migrate due to labor conditions

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Abstract

Introduction: In the circumstances of emotional delicacy and fragility in children, family separation endangers the quality and homogeneity of its development, exposing the child to several risks. The phenomenon of migration is not new, however the contemporary provides a few characteristics that know no valences in the afore societies. Objectives: Identifying protective factors in behavior, cognitive and emotional development in children with parents working abroad due to the economical needs. Methodology: The study includes children aged 6-10 years divided into two groups. The study group is formed out of children from families in which parents, both or only one of them have migrated abroad. And, the control group formed of children with parents at home. In the area of investigating the behavior, emotional and cognitive development, we used projective techniques - drawing techniques: Tree test, Draw-a-Person test (DAP), SDQ questionnaires (The Strengths and Difficulties Questionnaires) completed by parents/caregivers to assess emotional and behavioral problems in children. Results and conclusions: The results argue for the development of resilience in the presence of several protective factors resulting from workshops within curricular and extracurricular educational activity as a counterbalance for a resilience risk factor, that of having a parent/both parents migrated.

Key words: children, resilience, protective factors, risk factors, migration.

Introduction

In assessing the Romanian migration phenomenon periodization was used in order to highlight changes in type, destination and intensity of this phenomenon.

At the beginning of the 90s migration became a social phenomenon of great importance that crosses several phases [1,2]. Thus, if at first migration was done to reunify families; later on it was based upon labor, due to economic needs and shortly became fundamental in this respect[3,4].

Migration as a phenomenon generates unfavorable consequences both at micro- and macro-social levels. One of these consequences reflects upon family integrity, hence the *de novo* appearance of labels that have been ingrained in the form of "home alone generation"[5].

Parents, one or both, under economic pressure migrate abroad aiming a better life for their offsprings.

In an interview conducted with one of the mothers, which after a long period of time abroad, came back home for a few days, said: *"Afore, I could barely nourish him, now I can send him to school and assure a decent life"*.

Ritual is the very first formula for a coherent and general concept in life[6].

In the mythical world the child without is attributed several meanings, being found in various Romanian and South-Eastern stories. In one of the Romanian legends following the mother's sacrifice, the child is approved as deity, seizing to exist as human; it is cared for by fairies, rocked by the wind and bathed by rain. The child is one, single, unique and through him/her worlds arise. He/she arises directly from the heart of the elements: water, rain, wind. The child without parents is subject of Romanian folkloric creations being attributed deity traits, and his/her tragic fate determines the later heroic vocation.

However, in the context of the child's emotional delicacy and fragility, family segregation threatens its evolutive traits and homogeneity, exposing him/her to various risks.

Resilience research is based upon understanding the reason for which some children are more vulnerable than others when facing adverse effects of the unfavorable environment.

Resilience is better revealed when approached from the developmental processes point of view. Certainly, resilience comprises and is based upon multiple and various factors: from biological to life events, cognitive factors and coping mechanisms[7].

The plurality of factors eventually leads to a resilience structure with inherent characteristics.

Known, is the fact that the current social environment makes it more difficult to the parents to develop skills for stress endurance.

Several terms are to be fulfilled in order to develop the ability to resiliate to stress: early attachment and parental interaction – the base for child's morality; development of educational intimacy – that conducts to immunity in front of existential trauma; proper educational environment.

Given the impact on children all over Romania of parental absence through migration, we aim to emphasize the resilience of children from Calan, a town in Hunedoara County, Romania. This town is a representative example of decreasing socio-economic levels and thus a high rate of labor migration. Thereby, within Calan several children are raised by only one parent, grandparents or an outer family caregiver, however they benefit from curricular and extracurricular programs within their schools[7].

Material and methods

During its industrial activity, Calan a town located in the Hunedoara County of Romania, encountered several national and international premieres: the statute of the largest furnace in Romania (the late XIXth century), the world first industrial plant for coke and semi-coke production through fluidization, use of furnace blowers produced and designed by Romanian specialists and the manufacturing of casting machine for steelworks straight from Romanian first fusion cast iron.

Currently, due to nearly complete cessation of the former industrial platform, upon which the population depended almost entirely, along with the dismissal of most employees; unemployment rates exploded, thus Calan faces serious economic and social problems. Moreover, according to the census conducted in 2011 the city population amounted 11,279 decreasing from the previous census conducted in 2002, when there were recorded 13,030 people[8,9].

Given the socio-economic problems that welcome new generations, local schools have organized various activities within the Children's club: Drama, Children Theatre, Decorative Art, Dance, Soccer, Computer World Traveling, The Art of Behaving, Classes of English and Spanish, Personal Development and Psycho-Behavioral groups for Children and Preadolescents; and trainings for parents and caregivers.

Thereby, this study was conducted in Calan, Hunedoara County within two Elementary Schools under the patronage of Ovidiu Densusianu Technological High School, in between 01. 12. 2013-14. 02. 2014. There were included 50 children aged between 6-10 years. They were randomly selected from the abovementioned schools and were divided into two equal groups (N=25). The control group comprised children from well-organized families, whereas the study group comprised children with a background of dysfunctional family. The term of dysfunctional family refers to families in which one/both parents is/are migrant/s as a result of low economic standards, thus arising the need to provide adequate financial support to the family left behind. Each of the groups includes 11 male children and 14 female children.

Within the study, we applied projective techniques (the drawing technique: Tree test, Draw-a-Pearson test and the SDQ Questionnaire - The Strengths and Difficulties Questionnaires) on both parents/caregivers and their children, with the purpose of assessing the children's cognitive, emotional and behavioral levels. These techniques were applied within an organized Creative workshop.

Both parents and children were prior informed about the workshop and this study through brochures, in which the purpose, terms and form of the study were explained. Afterwards, semi-structured interviews were applied in 15 of the 50 parents that gave their consent to participate in the study. The other parents could not be present at the interview on the established dates and hours. The tests were applied by a Child and Adolescent Psychiatrist, who in a joint collaboration with the Professor – Head of the Children's Club and the Elementary Schools' Psychologist provided supervision within the workshop.

At the end of the workshop, the material was gathered for interpretation by the Child and Adolescent Psychiatrist and a psychologist.

The data thus collected was organized in a Microsoft Excel 2007 data base, comprising of the following fields: identification data (name, initials), demographics (age, gender), type of caregiver (parent, grandparent and outer family caregivers), SDQ Questionnaire (divided into – emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial behavior and SDQ total), the Draw-a-Pearson test (score and interpretation) and the Tree test analysis that was divided into traits of adaptability, personality and

environmental relations, together with general traits defined as E1, E2, E3, E4, E5. Data analysis was performed using SPSS (Statistical Package for the Social Sciences) version 17.0 and EpiInfo 7. The groups were compared using unpaired t-tests or the χ^2 test. $p<0,05$ was considered significant.

The study was approved by the Ethics and Research Committees of each School included and of Louis Turcanu Children's Emergency Hospital – Department of Child and Adolescent Psychiatry.

Results and discusions

This study was conducted on a total of 50 children and implied the: SDQ test analysis, Draw-a-Pearson test analysis, tree test analysis and correlation analysis.

1.1 SDQ analysis

Following data acquisition and SDQ tests interpretation the following values were returned: normal, borderline and abnormal for both each of the SDQ subcategories (emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial behavior) and SDQ total. Data analysis in this respect returned no significant differences among the two groups (study and control) (Table 1, 2). Fact, justified by the presence of resilience protective factors, such as: secure attachment, the presence of a carer within the family, above average intelligence. These findings are similar to Jordan and Graham's findings published in 2012 [10].

Table 1. SDQ tests

	SDQ emotional symptoms					SDQ hyperactivity			
	Control	Study	χ^2	P		Control	Study	χ^2	p
Normal	64%	52%			Normal	80%	92%		
Borderline	20%	8%	4,17	0,12	Borderline	8%	4%	1,54	0,46
Abnormal	16%	40%			Abnormal	12%	4%		
	SDQ conduct problems					SDQ peer problems			
	Control	Study	χ^2	P		Control	Study	χ^2	p
Normal	76%	52%			Normal	64%	52%		
Borderline	12%	16%	3,54	0,17	Borderline	20%	12%	2,73	0,25
Abnormal	12%	32%			Abnormal	16%	36%		
	SDQ prosocial behavoiur					Total SDQ			
	Control	Study	χ^2	P		Control	Study	χ^2	p
Normal	80%	72%			Normal	64%	52%		
Borderline	20%	24%	1,20	0,55	Borderline	20%	12%	2,73	0,25
Abnormal	0%	4%			Abnormal	16%	36%		

Draw-a-Pearson test analysis

In terms of the Draw-a-Pearson test, which aims cognitive assessment, again differences were not significant within the two studied groups. Thus we identified children with: normal intellectual functioning in proportion of 76% in both groups, borderline intellectual functioning in proportion of 8% for the control group and 12% for the study group; and mild mental retardation in 12% for the study group and 16% for the control group (χ^2= 0,34, p = 0,84) (Table 2). This is justified by the presence of competent trainers, a friendly teaching-learning environment, active methods of teaching and learning, continuous stimulation through curricular and extracurricular programs within schools[11,12].

Table 2. Numerical data analysis

T-Test	Mean		SD		P
	Control	Study	Control	Study	
Draw-a-Pearson Test	21.16	20.24	5.14	4.79	0.51
SDQ Total	10.4	13	5.3	7.05	0.14

1.1 Tree test analysis

The tree test interpretation was divided into traits of adaptability, personality and environmental relations, together with general traits defined as E1, E2, E3, E4, E5. Within each category of traits a number of key elements were highlighted. Thus, statistical significance between the two groups was found within adaptability traits (χ^2=5.82, p=0.016), which translates into a reduced capacity to adapt in children coming from dysfunctional families. Also notable, were elements of conformity, timidity, mental trauma, narcissism and tenderness as shown in Table 3. Noteworthy is the low incidence of these latter elements I the study group. All these are justified by the presence of competent trainers; a friendly teaching-learning environment; active methods of teaching and learning; providing high availability; usage of until then unexplored; dormant resources and abilities; new skills and resources acquisition[12].

Table 3. Tree test analysis

ADAPTABILITY TRAITS						
	Control	**Study**	**χ^2**	**P**	**χ^2**	**p**
Conformism	8	0	7,29	0,007**		
Low intelligence	1	1	0,52	0,47	5,82	0,01*
Need for affection	2	2	0,27	0,6		
Prudence	8	4	0,99	0,32		
PERSONALITY TRAITS						
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Immaturity	15	12	0,32	0,57		
Inhibition	2	0	0,52	0,47		
Practical person	1	4	0,89	0,35		
Shyness	16	0	20,68	0,000006**		
Psychological trauma	11	3	4,86	0,027*		
Vivacity	5	7	0,11	0,74	0,016	0,9
Criticism	1	3	0,27	0,6		
Narcissism	2	2	0,27	0,6		
Prudence	9	14	1,28	0,26		
Stiffness	17	15	0,09	0,77		
Adaptability	0	2	0,52	0,47		
PERSONALITY TRAITS/ENVIRONMENTAL RELATIONS						
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Impulsivity	2	2	0,27	0,6	0,228	0,632
Shyness	15	11	0,72	0,39		
ENVIRONMENTAL RELATIONS						
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Narcissism	18	8	6,49	0,01*		
Uncertainty	5	1	1,7	0,191		
Sociability	21	23	0,189	0,663		
Enthusiasm	4	0	2,44	0,11		
Fear of realitaty	2	2	0,27	0,6		
Extrovert	5	5	0,12	0,723		
Independent	9	3	2,74	0,097	0,14	0,7
Aggressiveness	4	8	0,98	0,32		
Introverted	7	9	0,09	0,761		
Regression	6	6	0,1	0,74		
Sensitivity	9	2	4,19	0,04*		
Opportunism	8	6	0,09	0,75		
Weak will	0	5	3,55	0,059		
Impulsivity	0	3	1,41	0,23		
GENERAL TRAITS E1						
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Shyness	14	20	2,29	0,13	0,045	0,831
Vitality	11	5	2,29	0,13		
GENERAL TRAITS E2						
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Lack of vivacity	19	12	3,05	0,08	3,05	0,08
Vivacity	6	13	3,05	0,08		

	GENERAL TRAITS E3					
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Gentleness	25	21	2,44	0,11		
Irritability	0	2	0,52	0,47	0,13	0,71
Quarrel of opposing trends	0	2	0,52	0,47		
	GENERAL TRAITS E4					
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Impulsivity	15	13	0,08	0,77	0,03	0,84
Fear	8	11	0,33	0,56		
	GENERAL TRAITS E5					
	Control	**Study**	**χ^2**	**P**	**χ^2**	**P**
Scrupulosity	24	19	2,65	0,1	0,08	0,77
Choleric temper	1	6	2,65	0,1		

1.2 Correlation analysis within the study group

In this part of the study we tried to highlight the global correlations between the studied fields. So, the study revealed a direct correlation between the Draw-a-Pearson test and the children's age (p=0.001) – explained by a direct relation between cognitive development and age. Another important element is the increased frequency in traits of independence and extroversion in the presence of an outer family caregiver (p=0,04), facts of protective factors regarding resilience also enounced by Chen and George in 2005[13].

Moreover, Emotional Symptoms SDQ correlates with conduct problems SDQ, as evidenced by the increased frequency of abnormal emotional status related to an increase in conduct behavior disorders (p=0,005).

Another direct correlation (p=0,04), relates traits like: the need for affection, passivity and prudence to normal and borderline Conduct problems SDQ results, as compared to abnormal Conduct problems SDQ results, where these traits are almost unmentioned within the analyzed drawings. Direct correlation between Prosocial behavior SDQ and Peer problems SDQ (p=0,005), is translated by the Prosocial behavior SDQ tendency to borderline-abnormal traits together with Peer problems SDQ to abnormal, these being risk factors for resilience, as resilient children are described to be capable of social and emotional normal traits by Dobrescu[11].

Regarding Prosocial behavior SDQ as borderline, it relates to Tree analysis General traits E2 as vivacity (p=0,004). Fact justified by the presence of negative factors, socio-economic status and the absence of one or both parents.

In Peer Problems SDQ normal results tend to be correlated with traits of fantasy and opportunism (p=0,03) as mentioned to be protective factors by Ionescu[12]. Whereas, elements of psychological trauma and vivacity are more frequent in children with normal intellectual functioning compared to those with borderline intellectual functioning and mild mental retardation (p=0,04). Normal intellectual functioning is more frequently associated with traits of fantasy and opportunism in the children comprising the study group (p=0,035). And, the older the child gets (p=0,01) less evident are the psychological trauma traits and vivacity traits in the tree test interpretation, thus resilience protective factors dressed up a education, workshops within curricular and extracurricular workshops help in a positive mental development as enounced by Ionescu[12].

Conclusions

Resilience is a novel theme of great interest throughout Child and Adolescent Psychiatric World. Thus, our study supports the promotion of health and wellbeing among children, centered upon positive emotions, thoughts, traits and behaviors. This was achieved by integrating special curricular and extracurricular workshops in schools with the purpose of giving and teaching both children and their family/caregivers how to cope with the absence of a parent/both parents by migration in terms of labor. Therefore using the results of our study and of similar studies to come, we hope to improve and create collaborative projects between medical and teaching staff aiming the composition of a system that moderates the effects of resilience risk factors, whereas nurtures protective factors.

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The resilience of the second generation following the communism

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Abstract

Being violent towards human being, the communism is more and more recognized as responsible for inflecting to individuals and societies a special type of trauma. In Romania the communism had the worst face and the traumatic effects are still visible within the public and private space. Additionally, none of the strategies used in other former communist countries were used for improving the awareness of the people and for starting the healing process. In the absence of any general approach of trauma we suppose that the trauma of the parents passed to the second generations.

In order to follow the level of trauma as well as the resilience of the children of Romanian parent grown-up during the communism we evaluated about 150 students in psychology as well as 150 students in economics, within West University in Timisoara. The evaluations were done with specific instruments created by Şerban Ionescu and focused on the traumatic events and the resiliency. The work within West University in Timisoara was part of an international research on the societal trauma and resilience leaded by Şerban Ionescu, during 2010-2011.

Our investigations disclosed striking aspects, some of them in the same line as the literature as well as some of unexpected aspects. The papers will develop the conclusions based on the statistic work on the data.

Keywords: societal trauma, communism, resilience, protective factors, risk factors, respondents.

Introduction

The societal trauma is described in connection with significant stress factors which account for modifications of people behavior. The traumatic stress factor can be an intensive and unexpected unique event during which the persons have the feeling that their life or the life of significant ones will end or it can be an accumulation of multiple adverse factors, in a period of time, which overcome the energy and the coping capacity of individuals. The communism in Romania created the context for the achievement of the second type of trauma. The severe limitations of food, hitting, electricity and so on, jeopardized the wellbeing of people on the daily bases. These aspects induced new behaviors to people on the general level of the society. The new behaviors were aimed to facilitate the survival of individuals. They were useful during that harsh time but they lost any sense, 20 years after the fall of the communism. In Romania, where the communism had the worst face under Ceausescu's regime, nothing was envisaged as a national strategy in order to heal the societal trauma following the communism. The literature shows multiple ways in which the parental trauma is passed to their children if nothing is done for healing the post traumatic syndrome (PTSD). According with DSM, the 5th versions, there are several criteria which prove the PTSD.Criterion B: intrusion symptoms; Criterion C: avoidance; Criterion D: negative alterations in cognitions and mood; Criterion E: alterations in arousal and reactivity; Criterion F: duration; Criterion G: functional significance; Criterion H: exclusion/ differential diagnosis).

The real dimension of PTSD can be understood only when taking in account the social consequences [1]. When we talk about societal trauma, we can expect that the consequences of PTSD will invalidate the well functioning of the social systems. The parents' syndrom will pass to their off-springs through the child's rearing behavior which will create and bring the gosts in the bedrooms of children [2].

The reactions of people to the pervasive adverse factors were showing huge differences according with their resilience. This will give in tourn quantitative and qualitative differencies in the passage of parents' trauma to their offsprings. The resilience of the next generation can be identify as personal resilience as well as the resilience of parents who were directely exposed to the traumatic daily life context.

The context and the questions of our study

20 years following the fall of the communism in Romania, we are trying to see the trauma consequences as well as the resilience of the next generation, the children of the traumatized generation. The children are mostly born in the free world in Romania, installed in 1990. We found the 'next generation' among students at the West University in Timisoara. In the context of a multisite research conducted by Serban Ionescu within 8 different countries exposed to traumatic events, we collected our data having as respondent students of the second and third year of their studies in psychology and economics. The evaluation's tools were three questionnaires investigating the risk factors (alpha cronbach=.922), protective factors (alpha Cronbach=.694) and the resilience (alpha Cronbach=.860). Excepting the questionnaire for protective factors, the two questionnaires on resilience and risk factors have good internal consistency. The internal consistency between the resilience and the protective factors (alpha Cronbach=.863) and the resilience and risk factors (alpha cronbach= .879) are good. The questionnaires were set-up by Serban Ionescu and Colette Jourdan-Ionescu, based on a compilation of existing instruments.

We collected information through these 3 instruments on a sample of 134 students in psychology and 106 on students on economics, during the last month of 2010 and the first months of 2011. 34 questionnaires of respondents in psychology were invalidated due to multiple missing data.

Due to the specificity and differences of the studies within the two faculties, we expected to have differences on the resilience of the two categories of students.

The procedure to collect the information was based on a meeting the students within a seminar in the university and asking all of them at once to fulfill the questionnaires. This means that all the information we obtained was based on the self- report. The questionnaires on risk factors and resilience ask for responses based on a Likert scale choice. The questionnaire investigating the protective factors is asking for yes/no type of response.

Our questions are:

1. What is the prevalence of protective factors?
2. What is the prevalence of resilience?
3. What are the differences between the two samples regarding the risk and protective factors and the resilience?

Demographic aspects of the samples

In our research we can take in consideration three samples: the sample of students in psychology; the sample of students in economics; the total sample of students. We will provide the demographic aspects for the two specific samples: students in psychology and students in economics.

Tabel 1. Demographic description of the samples

Sample	Ages		Gender		Years of study		SES		Sibling		Partner		Time used to fulfill the 3 questionnaires	
	mean	st.d.	F	M	2nd	3rd	good	poor	yes	no	yes	no	mean	std.
Psychology	23	4,7	64	36	23	77	84	16	61	39	56	44	12,8	2,3
Economy	21	1,2	85	31	116	-	105	11	62	54	60	56	22,8	3,6
Total sample	22	3,5	149	67	139	77	189	27	123	93	116	100	18,22	5,8

Results

The resilience evaluation is done through the self-report based on Likert Scale on 7 dimensions, between total disagreement (1) and total agreement (7). We consider the middle value (4) as being non decisional; the 1-3, rejections; 5-7, agreements. There are 25 items asking for self-report expressed through this likert scale.

What is the prevalence of resilience?
What are the differences between the two samples regarding the resilience?

Running exploratory factorial analyses on the data we keep in consideration the 8 items which has the best communalities with the other factors and which can explain the resilience (value is >.70). The students in psychology are placed according to the 8 factors selected like in the table below:

Tabel 2. The resilience on students on economy: the items with best values in communalities

Nr/ importance	Question	1 (total disagreement)		2		3		4		5		6		7 (total agreement)	
		frec	%	frec	%	frec	%	frec	%	frec	%	frec	%	frec	%
1	Sometimes I push myself to do different things even I do not like it	3	3	5	5	11	11	20	20	19	19	32	32	10	10
2	I do not loose time with things which are out of my control	5	5	9	9	21	21	30	30	12	12	17	17	6	6
3	I like myself.	0	0	1	1	9	9	12	12	29	29	24	24	25	25
4	Usually I explore a situation from all perspectives.	0	0	1	1	1	1	17	17	25	25	38	38	18	18
5	For me is important to keep high interest for something.	0	0	0	0	2	2	5	5	12	12	37	37	44	44
6	I always find something to laugh.	1	1	3	3	8	8	11	11	20	20	31	31	26	26
7	The life has sense.	0	0	1	1	2	2	11	11	15	15	26	26	45	45
8	I trust my self and that is why I can overpass difficult periods.	0	0	4	4	8	8	12	12	22	22	34	34	20	20

If we rune the average on the less resilient behaviors, we find 12% of the sample as placed in this side; double of this, 24% are proving the best resilience. However, based on the same type of calculation, if we take in consideration the agreements 73% of the students in psychology are moving on the right and resilient direction. 15% does not show any direction on the scale of resilience.

The same statistical approach done on the data collected among the students in psychology, highlighted 5 factors which account for similar values as the values on psychology, regarding the communalities shared with other items. These factors are not the same as the ones found among the students in economy. In order of their communalities values, they are in the table below.

Table 3: The resilience on students on psychology: the items with best values in communalities

Nr/ importance	Question	1 (total disagreement)		2		3		4		5		6		7 (total agreement)	
		frec	%	frec	%	frec	%	frec	%	frec	%	frec	%	frec	%
1	For me is important to keep high interest for something.	0	0	0	0	4	3	6	5	21	18	33	28	52	45
2	If necessary, I can manage by myself.	0	0	0	0	0	0	2	2	9	8	44	38	61	53
3	When having some projects I can successfully go to the end	0	0	0	0	1	1	6	5	9	8	24	21	76	65
4	When I am in difficult circumstances usually I can find a solution	0	0	1	1	1	1	4	3	27	23	50	43	33	28
5	Sometimes I push myself to do different things even I do not like it	1	1	1	1	8	7	22	19	22	19	41	35	21	18

The prevalence of resilience is approximately=90 %, with undecided 7%, and 3%, disclosing un-resilient behavior.

The same calculation done on the entire sample is showing similar and different figures.

This time, the factorial analyze depicts less latent factors (7 instead of 8 as it was to the previous samples) which explain the variance of the data.

The communalities have only two indicators with similar values as in the previous cases (communalities>.70) as in the table below:

Table 4: The resilience on students on psychology and economy: the items with best values in communalities

Nr/ importance	Question	1 (total disagreement)		2		3		4		5		6		7 (total agreement)	
		frec	%	frec	%	frec	%	frec	%	frec	%	frec	%	frec	%
1	For me is important to keep high interest for something.	0	0	0	0	6	3	11	5	33	15	70	32	96	45
2	Sometimes I push myself to do different things even I do not like it	4	2	6	3	19	9	42	19	41	19	73	34	31	14

Continuing the work on the data we have 29,5% resilient students, but 79,5 % moving in the resilient direction and only 12% undecided, with 8,5 % un-resilient.

Table 5: The resilience of students in the research: comparing data

Type	Resilient		Moving toward resilient estate		Undecided		Un-resilient		Total	
	frec	%	frec	%	frec	%	frec	%	frec	%
psychology	24	24	49	49	15	15	12	12	100	100
economics	48	41	56	48	8	7	4	3	116	100
total/media	36	32,5	52,5	48,5	11,5	11	8	7,5	108	100

The students in economics are apparently more resilient and the prevalence of resilience is quite high among the second generation: 81%. There is 19 % who need support.

What is the prevalence of protective factors? What are the differences?

In the case of students in psychology, taking in account the data on the protective factors, in the same way, out of 33, there are 5factors accounting for more than .750 of all the indicators. For economics, there are about 10 factors accounting for more than .750. The protective factors on all the respondents get smaller values on communalities and if we keep the selection based on the same accounting value (75%). The protective factors highlight the difference between the students in psychology and those who are in economics.

Table 6: Protective factors: Economics

Nr.	Items	Yes		No	
1	I use very often the humor for making the things less difficult	96	83%	20	17%
2	I have a trustful relationship with my partner	60	52%	56	48%
3	I was raised-up in a loving atmosphere	107	92%	9	8%
4	I have an easy temperament	87	75%	29	25%
5	I have a good social network (friends, colleagues, members of my family to whom I am attached and from whom I can have a real support)	110	95%	6	5%
6	My family offered me good material conditions	105	91%	11	10%
7	I use to have or I have a pet	58	50%	58	50%
8	When I need help I know how to find it	111	96%	5	4%
9	I had the chance to meet a good mentor for me	61	53%	55	47%
10	The parents' expectations helped me to progress	91	78%	25	22%

On the students in psychology, the values on communalities are less high. There are only 5 items out of 33 which has the values higher than .750, as can be see bellow.

Table 7: the protective factors for students in Psychology

Nr.	Items	Yes		No	
1	I am useful to my community (for instance by doing voluntary work)	64	64%	34	34%
2	I have efficient strategy when facing the difficulties (I talk to other persons, I do sport, I take decisions)	84	84%	16	16%
3	I was raised-up in a loving atmosphere	79	79%	21	21%
4	I am happy to belong to my community (I share values, traditions, etc.)	76	76%	24	24%
5	I had and I have interesting leisure time activities	78	78%	22	22%

Discussions

The samples which we compare here are not homogeneous neither comparing the number, the gender, nor comparing the age and the year of the study of the respondents. Despite these disparities to put side by side the results as well as the work on the total sample gives interesting image about the resilience of the next generation of the old communist people in Romania. The way in which we work on the data, based on the communalities is just a half a way to real analyses on the data, which can be done. Communalities reveal just the saturation of each item with other items in the tool. Choosing the highest values in communalities we were trying to catch the superficial factors which account the best for the resilience, protective and risk factors.

Conclusions

Is the second generation already healthy following the societal trauma brought by the communism? If we look at the results among students in economics, the sample answer is yes, in a great dimension (89% are showing good resilience or moving toward resiliency). We have to add that this generation is also capable to search for remedies. We consider the students in psychology (resiliency: 24%, moving toward resiliency:49%), in a great proportion as choosing to attend this study based on their own motivation to understand them self better and to repair the damages brought in their previous life by the adversities encountered including in relation to their parents and family. This idea is not new and several researchers found that the motivation underlying the career choice of mental health professionals may include a desire to resolve personal psychological distress from childhood or the need to continue the caretaking role hold in the family [3]; [4]; [5]. "An unsatisfactory childhood resulting from family dysfunction frequently leaves the children confused, empty, battling their own inner difficulties. As they attempt to come to terms with their own childhood, they may begin the study of psychology or social work. Indeed, the need to understand the self is one of the most frequent motivations cited when social service students are questioned about their interest in the field [6]." [5].

If we compare the resiliency's indicators as well as the protective factors there are significant differences between the two samples.

The respondents, who are students in economy, are more homogeneous as a group (age, year of study) and more consistent in their answers. The factors with high communalities in the resilient questionnaire are also privileged within the protective factors questionnaire (like humor, good social network, good atmosphere in the family, good self-esteem). These items are mentioned within the literature on resiliency as being important for facing difficult circumstances: the humor, the capacity to ask for support, the good social network, as well as enjoying leisure time activities and having dear pets.

The students in psychology show less homogeneous aspects as a group (age, year of study) and less consistent responses to the questionnaire on resilience and protective factors. There are only 5 items with high communalities in resilience investigation and they are different comparing with the items in protective factors.

This incongruence is probably also connected with the time spend for answering. A huge difference is evident on the table showing the time spent by students in doing their self-report. When the average time for students in psychology is 12,8 minutes (st.d.=2,3), the students in economy spend almost double time in average (m=22,8; st.d.=3,6). One of the specific aspects for PTSD is avoiding the memories of the traumatic or unpleasant events. When such event in the memories has to be avoided less time will be used to recall in the memory and to work on the answers in an honest way. When students have access to their memories, they take the time to explore them self and to give honest answers.

Knowing the common motivation for aspirants in psychology and taking in consideration our results some supportive device or services can be developed and should be developed for students in psychology.

The students in economy are more emotionally connected to their family, social networks, partner, pets and have better access to them self comparing with students in psychology who are more prone to experience different situation which can keep them active and participative. Participation has therapeutic effects. Again we can see the wised natural impulse on the way of healing process, at work.

The last aspect which we mention here is that for both categories of respondents the self-discipline is an important aspect for their resiliency.

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Resilience and personality. Orientation to failure as personality trait of Romanian people viewed from a historical perspective.

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Abstract

Orientation to failure was identified in an exploratory factor analysis carried on the responses at Five Factor Nonverbal Personality Questionnaire collected from a national representative sample of 1600 adult participants. We started to investigate around this factor pointing to a cultural specific personality trait of Romanian people, aiming to describe its psychological meaning and potential impact on resilience at a social level and in the same time to identify if a historical - social explanation is possible for. The investigation illustrates an interdisciplinary perspective creating bridges between a clinical psychological perspective and a social - historical one. The paper presents the results coming from a number of qualitative investigations, done using a group of experts from social sciences and humanities, in order to describe the meaning of identified personality factor and its impact on resilience. The paper is also focused on presenting the main arguments and conclusions of a historical investigation, which was done to explore if development of a reasonable explanation is possible at social and cultural level for Romanian people for the existence of the identified factor. Also, the paper focuses on methodological details of the subsequent investigations.

Keywords: personality, orientation to failure, interdisciplinary, historical perspective

Orientation to failure- a Romanian national trait

An exploratory factor analysis carried on the items of a nonverbal Big Five questionnaire – FF NPQ [1], revealed a structure of 6 meta-factors of personality. We used in analysis the answers coming from the Romanian normative sample of FFNPQ, consisting of 1800 participants (900 males & 900 females) and being representative for the Romanian population over the age of 12. Although other investigations pointed out the hypothesis of a 6 broad personality factors [2], [3], [4], in contradiction with the main assumption of the Big Five model, the 6th factor obtained in Romania differs also from the 6th described by HEXACO model [5], [6] in addition to Big Five and seems to be rather culturally specific. By considering the items contents, we named this factor Failure or Orientation to failure. The 6th factor obtained covers 6,49% of data variance and groups 2 items staying as facets: Intolerance to loss (item 3, loading .66) and Failure in learning (item 19, loading .75). It represents, from a standard Big Five perspective, an unexpected finding, being a factor that does not relate with any of the classical 5 dimensions. It is factor of failure on an interpersonal level, a failure in the desire of self-fulfilling, failure in learning and academic achievement. It identifies individuals with a high awareness for the concept of failure or otherwise negatively influenced by failure. Intolerance to loss is a facet emphasizing the difficulty in accepting the idea of loss in competitions, even though the stake matters. This facet identifies persons who do not enjoy losing and who display aggressive manifestations to loss. The item content is related to aggressive responses to loss in a sportive competition, loading also on Aggressiveness facet. The facet is not significantly loaded on any of the five Big Five dimensions. Failure in learning is a facet of failure in learning and academic achievement, with a content related to rejection due to failure. The factor has no significant meaning on any of the classical Big Five dimensions. Item 8, having the major loading on the Consciousness dimension, also load higher than .30 on the Failure. This item is supplementing the significance of the facet with a content related to failure in academic accomplishments.

The significance and validity of the 6th factor obtained was further explored by using a number of qualitative investigations with experts and a peer nomination procedure. The peer nomination procedure using a

group of 93 high school students demonstrated an average correlation coefficient of .26 between self-report scores and evaluations on the same constructs made by peers. The analysis on expert opinions leaded to the conclusion that a failure orientation factor has both psychological coherence, as well as historical and social resonance in the Romanian cultural context. This personality trait of Romanian people may significantly impact the general adaptation (e.g. resilience) and can play an explanatory role for different Romanian social realities. As we were able to bring proofs regarding the validity of our findings and in the same time as it is very likely that the presence of this trait is connected to some real historical and social moments of the Romanian people (it can be interpreted as an expression of a fatalist feature, present in Romanian personality after centuries of domination and oppression), we decided to search for a comprehensive historical explanation on it.

Historical Explanation

If cross-cultural research reveals a culturally specific dimension, variation on that dimension may be uniquely important within that culture's particular social context [7]. In order to explain this trait it must be taken into account the Romanians` historical experience. Just as an individual personality is structured during its developmental stages, the core personality of a nation we can assume is structured during its formation and evolution.

Romanians appeared as a result of an historical process not different from the one of other nations of Latin origins [8].The common element of these nations is the Roman component and the difference is due to other layers. For Romanians the ethnic base was the Geto-Dacians. All the ancient written sources highlight a main common trait of Geto-Dacians: *the powerful belief in their immortality*. This *serene acceptance of death* made them highly brave in battles as mentioned by Ponponius Mela and Emperor Iulian Apostatul (361-363 d. Hr.) [8]. Furthermore, after the Roman troops conquered Dacia in 106 AD, the king Decebal chose suicide than the captivity humiliation. Transforming Dacia in Roman province set off the Romanization - the essence of the acculturation process [9]. All the Dacians acquired the popular Latin language, which become the engine of the Romanization process.

From the late third century until the thirteenth century, the Romanians people had to face the migration era. The Slavs constituted the most important layer in the formation of the Romanian people whose contribution remained imprinted in the language. Also the Romanians assimilated several other migratory. The historians presented the Romanian people as „an enigma and a miracle", meaning that they managed to survive surrounded by a „sea of Slavs", without losing identity [10]. The people managed to diminish the migratory impact also by retreating in the woods and in the mountains - hence the popular saying "the wood is the brother of the Romanian". It seems that historical proofs indicate that the main objective for the people was survival. The Romanians` strength and durability in the migration era and the succeeding ones, was given by "the admirable Romanian village" [11]. Villages were the main organizational forms that assured the shaping and development of the Romanian civilization. The people ensured their existence through working the land and animal breeding. From the thirteenth century it began the formation of the fairs and cities as product distribution centers and, then as handicraft production units; thus the city dwellers category expressed other types of community relationships and behaviors different from the villagers. Moreover, the Romanian feudal states were formed which meant a long, difficult economic and military effort, with negative consequences for the economic and social development. Whether they fought the Turks, Poles, Tatars and Hungarians, the major objective was the defense of the political identity and the religious faith. The methods used to achieve these aims were battles and negotiations.

The most difficult and asymmetric conflict was the one with the Sublime Porte (the government of the Ottoman Empire) that took place for more than four centuries. The Romanian people maintained their autonomy and self-government in exchange for financial and material obligations. As the Ottoman domination enhanced, especially during the Phanariot rule (1711-1821), a new psycho-moral behavior appeared - the so-called "diplomacy of the tip" [12]. The Ottoman impact on the Romanian mentality manifested through some fundamental psychological aspects which continued even after the Empire`s disappearance: a powerful habit of bribery, a deep fear and distrust in authority, a strong sense of humility, compliance, obsequiousness or obedience. All this time, the vast majority of the population – the peasants – was the one that had to sustain all the financial debts through hard work and giving up their lands and freedom. They all lived in poverty, deprived of formal education and their main goal was survival.

In the first half of the nineteenth century the peasants` material and social situation remained dramatic. They lived in extreme poverty under barbarian physical punishments aimed to intimidate and compel them to the taxes payment. They were fleeing from the states representatives hiding in the woods and mountains [13] - the same strategy of resistance used in the migration era and also a survival strategy. In 1835, Helmuth von Holtke, a German Field-Marshal that had knew the country, described a generalized Romanian behavior: "Every well-dressed man makes an impression on the Romanian who considers him, fully entitled to command and to claim services from him... and in the same time he receives quietly the mistreatment. The Romanians lived in

miserable huts and were dressed in rags [14]. After the Treaty of Adrianople in 1829 which removed the Ottoman economic monopoly on Romanian Principalities` trade, the development of capitalism and its new social class – bourgeoisie - accelerated. From the late eighteenth century an acculturation phenomenon emerged in the Romanian Principalities. Part of the Romanian elite borrowed elements of French culture without having the bribery and favors practiced in the Phanariot era to be eradicated but even more amplified by the capitalism`s flaws.The year 1848 found the Romanians in the European revolution turmoil. Political programs and actions aimed major reforms for the Romanian society: unity, independence, rights and freedoms, empowerment and land reform. In Transylvania, the crucial issue was the struggle for national defense due to the condition imposed by the Austro-Hungarian nobility regime – even though they were the majority, the Romanians were considered tolerated. In a favorable European context the Principalities of Moldavia and Wallachia were united in 1859 under the rule of Al.I.Cuza. There had been implemented major reforms to modernize the Romanian society; the most positively remembered was the land reform that positively marked the peasants on the psychological level [15]. Removing Cuza in 1866 brought to the throne of Romania a stranger monarch – Carol I. His will, however powerful, hadn`t managed to change the Romanian mentality. Romania was essentially an agrarian and patriarchal society. The politicking, the cronyism and the counterproductive attitudes coming from the distant past have made the Romanian entire society`s modernization and change extremely slow.

The War of Independence of 1877-1878 meant some notable successes: the state independence from the Ottoman Empire and increased linkage to the European model. Regardless of these breakthroughs the Romanian economy has remained mostly agrarian. The vast majority of Romanians lived in archaic rural villages; they showed a lack of concern for industrial activities due their powerful belief that “the use of natural forces and tools (meaning industrialization) is the Evil`s invention that upsets God” [16]. On the other hand, the peasants lost their properties again (by division and inheritance) and in the early twentieth century the key issue was again the lack of land ownership.

The main drive for the Romania's participation in World War I (1916-1918) was the union of the territories there were still under the foreign rule of Austro-Hungarian and Tsarist Empires. In 1918 Romania succeeded to unite Basarabia, Bucovina and Transilvania to the main country and formed “The Great Romania”, an event sustained by all social classes from the peasants to the royal family. This opened new developmental prospects and the opportunity to implement the land reform and the election reform. Still the Romanian society preserved its past flaws: "blunted critical sense, bargaining, inversion of values, morbid passivity, acceptance of attacks, tolerance of injustice, old fatalism reverberation - all determining confused boundaries and evil in the public consciousness” [17] – that affected and diminished the hopes brought by the Great Union. The Romanian society as a whole entered in the new era as an organism marked by inner diseases but hidden by those who were meant to lead it [18]. In fact, the peasant psychology remained - as an individual the Romanian was interested in ensuring the daily existence and in the group, he was marked by “gregariousness” – the constant trait to obey the authorities till the loss of his individuality in the crowd he is part of [19]. Gregariousness saved the Romanians in the past but for the future it was a break for development; the progress for the people should be an intense differentiation of of skills and character among members of the society [20].

The geopolitical changes at the beginning of the World War II led to the collapse of Great Romania by ceding some essential territories to the revanchist states pressure (USSR, Germany, Italy, Hungary, Bulgaria). This situation has also been explained by the life concept of the epoch marked by "frivolity, luxury, idleness, truancy, favoritism, theft, etc.” [21] that didn`t create a natural collective reaction but an acceptance response to the situation. The geopolitical objective of the Romanian participation in the eastern campaign against URSSS failed in 1944 when Romania turned the weapons against the German and allied with the United Nation Coalition. As a consequence the Soviets occupied Romania and imposed an extremely harsh Stalinist regime. Following the Soviet model, the Romanian political elite and all those who were perceived dangerous regardless the social class have been incarcerated as a result of serious legal abuses.

The communist period, especially Ceausescu`s regime, was marked by several key aspects: the permanent surveillance and control of the people; multiple deprivations (food, water, electricity, warmth, information); the authoritarian regulation of personal and collective space (e.g. nationalization of buildings and lands); sexuality control (e.g. prohibition of any birth control methods); prohibition of any religious activities; prohibition of any relationships with foreign citizens; indoctrination with Marxist philosophy. Therefore there was little and timid resistance movements that were continuously suppressed by the secret police (securitate). The main instrument of political power was the terror [22] through violent oppression, abuses and numerous crimes [23]. Also, it`s essential to mention that any existing opposition was very difficult due to the intense admiration for Ceausescu`s policy expressed by the main powers in the world. The continuous life degradation, the country's isolation from the rest of the world, the constant propaganda for the dictator's family determined powerful frustrations that exploded in December 1989 in the context of the revolutionary changes in the neighboring countries and of the URSS` lack of involvement. The Romanian revolution was one of the few moments in their history in which the people publicly reacted together, expressed their discontentment and ruled in favor of a radical shift.

Reviewing the main historical experience of Romanians point some major patterns: their past has largely been determined by others; they had little opportunity to determine their own fate; the vast majority of the people almost constantly lived in fear, poverty and terror; they had little opportunities to evolve at an educational, economic level; they had to find some ways to survive in these aversive circumstances.

Psychological Explanation

The evolutionary perspective on the Big Five holds that humans have evolved "difference-detecting mechanisms" to perceive individual differences that are relevant to survival and reproduction [24]. Buss views personality as an "adaptive landscape" where the Big Five traits represent the most salient and important dimensions of the individual's survival needs. Briefly, people have mechanisms that currently exist because in the evolutionary past they have successfully solved specific adaptive problems. In a history marked by the domination of the big powers, Romanians have developed a trait that helped them adapt and ultimately to survive as a nation. Fatalism leads to resignation and passivity; it is the trait that helped them cope with aversive historical conditions.

The resilience model [25], [26] can further deepen the psychological explanation of the failure orientation`s structuring in the Romanian nation`s soul. What is (the existence of such personality factor in Romanians) has meaning only by framing it into the past and into the future. The interactions between vulnerability factors, the risk factors, the resilience and protective factors offer a complete and comprehensive perspective of the psychological functioning and recovery/healing of the Romanian people.

The first psychological trait that can be considered the foundation of the Romanian nation is the fundamental belief in the immortality of the soul. If this belief made the Dacians brave and fearless in battles, further, under the traumatic events in the Romanian history, it made the Romanians able to accept the adverse conditions. It should be mentioned that this ancestral belief has been further reinforced by the orthodox religion – where life is the God`s choice and judgment over people and justice would come into after-life. "Therefore, the Romanians almost don't personalize their feelings so that the Ego becomes dominant. They are ready to rise above the Ego, into a sort of Super-ego, philosophical and, implicitly, fatalist, that enables them to accept the reality with all its manifestations, because the Good as the Bad, when are considered predestined, can be easily and resent less accepted as parts of a divine schema" [27]. Secondly, philosophers and other scholars have mostly mentioned and discussed one trait of the Romanian people: the fatalism as a "national characteristic". Most of them perceived it in terms of Romanians` ancient and strongly anchored belief in eternity of life. For example, the well-known Romanian philosopher Mircea Vulcanescu explained the Romanian fatalism as an integration of a being into universality of existence [28]. The philosopher and poet Lucian Blaga, deeply preoccupied by the specificity and identity of every nation, introduced the concept of "stylistic matrix" to explain and analyze the deeper archetypal reality of a nation`s soul. Starting from the most emblematic folk-ballad for the Romanians - Miorita (The ewe-lamb) – Blaga draws the conclusion that the stylistic matrix for the Romanians is the "mioritic space", meaning that the transfiguration of death is a logical consequence of resignation and fatalism [29]. Thirdly, regardless the historical stage, the resistance (survival) of the Romanian nation seems to be the common central behavior and can be seen as a major over-compensatory mechanism in front of all the adverse conditions. The psychological consequences of the lived historical experience for the Romanians were: constant fear, helplessness and horror which can be framed as traumatized parts of the soul. The constant hiding of the people from different and numerous invaders is perceived by Cioran (1911-1925), writer and philosopher, as a search for safety [30].

The Romanian society has been constantly brutalized and became incapable of voicing a protest but passively accepting every ignominy that it is called upon to bear with monotonous regularity [31]. Somehow, maybe as sign of learned helplessness (a main mechanism of depression), Romanians seem to have internalized the belief that evil always wins and they are condemned to fatalism and contemplation. In a study on the main strategies used by Romanians to deal with the communist atrocities, the essential one mentioned was "the acceptance of the unacceptable" [23].

Mircea Eliade (1907-1986), Romanian historian of religion, writer, philosopher, and professor at the University of Chicago, thoroughly analyzing the so-called passivity of Romanians understands the resigned attitude as a more deeper existential decision: "one cannot protect himself from the destiny as one cannot protect from the enemy; all one can do is to impose a new meaning to the unavoidable consequences of a meant-to-be destiny. It is not fatalism, because the fatalist doesn`t consider himself capable to change the meaning of what was predestined [32].

This unconscious "choice for resistance" can also be considered the main resilience factor used by Romanians for a long period of time. In front of traumatic events, one can rely on what brings strength. Ernest H. Latham, the author of a paperwork published in the United States about the legendary ballad, perceives the fatalism of the people in a different manner: "sat by fate on the border of West and East, after two thousand years of harsh rule, barbarian invasions, greedy conquerors, by evil rulers, cholera and earthquakes gave the

Romanians the feeling of temporary and transitory qualities of things (...) Romanians possess the greatest ability to get relaxed blows of fate. They know how to fall with art, with every muscle and every joint soft and relaxed ... The secret art of falling is, of course, do not be afraid, and Romanians are not afraid, as the Westerners are. A long experience in survival taught them that every failure has unimagined opportunities and that, in one way or another, they`ll manage to put themselves together on the feet again" [33].

In the same time, what functioned as a coping mechanism for almost all Romanian history, nowadays – in a free, democratic regime – has proven to be a risk factor for developing pathological behavior. While today Romanians have the opportunity to choose their own fate, to evolve as a nation, the resistance continues (as if they are still under foreign occupation - in history, in a past already ended) and it has transformed itself into what we called orientation to failure. Today, Romanians as a whole, still don`t speak up for themselves, still don`t know their rights and still accept any injustice – and they cope with all in the same manner as before: with profound resignation and passivity. This lead to what William Wilkinson, British counsel at Bucharest from 1814 to 1818 long before called "intolerable servitude", "lack of hope for a better condition", "habitual depression of their minds that become natural stupor and apathy, which renders them indifferent to the enjoyments of life, and insensible to happiness, as to the pangs of anguish and affliction" [34]. Also, Felix Colson, secretary to the French consulate in Bucharest from 1835 to 1840, mentioned the Romanians as "humble, submissive and ready to endure anything; their hollow eyes, which they dare not raise, proclaim their slavery absence of well-being" [34].

These attitudes lead to specific behaviors that, in turn, today and in the future, have only one major consequence: failure. For example, the Romanian novelist Augustin Buzura clearly described this in-depth and generalized attitude of the people, as a mark for future failure: "The greatest catastrophe is that we have become accustomed to servility, that we no longer recognize it, that we have grown to tolerate it, that we allow ourselves to be transformed by it, that we have become accomplices to it, so we cannot shake off the image which it has bestowed upon us even when we are alone" [31].

What is to be done under such psychological grounds? Analogically with the healing process in a traumatized soul [35], the recovery and healing process of a nation follows the same path. The national acknowledgment of the psychological wounds and their consequences for this nation`s soul can be done through national programs and politics that aim: honesty in presenting the historical facts together with understanding of the psychological consequences - deep pain and need for survival of the common people. This can bring re-integration of the traumatic dissociated part of the nation. Along with this, the development of healthy parts of this nation should begin: the re-establishing of national self-esteem and authentic Romanian honor; developing the real power of decision and action "here-and-now"; developing the optimism and the ability to enjoy life; acknowledging the existence of the free-will. Of course, further suggestions are expected from the future investigations on the topic opened by the present paper.

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Alice, la survivante.

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Abstract

Alice lives her life normally. She is married. She works. Her children are growing and go to live their lives. Her husband dies, she must live alone. One day she falls. Thigh bone fracture. Not appropriate medical recovery, impossible to walk again. She becomes dependent. She should enter a special caring service for retired. The slipping syndrome is mention. A request was made by the team to a psychologist. He will assist her resilience. Then, Alisa starts to tell her ordinary life story and the past will repeat in the present: her survival after the bombing during their childhood.

Key words: assisted resilience, social theory of memory, survival

Syndrome de glissement ?

Pendant la seconde guerre mondiale, à 6 ans, Alice fuit sous les bombes, avec son père et son frère. Une bombe explose à proximité. Alice est enterrée vivante ! *Elle ne peut pas bouger, elle est coincée, elle est sous la terre, et pratiquement asphyxiée, elle se sent mourir*. Une deuxième bombe souffle la terre déposée par la précédente. Alice reprend sa respiration, se relève et voit à côté d'elle les cadavres allongés de son père et de son frère ! Elle est désormais *une survivante*.

Entre Ulysse et Alice, quels points communs ? Jean-Pierre Vernant raconte Ulysse au retour de la Guerre de Troie, guerre meurtrière : Il évite de rentrer immédiatement chez lui, vu le sort du chef de l'expédition, Agamemnon, assassiné par sa femme Clytemnestre et son amant. Ulysse accomplit alors un long voyage ordalique et expiatoire. Il y perd son nom, ses compagnons, il visite les confins de la terre et de la vie, il parle avec les héros qui, tel Achille depuis l'enfer, l'invitent à prendre le chemin de la vie plutôt que celui de la mort, fût-elle glorieuse. Au bout de vingt ans d'errance, enfin, il retrouve son Ithaque. Prudent, il s'y présente vieux, méconnaissable. À l'inverse de Clytemnestre, Pénélope a cultivé l'absence de son époux et refusé de saturer le vide physique laissé par son départ, prendre un amant ou un nouveau mari, bien qu'elle eût mis un enfant au monde, conçu quelques mois avant le début de l'expédition. Les nombreux prétendants présents au palais festoient, se servent allègrement des biens et des richesses de l'absent, déciment et dévorent ses troupeaux.

Transformé en vieillard hideux, Ulysse se déguise en mendiant. Une de ces ruses de guerre qui lui ont maintes fois sauvé la vie. Alice quant à elle fait sa vie, sans qu'apparaissent de séquelles visibles de l'incident critique qui a failli la tuer, comme son frère et son père. Elle se marie. Elle a des enfants. Devenue veuve, elle demeure dans la maison jusqu'au moment où une chute lui fracture le fémur. Impossible de demeurer seule chez elle. La décision médicale s'impose : elle doit rentrer en maison de retraite, pour une longue et difficile rééducation. L'enfermement l'immobilisation forcée, la dépendance aux autres, côtoyer les personnes âgées dont certaines vont mourir, c'est insupportable ! Elle s'enfonce dans une dépression d'allure mélancolique. Alice repousse les aides, ne mange plus, refuse la rééducation. Elle se laisse mourir. Un syndrome de glissement ?

1.1 Assistances

L'équipe s'alarme et demande l'aide d'un psychologue. Il travaille également aux urgences de l'hôpital voisin où il rencontre des personnes choquées, traumatisées. Son travail consiste à générer une situation d'interlocution afin d'aider les victimes à sortir de leur mutisme, de leur terreur. Il adopte une méthode active, empathique, adaptée pour les personnes impuissantes à surmonter seules l'effondrement consécutif aux événements critiques, lorsqu'elles ont vécu la mort.

La seule trace d'Ulysse en Ithaque réside en creux dans l'attente de son retour. Il doit d'abord lutter contre le mendiant habituel, irrité par la concurrence. Il doit trouver des alliés qui vont l'informer et l'assister pour retrouver sa place, son identité. Seul, il est impossible d'y parvenir. Sa vieille nourrice, ayant mission d'accueillir tous ceux qui entrent dans la ville et seraient susceptibles d'apporter des nouvelles d'Ulysse, le

reconnait en premier. Par un détail insignifiant à d'autres : une cicatrice au mollet, faite par un sanglier lors de son initiation de jeune guerrier. Elle sait qui il est et il comprend qu'elle sait. Avant qu'elle puisse crier sa surprise, il lui met la main devant la bouche pour l'empêcher d'éventer la ruse. Sa nourrice retrouve en lui l'enfant et le jeune homme blessé. Télémaque, né après son départ, n'a pas connu de père et son père n'a jusqu'alors jamais joué ce rôle auprès de lui. C'est chose faite aussitôt qu'Ulysse lui intime d'autorité l'ordre de le croire sans discussion quand il lui affirme son nom.

Ulysse devient père au moment même où Télémaque devient fils. Ils naissent l'un à l'autre en un seul instant par l'établissement de la relation d'autorité. L'assemblage de la constellation des identités relationnelles se poursuit.

De la mémoire sociale à la résilience assistée

Le psychologue aborde Alice selon cette technique adaptée, prenant le temps d'être une présence identifiée, de se faire accepter, de faire naître la confiance et le transfert. Alice s'habitue et se met petit à petit à lui parler. Son vécu d'impuissance physique et son enfermement actuels la replacent dans des conditions analogues à celles du bombardement : un enterrement avant l'heure ! Cette concordance rend manifeste le vécu traumatique de poly-victimisation. Elle revit corporellement son expérience d'enfance et la raconte dans le même instant d'interlocution. Son appareil psychique construit simultanément du souvenir, du passé, du présent sur le modèle de la mémoire comme objet social selon Pierre Janet. Ce dernier expliquait qu'un témoin engendre le temps de l'humain en récapitulant son expérience sous la forme d'un récit adressé à un autre, légitimement institué comme référence, par son métier, sa pratique, son statut social. Janet annonce une théorie possible de la résilience assistée par interlocution et abréaction.

Il expose une *théorie sociale de la mémoire*. Que veut-il dire par là ? La mémoire humaine s'inscrit dans un scénario relationnel voisin de celui du théâtre : les lieux, les actions, les personnages, la durée et sa structuration, le déroulement et la conclusion forment un ensemble cohérent et nécessaire. Ainsi, le guetteur d'une tribu préhistorique est-il, par son chef, chargé de veiller, d'observer, de donner l'alerte si un danger menace, et de faire le rapport le lendemain. La dramatisation, la scénarisation, les relations sociales interviennent pour mettre en souvenir ce qui le jour suivant sera restitué sous forme de récit adressé au chef. Par délégation, le veilleur de nuit doit être attentif à ce qui pourrait se passer. Il sélectionne les éléments à observer car *a priori* ce n'est pas le nuage qui passe devant la lune qui intéresse le destinataire du rapport à venir. Le déjà attendu, avant même que rien ne se fasse ni ne se passe, introduit par anticipation ce qui dans l'après du jour suivant deviendra le récit du présent de la nuit passée. Récapitulation faite dans le rapport à celui qui s'est physiquement absenté, mais dont la demande agit toute la nuit comme anticipation dans l'esprit du veilleur et mobilise son attention. La délégation de responsabilité permet l'absence physique du chef et oriente le devenir car le récit lui sera adressé au moment voulu, à son retour. C'est l'architecture de la formation du souvenir selon la théorie sociale de la mémoire. Nous y ajoutons des éléments théoriques de *la psychologie historique* proposée par Ignace Meyerson, reprise et illustrée par Jean-Pierre Vernant, insistant par l'exemple d'Ulysse sur la nécessité de réinvestir des rôles relationnels pour exister.

Les techniques de la résilience assistée s'appuient sur la structuration du temps et des rôles sociaux. Dans l'après coup des événements critiques paralysant l'appareil psychique, le cadre proposé soutient la formation du souvenir par le récit adressé. En effet, la brutalité, l'imprévisibilité, la sidération empêchent la mobilisation spontanée des ressources résilientes pour traiter l'événement. L'avenir n'est pas possible. La rupture de la continuité chronologique génère l'effondrement de l'histoire et de la géographie humaine, partielle ou totale, de l'Être. Il n'y a plus d'autre, sinon mort. Le petit théâtre social de la mise en scène du monde réel sous forme de représentation ne se construit pas dans l'instant. De même, lorsque la personne affectée de troubles post traumatiques forge le discours qu'elle adresse au thérapeute, la participation active de ce dernier dans le cours du traitement contribue à sélectionner ce qui doit se dire. Les paramètres de la communication inter humaine sont sollicités. D'où l'intérêt de l'architecture psychosociale de la mise en scène.

Alice, la résilience assistée et les autres

À partir du moment où Alice a pu verbaliser/représenter/signifier cette expérience, la raconter sous forme d'un récit adressé au psychologue patenté, elle a pu accepter de surmonter son handicap du moment, accepter aussi des aides, accepter qu'il y ait une amélioration possible, être partenaire du projet de soins et être meilleure actrice dans la rééducation. Le temps du passé étant advenu, le temps du présent peut reprendre son cours et Alice peut reconquérir ses rôles sociaux actuels.

À la différence de ces nombreuses personnes âgées qui répètent indéfiniment la même séquence de leur vie, mais que personne n'entend comme manifestation post traumatique à travailler comme telle par résilience assistée. Ce n'est pas entendu comme *un récit en souffrance*, et par voie de conséquence, ce n'est pas un récit. Au mieux une récitation lassante pour les destinataires qui ne se reconnaissent pas dans ce rôle et dont les

répliques sont décalées : *mais Madame, vous savez bien que votre mari est mort ! Il ne peut pas vous entendre lorsque vous criez, enfin ! On vous l'a déjà dit.* Se méprenant sur l'intrigue de la pièce, ils font bifurquer le scénario. Les cris risquent alors d'être entendus comme la manifestation d'un comportement troublé chez une personne désorientée dans le temps, qui a perdu la mémoire, avec des conséquences médicamenteuses possibles, circonstances aggravantes. D'autres personnages s'immiscent en la scène qui se joue, sans imaginer le traitement post traumatique. L'atelier mémoire sera d'un piètre recours.

1.1 Ulysse revient à lui-même

Ulysse, advenu père vingt après la naissance de Télémaque simultanément devenu son fils, redevient également le fils de son père, retiré dans une ferme à l'écart de la ville, affligé par tout ce qui se passe dans le palais dont il fut autrefois le maître. L'identité d'Ulysse se reconstruit au fur et à mesure qu'il peut habiter à nouveau les rôles déterminés par les relations personnelles, uniques et identitaires, entretenues avec sa nourrice, son fils, son père, puis bientôt sa femme qui l'attend et l'espère, mais ne le reconnaît pas encore en ce vieillard : il doit revisiter au préalable le rôle du fiancé. Pénélope donne alors le signal de l'épreuve qui doit départager les prétendants.

Il s'agira d'utiliser l'arc dont seul Ulysse parvenait à se servir. Celui qui atteindra la cible sera digne de rejoindre la couche de la reine. Tous s'y essayent. Personne n'y parvient. Le mendiant demande à son tour de tenter l'expérience. Tous les vaillants jeunes hommes dépités se font des gorges chaudes à l'expression de cette prétention sénile. Néanmoins il lui est accordé le droit d'essayer. Il bande l'arc, contre toute attente, mais, toujours aussi rusé, il fait mine de manquer la cible. La flèche atteint mortellement un premier prétendant. Il recommence et manque encore la cible officielle. Puis avec l'aide de Télémaque, du porcher, du bouvier, les cent prétendants sont immolés malgré leur volonté de fuir. Le calme revient, la salle est nettoyée, purifiée du sang versé.

Ce vieillard est bien singulier ! Mais Pénélope n'y reconnaît pas l'homme jeune qu'était son mari parti pour la Guerre de Troie. Ulysse doit encore, dernière épreuve identificatoire, résoudre une énigme piégée. Sera-t-il, lui le guerrier rusé, capable d'échapper à la dernière ruse de Pénélope ? Elle propose de déménager le lit conjugal dans une autre pièce avant de sceller leur union, s'il est bien cet Ulysse qu'il prétend être. Elle sait, et elle seule sait, que seul le véritable Ulysse connaît aussi la réponse. *Non*, dit-il, *le lit ne sera pas déménagé*. Et pour une raison simple : c'est lui, Ulysse qui l'a fabriqué de ses propres mains. Et il n'est pas possible de le déplacer car un olivier enraciné fait office de quatrième pied. Il doit donc demeurer, ce lit, immuable, à l'endroit où il a été fabriqué. L'arbre, faisant lien entre la Terre des hommes et le Ciel des dieux. Il est bien Ulysse !

Échapper à la fausse résilience

Alice reprend aussi le cours de sa vie. Elle participe activement à sa rééducation, s'intéresse à son environnement, propose son aide serviable aux personnes qui manquent d'autonomie. Elle joue son rôle social au présent. Le travail de résilience assistée lui a permis de sortir de la fausse résilience qui avait suivi le bombardement. Elle avait continué de vivre sans séquelles apparentes. Cela n'a pas empêché un travail souterrain de production de traumatisme. L'incubation a pris des années et le déclenchement fortuit de sa présence en a révélé les ravages. Pendant tout le temps de l'apparence victorieuse, elle a réussi sa vie. Comme Œdipe avait aussi réussi en apparence, après avoir tué son père et épousé sa mère. Il avait débarrassé sa ville affaiblie par la Sphynge mangeuse d'hommes jeunes en résolvant l'énigme de l'Homme.

Faussement résilient, Œdipe franchit victorieusement l'épreuve du mariage, sans séquelles apparentes. Ce que la suite de l'histoire va contredire. Le malheur va à nouveau s'abattre, sur la ville, et sur lui par son insistance à vouloir connaître la vérité sur ce forfait accompli par cet homme qui a tué son père, épousé sa mère dont il a eu des enfants. Il cherche la vérité et trouve sa propre vérité, aveuglante, qui lui crève littéralement les yeux.

Le malheur des Atrides tient à ce que la matrice de l'architecture des vies et des morts, des filiations, des préférences sexuelles, des mariages, est torsadée. L'histoire et la géographie deviennent incohérentes, accidentogènes. Laïos, le père d'Œdipe, momentanément écarté du pouvoir à Thèbes et réfugié à Corinthe, était tombé amoureux de Chrysippe, le fils du roi Pélops. Il avait tenté d'obtenir une relation sexuelle non consentie. Chrysippe s'en était suicidé. Accidents en chaîne sur trois générations : Œdipe, fils de Laïos, épouse sa mère Jocaste et lui fait des enfants qui seront à eux-mêmes des ennemis plutôt que d'être fraternels. Les rôles sociaux sont brouillés. À la différence d'Ulysse pour qui le fils est fils, l'épouse est épouse, le nourrisson est bien le jeune homme, le mari est bien le mari. Fausse résilience chez Œdipe et Laïos, résilience assistée réussie pour Ulysse.

Conclusion

La fausse résilience nourrit un chancre intime qui dévore les forces vives de l'hôte, à la manière des prétendants au trône d'Ulysse qui épuisaient ses ressources domestiques en son absence. Après la crise, à l'issue de l'assistance à la résilience, Alice reprend le cours de la nouvelle vie. Elle a réintégré l'autre dans son rôle d'autre à qui le récit de vie est adressé.

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L'expression de la resilience en milieu traditionnel a l'ile de la reunion.

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Abstract

The presentation is focus on resilience from the cultural point of view as express on Reunion Island. We adapt a phenomenology approach of resilience based on its three components: treatment, process and result. Out goal is to contribute to the theory of this phenomenon collectively described and presented by individuals of this society. The paper is based on a qualitative analysis of collective representations starting with popular writings. This analyse emphasises that resilience is part of a long continuum of struggling to resistance till spiritual transcendence. Ordinary language shows a way to face life challenges based on a socio historic traumatic past including slavery. The lexicology analysis shows a resilient type of personality, psyche-soma solidarity in the process of resilience and achieving a spiritual dimension as a sign of resilience as result.

Key words: resilience, cultures, traditions societies, spirituality, language

Introduction

Si la psychologie met l'accent sur l'histoire individuelle d'un sujet, Derrivois (2011) que « les ressources individuelles s'activent toujours sur fond de ressources collectives ». Dans le contexte traditionnel de la Réunion, on observe une omniprésence du religieux, du spirituel, d'un système de pensées complexes, des croyances persistantes dans la psyché individuelle et groupale et des pratiques cultuelles vivaces. Comment ces éléments interviennent-ils dans la construction de la résilience ? Quelles contributions la recherche en milieu traditionnel peut-elle apporter à l'enrichissement conceptuel de la résilience et à sa compréhension? Afin d' obtenir une compréhension indigène dans une "configuration traditionnelle" (B.Champion, 2010), j' ai adopté une démarche empirique à partir de la langue dans une visée exploratoire. Ce procédé se justifie par deux principaux obstacles .L'un d'ordre théorique concernant l'ambiguité conceptuelle de la résilience et l'autre méthodologique. Selon M.UNGAR (2010), l'appréhension de la résilience au niveau conceptuel est obscurcie par les influences contextuelles. D'autre part, poursuit cet auteur, l'approche étique a été privilégiée dans beaucoup d'études. Des biais ont été démontrés rendant problématiques voire contestables, certains résultats. Aussi, une voie possible consiste à envisager en complémentarité une perspective émique. Dans cette optique, partir de ce disent et pensent les personnes concernées, par l'examen de la langue courante, notamment du lexique référentiel, est une piste pertinente. En effet, le lexique permet la création d'un rapport symbolique entre le locuteur et le monde. Mais également entre le locuteur et la société, la culture dans laquelle il vit. Son rôle est essentiel dans l'élaboration de la pensée, de l'identité de l'individu dans son milieu. J'ai effectué un repérage non exaustif des expressions, mots, locutions et des proverbes en usage dans la langue courante à partir de textes chantés populaires. Ceux- ci véhiculés au sein du grand public révèlent la représentation collective du mal être psychologique, du traumatisme et des moyens pour parvenir à les dépasser. Ils témoignent également des traces traumatiques profondes enfouies dans l'inconscient collectif. Ce choix se justifie par le souci d'une plus grande proximité avec la représentation collective traditionnelle accordée au bien être psychique, à un développement réussi. Le but étant de saisir un sens contextuel tel qu'il s'exprime dans une oralité conservée et non pas de rechercher la traduction du concept de résilience. Dans l'univers traditionnel réunionnais pour parler du développement, en Créole, un individu dit « mwin la grandi dedan » (littéralement, « j'ai grandi dedans ») pour signifier ce qui l'a façonné, fabriqué, ce qui l'habite et laisse voir sa vision du monde. Aussi, le mal être psychologique, les obstacles, les situations délétères, les traumatismes, les moyens pour les dépasser s'appréhendent avec une conception empreinte d'un sens religieux. Mon hypothèse est qu'en configuration traditionnelle, la résilience trait, processus et résultat s'inscrirait le long d'un continuum qui va d'une résistance-lutte jusqu' à une transcendance spirituelle. En complémentarité à l'analyse lexicale, afin d'appréhender cet

éthos et d'éviter un biais ethnocentré, j'ai procédé à une analyse cognitivo discursive d'un discours émanant de plusieurs internautes à propos de la diffusion sur internet d'une cérémonie sacrée. Le problème posé à l'origine de cette discussion est la réaction controversée quant au dévoilement médiatique de ce type de rituel. Dans un premier temps je donnerai une brève présentation des données théoriques et méthodologiques en privilégiant la perspective culturelle. Puis, je présenterai la conception traditionnelle des trois composantes de la résilience (trait-processus et résultat) à travers l'analyse lexicale qualitative issue des écrits populaires en y intégrant les résultats de l' analyse du discours.

Considérations théoriques et méthodologiques

L 'île de la Réunion, située dans l' Océan Indien, à sept cent kilomètres de la côte est de Madagascar réunit sur sa terre une variété d'habitants issus de son peuplement originel. De l' interaction de ces peuples différentes, facilitée par une plurireligiosité, a fini par naitre, au fil des générations, une pensée sociale et religieuse spécifiquement réunionnaise, élaborée à partir des catégories communes appartenant à chaque système religieux" (F. DUMAS-CHAMPION, 2008).Différentes visions du monde se côtoient dans un contact permanent contribuant à vivifier et dynamiser l' éthos culturel réunionnais. Discourir sur la résilience culturelle dans ce milieu revient à l'envisager dans une perspective plurielle, complexe en intégrant différents niveaux d'analyse. Les données de la littérature montrent qu'il existe au moins quatre voies possibles concernant les contributions que la recherche peut apporter quant aux relations entre culture et résilience. D'abord, l'étude des racines culturelles, les dispositifs traditionnels de soins, les sociétés soumises au stress et à l'acculturation des sociétés dominantes et enfin l 'étude des facteurs culturels de protection IONESCU (2011), UNGAR (2010). Ces pistes de recherche récentes font partie de la quatrième vague d'études sur la résilience qui l'inscrivent dans une perspective culturelle. Brièvement, en psychologie, les trois vagues d'études antérieures ont sucessivement mis l'accent sur la résilience comme trait, processus et résultat. De nombreuses interrogations demeurent au sujet de ce concept aussi bien au niveau théorique que méthodologique. Ainsi, M.UNGAR (2010) pointe l'un des obstacles important est la manière d'envisager la recherche sur la résilience et de l'évaluer rendent difficile la recherche empirique. En effet, étant un construit culture bound euro centré, il a été appliqué à d'autres contextes. (KAGITCIBASI, 2006 cité par UNGAR, 2010).D'autre part, un biais l'affecte fortement: "*l'attachement au discours scientifique objectif*". Cet auteur préconise alors l'étude des sociétés hors contexte occidental en l'envisageant dans une perspective écologique.

1.1 Conception traditionnelle de la résilience en milieu créole : la langue, support d'analyse du façonnage de la résilience.

1.1.1 Le lexique, premier niveau d'analyse

Dans un contexte écologique traditionnel, il est pertinent d'envisager le renversement épistémologique proposé par DERRIVOIS (2011) qui postule « une résilience de l'Esprit et des esprits » soumettant ainsi ce concept dans la perspective d'un nouveau débat .En effet, les racines culturelles de la résilience à la Réunion puisent dans un éthos particulier fortement marqué de plurireligiosité. Comme le souligne BRANDIBAS (2003) « cette terre créole a façonné ses enfants, fabriqués avec des pensées, des mots, des histoires familiales, des cultures marquées par les ruptures et les traumatismes ». L'ile de la Réunion est passée successivement du statut de colonie, puis de département à Région française. Cette société s'est construite dans la survie, la résistance, et la souffrance pour large majorité des habitants, chaque époque apportant son lot de difficultés. C 'est dans cette configuration, qu' est née le Créole réunionnais. Il s'est crée et développé dans la nécessité d'un vivre ensemble soumise à la domination et à l'acculturation de la langue Française. Il a été tout à tour, interdit dans les espaces officiels, objet de lutte contre l'indifférenciation et pour sa permanence. A présent, cette langue s'écrit, est prise en compte dans l'enseignement, est source de créativité s'exprimant sans complexe dans les écrits populaires. Aussi, je risque l'analogie en parlant *d'une langue résiliente.* 98% du lexique de la langue Créole est à base lexicale Française. Le Créole réunionnais a conservé et véhicule de nombreuses références à la spiritualité. J'ai effectué un relevé de certaines catégories verbales dans un corpus de textes chantés populaires, en puisant dans le répertoire du maloya (chant traditionnel sacré et/ou profane) et du dancehall, style musical moderne de la jeune génération. Ainsi, la manière d'envisager une situation délétère détermine l'intensité et l'impact que cette situation aura sur l'individu. De même que le locus de contrôle (ROTTER, 1954) reste prédictif dans la manière de vivre cette expérience. J'ai examiné la relation entre une situation délétère et le locus de contrôle. La grille d' analyse élaborée à postériori détermine trois catégories:

1/ La première catégorie se subdivise en trois sous catégories: un impact sur le corps seul, un impact psychique uniquement et un impact affectant à la fois la psyché et le soma. Le locus de contrôle peut être interne et/ou externe.

2/ Une deuxième catégorie dans laquelle la situation délétère induit l'idée d'expiation, de châtiment. Cet évènement n 'est pas généré par l'individu mais il est amené à vivre cette expérience car il doit en retirer une leçon. Le locus de contrôle est interne.

3/ La dernière catégorie se subdivise en deux sous catégories: situation délétère causée par des agents visibles (les humains) ou des agents invisibles (les esprits). L 'évènement est un coup du sort relevant du destin. Le locus de contrôle est externe.

1.1.2 Le discours des sujets, deuxième niveau d'analyse

J'ai effectué une analyse cognitivo discursive à l'aide de TROPES (P.MOLETTE, A.LANDRE, R. GHIGLIONE, 2013) d'un discours émanant d'un groupe d'internautes recueilli sur le site d'un journal électronique local[1]. Ce support permet une double distanciation : une mise à distance d'un dispositif expérimental physique et les biais relatifs. Puis, la production d'un discours plus ou moins authentique (non censuré) des sujets. Le discours est composé d'un total de 47 échanges. 3 sujets interviennent en plusieurs fois. Le style général du texte est argumentatif. 40 propositions remarquables ont été retenues ainsi que 8 épisodes détectés. Les mises en scène montrent que les internautes discutent, comparent et critiquent. Ils se passionnent (153 mots soit 34.3% pour les modélisateurs d'intensité) mais se mettent également à distance pour raisonner. Ainsi, le taux des adjectifs subjectifs 45.7% (79 mots) avoisine le taux des adjectifs objectifs 43.4% (75 mots) pour la totalité du discours. Leurs propos sont assumés et ils s'engagent personnellement dans la discussion. Le pronom dominant est le « je » (32.9%).On observe également le pronom « on » (15.8%) qui est concentré dans chaque épisode au début et/ou au milieu du discours mais tend à faiblir à la fin de discours. Basé sur des critères normatifs, un discours entendu, les sujets finissent par s'influencer mutuellement (modélisateurs la cause obtient 18.4%, l'opposition 16.3%) et se faire une propre opinion. On observe pour les modélisateurs 0.0% pour doute. Sur un total de 1013 verbes, les verbes statifs, exprimant des états ou des notions de possession obtiennent le score le plus élevé avec 405 mots (40%).

Discussion

Traditionnellement, l'homme anthropomorphise tout. Il projette sur son milieu sa manière spécifique de dire son propre corps (BADGIONNI, 2002). A la Réunion, des catégories verbales spécifiques désignent des maux, des malaises, des maladies du corps. D'autres réfèrent au psychisme seul. Dans ce cas, la tête le symbolise, elle est synonyme d'esprit. L'individu est tourmenté et/ atteints de troubles psychiatriques. D'autres catégories encore expriment une solidarité soma-psyché. Ainsi, le corps peut désigner l'individu lui-même servir de barrière contre l'envahissement et/ou l'anéantissement psychique. Il symbolise la puissance « Kaf na sept peaux », « na la peau dyr [2]» et a par analogie une fonction de protection du psychisme « l'esprit i vive dan le kor[3] ». De cette analyse, on peut brosser le profil d'une personnalité résiliente. L'individu a un « lespri for » (une force mentale), "un for tampéraman" (BRANDIBAS, 2003).A l'opposé, un vulnérable a "lespri feb" (une faiblesse de caractère). Le résilient possède un mental d' acier ("lé rézistan"), une force spirituelle propre ("na un gayar","lé kador", "na tét dyr") .Il est sage et un devoir d'aide. Il cumule les caractéritiques théoriques de la "personnalité hardie" telle conçue par leurs auteurs (KOBASA et MADI, 1977).Il s'agit d'une caractéritique de "la personnalité se rapportant à des croyances, des sentiments, des valeurs qui s'expriment par une constellation de trois dimensions inter reliées, soit, le sens de l'engagement, le sens de la maîtrise, et le sens du défi". Ce Type d' individu est un "zarboutan"[4], il est fiable, fonctionne comme un garant. Le locus de contrôle de cette personnalité est interne.

Face à une situation délétère, la première attitude d'une personne est qu'elle « *pran son problème* », De nombreuses références sont associées à la main. Faut-il y voir la trace dans l'inconscient collectif de cet outil majeur de survie dans l'ancien temps ? Une fois la situation empoignée, on la rend solidaire du corps, médium indispensable : « i tienbo ansamb », « i larg (lach) pa lo kor », « i rézist »[5]. Le sujet pour aller mieux, doit « batay », « sobat » « lyter »[6]. Ce processus est une lutte- résistance. Ceci se traduit par un mouvement physique car si l'engagement est d' abord physique, celui-ci conditionne le mental, on « mange ou on port la douleur » (manger ou porter la douleur) pour se lever et se mettre debout. Ce processus est graduel car on sait que c'est « ti

[1] Article du 08/12/2009 : "on appelle les esprits pour protéger la famille", site du journal zinfos 974

[2] Expression signifiant littéralement « le Cafre a sept peaux ». Le cafre désigne à la fois les descendants des Malgaches et d'Africains.

[3] Signifie: l' esprit habite le corps.

[4] Ce terme designe les vieux artistes qui ont milité pour la reconnaissance et la sauvegarde du maloya, la musique traditionnelle de la Réunion. Ce sont des figures emblématiques et ont un rôle d' ainé et de guide.

[5] Signifie successivement « tenir ensemble » et « ne pas lâcher le corps » « résister ».

[6] Dans ce contexte, tout le champ lexical de la lutte et du combat peut être évoqué.

pa ti pa », « ti lamp ti lamp »[7] qu'on s'en sort. L'espoir et la foi en soi sont sous jacents à ce processus. Il existe beaucoup de proverbes dans la langue Créole enseignant l'acceptation et la patience comme facteurs de protection.

Pour marquer la fin de cette lutte- résistance et désigner le recouvrement après une expérience délétère, des catégories verbales traduisent le retour à un nouvel état. On dit d'un sujet, que « *li la* ensort a li » ou « li lé bien koméla »[8].Cette personne s'est dégagée d'un problème antérieur, le résultat est manifeste. Ainsi, « li lé libéré » (il est libéré), « li la levé » (il est debout) et peut continuer son cheminement. Certains mots et locutions évoquent aussi, au bout de ce parcours de lutte, l'idée d'une métamorphose, d'une transformation comme dans « li la refé ». Autrement dit, il devenu autre. Bien souvent, c'est suite à une nouvelle affiliation ou ré affiliation au sein d'un groupe culturel donné ou une rencontre spirituelle que cette transformation a lieu. Le résultat est une élévation de l'âme[9]. A la Réunion, les réalités existentielles s'interprétent dans une perspective baignant dans le mysticisme chrétien et/ou animiste. Les thèmes qui ont une forte occurence sont la famille, la religion, la tradition, le groupe social, les sentiments, la mort et le temps. Les valeurs traditionnelles, comme le respect des pratiques ancestrales des uns et des autres, le respect des aînés, des morts, la tolérance, la recherche de spiritualité imprégnent fortement ce discours. Selon Dumas-Champion (2008), dans le contexte réunionnais l'interprétation des maladies sert de base pour penser le religieux en général.

Conclusion

Cet exposé avait pour objectif de montrer qu' au delà des débats entourant la résilience, les obstacles d'ordre méthodologiques et théoriques peuvent s'aplanir. Des précautions doivent cependant être prises. Les effets contextuels sont puissants, il est difficile de les ignorer. D'autre part, se focaliser sur ce qu' UNGAR (2010) appelle "l' attachement au discours théorique objectif" constitue une entrave supplémentaire à l 'appréhension de ce concept. Une voie alternative reste la recherche empirique et une méthodologie créative et mixte. Dans la configuration traditionnelle étudiée ici, le phénomène se conçoit dans un cadre autorisant un saut épistémologique préconisant une résilience de l' Esprit (DERIVOIS, 2011).La résilience s'exprime dans une langue concrète, imagée mais qui soutient une pensée, une vision du monde complexe, multi et trans culturelle. Dès lors les caractéristiques individuelles ne peuvent être étudiées sans le processus qui a permis à un sujet dont l'identité culturelle est fortement subordonnée à son affiliation à un groupe déterminé. Celui-ci lui offre l 'étayage en cas de nécessité. Il peut acceder à d' autres groupes pour trouver son bien être et continuer à se développer. De sorte que le résultat issu de cette quête devient à son tour dépendant des deux autres éléments. L' atteinte d'une spiritualité signe le résultat de la résilience. L'analyse des écrits populaires montre une évolution et une différence dans l'esprit véhiculé dans la représentation collective. Autant le traditionnel emploie un langage de résistance, de lutte et de survie, autant la jeune génération s'exprime, clame de ne pas céder aux difficultés, de cultiver l'espoir, de s'élever, et croire en une divinité, prône la conscience collective et l'unité tout en conservant la multiplicité.

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[7] Les deux expressions signifient "petit à petit"
[8] Signifie : « il s'en est sorti », « il va bien à présent ».
[9] A noter que les références lexicales signalant la transcendance spirituelle, le recours à Dieu sont très nombreuses.

Narrative constructs of resilience in post-apartheid South Africa

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Abstract

The concept of resilience is a multidimensional construct which has been defined in various ways and from multiple perspectives. A common element to most conceptualisations is represented by the adverse context in which resilience can be developed. This paper aims to identify specific constructs of resilience used by survivors of political violence in their narratives of recovery after serious trauma. The study adopted a thematic narrative analysis of twenty life narratives, taking into consideration the use of language, structure, sequence of events, chronology, plot and the meaning participants ascribed to various experiences. Results showed that stories of resilience have specific characteristics in terms of structure, language and content compared to stories of non-resilience. The analysis highlighted the following constructs of resilience: defining the self as survivor, fighter and hero, purpose and commitment towards fulfilling a goal, ability to access internal and external resources, healthy relationships and meaningful engagement with the social world.

Keywords: Resilience, narratives, *self*, thematic narrative analysis, post-apartheid, political violence

Introduction

The psychological impact of political violence during apartheid in South Africa has been extensively analysed through research, conceptual analyses and discussions during various academic events. Numerous research studies have emphasised the traumatic nature of political repression which had a negative impact on the Black and White population who were actively involved in the struggle against the oppressive regime. [1] [2] [3] [4] After the collapse of apartheid, former victims of political violence started to embark on a journey to psychological, relational, social and economic recovery. As expected, their experiences of the recovery process have been rather different. Some were able to rebuild their lives, developing resilience and even growth as a result of their traumatic experience. Others, on the contrary, were not able to make much progress as their continuous suffering increased their sense of helplessness and bitterness.

Several research studies have pointed out that a majority of survivors of gross human rights violations during apartheid have become more resilient as a result of their trauma. [3] [4] [5] The research methodology employed by researchers to analyse life trajectories in the aftermath of trauma used a combination of methods (quantitative, qualitative and mixed) in order to create space for more complex interpretations in the process of analysis. As part of the qualitative methods, it is commonly acknowledged that life narratives represent insightful ways through which one can gain a better understanding of the story teller's reality. [6] Regarding research in the field of psychology, narratives are usually used in the form of "extended accounts of lives in context that developed over the course of single or multiple research interviews of therapeutic conversations".[7] The political and cultural context shapes the narratives of individuals and groups in society. Narratives of war, genocide, mass-killings and refugees cannot be understood in the absence of a historical and political framework. Most studies on trauma and recovery processes have worked with life narratives of suffering, conflict and healing. [8]

In her book on narrative inquiry, Reissman identified specific elements and functions of narrative analysis, which are at the core of this research method. An important feature of narrative is its constructive and performative character. [9] Narratives do not convey unmediated facts and events since they rely fundamentally on language, memory, interpretation and human subjectivity. Consequently, narratives are not simple reconstructions of empirical past events, but ways in which past events are used by people in the present to make sense of their experiences and construct their individual and collective identities. [10] Narratives are part of the collective through the way protagonists shape their stories and use language. According to Antze & Lambeck (1996), narratives also contribute to the construction of collective experience and meaning in the present. [11]

The significant link between narratives and the self is emphasised by Paul Ricoeur (1992) in his book *Oneself as Another*. [12] He argues that people define themselves as being distinct from others through a continuous narrative process in which past and present events are organised into actions, motives and situations. [11] People construct identities through their stories, which fulfil multiple functions in the process. Riessman showed how narratives serve various purposes depending on who the speakers and the audience are. [7] For example groups and communities make use of narratives to mobilize masses into action, to protest against injustice and to contribute to positive social change. Narratives operate in a linguistic universe in which structures of language confer coherence, order and meaning to representations of events, experiences, characters and actions. Although language is the vehicle of representations in narrative structures, the meaning of events is not restricted by inflexible linguistic boundaries. In this vein, Scott argues that "experience is a linguistic event (it doesn't happen outside established meanings), but neither is it confined to a fixed order of meaning. Since discourse is by definition shared, experience is collective as well as individual". [13]

Therefore, such characteristics of life narratives are relevant for the analysis of resilient processes that might be present in survivors' stories included in this study. As a theoretical framework for conceptualizing resilience, Ungar's (2008) [14] model seems to be more complex and holistic than previous approaches [15], [16], [17], as it takes into consideration both individual and contextual aspects. These are reflected in the following dimensions: (1) access to material resources (personal agency, self-esteem), (2) relationships, (3) identity, (4) power and control, (5) cultural adherence, (6) social justice and (7) cohesion. [14]

Methodology

This analysis is part of a more complex research study that took place at the University of Cape Town in South Africa, during 2008-2011. [18] The study sample included twenty survivors of gross human rights violations who suffered: detention, torture, police harassment, displacement, shootings, or the loss of a significant other. Interviews were conducted during 2009 - 2010, involving participants from a diversity of race groups, ages, gender and socio-economic status. General areas of exploration were: (hi)story of suffering under apartheid, impact of traumatic events, ways of coping with negative effects, helpful and hindering aspects of their journey after trauma, present situation and views about the future. Interviews were recorded and transcribed for analysis. The study used qualitative research methods and thematic narrative analysis. The conceptual framework of the study was informed by contextual and narrative approaches to understanding trauma and recovery. Moving beyond a mere medical approach, the analysis highlighted complex articulations of trauma reconstructions and multiple pathways to recovery which emphasise resilient life trajectories.

Results and Discussion

Silverman suggests that while performing the narrative analysis, researchers should move beyond their data in order to find explanations. This means to move from "commonplace observations to a social science analysis" [6]. It is also what Braun and Clark (2006) defined as a search for *latent meanings,* a process considered to be more than a mere description of phenomena. Important questions to bear in mind at this stage would be: "What is the purpose of participants' descriptions in this study and what are their intentions in structuring their stories in a certain form?" and "What is the meaning of these stories and why are people telling these stories?" [19]

By examining survivors' narratives with a focus on these particular questions, the analysis process was able to access new and multiple levels of meaning in which social expectations, cultural values, language structures and identity constructs interact in sophisticated ways to shape the structure and meaning of narratives. Observing closely the life trajectories of survivors, clear differences were distinguished in the area of survivors' journeys after trauma up to the present time. Some narratives follow progressive pathways while others, on the contrary, show stagnation and regression which may point towards a condition of *continuous traumatic stress* following previous experiences of trauma. [20] Participants actively use language structures and metaphors to interpret and construct various meanings about their selves and the world in which they live. Thus, some participants in this study reconstruct themselves as survivors, heroes, successful, able to cope with challenges, resilient and in control of life events. Others, on the contrary, describe themselves still as victims, helpless, angry, bitter, defeated and disillusioned. The next section will discuss some of these features comparatively.

1.1 Two polarised worlds: narratives of resilience and helplessness

The use of language in the form of passive or active verbs, the use of personal pronouns as well as metaphors and symbols suggest a means for understanding intention and meaning in narratives [6] [7]. For example, in resilient stories, one can easily notice the extensive use of the "I" pronoun, active verbs and detailed descriptions about achievements and personal efforts. Such stories do not talk to a great extent about trauma and

its psychological impact, but rather describe positive coping mechanisms and how survivors succeeded in overcoming the negative effects. Through the construction of these stories, the self emerges as being in control of his/her life, as an agent of change and being engaged with social realities.

In the following quote, on only one page of transcript, the pronoun "I" is used over 50 times and the pronoun "my" 26 times. The paragraph shows how the language shapes the narrative form:

*And so this great fear almost apprehended you and these things welled up on the inside and **I** needed to deal with those things because **I** couldn't allow **my** greatest fear to restrict what **I** thought **I** needed in order to make a contribution. And so in dealing with this **I** needed to create within **myself** the opportunity to explore and internalise this great hope that whatever **I** went through had an expiry date. That is, it will end. That was **my** greatest hope. **I** just couldn't determine when it would end. But this hope was inside of **me** and so part of **my** answer to the solution was **my** hope. Hope is a fickle thing and very often disappoints you. Because of the struggles that **I** went through and the fact that **I** was born out of struggle as it were, **I** felt **I** had endured enough struggles to be able to carry on hoping this would be better. And **I** said to **myself:** this was only a transitory phase in **my** life. **I** am destined for greater things. That is what kept **me** alive, that is how **I** kept sane amidst all the insanity (P1).*

The quote shows how the use of active verbs (deal with, create, explore, internalise, determine, endure) and metaphors ("*I was born out of struggle*") create the idea of agency and control, which are important elements of progressive narratives. In addition, resilient narratives are more elaborate and descriptive, using a variety of language structures and vocabulary. One can feel that the narrator has a voice and something important to tell. [21]

On the contrary, the majority of Black participants who still live in townships and continue to struggle with poverty, unemployment, illness and crime have used a different type of language structure. They also considered it more important to talk about their past, their suffering under the apartheid and the impact of their sacrifice for the good cause. [22] They expanded on the impact that multiple types of trauma had on themselves as individuals as well as on their families and communities in which they lived. Their language reflects extensive use of verbs used passively (taken, put, beaten, carried) and of the pronoun "they".

***They** caught me and put chains around my legs. I was full of blood on my face. **They** threw me in the back of the van and took me to John Vester Square in Joburg at the 10th floor, room 1026. **They** tortured me, beating me and asking me all sorts of questions. **They** put a handkerchief in my mouth, cover my mouth with a plaster, put my hands at the back with handcuffs and **they** chained my legs. Then **they** covered my head with a wet bag. While I was struggling breathing **they** electrocuted me. I don´t know how many times. When **they** cool it out, I was very numb… (P2)*

Participants make extensive use of metaphors in their stories. This is highly visible, especially when they try to reconstruct their pain and negative feelings. Metaphors, comparisons and personifications become useful tools in participants' attempt to find the right language to describe their suffering. For example, one survivor (P5) describes herself in the light of past and current victimisation through a powerful metaphor: *"I'm a vandalised person by the apartheid"*. Another participant (P7) describes himself in the present as a *"mental wreck", "a laughing stock"* and *"a joke"*. Similarly, when talking about his recovery after trauma with regard to his family, one participant (P12) concludes: *"We cannot be recovered… we are just mingling around in mist"*. In addition, when talking about current attitudes of people in black communities, one participant used a powerful comparison: *"It is such a sense of poverty and our people is nesting it like a baby. Poverty is their baby. They should say, no! Go out! Don't stay with me! You are not my friend! I'm fighting with you! You are the devil!"*

All these elements point towards what Silverman termed the puzzle, arguing that it has to be assembled piece by piece in the process of analysis. [6] A major task at this stage was to find explanations for the intention behind the use of language in the narratives. Within this context, Silverman's indication is to search for data outside the confines of the study. Therefore, we complemented existing information with findings from similar and broader social contexts by searching deeper with regard to the moral and cultural worlds of the two types of narratives, whose protagonists were former victims of repressive structures of apartheid. On the one side, it was the universe of those who "have made it" or who "are climbing the mountain" and are at various levels of height. On the other side are those who "are still struggling" or have not made much progress in climbing the mountain. The metaphor can go on with regard to why the second category of people were not able to climb the mountain, whether because of lack of the right equipment (education and personal resources) or fear of difficulties (lack of skills and social support) or because of trying to find an easier way around the mountain (avoidance/passivity). However, although such presuppositions may carry with them some psychological truth, there is a need for a more profound analysis and interpretation both in the context of the study's further findings and previous theoretical concepts.

1.2 Dimensions of resilience in post-apartheid

A common element of resilient life trajectories is the success and achievements experienced by survivors throughout their lives after trauma. Considered by various researchers as positive outcomes in the

process of recovery and development of resilience, such constructs represent important elements in survivors' journey of defining meaning of their selves and the world in which they live. [23] There is clear evidence that participants in this category define themselves in positive terms. They display their identities emphasising their strengths, success and achievements, situating themselves in contrast with people who do not possess such qualities. They seem fully aware of the victimising connotation inferred through the victim label and prefer to call themselves survivors instead of victims (*I am very strong, I'm a survivor, I can take anything! I helped many people. Other people become morbid, depressed, depending on tablets to make them sleep, tablets to wake them up. I'm not that way, I'm not that way! I find means of getting stronger because my faith is strong and I won't allow anybody to diminish my mind. Most of the time, I try my best to be the person that I am. P5)*

One of the most important aspects regarding the ways in which participants in this category rebuilt their selves concerns the development of constructive coping skills. An important role in this process was played by an individual's ability to access internal and external resources and to pursue higher goals. Personal qualities and talent were considered by survivors an important resource in dealing with the impact of trauma and a way of creating new meanings in life. These attributes together with positive perceptions about the *self* have been considered important elements in the construction of resilience and posttraumatic growth. [24] [14]

As was observed in people's narratives, the way to developing good coping has been paved with great effort and mixed feelings. For example, one survivor expressed the struggle, loneliness and confusion she experienced in the process of finding meaning. Art became her "*escape*" and "*shelter*":

You can be alone in the fight because you cannot express yourself, sometimes you don't know what you really want and you try to find what you really want. My art became an escape, it gave me shelter. I didn't have good schooling, good academic skills. I dropped out of school but I always felt there was nothing I could do without having good education, good family structures. I can give to other people. I felt I had that gift that I can give to other people. (P18)

Her words clearly show how the self is rebuilt and paradoxically enriched by giving to others, a fact that supports the relational dimension of the self. [12] [25]

Another important step for participants in developing good coping skills was to refuse passivity and victimisation (*"I was not given many opportunities, but (...) I was not going to blame the legacy of apartheid or to be marginalised." P 11).* Pursuing and fulfilling goals (not only setting goals) was also mentioned by most participants as an important aspect of their successful life trajectories (*"I was going to pursue this at whatever cost. I have already pursued other things in my life and the cost was nearly my life. So, why would I now hold back on my life in terms of shaping direction?"*) In defining coping strategies, resilient participants expressed several beliefs: (1) good decisions have to be followed by actions *("when I make up my mind about something then I go all out for it"*), (2) there are important lessons that can be learnt from mistakes *("I see failure as a growth process"*), (3) one needs to assume risks in life *("If I hadn't taken the risk, I wouldn't have accomplished what I needed to accomplish"*) and (4) failure is not an end but "*another stepping stone towards getting to where I needed to go"*. According to Bonano's (2004) theory of resilience, these characteristics describe hardiness - a concept considered to be one of the "multiple and sometimes unexpected pathways to resilience". [26]

Last but not least, the anchoring of the self on religion and faith appeared to be a constant element in the struggle against the destructive legacy of the totalitarian political context of apartheid. Religion and religious beliefs, as fundamental markers of identity, can offer solid ground for building resilience in times of political crisis and conflicts. [27] As one survivor mentioned: "*I think it has everything to do with my faith that I have. I strongly believe that we are a purpose-driven creation"*. For him, the spiritual dimension is not just another facet of the self but rather the transcendental framework in which all the other dimensions of the self (as caring, loving, capable, successful and forgiving) make sense and are able to draw their energy from.

In terms of perceptions about current contextual realities, most participants emphasised the importance of continuously engaging with the context in which one lives by assuming responsibility in relating to others and defining the social context. One participant perceived it as a daily struggle as "*dealing with people in the world, there will always be things taking you back in that situation. Each time when you wake up you have to say: Ok, I'm going out in the world today and I don't know what is gonna come. Today I don't know who I am going to meet"*. However, social change in the context of transition depends on multiple interacting factors. The intersection between identity, race and economic inequality is evident in participants' perceptions of current contextual concerns.

Finally, being engaged in the social context did not mean only expressing positive views but also openly addressing issues of social concern. The slow change regarding the issue of poor housing conditions in black communities made one survivor affirm that "*apartheid is still there, townships are still there. If the ANC will be sincere, they will do something about townships, try to put people together…"* Being disappointed with the current economic and political situation is arguably understandable in the context of participants' personal investment and traumatic experiences in the struggle against apartheid. One the one hand, this aspect supports Crossley's (2000) idea of the self as being constructed through "historical and social structure". [28] On the

other hand, it highlights Taylor's (1989) concept of a "moral universe" as a context in which the self reflectively makes sense of what is "good" through responsible engagement with the world. [25]

Conclusions

Summing up the main findings of the narrative analysis, one can easily notice that resilient life trajectories have distinct characteristics compared to non-resilient stories of recovery. Taking into consideration the structure, language, tone, content and meaning of the narratives, it can be assessed that resilient stories convey more agency (through the use of active verbs and the pronoun "I"), are more present and future oriented, have a more optimistic tone and are more concerned with the rebuilding process than with the damage caused by traumatic events. The multiple ways in which survivors have developed resilience in their journey to recovery were related to various aspects such as good coping skills, agency and control, positive self-concepts, healthy relationships with others, spiritual development and active engagement in communities. This situation confirms Bonano's (2005) statement that resilience is more common than is often believed and that it can be achieved through multiple pathways. [26] Furthermore, resilient narratives celebrate the success and ability of individuals, families and communities to repair what trauma had destroyed in their lives. Obstacles are seen not as failures but as important lessons for the future. However, resilience is not an end in itself but a continuous process of making meaning and rebuilding oneself, *others* and communities. Since its rebirth after the collapse of apartheid, the rainbow nation of South Africa is continuously learning to develop resilience, growth and transformation.

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Organizational resilience in the mining industry within the valea jiului communities

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Abstract

The paper discusses aspects referring to the organizational resilience in the mining field within the Valea Jiului area. The restructuring of the mining sector, following the institutional reformation undergone by Romania during the transition period, entails a rethinking of the mining field, in order for the actors involved in the resilience process to assimilate new action models.

The complex problematic of the social and economic reality in the Valea Jiului area has aggravated the decline of the area in all areas of life. This entails a sociological approach that underlines the understanding of the interaction between the institutional subsystems, when the decline of one of them generates a dysfunction in the other interposed subsystems. The paper focuses on analyzing the social and demographical tendencies, the strategies and the social and professional behaviours in the Valea Jiului area, as adaptive means through which people perceive and overcome certain structural changes, in the context of post-December institutional and organizational reformation. The presentation of such tendencies is objectively supported by the evidence of statistic data recorded during 1990-2011 and reflected on a subjective level in the perception, attitude towards or assessment of the problem studied. In this context, that of a difficult social and economic period, such as the current one, organizational resilience plays an important role in the institutional recovery process conducted within the Valea Jiului area, which will lead to a revitalization plan for the area. The importance of social knowledge is given by the outlining of the major tendencies that support adaptation and the drafting of sectorial policies and strategies that would correspond to the current local social and economic realities, as well as that would generate the desired effects. These have to be harmonized and correlated with the existent regional and national policies and strategies, by sketching the priority problems and their degree of social utility.

Key words: resilience of organizations in the mining industry, contemporary economic and social crisis, institutional restructuring and adaptation, organizational sociology.

Introduction

In our paper, we have tried to approach aspects referring to the organizational resilience in the mining field within the Valea Jiului area, from the perspective of the restructuring of the mining field, as a result of the institutional reformation undergone by Romania in the post-December period. This has entailed a rethinking of the sector, in order for the actors involved in lead resilience to assimilate new action models. This study is based on the perception the employees from the institutional mining system in the Valea Jiului area have on the institutional and organizational capacity to adapt to the post ’89 social, economic and political changes.

The problematic of an ample transformation of the old centralized economic system into a functional market economy, following 1990, marks the beginning of a long and difficult road that has led to important mutations within all the aspects of the economic and social life, the knowledge of the economic and social reality becoming an essential factor and requiring the joint participation of specialists in interdisciplinary fields: sociology, economy, anthropology, history, demography, as well as other branches of science. Institutional fluidity (therefore the absence of institutional crystallization) and institutional rarity are the first characteristics of the macro-social transition space. [7] The institutionalization processes initiated during the first transaction years have targeted especially the social “periphery”, meaning the areas in which social complexity could be reduced through simple mechanisms.

Taking into account the complexity of the processes and the phenomena, determined by the multitude of features and characteristics of these organizational mutations, there is the need of a deeper knowledge of the resources involved and of the effects generated by the activity analyzed. At the same time, it must allow for the

objective selection of the most efficient manner to adapt to the new organizational structures. [8] According to the field literature, it has been deemed that the manner in which public organizations can be made more efficient is by being taken over by private management. [4] Management is a set of beliefs and practices developed within organizations as a strategy for improving performances. As Peter Drucker used to say, "managers and management make institutions perform".

The analysis of the institutional process as a system leads to identifying certain **qualitative characteristics**, because institutional reorganization, through the dynamics of the restructuring operated on an institutional level aims to make the institutional system more **flexible and more efficient**. Due to its nature, the process of institutional reformation accomplishes a **function of structural adaptation** to the European requirements. As a system for the extraction and processing of mineral resources, dimensioned from the point of view of material and human resources, according to the efficiency objectives and criteria, the production process fulfils the economic function. At the same time, as a form of social work, and as a place in which human personality is moulded, it also fulfils a social and human function. In this meaning, Peter Drucker says that the social reasons have priority, because the institutions are born to serve individual and collective interests of the collectivity, and not the other way around. From the point of view of this process of constant adaptation of the mining units to the market requirements, institutional reorganization plays an important role in the organizational resilience within the Valea Jiului area.

The optimization of the institutional system, from the point of view of the mining activity, is the fundamental element for creating new work places, both within the system, as well as within other interdependent ones, and can generate, in turn, a regeneration of the regional social space.

The adequate and efficient usage of work force in reasonable economic and social conditions, entail that the division of work, the expansion of the professional profile and of service areas be conducted in adequate development conditions or be based on the Valea Jiului area's capacity of institutional recovery, because the complex problematic of the social and economic reality in the Valea Jiului area has aggravated the decline of the area in all areas of life. This situation entails a sociological approach that underlines the understanding of the interaction between the institutional sub-systems, when the decline of one of them generates a dysfunction in the other interposed subsystems. Taking all of the above into consideration, this paper aims to study the organizational resilience in the mining sector of the Valea Jiului area, by analyzing the perception of the employees of the mining units within the Valea Jiului area. The capacity to adapt to the new conditions within the mining sector in the area contributes to the development process of the area, and is at the same time a factor of economic and social balance of the area.

The research methodology

This paper lists several aspects related to the **results obtained,** following the research conducted within my doctoral thesis entitled "Institutional birth rate and death rate – a sociological perspective on mining". A social inquiry was conducted, having as its research tool the questionnaire, applied within the National Pit Coal Society of Petroşani (SNH). Both elements related to the objective situation of the mining unit, correlated with the local social and demographical tendencies, as well as aspects related to the subjective state of the employees within SNH, as well as subordinated units were subjected to social analysis, in order to outline an image as faithful as possible to the current 2013 reality of the mining sector within the Valea Jiului area, as a fundamental activity in the area.

Taking into account the **high number of employees** (5,166), it was necessary to resort to a **pool** that would faithfully reproduce the shares held by the following variables: the ***mining units*** subordinated to SNH and the ***gender structure***. As a pool scheme, we have opted for the "share" pool. The volume of the pool was **5%** of the total population, which has led to a pool of 258 employees, and after rounding it up where necessary we have reached a pool volume of **273** subjects.

The distribution of the subjects according to mining units was as follows: "EH Lupeni" (29.30%) followed by EH Lonea (21.25%), EH Livezeni (20.88%) and EH Vulcan (15.38%). For the other three units, the percentages are significantly lower, and put together they barely exceed 10%. Due to the fact that mining is a difficult activity that entails effort and physical force, meant mainly for men, we found that the male gender has the largest share (80.22%).

The subjects' assessment of the changes occurred within the mining sector

The social and economic effects of the restructuring process occurred within the mining sector have been felt strongly by the population in the area and require well-elaborated social measures in order to create a favourable context, needed in order to develop the business environment and a competitive economic spirit that would entail a favourable perspective for the development of a functional market economy, in order to elaborate

a viable decisional alternative on the optimization of the social and economic structures within the Valea Jiului area.

The evolution of the mining sector within the Valea Jiului area, throughout time, has known an ascension prior to 1990, generating a significant increase of population in the area, due to the migration of the work force from more or less surrounding areas. The policies promoted before 1989 gave birth to the development of an oversized mono-industrial centre, with a concentration of mono-qualified work force dependent at the same time on the evolution of the mining activity within the area. Within the context of national political, economic and social changes, the post-December period is characterized by an obvious downfall of this economic sector.

The transition period has generated, among the population, the uncertainty of a work place, thus conditioning the withdrawal of a significant mass of population from this activity. This situation was even more inevitable in the Valea Jiului area, because this area was included in the national program for restructuring and orienting the industrialized areas towards an economically competitive market.

An overview of the average number of employees shows that this remains relatively constant during 1991 – 1996 and then decreases significantly during 1997 – 1999, due to the restructuring of the mining activity, in each of the localities within the Valea Jiului area. After 1999, the average number of employees remains relatively constant, until 2011, except for Petroşani. As of 1997, the average number of employees decreases by 45% during a period of time of only 3 years. This decrease is explained through the layoffs occurred in the mining sector during that period, and by the fact that the extractive industry plays a primordial role within the entire industry of the Valea Jiului area. From 1999 to 2008, the number of employees remains constant, and following 2008, it begins to decrease again due to the onset of the economic crisis. In the Valea Jiului area, the average number of employees has decreased from 71,217 employees in 1991 to 28,448 în 2011. Therefore, within 20 years, the number of employees in the area has decreased by 42,769 employees.

The results obtained following the sociologic inquiry conducted on the employees of the National Pit Coal Society shows the subjective side of the institutional mining system within the Valea Jiului area. The main aspects observed by the research, as a result of the institutional reformation, focus on the subjects' opinion regarding the causes that led to the restructuring of the mining sector and the current situation of the mining sector, as well as an evaluation of the measures related to the personnel layoffs and the institutional reorganizations conducted. We have also touched upon aspects related to the perception of the subjects on the institutional future of affiliations within the energetic complex envisaged, as well as their opinion on the possible solutions to improve the mining sector within the Valea Jiului area in general.

The measures taken in order to render the institutional system more efficient and more flexible have affected both the employees who were laid-off, as well as those who remained within the system. The employees' assessment of the financial situation and the current work conditions shows to a certain extent the degree of contentment or lack of contentment of the subjects with the current work conditions.

In order to analyze the effects produced by the changes occurred due to the restructuring of the mining sector, we have to see how these transformations influenced the life of the employees in particular and that of the company in general. First of all, the changes brought about by the national reformations have strongly influenced the financial situation of the population in general. Moreover, the financial situation can be evaluated from the point of view of various salary losses. Almost three quarters of the people interviewed believe that their financial situation has been greatly affected.

The stagnation of salaries has been attributed to a lack of state subsidies, as well as to factors related to the productivity of work. During 1990 -1994, any salary claim would be satisfied, and if not, it would be peacefully supported through certain forms of manifestation, until reaching a consensus satisfactory for those claiming their rights. Following 1997, such protest forms were attempted again, but the financial and material incentives diminished. With the onset of the economic crisis, which affected the entire world, the incomes became insufficient to support one's family and to ensure minimal decent living conditions. All these aspects have affected the situation of each employee. At the same time, we notice that the majority share of respondents incline towards a deterioration of the mining sector following 1997. That years is taken as a reference year, because it represents the beginning of the process of enforcing the politics on the restructuring of the mining field, by applying OUG 22/1997 on personnel layoffs, when the percentage of layoffs in 1997 reached 48%, according to the analysis of the data on personnel layoffs recorded during 1990 – 2011, within the National Coal Company.

Therefore, the poignant limitation of the coal production during the second half of the 90's is not so much the result of the implementation of a coherent restructuring and efficiency strategy, which should have been applied immediately following 1989.

It was necessary to adapt the system to a market economy, from both a structural and a functional point of view, because a system based on a free market economy is built on competitiveness, efficiency, competition and hierarchy of values, while a system with a planned centralized economy promotes non-compliance with the hierarchy of values and a more reduced efficiency. When referring to the dynamics of

transforming a centralized system into a free economy one, professor Krausz Septimiu points out two directions for the incongruities related to the first reparatory measures applied during the 1990's, which should have engaged a more correct understanding of the need for a change. (134) These measures could have been justified by the frustrations generated by the system with a planned economy, which believed in the collective mentality that a person with modest qualifications could be supported by society through the fact that they benefitted from the privilege of becoming unemployed. The other direction refers to the exaggeration of the claims promoted, during the first post-December years, regarding working hours, salary or retirement age. These subjective aspects have slowed down the creation and implementation of certain adaptation mechanisms of the institutional structures to a working and efficient system. We find that the predominance of answers given to another question targeting the current problems within the Valea Jiului area is overwhelming in what concerns the absence of alternatives for the absorption of work force (91.21%). Two thirds of the subjects believe that another problem, mainly due to the restructuring of the mining sector within the area, and to the layoff of a significant part of the work force, is the occurrence and establishment of unemployment.

The institutional reorganization of the industrial sector was one of the main premises for the reformation process, consisting of a series of measures and actions meant to create a mechanism that would ensure the national economy a sustainable functional structure that would function at a high performance level. In this context, the managerial experiences within the last years, regarding the organizational measures adopted within the institutional strategic framework including the company, have targeted mainly the invigoration of the activity in terms of economic performance that would lead to more efficient organizational structures and to an increase of work productivity. In this regard, the sociologic analysis, from the point of view of managerial experiences, is placed within the practice of industrial unit management. It was observed that almost a third of the subjects believe that institutional reorganization is "rather not" a solution for the future of viable mines in the process of institutional efficiency.

It is observed that the decrease in the usage of coal as an energy source is justified by the closing down of certain economic units that used part of the coal exploited to produce steel. The decreased usage of coal within the last few years is also explained by the decrease in the usage of energetic pit coal for electrical energy extracted within the area, due to the relatively high cost as compared to that of imported coal. The economic crisis represents a serious factor that should be taken into consideration, because it significantly contributes to the process of limiting certain activities both in the field of mining, as well as in other fields of activity, slowing down the functioning of the system or even interrupting the activity during a larger or smaller period of time. We observe that almost half of the subjects believe that the lack of investments is the greatest problem of the stagnation of mining, another great dysfunction in terms of mining being the absence of national field policies, followed by the much too obsolete technology and a faulty management, in the subjects' opinion. Almost half of the subjects believe that the lack of money for subsidies is the main cause that led to the restructuring of the mining sector, generating organizational and structural changes, personnel layoffs and the shutting down of numerous mining units. In the subjects' opinion, almost a third of them identified as another problem that has led to the mutations listed above the lack of outlets, and then a smaller percentage believe that the focusing on alternative and renewable resources would be another cause for the restructuring of the mining sector.

Conclusions and recommendations

The need to maintain a social and economic life within the Valea Jiului area, as well as a positive evolution of the area, mainly entails solutions meant to reduce the institutional death rate, as a means of awareness of the negative tendency of the Valea Jiului area. When the mining personnel layoff measures were implemented, the situation of the Valea Jiului area was aggravated. This measure, part of the institutional reforming process, has failed to prove its efficiency, because 20 years following the transition, the great problem of the Valea Jiului area, also supported by the majority of the subjects, is the lack of work places. This aspect shows the lack of a perspective based on sustainable development for other activity areas that would ensure a viable sustainable development alternative for the area. In what concerns the economic re-launch of the social space researched, the subjects listed the following alternatives:

The undergoing managerial restructuring should focus on creating new work places and on optimizing the conditions of professional expression for all professional segments in the mining sector. Therefore, the overcoming of the narrow economic vision on mining entails a re-evaluation of the entire situation, starting from the social parameter, respectively from the creation of new job opportunities for those who were laid-off, but also for the young generations to come, that may opt to continue the traditions within the Valea Jiului area.

The initiation of a strategic program meant to create alternative occupations for the population in the area. The envisioning of professional alternatives as a realistic perspective to capitalize on the professional potential of the area is another of the possible solutions meant to increase the employment rate and the economic optimization of the area. This prerogative represents the perception of the social actors subjected to the authority

of the regional and local decisions made. After analyzing the current 2013 situation of the area, a regeneration plan for the Valea Jiului area should be drafted, supported by certain and real propositions, which can be monitored and quantified into results.

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From independence to strength: institutional resilience and coping mechanisms in ngos providing social services financed through public financing mechanisms

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Abstract

The Public-Private Partnership (PPP), under its various forms (from privatization of public services to subsidies for private bodies) has been discussed in many occasions and found to be one of the most desirable methods for developing social services tailored on the needs of the communities.

What happens with the NGO once entered in such partnership and how its structure and form changes because of it, is an entirely different matter, which has not been discussed as much.

The current paper is focused on analysing the changes brought to the NGO (in terms of structure and function) by the experience of accessing and managing public financing and the struggle of these entities to remain independent, while passing through this experience. Local research at the level of Western region, Romania, showed the coping mechanisms used by the NGOs in their fighting for survival during the period of post-communist private donors' withdrawal. The implications of adopting the public funding solution are also analysed and discussed.

Keywords: public financing for NGOs; organizational autonomy, identity and development; institutional coping mechanisms.

The third sector organizations – alternatives or complements of the Governmental institutions?

After 1980, the third sector (represented by the non-governmental non-profit organizations) started to gain more and more public recognition at the level of the EU. Some of the delays, inconsistencies, and inertia periods [1] were counterbalanced by the various research initiatives focused on understanding the role and place of the third sector in a modern democratic state [2], thus making possible the current progress known by the third sector, which is now almost unanimously recognized in EU as an equal and reliable partner of the governmental institutions [3], the establishment of the European Economic and Social Committee (EESC) being just one of the numerous examples of the third sector`s current status in the EU.

Various authors [4, 5] consider that the recent and accelerated growth of the third sector organizations in Europe can be considered a sort of an institutionalized response to the market and state failure, generated by the dependency and universality embedded in the provision of the social services.

As compared to the public sector, the private sector (including non-profit organizations) has been analysed and found to be more flexible [6], more efficient [7] and productive [8], easier to manage and administer [6], and, at the same time, with relatively more motivated and satisfied employees [9]. Of course, many of these findings were highly debated [10].

The popularization of these results made possible for the third sector organizations to improve their public image and gain even more public support.

1.1 Public financing – opportunity but also a risk

The public financing mechanisms available for the NGOs are numerous and diverse as regarding their purpose, nature and administering procedures, varying from direct financing in the form of grants, subsidies or loans [11], to more indirect and subtle forms of assistance, as *tax exemptions on income or tax incentives on philanthropy* [12].

In a visionary article, published almost two decades ago, Bossuyt and Develtere [13], after reviewing and cataloguing the most important four approaches used in public financing mechanisms for the Northern NGOs (the famous „program", „project", „windows" and „Quango" approaches), make a very interesting point in highlighting the fact that, in their efforts to self-ensure a certain level of financial stability by accessing public funds, the NGOs risk losing in some extent either their autonomy (becoming dependent on the public financing bodies and adapting the structure and internal mechanisms to the requirements of those external factors) or their identity (becoming more market-oriented and losing touch with their initial mission and objectives).

Of course, both those risks could be prevented by not accessing and/or using public funding, but, in a time of shortage of private resources, this is a luxury that only a few NGOs can afford.

Study regarding the Influence of public financing on the structure and functioning of recipient NGOs

1.1 Methodology of the study

In 2010, a research was conducted on a sample of 28 NGOs accredited as social services providers in the Western Region of Romania (in Arad, Caraș-Severin, Hunedoara and Timiș counties). One of the objectives of the research was to establish if the public funding has an impact on the recipient NGO and, if so, what is this impact, in terms of autonomy, identity and development level.

This part of the study used the perspective of Bossuyt and Develtere [13] enounced earlier and was based on the assumptions that, in time, the public funding impacts the activity and identity of the recipient NGOs, (1) making them less autonomous, but (2) more developed and, at, the same time, (3) more market-oriented, derailing them from their initial mission.

Moreover, the horizontal assumption of this part of the study was that, these effects are directly proportional with the experience of the NGOs in accessing and managing public funds.

1.1.1 The method

The organizations were selected from the on-line database of the Ministry of Work, Family and Social protection and were all, at the time of the study, private accredited social services providers from the Western Region, Romania.

In order to collect the necessary information from the organizations, a questionnaire with 32 items was sent to the organizations` representatives. The items referred to different technical, operational, financial and statutory aspects of the organization`s activity within the last 3 calendar years (2007-2009). The answers collected were included in a database and their statistical interpretation was conducted with the SPSS program – version 12.00 for Windows.

1.1.2 Operationalization of concepts

Organization`s level of development (low, average and high) - its financial and operational capacity, expressed in five characteristics: total number of employees in the last 3 years; the percentage of qualified employees from the total number of employees, within the last 3 years; annual budget over the last 3 years; total number of projects implemented by the organization within the last 3 years; annual average number of beneficiaries over the last 3 years.

Autonomy of the NGO (low, average and high level) – its capacity to maintain the control of certain structural and functional organizational aspects, expressed through not altering the structure and functioning of the organization (mainly motivated by compliance with eligibility rules for accessing certain public financing programs) in regard to the following components: statute (mission and objectives), personnel structure, activities, target group, partnership network, reporting methodology, working methodologies within the financial/accounting department.

Experience regarding public funding (low, average and high level) – expressed by the percent of the public-financed projects in the total number of annual project implemented; number and type of applications submitted for public funding over the last 3 years; number and type of public funding obtained over the last 3 years.

Level of public financing (low, average and high level) – expressed through the percentage of public funding in the total annual budget.

Orientation towards a certain type of partnership structures (towards public partners, towards private partners and un-defined) – calculated based on the number of partnerships/collaborations the NGOs had established and the nature (public or private) of the partners.

1.1.3 The results

The results of the study confirm the initial assumptions in all three regards:

Indeed, there are strong evidences that the public financing impacts the recipient NGO in terms of autonomy, development level and identity, as shown below.

a) The influence of public funding over the autonomy level of the recipient NGO

The crosstabulation between the level of experience in managing public funding and level of autonomy of the organization show (Table 1) show that, the two characteristics find themselves in an inverse proportionality relationship: as the level of experience in managing public funds raises, the level of autonomy of the NGO decreases. Most of the NGOs that report a high level of autonomy (80%) are organizations with a low level of experience in managing public funding. Half (50%) of the organizations with a low level of autonomy are identified as organizations with high level of experience in managing public funding. Interestingly enough, an average level of autonomy relates more with a low level of public funding experience (67%) than with an average level of experience (33%). This situation, in our opinion, describes the NGOs that have been making all necessary efforts to access public funding, but still didn`t succeed.

*Table 1. The experience level in managing public funding * The level of autonomy Crosstabulation*

		Level of autonomy of the organization			Total
		Low	Average	High	
Level of experience in managing public funding	Low	3	4	8	15
	Average	3	2	1	6
	High	6	0	1	7
Total		12	6	10	28

These results are further confirmed, when the level of autonomy is put in connection with the level of public funding as a percentage in the total budget of the organization (Table 2). Thus, we can observe that the organizations which present a high level of public funding as percentage from their annual budget are those described by a low (80%) or average (20%) level of autonomy. None of them has registered a high level of autonomy. Moreover, all the organizations that present a high level of autonomy are described exclusively by a low level of public funding.

*Table 2. Level of autonomy * Level of public funding in the annual budget of the organization Crosstabulation*

		Level of public funding – Percentage from the annual budget			Total
		Low	Average	High	
Level of autonomy	Low	7	1	4	12
	Average	5	0	1	6
	High	10	0	0	10
Total		22	1	5	28

b) The influence of public funding over the development level of the recipient NGO

The organization`s general development level over the period 2007-2009 was put in relationship with two variables: the level of experience in managing public funding and the level of public funding as a percentage in the total budget of the organization (Table 3 and Table 4).

Both crosstabulations show us a consistent, although incomplete picture:

*Table 3. The general development level * Level of experience in managing public funding Crosstabulation*

		Level of experience in managing public funding			Total
		Low	Average	High	
General development level	Low	10	2	4	16
	Average	4	3	1	8
	High	1	1	2	4
Total		15	6	7	28

*Table 4. The general development level * Level of public funding in the annual budget of the organization Crosstabulation*

		Level of public funding in the annual budget of the organization			Total
		Low	Average	High	
General development level	Low	12	1	3	16
	Average	7	0	1	8
	High	3	0	1	4
Total		22	1	5	28

Thus, while both crosstabulations clearly indicate a consistent connection between the low level of general development and a low level of both experience in managing public funding and public funding as percentage in the annual budget, still, none of them is valid for the opposite: the high level development seems to have no connection with neither the level of experience in managing public funding nor the level of public funding as percentage in the annual budget.

This could be translated into the following conclusion: while the public funding does not necessarily guarantee the development and/or progress of the organization, still, it could be an efficient solution for overcoming the risk of decline or stagnation for an NGO.

Moreover, we can observe that the level of public funding in the annual budget of the organization is equally un-involved in inverse proportionality relations – the high-low connection is equally distributed (11%) between the organizations high level of general development and a low level of public funding in the annual budget and between the organizations that have a low level of general development in spite of their high level of public funding in the annual budget of the organization.

Once again, this draws attention on the inconsistent relation between public funding and organizational progress of NGOs. This means that the NGOs that manage to register progress over a certain period of time have a very well extended repertoire of solutions for facing the challenges in their development. We could surely say about these organizations that they have managed to be resilient to external negative impact factors (for example, the decrease in number of the private donors in the last years), but without using the very popular coping mechanism used by the large majority of NGOs to overcome financial difficulties - that of accessing public funding.

c) The influence of public funding over the identity of the recipient NGO

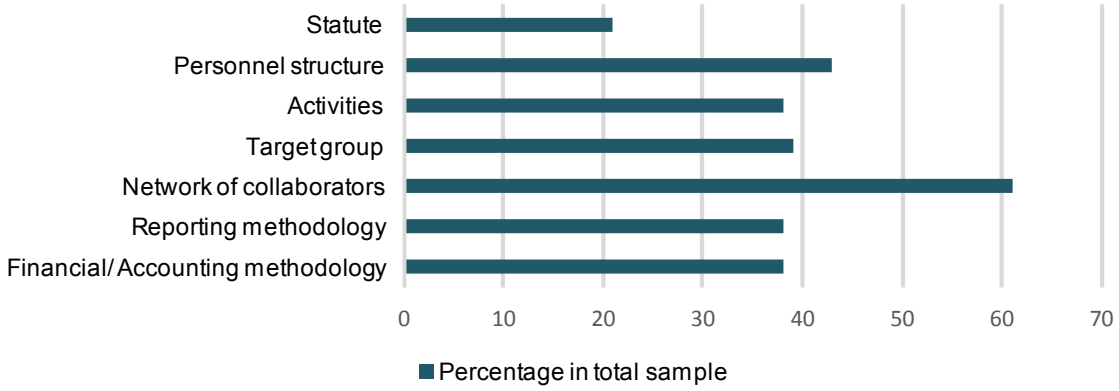
When crosstabulating the orientation of the NGO towards a certain kind of partner networks and its level of public funding as percentage in the annual budget (Table 5), we notice that the majority of the organizations that register a low level of public financing (59%) are more oriented towards collaborations with private partners, while most of the organizations with high levels of public funding (60%) are more oriented towards public partners and collaborations.

*Table 5. The orientation towards.... partnerships * Level of public funding as percentage of the annual budget Crosstabulation*

		Level of public funding in the annual budget of the organization			Total
		Low	Average	High	
The orientation towards.... partnerships	Private	13	0	1	14
	Public	7	1	3	11
	Un-defined	2	0	1	3
Total		22	1	5	28

If we add also to the picture the situation of the changes made by NGO representatives in the structure and functioning of their organizations, as a result of or in order to meet the eligibility requirements for public funding (Figure 1), that we have previously used for evaluating the organization`s autonomy level, but is also a good indicator for the organization`s capacity of keeping its identity over time, we can observe that, indeed, the access to public funding impacts the NGOs identity in notable ways. It would be very interesting to also have a feed-back on the public perception regarding this process of adjustment used by the NGOs to cope with the changes in their environment.

Fig. 1 Organizations that operated changes regarding the following dimensions, as a result of or in order to meet the eligibility requirements for public funding



1.2 Conclusions of the study

While it is clear enough that the public financing has its positive and negative effects over the recipient NGO, we cannot say for sure if the risks it encumbers are worth taking on.

After all, as we observed, the level of development in terms of progress seems in no way influenced by the use of public funds. On the contrary, if we were to analyse just the organizations that have registered overall progress over the last 3 years previous to the study, we would observe that most of them (60%) preferred other donors instead of public ones.

At the same time, we clearly see that the large majority of the organizations that were in trouble during this period (low development level) are organizations with low interest/experience in public funding.

In terms of impact on organizational development, this would make the public financing for the NGOs more a vaccine than a medicine – it will help prevent the disease, but it will not cure the patient.

As about the two other matters in discussion (autonomy and identity of the recipient NGO), we observed that they are both affected in case of long or intense exposure to the public funding of the recipient NGO. This involves two inter-related risks:

- firstly, the NGOs become in time more institution-like and, thus, more bureaucratic, losing the only feature the researchers agree it`s superior within NGOs than in public institutions – their flexibility;

- secondly, because of this „derailment" from their initial mission statement, the NGOs could lose the support of the community members, because, probably, these members have given their initial support to the NGO in first place because it represented an viable alternative to the public institutions that have failed to answer satisfy their trust.

Acting in these conditions and choosing a solution over another is really nothing else but a medium-versus-long-term thinking. We could say that it is probable for the long term perspective to be the winner in this case (the NGOs who choose to stand by their initial mission statement and avoid the traps of public funding), but at the same time we are very aware that this victory has very slim chances to take place in this advertising-ruled society, where the, currently, those most visible seem to be the most appreciated.

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Resilience in humanitarian aid workers: understanding processes of development

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Abstract

The objective of this study was to assess a conceptually based model of resilience development, centered on the interrelationship of three groups of protective factors (individual, cognitive, environmental), in a cohort of humanitarian workers deployed in the field. This was a mixed-method investigation incorporating a longitudinal survey design and qualitative interviews. A structured questionnaire composed of 11 different scales designed to measure key protective/adverse factors were administered to humanitarian aid workers (N= 56) pre- and post-deployment in the field. These questionnaires incorporated previously validated and widely used scales to measure resilience levels, work stress, coping skills, social support networks, general health, self-efficacy, and dispositional optimism/pessimism. Semi-structured interviews were subsequently conducted in a sub-group of participants (N= 15) to qualitatively explore the interrelationship of groups of protective factors. The presence of Post-Traumatic Stress Disorder, the use of mental disengagement as a coping technique, the age at which participants had left education, and the presence of social support networks significantly predicted changes in resilience over time. Dispositional and environmental protective factors interrelated and positively influenced the way humanitarian workers perceived and coped with mission stressors. The coping strategy of mental disengagement, affected by the stress domain, was found to negatively influence changes in resilience via a direct pathway. To conclude, the model tested in this investigation partially accounted for the explanation of mechanisms of resilience development suggesting a direct relationship between work environment and individuals' emotional and psychological well-being.

Keywords: resilience; humanitarian aid workers; longitudinal study; mixed methods; stress; coping

Introduction

Resilience describes the factors that promote wellbeing and strength in individuals who are undergoing unusually stressful life conditions. It concerns acutely traumatic experiences followed by positive psychological outcomes despite those experiences. [1] Over the past three decades the study of resilience has received increased attention. [2] The construct is relatively new, however, and issues such as generally accepted definitions are still in the process of development.

The international humanitarian aid workers literature is characterised by increasing attention towards workplace adversity. Thus a great deal of research attests to the organisational challenges currently facing humanitarian workers in many parts of the world. Even a brief review suggests that aid workers have to cope with a whole range of work-related challenges, such as occupational health and safety issues [3], concerns around re-entry stress [4], pre-existing problems such as earlier psychiatric treatment [5], in addition to the obvious stress of working in disaster and war situations, with continuous exposure to human suffering.

Protective factors in resilience research

Three overarching protective categories, applicable to populations at risk for stress (among which humanitarian aid workers) can be identified [6] : a) attributes of the individual (e.g. age, gender, physical health, etc.); b) cognitive features (e.g. motivation, locus of control, optimism, self-efficacy); and c) characteristics of the wider social environment (work colleagues, family, peers).

Because many aid workers often survive and thrive within very demanding organisational situations, the issue of why some people are able to thrive and continue to find satisfaction with their careers, while others are not, naturally arises. To answer this question, a mixed-method study was carried out with the aim of assessing which humanitarian workers would be more resilient than others, and therefore better equipped at coping with workplace adversity. It was hypothesised that the three key areas of protective factors (individual, cognitive, and

environmental) would interrelate and buffer the effects of stress, while at the same time favouring negative or positive changes in resilience.

An original theoretical model in in resilience research

An original theoretical model was developed to test several hypotheses about the origins of resilience in adult populations carrying out highly demanding jobs. It was theorised that positive or negative changes in resilience would be governed by dynamic relations among protective factors within the individual and the wider environment. More specifically, cognitive and environmental factors were thought to impact on individuals' psychological responses during stressful life experiences, at the same time mediating fixed dispositional markers. Thus, it was hypothesised that the interrelationship of these three domains could affect changes in resilience, which could be of two types: positive (increase in resilience) or negative (decrease in resilience). In addition, the relationship between dispositional resources and outcome was thought to mediate environmental constraints and perceived levels of threat (the stress domain). Fig. 1 is a graphic representation of this theoretical construct.

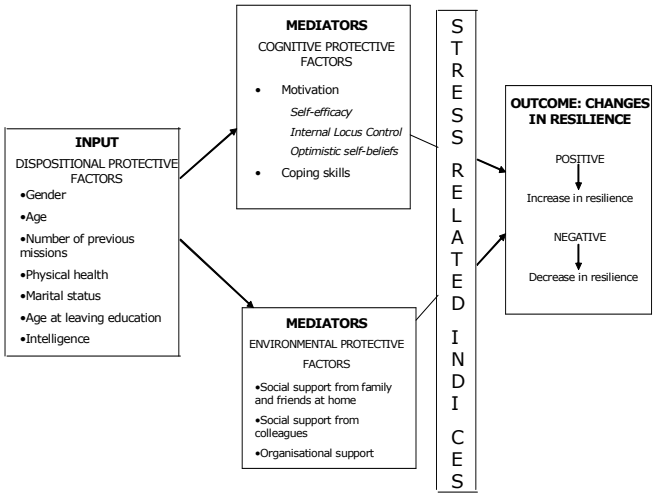

Figure 1 *A model of dispositional, cognitive and environmental factors developed from the literature and tested to examine changes in resilience*

Study design

To test the aforementioned model a mixed methods investigation was implemented in two phases: a longitudinal self-completion questionnaire survey (phase I) and a series of semi-structured qualitative interviews (phase II). In phase I self-report questionnaires were completed by expatriate staff members of a number of humanitarian agencies at two points in time. Baseline questionnaire administration (time 1) took place before participants were sent to the field; follow-up administration (time 2) began when humanitarian aid workers were back from the field. The survey provided extensive data, contextualised the interview phase (phase 2), and supplied a sampling frame for the interviews. The questionnaire incorporated different already validated and well-known scales: the Los Angeles Symptom Checklist (LASC) [7], the Maslach Burnout Inventory (MBI) [8], the COPE [9], the Generalised Self-Efficacy Scale (GSE) [10], a modified version of the Rotter's Internal-External Locus of Control Scale [11], the Life Orientation Test (LOT) [12], a modified version of the Social Provisions Scale (SPS) [13], and the Self-Report Questionnaire-20 items (SRQ-20) [14]. In addition, three resilience scales, the Ego Resiliency Scale (ER-89) [15], the Connor-Davidson Resilience Scale (CD-RISC) [16], and the Resilience Scale for Adults (RSA) [17] were included. In phase II the chosen methodology involved the use of qualitative interviews to investigate, participants' accounts of field experiences. A semi-structured question schedule was followed to allow themes surrounding resilience and the experience of humanitarian work to emerge. Moreover, it permitted the analysis of those existing social networks that positively affected the relation between exposure and reactions to trauma in participants.

Statistical analyses

To test the aforementioned model a mixed methods investigation was implemented in two phases: a Pearson correlations explored bivariate relationships among the questionnaire's scales and subscales at baseline and at follow-up. Moreover, independent samples t-tests were used to assess whether the individual protective factors in the model (i.e. age, gender, age at leaving education) could be associated to changes in resilience from baseline to follow-up. Multiple regression analysis examined whether changes in resilience from baseline to follow-up would be explained by the three sets of protective factors considered in the model. Path analysis provided quantitative estimates of the likely causal connections (path coefficients) between sets of predictor variables highlighted in the model. The qualitative data collection phase involved the conduction, coding and analysis of 15 interviews.

Results

A total of 56 people took part in the study: 23 were males (41.1%) and 33 females (58.9%). Females (r= -6.298, p< 0.001) and unmarried participants (r= 3.982, p< 0.05) were found to be more likely to experience positive changes in resilience from baseline to follow-up. Similarly, humanitarian workers with high self-efficacy levels (r= -0.429, p< 0.01), and people presenting with lower levels of depersonalisation before deployment (r= -0.940, p< 0.05), reported significant increases in resilience levels at follow-up. Social support (r= 0.454, p< 0.01), use of humor (r= 0.739, p< 0.01), and behavioural disengagement (r= -1.070, p< 0.01) as coping strategies, together with high levels of personal accomplishment (less burnout experienced) (r= -0.268, p< 0.05), positively influenced changes in resilience measured before deployment. Next, path analysis technique was used. Table 1 shows the four variables which, as a result of the initial regression, had beta coefficients that significantly predicted changes in resilience.

Table 1 ß coefficients for the four variables that significantly predicted changes in resilience

Independent variable	B	ß value
LASC total score	0.091***	0.605
Age at leaving education	-2.110**	-0.690
SPS total score	0.742*	0.401
COPE mental disengagement subscale	-1.679*	-0.330

Figure 2 shows a diagrammatic representation of the structural model achieved by the analysis.

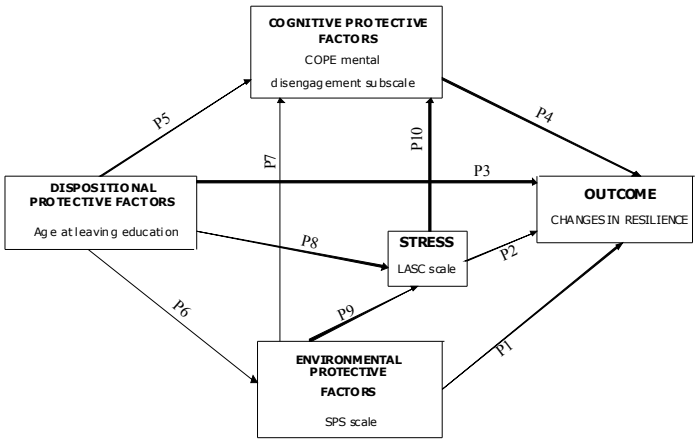

Figure 2 Model used to explain changes in resilience and its associated paths

Because this tested theoretical model could not be saturated due to the small number of participants in the study, the four variables included in the path analysis were chosen on the basis of theoretical reasons. First, age at leaving education represented the group of dispositional protective markers and was chosen over, for instance, age, gender and number of missions because it represented intelligence, one of the most critical features affecting the ability to cope with adversity. Second, the SPS scale highlighted the presence of environmental protective factors, which are thought to shield against stress. Third, the LASC was chosen to characterise perceived stress and was selected in preference to the Maslach Burnout Inventory (MBI) because it came out more frequently as an indicator of stress. Finally, the COPE mental disengagement subscale was selected to represent the area of cognitive protective factors because it significantly affected changes in resilience as measured by the CD-RISC, the resilience scale influenced by the highest number of variables representing the three protective factors groups. Table 2 displays the direct, indirect and spurious effects of each predictor of the dependent measure changes in resilience.

Table 2 *Direct, indirect and spurious path coefficients for each predictor variable, for each resilience scale*

CD-RISC scale	**Direct**	**Indirect**	**Spurious**	**Total effect**	**Zero order correlation coefficient (Pearson's r)**
Age at leaving education	-0.117 *(P3)*	-0.132	0	**r = -0.249**	-0.257
SPS scale	0.243 *(P1)*	-0.125	0.045	**r = 0.163**	0.164
LASC scale	0.362 *(P2)*	-0.004	-0.035	**r = 0.323**	0.336
COPE mental disengagem.	-0.229 *(P4)*	0	0.033	**r = -0.196**	-0.124
ER-89 scale	**Direct**	**Indirect**	**Spurious**	**Total effect**	**Zero order correlation coefficient (Pearson's r)**
Age at leaving education	-0.033 *(P3)*	-0.122	0	**r = -0.155**	-0.217
SPS scale	0.202 *(P1)*	-0.105	0.027	**r = 0.124**	0.132
LASC scale	0.294 *(P2)*	-0.001	-0.048	**r = 0.245**	0.264
COPE mental disengagem.	-0.064 *(P4)*	0	0.020	**r = -0.044**	-0.042
RSA scale	**Direct**	**Indirect**	**Spurious**	**Total effect**	**Zero order correlation coefficient (Pearson's r)**
Age at leaving education	-0.18 *(P3)*	-0.104	0	**r = -0.284**	-0.324
SPS scale	0.265 *(P1)*	-0.041	0.047	**r = 0.272**	0.287
LASC scale	0.1 *(P2)*	0.004	-0.001	**r = 0.102**	0.125
COPE mental disengagem.	0.195 *(P4)*	0	0.025	**r = 0.220**	0.133

Together table 2 and figure 2 show that the association between the LASC, assessing the severity of PTSD, and changes in resilience was determined mainly by a direct path, with little influence from intervening variables. People suffering from PTSD were therefore more likely to report negative changes in resilience than colleagues not affected by this mental health problem. The finding that participants employing mental disengagement coping techniques were characterised by negative changes in resilience was also best depicted by a direct causal link. Moreover, the relationship that people suffering from PTSD and employing mental disengagement coping strategies were less protected against negative changes in resilience was also dependent upon indirect links via age at which people had left education and the presence of social support, even though the social factor was the variable with the lowest impact on the outcome.

Mirroring the quantitative findings, the 15 qualitative interviews found that participants were characterised by several cognitive protective factors that helped them thrive despite difficulties. For instance, job satisfaction was one of the crucial elements in protecting individuals against stress. Similarly, internal locus of

control (LOC), namely the belief that outcomes and behaviours were largely within one's control, was related to positive changes in resilience. Moreover, high self-efficacy and optimism prevented people from developing work-related stress. The varying strengths and weaknesses of the social network relations available to aid workers were also highlighted during interviews. Participants talked about types of social support, but also about positive and negative social processes, as well as long-term consequences of humanitarian work on already existing social ties.

Discussion

This study hypothesised resilience as being influenced by dispositional, cognitive and environmental protective factors, which could substantially account for the development of post-mission resilience.

Female participants were more likely to experience positive modifications in resilience from baseline to follow-up. There have been a number of suggestions stressing the fact that gender may influence or modify responses to adversity. Social relationships may be the key to women's thriving. Women facing hardship, in fact, report that they have more support available than men, and that they are more likely to seek help in times of need. [18] Age at which participants had left education mediated the effects of stress on changes in resilience. Taylor and Frazer [19] observed a significant negative correlation between age and stress development in rescue workers handling dead bodies. Not only did those in the lower stress group tended to be older; they also demonstrated a quicker return to their normal pattern of eating, sleeping and feeling at task completion. An age effect explaining this reported behaviour was not excluded by the authors of the study.

The strengths of the social networks available to aid workers were explored both quantitatively and qualitatively. Path analysis results indicated that social support mediated the effects of both stress and maladaptive coping on changes in resilience. At the end of their study on the mental health of humanitarian aid workers in complex emergencies, Cardozo and Salama [20] concluded that family networks were essential in the lives of humanitarian personnel because these allowed staff to offset the stressors encountered during field deployment. Interviewed participants reported feeling psychologically vulnerable because of the stressful job demands endured during their mission. Yet the majority of them described themselves as resilient individuals, determined to go back to the field in spite of the difficulties experienced. This might indicate that participants were able to adapt and grow to the difficult tasks intrinsic to the mission despite the stressful environments in which they were operative.

Four markers significantly predicted changes in resilience from baseline to follow-up, namely participants' scores on the LASC, indicating levels of PTSD, the use of a specific coping strategy (mental disengagement), the age at which participants had left education, and the presence of social support networks. First of all, perceived stress, in the form of PTSD, was weakly and positively associated with the use of mental disengagement, which in turn was negatively associated with a positive outcome (positive changes in resilience). Coping strategies such as mental disengagement are aimed at avoiding active confrontation of the stressor, and in the literature they have been linked with more stress and less resilience. [21] Second, the mental disengagement coping technique was found to be directly related to changes in resilience in a negative way, which was congruent with the fact that this strategy is considered non-adaptive over the long-term. [9] Although disengaging from a goal is sometimes a highly adaptive response, this approach often impedes active coping. [22] Third, age at leaving education, used as an indicator of intelligence (i.e. the older people were when they left school, the more intelligent they were considered to be), was the second most significant predictor of post-deployment changes in resilience. Social support and mental disengagement partially mediated the effect of intelligence on resilience. At the same time, stress mediated the effect of both intelligence and social support on resilience. Age at leaving education was negatively associated with the use of mental disengagement and with the presence of PTSD symptoms, implying that people who had left school at a later stage were more likely to rely on functional techniques to deal with stress and to be more protected against the development of psychopathology. The positive relationship between intelligence and resilience has mainly been documented in children and adolescence literature, where this feature has been described as a key protective factor against adversity. [23] Finally, social support was the fourth statistically significant predictor of over-time changes in the outcome, mediating the effects of both stress and maladaptive coping. To conclude, contrary to what was predicted by the theoretical model, only two of the three domains of protective factors (the dispositional and the environmental one) seemed to interrelate and positively influence the way humanitarian workers perceived and coped with the stressors characterising field missions. The cognitive area, affected by the stress domain, was found to negatively influence changes in resilience via a direct pathway only.

Conclusion

This study on resilience processes in an adult population (humanitarian aid workers) was the first to combine a longitudinal survey with semi-structured qualitative interviews, a design which improved the

reliability of the study findings. Participants differed greatly from each other in terms of experience, age, and nationality, thus the generalisability of the project was enhanced.

A theoretical model was developed by taking into account three types of protective markers and by assessing how these interrelated with each other. Fixed dispositional protective factors were theorised to mediate environmental and cognitive variables, with the possibility of obtaining positive or negative changes in resilience. This relationship among dispositional, environmental and cognitive factors was considered to mediate perceived levels of stress. Luthar and colleagues [24] observed how exposure to stress may sometimes end up with positive individual growth and development rather than psychopathology. Tugade and Fredrickson [25] suggested that everyone has resilience potential, but its level is determined by interpersonal and cognitive characteristics, by the environment, and by each person's balance of risk and protective factors.

Aid workers are a very diverse group, ranging from school leavers to retired people, who may work alone, with a partner or as part of a team, in a conflict region or a peaceful area, for weeks or for decades. Some are involved with relief work, while others participate in development projects only. Some find the experience traumatic, while others enjoy it. There are a large number of variables which have not been considered in detail in this study, mainly because of the limited number of participants recruited, and which may warrant further investigation. For instance, further research could explore related topics, such as: a) the specific characteristics of resilience among non-Western international workers and national staff (employees working in their own countries), as well as the most appropriate way to maximise the development of resilience processes; b) the diversity of interrelationships present within humanitarian aid workers teams, as well as their positive and adverse impact on collective resilience; c) the real impact of more resilient aid workers on the population they come to serve, as well as on colleagues and organisations.

To conclude, humanitarian workers' occupational setting is likely to contain important elements of stress. Combating these adverse effects through minimising vulnerability and promoting resilience has the potential to impact positively on daily work experiences and to reduce post-mission morbidity. Although still much is to be learned about how individuals meet and adapt to adversity and stressful life events, this study contributes to understanding how resilience development can assist humanitarian workers to survive and thrive in their extremely challenging work environment.

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Helping professionals - the bless and the burden of helping

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Abstract

The experimentation of stress, either acute or prolonged, major stressful events or daily annoying and disturbing little facts, is a risk factor in developing psychopathology. The helping professionals, dealing directly with the lives of those in need, are particularly prone to burnout and exhaustion and secondary traumatic stress. When you work directly with those who you help, your compassion affects you both in positive and negative ways. Also, in educational, therapeutic and remedial settings, there are often crisis situations which could escalate into a conflict rapidly. Though the existence of a conflict is not always a bad things, while solving it effectively could bring personal and professional growth, the stress also cause many psychological and interpersonal problems. By solving conflict successfully, you may also solve many underlying problems that it has brought to the surface and obtain unexpected benefits for your personal and professional development. Conflict management skills are very important assets for helping professionals and for helped people.

A resilient factor for these professionals is theirs conflict management style, theirs ability to express assertively theirs emotions and to solve efficiently the conflictive situations. In this paper we intend to assess the impact of the life stressful events on the ability to cope with adverse circumstances and the relation between conflict management style and job satisfaction and burnout.

Key-words: job satisfaction, compassion, burnout, conflict management style

Theoretical background

Helping professions are at the same time and in various grades sources of great incentives and rewards, on one hand, and of desolating and sometimes devastating consequences and regrets. The rewarding and the consuming characteristics of these professions derive from the percent of different factors combing and defining job satisfaction.

1.1 Compassion: satisfaction and fatigue

Job satisfaction is an affective reaction to an individual's work situation [1], it can be defined as an overall feeling about one's job or career or in terms of specific facets of the job or career (e.g. compensation, autonomy, co-workers - Rice et al., 1991, in [1], and it can be associated with specific outcomes, for example efficacy, job persistence, turnover. In helping professions, job satisfaction can express the sense of a work well done, sens of self-efficacy [2], and positive impact on outcomes and on the lives of helped people. One model of explaining and investigating job satisfaction is the Job Demands-Resources Model (JD-R model) [3] is a theoretical approach that tries to explain the relationship between psycho-social working conditions and well-being. According to the JD-R model the work environment is characterized by two general categories: job demands and job resources [3]. The JD-R model was primarily developed to explain burnout and it is also useful to assess well-being at work and job satisfaction.

Job demands include those physical, social, or organizational aspects of work that require continuing physical and/or psychological effort (i.e. cognitive or emotional). For that reason job demands are associated with physiological and/or psychological costs, like exhaustion. Job demands are not necessary negative, but they may become job stressors when those demands exceed the employees' resources, generating job exhaustion and fatigue. Job demands of helping professionals include quantitative demands, time pressure, physical and emotional demands,) and demands for managing their own emotions.

Job resources refer to physical, social, or organizational aspects of the job that (1) are functional in achieving work-related goals, (2) reduce job demands and the associated physiological and psychological costs, and (3) stimulate personal growth and development [3]. These resources can be found at the level of the

organization at large, in interpersonal and social relations, in the ways of work organization, and in the specificity of tasks [4]. Job resources may foster employees' growth, learning and development.

The rewarding and the consuming side-effects of helping professions could be theorized in terms of Compassion Satisfaction (CS), representing the positive aspects of helping, and Compassion Fatigue (CF), representing the negative aspects of helping.

Stamm (2009)[5] proposes a theoretical model of satisfaction and fatigue related with the work of the helpers. Professional quality of life incorporates two aspects, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). Compassion fatigue breaks into two parts. The first part concerns things such like exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work related trauma.

1.2 Conflict and conflict management style

Considerable amount of research has been done into determinants of job satisfaction, fewer investigated the relations between job satisfaction and people's conflict management style.

Gray & Starke (1984) define conflict as the behavior express by a person or group with the intention to inhibit the attainment of goals by another person or group [6]. Blake and Mouton (1964) [7] developed a two-dimensional conflict behavior model that is still referenced today. The two dimensional model of conflict includes: assertiveness, defined as a party's attempt to satisfy his own concerns, and cooperativeness, defined as attempts to satisfy the concerns of another person [8].

There are four main types of conflict in organizations: intraindividual conflict, interindividual conflict, intragroup conflict, and intergroup conflict [9][10][11], and the main motives for conflict in organizations are competition for limited resources, the need for autonomy, divergences in objectives [12][13].

According to the Ruble and Thomas' model of conflict behavior [8], employees have the ability to deal with conflict five different ways: by *avoiding* conflict all together (uncooperative and unassertive), by making too many *exceptions* (cooperative and unassertive), by *competing anytime* a conflict arises (assertive and uncooperative), or by *collaborating* (assertive and cooperative). Thomas-Kilmann' model (1977) [8] also has a fifth mode, *compromising*, which serves as a middle ground for both assertiveness and cooperativeness (Figure 1).

Fig. 1: Modes of conflict management (Thomas-Kilmann, 1976)

The objectives of the study

The purpose of this research was to investigate helping professionals' degrees of job satisfaction in correlation with theirs style of managing conflict, determining if this style of managing conflict represents a factor of resilience, viewed here as the ability to bounce back, to cope, to adapt, and to develop social competence despite adversity.

In this study we pursued two objectives. The first is a descriptive one: we tried to discover if there is a specific style of conflict management of helping professional from Romania as well as their professional satisfaction and burnout. For this objective we state the hypothesis that the helping professions have a specific culture of conflict management. Our hypothesis is that helping professionals engage a conflict management style based on collaboration instead of competition. The second objective was to analyze the relation between conflict management styles and professional satisfaction and burnout. Our hypothesis is that there are significant differences in professional satisfaction and burnout between professionals with different conflict management styles.

Participants and instruments

Our sample consists in 56 subjects in helping profession. Considering the gender distribution this sample is highly unbalanced with 91,2% female and only 8,2% male, but this distribution reflects the fact that helping professions in Romania are regarded as feminine. More specifically most of them are psychologists (46,4%) and teachers (35,7%) and the others are social workers (5,4%), medical staff (5,4) or others (6,4%). Their mean age is 35,8 years (s=7,62) and their experience is on average 9,8 years (s=6,33). Their clients are primary children (67,9%), but some are specialized in adults (7,1%) while others work with both children and adults (25%).

In order to measure the conflict management style we used a 15 item scale [14] that measures five different styles (collaborating, avoiding, competing, accommodating and compromising). The Romanian version has a good reliability (α=.738). The scale is Likert type with five levels and three items for each style. We used Professional quality of life scale (ProQOL) in order to measure the professional burnout and satisfaction. The scale is Likert type with five levels and has 10 items for each of the three measured dimensions (compassion satisfaction, burnout and secondary traumatic stress). The Romanian translated version has reliability coefficients close to the original scale (α=.748, compassion satisfaction α=.825, burnout α=.574 and secondary traumatic stress α=.724).

Results

The results showed that the preferred conflict management style is collaborating (mean=6,47, s=2,20) followed by a group of three styles (competing: mean =7,03, accommodating: mean=7,45 and compromising: mean= 7.87). The least frequent style is avoiding (mean= 9,40). However, the scale is allowing that a person to display two styles in the same time (the same score for two styles) so we compute the specific style for each subject. Only 41 subjects have a clear style of conflict management. From these group, 43,9% have a collaborating style, 31,7% have a competing style, and 14,6% have an accommodating style, while the avoiding and compromising styles have 4,9% each. From these results we could draw two conclusions: the helping professional are favoring an active, more assertive strategies of conflict management, either collaborative or competitive, instead of avoiding or compromising choices; although the mean of competing, accommodating and compromising styles are close, the last two are only secondary conflict management styles. Our hypothesis is only partially true. The professionals are more collaborative than competing, but the competing strategy is still important. We wanted to see if there are significant differences between different professionals and conflict management styles but the results were not supporting the hypothesis (chi square =17.97, p=.326).

We have measured the level of professional satisfaction and fatigue (assessed by two subscales: burnout and secondary traumatic stress). Our sample could be described by moderate to low job satisfaction, but also only moderate to low burnout and secondary traumatic stress. So, 94.8% percent of the subjects present moderate job satisfaction. Only 3.4% percent of the respondents reported high job satisfaction, but, at the same time, only 1.7% percent perceives low job satisfaction.

In terms of job fatigue, the subjects reported moderate to low burnout and secondary traumatic stress. Although 55.2% percent presented low burnout, it is interesting to notice that almost half of the sample (44.8%) experience moderate burnout. Secondary traumatic stress is experimented at moderate level by 34.5% percent of the subjects, while the main majority (65.6%) of the subjects has only low secondary traumatic stress. The results show that the majority of caring professionals are well adjusted to the workplace stress.

One objective was to assess if the conflict management style has an influence on job satisfaction and fatigue. In order to test the hypothesis we applied one-way ANOVA procedure in order to see if there are significant differences between the samples with different conflict management style in terms of their level of burnout and secondary traumatic stress. The overall results show that there are no significant differences in satisfaction (F (4,36)=2.274, p=.08) or burnout (F(4,36)=1,187, p=.333), but there is a significant difference on secondary traumatic stress (F(4, 36)= 3,06, p=.029). However, the post hoc comparison didn't highlight any significant differences between two groups, the most significant difference being between avoiding and collaborating styles.

Discussions and conclusions

Our hypotheses were that helping professional have particular ways to manage conflicts and that these managing styles have an influence on job satisfaction and burnout. Our findings were that caring professionals are indeed using specific styles of managing conflicts. We have predicted that they are using collaboration and compromising styles, but our findings prove that the second style of managing conflicts is competing. Consistently with our predictions is the fact that they use assertive styles instead of strategies of ignoring and avoiding solving the conflicts.

Our prediction that different conflict management styles are influencing the job satisfaction and levels of burnout was not supported. This doesn't mean that the conflict management style has no effect, but in our sample we couldn't highlight such relation. This could be the case that the level of burnout was quite homogenous as well as the conflict managing style. It is possible that those teachers which use avoidant strategies have a higher level of stress. The limited number of teachers with non-assertive style does not allow us to make a clear statement, but we think that the issue need further studies.

Helping professionals tend to involve in assertive ways of solving conflict, either collaborative or competitive. They are not usually ignoring or avoiding ambiguous or controversial issues, because the core of their professions stands for clarifying problems and for findings efficient solutions and strategies for these objectives.

In terms of job satisfaction and fatigue, although there is no impressive high job satisfaction, the moderate level of it, combined with moderate to low levels of burnout and secondary traumatic stress, allow us to conclude that this is a positive picture of investigated helping professionals. It means that the positive reinforcements they receive from their work exceed potentially bad outcomes (senses of inefficacy, job related irrational fears and worries). These results support the conclusions that these professionals are most likely good influences for their colleagues and their organizations, that they are liked by their clients/patients. This type of professionals benefits from engagement, opportunities for continuing education and career development [15].

These findings sustained the necessity of continuing education for helping professionals and the importance of their periodical (self)assessment and constant preoccupation for their well-being. For attaining these objectives, we consider that the supervision relations are crucial for these helping professionals, in order to debrief burdening issues and to learn how to understand, accept and solve work-related issues. Continuing education for helping professionals could focus on improving their abilities (for example, listening abilities) and on developing their assertive and collaborative ways of interactions and managing conflicts.

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The professional quality of life in resident psychiatrists

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Abstract

The psychiatric unit is often a place of despair, hopelessness and tremendous pain. Resident psychiatrists get in touch with this world and need to find abilities and resources to cope with that on a daily basis for their whole professional life. The aim of this study is to establish and measure the professional quality of life (compassion satisfaction, compassion fatigue) and identify potential professional coping methods in resident psychiatrists. Using a sample of 108 resident psychiatrists (73.14% women) from 3 training centers in Romania, 2 scales were applied. Results show significant negative correlations between burnout/secondary traumatic stress and addressing a therapist and significant positive correlations between secondary stress and self-medicating. Also, the evaluated professional quality of life changes during the training years of resident psychiatrists, first years residents showing higher level of burnout and secondary traumatic stress than final years residents.

Keywords: compassion satisfaction, compassion fatigue, burnout, secondary traumatic stress, resident psychiatrists

Introduction

Compassion fatigue, compassion satisfaction

Compassion fatigue can be described as a disruptive, yet natural by-product of working with traumatized and troubled patients [1]. In 2010 Hudnall Stamm & al. describes symptoms such as exhaustion, frustration, anger and depression typical of burnout and a negative feeling driven by fear and work-related trauma called Secondary Traumatic Stress (Vicarious stress) [2]. But there is also a positive aspect of being in the position of helping patients: it is defined as compassion satisfaction. At this point burnout is considered to be a public health issue [3] and it is proven to determine serious health issues in those affected [4]. It has been of great interest for researchers, managers and clinicians in the last years due to its powerful impact on the quality of life of the individual, couple, family and organization.

Burnout in resident psychiatrists

For medical professionals, the seeds of burnout may be planted as early as medical school. The literature to date seems to support the notion that there are a variety of factors during medical school that contribute to burnout in physicians, and that burnout is a phenomenon that develops cumulatively over an extended time period [5], [6]. Several studies have explored possible reasons for burnout in residency training. In these studies, residents report that time demands, lack of control over time management, work planning, work organization, inherently difficult job situations, and interpersonal relationships are stressors that may contribute to burnout, especially in the first year of training [7], [8], [9]. In 2004, Martini et al. did a unique study that compared burnout rates among the different specialties using the Maslach Burnout Inventory [10]. Psychiatry residents had a burnout rate of 40% and were noted to have additional stressors including fear and exposure to patient violence and suicide. [11] Often residents step in for the physician (their coordinating psychiatrist), the

nurse, the social assistant, psychologist, therapist and become overloaded with paperwork, tests and physical activities.

Romanian resident psychiatrists

Being a resident in Romania means being a part of a suffering and suffocated health system dominated by a culture of learned helplessness as a constant source of discontent, bitterness, and doubt for themselves and their patients.[12] This is the consequence of nearly 25 years of reform without continuity nor clear objectives, a constant underfinancing of the healthcare sector, poor planning and management of the health workforce, and lately an 4 immigration epidemic of healthcare professionals. [13]

Coping Interventions

There are certain interventions that are effective in preventing compassion fatigue and thus encouraging compassion satisfaction. These interventions fall into 2 categories: workplace-driven interventions and individual-driven behavioral, social, and physical activities. More studies are needed to examine the applicability and utility of these interventions in resident physicians [14] (Ishak et al, 2009). This study explores some of the professional types of intervention the residents resident psychiatrist consider when confronted with burnout: addressing a therapist, consulting a psychiatrist, self-medication or joining a peer support group.

Objectives

The aim of this study is to measure the professional quality of life in resident psychiatrists in different training centers across Romania, compare the results with the existing data of peers and establish the intervention of choice in dealing with burnout. Also, we aim to point out the significant correlations between the professional quality of life in resident psychiatrists and professional types of intervention the resident psychiatrist consider when confronted with burnout (addressing a therapist, consulting a psychiatrist, self-medicating or joining a peer support group) and the significant differences by gender, age, year of residency and training centers.

Material and method

Participants and procedure

This study was conducted in three different academic centers: Timisoara, TirguMures and Bucuresti. We applied two questionnaires to 120 resident psychiatrists. Only 108 individual answers were taken in the analysis (90 % of the tests distributed) as some of the scales were not returned. The testing phase was done individually by paper and pencil questionnaires. The environment in which the participants answered the questionnaires was a suitable one (without noise or disturbance factors). Therefore, the sample consists of 108 participants (73.14% women) with a mean age of 28 years. Participants in the study were junior year residents (first and second year) 54,4 % and senior year residents (3-rd, 4-rd and 5-th year). Anonymity and confidentiality were guaranteed to participants under the research code of conduct requirements specified in the Romanian legislation.

Instruments used

The professional quality of life was measured with the (ProQOL) Version 5 (2009) 30 items questionnaire developed by B. HudnallStamm (2009). The ProQOL is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout and secondary traumatic stress.

The measure has been in use since 1995. There have been several revisions. The ProQOL 5 is the current version. The scale showed adequate reliabilities for our sample (alpha scale reliability .76). All items were scored on a 5-point Lickert scale, ranging from (1) “very rare” to (5) “very often.”

The professional coping methods to job stress were assessed with 4 items that measure: addressing a therapist, consulting a psychiatrist, self-medicating or joining a peer support group. Participants were asked to score on a 5-point rating scale, ranging from 1 (“strongly disagree”) to 5 (“strongly agree”).

Results

Data was processed in SPSS program 12.00. Pearson coefficients were determined between the measured variables and t test for mean differences was calculated. The results are shown in the tables below. The

results have shown that there is a significant negative correlation between burnout, secondary traumatic stress and addressing a therapist as a coping intervention.

Table1 – Pearson correlation coefficient between burnout and addressing a therapist

		Therapy
Burnout	Pearson Correlation	-.204*
	Sig. (2-tailed)	.034
	N	108

Table 2 – Pearson correlation coefficient between secondary traumatic stress (STS) and addressing a therapist

		Therapy
STS	Pearson Correlation	-.166
	Sig. (1-tailed)	.041
	N	108

A significant positive correlation was revealed between secondary traumatic stress (STS) and self-medicating.

Table 3 – Pearson correlation coefficient between secondary traumatic stress (STS) and self-medicating (self-med)

		Self-med
STS	Pearson Correlation	.169
	Sig. (1-tailed)	.04
	N	108

Results show that first year residents have a significant lower level of burnout and Secondary Traumatic Stress than the last year residents.

Table 4 – Differences of burnout/STS in first year residents and last year residents

	Residency	Mean	Std. Deviation	Sig. (2-tailed)	t-test
Burnout	Group 1	20.98	4.536	.009	-2.64
	Group 2	23.26	4.266		
STS	Group 1	16.24	4.416	.039	-2.089
	Group 2	18.04	4.452		

Group 1: year of residency 1,2
Group 2: year of residency 3, 4, (5)
Also, age-related differences were highlighted: residents aged over 30 have a significant higher level of STS than the residents aged below 30.

Table 5 - Differences of STS in residents aged over 30 and below 30 years

	Age	Mean	Std. Deviation	Sig. (2-tailed)	t-test
STS	Group 1	16.34	4.005	.0179	-2.428
	Group 2	18.59	5.235		

Group 1: aged below 30
Group 2: aged over 30

Results show that residents from Timisoara declare a significant higher level of compassion satisfaction than the residents in Bucuresti. Also, residents in Timisoara would chose consulting a psychiatrist as a coping intervention when confronted with burnout.

There are no significant differences between residents studying in Timisoara and Tirgu Mures or the ones in Bucuresti and Tirgu Mures.

Table 6 Differences in level of compassion satisfaction and consulting a psychiatrist between Bucuresti and Timisoara training centers

	Training center	Mean	Std. Deviation	Sig. (2-tailed)	t-test
Satisfactie	Bucuresti	34.93	5.614	.05	-1.980
	Timisoara	37.57	4.727		
Psychiatrist	Bucuresti	3.20	1.271	.022	-2.331
	Timisoara	3.91	1.164		

Discussions

Our study shows that Romanian resident psychiatrists experience different levels of burnout and secondary traumatic stress but addressing a therapist is not the coping intervention they would consider. Although emotional awareness and emotional management abilities, time management, relaxation response techniques, focused breathing, meditation methods, mindfulness techniques, all of which are subjects of psychotherapy, have shown encouraging results in dealing with and preventing burnout [15], [16] the group we studied does not see addressing a therapist as a valid option. We can assume there is a matter of trust in the abilities of a therapist or a lack of trust in the power of the mentioned coping intervention. They nevertheless trust their own ability to use the proper medication if confronted with burnout syndrome. First year residents show a higher level of burnout and STS that last year residents. This aspect has been proven by other studies, where being in one's first year in residency was associated with increased likelihood to meet burnout criteria. [10] Residents in Timisoara have shown a higher level of compassion satisfaction than those in Bucuresti but not than those in Tirgu Mures. We can think of certain differences in the local culture, organization or community.

Conclusions

Current studies show that workplace-driven interventions like developing stress-reduction programs or increasing staff awareness of burnout and individual-driven behavioral, social, and physical activities are most efficient in dealing with professional stress. Our study shows that Romanian resident psychiatrist who are confronted with burnout would rather chose self-medication as a coping intervention. Raising awareness of burnout and multiple coping interventions for future psychiatrist is important for their own well-being but also to provide safe, high-quality patient care and should be considered when tailoring residency programs.

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Towards an ecologically based intervention to grow professional resilience

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Abstract

Despite high levels of stress and burnout [1] and the recently reported, 'compassionate care' crisis [2], professional resilience as a strand of resilience research has received relatively little attention. Staff well-being is an antecedent to patient care [3] and this paper will explore the feasibility of a professional resilience intervention, to *'buffer'* the effect of work related stress [4].

Resilience research has begun to apply resilience-focused concepts to supporting professionals in various fields including education [5, 6], social work [4, 7], nursing and midwifery [8, 9, 10, 11 & 12]. However, much of this work is not sufficiently grounded in ecological theories of resilience, as described by Ungar [13]. Adamson, Beddoe and Davys [14] offer a conceptual framework of resilience in social work that is ecologically based, but this does not extend to an intervention, nor has it been applied to other professional groups.

This paper will present work in progress of a doctorate study, which links with the resilience work (http://www.boingboing.org.uk/) and the Health and Social Inequalities research programme, co-ordinated by Professor Angie Hart and collaborators. The aim of the thesis is to answer the question, '*What are the best approaches to support professional resilience*?' This paper will draw on the resilience literature across different professional groups, to define the construct of professional resilience, the nature of adversity and to propose an ecologically based intervention to grow professional resilience, otherwise termed as the, 'Growing Resilience Intervention Tool' (GRIT).

Keywords: Resilience, work-based, intervention, novice health professional, preceptor, support.

Introduction

Professional well-being has been inextricably linked to service user outcomes [3]. In the current 'compassionate care' crisis [2] professional resilience features as an important attribute. Research to explore an ecologically based approach to support novice professionals, otherwise termed as the, 'Growing Resilience Intervention Tool' (GRIT) is an important and timely contribution to the resilience literature.

The challenge to reviewing the literature is that over time, any concept analysis of resilience becomes dated [15]. Previous studies on professional resilience have tended to use an individualistic perspective. More recently, recommendations for increasing resilience in the health care curriculum [16] focus on a combination of individual and contextual factors and the interplay between individuals and the context is strongly emphasised [4, 17, 18].

Learnt adaptation over a period of professional life may inform an early career intervention to grow professional resilience. Adamson, Beddoe and Davys [14] offer a construct of resilience from the field of social work that is ecologically based (p 9). In this model, professionals can explore the interplay between the *self* (intrinsic) the *practice context* (extrinsic) [14] and the 'space inbetween', identified as mediating factors, of which 'supervision and peer support' is one. This paper draws on the 'space' inbetween to determine whether the, '*hypothesised mediators'* [19] are i) evident in other professional groups and ii) to determine the efficacy of developing an intervention (GRIT) to support 'supervision and peer support' in the preceptorship period.

1.1 Resilience across professional groups

Professional resilience is defined as, '*the ability to maintain personal and professional wellbeing in the face of on-going work stress and adversity'* [18 p 61]. In a review of resilience literature across five professional groups (nurses, social workers, psychologists, counsellors, medics) McCann et al [18] identified numerous individual and contextual mechanisms and distinguishing features. Only gender (more specifically, being female) and maintaining a work-life balance have been found to consistently relate to resilience across all the

professional groups studied. However, the complexity of comparing different groups and studies with different definitions and measurements of resilience has been acknowledged [18].

McCann et al's [18] study reveal similar findings to those featured in Adamson et al's [14] construct of resilience. Worklife balance which resides in the 'space' in between [14] is a defining attribute of professional resilience. Beliefs and spirituality reside predominantly in the self and are featured elsewhere [9]. Other dominant factors that relate to resilience in *four* of the five disciplines [18] are associated with the mediating factors in the 'resilience matrix' [14]: *Laughter and humour* fits with coping behaviours; *self-reflection and insight* as part of supervision and peer support, and *professional identity* is also prevalent in other studies [14, 20].

Factors predominantly reside in the mediating space, rather than the individual which fits with an ecological approach to professional resilience. McCann et al [18] also recognise a number of contextual factors which are predominantly relational, categorised in both personal (extrinsic to work) and professional. Of these, the dominant professional relational categories relate to i) work colleagues and mentors/role models and ii) client connectedness. This study will focus on the first category, intervening in co-worker/preceptor support. Studies that enhance client connectedness and its influence on resilience, is an area for future work.

Adamson et al's [14] construct of resilience is found to be congruent with the professional context, and to a number of professional groups [18]. Limited conclusions can be drawn about the transferability of these findings to other professions such as teachers, and this is another área for future work.

Growing Professional Resilience

An ecologically based resilience intervention relies on an appreciation of the i) *the exposure of adversity* and ii) *the positive adjustment outcomes* [19]. Sensitisation to stressors during professional development in the pre-qualifying years may influence novice professionals' resilience but this requires more longitudinal studies. Common stresses at the professional novice phase are recognised [21] and a period of preceptorship has been widely implemented in health and social care professionals to buffer the effect of early career stress [22]. However, evaluation of preceptorship has largely focused on the preceptees experience [23] and less on the support needs of preceptors to enact the role [24]. This paper will present evidence that supports the need to grow professional resilience (GRIT) by intervening in the preparation and support of preceptors.

1.1 The Adversity

There are a number of studies predominantly from Australia, New Zealand and the UK, which report adversity in the practice learning environment experienced by student nurses, including incivility and bullying [25, 26, 27], and some cases of overt racism by qualified staff and some non-professional staff. Students were seen to counteract the oppression, and as such learners' resilience was evident. The question remains as to i) Why this 'oppression' manifests itself, and to determine ii) what enables some students to independently and collectively resist the 'othering.'

Whilst acknowledging that this is not the case for all students, practice experience within the curriculum is reported to cause students the most stress. Overall levels of 'caseness' (stress) reported at 43% in social work students (n=240) [7] calls for effective resilience models, and attempts to build resilience in the pre-qualifying curriculum are being implemented [28]. McAllistair and McKinnon [16] make recommendations for embedding resilience and specific interventions in professional education to grow resilience have begun to emerge [10,11, 29].

1.2 Newly qualfied

These studies suggest that novice professionals may have been exposed to signifcant adversity during earlier practice experiences. Using a 'Growing Resilience Intervention Tool' (GRIT) at the outset of a professional career, is valid given the high levels of stress and role adjustment during this time [30, 31]. Experiences of 'covert' horizontal violence, including some significantly distressing incidents are reported at the early career phase [32]. Similar patterns of non allegiance with novice midwives, as with the women being cared for, reveals the negative sequelae on service users [33].

Interestingly, only a minority of participants reported positive outcomes in relation to the experiences described. These included, more assertiveness, inner strength, reassurance gained from support of other colleagues [32]. Vulnerable groups were identified, as follows: newly qualified and inexperienced professionals, those in poor health, or staff with roles which cross over different work environments [34, 32].

Ungar [35] emphasises that measuring resilience relies on a clear definition of what it is, but acknowledges that ambiguity exists. These studies would suggest that professional resilience is e*xceptional levels of functional adaptation in circumstances of heightened risk exposure* for a very small minority. For the

most vulnerable reported in these studies, professional resilience during early professional maturation is more aligned to *normative levels of coping in exceptionally difficult circumstances.*

1.3 The Context

Despite instigating prevention measures at an organisational level, including policies of zero tolerance, assertiveness training and encouraging the reporting of incidents, inappropriate behaviour and the existence of a hostile work context was sometimes tolerated in order to meet service demands [33]. It would appear that organisational processes and structures that exist are not always protective. 'Oppressors' are allowed to 'thrive' and shape a hostile work environment, at the expense of vulnerable individuals.

Perpetrators of bullying were found not only to be from management positions but from ther colleagues also, includng a minority of preceptors themselves [32]. Protective self-management, leading to self-withdrawal, and a perpetuation of a culture in which students can feel abandoned and unsupported by colleagues has been postulated [8] and Ungar warns against turning 'oppressors' into victims [35].

Preceptors narratives are under-reported in the literature. The need for preparation and organisational support for preceptors is advocated [36]. Choice in enacting the role is often over-ridden by organisational and professional requirements, and feelings of powerlessness have been reported by mentors supporting learners in practice [37]. The need to feel valued by the organisation and recommendations for a 'managerial support framework' [36] implies an ecological framework.

Growing professional resilience intervention tool (grit)

Despite studies recognising the challenges for preceptors, areas of concern continue to be unresolved, such as role strain caused by workload fatigue, lack of time and value afforded to the role [38]. Indeed, supervisors such as preceptors have been found to have high levels of stress which may compromise their ability to identify stress in novices as well as provide support [39].

1.1 Preceptor connectedness

Recommendations to strengthen resilience in nurses through strategies and mentorship programmes have been reported [9]. Preceptors who share and practice 'resilient moves' [40] as well as role model a positive identity and share sources of social support, coping skills and connectedness in the workplace have benefits in preparing pracititoners for the early stages of a professional career [41].

Exploration of what causes, 'distal space' in work contexts and conversely, supportive models that mitigate against organisational constraints, will inform an ecologically based intervention (GRIT) to grow professional resilience. Interventions to support preceptors to manage the 'space' [14] between their own context and practice experiences, and that of novice professionals fits with Ungars' [13] definition of resilience as the interplay between the individual and the environment as a '*place of possibility'* [42].

Acknowledgement of the importance of student: supervisor connectedness [42], positive supervision [43] and reciprocity gained through the relationship [44, 45] exist. In the early career phase, novices need 'relational connection' which includes: role models who practice in congruence with students' idealized view [31], positive peer relationships and continuity between clients and preceptors [46]. The doctorate study will specifically identify the pre-requisites for supportive preceptor preparation, as well as the preserving and protective processes to enhance the 'relational space' [47] between preceptors and novices.

This paper strengthens the argument for an ecologically based intervention that enhances the '*Supervisory interpersonal interaction'* [48]. Recognition of peer and supervisory support features in the professional resilience literature [14,18]. The doctorate study will develop a GRIT to enhance preceptor connectedness and will apply Ungars [17] four principles of an ecological resilience construct *decentrality, complexity, atypicality and cultural relativity* to further inform the professional resilience literature.

Conclusion

In summary, this paper offers a review of the contextual issues impacting on novice professional resilience. There is evidence of adversity, in terms of incivility and 'horizontal violence' impacting on novice professional resilience and in particular the complex relational and contextual aspects at play. Enhanced connectedness through the preceptorship relationship has been suggested as the basis of a GRIT.

Further work includes using an inequalities lens [49, 51] and in particular exploring the psychodynamics mechanisms including the, '*Effect of the professional ego' (*p502) [50]. In this respect, remuneration for preceptors; racism and bullying experienced by some novices and other inexperienced staff, those in poor health, and others can be viewed with an inequalities imagination [51].

Exposure to incivility in the workplace, has been predominantly described in studies on pre-qualifying and novice nurses and midwifes. An ecological intervention to avoid the 'sink or swim' [52 p382] phenomena will be extended to other professional groups and aim to counteract the organisational aggression, strengthen influential mediating factors and bolster individuals' positive connectedness. Growing professional resilience, using a GRIT in the supervisory relationship could have wide and far reaching application beyond the health and social care arena, extending to newly qualified teachers and beyond.

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Resilience and public administration: implications for the "New Political Governance" in Canada

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Abstract

We live in an increasingly interconnected, complex world. Concerns have been raised about the capacity of governments to cope with the disruptions that emerge out of this context. The concept of resilience offers a credible strategy, but its potential contribution in light of increased complexity in governance contexts has not been widely researched. This article targets this gap in the knowledge base of public administration. It presents a theoretical perspective on resilience based on key concepts from an ecological model derived from complex adaptive systems theory. That lens is used to examine the New Political Governance in Canada, a set of reforms that have allowed ministers and political staff to increase their influence and direction over the public administration. The push for greater political control represents a particular kind of response to increased complexity. The analysis provided suggests there are numerous weak spots in this new governance strategy, which has the potential to reduce anticipative and adaptive capacities in government and society and to cause a 'regime shift' in the functioning and integrity of the public administration that could destabilize and make more vulnerable the broader system of public governance.

Keywords: Resilience, Public Administration, Governance, Panarchy, Complex Adaptive Systems, Canada.

Introduction

Since the 1980s, governments in Canada and elsewhere have helped shape a powerful round of globalization processes, extending a modern trend with origins in the nineteenth century [1][2]. During this same period, human populations have grown and become more diverse and mobile. Modern information and communication technologies have connected people like never before, creating densely networked societies.[3] We now live in an interconnected world, characterized by complex interdependencies in political, economic, trade, finance and technical systems, among others [4].

Questions have been raised about how governments should respond in this complex environment [4]. Concerns have been expressed about their capacity to cope with the shocks, disruptions and surprises that seem to emerge with worrying frequency, and about their ability control events or to stop negative effects from cascading across interdependent systems and networked societies [4][5].

In this unpredictable context, the concept of resilience—that is, the capacity to proactively and reactively cope with shocks, surprises and adversity—has the potential to contribute important insights for scholars and practitioners in public administration. It offers an intuitively credible strategy for preparing for, dealing with, and adapting to disruptions and adversity [6].

While resilience is not a new topic in public administration, it has not been widely researched and its potential contribution in light of increased complexity in governance contexts has barely been broached. In what follows, we address this gap in the knowledge base of public administration.

We first present a theoretical perspective on resilience based on key concepts from Panarchy theory [7][8], an ecological model based in complex adaptive systems theory. We argue this explicit use of ideas from a complexity science provides added heuristic value for conceptualizing resilience in contemporary public administration in its contemporary context.

Then we use the concepts to examine the implications for resilience in public administration in light of the rise of the 'New Political Governance' (NPG) in Canada and other jurisdictions governed with a Westminster system of parliamentary democracy. The NPG is an 'ideal type' (in the Weberian sense), coined by Aucoin [9], to describe the predominant features of contemporary governance. Key among these are: "i) the integration of executive governance and the continuous campaign, ii) partisan-political staff as a third force in governance and

public administration, iii) a personal politicization of appointments to the senior public service, and iv) an assumption that public service loyalty to, and support for, the government means being promiscuously partisan for the government of the day'' [9 p.179]. We argue this move by ministers and their political staff to exert more influence and direction over the public administration comes as a particular kind of response to increased complexity in the broader governance context—it is an effort to control that context. Our analysis suggests that, from the point of view of complexity-based resilience theory [10], there are numerous weak spots that stem from this NPG strategy. We conclude the paper with some tentative guidance for public administrators in jurisdictions that feature NPG characteristics, along with some thoughts about future research directions.

Resilience and Public Administration – Setting the Stage

The idea of resilience has had a presence in the public administration subfields of emergency preparedness and response [11] and natural resource management [12] since the late 1980s. It was introduced into the 'mainstream' in the 1990s when Hood [13] highlighted it as an undervalued concept that conflicted with 'efficiency' as the predominant administrative interest. Resilience gained some prominence in the mid-2000s in response to the shocks and crises (e.g., the 9/11 terrorist attacks, financial crises) that affected public governance in that period [14] and the recognition that new strategies were needed to govern in an era of heightened uncertainty and complexity [10][15].

There have been two related lines of inquiry with respect to resilience. One has concentrated on understanding how governments can better anticipate, plan and prepare for adversity to prevent or mitigate harm. The other has focused on understanding how to better respond through learning, experimentation and innovation [13][16]. The emphasis of the former line of thought has been on maintaining stability and helping people, communities, organizations or systems to 'bounce back' to a prior state of 'normalcy' [6]. The focus of the latter has been on promoting ongoing adaptations to help them remain 'functional' (and thus resilient) during and after adverse events [17].

A more synthetic way of understanding the relationships between anticipation and adaptation, stability and change are needed in an era of increased complexity [4]. The Panarchy model [7][8], developed to understand resilience in complex adaptive systems, offers promise in gaining a more holistic understanding of how resilience works. Here we offer our interpretation of select components of this model, clarifying with examples in public administration settings. Throughout, our background assumption is that public administration can be thought of as a sub-system (itself composed of smaller sub-systems) that is connected to a broader set of complex adaptive systems (e.g., social, economic, ecological systems).

At the core of the Panarchy theory is the adaptive cycle. It describes four commonly occurring phases of change that occur in the sub-systems that comprise a complex adaptive system. These phases include: 1) exploitation and growth, 2) conservation, 3) release, and 4) reorganization (see Fig. 1-adapted from [8]). The transition from phases (1) to (2) consists of a relatively slow, incremental process of growth and accumulation of a particular kind of 'capital' (e.g., consolidation of political power and alignment of administrative capacities and resources with policy priorities). The transition from phases (2) to (4) usually begins with some form of internal or external 'disturbance' (e.g., political or administrative missteps, social unrest, or economic shocks), creating the need for rapid response and change.

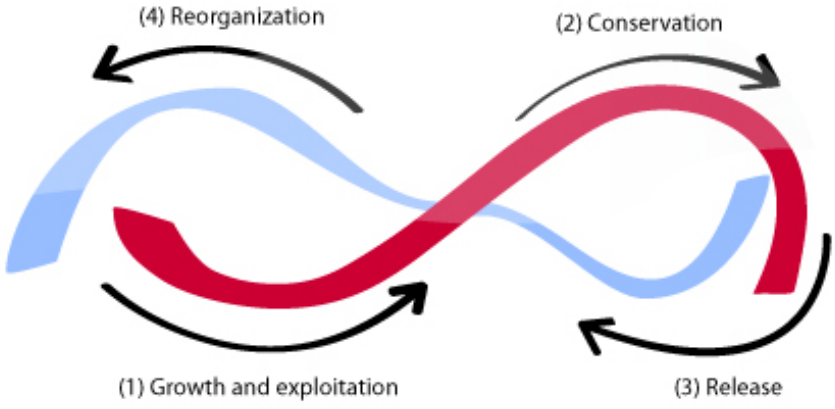

Fig. 1: The Adaptive Cycle

If anticipative capacities are in place before the needed transition from (2) to (4), it may be possible to take actions to mitigate harm or to stop negative effects from spreading. If the adaptive capacities are in place, it

may be possible for those affected to refashion and renew themselves so they, and the system of which they are a part, retain their fundamental functions and integrity (Walker et al., 2004).

If anticipative or adaptive capacities are lacking, the transition from (2) to (4) may not result in renewal. Instead, the actors and/or the system may go through a 'regime shift' the outcomes of which cannot be readily predicted. Such dramatic, qualitative changes may be adaptive, maladaptive or catastrophic [8][18]. For example, one or more of the basic structures or functions of "good government" (e.g., democratic institutions, rule of law, transparency, accountability, evidence-based public policy, etc.) may be eroded, resulting in a collapse of integrity in the governance system.

Two types of situations can make the adaptive cycle maladaptive. The first are "rigidity traps" [8 p. 400]. These develop when systems are so tightly aligned and controlled internally that they become 'brittle' and, thus, subject to failure when confronted with exogenous shocks or disruptions. Such systems may appear resilient because they have endured pressures for change, often for long periods of time; however, their capacity for responding in agile or flexible ways has been "smothered" [8 p. 400] as any self-organizing potential (e.g., discretionary decision-making, initiative) has been squeezed out of them. Autocratic regimes and classical bureaucracies are examples [7].

The second maladaptive situation consists of "poverty traps" [8 p. 400]. These appear when diversity in a system has been largely eradicated, reducing variety and, with it, the capacity to generate novel insights and options to support renewal [14]. An example would include jurisdictions in which a focus on 'austerity' or 'efficiency' has reduced investments in policy capacity and policy innovation.

Rigidity and poverty traps can affect both anticipative and adaptive processes [19], potentially reducing resilience on two fronts. For example, ideological, partisan or bureaucratic 'filtering' of information, evidence or insights can reduce the ability of elected officials and administrators to perceive and acknowledge certain risks and vulnerabilities [20]; while, centralized control structures, reinforced with standard operating procedures and a culture of compliance (or fear), can reduce the capacity for deriving novel options and exploiting them when needed [4][14].

Another key concept in the Panarchy model is its reinterpretation of hierarchy, which opens up a perspective on how anticipation, experimentation and innovation contribute to system resilience. Following this model, a complex adaptive system (CAS) consists of an array of sub-systems, arranged in interrelated hierarchies, with each sub-system going through adaptive cycles a different rates (see Fig. 2). Hierarchies in this theory are not conceived as being a top-down structure of "authoritative control" [8 p. 392]. Instead, the sub-systems in CAS are seen to have interlinked, but semi-autonomous—or loosely-coupled [13]—relationships.

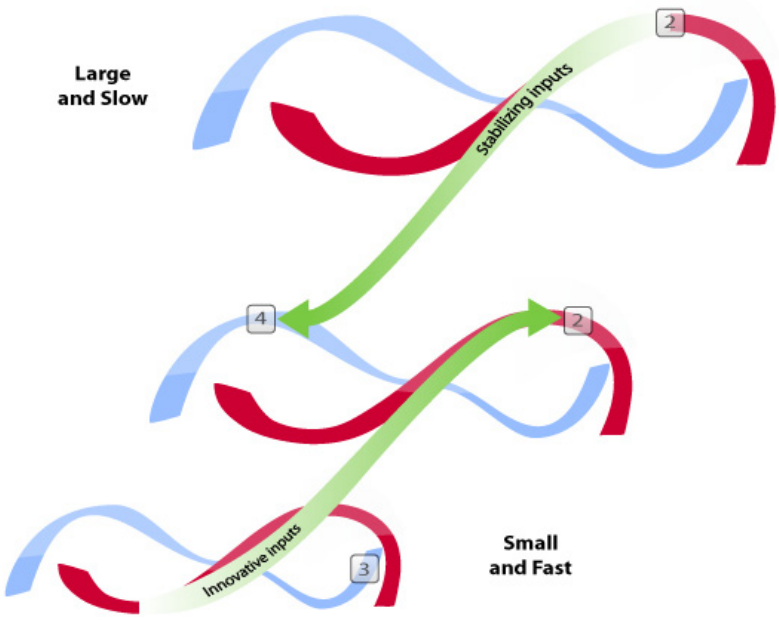

Fig. 2: Adaptive Cycles in Hierarchies

Following this view, smaller sub-systems at lower levels in the hierarchy (e.g., local governance systems) go through cycles of change at a more rapid rate than do those that are larger and at a higher level (e.g., national governance systems). As they go through their adaptive cycles, these lower level sub-systems provide anticipative and innovative inputs to higher levels (e.g., information on emerging issues or results of policy interventions), while higher levels generally serve to "stabilize" [8 p. 393] conditions for lower levels (e.g.,

supporting the implementation and further spread of policies that address local and broader system needs). As long as these exchanges are maintained, a degree of stability and continuity can be sustained in the system even as a "wide latitude for experimentation" increases the "speed of [system] evolution" [8 p. 393]. Seeing hierarchies as dynamic elements of a CAS offers a different metaphor for public administration. It suggests that i) top-down control in public organizations may not always be the appropriate focus, ii) resilient public administrations may be comprised of different sub-systems going through different phases in a learning (i.e., release and reorganization) and performance (i.e., exploitation and conservation) cycle, and iii) every sub-system may not need to be tightly connected, synchronized and aligned with the immediate priorities.

Resilience and the New Political Governance

We now turn to an analysis of the New Political Governance (NPG) in the Canadian context with a view to providing some insights about it potential strengths and challenges with respect to resilience. To do this, we apply the key concepts derived from the Panarchy theory to the four distinguishing features of the NPG.

The first of these features is that, in response to the pressures of governing in networked, information and media saturated societies, executive government engages in continuous electoral campaigning throughout their term in office. On the surface, there would appear to be potential in this behaviour for increasing resilience. If executive government authentically sought out, listened to, and learned from diverse sources at multiple levels in government and society, it might be able to tap the collective intelligence [4] and thereby improve its anticipative and adaptive capabilities.

However, three practical problems immediately arise in realizing this potential for resilience via the NPG. The first is the problem of 'short-termism.' Any term in office is relatively short, but if they become synonymous with a campaign cycle then taking a long-term perspective becomes even more difficult. This suggests the ability to anticipate risks and issues over longer time horizons and to be proactive in the face of them is reduced under the NPG.

The second problem is that elections and policy work are fought on partisan grounds, and have become more partisan over recent years [21]. If executive governing becomes synonymous with a campaign cycle, then this dogged partisanship (or dogmatism) may infect the overall approach to governing. This risks generating cognitive and other biases in both government and society, reducing anticipative capacities and limiting insights about what might 'count' as a 'good' ideas for change. For example, Aucoin [9] has observed how an increase in political pandering to core partisans in the Canadian electorate risks the creation of policies that do not reflect the interests of broader society.

The third problem is that, under the NPG, executive government's 'normal' cycle of work (based on a 4-5 year window) has accelerated to reflect the pace of a campaign cycle (of less than a year)—hence the use of 'spin' to describe what contemporary governments do [22]. This raises questions not only about substance, meaning and trust in governance, but also about the capacity of government to exercise a stabilizing influence in society.

Before the NPG reforms, the problems of short-termism, political partisanship, and balanced, evidence-based policy were seen to have been mitigated by having in place a non-partisan public administration. The Westminster system of governance that forms the basis for Canadian parliamentary democracy has long been based on the idea of having a bureaucracy of skilled, non-partisan public servants able to 'fearlessly' provide impartial policy advice to the elected government of the day and to loyally implement decisions and programs [9]. These roles, in theory, provided a source of continuity, stability, and modulated change. Three key features of the NPG appear to be having a negative impact on these traditional functions of the public administration. The features include: i) an increase in the number of political staffers in executive government, creating a new set of powerful, partisan players at the interface between ministers and the public administration; ii) a politicization of appointments to the senior ranks of the public service, and iii) an increased emphasis on generating more responsiveness within the public administration to executive government [9]. They are creating a public administration that is both more responsive to political direction and more "promiscuously partisan" [9 p. 179] than in the past. Such changes may be undermining the public administration's ability to function as a source of reliable data and information, evidence-based policy advice, and long-term thinking. Moreover, in its efforts to tightly align the internally control the public administration, the NPG may dampen the capacity for experimentation, agility and local decision-making.

At least four speculative observations can be offered about resilience and the NPG. First, there seems to be significant risk for the NPG to contribute to rigidity traps as a result of its emphasis on centralization, tight alignment and internal control. Second, the NPG appears vulnerable to creating poverty traps because of the strength and depth of the partisan political 'filtering' it engenders, which may decrease the diversity and variety of anticipative insights and in adaptive options available at any time. If combined with fiscal austerity and the propagation of a climate of compliance or fear, the risks of creating each of these adaptive 'traps' may increase. Third, the combined 'disruptions' of increased centralization, control and politicization may invoke a 'regime

change' in the public administration as a sub-system. Because the outcomes of such dramatic changes are uncertain (i.e. adaptive, maladaptive or catastrophic), such a situation could destabilize the overall governance system and create new vulnerabilities in it. Finally, if, as a result of NPG reforms, the public administration were no longer able to realize its historic functions, even in renewed form, then it is not clear where the stabilizing, anticipative and adaptive resources it once supplied would come from.

Conclusion

Overall, our analysis and speculations suggest the contribution of the NPG to resilience in both public governance (and society) is open to question, particularly over the long haul. This finding suggests NPG reforms should be pursued with some degree of caution. However, the NPG explored in this paper represents an 'ideal type'. The appearance of NPG-like governance in 'reality' will depend on, and vary with, "the [political] party in power, the prime minister, the state of competition between parties in the legislature and in the electorate, and, among other factors, the institutional and statutory constraints that provide checks against politicization" [9 p. 179]. Future research on the topic of resilience and the NPG would benefit from a comparative approach that documents actual governance practices in various Westminster systems.

It important to note that the anticipative and adaptive capacities allowing for resilience in CAS (e.g., a system of public governance) cannot be 'commissioned' when needed; they must be nurtured continually [4][14]. Their foundations reside in: the capacity for learning, creative problem-solving and innovation in families, communities, organizations, institutions, networks [16][23]; trust among actors and in public institutions, supported by trustworthy information flows [24]; and, diversity in actors, sources of knowledge and ideas [25] institutional forms and governance arrangements [26], including co-management and shared governance [15][27]. As a precautionary measure, those implementing the NPG reforms (or those studying their implementation) may wish to monitor these foundations.

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Resilience organisationnelle et attachement au lieu de travail

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Abstract

The organisation confronting economic and social challenges linked to globalisation or more concrete events is not resilient, is not resistant as such but it can create favourable conditions supporting the development of its resilience, which contribute to a better adhesion of employers and their management. Our research is focus on the link between organisation's capacity to deal with its difficulties and attachment of its employees, teachers and administrative staff to their university. Results support the existence of a link between resilient behaviour and attachment of working place. More precisely, we demonstrate that « Flexibility » and « Proactive solutions » dimensions from the inventory of resilient behaviours present significant correlations with attachment to working place.

Key words: resilience behaviour, attachment of working place, university, Romania

Cadrage théorique

Le concept de résilience est au centre de nombreux travaux actuels, dans des disciplines très diverses telles que la physique, l'informatique, l'écologie ou la psychologie [1]. Du niveau ponctuel et très concret de la mécanique, la résilience s'est enrichie en significations. Elle s'est affirmée en 2005 lors la Conférence de Hyogo comme une priorité nationale pour plusieurs pays tels que les Etats Unis, l'Australie et le Canada [2].

Dans le cadre organisationnel, Vanistendael et Lecomte (2000) la définissent comme la capacité d'une personne, d'un groupe ou d'une organisation à se projeter dans l'avenir en dépit d'événements déstabilisants, de conditions de vie difficile, de traumatismes parfois sévères. Autrement dit, qu'elle soit confrontée aux turbulences économiques et sociales liées à la mondialisation ou à des événements plus ponctuels, l'organisation n'est pas résiliente en tant que telle, mais peut créer des conditions favorables au développement de sa résilience, ce qui contribue à une meilleure adhésion des employés à sa gouvernance.

Le risque fut une de premières situations menaçantes quand la problématique de la résilience organisationnelle fut abordée, pour devenir ensuite intéressante par rapport avec la performance, dans un champ plus large du management des organisations centrées sur l'efficience économique. Hollnagel, Journé et Laroche [4] souligne que «la résilience ne se produit pas instantanément, qu'elle n'est pas de l'ordre du réflexe organisationnel ou de l'injonction managériale mais qu'elle possède une épaisseur temporelle, sans doute nécessaire à son élaboration». Les crises qui suivent une turbulence de l'environnement peuvent renforcer la résilience de l'organisation par deux processus complémentaires liés : «un apprentissage de renforcement positif au niveau de l'absorption du choc et un apprentissage double boucle incluant des changements stratégiques permettant de réduire la vulnérabilité de l'organisation» [5].

L'attachement au lieu est un concept central en psychologie environnementale qui renvoie aux liens que les personnes entretiennent avec les lieux qui leur sont chers [6]. Même si des divergences conceptuelles et méthodologiques ont traversé ce courant, la majorité des chercheurs présente l'attachement au lieu comme un lien émotionnel [7]. Plus précisément, s'appuyant à la fois sur la théorie de l'attachement de Bowlby (1980) et celle de l'attachement au lieu élaborée par Schumaker et Taylor (1983), ils le définissent comme la composante affective du lien qui unit une personne avec un lieu donné [10]. Si les liens entre résilience et attachement sont relativement bien cernés dans le cadre de la psychologie développementale, en revanche, ils sont peu explorés dans le cadre organisationnel.

Objectifs

Notre recherche porte sur le lien existant entre la capacité des membres de l'organisation à surmonter les difficultés au travail et l'attachement des employés envers leur organisation. Le premier objectif vise à valider une variante roumaine de l'inventaire des comportements résilients au travail. Le deuxième objectif se propose d'identifier les relations qui existent entre la résilience des membres de l'organisation universitaire et leur attachement au lieu de travail.

Methodology

1.1 Echantillon et procédure

Notre population est composée de 72 personnes (35 enseignants et 37 personnel administratif) d'une université roumaine, âgés de 20 à 66 ans. Le personnel administratif est exclusivement composé de femmes. Les enseignants (16 femmes et 19 hommes) sont assistants (5), lecteurs (10), maitres de conférences (3) et professeurs (17). La participation s'est faite sur la base du volontariat, pendant les heures de travail.

1.2 Matériel

Les données ont été collectées à l'aide d'un outil en trois parties : une partie signalétique permettant de repérer certaines variables sociodémographiques (âge, sexe, catégorie de personnel, degré didactique) ; l'adaptation roumaine de l'inventaire des comportements résilients au travail [11] et l'échelle d'attachement au lieu de travail - EALT [12]. Les réponses se donnent sur des échelles en cinq points allant de 1 (pas du tout d'accord) à 5 (tout à fait d'accord).

Resultats

1.1 Les analyses factorielles

1.1.1 L'échelle de résilience

Une première analyse en composantes principales a été menée en intégrant tous les items de l'inventaire des comportements résilients au travail. Elle fait apparaitre 6 facteurs dont la valeur propre est supérieure à 1. Cependant deux d'entre eux ne comprennent que deux items et ont été supprimés. Par ailleurs, l'item a été enlevé car il diminuait l'alpha de Cronbach de 0,12.

Une seconde analyse en composantes principales a alors été conduite avec les 15 items restants. Les résultats sont regroupés dans le tableau 1.

Tableau 1. Analyse en composantes principales avec les 15 items de l'échelle de résilience

	M	ET	F 1	F 2	F 3	F 4
4. J'ai essayé de trouver des solutions alternatives à un problème.	4,47	0,80	**0,77**	0,15	0,10	0,13
8. J'ai cherché des solutions à un problème avec mes collègues.	4,40	0,96	**0,74**	0,21	0,10	0,16
3. J'ai échangé avec mes collègues sur des améliorations possibles.	4,25	1,10	**0,68**	0,04	0,19	0,20
9. J'ai travaillé pour progresser dans mon travail.	4,54	0,67	**0,67**	-0,03	-0,25	0,10
2. J'ai été capable de remplacer temporairement un collègue.	3,90	1,41	**0,56**	-0,03	0,30	-0,04
13. Je suis arrivé(e) à un bon résultat en improvisant.	2,85	1,24	-0,08	**0,79**	0,22	0,20
6. J'ai pris des décisions, même si je n'étais pas sûr(e) à 100 %.	3,53	1,35	0,27	**0,73**	0,04	-0,11
7. Je me suis débrouillé(e) pour éviter certaines tâches parce que je me sentais débordé(e).	2,19	1,25	0,06	**0,62**	-0,07	-0,23
19. Je n'ai pas pu exécuter des tâches selon la procédure, parce que je n'avais pas les ressources nécessaires.	2,57	1,38	0,02	0,00	**0,77**	0,20

20. J'ai manqué d'informations pour faire face à une situation difficile.	2,96	1,11	0,24	0,07	**0,74**	-0,22
14. J'ai été sceptique face à une situation nouvelle.	2,86	1,23	0,07	0,06	**0,61**	0,15
16. J'ai adapté ma manière de travailler à la situation.	4,33	0,92	0,13	-0,07	0,14	**0,69**
11. J'ai évité tout risque.	3,38	1,20	0,22	-0,25	-0,08	**0,65**
5. J'ai considéré un problème comme un défi.	3,49	1,37		1,37	-0,15	**0,62**
18. Je me suis arrangé pour éviter une situation qui me semblait chaotique.	3,33	1,47		1,35	0,35	**0,59**
Valeur propre			2,63	1,86	1,95	1,93
% variance expliquée			0,18	0,12	0,13	0,13
Alpha de Cronbach			.75	.60	.63	.58

Une structure expliquant 56% de la variance émerge. Elle comprend quatre facteurs : F1 « Solutions proactives » (5 items), F2 « Improvisation » (3 items), F3 « Disponibilité des ressources » (3 items) et F4 « Adaptabilité/flexibilité » (4 items). Notons que l'alpha de Cronbach calculé à partir des items composant le facteur 4 parait un peu faible (0,58).

Cinq items recueillent des moyennes supérieures à 4,00, dont quatre composant le facteur « Solutions proactives ».

1.1.2 L'échelle d'attachement au lieu de travail

Le Tableau 2 présente les moyennes et les écarts-types et la structure factorielle de l'échelle d'attachement au lieu de travail.

Tableau 2 La structure de l'échelle d'attachement au lieu de travail

	M	ET	Score factoriel
1. Je suis attaché(e) à mon lieu de travail.	4,43	,80	0,82
2. Il me serait très difficile de quitter définitivement mon lieu de travail.	4,24	,90	0,62
5. Ce lieu de travail fait partie de moi-même.	4,14	1,05	0,81
6. Il y a des lieux dans l'université qui me rappellent des souvenirs.	4,08	1,09	0,81
4. Si mon université devait déménager, je regretterais mon lieu de travail actuel.	4,04	1,14	0,71
7. Après un congé, je suis content(e) de retrouver mon lieu de travail.	3,94	1,16	0,70
3. Il y a des endroits dans l'université auxquels je suis tout particulièrement attaché(e)	3,58	1,31	0,75
Attachement total	4,07	,80	
Valeur propre			3,92
% variance expliquée			56%

Nous retrouvons la structure unidimensionnelle postulée par Rioux (2006). La valeur propre est de 3,92 et le pourcentage de variance expliquée de 56%. L'alpha de Cronbach est tout à fait satisfaisant (0,88).

Les moyennes des items varient de 4,43 pour l'item *«Je suis attaché(e) à mon lieu de travail »* à 3,58 pour l'item *«Il y a des endroits dans l'université auxquels je suis tout particulièrement attaché(e) ».* Les écarts-types sont modérés (de 0,80 à 1,31).

1.2 Les liens entre la résilience au travail et les variables sociodémographiques et organisationnelles

Parmi les variables sociodémographiques cernées (genre, âge, études), seule l'âge corrèle avec la résilience au travail. Plus précisément, cette variable présente une corrélation significative à .05 avec le facteur 4 « Adaptabilité/flexibilité » (r=.32).

Les variables organisationnelles (type de personnel, ancienneté) n'ont aucun lien significatif avec les facteurs de la résilience. En revanche, des analyses de variance effectuées en prenant comme facteur le statut des enseignants (professeur, maître de conférences, lecteur, assistant) et comme variables dépendantes les scores moyens obtenus aux facteurs de la résilience, indiquent une différence significative entre le statut et le facteur «

Solutions proactives » (F_3=6,05, p<0,002). Le résultat tend à prouver que les professeurs sont capables à trouver plusieurs solutions et, peut-être plus rapidement, par rapport aux collègues ayant un statut plus faible.

1.3 Les liens entre la résilience au travail et l'attachement au lieu de travail

Les valeurs des coefficients de corrélation entre l'attachement au travail d'une part, et la résilience et les sous échelles de la résilience, d'autre part, sont présentées dans le tableau 3.

Tableau 3 Corrélations entre l'attachement au lieu de travail et la résilience (et ses facteurs)

Attachement au lieu de travail	résilience	F1	F2	F3	F4
échantillon total	-	0,23*	0,09	0,22	0,24*
personnel administratif	0,42**	0,55**	-	-	0,37*
enseignants	-	-	-	-	-

** p<.05, **p<0,02*

Lorsqu'on considère l'échantillon dans son ensemble, on constate que les dimensions « Solutions proactives » et « Adaptabilité/flexibilité » de l'échelle de résilience au travail corrèlent significativement (p<.05) avec l'échelle d'attachement au lieu de travail, respectivement r=.23 et r=.24. Ces corrélations sont plus fortes dans l'échantillon du personnel administratif et, surtout, la résilience totale est très significativement en lien avec l'attachement au lieu de travail (r=.42, p<.02).

Discussion et conclusion

Le premier objectif de cette recherché était de repérer la structure factorielle de la version roumaine de l'inventaire des comportements résilients au travail. On a retenu une structure en quatre facteurs qui regroupe 15 items et expriment 55,70% de la variance. Cependant, étant donné la faiblesse de l'alpha de Cronbach calculé sur le facteur 4 « Adaptabilité/flexibilité » (alpha=0,58) des études complémentaires de validation s'avèrent nécessaires. L'analyse a confirmé la structure unidimensionnelle de l'échelle d'attachement au lieu de travail. Il faut mentionner le score très haut obtenu par le premier item de l'échelle, qui exprime d'une manière globale l'attachement au lieu de travail.

L'unique variable sociodémographique qui corrèle significativement avec le facteur de la résilience « Adaptabilité/flexibilité » est l'âge ; on pourrait expliquer cette association positive par l'effet de l'expérience accumulée au long des années qui rend les employées plus adaptables aux sollicitations professionnelles. Ce résultat est en accord avec les travaux de Vanistendael (2005) qui affirment que la résilience est variable en fonction de l'étape de vie de la personne et des caractéristiques de la situation. Les variables organisationnelles (type de personnel, ancienneté) n'ont aucun lien significatif avec les facteurs de la résilience. Seul le statut différencie les enseignants en fonction de leur capacité à trouver des solutions proactives aux problèmes professionnels, les professeurs s'avérant les plus résilients.

Comme supposé, les résultats soutiennent l'existence d'un lien positif entre les comportements résilients et l'attachement au lieu de travail. Au niveau de l'ensemble de l'échantillon, l'attachement corrèle avec les comportements résilients exprimés par l'adaptabilité et la capacité d'utiliser des solutions proactives. Pour les employés administratifs, l'association est plus intense pour les deux facteurs déjà mentionnés. De plus, on a trouvé une forte corrélation entre le score total de la résilience et l'attachement au lieu de travail. Il faut noter que pour les enseignants, le lieu de travail est moins localisé que pour le personnel administratif qui a un lieu de travail identifiable et bien délimité dans l'espace de l'université. Pour les enseignants, on peut parler de lieux multiples: amphithéâtres, salles de séminaire, le propre bureau partagé parfois avec d'autres collègues. Au fur et à mesure qu'ils avancent dans la hiérarchie universitaire, les enseignants parviennent à avoir leur propre lieu dans le bâtiment (pour les activités non didactiques), et parfois leur propre bureau, ce qui peut consolider leur sentiment d'appartenance à l'université et par conséquent leur attachement au lieu de travail. Cela peut expliquer pourquoi les professeurs sont plus résilients que les maitres de conférences, lecteurs et assistants.

Sur le plan théorique, des recherches complémentaires sont nécessaires afin de confirmer la structure de la version roumaine de l'inventaire de comportements résilients au travail. Sur le plan appliqué, les résultats peuvent apporter des éléments de réflexion aux gestionnaires de l'université afin que les enseignants puissent bénéficier d'un véritable espace de travail, ce qui ne peut que contribuer à développer et consolider leurs comportements résilients et leur attachement au lieu de travail.

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From empathy to compassion fatigue. How can health care practitioners develop resilience and keep their positive engagement?

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Abstract

Health care professionals are particularly at risk of burnout and compassion fatigue, As therapy/treatment involves an intense human interaction mirror neurons play an important role, quite often on an unconscious level. Some illustrations of how this affects one's personal affective state will be given.

I review some risk factors of compassion stress and fatigue, and contrast this with compassion satisfaction and resilience. Some programs to prevent compassion fatigue have been designed and tested. Readers get some idea of how to integrate self-hypnosis in this model of help. By practicing therapists can become more resilient and engaged the positive antidotes of burnout and compassion fatigue. Only by consciously taking care of one self can health care professionals and their clients benefit from a long-lasting and satisfying career.

Keywords: empathy, compassion fatigue, compassion satisfaction, mirror neurons, self- hypnosis, resilience

Introduction

Health care professionals in their daily work are continuously exposed to pain, suffering, anxiety, stress and tension of their patients. How does it affect their own life, their own wellbeing? How to be in a good rapport, show empathy, be tuned in to clients and protect against too much impact of these demanding interactions? Insight in mechanisms of empathy and interaction and practicing ways for better self-care are essential ingredients to benefit health and wellbeing in these professions.

Empathy And Mirroring

Empathy [1] can be considered as an affective response that stems from the apprehension or comprehension of another's emotional state or condition, and is similar to what the other person is feeling or would be expected to feel. By empathy one can understand, and be aware of or sensitive to feelings, thoughts and experience of another without having the feelings, thoughts and experience fully communicated in an objectively explicit manner. In helping professions there is an intense interaction. Facial expressions, posture, feelings can be shared, perceived and felt in both, patient and therapist involved in the interaction. Being with someone who is in a particular state of mood can be contagious. Emotional states can be transferred directly from one individual to another by mimicry and 'emotional contagion' [2].This can be done by the copying of emotionally relevant bodily actions, particularly facial expressions, seen in others. [3] Seeing someone suffering pain, and observing this person's facial expressions activates pain circuitry in the other. Seeing someone you love and care about in pain activates one's own pain circuitry even more! Despite the risks of caring, empathy is an important tool in therapy. Empathy is the connective tissue of good therapy.[4] On the other hand there is some cost of caring, particularly if it's too much for too long.

Compassion stress and compassion fatigue

Working as a health care worker one is at risk of some work-related stress, as compassion stress/fatigue, vicarious traumatization and burnout. Compassion stress is stress connected with exposure to a sufferer. Risks increase by long lasting exposure and some increased sensitivity. Compassion fatigue (CF) [5][6] is the convergence of primary or traumatic stress, secondary traumatic stress [7][8][9][10] and cumulative

stress/burnout [11]in the lives of helping professionals and other care providers. Primary traumatic stress is related to personal traumatizing events, experienced by the person himself. Secondary Trauma occurs when one is exposed to or witnesses extreme events directly experienced by another.

According to Figley [12] Compassion Fatigue is a state of tension and preoccupation with traumatized patients, characterized by re-experiencing traumatic events, avoidance/numbing of reminders and persistent arousal (e.g., anxiety) associated with the patient. The symptoms of Compassion Fatigue can mimic, to a lesser degree, those of the traumatized people health care workers are working with [13]

Those most vulnerable to developing Compassion Fatigue are highly dedicated individuals and those with high demand for personal competence. [14][15][16] Some helpers will continue to demand the highest level of attainment even if they are already depleted [17]. Having a personal trauma/loss history in their own life, results in increased vulnerability to symptoms [18][19]. Working in an unsupportive workplace increases risks for Compassion Fatigue, while social workers scored higher on job satisfaction and lower on burnout when they felt valued in their professional roles, suggesting that support in the workplace is a protective factor. [20][21] Workers with poorly established or unavailable social network or personal support (Killian, 2008; Mathieu, 2012a), are at higher risk, while social workers demonstrated lower levels of secondary traumatic stress symptoms in environments with greater support from coworkers, supervisors and work teams [22][23][24]

Compassion satisfaction and job-engagement

Promoting satisfaction, rather than avoiding compassion fatigue can protect from the negative consequences of the working in these settings. Some suggest to consider compassion stress as potentially positive energy culminating in compassion satisfaction. [25]. Utilization of compassion stress, experiencing some challenge to help clients find ways out and empowering them, sharing successes are only some of the health promoting approaches. Cognitive skills and flexibility to reframe problems into issues, or challenges, and seeing things in perspective can turn the negativity into positivity. One also can re-distribute attention and maximize positivity to maximize compassion satisfaction. Frederickson & Losada suggest the important role of the ratio of positive to negative affect. [26]. The positivity ratio, then, is the ratio of pleasant feelings and sentiments (or positive affect) to unpleasant ones (or negative affect) over a given period of time. Studies in various contexts confirm at least a 3 to 1 ratio theory of flourishing. [27] The outcome of a study of Killian could demonstrate that social support was rated the most significant factor associated with higher scores on compassion satisfaction.[15]. Job-engagement, another positive concept, in contrast to burnout has been defined by Bakker and Schaufeli as a positive, fulfilling, work-related state of mind that is characterized by vigour, dedication and absorption. [28]

Prevention of compassion fatigue and promoting resiliency

By reflecting on a paradigm of the Center for Disease Control and Prevention stating that: Disease is the absence of effective antibodies, not the presence of a toxic environment, Gentry and Baranowsky came up with a perceptual shift, to see mental diseases and compassion fatigue from that perspective. [29]. They started wondering how a psychological/spiritual antibody would look like … and how to help inoculate individuals with this capacity for health? They identified five professional resiliency skills or "antibodies", namely (1) self-regulation; (2) intentionality; (3) self-validation; (4) connection; and (5) self-care.

1.1 Self-Regulation

Self-regulation has been found as being the most important resiliency skill. It's being able to control the activity of the autonomous nervous system and being able to shift to a para-sympathetic nervous system dominance. Hypnosis affects heart rate variability, shifting the balance toward an enhanced parasympathetic activity, concomitant with a reduction of sympathetic tone. [31]. This means an overall health promoting impact with lower heart rate and blood pressure, and lowering of the level of stress or strain. Clients and therapist's working with self-hypnosis find it relaxing and experience some energy recovery after their practice. Research data give evidence about the beneficial effects of self-hypnosis on immune control, enhanced mood and well-being. [30] Some specific applications of hypnotic metaphors, suggestions and imagery will facilitate the usefulness of working with hypnosis in preventing compassion fatigue or in promoting compassion satisfaction. [32]

1.2 Intentionality

Intentionality encompasses deliberateness and integrity, moving away from reactivity and impulsiveness as seen in stressed individuals. One can develop an intentional attitude with full awareness of his

intention and commit to a personal mission statement. Reviewing some past satisfactory working experiences (diary, revisiting these experiences or reliving them in hypnosis), strengthens inner commitment. Some practices to become aware of real values, one can commit to, increases motivation and generates positive energy. [32] One behaves guided by this inner compass and motivation, better prepared to deal with adversity and less dependent on external circumstances.

1.3 Perceptual Maturation

Common knowledge within cognitive behavioral therapy learns that not the events provoke stress, but the way one perceives them. Several perceptual changes enhance resiliency. Hypnosis can help in catalyzing cognitive shifts and promote cognitive restructuring, enhancing flexibility [33]. In (self)hypnosis one learns to see things from a different perspective, observing, reviewing situations making the mind more open to cognitive changes. One can learn from models, finding outcomes, relying on earlier learning experiences and resources to overcome current issues and 'problems'. Reviewing, reliving some of these in self-hypnosis, and/or preparing oneself on an imaginary level equipped with these new tools and attitudes one wishes to adopt are very helpful in this maturation process.

1.4 Connection and Support

As professionals perceiving they are supported by their colleagues, friends and community exhibit less work related symptoms [24][21][20], this aspect deserves special attention. Even in the temporarily absence of these important resources, reliving some of the support in trance, remembering some appreciation, supporting attitudes and positive feedback feed this inner need. One also can connect to spiritual resources or the universe in a state of trance, and getting some resilience out of these practices to be better prepared for challenging encounters and work demands.

1.5 Self-Care & Revitalization

Some components of good self-care that work well have been found. [29] They can be considered as essential components: a good sleep hygiene, healthy diet, exercise, creative activity or hobbies, social activities, spiritual practices and professional enrichment. Some specific skills for mirroring and un-mirroring, and having control on one's own level of empathy, closeness or distance, help to better control the level of compassion.[32] Regular practice of self-hypnosis can be a first important step in self-care and promotes self-awareness, temporarily distancing one from the outside world, and entering the inner world of one's own experiences. Right from the beginning of the hypnotic induction attention is turned inwards caring for one's inner world and promoting self-care. Some more specifics methods help to letting go of intrusions and thoughts, to process emotions, to free one self and debrief, to deal with losses and failures. Some imaginary protective layers or filters – more or less permeable, depending on the situation - are prepared in self-hypnosis and anchored, and can be released in sessions, to modulate emotional impact of the work. Practicing mirroring and un-mirroring methods help to modulate impact of the work as well. Committing oneself to a particular life-style, attitudes in hypnosis precedes and promotes real-life changes.

Conclusions

Health care workers, psychotherapists, particularly those working with traumatized people are at risk of compassion stress and fatigue. Emphasis on prevention and on finding ways to get more compassion satisfaction is necessary. Some research has been done on the risks and some programs for support are under development and research. Awareness of the problem and learning skills to prevent compassion fatigue deserve special attention. It would be nice to see them spread around the world. (Self) Hypnosis is helpful to increase the impact of the different elements in the program and can be learned in individual or group sessions.

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Personal growth in the context of exposure to trauma life events

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Abstract

Exposure to adverse life events typically predicts subsequent negative effects on mental health and well-being. Recently the importance of posttraumatic growth (PTG), a phenomenon of positive psychological growth beyond baseline values, has been discovered in the field of vicarious trauma. This study examined both positive and negative trauma outcome predictors within a sample of Romanian physicians. A total of 138 medical staff participated in the study. Participants completed scales for measuring posttraumatic stress, posttraumatic growth, and quality of life. PTG has been measured in five main domains: appreciation of life, relating to others, increased personal strength, sense of new possibilities and positive spiritual change. The regression analysis showed that posttraumatic stress symptoms are significant positive predictors for interpersonal relationships, new possibilities and personal strength. Furthermore, the dimensions of posttraumatic growth are positively associated with compassion satisfaction and negatively associated with compassion fatigue. These results are an important step to understanding the association between stress, growth and quality of life in context of exposure to human pain.

Keywords: stress, growth, compassion satisfaction, compassion fatigue

Introduction

It is well known that exposure to traumatic experiences may have negative psychological consequences. Although research has often focussed on effects of direct experience of trauma, indirect exposure to traumatic experiences is not without consequences and it can result in vicarious traumatization [1, 2]. In the last years, researchers have moved away from an exclusive attention on the negative outcomes toward a more comprehensive understanding of posttrauma reactions that includes both positive and negative consequences [3, 4]. The positive outcomes have been termed posttraumatic growth (PTG) [5]. A singular focus on the perception of negative outcomes without the recognition of the benefits has been criticised as presenting an unrealistic view of human experience in the aftermath of trauma. Consequently, this study investigates whether positive changes can occur in peoples life while they are constantly confronted with others trauma. We also examined the moderator role of PTG in the relationship between traumatic stress and profesional quality of life.

1.1 Direct and vicarious posttraumatic growth

Building on hardiness and resilience, Tedeschi and Calhoun (2004 [5]) proposed the model of posttraumatic growth, a new concept for the exploration of healing. Posttraumatic growth is defined as the subjective experience of positive psychological change reported by an individual as result of the struggle with trauma. Examples of positive psychological change are an increased appreciation of life, setting of new life priorities, a sense of increased personal strength, identification of new possibilities, improved closeness of intimate relationships, or positive spiritual change. Posttraumatic growth describes the experience of individuals who do not only recover from trauma, but use it as an opportunity for further individual development. Vicarious posttraumatic growth (VPG) as a construct was first used by Arnold et al. (2005[3]), who conducted an in depth exploration of the positive consequences of work with trauma survivors. They found that clinicians working with survivor clients' traumatic material report positive changes in the areas of self-perception, interpersonal relationships, philosophy of life, gains in self-confidence, an enhanced appreciation for what is important in life, and spiritual growth. However, there is a paucity of research investigating these findings. In fact, most studies have examined posttraumatic growth in persons directly exposed to different trauma [6]. To fill this gap, in our study we aimed to investigate the vicarious posttraumatic growth and the variables associated in a sample of Romanian medical personnel.

1.2 The relationship between traumatic stress, growth, and quality of life

To the understanding of posttraumatic growth it is important to note that the presence of posttraumatic growth does not involve the absence of distress [5]. In fact, the continuing distress may provide the fuel for continued posttraumatic growth. Therefore, distress is a necessary condition for posttraumatic growth to emerge. Growth in the aftermath of exposure to traumatic life event and the emotional distress triggered by these events are fundamentally linked, and it is widely accepted that both co-exist within the individual in the context of coping with trauma [7]. However, research examining the relationship between growth and distress report mixed results [8]. Some research has shown that increased distress makes growth more likely [4, 9, 10] while other studies suggest that they are two separate outcomes [11]. Tedeschi and Calhoun (2004) maintain that the lack of consistent relationship between growth and distress is not a limitation of the concept. Rather, they stated that posttraumatic growth and subjective pain may coexist for some people [5]. Accordingly, we predict that reports of negative changes are not simply the oposite of positive changes, but rather may be an integral part of the growth process.

Although some studies have showed the impact of traumatic stress on posttraumatic growth [10], there are very few studies examining the relationships between these factors and different outcomes, like quality of life [12]. Moreover, studies have reported the relationships between stress and wellbeing, on the one hand, or posttraumatic growth and well-being, on the other, but we know only one study that has looked at both posttraumatic growth and traumatic stress and their relationships to these kinds of variables [12]. Therefore, another purpose of the present study was to examine if posttraumatic growth and traumatic stress would have different patterns of correlations with other relevant variables, such as quality of life. Compassion fatigue, compasion satisfaction and burnout are indicators of quality of life studied in context of trauma exposure. The existing research on the relationship of growth to such factors as adjustment and well-being is somewhat inconsistent [13], and there are no reports of the relationships between growth and other variables, like the indicators of professional quality of life.

Method

1.1 Participants

The participants in this study are 138 medical workers from several section of the hospitals: Intensive Care, emergency, ambulance, neurosurgery, and oncology units. Our final sample consisted of 64.5% nurses, and 35.2% physicians. Our research sample was largely comprised of women (79%). Ages ranged from 25 to 66, with a mean age of 39.11 years, SD = 9.48. Participants had considerable experience in health care in general (*M* = 10.50 years, SD = 9.68).

1.2 Instruments

The Posttraumatic Growth Inventory (PTGI; 14) is a 21-item sccale that was used to measure personal growth in the following domains: relationships with others, realization of new possibilities, increased personal strength, spirituality, and appreciation of life. Participants rated items on a six-point Likert scale, ranging from 0 to 5 with higher scores indicating a greater degree of change as a result of the crisis. In our sample, Cronbach alphas for these subscales ranged between 0.67, respectiv 0.87.

Secondary Traumatic Stress Scale (STSS; 15) is a 17-item scale designed to measure secondary trauma. On a five-point Likert scale, respondents indicate their agreement with items that reflect specific responses to their work with trauma victims. A higher total score indicates higher secondary trauma. In our sample, Cronbach alpha for the total score is .87.

Professional Quality of Life Scale (ProQOL; 16) is the most commonly used measure of the positive and negative effects of working with people who have experienced extremely stressful events. The instrument is a 30 item scale divided into three equal sections: Compassion Satisfaction, Compassion Fatigue, and Burnout. In our sample, Cronbach alphas ranged between 0.78 and 0.85.

1.3 Procedure

Informed consent was obtained from all the participants. The research was presented as an exploration study of the employers' view regarding the confrontation with different traumatic situations. Participants were informed that their participation was voluntary. In addition, they were told that participation was not a requirement and that the information would be kept confidential and would not become part of their evaluation. Because the workload at the workplace is very high, the participants completed the questionnaires at home.

Results

Table 1 presents descriptive statistics and correlations of all variables from the present study. Preliminary analyses (using Pearson correlation) showed that traumatic stress is positively linked with interpersonal relationships ($r_{(138)}$=0.14; p=0.023), new possibilities ($r_{(138)}$=0.21; p=0.003), and appreciation of life ($r_{(138)}$=0.24; p<0.001). Analyzing the relationship between posttraumatic growth and profesional quality of life, the results showed that compasion satisfaction is positively linked with interpersonal relationships ($r_{(138)}$=0.26; p<0.001), new possibilities ($r_{(138)}$=0.23; p<0.001), personal strength ($r_{(138)}$=0.22; p<0.001), spiritual changes ($r_{(138)}$=0.19; p=0.004) and appreciation of life ($r_{(138)}$=0.178; p=0.037). Moreover, the results showed a negative correlation between spiritual changes and burnout ($r_{(138)}$=0,17; p=0.044).

	1	2	3	4	5	6	7	8	9
1.STS	1								
PTG									
2.Relating_others	.14*	1							
3.New_possibilities	.21*	.75**	1						
4.Personal_strength	.11	.68*	.84**	1					
5.Spiritual_changes	.01	.31**	.31**	.28**	1				
6.Appreciation_life	.24**	.62**	.762**	.73**	.27**	1			
PQOL									
7.Compasion satisfaction	-.24**	.26**	.23**	.22**	.19*	.18*	1		
8. Compasion fatigue	.64**	.01	.13	.04	-.08	.11	-.16	1	
9.Burnout	.48**	-.10	-.03	-.08	-.17*	.01	-.42**	.51**	1
M	37.86	22,78	17,36	14,28	3,70	10,82	39.28	25.31	24.75
AS	9.62	6,78	4,759	4,267	4,61	3,39	5.42	5.37	4.01

*Table 1: Correlations, means and SDs of analysed variables; Note: **p<.01, *p<.05*

To test the role of traumatic stress as a predictor for posttraumatic growth dimensions, we used linear regression. The results highlights the fact that traumatic stress is a significant positive predictor of relating to others, new possibilities and appreciation of life dimensions.

		Relating others	New possibilities	Personal strength	Spiritual changes	Appreciation of life
Traumatic	ß	.14*	.20*	.11	.09	.24*
stress	F	2.71*	6.08*	1.95	1.05	8.36*
(predictor)	ΔR^2	.08*	.11*	.01	.01	.15*

*Table 2: Regression models predicting dimensions of posttraumatic growth based on traumatic stress; Note: **p<.01, *p<.05;*

A hierarchical multiple regression analysis was used to test the role of posttraumatic growth as a moderator in the relationship between traumatic stress and compasion satisfaction [17]. The results indicated that traumatic stress negatively predicted compasion satisfaction, while posttraumatic growth positively predicted compasion satisfaction. The STS x PTG interaction was significant (Table3). The nature of this interaction is illustrated in Figure 1.

	Predictors	ß	ΔR^2	R^2ch
Step 1	STS	-.34**	.08**	.08**
Step 2	PTG	.27**	.16**	.10**
Step 3	STSxPTG	.11*	.16*	.10*

*Table 3: Regression models predicting compasion satisfaction; Note: **p<.01, *p<.05; STS – traumatic stress; PTG – posttraumatic growth*

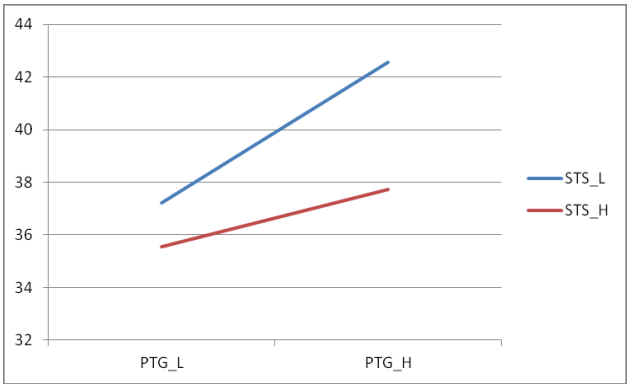

Figure 1 Regression equation plotting in compasion satisfaction

Discussion

The aim of our study was to explore the presence of posttraumatic growth in context of traumatic stress. The results of our study suggest that traumatic stress could be a source of posttraumatic growth. These results supported the hypotheses posed and also replicated and extended findings from previous research [3, 9, 10]. Research on vicarious posttraumatic growth is relatively new and there are no specific explanatory models. Several models, however, do explain posttraumatic growth following direct trauma exposure [5] and have been applied to situations where professionals are indirectly exposed to trauma. According to Tedeschi and Calhoun theory's (2004) claim that traumatic stress can lead to different positive changes in peoples life, our results showed that between traumatic stress and several dimensions of posttraumatic growth there is a positive association. It seems that personal benefits and positive changes can arise through vicarious exposure to trauma. It is possible that observing and encouraging others' recovery to lead to positive consequence. In addition, our results revealed the fact that posttraumatic growth interacted with traumatic stress in predicting compassion satisfaction. Specifically, participants with a low level of traumatic stress had higher scores on compassion satisfaction scale especially when they reported a high level of posttraumatic growth. Therefore, our results confirm that both posttraumatic growth and traumatic stress are related to reports of the quality of one's life. This pattern of findings mean that both growth and stress may need to be considered to fully understand their impact on quality of life.

Our study is one of the few studies that examined positive changes as a result of vicarious exposure to trauma using quantitative measures. Although these findings are limited by the cross-sectional methodology used, they do offer some important information that should be considered in research on traumatic stress. People do report both growth and stress following exposure to stressful event, and the well-being a person experiences in this context can best be understood by understanding both the growth and the stress the person has experienced.

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Psychological capital and well being: the role of psychological detachment

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Abstract

The authors of this study examined the relationship between psychological capital (PsyCap) and psychological detachment from work during off-job time (i.e., mentally switching off) with work engagement and burnout, as well-being forms. They hypothesized that high psychological capital and high levels of psychological detachment predict work engagement and burnout. They proposed that psychological detachment buffers the positive impact of high psychological capital on work engagement. Also, other propose of this study was psychological detachment moderated the impact of high psychological capital on burnout. Data were collected from 121 blue-collar employees (48.8% women) who work in a multinational company from Romania. The age of the respondents ranged from 21 to 58 years (M = 35.88, SD = 9.58). Hypotheses were tested using two hierarchical regression analyses with dedication and cynicism, as dependent variables. The results show that the high level of psychological capital predicted dedication and cynicism. Psychological detachment from work during off-job time predicted dedication but didn't buffer the relation between PsyCap and dedication. Also, psychological detachment predicted cynicism and buffered the relationship between PsyCap and cynicism. Implications for theory and practice are discussed.

Keywords: psychological capital, psychological detachment, work engagement, burnout

Introduction

Nowadays, every organization is doing more efforts to enhance their own employee's well-being, but sometimes these organizational efforts are not enough for this. Recent researches revealed the importance of personal resources on employee well-being, together with organizational factors. Personal resources are related to individual characteristics of the employee and could be modeled by direct intervention. But, not only what happen in the organization make sense for employee's well-being. An important role in employee's well-being has what happen with employee after work, in especially psychological detachment from work during off-job time. Thus, the extension aria of researches beyond organizational boundaries it's a must for future researches because just in this way we can understand all factors who contribute on employee's well-being. Therefore, the present study has a major aim to examine the role of psychological capital, as personal resource, on employee well-being. More specifically, the study examined the relationship between psychological capital (such as self-efficacy, hope, optimism and resilience) and employee's well-being, and also the moderating effect of psychological detachment.

1.1 Psychological Capital

Psychological capital (PsyCap) has been conceptually defined by Luthans and colleagues ([1]; [2];[3]) as consisting of the four positive psychological resources of hope, optimism, efficacy, and resilience. Luthans et al. [3] describe psychological capital as "an individual's positive psychological state of development characterized by: (1) having confidence (efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about succeeding now and in the future; (3) persevering toward goals and when necessary, redirecting paths to goals (hope) in order to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resilience) to attain success" [3]. Each of these positive concepts makes psychological capital a scientific construct with valid measures, being open to development, and has a positive impact on attitudes, behaviors, and performance [3]. But taken as a whole, PsyCap has been demonstrated conceptually and empirically [3] to be a higher order core construct, according to Conservation of Resources Theory (COR). This means that PsyCap combine the mechanism(s) that these four personal resources have in common.

Numerous researchers have studied and have tested the relationship between PsyCap and different employee attitudes. Avey, Reichard, Luthans and Mhatre [4] have suggested PsyCap is positively related to desirable employee attitudes and negatively related to undesirable employee attitudes. A primary explanatory mechanism for the effect of PsyCap on employee attitudes is that those higher in PsyCap expect good things to happen at work (optimism), believe they create their own success (efficacy and hope), and are more resistant to setbacks (resilience) when compared with those lower in PsyCap; also they report being more satisfied with their job [5], and engaged to their organizations [6]. On the other hand, PsyCap has been negative "related to undesirable employee attitudes, such as cynicism toward change or turnover intentions" [7]. According to previous researches, we anticipate PsyCap will have a positive relationship with work engagement and a negative relationship with burnout.

1.2 Well-being: work engagement vs. burnout

Schaufeli, Salanova, Gonzalez-Roma and Bakker [8, p. 74] define work engagement as "a persistent and positive affective-motivational state of fulfilment that is characterized by vigour, dedication and absorption". Engaged employees are enthusiastic and energetic about their work and fully immersed in it [9]. Of the three characteristics of work engagement described by Schaufeli et al. [8], we have chosen the dedication, as a measure of strong implication in work, sense of significance and enthusiasm, which according to Sweetman and Luthans [10, p. 2] is related to "involvement in one's work, optimism in attributions of significance and pride, hope in dedicated waypower and pathways, and resiliency in continuing in the face of challenging obstacles and adversity".

Regarding burnout, Schaufeli [11] offered a comprehensive definition, stating that it is a persistent, negative, work-related state of mind in 'normal' individuals that are characterised primarily by exhaustion, which is accompanied by distress, a sense of reduced competence, and the development of inappropriate attitudes at work. According to Schaufeli and Bakker [12], two dimensions of work engagement are soundly linked to burnout, specifically vigour to exhaustion and dedication to cynicism.

Based on the idea that cynicism are logically related to dedication (as mentioned above), as opposite constructs, we expect cynicism to be negatively related to PsyCap. In one study, Avey, Wernsing and Luthans [13] found that there is a positive relationship between work engagement and hope, efficacy, optimism and resilience; similarly, they identified a negative relationship between PsyCap and cynicism as a burnout dimension. Also, Görgens-Ekermans and Herbert [14] have demonstrated that the presence of PsyCap lead to increased dedication and decreases a burnout.

Accordingly, we expect PsyCap and psychological detachment as personal resources to be positively related to work engagement and negatively related to burnout, as opposite forms of well-being.

1.3 Psychological detachment from work as moderator

The concept of psychological detachment from work during off-job time was originally introduced by Etzion, Eden, and Lapidot [15, p. 579] as a "sense of being away from the work situation". Experiencing psychological detachment from work (hereafter, detachment) is important for improving well-being. It implies that the one is not working at home and not thinking about job-related issues, problems, or opportunities during after work hours.

Concerning the relationship between psychological detachment and work engagement, Sonnentag, Binnewies and Mojza [16] showed that psychological detachment from work during off-job time is an important factor that helps the increasing of work engagement. Also, they found that individuals with decreased levels of psychological detachment were significantly more likely to experience burnout and impaired psychological well-being, compared to individuals who had achieved psychological detachment [16].

Although there are no studies using psychological detachment from work as a moderator of the relation between PsyCap and well being, Avey, Wernsing and Luthans [13] found that positive emotions act as a moderator between PsyCap and well being, and also between PsyCap and employees attitudes and behaviors. Therefore, we suggest that psychological detachment will moderate the relation between PsyCap and well-being.

1.4 Theoretical framework and Hypotheses

Based on the literature review, the following theoretical framework (see Fig. 1) and hypotheses were developed.

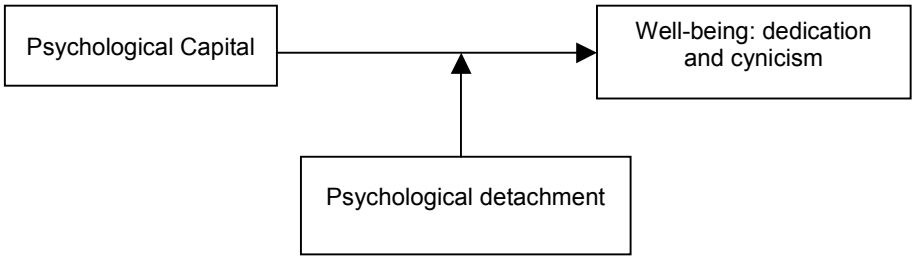

Fig. 1 Proposed Theoretical Framework

H1a: Psychological capital is positively related to dedication.
H1b: Psychological capital is negatively related to cynicism.
H2a: High levels of psychological detachment predict low dedication.
H2b: High levels of psychological detachment predict high cynicism.
H3a: Psychological detachment moderates the positive relation between psychological capital and dedication.
H3b: Psychological detachment moderates the negative relation between psychological capital and cynicism.

Methodology

1.1 Sample

The total sample (N = 121), based on a non-probabilistic convenience sampling procedure, consisted of 59 women (48.8%) and 62 men (51.2%). The age of the respondents ranged from 21 to 58 years (M = 35.88., SD = 9.58). The sample consisted mostly of employees who work in a multinational company from Romania in IT & C field, in on-line procedure. The average number of hours actually spent on their work each week ranged from 1 to 40 (M = 16.80, SD = 10.76).

1.2 Measures

Psychological capital was measured with the 24-item PsyCap Questionaire by Luthans et al. [3]. This questionnaire has 6 items for each subscale: hope, resilience, optimism, and self-efficacy. All items were scored on 5-point Likert-type scale with categories ranging from 1 = strongly disagree to 5 = strongly agree. The total PsyCap score is an average of the four subscales scores. The internal consistency of the instrument, Cronbach alpha, was equal to .86 in this research. *Psychological detachment from work* was measured with a four-item scale developed by Sonnentag and Fritz [17]. Respondents were instructed to report their general level of detachment on a 5-point Likert scale (1- strongly disagree; 5 – strongly agree). The internal consistency estimates in our sample were .91 for psychological detachment. *Cynicism* was assessed with the four-item scale from the Maslach Burnout Inventory—General Survey (MBI-GS; [18]). All items were scored on a seven-point scale ranging from 0 (‘‘never’’) to 6 (‘‘always’’), with the reliability of α = .82. *Dedication* was assessed using the three-items scale from the short version of the Utrecht Work Engagement Scale (UWES-9; [19]). Items were scored on a 7-point frequency scale, ranging from 0 (“never”) to 6 (“always”). The internal consistency estimates in our sample were .85 for the dedication.

1.3 Results

Table 1 presents the means, standard deviations, correlations and reliability estimates for the variables in the model. As predicted, a positive correlation was found between PsyCap and dedication (r = .44, p < 0.01), and respectively a negative correlation was found with cynicism (r = -.45, p < 0.01). This result supports Hypothesis 1.

Table 1. Descriptive Statistics and Intercorrelations (N = 121)

Variables	*M*	*SD*	1	2	3	4
1. PsyCap	92.94	9.38	(.86)			
2.Psychological Detachment	10.93	4.21	.09	(.91)		
3. Dedication	11.93	4.12	.44**	-.13	(.85)	
4. Cynicism	5.39	4.01	-.45**	.17*	.61**	(.82)

*Note: *p < .05, **p < .01; one-tailed, Note. Cronbach's alphas are listed on the diagonal.*

Table 2 presents the results of two hierarchical regression analyses. The first regression analyse tested the impact of PsyCap, psychological detachment and interaction between this, having on dedication as dependent variables, while the last analyse examined the impact of the same variables, having on cynicism as dependent variable.

As shown in Table 2, PsyCap added significant unique variance to each of the dependent variables of cynicism ($\Delta R^2 = .21$, $p < .01$) and dedication ($\Delta R^2 = .19$, $p < .01$). After the control of the PsyCap, the effect of psychological detachment on dedication and cynicism was tested in Step 2, in each regression analysis. And, this addition of the moderator variable also revealed a significant effect. Results show that psychological detachment explained 3% of the variance in dedication ($R^2 = .21$, $p < 0.05$) and 4% of the variance in cynicism ($R^2 = .24$, $p < 0.01$).

More specifically, high levels of psychological detachment were related to lower levels of dedication and with a high level of cynicism. This finding supported Hypothesis 2a and 2b.

The main hypothesis of the present study was that PsyCap would be associated with higher levels of dedication in the presence of high psychological detachment. Because we didn't found a significant interaction between PsyCap and psychological detachment in predicting dedication, as a form of work engagement, Hypothesis 3a was not supported.

Table 2. Moderated hierarchical regressions analyses for dedication and cynicism

	Dedication			Cynicism		
Predictors	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
	β	*β*	*β*	*β*	*β*	*β*
PsyCap	.44**	.45**	.33	-.45**	-.47**	-.09
Psychological detachment (PD)		-.17*	-.64		.21**	1.69*
PsyCap x PD			.49			-1.56*
R^2	.18	.21	.20	.20	.24	.26
Change in R^2	.19	.03	.00	.21	.04	.02
F for change in R^2	28.80**	4.74*	.37	31.75**	7.43**	4.01*

*Note: ** $p < .01$ *$p < .05$.*

But, for cynicism, the results showed that the two-way interactions between PsyCap and psychological detachment explained a statistically significant part of the variance for this form of burnout ($\Delta R^2 = .02$, $p < 0.05$). Simple slope analyses were conducted for only one statistically significant interaction in order to determine the nature and directionality of the interaction.

Using the procedure outlined by Aiken and West [20], we plotted the high and low levels of each variable. When confronted with high psychological detachment, employees having a high level of PsyCap reach a low level of cynicism (see Fig. 2). This result supports Hypothesis 3b.

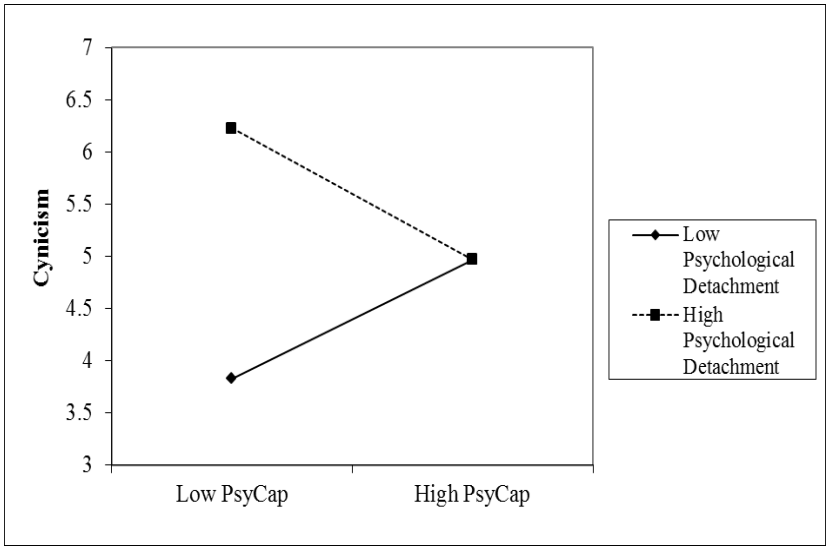

Fig. 2 Interaction effect of PsyCap and Psychological Detachment in predicting Cynicism

Conclusions

The paper investigated the relationship between PsyCap and well-being, as moderated by psychological detachment from work. The results support the proposed hypotheses, with only one exception. In this study, PsyCap, as personal resource, was associated with dedication and with cynicism which represent the cognitive part of burnout. Recent research supports our results that PsyCap is positively associated with dedication, as part of work engagement [10]. Also, in our study, PsyCap is negatively associated with cynicism and this result is similar with other study [24]. As hypothesized, we found that psychological detachment from work predicted differently two forms of well-being. Thus, psychological detachment was negatively related with dedication but positively related with cynicism.

Although there are no studies on the relationship between PsyCap and psychological detachment, it has been proven that the employees with higher PsyCap experienced a lower level of cynicism when psychological detachment was on the high level. Based on the conservation of resources model, the availability of important resources such as psychological detachment has further buffered the negative association between PsyCap on cynicism.

Our study has some limitations. First, participants were tested at a single time point. Thus, a longitudinal research design should be useful to examine temporary association between PsyCap and the outcomes. Another potential limitation concerns the self-reported nature of data. Future studies should consider including data from other sources (e.g., coworkers, partners) as external validation.

These results provide important insights on various human resources practices. Thus, practical implications of this study are link with training workshop for job incumbents. Since PsyCap is a personal resource and a "state-like", those organizations could be investing in and developing to their employees. Therefore, these types of resources protect them from cynicism, when they have a high level of PsyCap.

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Over-indebtedness: consumer bankruptcy as a means of rehabilitating debtors

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Abstract

The paper approaches the legal treatment of consumer over-indebtedness, from the perspective of the typology of possible solutions and of the relationship between preventing and alleviating over-indebtedness. In the context of economic instability and of the imminent codification of insolvency law in Romania, the paper points out the need for a legislative reform that includes consumer bankruptcy procedure as an instrument aiming at protecting the over-indebted consumer according to European standards. The paper analyses the goals and the effects of consumer bankruptcy procedure, the role of over-indebtedness among the prerequisites for opening the consumer bankruptcy procedure and the relevance of over-indebtedness causality within the consumer bankruptcy procedure, in particular on discharging consumer debts, seen as a means of economic resilience of the consumer.

Keywords: consumer, over-indebtedness, responsible borrowing, responsible lending, responsible arrears management, consumer bankruptcy.

The legal approach to consumer over-indebtedness

1.1 The structure of the legal solutions to consumer over-indebtedness

The issue of consumer over-indebtedness was offered both legal and non-legal solutions. The latter approach the political, economic, social, educational or psychological dimensions of the over-indebtedness and transfer from those fields the arguments that are theoretically interesting and practically efficient to found and enforce the legal solutions.

To the classic legal solutions meant to treat consumer over-indebtedness, such as lesion or imprevision, added new ones from the post-modern consumer law, such as the exclusion of the unfair terms from the business to consumer contracts, the consumers' right to withdraw the business to consumer contracts, the private parties' insolvency etc. The (post)modern solutions are now about to substitute the classic ones, out of their practical efficiency.

The legal treatment of consumer over-indebtedness consists both of judicial solutions, either individual (the exclusion of the unfair terms from the contracts) or collective (the private parties' insolvency) and of extra-judicial remedies (the proceedings of the credit restructuring or those of non-judiciary resolution of the disputes between professionals and consumers – negotiation, mediation or arbitration [1]).

It is the purpose of the above-mentioned legal solutions that (re)structures them. The solutions aiming to avoid the consumer over-indebtedness (*e.g.* the consumer's right to pre- and infra-contractual information or the consumer's right of withdrawal) are thus to be distinguished from the solutions aiming to suppress the already existing over-indebtedness (*e.g.* debts' restructuring, early repayment of the credit following re-financing, consumer bankruptcy).

Despite the fact that the Romanian legislation has configured both the legal instruments of preventing over-indebtedness and those of suppressing the already existing over-indebtedness stipulated by the European directives on unfair terms of consumer credit, the Romanian consumer (and insolvency) law still lacks consumer bankruptcy, a standard at the European level out of its wide acceptance [2], whose (for the moment) non-compulsory character lacked to stimulate the adoption at national level.

Given the instability of the consumer credit market [3] and the process of reform and codification that affects national insolvency law, the Romanian legislation on consumer over-indebtedness needs to be restructured, so as to include, among others, the procedure of consumer bankruptcy.

1.2 Preventing solutions v. alleviating solutions in the legal treatment of consumer over-indebtedness

Given the tendency to abandon the *ex ante* restrictions to consumer credit perceived as impediments to the economic growth, the *ex-post* treatment of the already existing over-indebtedness acquired a prominent position among the solutions addressing consumer over-indebtedness. Such orientation is without any doubt based on the prompt legal treatment of the imminent or already existing over-indebtedness; yet, preventing over-indebtedness is always to be preferred to repressing it.

Irrespective of a potential future regulation of a procedure dealing with the consumers' insolvency, Romania needs a culture of consumer financial responsibility, designed at European level by the generic syntagm of *responsible borrowing / responsible money management*. This process implies a complex mechanism, consisting of information proceedings, education strategies and counselling instruments, to which might be added the complementary element of stimulating the economic growth as a means to efficiently manage the financial resources by the consumer. The normative instruments thus accompany the information, education and counselling strategies, allowing the consumer to take correct financial decisions even when the common law would consider it is too late. Thus, the relatively new and innovating right of withdrawal from the consumer credit agreement is a prerogative granting the consumers the possibility to re-evaluate, within a reasonable delay, their decision to indebt and to change their minds, avoiding potential (or even actual) over-indebtedness. Similarly, the early repayment of the credit allows the consumers to terminate the contract out of a minimum cost while it is being executed, by using their own financial resources or resources coming from re-financing at lower costs.

The standards of the creditors' contractual behaviour (especially as far as the financial institutions are concerned) have also undergone an evolution at European level, from the *truth in lending* original rule (requiring pre- and infra-contractual transparency of the standard comprehensible information put at the consumers' disposal) to the *responsible lending* imperative (that supposes the co-liability of the financers, obliged to assess the consumers' capacity to reimburse the credit prior to granting it to them, by reference to their resources and degree of indebtedness, such as offering an *affordable credit*).

Besides such standards, one can recall the particular supplementary instruments that apply in the relationship between the consumer and the directly and indirectly financing credit institutions: the administration of the relationship between the credit currency and the currency of the income used for the reimbursement (with the subsequent restriction of the credit established in foreign currency), the limitation of the credit costs (in particular through the repressing of the usurious lending especially as far as penalties are concerned), the regulation of credit restructuring (precedence being given to the credit adapting against the termination of the agreement), the repression of the unilateral abusive or premature termination of the contract, with the consequence of the anticipated credit settling, the insurance against the risk not to be reimbursed, the registration of consumers' banking history in the credit registrars.

The mechanisms meant to prevent consumers' over-indebtedness are not always efficient. When they fail, over-indebtedness will occur, a situation that must be approached from a curative point of view.

1.3 Rehabilitating over-indebted consumers. Does the consumer have a right to financial comfort?

The contemporary systems aiming to suppress already existing indebtedness try to reduce the negative effect of debts recovery and to rehabilitate the debtor.

First and outmost, the legal treatment of already existing indebtedness requires from creditors a *responsible arrears management* standard of behaviour, a responsible administration of the proceedings of debts recovery. The idea that one has the "right not to fulfil one's obligations" must obviously be rejected; however, the relationship between the consumer and the professional creditors initiating proceedings aiming at recovering their credits cannot place the consumer in a position that is incompatible with human dignity and a minimum living standard.

The standard of *responsible arrears management* first implies (i) flexible proceedings of debt recovery, individually enforced in accordance with the debtor's personal and financial situation, accompanied by a realistic plan of reimbursement. On the other hand, a responsible management of the debt recovery proceedings implies (ii) repressing the exploitation by the creditors of the consumers' difficult situation that forces them to ask for a credit restructuring, the abusive and inequitable solutions being avoided. Similarly, during the proceedings of debt recovery, (iii) the forced execution of the debts should remain the final remedy, residing in an efficient and well-balanced execution system, which ensures a balance between the consumers' basic needs and an efficient debt recovery by the creditors.

At the European level, the protection of the debtors' dignity and their granting of a minimum life standard irrespective of the amount of the remaining debts tend to become principles governing the legal

treatment of already existing indebtedness. Prior to asserting such principles, the national systems created normative or jurisprudential instruments of consumers' protection, such as the so called "social force majeure", a defence used by the consumers having undergone passive un-imputable over-indebtedness, when law did not grant them special forms of protection [4]. Although the principle requiring the protection of over-indebted debtors' dignity and their granting of a minimum life standard have not yet generated the acknowledgement of a formal and explicit right of the consumers' to financial comfort, elements of such approach may be identified in substance within both the sources of the European Union law and the national legal systems.

Consumer bankruptcy as a solution to alleviate over-indebtedness

1.1 Purpose and effects of consumer bankruptcy

Consumer bankruptcy is regulated for various reasons [5]: (1) it may be imposed as a reaction to their deviant economic behaviours, in the hypotheses when free access to credit turned into abusive access to credit and the consumers' faulty over-indebtedness to several creditors should be solved through a collective procedure; (ii) it may be regulated to protect the over-indebted consumers against the individual forced executions so that the minimum living standard might be granted to them; (iii) it may be promoted as a means to socially and financially reinsert them, by encouraging their involvement to the economic circuits.

The bankruptcy procedure was (and still is) considered by the legal systems that refuse to extensively regulate it as a solution fit for companies and improper as far as consumers are concerned. Besides, when regulated both for companies and consumers, the bankruptcy procedure pursues different aims: enforced to the former, it mainly aims at the payment of the creditors' debts; in respect with the latter, it emphasises the debtors' protection against the measures taken by the creditors.

The main imperative pursued at the European level by the consumer bankruptcy is the rehabilitation of the consumers (the so called *"new chance" policy* [6]), avoiding the retorsion against them out of their impossibility to pay their debts. The discharge of debts, seen as a means of economic resilience of the consumer, is generally acknowledged provided that the other measures have proved inefficient, for the purpose of granting the consumers' social and financial reinsertion through an integrative mechanism, based on utility, which stimulates the consumers' participation to the economic circuits, alleviating a financial burden otherwise impossible to be avoided within a reasonable lap of time [7].

Similarly, granting credits favours economic growth, diminishes poverty and increases citizens' well-fare. Against this background, consumer bankruptcy is seen as a special means of regulating consumers' financial status [8], encouraging the reticent consumers to use financial sources issued from credit granting and allowing the creditors in general, and the financial institutions in particular, to predict the management of the situations of consumers' over-indebtedness through an equitable distribution of the debtor's financial resources.

The reticence towards a possible regulation of consumer bankruptcy may, however, occur out of various reasons, as the side effects of acknowledging that consumer bankruptcy cannot be denied: an over-protective legislation creates a potential risk to de-responsibilize the consumers and to encourage their mentality of assisted persons (it should be noted, however, that it is unconceivable to protect consumers without the appropriate instruments of rebalancing their relationship with the professional); the recourse as such to this procedure may become a stigma that would prevent the consumers' social and financial reinsertion (despite the fact that any punitive consequence of the procedure is incompatible with the purpose of the consumers' rehabilitation, since the moral values justifying the debtors' unable to pay stigmatizing are substituted by the interest to reinsert the consumer in the economic circuits through free access to credits [9]); granted to credit consumers, the possibility to be exonerated from debts, if repeatedly and abusively addressed, may influence their legal or economic behaviour, affecting the economic circuit of payments, lowering the moral standards according to which such behaviours are evaluated and de-responsibilizing them [10].

1.2 Over-indebtedness – condition to enforce the consumer bankruptcy

The border between "mere" financial difficulties and consumer over-indebtedness is difficult to establish. Subsequently, the collective legal treatment of over-indebtedness must be enforced only in cases when the "mere" incapacity to pay the debts acquires a permanent and structural character, and, therefore, the debtor may be qualified as over-indebted [11].

A conceptual operational definition of over-indebtedness is required in order to acknowledge the existence thereof. While defining consumers' over-indebtedness at the European [12] or national level, a hesitation in choosing and organizing the definition elements can be pointed out: (i) the measurement unit of over-indebtedness is either the individual or the household, the latter characterized by the common living or common management of resources of several persons; (ii) the relationship between debts and resources generally takes into account the financial debts and expenses for living, on the one hand, and the current revenues, on the

other, without always including the exceptional sources of revenues or other elements constituting the consumers' patrimonial assets; (iii) the over-indebtedness sometimes refers only to structural and persistent payment incapacity, while in other cases it also covers the hypotheses of accidental payment incapacity.

Given this imprecision, the concept of over-indebtedness as such is reluctantly accepted and said to be a vague notion, therefore unable to be measured by a generally applicable mathematical model, impossible to be treated by generic measures as the legal ones, that should be enforced by the judge called upon to appreciate consumers' insolvency.

The precariousness of the models for measuring the (over)indebtedness of the consumer is generated by the variability of the parameters taken into account and the difficulty of fixing the proportions among them.

An attempt to systematize the models for measuring the state of over-indebtedness of the consumer [13] has identified several assumptions: (i) the administrative model, based on the official statistics regarding the formal procedures for judicial and extra-judicial treatment of over-indebtedness; (ii) the subjective model, which departs from the perception which the individual/family has/have on solvency and the capacity to honour their payment commitments; (iii) the objective (quantitative) model, based on the economic and financial situation of the individual/family, reflected in the ratio between the maturing debts and the net income, respectively between the total debts and the total incomes, including other patrimonial assets of the subject/entity in question. In addition, the *Life Cycle/Permanent Income* model is a derivative from the objective model which incorporates future incomes in the analysis of consumer behaviour, in general, and especially of the state of the consumer's debt, extending the measurement of the consumer's income, beyond their current income, to those resources which are expected to be available all throughout their life.

Viewed comparatively, these models take into account various parameters in determining the ratio between the sum of the debts and the flow of payments [14]: (i) financial liabilities, whose payment places the individual or family under the minimum subsistence level, established on the basis of the expenditure on housing, food, healthcare, etc. [15]; (ii) the difficulty of carrying the burden of the monthly payment obligations, over-indebtedness starting either in those situations in which the payment of the current obligations becomes uncomfortable, or when certain limits of percentage of the debt in relation to income are arithmetically exceeded, (iii) the existing structural arrears in at least one category of financial liabilities, parameter able to delineate the structural insolvency from the accidental one; (iv) the lack of liquid money for the payment of current debts or of any debt arising unexpectedly.

Those models are difficult to apply in practice because of the relativity of establishing several parameters: the minimum subsistence level of a person/family; the moment when the burden of the periodic payment obligations becomes too difficult to bear; the period after which arrears can be classified as structural. To these difficulties, other questions might also be added: who should be the subject of the insolvency of individuals, when debts have, in general, as a formal debtor, one of the members of the family, but their revenues are destined for the subsistence of the entire family?; how should one address the calculation of the minimum subsistence level in an economy where a significant proportion is still represented by income which is not subject to taxation?; what should be the relevance of the moment of the filing, by the consumer, of the request to open the procedure in relation to the moment of the establishment of the state of indebtedness and the evolution of the debtor's property during this period?

The option for a model and its operation represent, however, a matter of choice of the legislature. An imperfect mechanism, which can be enhanced in time, depending on the case law it generates, on the critical doctrinal analysis of this case law and the economic and social development, is preferable to the absence of any mechanism.

The content of the procedures regarding consumer insolvency is related, ever more frequently, to politics against social and financial exclusion, and insolvency mechanisms have a special importance in the economies which do not benefit from an extensive and effective system of social protection [16]. In such economic and social contexts, a systematic call for the individuals to excessively permissive insolvency procedures can represent a "political dynamite", just as the absence of such procedures or equivalent mechanisms might have the same effect.

Conclusions

Relaunching consumer credit as an instrument of economic growth requires a new architecture in the national legislation regarding the over-indebtedness of individuals, which includes in its structure the procedure regarding consumer insolvency. The imminent adoption of the Insolvency Code in Romania offers the opportunity of completing the remedies established by the consumer credit with a view to remove the causes and mitigate the effects of over-indebtedness. Will the Insolvency Code remain a (new) missed opportunity in the systematic approach of the consumer over-indebtedness?

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Legal culturalism as resilience

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Abstract

This paper seeks to use the concept of resilience as an assessment tool within the field of legal comparison. It particularly explains the attitude of the culturalist periphery of the discipline, determined to resist the comparativist *doxa* perceived as an agent of trauma, and to undergo a process of self-building through writing and reading to which their public is associated.

Keywords: Resilience, trauma, coping, legal comparison, culturalism, epistemology, interdisciplinarity.

Introduction

If one is to trust Andersen, at the end of any winter, long as it might be, one's reflecting mirror will no longer show "a dark, gray bird, ugly and disagreeable to look at, but a graceful and beautiful swan (...) glad at having suffered sorrow and trouble, because it enabled him to enjoy so much better all the pleasure and happiness around him" [1]. Could this be the case with the contracentric, undisciplined, peripherical comparativist fighting the *doxa* of their discipline within a process of simultaneous recovery and self-building that ultimately associates their readers? I will assess this assumption in the following paper, relying on several key concepts advanced nowadays by the studies on resilience.

Such an approach will hopefully not strike as far-fetched, since "resilience" has long overpassed the borders of general psychology [2].

Law, comparative law and resilience

1.1 Law as a trauma. The comparativist's depression

Coherent with the general positivist scientific trend of the 20th century, comparative law is shaped nowadays as a discipline conveniently emphasizing on the conceptual, systematic, logical, neutrally articulated and objectively assessable dimensions of law [3]. However, against the mainstream in the field, culturalist comparativists engage in "negative dialectics", that is "a critical mode of reflection which at crucial moments (...) negates what a discipline affirms" [4]. Such attitude of "de-position" or "dis-position" revealing precisely "distrust in positing and in positivity and in positivists and in the positivistic *Zeitgeist*" is openly qualified by the disobedient culturalist comparativists as "an *undisciplined* gesture", said to "effectuate a politics of resistance" and, ultimately, of being "transgressive" [5].

This need of transgression reveals a trauma [6].

Simply put, the culturalists' anguish is that of being a lawyer, of belonging to a field excessively vocational, insufficiently or improperly scientific [7], ultimately leading to "philosophical and epistemological bankruptcy" [8]. The feeling of disturbance only accentuates in comparative law, where, despite the very requirements of the discipline, "a geographical [but] not an epistemological deterritorialization" is currently undergone [9].

One culturalist comparativist openly confesses within this context "the acute sense of depression instilled in [him] by arid and conformist institutional agenda" [10], that he implicitly qualifies as one of the main characteristics of lawyers' psychism, otherwise "a black box of which only a few entries and exits may be analysed" [11]. Moreover, the lawyers' relationship to law exceeds the somehow neutral disciplinary belonging, being described as "the feeling of submission" to an established, self-claimed universal orthodox paradigm, a gesture however necessary if one wishes "to avoid trauma", yet at the cost of "violently reducing [the self] to silence" [12]. It ultimately becomes obvious that "one is at the mercy of the others" [13], confined to a "disciplinary ghetto" [14], where risking to be "chastised" or "abused" [15] and facing the challenge of being "weird": "here as elsewhere 'weirdness' lies in the eye of the beholder (who, in this particular instance, happens to be someone stepped in *legitima scientia juris* – a Latin phrase for 'anti-intellectualism')" [16]. All in all, what

culturalist comparatists would denounce is that while organizing reality, the dogmatic legal order institutes schemes meant to make lawyers' love both law and the submission that law itself institutes [17].

In order to address such deep trauma, a deeper deconstruction is required, "the aim [of which is] to overlay, to ruffle, to sting, to unsettle, and to trouble so that exciting and interesting things might result, so that imposed burdens can be rearranged and simplifications, those dangers to life and mind, can be set aside" [18]. Such first step response to trauma is openly and utterly de-measured: "I want to suspend the connection between comparison and measure" [19].

1.2 Writing as resilience. The building of the (resilient) self

Once the mechanisms belonging to the first defensive response to the trauma have been exhausted [20], the coping ones intervene and they should be understood as strategies allowing both for overpassing the difficult situation and for personal growth. The text produced by the culturalists while reflecting on the epistemology of legal comparison will, therefore, carry the underground sub-text of the comparativists' inner fight, allowing them to gradually take a distance from the symptom and to recover. Writing about how to compare thus fulfils protective, delivering and reparatory functions [21]. Two irritants in what appears to be the habitual pattern of academic legal writing are the very signs of the resilient function of writing: the biographical detail and an epistemology of reaction.

In quest of "a different economy of knowledge, better suited to the polyvocality and equivocality characteristic of cross-border legal scene" [22], one comparativist stumbles upon Derrida, whose concepts he turns "into a textual praxis, without embracing the French philosopher's world-view in all its ramifications" [23]. The text that explains the limits of Derrida's pertinence for the legal comparison includes the following mention, indifferent at first sight to the argument proper: "I did not beseech Derrida. Rather, he came to me through the very good fortune of a key encounter with a colleague to whom I continue to feel profoundly indebted". The biographical note deepens, as the comparativist recalls that "When I began reading *De la grammatologie*, *Marges,* and *Positions*, I had been teaching law for five years and was becoming more disappointed by the day as too many colleagues, reducing their scholarly mandate to that of compliant expositor of the law, promised more clarity, more stability, more harmony than they could ever deliver" [24].

Again, while writing *On the Unbearable Localness of the Law*, the same comparativist integrates as a *Coda* to the text a description of the debate following the conference where his argument was first presented and the story of the diner afterwards, both occasions on which he was directly confronted with the sharp disciplinary mechanisms calling him to order and that he, the marginal, described elsewhere as follows: "Wanting to preserve the capital of authority they have acquired over the years, wishing to protect the credit they have built for themselves, and desiring in effect for time to stand still, orthodox comparativists are prone to exclude dissenters, those whose work is seen by them to be wavering and, paradoxically, to be competing with theirs for the assumption of institutional dominance" [25]. The story of the trauma undergone on such occasions reveals a "therapeutic desire" assumed by the subject: "I am prepared to accept, of course, that the publication of this narrative may also wish to have a cathartic effect" [26], which thus confirms that one needs a story in order to (be able to) exist. Indeed, while narrating himself, the still fragile comparativist builds and gains a space to rest, withdrawing from trauma. Like in the genuine therapy, the written description of the autobiographical incident alleviates the symptoms that silence would have emphasized to paroxysm: "Who would be served - and what values would be honoured - if I agreed to be beaten into muted submission? What would resignation on my part – restless or otherwise - achieve?" [27]

But besides being soothing, writing participates to the very building of the resilient comparativist self, a process of growing, described in psychology as the alternation of progressive and regressive stages [28]. Thus, the same comparativist describes his decision to "overcome quietism and tell [such] story publicly" as a form of "circumspect resistance to the act of repression and suppression that was repeatedly performed at [his] expense and at the expense of the ideas that [he] was promoting", required by "integrity" and "authenticity" or urged by an "ethical call" [29]. At a later stage of the resilience process, these values will prove to be the very source of the comparativist's "conscious commitment to strategic criticality" [30]. The cultural comparativist thus becomes reactive; if, indeed, the mere resistance allows the subjects to maintain their identity, resilience always involves a form of identitarian conversion [31]: "I have, in fact, been making this case for more than fifteen years safe in the knowledge that the battle for an alternative 'comparative law' would confine me as a nomadic theorist and a theoretical nomad, to a marginal itinerancy at the periphery of the field. As was to be expected, orthodox comparativists have been content to discredit my work or to ignore it (…) To be sure, I could simply have left the field (…) rather than obstinately inscribe my protest when offered the opportunity to do so" [32].

But far from withdrawing, the peripherical comparativist decides in fact "to undermine [the orthodox] programmatic agenda by offering transgressive performances" [33], posing negativity as an epistemological principle of his approach to law: "Negativity is assertion" [34]. Against such purpose assumed by the comparativist as a germination principle for his own writing ("my own research … developed in reaction to mainstream European doctrine" [35]), one might legitimately try to address the reasons why the latter resigns at

this point, obviously refusing to take further steps in order to revolutionize the field of legal comparison and ultimately to become the centre of it or the new *doxa*. As various approaches to resilience have pointed out, within such process, the gain in the building of one's identity is generally doubled by the inconsistency of the subject's links to society [36]. In other words, along the textual self-building process, the resilient comparativist will experience an even more acute feeling of non-affiliation. Therefore, there is nothing more alien to his intellectual project than to institute a new *doxa* or to embody a new discipline.

1.3 Reading as resilience. The pitfalls of interdisciplinarity

Besides reactivity, as a second best epistemological principle the culturalist comparativists will chose interdisciplinarity. References to concepts and theories advanced by philosophers, linguists, economists or anthropologists are frequent in the culturalist comparativists' research, although performing functions of unequal complexity [37].

However, one may reasonably point out that "[w]hile the comparatist never ceases to cross the border, he never arrives on the other side" [38], in other words, while integrated in the legal comparison, interdisciplinarity only de-centers legal knowledge, without however re-disciplinizing law. Indeed, even though law may well be injected with interdisciplinary knowledge, such extraneous units seem to remain but irritants to the legal field that annexes them without genuinely re-evaluating its *a priori.*

Why would one refer, therefore, to texts outside the law as disciplined by the *doxa* if such *renvois* are *a priori* prone to failure? To whom are such references useful and within what limits?

Plausibly, references to these non-legal fields legitimate the comparativists' reaction against the established law. But there is more than that. Like writing, reading can support the resilience process, by structuring the evolution of the self and enhancing it. Within various therapies, words are used to treat disorders, to break the subject's solitude and isolation in the disease [39]. Books and references to books may indeed function as transitory items of the quest leading to the comparativists' new and resilient self.

1.4 The cultural comparativist as a therapist

The cultural comparativists are usually solitary in their approach to law that translates into solitude in their attempts to resist the disciplinary paradigm and to reinvent themselves: "The story I wish to tell is intended to show how challenging it can be for the comparatist-at-law to find an audience within the observed legal culture where the views being circulated about that legal culture *within that legal culture itself* fall fool of received and interested orthodoxies stubbornly seeking, especially against the most compelling evidence, to preserve a certain image of themselves" [40].

However, when they eventually get to their audience, a conversion occurs, the culturalist contracentric and undisciplined perspective of the legal comparison inspiring certain lawyers, equally deceived by the oppressive legal knowledge such as traditionally practiced, to similarly engage into a process of self-building. If, indeed, it is true that all patients are endowed with a potential of change that they can only put into practice when guided by a therapist, one must notice that more than a culturalist comparativist unknowingly acted like a guide for their disciples. Thus, a contribution meant to assess if two "ancillary" disciplines can join to undermine "the Discipline" (that is Law) is said to owe to the "undisciplined mentoring" of a culturalist [41], while a cultural perspective on the functions performed by judges is "a token of appreciation" of another one [42]. Furthermore, when dealing with the requirements of collective comparative research, one author expresses her gratitude towards a culturalist comparativist for the urge to settle with nothing else but a highly demanding approach [43]. In the same line, a comparativist's interdisciplinary and critical work is said to owe its very epistemological condition to the guidance of the author's culturalist director of thesis [44].

In line with the findings of the therapies focusing on resilience [45], one is forced to notice that such mentoring offers an expressive model, as opposed to the directive one proper to the established legal discipline. As the culturalist comparativists are themselves undergoing a process of identity building, their guiding model can only invite the disciples to self-reflection, any routinized injunctions being excluded. Moreover, when the disciples test themselves against the culturalist model, such evaluations will be highly formative, again as opposed to the properly disciplined and disciplinizing ones meant to preserve the purity of the legal field through an exclusive inquiry. Participants will indeed individually determine the importance of such assessment through the culturalist model for themselves. Far from being the inert object of the culturalists formative action, their disciples have to act as active subjects of the self-building process, agents of their own identitary and disciplinary rebirth.

Conclusion

As in general, resilience within law illustrates the maxim according to which becoming resilient means surviving. To be resilient is to engage in an unexpected direction, overpassing an adversarial situation. This

alternative way leads to a complex process, opening delivering perspectives. Far from being a miraculous panacea, it involves a responsible self-deconstruction, a discontinuous evolution, briefly, a new existential project [46].

The culturalist comparativists feel unease within their own field and abused by the discipline thereof. They are thus obliged to reinvent their status and build coping strategies. The programmatic de-measured overlaying of the orthodox constraints shifts into the autobiographical narrative of the initial trauma and subsequently forges an epistemology of the reaction. As the resilient self builds through writing, the inconsistency of the comparativists' links to the discipline grows, which explains why culturalism will never become the new *doxa* of comparative legal studies. In parallel, interdisciplinary references offer the comparativists and their audience a different means to elope the narrow field of law, turning reading into bibliotherapy. At the end of such journey of formation, the culturalist comparativists become the therapists of their audience equally deceived by the oppressive legal knowledge such as traditionally practiced.

The comparativists' quest thus ends with a metamorphosis, turning the initial trauma into an opportunity of growth. After all, "to be born in a duck's nest, in a farmyard, is of no consequence to a bird, if it is hatched from a swan's egg" [47].

This text was very much written with sympathy for all my law students having experienced and expressed the disciplinary disappointment and with gratitude for my resilient law professors.

À Pierre, donc.

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Romanian restorative justice – does it really work?

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Abstract

Restorative justice has lately preoccupied the legal criminal doctrine, as well as other areas connected to law. Legal practitioners, criminologists, sociologists and psychologists have analyzed the issues raised by the commission of offences, which prove to be extremely complex, reaching the conclusion that criminal law does not have sufficient means to deal with such intricate issues. This is in itself a great challenge and restorative justice could be an answer to it. However, the appropriate functioning of restorative justice needs to carefully adapted to the criminal justice system, known to be rigid, bureaucratic and institutionalized. Restorative justice cannot be perceived as a universal solution without considering the actual system to which it addresses. The application of restorative justice in Romania, as a form of resilience in criminal proceedings, needs to be closely examined, because the very substance of restorative justice implies that it can be truly felt in societies with a strong sense of community. Or, on a prima facie look, this is not exactly the case with our country. In what follows the study aims at analyzing the extent to which the above-mentioned aspects could bear real risks for the functioning of restorative justice in the Romanian criminal justice system.

Keywords: restorative justice, criminal justice system, communitarian paradigm, victim-offender mediation.

Perhaps the most significant development in criminal justice in the last decade is „restorative justice"[1] (in what follows RJ). This new approach has emerged in the context of the attempt to diminish the (negative) criminogenic effects of stigmatization and social exclusion, as consequences of traditional criminal justice based on the infliction of penalties (especially imprisonment). According to the labeling theory, deviance is not an intrinsic quality of the act committed by an individual, but rather the consequence of applying a label. Once labeled as a delinquent, the convicted individual becomes captive of this evaluation, permanently stigmatized and, due to that, an outsider. He is denied employment or the possibility to go back to activities of value on a social level and thus, by intermixing with other convicts, he creates "a class of outcasts". To these outsiders a criminal career appears to be the only alternative possible, supported by the development of a genuine subculture of delinquency. Given such perverse effects, it is perhaps not surprising that the rate of recidivism is of almost 45% of all inmates in Romanian penitentiaries.

Rather than stigmatizing offenders and excluding them from society, the restorative justice approach aims to bring them back into society and thus to enhance social solidarity. According to the dictionary of criminology [2] there are two types of definitions for restorative justice: one emphasizes the *process* requirement for RJ, that all parties have the opportunity to be heard about the consequences of the crime and what needs to be done to restore victims, offenders and community. The second underlines the *values* and *goals* of RJ: healing and reconciliation relationship between all parties involved, community deliberation over the problem rather than placing the criminal justice system at the center of decision-making and non-domination in order to allow all voices to be heard with respect.

RJ is an umbrella [3] term for a variety of theories and practices, but the major are:

- Victim-Offender Mediation. It brings together victims and offenders with a mediator in a tri-partite resolution.
- Family Group Conferences. A conference convener joins the parties to work towards an apology and some form of reparation.
- Restorative Cautioning. It is based on the traditional power of a legal enforcement authority (police) to caution juvenile for an offence and refers to police-run conferences involving the offender and victim.

- Sentencing Circles. There is more community input into those circles than in the case of conferences, often presided over by a judge.

Instead of a traditional trial in which the state is an adversary prosecuting defendants, RJ favors a victim-offender conference in which the state functions more as a mediator. In such a conference, which often is attended by family members and interested members of the community, the actions of the offender are condemned or shamed, and the offender is encouraged to take responsibility, express remorse and apologize to the victim.

Australian criminologist John Braithwaite [8] has furnished a significant intellectual justification for RJ. It is built on the premise of re-integrative shaming [4]. Shame refers to all processes of expressing disapproval which have the intention or effect of invoking remorse in the person being shame and /or condemnation by others who become aware of shaming. Theoretical analysis suggests that by relying on respect and relationships between the offender and those who care for him/her and for whom he/she cares, constructive use can be made of re-integrative shame to reduce crime or harmful activities [6]. Without putting it in too general terms, certain conclusions could be drawn, based on assessments made until the present, as to the positive effects of the RJ:

- Victims tend to be more satisfied with the conference, less formal process, than those who go through the court system,
- More than half of all conferences succeed in repairing the harm caused to the victim
- There is a lower level of recidivism among offenders after the conferencing process compared to those who go through court.

In Romania, the only form of RJ bearing a certain visibility in criminal matters is mediation. Although other forms of RJ seem to be very appealing, in what follows we would like to focus on the potential risks related to their actual application, estimating that the success of such procedure depends on a series of circumstances whose role should not be minimized.

In the first place, it seems that RJ is oriented towards those delinquents who committed petty offences. The efficiency of such a procedure in case of serious offences (sexual, racial or domestic violence or homicide) is still debatable. This precaution emerges as well in the Romanian legislation that provides the offences for which mediation is allowed, namely those prosecuted on a preliminary complaint of the victim (art. 67 of Act no. 192/2006). In this context, it would be appropriate to do a study on the percentage attached to petty offences in the official crime statistics, in order to be able to research the great volume of crimes that could be displaced by applying the RJ. Such a study depends on the practice of proportionate sentencing guided by the new Penal Code (in force starting on the 1st of February 2014), which brings about a new vision on the scale of penalties, which is repositioned between more reduced penalty limits.

Nonetheless, this justice seems a utopia to the victims of violent crimes, where the destructive effects can be felt during a lifetime. Money damages or the apologies of the offender will never be able to rebuild personal security that was seriously shaken. For some victims, it is very painful to notice that this system is not oriented toward the infliction of penalties. A person that was very seriously psychically injured following a criminal act initially goes through a period during which all that he/she thinks about is the punishment and suffering that he/she would like to inflict or be inflicted on the perpetrator. Such an approach could lead the victim to believe that his/her situation is not treated seriously enough [6].

In the second place, we should avoid unrealistic expectancies as to the ability of RJ to entail major changes in the character of individuals. As it is well known, the social context in which the RJ techniques are applied can be decisive. Thus, in the case of societies with a strong sense of community, such as Japan, the individuals are connected by powerful ties and interdependencies centered on the values of mutual help and trust. As might be expected, in this context shaming is re-integrative and produces low rates of crime. In the United States, communitarianism is weakened by urbanization, racial and ethnic heterogeneity, extensive residential mobility and a strong ideology of individualism [1]. As a consequence, America lacks the cultural and institutional basis that would encourage seeing offenders as part of an interdependent community and therefore America is burdened with a high rate of lawlessness.

In Romania, the situation is not much different. We lack as well a culture of solidarity and we are haunted by a sort of individualism that is fuelled yet by other resources. Essentially, Romania has not cut itself loose from the transition from the communist regime to the really democratic one. The 25 years that have passed since the events of December 1989 have not fixed the serious social cleavages performed in the name of communism. Although society was deeply fractured between the nomenclature members and the other people, solidarity within the governed class was but apparent. Solidarity would exist in deprivation and misery. On the slightest occasion it would be betrayed for mean interests, which were however able to sweeten daily life and create the illusion of privilege. This is how could be explained the efficiency of political police (secret services) which would exploit precisely the frailty of bonds among the members of society.

Many obnoxious habits were created: the idea that what is public belongs in fact to the state, and in the fight against the forms of deprivation that it imposed, there were "legitimate" the actions aiming at demolishing

the public space. Additionally, the doublespeak that the regime used to practice (the "justice-bidon" by Solzhenitsyn) created a total mystification, a remarkable difference between texts, norms or statutes and the practice that would annihilate their apparent protectiveness [7]. People would eventually react in a different or even contrary way, as opposed to what they were thinking. These circumstances led to an extreme individualism, lack of compassion derived from the loss of communication skills and to an obvious lack of solidarity. In this context, the chance to resort to the above-mentioned values, which represent the real engine of the RJ, is very feeble.

In the third place, studies have demonstrated that interventions in the name of RJ are efficient if performed in a non-coercive environment and that attempt to involve victims and community members in a collaborative and informal manner. Romania has a long formal, authoritarian tradition. The resolution of a penal dispute is almost inconceivable outside an institutionalized framework. There is a culture of written arguments in disfavor of oral ones, and of the official nature conferred by bureaucratic instruments (e.g. application of the official seal, page header, registration number, etc.) in disfavor of the gentlemen's agreement. Any approach outside these practices is underrated as private, unofficial and devoid of effects. Under these circumstances, the penal issue does not bear many chances to be solved, except on an institutional level.

In the fourth place, even if we imagined a more united society, the challenges launched by RJ are sometimes difficult to surpass. The premises of a communitarian approach to the penal conflict, with the inclusion of all interested persons in its resolution, cannot disregard the fact that delinquents are essentially different. Thus, all modern criminological theories relate social environment to the genesis of crime. Among the responsible factors for that there are: disorganized families, school abandonment, negative entourage, anomy, etc. All these factors have the ability to seriously affect an individual's character, so that it is possible to remain little room for the feeling of shame that indicates a state of morality. After all, since the very beginning of criminology, Garofalo used to identify the criminal with the moral insane, an individual with an affected moral sense. Consequently, when we try to deal with crime, we are confronted with subjects that bear a high risk of pervertibility. In this context, the idea of a regenerative debate, without the involvement of force, could be easily qualified as an illusion. Let alone delinquents who refuse to cooperate and accept the application of a RJ procedure.

Last but not least, it is important to mention certain technical concerns, such as the risk of disrespecting the due process, derived from the loss of the right to an independent and impartial forum, or the separation of judicial powers caused by the involvement of the police in solving the issues of offenders.

All these critiques await for an answer. It is possible for the RJ not to function efficiently except in isolated communities, which explains why such experiments come, in most part of the cases, from Great Britain, Canada or New Zeeland [9]. After all, the import and the transplant of an institution from one system into another is a difficult task and no one can offer guarantees against acculturation. Prudence would be highly recommendable, including as to the ability of RJ to prove a superior solution [10], as a form of resilience in criminal proceedings, a sort of universal panacea for all critical situations generated by the commission of any criminal act.

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Role of self-esteem in improving the resilience of delinquent youth

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Abstract

The specialty literature shows that low self-esteem would be the origin of many behavioral problems including substance abuse and other deviant behaviors. The paradox is the fact that a very high self-esteem but also a very low self-esteem affects negatively the psychological functioning of the individual and can lead to maladaptive behavior. This paper proposes an approach of theoretical issues, in the first place, and the research methodology clarification of the aspects mentioned above.

Subjects considered in this research are part of the juvenile delinquents in the Reeducation Centre Buzias.

The psychological tests selected for the present research are summarized in SEC (Clinical Evaluation System) and were chosen starting from the psychodiagnosis paradigma and the scientifically validated clinical evaluations: The child and adolescent scale of irrationality CASI, Questionnaire of unconditional acceptance of oneself USAQ, Scale of irrational beliefs for children CSRB, form B and C, Self esteem scale SS. Self-esteem can influence resilience in terms of increasing or decreasing risk and protective factors.

Key words: self esteem, juvenile delinquency, resilience, protection factors

Intoduction

Understanding the child/adolescent committed to a reeducation center is absolutely necessary in order to imprint a ppositive course to the forming and manifestation of interpersonal relations and to implement an efficient reeducation effort.

Due precisely to the situation he is in, the delinquent child is a specific human universe, full of contradictions, frustrations and feelings of unfulfillment. Each of them stems from this custodial universe, as a consequence of flagrant antisocial conduct, committing crimes, some of which are extremely severe. Many are socially misfit, refractory or incapable of becoming integrated to normal requests of social interaction, with a life mainly subordinate to instincts and primary necessities, with dubious morality and more than often with a painful childhood, weighing heavily on their conscience.

Often, the causes that determine criminality are found at adolescents whose resolution capabilities and social skills are insufficiently developed, in their affective immaturity and desire to be valued within the group of friends, but also in their cognitive orientation rather on achieving results in a short term and neglecting the impact of long term decisions [4].

Decisive for the child's evolution is his position in relation to the crime committed and the degree of affective and psychological security he perceives in his new living environment. Usually, in the structure of human personality, the following components are considered to be essential: affectivity, motivation, will, temper and character.Emotional manifestations are a sensitive seismograph of the emotional dynamics experienced by minors and youth in reeducation centers.

From the perspective of improving the resilience of this category of children and youth, motivation to change becomes essential, in connection to which a specific stand must be adopted with regards to significant issues, such as the future, family, relations with the centers personnel, this offering an important lever for the recovery effort [4]

It is important to promote resilience for the delinquent children because it gives them the ability to deal with life traumas and adversities, and is based on self-esteem. Resilience can help to increase and promote a child's self-esteem. If children are resilient they will be able to cope better with problems and traumas, they will be happier and more fulfilled and will be less likely to develop emotional problems like depression or anxiety.

Documentary framework

When delinquent children lack resilience, a negative event serves as a trigger for irrational beliefs. These irrational beliefs lead to excessive emotions and self-destructive behaviors. Destructive behaviors such as arguments, fights, threats, low performance are the most common among this category of children. It can also generate damaging emotions such as panic, depression, rage, apathy, resentment, passive aggression.

Self-esteem is similar to self-worth and it can vary from one day to another, but general self-esteem develops from infancy to adulthood.

Patterns of self-esteem start very early in life. The concept of success following effort and persistence starts early. It is important to develop and promote self-esteem during childhood. Parents involvement is essential to helping kids form accurate, healthy self-perceptions while they also create a self-concept based on interactions with other people. Parents can promote healthy self-esteem by showing encouragement and enjoyment in many areas.

Self-esteem fluctuates as children grow. It frequently changes because it is affected by a child's experiences and new perceptions.

Delinquent children are usualy children with low self-esteem that may not want to try new things and may speak negatively about themselves, having also a bad self image. They frequently experience a low tolerance for frustration, giving up easily any task or activity and are very critical of and easily disappointed of themselves. Often, for these children, a sense of pesimism prevails. This can make them vulnerable to stress and create difficulties in solving different kinds of tasks.

Creating a good self esteem for this children by promoting their resilience through strengthening protection factors and diminishing risk factors becomes healthy for their overall life. Thus, they interact with others, are comfortable in social settings, enjoy group and also individual activities. Children can be sensitive to parents' and others' words. Remember to praise your child not only for a job well done, so they should always be rewarded for their effort and completion of tasks, instead of outcomes.

The models of conduct provided by both parents, as well as the affective and instrumental qualities of the family home are the fundamental prerequisites for the establishment of a well-structured personality, motivated by appropriate beliefs regarding the need of respecting prosocial norms. As a result, the adolescent behavioral manifestations depend, to a large extent, on the integrity of the family function. The absence of fulfilling all the main functions of the family (subsistence, protection, affection, socialization, etc) cause the appearance of trends that are not compliant with the rules of conduct positively valued by the society [5]

Delinquent children need a positive role model and thus they might set more accurate standards and become more realistic. They shall learn to see all life situations in a positive and objective manner. Thus, juvenile anti-social manifestations must be understood by taking into consideration the combined individual, psychological, social, and cultural factors [5]

In order to improve their self esteem and, thus, better cooperation and interaction with adults and peers they need to be offered for each well fulfilled activity positive, accurate feedback. They need to feel they can be confident in the presence of certain adults, need to be encouraged to talk to them about solving problems that are too big to solve by themselves. They should become involved in constructive experiences, activities that encourage cooperation rather than competition, these being helpful in fostering self-esteem.

From the perspective of resilience, its evaluation is focused mainly on capacities, forces and family resources. Clinical interviews are essential in order to detect family problems and the way they are lived. The interview must be led in order to discover and explore the forces, interests and coping strategies specific for each family [3].

Research methodology

The aim of the present research is to analyze the level of self esteem and the irrational beliefs of delinquent children, highlighting psychological and social risk and protection factors that influence their level of resilience.

In order to study the relationship between irrational beliefs and self esteem as well as their impact on the resilience of delinquent children, we will use The child and adolescent scale of irrationality CASI, Questionnaire of unconditional acceptance of oneself USAQ, Scale of irrational beliefs for children CSRB, form B and C, Self esteem scale SS.

The questionnaires will be administered to 50 children resident in the Reeducation Centre Buzias in order to evaluate if self esteem and their irrational beliefs influence the risk and protection factors that construct their resilience. The samples will be applied individually. The sample structure is not homogeneous in age (subjects aged from 15 to 19 years old) but it is homogenous in gender.

Conclusions

This research will provide valuable information regarding the impact of irrational beliefs and self esteem on the level of resilience of delinquent children. Also, the outcomes will help us design intervention programs and activities in order to increase and promote their resilience.

Recognizing the beliefs of delinquent children will help understand better why certain adverse events cause strong feelings, long-lasting, and debilitating emotions. Beliefs give the insight into what kinds of adversity creates certain stress; and once they have been identified, they can be examined for accuracy. It is important to pay particular attention to beliefs that seem irrational or inaccurate. It is helpful to think about plausible, alternative beliefs.

Beliefs about the way things will turn out have a significant influence on the ways in which delinquent children respond to stress and adversity. Optimists view themselves as less helpless in the face of stress than pessimists do, they adjust better to negative events, and they have a lower risk of anxiety and depression.

Views about the future are very much related to views about ourselves and our ability to cope with the demands of a stressful situation. The conviction that one has the resources to deal with an adverse event predicts a better adjustment than the belief that he is incapable. Self efficacy is developed through successful experiences in similar situations, by watching others cope successfully, and by being encouraged by others who believe we can be successful.

Thus, the results of the present research will lead us to the most important protection factors that need to be focused on and strengthened in order to develop and promote the resilience of delinquent children.

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Execution of non-custodial guidance and supervision orders

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Abstract

The regulation of the execution of non-custodial educational measures by Law no. 253/2013 on the enforcement of sentences, educational measures and other non-custodial measures ordered by the judicial bodies in criminal proceedings creates a legal framework that prevents minors from being traumatized by the inflicted restrictions, to the extent possible, and that also assures that minors' rehabilitation should be carried out as efficiently and quickly as possible, as a form of resilience in criminal proceedings.

The non-custodial educational measures provided for by Art. 115 para. 1 point 1 of the new Criminal Code adopted by Law no. 286/2009 are as follows: civic internship training, supervision, weekend commitment, and daily assistance. Such measures may be taken against the minor who, at the time of committing the offence, was aged 14 to 18 years.

We believe that the entire regulatory framework of the execution of non-custodial educational measures shows the legislator's intention to grant the minor an additional chance, that is aimed at preventing the minor's exclusion from his natural environment, represented by family and school, and at establishing as such the necessary conditions for his rehabilitation and accountability for the consequences of the committed offence.

Key-words: non-custodial educational measures, civic internship training, supervision, weekend commitment, daily assistance.

Introduction

Act no. 286/2009 [1] on the New Penal Code, sets out, in art. 115 the guidance and supervision orders, both custodial and non-custodial.

Principles governing the execution of penalties. Chapter I, Title I of Act no. 253/2013 [2] is entitled *Area and Purpose of Regulation*, art. 1 letter e) providing the regime and conditions under which non-custodial guidance and supervision orders, among others, are executed – counselling courses, education and vocational training programmes, confinement to dwelling-place during the weekend, and daily assistance.

The stated purpose of Act no. 253/2013 is set out in art. 3. Thus, by settling the execution of penalties, of guidance and supervision orders and other measures, the legislator seeks *to assure a fair balance* (a.n. – *A.F.M. and C.R.*) between the society's safeguard by maintaining the legal order, the deterrence from committing new offences and the *connection to community resources of the person* (a.n. – *A.F. M. and C.R.*) who committed one or more acts provided by criminal law.

Principle of legality of execution refers to the fact that the legal grounds of execution of penalties cannot be arbitrary, but must be based on a final legal decision or other disposition of judicial authorities.

Principle of respect of fundamental rights and freedoms. Penalties, guidance and supervision orders and other measures ruled by judicial authorities impose certain restrictions and limitations, but they must be applied so as to assure the respect of fundamental rights and freedoms.

Principle of respect of human dignity. Even if the person against whom the criminal courts of law previously ruled an interim order or a final conviction commits an offence, the measures to which that person is subjected must not affect his dignity.

Principle of respect of the right for private and family life. The infliction of penalties, of guidance and supervision orders and other measures ruled by judicial authorities in the course of criminal trials, even though non-custodial, still impose certain inevitable restrictions on the private life of the person. However, these measures must be enforced in such conditions as not to limit the exercise of the right for private and family life more than the inherent nature and content of the measure itself.

Principle of respect of confidentiality and data of personal nature. Natural and legal persons involved in the execution of penalties, of guidance and supervision orders and other measures are bound to respect confidentiality and the protection rules of data of personal nature, set out in the specific laws.

Principle of prohibition of discrimination. As an expression of the constitutional principle of equality of rights, art. 10 of Act no. 253/2013 has established that during the execution of penalties, of guidance and supervision orders and other measures ruled by judicial authorities in the course of criminal trials, that are of non-custodial nature, discrimination is prohibited on any ground such as race, national or ethnical origin, language, religion, gender, sexual orientation, opinion or political status, property, social origin, age, disability, non-contagious chronic disease or HIV/AIDS infection or on any similar grounds.

Principle of informing the person who does neither speak nor understand the Romanian language, nor is able to express himself. Due to the rather increased number of refugees, but also of persons with certain disabilities, the natural communication in the Romanian language is hindered. In such cases, the right to be informed of the person who is in the course of execution of penalties, guidance and supervision orders and other measures ruled by judicial authorities during criminal trials, that are of non-custodial nature, as to the content of the penalty or measure ruled against him, as well as to the main procedures carried out in the course of execution, must be expressed in a language which he understands, with the assistance of an authorized translator or interpreter, or a sign language interpreter, remunerated from the state budget, via the Ministry of Justice.

Execution of non-custodial guidance and supervision orders.

Title IV of Act no. 253/2013 sets out in detail the rules governing the execution of non-custodial guidance and supervision orders. In the first chapter – *General provisions* – the law sets out the organisation of the execution of non-custodial guidance and supervision orders, the role of the Probation Service and the right to be informed of the juvenile offender and his family.

Chapter II details the effective manner in which non-custodial measures are executed.

The first measure is set out by article 66 of Act no. 253/2013, namely the *counselling courses*.

The counselling courses to which the juvenile offender must participate, are elaborated on the basis of the framework-programme authorized by joint order issued by the minister of justice and the minister of national education, published in the Official Journal of Romania, Part I, according to the minimum standards on probation destined to the institutions in the community which are involved in the execution of non-custodial guidance and supervision orders. These establishments must respect, in the course of their activities, the minimum standards on probation for the institutions in the community, which are authorised by act of the Government.

The second measure, provided by article 67 of Act no. 253/2013, consists of *education and vocational training programmes.* This order is more complex, since it implies the participation of the juvenile offender to education or vocational training courses, as well as his deterrence from carrying out certain activities or connecting with certain persons that could affect his rehabilitation.

The third measure, stipulated by article 68 of Act no. 253/2013, is represented by the *confinement to dwelling-place during the weekend*. This is an order that involves a greater control, in order to avoid that the juvenile offender come into contact with certain persons or be present in certain places which may lead him to adopt a criminal behaviour. We must mention that any assembly or meeting place (discos, clubs and bars) may constitute favourable opportunities for the commission of offences.

The last non-custodial guidance and supervision order is *the daily assistance* and is set out in article 69 of Act no. 253/2013. The supervision of the execution of daily assistance is achieved by the probation officer or, if the case, by the person appointed by the former's decision, and is a person who belongs to an institution of the community. The daily assistance is based on a programme which contains certain activities that the juvenile offender must fulfil. The programme is agreed on by the probation officer as well as the parents, the legal guardian or other person who takes care of the juvenile offender, who is consulted in his turn.

The last chapter of the section related to the execution of non-custodial guidance and supervision orders refers to common dispositions applicable to all such orders.

When a court of law has ruled against the juvenile offender either the obligation not to attend certain places, certain sports performances, cultural activities and other public assemblies, or the obligation not to approach the victim, communicate with her and her family, with the participants to the offence and other persons determined by the court, the judge appointed for the execution of penalties issues a copy of the operative part of the judgment in order to be notified also to the persons or institutions that are entitled to supervise the fulfilment of these obligations.

In case the court rules against the juvenile offender the obligation to subject himself to measures of control, treatment or nursing care, a copy of the operative part of the judgment is notified, by the probation officer, to the institution in which the control, treatment or nursing care mentioned in the judgment are about to be carried out.

The obligations imposed by the court can be modified in the course of execution. The initiative of modifying the initial obligations may belong to several categories of persons: the probation officer; the juvenile offender; the parents; the legal guardian; other person who takes care of the juvenile offender; the injured party.

Conclusions

The manner in which the legislator has settled all non-custodial guidance and supervision orders proves his intention to offer juvenile offenders a second chance, as o form of resilience in criminal proceedings, so that they might not be estranged from their natural environment, namely the school and family, by providing the conditions to be met in the attempt to rehabilitate them and make them aware of the consequences of their acts.

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Mediation – a premise of promoting assisted resilience for both victim and offender

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Abstract

Mediation between victim and offender is part of the concept of Restorative Justice, a process within which the victim and the offender meet face to face before a mediator and attempt a **restorative settlement of the conflict.** Restorative Justice implies the existence of a much deeper connection between the victim, offender and community than the one taken by the official system of criminal justice. The victim and the offender are members of the community and they need to go back to their old life within that community, surpassing the difficult situation by which they went through as result of having committed the offence In this regard, the concept of restorative justice emphasises the social interactions (including emotional, social and economic aspects), between the victim, the offender and the community. The **restorative approach relates directly to the conflict and empowers the relationships based on respect, cooperation and responsibility between those who commit offence, victims and the community members.**

Crime causes immediate negative effects in the personal and social life of those directly involved (victim and offender) but also long term consequences which have an impact up on the two main characters both at personal and social level, unless are appropriately managed. We make reference both, to the victim's physical and psychical traumas, and also to the psychical pressure, the labelling, and the stigmatisation which the offence author is submitted to, simultaneously with the latter's introduction in the criminal system and punishing him.

The article analyses mediation between victim and offender as condition of promoting assisted resilience in this particular context, relating to the general characteristics of mediation, to the objectives of the specific type of mediation and to the techniques used within it. There are also presented the results of some specialty studies which support the article idea.

Keywords: mediation, restorative justice, conflict, responsibility, assisted resilience

Mediation - alternative method of disputes settlement

Christopher Moore (2003) defines mediation as being: "The intervention in a conflict of a third accepted, unbiased and neutral party, who has no authority to decide, but who helps parties in a conflict to voluntarily reach an agreement which can be mutually beneficial''[1],

If we relate to the principles governing mediation and the practical way implementing of process, to the role of the mediator and the techniques used by him, we would like to add following comments to the previous definition:

Mediation is a volunteer process– parties decide if they accept or not their dispute being resolved by mediation, they have the right to withdraw from mediation at any time over the course of process and they are not bound to reach an agreement (settlement). Mediation promotes the parties 'self-determination – their right and ability to define their own problems, needs and solutions.

Mediation analyses the basic causes of the issue and enables the finding of creative solutions and remedies, adapted to the needs and resources of the parties having a dispute.

The mediation stimulates communication, constructive dialogue, empathy, cooperation, alternative thinking and creativity. Preconceptions, defamation, verbal aggressiveness are avoided; the trust between parties is built; perceptions are clarified; expectations, fears, emotions, dissatisfactions and frustrations there are shared, within a safety and privacy environment.

Victim -offender mediation–instrument of the restorative justice

Mark Umbreit defines the Restorative Justice as a form of reaction to crime which provides the opportunity to those who are the most affected by it – the victim, the offender, their families and the community – to be directly involved in the response towards the harm done by committing the crime" [2],

The philosophy and the principles of the Restorative Justice are based on the idea that a crime is first of all a conflict between people that harms other people, as well as their personal relationships, a harm that creates obligations and responsibilities [3], for those involved and for the community. Thus, Restorative Justice proposes a change of view as compared to the classical system of justice (which considers that crime as an act directed against the State, a law breach) by a participative approach of parties in conflict resolution and the remedy of the consequences of crime.

Victim-offender mediation follows the same consecrated procedure as in the case of other types of dispute, with the mention that it has a specific nature, determined by the parties' psychical and behavioural features –the victim and the offender – as well as by the nature of the dispute, as result of committing the offence. It is important to mention the fact that within the mediation process no guilt is established, the discussion is focused on the offender's problematic behaviour and the way in which this behaviour had affected the victim, the victim's or the offender's family

According to [4], victim –offender mediation is a process providing victims the possibility to meet the offenders in a safe and structured context, for the purpose of taking offenders' responsibility for their behaviour and awarding damages to victims for the harm done to them"

It is a non-adversarial process, of making decisions by consensus, which encourages offender's responsibility and the satisfactions of the victim's needs. Through the mediation process, people who committed crime have the chance to take responsibility for their deeds, to correct the harm done, to reflect upon their behaviour and, at the end of the process, to be able to make a behavioural change.

Victims have the possibility to express their feelings and perspective regarding to the criminal act, to get information about the crime, to find out offender's motivation for having committed the offence and to be compensated for the loss suffered (material, moral, psychical, emotional).

Each situation in which the offender made a mistake is capitalised both as learning and as behavioural change opportunity. Discontents are expressed in a non accusing manner; the conflict is redefined or "reframed" in a positive manner which can lead to a win-win solution. Stigmatisation and labelling are avoided; the offence is considered as wrongful behaviour, but is not judgemental the offender, as person. If mediation works and reaches its aim, the person having committed a criminal deed, shall refrain from committing more offence and the victim shall avoid double victimisation, shall regain trust and the feeling of control upon his own life. Thus, the life quality of the two main characters of the dispute can considerably improve.

Resilience and victim–offender mediation

Relatively newly introduced in the field of the psychosocial practice research, resilience implies the positive adaptation of an individual to difficult and adversarial circumstances appearing in the life of a person and personal development by confrontation with these circumstances. Manifesting resilience evolves during the person's lifetime, the person being able to acquire new competences and to change. Thus, "resilience appears as a dynamic concept, being rather a process than a trait"[5],

The concept of assisted resilience makes reference to the "possibilities of creating opportunities in order to develop those persons' abilities who are exposed to adversarial or risky situations, to overcome them" [6],

Researches conducted in the field revealed that self-esteem, empathy and respect for others, honesty and cooperation, internal locus of control are factors of resilience. Social skills are another important part of the development of resilience. Ability to solve a conflict, to be assertive and constructively problem solving are also skills that help a person to feel they have control over situations of his life. Taking responsibility, confidence, the feeling that one is able to establish realistic goals and getting things done, belongs also to the concept of resilience.

As seen, mediation is characterised by balance, cooperation, empowerment, potential and responsibility, empathy and competence, in other words, individuals' ability to surpass their own problems and to produce changes.

If we place the objective of mediation in the sphere of parties' progress by comparison to their situation in the past, mediation attains its aim in full when parties, as result of mediation, also experienced a progress in development their ability, development of strength of self and capacity relating with the others. All these represent the components of the empowerment in mediation (parties' empowerment): personal power and mutual recognition" [7],

Mediation, by validating the importance of one's personal competences, empowers participants, activates their ability to make decisions in adverse conditions and reactivates their sense of personal value.

Empowerment is reached when parties become more aware and more trustful with regard to their ability to face difficulties they encounter.

The recognition of the other occurs when parties manage to be more open, more attentive, more receptive to each other, being able to explore other perspectives as well. Self-preoccupation is related to defensiveness, susceptibility and the lack of acceptance towards other opinions or different perspectives. Conferring recognition means seeing things from the other party's perspective, open awareness and understanding the position and the other party's perspective, even adjusting of one's behaviour to match the other party's needs. [7]

The confidential and non judgmental feature of mediation gives a chance to parties to explain their actions, to share their experiences, their fears and, especially, helps them to consolidate their relating abilities towards other people's problems. By these, mediation contributes to mutual recognition and interest, as human beings, even between parties who started the relationship as fearful opponents. The idea that they can collaborate to repair the damages done through offence, gives the parties the feeling that they can personally control the result. All these identify with the dimension of *mutual recognition* of the mediation process.

In general, people who are in conflict feel they do not have any alternative. Strong emotions limit the abilities to creatively and openly think. Generating solutions for conflict resolution helps parties to create multiple solutions from which they can choose and they can agree upon the one that suits best their needs, and that provides them feeling of freedom, power and control.

We can state that *empowerment* in mediation means to treat both the victim and the offender in a way which respects and supports their own resources of making decisions and finding together solutions for the problems they face, solutions which might bring to satisfying their needs and interests and as last resort, solving their conflict. Both the victim and the offender are encouraged to play a active role in deciding their own future, instead of passively assisting in decisions made by others for them. It is developed the ability of self-determination and involvement in the process of conflict settlement in a free, conscious and committing way. Interaction between mediator and parties on one hand, between victim and offender, on the other hand, facilitates empowerment by the fact that participants in mediation get the feeling that they are respected, that their identity is recognised; their interests and needs are accepted.

The mediation process refers to the emotional and informational needs of both the victim and the offender, which are essential in the empowerment process and for the purpose of developing empathy. Empowerment and empathy can facilitate removal/suppression of the feeling of victimisation and its negative consequences - in the victim's case – and prevention of the future criminal behaviour, in the offender's case. Researchers have highlighted that for the victim, the possibility to express his/her feelings with regard to offence, to its impact, in the presence of the offender, most of the times, has a therapeutic value and a greater importance than reaching an agreement. [8].The fact that the victim has the chance to receive direct replies to all the questions that make him uneasy, that she can understand why he became a victim and, moreover, that she can perceive the offender as a human being and not as "something" that caused her harm, gives her the possibility to free himself of the negative feelings and experiences gathered from the moment of crime perpetration as well as to regain control of his own life.

Mediation encourages offenders to take responsibility for their behaviour and to become aware of the consequences of their decision to commit the crime, for others and for themselves. Being aware of the fact that this kind of behaviour is first of all a consequence of their decisions contributes to developing of the internal locus of control. As we have seen, resilience represents – briefly –the ability to face difficult situations. Usually, people with an internal locus of control have greater chances to surpass these situations by comparison to those with an external locus of control, they are more resilient. On the other hand, understanding the way in which his acts affected others stands for an essential factor of moral development and of resilience. The cognitive ability to understand the way in which his own decisions affect others is essential for the moral development [9].

We can draw the conclusion that the effective benefit of victim-offender mediation– beyond their dispute ending up in an amiable way – is represented by the very huge potential of transformation of participants. Due to the awarding the feeling of power to both the victim and offender and by encouraging mutual recognition of their humanity, mediation triggers a positive change and personal development by "integration of own power and of compassion for others [10], thus facilitating resilience".

To support this statement there are the results of researches with regard to the impact of mediation upon victims and offenders, results that highlighted a high level of victims' satisfaction and positive changes in offenders' attitude and behaviour[11]. Thus, it has been found that in the case of offenders, the rate of relapse was 20 % for the young people who participated in mediation by comparison to 34 % for the control group and a percentage of 81% complied with the duties to repair damages according to the agreement, by comparison to only 57% of the young people who were not involved in mediation [12].

In general, victims involved in mediation express a higher degree of satisfaction regarding the way in which they felt and how they were treated during the mediation compared to the victims of whose cases are settled within the justice system [13], and are less susceptible with regard to the risk of becoming a victim again.

Analysing the victims' feelings before and after the mediation, [14], observed that there is a lowered feeling of fear and rage and an increased sympathy towards the offender after the mediation finished.[15], conducted one of the first studies which examined the effects of mediation upon the symptoms of post-traumatic stress (PTSS),for the victims and he found out that in case of the victims who took part at the mediation, there were reduced the traumatising effects of the crime by comparison to the victims from the control group (immediately after mediation and also 6 months later).

Conclusions

In analysing the victim- offender mediation as premise of promoting resilience we have emphasised empowerment and recognition, in our opinion, these concepts being defining elements, with the most important role in building resilience

As previously mentioned studies indicate, the victims of crimes who participated in the mediation programs expressed their satisfaction to this process, as well as the decrease of the degree of fear and anxiety. It results that mediation provides victims a deeper feeling of control regarding to the circumstances which, would normally, make them feel vulnerable and helpless

People who committed crimes, proved as result of involvement in mediation, higher degree of conformity at pro-socially standards and values, of fulfilling the duties to repair damages undertaken by agreement and of being aware of the fact that own behaviour is a consequence of own decisions.

We can draw the conclusion that mediation helps participants to surpass the adversarial way of relating and to find the constructive motivations so as to solve the problems they face. Also, it represents a support for parties' behaviour and attitude change. These are helped to discover and/or to consolidate their own abilities to overcome, in the future, the unfavourable circumstances of any nature that could appear in their life.

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The adjustment of the contract by rebalancing benefits – a way of overcoming the over-indebtedness the parties of an agreement

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Abstract

The concept of "over-indebtedness" - which means the original assumption, voluntary or involuntary, by one of the contracting parties, of one or more excessive contractual commitments compared to the correlative one/ones of his contractual partner or which become so while fulfilling the provisions of the contract - can be found in reciprocal obligations, where the contractual balance, shown by the equivalence of reciprocal and interdependent obligations is one of the key factors contributing to the common contractual interest. The over-indebtedness of the contractual parties can have three causes. The first two of these rupture the equivalence of the contractual commitments despite the will of either contractual party, thus changing the legal effects pursued by the parties when agreeing to the contractual provisions. The circumstances to which we refer are, on one hand, those due to economical and financial changes - rebus sic non stantibus - and, on the other hand, the erroneous perception of the parties on the elements of the convention - error as defect of consent. The third cause is the very deliberate action or inaction of one of the contracting parties, resulting in the modification or alteration of the contractual purpose pursued by the other party, by disregarding the free consent of the latter, as well as the failure to comply with the contractual duties. In such cases, the legislature, in respect of the principle of favor contractus, make available to the parties, in order to rebalance mutual contractual benefits and the achievement of general and individual interest, of each of the two parties, as a form of contractual resilience, firstly, the possibility of adapting the contract, placing in the background the sanctions that result in the annihilation of the contract: the declaration of invalidity or termination of the contract.

Keywords: over-indebtedness, doctrine of frustration, adjustment of contract, reduction of benefits.

Preamble

The concept of "over-indebtedness" - a situation characterized by the fact that one of the contracting parties agrees to an excessively onerous obligation in relation to the correlative one of the other contracting party – is characteristic and generally applicable to contracts in which the obligations of the parties are reciprocal and interdependent and in which the contractual balance, founded and originated on the reciprocity and interdependence of the considerations, is essential for the contractual interest pursued by the contracting parties at the time of the agreement. Indeed, the parties in such a contract are interested to comply with the provisions of the contract to obtain their common contractual interest, just as long as, in return for their benefits, they receive a proper equivalent; this equivalence is assessed, usually, subjectively, having into consideration the contractual expectations regarding the consideration to which they are entitled in relation to the benefits to which they, themselves, are required.

Thus, guided by this objective, whenever one of the contracting parties shall notify a discrepancy between what is expected and what in fact the party receives or is about to receive, meaning that contractual benefit pursued is under the party's expectations, the party will believe that it is over-indebted.

As a corollary of the occurrence of such a situation – the over-indebtedness of the parties - is the naturally and inherently increased concern of the legislature in finding and making available to the participants suitable solutions in their contractual legal relations, designed to determine the preservation of these contractual relations in the spirit of respecting the contractual expectations of the parties.

These solutions are reflected in the drawing of lines and guiding rules that are aimed at adapting the contracting parties and the legal relations between them on how the obligations are presented at the time of their maturity.

Among the solutions proposed by the legislature in this matter are the two legal institutions, themes of our research, respectively, the doctrine of frustration and adjustment of contract, that can be seen as forms of contractual resilience.

Causes that determine the over-indebtedness and the remedies suggested by the legislature for overcoming this

Among the causes that generate the over-indebtedness of the contracting parties, the present research focuses on those that generate a contractual imbalance beyond the control of the contracting parties and those who shake contractual balance as a result of conduct committed, wilfully or not, by one of the parties to the contract.

Under the first hypothesis that determines the imbalance between the considerations of the contracting parties are taken into account, on the one hand, changes in the economic-financial field caused by the severe depreciation of the reference currency for contractual relations of the parties - conjecture that has as a natural consequence the impossibility of the parties to the contract to obtain the desirable contractual interest they express at the conclusion of the contract, namely that things remain the same, unchanged – *rebus sic standibus* - and, on the other hand, circumstances arising from the false perception of reality of the parties concerning the elements of the contract, namely error as vice of consent and determining cause of the rupture of the contractual balance expected by the parties at the time of the agreement.

The second circumstance that involves contractual imbalance, more precisely the one that concerns the reciprocal obligation of the contracting parties, is regarding the actions or the inactions of the parties that can materialize either in defects of consent caused deliberately by the parties of the contract – fraud, duress and lesion – either in the non-performance of the contractual duties as the parties have defined them at the time of the conclusion of contract.

Among the remedies proposed by the legislator to the parties confronted with these circumstances that determine their over-indebtedness, our paper focuses its attention, as we anticipated in the preamble to this study, on the legal institutions of unpredictability (doctrine of frustration) and of the adjustment of the contract.

Thus, as shown in the above, either because of the many changes and imbalances in the economical field that characterize contemporary times, or because of malicious behaviour of one of the parties of the contract, whether as a result of the failure, intentional or not, of the obligations undertaken by contractual partner, the parties of a contract may be in the situation of a contractual over-indebtedness which they had not anticipated at the time of the agreement. For this reason, the legislator, at the time of making the Civil Code, advanced the possibility of such events and put out of reach of the parties, through the rules of law, a set of rules that help effectively manage such legal situations.

Thus, for the over-indebtedness caused by external events beyond control of the parties, namely major fluctuations in economical and financial fields, the legislator decided, in a timely manner, to allocate among the provisions of the Civil Code, one regarding the doctrine of frustration and so the parties can make use of it when they are to be found in such legal situation. In this case, the solution lies in the very fact that the legislature has given this situation a specific regulation, thus creating the legal basis needed by the parties in order to request the court a renegotiation of the contract according to new economical circumstances of when the contract must be carried out, if this could not be achieved through conventional renegotiation, through good understanding of the parties.

For the over-indebtedness caused by a false perception of reality due to the expression of contractual consent vitiated by error, fraud, violence or lesion, civil law provides for the interested party new legal institution in the landscape of Romanian civil law, namely that concerning the adjustment of the contract to the expectations of the parties at the time of the agreement.

Regarding the situation in which over-indebtedness occurs as a result of the failure by a party to the contractual obligations, depending on the importance of non-performance, in order to preserve the effects of the contract and the contractual balance, the legislator's solution requires that the parties of the agreement should reduce benefits.

Therefore, it can be seen that all these solutions, drawn by the legislature and which we have chosen to discuss of in this paper, have a common denominator, namely that all converge toward keeping the essence of the contract, its effects, in the spirit of "*favor contractus*". This result is the one that really performs the part in overcoming the situation of over-indebtedness and enables the parties to obtain the contractual interest that motivated them in the first instance to conclude the agreement.

The importance and the legal basis of the legal solutions regarding the overcoming of the over-indebtedness of the parties in an agreement

Over-indebtedness arisen in the legal relations between the parties to an agreement and unmanaged properly will inevitably result in the abolition of the contract, return of benefits and in awarding of punitive damages, according to the general rules of civil obligations.

The natural consequence of this outcome will result in two negative consequences in the legal and economical fields.

Thus, on the one hand, the parties of the contract will be in a situation where they will not be able to get the expected and pursued contractual interest at the time of the agreement; moreover, the parties return to the previous situation will determine the contract termination, a major insecurity of the civil circuit, viewed in terms of its dynamic dimension.

The importance of these solutions ordered by the legislature in this matter lies precisely in the safeguarding the legal effects of the contract signed by the parties and the civil circuit dynamic security.

The legal basis of the application of these remedies lies in the rules and principles of law governing civil legal relations, in general, and the contract, in particular. Through these guidelines, the legislature indicated and requires participants the conduct must characterize the contractual relationship between them and also ensures the security of civil circuit dynamics, vital for running efficient, equitable and profitable economic relations between counterparties.

Thus, at the conclusion of any agreement of mutually binding nature, each of the parties intends to achieve, by correlating performance, personal satisfaction of a contractual interest. Because, in most of the cases, *causa remota,* which determines each party to conclude the contract is not common to the one of the counterparty and, for this to be achieved, it is imperative that the parties, while performing the duties of the contract, comply with the principles and rules imposed by the civil law of contracts in order to obtain a permanent cooperation between the parties.

The first rule of law that covers all legal relations and, equally, matters of civil contracts, is the exercise of civil rights and obligations of contractual in good faith. In this respect, it is the art. 1170 Civil Code which stipulates that the parties of the agreement must act in good faith, both at the conclusion of the contract and throughout its execution, without their ability to remove or limit this duty.

Further on, built and based on the rule of good faith imposed on any person who becomes a party to a contract, we consider the principles of binding force of the contract, conciliation, proportionality and coherence of the contract, all converging towards achieving what the law literature calls contractual solidarity [1].

Therefore, the solutions which the legislator gives to the parties of the contract faced with a contractual over-indebtedness are nothing more than legal means that apply precisely by virtue and compliance of these rules and principles and, at the same time, they are those that give an optimal efficiency of these rules and principles and, equally, a consistent exercise of contractual rights and obligations of the parties as they agreed at the conclusion of the contract.

Doctrine of frustration, adjustment of contract and reduction of benefits – remedies for overcoming contractual over-indebtedness

1.1 The doctrine of frustration

The doctrine of frustration - *rebus sic non stantibus*, in contrast with contractual interest - *rebus sic standibus* is a direct consequence of the drastic and unexpected change in economic circumstances since the time of concluding the contract to that of performing the duties of the contract [2].

At the same time, it presents itself as a genuine exception to the binding force of the contract - *pacta sunt servanda*, the parties of the contract, faced with an excessive debt due to major changes in the economical field, are not able to perform their duties as they stated them at the conclusion of the contract and they are forced, in order to obtain the contractual interest, to conduct a renegotiation of benefits.

Legal provisions for unpredictability theory are to be found in the Civil Code, article 1271. This, after a reiteration of the principle of the binding force of the contract, delineates the direct effect of occurrence of unpredictability - excessive debt the parties - the provisions under the legal rules of unpredictability can be applied – the fact that the debtor could not foresee the changes in the economical field, not assuming by the debtor the risk of unpredictable events prior to their occurrence and the procedure for the conventional renegotiation of the obligations of this contract before claiming this before the court - and the legal effects of invoking the theory of unpredictability - to adjust the contract through rebalancing benefits, primarily and termination of contract, subsidiary.

1.2 Adjustment of contract

Adjustment of contract is a legal institution, novelty for Romanian Civil Code and finds its applicability and usefulness in the field of civil legal acts concluded after expressing consent affected by one of the vices of consent: error, fraud - wilful misconduct, duress - violence and lesion.

Although the explicit legal provision for the possibility of adjusting a contract based on a flawed consent is provided by the Civil Code only in case of error (art. 1213) and lesion (art. 1222 (3)), we consider that, *aedem ratio*, this solution will also find its application in case the expressed consent of the parties is affected by fraud or duress [3].

The theory of adjusting the contract enables the parties of an invalid concluded contract, that normally would be void and would not produce any legal effect, to maintain its effects and to obtain contractual interest, if the interested party of whose consent has been affected by a defect of consent, following indication how the party understood that the legal act concluded shall be performed, shall obtain from the counterparty a consistent execution of the contract according to the provisions made at the moment of concluding the contract.

1.3 Legal rules on reducing benefits

Regarding the legal rules on reducing benefits as a means of overcoming the contractual indebtedness derived from non-performing contractual duties, they present themselves also as a solution provided by the legislature in the spirit of "*favor contractus*" [4].

In this case, if one of the parties of the contract is faced with a failure to comply the civil obligation undertaken by the counterparty, the legislator, in the provisions regarding the matter of reduction of benefits (art. 1551 Civil Code) requires the interested party, confronted with a minor breach of contract within the contracts characterized by prompt execution and also within ones with phased execution, but in the latter case, the breach of the contract should not have happened repeatability, to choose a proportional reduction of its own benefits, without having the possibility of claiming the termination of the contract. Due to the fact that in this matter the parties of the contract are not allowed to claim rescission or termination of the contract we can observe the contemporary legislator's view – preserving the legal effects of the contract and achieving the contractual interest as opposed to the dissolution of the contract, the latter representing an *ultima ratio* solution for the case when the contractual provisions are so severally damaged that the achievement of the purpose of the contract is virtually nonexistent.

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Mediation - an instrument for assisted resilience in mobbing cases

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Abstract

The application of the term mobbing in the context of labour and organizational psychology is owed to Heinz Leymann, a German psychiatrist who shaped the most familiar definition for mobbing: "psychological terror or mobbing at the workplace involves hostile communication lacking in ethics, initiated by one or several individuals and systematically directed towards and individual, who, because of the mobbing, is in a situation of helplessness. In this view, we can speak of mobbing when there are involved harassment behaviours at least every week for 6 months [1].

Mediation offers to the victims of mobbing the possibility to settle the conflict at the workplace, thus intervening with other instruments in fighting mobbing. In this case, mediation at the workplace, victim – offender mediation and, in some cases, organizational mediation are efficient means of intervention for a consensual settlement of interpersonal and inter-organizational conflicts accompanying the mobbing phenomenon.

The paper ***Mediation - an instrument for supported resilience in mobbing cases*** begins with an analysis of mediation from the perspective of the characteristics suggested by Jean-Pierre Pourtois, Bruno Humbeeck and Huguette Desment [2] to assess useful interventions in building resilience. Thus, we are trying to show that mediation can be one of the instruments to intervene in the supported resilience process. Furthermore, the paper shows the benefits and also the challenges in the case of using mediation as an instrument to build the resilience of the victims of mobbing and for the reconciliation of the relationships at the workplace.

We end the paper by offering a practical way to integrate mediation next to other instruments for supporting mobbized persons which have the objective of fighting mobbing effects. For this end we make a short introspection in the functioning of the Colfasa Association's Bucharest Anti-Mobbing Centre and its partnership with the Professional Mediators Association in Romania.

Key words: mediation, victim-offender mediation, mobbing, resilience, assisted resilience, Anti-Mobbing Centre

The use of mediation in building resilience

1.1 Introduction

Mediation is practiced all over the world for settling interpersonal, organizational, community and international conflicts, having a long and diversified history in almost every culture of the world.

Christopher Moore [3] defines mediation as being the intervention in a negotiation or conflict of a third accepted party, with limited power or without any power at all in making decisions, who assists the parties involved to voluntarily reach a mutually convenient agreement concerning the subjects disputed upon. Besides the concrete approach of the conflicts, mediation can also establish or enhance the relationships of trust and respect between the parties or can help to terminate the relationships in a way in which emotional costs and psychological traumas can be reduced.

Mediation shapes a working frame in which the persons involved in the conflict are assisted by the mediator to create by consensus their own solutions to the issues in conflict. These solutions are based on the parties' interest and, at the same time, they are adapted to the resourced the parties have.

Can mediation support the resilience of the individual, where resilience is understood as a new way of development which the individual takes upon himself after a major existential difficulty? [2] Can mediation be a manner to assist the individual in building his resilience? These are questions we are trying to answer by analyzing the characteristics of the assistance relationship between the mediator and the parties in conflict as

well as by checking the implementation, in the case of mediation, of the criteria suggested by Jean-Pierre Pourtois, Bruno Humbeeck and Huguette Desment for assisted resilience. [2]

1.2 Characteristics of the assistance relationship between the mediator and the parties in dispute

Being an intervention in conflict, mediation concerns only those cases in which the person who suffered a traumatic or stressful event is in conflict with another person or group of persons perceived as being responsible for the situation that caused the trauma/ stress (conflicts within the family, community, work place, etc.).

Mediation is a voluntary process, based on the parties' self-determination. They freely and advisedly decide upon the solutions to their problems. In the parties' preparation stage for the mediation, the mediator must make sure that the traumatized person is able to negotiate the conflict settlement. The fact that the parties in conflict are or are not capacitated to settle the conflict by themselves has a strong influence over the mediator's intervention strategies. [3]

The mediator plays an active part during the mediation process by insuring the power balance between the parties in conflict. The traumatized person can find itself in the situation of feeling/ being the weak party. The mediator will insure the increase of the weak party's power before entering into assisted negotiation and will maintain the power balance throughout the mediation process. The mediator contributes to the recognition, organization and setting in order of the power a party in conflict has. [3]

According to the principles governing the mediation, the mediator's assistance is insured to all the parties in conflict in a neutral and impartial way. Therefore, during the intervention, the mediator keeps a position of balance regarding the parties involved in the conflict, without sympathize or support a party to the other party's disadvantage. This is the reason for which the traumatized party must be able to negotiate with the other party by itself during the mediation. The mediator's presence insures a flexible and safe working environment in which both parties interact from equal positions and their negotiation is based on collaboration.

Every intervention implies that the mediator should analyze the situation in particular and design the process to answer the parties' needs. The mediator can elaborate approach and intervention techniques suitable for each situation, meant to assist the parties to the establishment and building of relationships based on respect and trust and to settle the problems that disunite them. [3]

1.3 The application of the criteria suggested by Jean-Pierre Pourtois, Bruno Humbeeck and Huguette Desment for assisted resilience

Jean-Pierre Pourtois, Bruno Humbeeck and Huguette Desment [2] believe that, so as to assure the individual to build its identity by proving resilience, the assistance relationship must gather the following characteristics: a) to leave room for initiative; b) to allow creativity; c) to allow change; d) to always see possible the positive evolution of the individual.

These characteristics are found in what we believe it is the essence of mediation derived from the principles that govern and define it.

a) Initiative. The parties freely and advisedly decide whether they take part to the mediation. In other words, they have the initiative of the mediation process. The content of the debates and the problems to be settles are established by the parties according to their needs and interests. When conceiving the process, the mediator takes into consideration the parties' needs. By collaborating with them, the mediator insures a flexible working environment, particularly adapted to the situation.
b) Creativity. The settling of the issues in conflict is based on the parties' creativity in finding the most satisfying answers, adapted to the needs and resources they have. When the resources are limited, the mediator will stimulate the parties to work creatively so that the parties' solution be the best in the given situation.
c) Change. Moving the parties from the past to the future, reframing the perceptions of the parties in conflict, streamlining the communication, parties' reconciliation are a few of the changes that occur in mediation with the mediator' assistance.
d) Belief in the individual's positive evolution. The mediator begins from the assumption that any person is able to change, has resources of good faith and integrity, can and must have the freedom to decide over its own life, knows and understands its condition better than anyone else. The mediator believes that, by using the right instruments, it will change the adversary relationship between the parties into a relationship based on collaboration.

1.4 Conclusions

There are cases in which building resilience can be a natural process. In other cases, assisting the individual is useful and mediation can be one of the instruments for assisted resilience. Conflict resolution through mediation is an experience which can help the traumatized person increase its self-esteem, rehabilitate its image, recover certain prejudice and regain a feeling of control over its life. This is why we believe that mediation can facilitate resilience.

The mediator must asses in every case if its intervention is suitable. The help of some specialists can be necessary in certain cases so that the mediator should make sure the traumatized person is capable to negotiate the conflict settlement or that it has the necessary emotional stability to sit at a table and negotiate with the aggressor. Such cases include victim-offender mediation in mobbing cases. This is the category we will subsequently deal with.

We believe that both the mediators and other specialists try to see in the most difficult and desperate situations which are the person's resources or the beneficial resources around it in order to be able to help her.[4] Just like psychologists are the constructors of the individual's health [4], mediators are the constructors of the consensus and of the good interpersonal relationships.

We believe that mediation can be a useful tool in the "toolkit" of assisted resilience.

Mediation and Mobbing: The contribution of mediation to the building of the Mobbized Person's Resilience

1.1 Mobbing and its consequences

The German psychiatrist Harald Ege [5] compares mobbing to a war at the workplace where, with psychological, physical and/ or moral violence, one or several victims are forced to obey the will of one or several aggressors. In mobbing cases, the employee is psychologically, systematically harassed at the workplace, attacked and stigmatized by colleagues or chiefs with rumours, intimidation, professional vilification, isolation, endangering its emotional and physical state, as well as its professional abilities.

Leymann [1] claims that a faulty management of inter-organizational conflicts, as well as an inadequate organization of labour can lead to mobbing. Often, in mobbing cases, the aggressor feels that he has the implicit approval or permission from its superior chief only just because conflict management at an organizational level is inexistent or faulty.

Leymann [1] defined 5 types of actions associated to mobbing, according to the effects over the targeted individual, namely

- limiting the possibility to communicate in an adequate manner (it affects the communication with the manager, there appear verbal attacks, threats with dismissals),
- isolating the victim (social isolation, preventing communication with the colleagues or management),
- disregarding the victim in front of its colleagues (gossip, mocking over the physical aspect or personal attributes),
- professional discredit (the person receives useless tasks or does not receive any at all),
- jeopardizing the victim's health (physical attack, threats of physical attack, sexual harassment, appointing dangerous labour tasks).

In what the mobbing is concerned, resilience would correspond to the ability to adapt in a flexible and original way to stress-generating exterior factors [6] represented by the actions performed by the aggressors. Even if the victim initially has the features of a resilient person, being determined, independent, original, self-confident, in time mobbing can affect the process of natural resilience, bringing the victim to the position of seeking help.

Professionally, mobbing affects the labour power, the ability to reach performances, to develop relationships at the workplace. Mobbing shakes self-confidence and in time can lead to depression and loss of the interest to work.

Mobbing can have bad consequences over the victim's physical and psychological health. Certain studies in the field show that there are cases in which the victim can try or even commit suicide.

1.2 Victim – offender mediation in mobbing cases

Fighting the effects of the mobbing over the victim is achieved with intervention measures designed on each case. These measures include the parties' reconciliation, vocational rehabilitation, legal compensations, counselling and therapy, support groups, s.o.

There are cases in which the resilience of the mobbing victims can be build only with the specialized and focused assistance of several experienced professionals: psychologists, social workers, career counsellors, educators and mediators.

In the Anti-Mobbing Centres [7] the persons who have been/ are victims of this phenomenon can find the necessary assistance to overpass this trauma. The services are offered by specialists (social workers, clinician psychologist, counsellor psychologist, lawyer, professional counsellor) according to each and every case. Such services include: the information service, receiving requests, case assessment and forwarding to specialists, the individual and group psychological assessment and counselling service, the legal information and counselling service, mediation, the career and professional guiding counselling service.

Mobbing is a conflict at workplace, a victim – offender one, where the offender could be the chiefs, colleagues or clients. If the employee does not wish to quit its workplace, stopping the mobbing is imperative and involves the settlement of the conflict. The means of settlement used are ADR (alternative disputes resolution) methods or settlement on a legal basis, in case the law allows such an intervention.

Within the ADR methods, mediation is found next to negotiation, conciliation and arbitrage.

In case the victim of the mobbing seeks external help, the negotiation stage is usually cut out. The traumatized person does not feel capable of settling the issue directly with the offender anymore. Victim looks for an assistance that should insure a fair settlement process with the offender. If victim prefers that the neutral third party which will assist in settling the conflict should not influence his/her decision nor intervene with authority in decision making process, then mediation is the best way to solve the issue.

Understanding the situation and preparing the mediation is an important stage of the mediation. In mobbing cases, the mediator will focus on the particular aspects concerning the victim - offender relationship and the issues in conflict and will take certain specific actions. Thus, he will analyze together with the victim and, as the case may be, with other specialists involved in fighting mobbing the following elements of the case:

- if the offender/offenders are all identified or identifiable
- if the victim is able to expose its problems and feelings
- if there is a certain emotional risk (instability) that might damage the mediation process with the offender
- if the victim is able to negotiate
- if there is a lack of balance concerning the power of the parties involved in mediation and how it could be managed.

Often, in such cases, the psychologist in charge with counselling the victim is consulted on the right moment for an efficient intervention. Even if the victim of mobbing is eager and believes it is ready for mediation, the psychologist might think differently. The collaboration of the mediators with the other specialists intervening in building the resilience of the victim is important both for the adjustment of the mediation process to the parties' needs and for the correlation with the other interventions in progress.

This is why the programs in which the mobbing victim can choose from a panel of integrated services have a good result for each intervention chosen by the victim and a generally satisfying result for the victim.

The victim of mobbing chooses and appreciates mediation for the following benefits [8]:

- The mediation process is initiated by the victim only at its free will, when it believes it is ready
- The spent resources (time, money, emotions) is far reduces comparing to the conflict settlement in court or by arbitrage,
- Mediation offers a confidential working environment, providing a feeling of safety to the victim,
- Insures the satisfaction of the need for self-esteem, merit recognition and professional rehabilitation, being a settlement method based on the needs of the parties in conflict,
- Insures a flexible working environment in which the victim can have initiative,
- If the victim of mobbing wishes to keep the workplace, mediation insures an improvement of the relationships at the workplace which are vital to carry on with the work relationship in safety and health conditions.

There are cases in which the mobbing victim suffered a trauma so significant that it no longer wishes to return to the workplace. This is the case of some people who have been subject to this phenomenon for a long time, between 1 and 3 years or who suffered aggressions that jeopardized their physical integrity and psychical health. [8] In these cases, the victim does not feel able to negotiate with the aggressor and all it wants is to cut the existing relationship. In such cases, a victim - offender mediation cannot be useful. In order to satisfy the victim's needs, an employer - employee mediation can be facilitated. So, mediation could help the victim to establish the conditions for leave off work and satisfying the victim's needs of being compensated. In these cases as well, the victim often shows the need to regain self-confidence and be compensated for the suffering caused by the aggressor, which many times happens with the silent consent of the employer's management.

Another dimension the mediator will have to take into consideration in victim-offender mediation is the inter-cultural dimension, that is present in multinational companies. In these cases, the cause for discrimination

and mobbing does not reside in cultural differences but rather in the perception of these differences as implying a real or imaginary threat regarding the aggressor or a group of aggressors. [9] The inter-cultural dimension creates circumstances for specific actions in preparing and performing mediation, decided by the mediator for each and every case.

Conclusions

Mediation can be a useful tool in building the resilience of the victim of mobbing. Stopping the mobbing and settle the conflict with the aggressor in a satisfactory manner are primary objectives of the victim. In these cases, mediation can offer the victim the necessary process within victim-offender mediation or employer-employee mediation. Sometimes the mediation process can have a wider angle where the issues to be resolved include both the effect of mobbing and the lack of the politics of the employer to prevent the mobbing phenomenon. These actions can also involve other persons besides the victim, aggressor or management, such as colleagues from the same department or from another one, collaborators/ clients of the company where the victim works.

In most of the cases, the efficiency of mediation depends also on the mediator's coordination with other specialists offering assistance to the victim in building resilience. A good example of good practice in this respect is the Anti-Mobbing Centre [7] offering the victim a variety of services where the victim can choose whichever it finds the most suitable to overpass the trauma caused by mobbing and the services are correlated and sometimes even interdependent.

Mediation and the Anti-Mobbing Centres

Starting from an example we find a good practice we will inroad upon the manner in which the Anti-Mobbing Centre (CAM) is organized, functioning within the Colfasa Association of Bucharest, Romania.

The Centre for Preventing and Fighting Mobbing and Discrimination in the Labour Market, abbreviated CAM, is a structure founded within the social project "Women matter!" as an innovating instrument in approaching the phenomenon. It opened its gates on 15.06.2011.

CAM aims to prevent and fight all the cases of genre discrimination at the workplace, especially the ones involving psychological harassment of professional nature, called mobbing. The specific objectives of the CAM are:

1. Informing and offering assistance to the women making the object of professional discrimination, victimized at the workplace;
2. Psychological and legal counselling of the women who have been victims of the mobbing phenomenon;
3. Preventing and remedying some psychical, psycho-somatic, emotional and disadaptive disorders provided that they are connected to mobbing;
4. Offering support, solving guidance and catalysis of the strategies to go through personal and professional problems from an emotional point of view, to cognitive and behavioural problems and also through the inter-relational (interpersonal) ones with a disorganizing individual, family and socio-professional impact.
5. Diminishing the occurrence of destructive social phenomena such as victimizing women at their workplace;
6. Promoting the equality of opportunities between men and women in the professional environment;
7. Sensitizing public opinion with several activities of raising awareness over the existence of the mobbing phenomenon;
8. Increasing the degree of awareness among the employers (companies, private or public institutions, etc.), of the staff in NGO-s and social partners;
9. Stimulating, among the employers, organizational changes necessary to diminish the possibility of the mobbing phenomenon occurrence. [7]

The service component in order to fight mobbing includes the provision of 4 types of services:

- Information, receiving requests, case assessment and forwarding to specialists service
- Assessment and individual and group psychological counselling service
- Information and legal counselling service
- Career and professional orientation counselling service

Mediation was included in the services offered to the victim of mobbing as a consequence of the partnership between the Colfasa Association and The Professional Association of Mediators in Romania – Bucharest branch (APMR-Bucharest), starting since March 2012. The Professional Association of Mediators in Romania made available for the CAM a list with 34 mediators who have been familiarized with the mobbing phenomenon and with the manner in which the CAM is organized within the CAM seminars dedicated to the mediators. Subsequently, the mediators have also been involved in other activities of the CAM. The protocol of

the 2 organizations led to the instalment of a working environment where mediation has been correlated to the other services within the CAM. Mediation works as an externalized CAM service, the mediators being independent and organized as a liberal profession in accordance with the Romanian laws in force. The information and legal counselling within the CAM is the one that informs the victim of mobbing over the possibility of using the mediation and over the general characteristics of mediation, guiding the party to contact a mediator for information on the case regarding which only the mediator is able in this respect.

Mediation can also be integrated in the service package offered within the CAM to the victims of mobbing (internal service). The Romanian law allows the mediators to work as NGO employees. On the other hand, we believe that this must be made with caution because it might affect the other party's perception (aggressor, employer) over the mediator's impartiality and neutrality. As the activities of the CAM focus on victim support, it might appear the assumption that the CAM mediator is a supporter of the victim as well. Mediation is a process based on the parties' trust in the mediator's competence and presence of helping them settle the conflict in a favourable way. Without this trust, the parties refuse to take part in and go through the mediation process. This is the reason for which I am reserved about the pattern of integrated mediation in the CAM. I believe that the pattern chosen by the Bucharest APMR and the Colfasa Association is a more efficient one.

The statistics for the first year the CAM operated within the Colfasa Association [7] show that it processed a number of 77 requests from which 60 were from Bucharest, 14 from other areas in the country and 3 from abroad. Among these a number of 55 requests have been qualified as being cases of mobbing, the rest falling in the categories of discrimination (10), sexual harassment (1), stress at the workplace (3), pathology (3), and labour conflicts (6). There were 28 settled mobbing cases.

It is the beginning of a road we hope will continue and bring more and more significant results. For this to be possible, it is desirable that the CAM should be able to keep offering free services to the victims of mobbing. A part of them are unemployed as a consequence of having left the workplace or the employer having terminated the work contract. There is a need for the authorities' support or of other private law persons to ensure the financing of the CAM and the continuation of this type of programs.

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Interdisciplinarity as resilience in legal education

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Abstract

This paper argues that the concept of resilience can be used as an illuminating explanatory tool in accounting for some of the instances of interdisciplinary work. Basically, it is possible to claim that the interdisciplinarian scholar is resilient in as much as he or she converts the dissatisfaction with the boundaries of his or her discipline into a successful intellectual enterprise.

In order to uphold this claim, I shall give specific attention to law and its interdisciplinary (*resilient*) dissidents.

Keywords: resilience, interdisciplinarity, legal scholarship, epistemology;

Introduction

Stemming from psychology, the concept of resilience has been travelling for four decades to many disciplinary turfs and has acquired a significant number of meanings along the way [1]. Although its multi-destination itinerary has made it to evolve into a rather vague notion, by not claiming any particular disciplinary identity, the concept opens itself up to the attribution of new connotations and thereby fosters innovation. In this paper I seek to connect the concept of resilience to the one of interdisciplinarity (2) and, in particular, to interdisciplinarity such as practiced by a small number of legal academics (3).

Interdisciplinarity as resilience

In its common understanding, resilience means the capability of an entity to recover from a difficult situation, be it a shock, a trauma, a radical change [2]. The Oxford Dictionary recalls us that its primary meaning is less figurative implying the idea of elasticity [3]. At first sight, it appears that "resilience" entails the idea of conservation (or resistance): "to be resilient is to withstand a large disturbance without, in the end, changing, disintegrating, or becoming permanently damaged; to return to normal quickly; and to distort less in the face of (…) stresses" [4]. This basic definition is wide enough to cover "the individuals who are resilient to emotional distress, irrigation communities that are resilient to floods, (…) an urban community that is resilient to crime, modern societies who are resilient to global economic fluctuations" [5]. The question that I want to ask here is: can there be a relation of resilience between the academic and his or her discipline?

In general, the acquisition of knowledge and together with it the implicit process of disciplinarization is perceived as a positive experience meant to cultivate the spirit and guide it through the vast arena of knowledge. No matter how strenuous the actual coming of age in a disciplinary sense might be, the historian, the jurist, the architect, etc., in a word the subject, does not envisage dissidence since its very formation (his becoming a subject who matters) depends on his or her subjection to the modes of thought prevalent in the discipline [6]. As Pierre Bourdieu famously emphasized, the process of learning presupposes a "symbolic violence" being done to the disciple for there can be no indoctrination without resorting to a rhetoric whose power resides precisely in its ability to conceal the oppressive act [7]. In fact, to gain a deep insight into a field of study through schooling is not unlike learning one's mother tongue. At every crossroad we are told what path to take until we can handle the journey all by ourselves and almost reflexively bearing in mind the exact rules that we were instilled with.

The disciplinary formation is constraining to the point in which one gives up a part of his or her own identity. From a certain point of view, this act of submission simply means being in the world. The culture we belong to inescapably moulds our identity. We might wish to resist but there are important limits to our critical thinking. Ultimately, we willingly embrace the "normal". Viewed in this light, man is by definition resilient in that he owns the capability of returning to the heart-warming fixity that renders things predictable, and therefore manageable in spite of (but also due to) the continuous violence inflicted upon him by the various disciplinary practices. In this context, how could the scholar not be resilient vis-à-vis his or her discipline?

Nevertheless, if one looks at a narrower definition of resilience the scholar shall no longer appear to be resilient unless he or she converts the initial violence into something new and fruitful. Couched in these terms, resilience would mean more than just resistance: "It is the ability of systems—households, people, communities, ecosystems, nations—to generate new ways of operating, new systemic relationships" [8]. When it comes to academic activities I claim that interdisciplinary work embodies such a new means of acting in response to the pressure exercised by the permanent confinement within the discipline's boundaries. In what follows and before turning to the concrete example of legal studies I shall expand on the affirmation stated above.

My concern here is with interdisciplinarity arisen out of pure dissatisfaction with one's discipline. Few authors acknowledge such a source for interdisciplinarity since the fact of gravitating from one discipline to another can be seen by one's peers as a failure to adapt and to become a fully-fledged professional. Additionally, such a gesture of indiscipline hailing from a conflicting relationship between self and the discipline's framework is deemed to be problematic in that it contradicts the established paradigm that wants the acquisition of knowledge to be a purely intellectual, value-free pursuit segregated from any kind of feelings. Or, more often than not, emotions play a significant role in shaping the way individuals relate to different domains of knowledge. The final outlook of one's encounter with a disciplinary culture and its corresponding idiom is conditioned by a series of non-rational factors. Indeed, as J. Frow argues "to assert the passional basis for the acquisition of at least certain kinds of knowledge is to say that there can be no unmediated relation to knowledge (no simple 'love of knowledge')" [9]. The reasons for disappointment may range from a difficult or uninteresting discipleship to a fundamental inadequacy between one's predispositions (i.e. *Weltanschauung*) and the values implied by the discipline itself or the pronouncements put forth by its mainstream, orthodox branch. Such a negative experience in relation to the discipline of one's choice engenders a complicated feeling of frustration that comes to test the scholar's capacity for resilience.

A possible reaction would be to cast the net of research wider so that his or her work encompasses other areas prone to provide for happier intellectual experiences. However, although at first glance it might appear as a liberating experience, turning away from one's discipline does not automatically lead to the creation of a comfort zone. To the contrary, what initially characterizes such a deterritorialization partakes of a disturbing sensation of anxiety in as much as the scholar, not unlike the émigré, must confront, on one hand the estrangement from his or her "home" and, on the other hand, the strangeness and sometimes even the hostility of the new "land". Having betrayed the discipline that bestowed him or her with an identity, the researcher can expect to be relegated to the confines of the field or even outside of it. At the same time, the specialists of the other disciplines will not be ready to grant membership to any "intruder" as long as the latter does not incorporate into his or her own thinking the intelligibility schemes traditionally established in the host discipline, which, in most of the cases is exactly what the interdisciplinarian seeks to refute: interdisciplinarity entails "rejuvenation and regeneration (…) negotiation and new meanings, not one more stage in 'normal' science" [10].

Moreover, "the majority of the people engaged in interdisciplinary work lack a common identity" [11] since there is no such thing as general interdisciplinarity that could function as an intellectual aggregator. Of course, there are a number of associations and institutions, such as the "Association for Interdisciplinary Studies" (AIS), addressing themselves to anyone who deals with interdisciplinarity, regardless of their field of origin. However, although many conferences, programs or workshops certainly alleviate the interdisciplinarians' anguish the fact remains that "they often find themselves homeless, in a state of social and intellectual marginality" [12].

And yet, in spite of this inimical climate, many interdisciplinarians prove to be resilient. Thus, they do not simply give up interdisciplinarity or run away from academia but while proceeding with their non-conventional projects they manage either to make their knowledge relevant for disciplinary purposes, which often means a return within the precincts of the home discipline or to achieve recognition from the gatekeepers of another established discipline. By engaging in interdisciplinarity the researcher will have certainly endured the ordeal of adverse disciplinarity more easily.

Now, I wish to exemplify these considerations by looking at the discipline of law. This example will additionally allow me to bring to light some of the limits of interdisciplinarity as resilience.

"Law and…" as a form of resilience

If the 19th century was marked by the ever-growing fragmentation of knowledge many high profile intellectuals of the 20th century raised their voice against disciplinary isolation calling for more flexibility in assessing the contemporary societal environment. Suffice it to remember that during the events that took place in France in May 1968 interdisciplinarity was one of the protestors' key demands [13]. By mid-century, interdisciplinary thinking was being promoted through several means in the United States of America as well, with the universities of Harvard, Columbia and Chicago leading the way [14].Today "almost all academic journals, in their mission statements (…) claim to be 'interdisciplinary'; so do many academic departments (…) and even entire universities" [15].

Unsurprisingly, law has remained immune to these epistemological and educational changes (from this point of view, law was said to be "amazingly resilient" [16]). According to J. Brundage, law is taught in many faculties in Europe in not so dissimilar a fashion to what use to happen during the Middle Ages [17]. The paradigm of doctrinal or black-letter rule analysis invites students to view law "in purely technical terms, as an autonomous system, with discernible boundaries (…) between law and other academic disciplines" [18]. Critics have identified a number of reasons for law's lack of permeability [19]. On the other hand, some authors, admittedly a very small number, have expressed dissatisfaction in respect of the orthodox mode of thought. While disillusionment can stem from a wide range of specific sources it usually stretches on the whole experience of being a law student, and thereafter a legal academic.

I shall further argue that the disappointment in relation to law has its origins in at least three main features of legal scholarship all of which incite the scholar to turn to interdisciplinarity.

1.1 Law is excessively vocational

One of the fiercest critiques levelled against legal education resides in its too great a concern with practice. All too often, universities train students to become judges, lawyers, public notaries and legal consultants allowing for no reflection on the relationship between law and society. Correlatively, the vocational character of legal studies infuses the discipline with a large dose of "anti-intellectualism" [20]. Having investigated the way academics feel about the activities of their colleagues from other fields, T. Becher concludes as following: "the predominant notion of academic lawyers is that they are not really academic – one critical respondent described them as 'arcane, distant and alien; an appendage to the university world'. (…) Their scholarly activities are thought to be unexciting and uncreative" [21]. More recently, in her study on legal academics, F. Cownie investigated what it means to be a legal academic and found out that "almost all the respondents were clear that being an intellectual is not a necessary quality to be a successful academic lawyer" [22].

Therefore, those lamenting the poverty of legal scholarship have manifested their resilience by embracing a pluralistic, socio-legal (or "law in context") approach.

1.2 Law is insufficiently scientific

In the civil-law world, legal scholars have no doubt that their activities can be subsumed under the label of *scientia iuris*. However, the same jurists occasionally feel troubled by law's imperfection in respect of its scientificity. Consequently, they prefer to abandon the traditional vessel, and thereby to undergo the hardship of exile, in order to embark on a perilous trip towards interdisciplinarity, which is seen as the remedy for law's sickness. Hence, legal academics will migrate to areas reputed to be "hard" sciences or in any case owning more scientific credentials than law.

It is the case of "Law and Economics" researchers who make use of econometrics and economic models or those scholars who resort to quantitative analyses of a sociological sort, amongst which statistics occupies a prime position. Ultimately, these projects do comfort their own proponents, whose resilience is thus asserted.

1.3 Law is improperly scientific

Paradoxically enough, interdisciplinarity also springs out of claims directed against law's scientism. For a number of legal scholars, the discipline of law unduly proclaims to be scientific. These authors warn against the fallacy of seeing law in scientific terms just because, on the wake of the scientific revolution, it did try to emulate the methods prevalent in the natural sciences. Accordingly, law is culturally constructed, always situated in a particular time and place, inextricably entangled with the values, beliefs and predispositions of a given society [23]. As such, it cannot be cut off from politics, linguistics, philosophy, anthropology or history. Law's textual life denies the possibility of submitting legal knowledge to a much worshiped *mathesis universalis* and reclaims, in turn, the intervention of hermeneutics.

Thus, interdisciplinary movements like "Critical Legal Studies", "Law and Literature" or "Comparative Legal Studies" [24] call into question the law's dogmatism and aim to scrutinize, beyond the sole surface of legal rules, the deep layers of legal thought and the manner in which the latter relates to issues such as politics, literary narratives or culture.

1.4 The limits of resilience

The interdisciplinary projects referred to above undoubtedly fulfil a comforting role in relation to their tenants whom they help overcome discontent with legal knowledge. As for their actual success it is difficult to pronounce a definitive judgment. Who can legitimately assess interdisciplinary work? [25]. Some inquires might be cases of "botched interdisciplinarity" [26], while others might not even be interdisciplinary at all from the

very start if one takes interdisciplinarity to mean integration of knowledge and not mere juxtaposition or unilateral borrowing of information. Moreover, these projects' contribution to how legal research is being conducted in general is of no major significance: "law resists colonization by other disciplines", and according to some authors this has to be that way: "there is no need to complicate things unnecessarily" [27]. By and large, interdisciplinarity continues to remain marginal and the conventional foundations of legal epistemology unscathed.

However, I think this case provides an excellent example for understanding that "measuring" resilience is not necessarily a question of looking at the community's consensus but rather of taking into account the manner in which each individual contends with adversity. Thus, if against all disciplinary constraints, the scholar manages to shift from an activity he or she dislikes (the discipline) to another that he or she likes (the marginal indiscipline) and still survive in academia, it is largely sufficient, to my mind, to call him or her resilient, irrespective of whether he or she will continue to be seen as that curious, elitist intellectual who, for reasons unknown to the community, has decided to tilt the windmills.

Conclusion

In this paper I argued that in some cases interdisciplinarity emerges from dissatisfaction with one own discipline. In those instances, the term "resilience" renders very well the capability of the scholar not only to resist "disciplinarization" but also to convert and integrate disciplinary knowledge into a critical analysis, thus producing new modes of operating at an epistemological level. Interdisciplinarity triggered by disappointment with law's framework is a case in point all the more so that the legal education, due to its traditional methods of knowledge transmission, epitomizes the "violent" process of disciplinarization.

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The rescinding of european institutions related to human rights issue

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Abstract

The humanity's efforts towards establishing a legislative and institutional framework to ensure the preservation of Human Rights and Fundamental Freedoms, often disregarded during the history, have had a crucial moments on December, 10th, 1948 with the Universal Declaration of Human Rights, signed by the ONU member states. The regulations of this document were taken over and developed in a number of regional conventions, as well as the case of the European Convention of Human Rights, having compulsory juridical effect. For implementing in the real life the principles stipulated in the above mentioned document, within the Council of Europe there is the European Court of Human Rights (ECHR), which has the fundamental objective to adjust deviant conduct of the political powers of the European states concerning the respecting of the human dignity, the Human Rights and Fundamental Freedoms, obtained with a many efforts during the centuries. The rescinding of the European Institution on this matter has had positive evolution, keeping up the Human Rights issue in the modern paradigm of the actual international law, as well as in the European architecture, without turning the physical person, as a subject of domestic law, into a subject of the international law. This study is trying to analyze the nature of the juridical relation might turned up between a citizen belonging to an European state and their political power in running, when the state authorities violate one of the fundamentals rights of that citizen.

Key words: European institutions' resinding, human rights, international responsibility, domestic law, international law.

Human Rights – a domestic or international issue.

The international community tends more and more to regulate in the frame of the international cooperation between states, a numerous number of issues, bilateral, regional or global, in various areas, in order to establish their conduct in certain domains, so enlarge the states commitments in the international law. In principle, states can bring under regulation any issues, including those belonging national competence, assuming each other to follow a certain conduct, engaging the international responsibility for the state which violate it. If the states decide to bring under regulation an issue belonging to national competence doesn't mean that issue should be taken out from the domestic competence [7]. In the measure in which the states assumes a certain conduct between them related to that issue which belongs to state competence, this will have a certain international character, without ceasing to belong to the domestic competence.

Such situation can be found out at the international treaties related to Human Rights' theme, following to set up a certain way of international cooperation regarding to that issue, keeping up their sovereignty, being at the same time an expression of their will to develop the cooperation in that area of their reciprocal relations. There are not any regulations affecting the state sovereignty of those states, or the separation between the international law and the domestic law, or the exclusive control of the domestic law from each these countries [8].

Guaranty, use and respect the Human Rights' issue, is a matter belonging to the national law regulating the ways of organizing the political and state life. This feature of the international cooperation it is stipulated both in the Pact for the Civil and Political Rights and the Pact for Economic, Cultural and Social Rights. These regulations emphasizing that the basis for the cooperation related to the Human Rights' issues are in the domestic regulation have taken by each state on the national legislative framework, according to their own national competences, at the legislative and administrative level.

It is obvious that social relationships are created by persons among and in conection with them, with the respect of interests and rights of the person, the protection of assets, and criminal protection of them is not just necessary, but sufficient [11].

The states takes their own commitments, at the international level, to adopt the necessary measures, individual or through international cooperation procedures, including concrete programs, in the domestic legislation and administration, in order to put in practice international norms adopted by international treaties. For example, the Pact for Economic, Social and Cultural Rights stipulate the commitments of each signatory stat to act, through own means, for assuring progressively, by legislative and institutional domestic measure, the exerting of these rights, without any discrimination. There are explicit showed the measure prepared to be taken by each signatory country, in order to ensure the complete exert of the right to work, social security, a satisfactory standard of life, the right to culture, education, etc. Commitments has been taken by the states also in the Pact for Civil and Political Rights, in order to ensure the complete exert of certain freedoms and liberties, the guaranty for the respect the right to defend, the forbidden of any sort of discrimination.

The monitoring procedure ensure a real and correct fulfill of the states commitments, through periodical reports, regarding to the measure have been taken for implementing the international regulations of these Pacts. The reports are examined by a committee of experts consisting from the state representatives, being in fact a dialog with each member state representative. Recently, the existing situation from each ONU member state is examined by the Council for Human Rights, using a procedure through which the states are periodically examined, as an expression of assuming the commitments regarding to cooperation on the Human Rights theme.

This procedure reflect also the fact that, related to human rights issues, there are not any incompatibilities between international cooperation in this domain and national competence of the state to solve itself the problems has been turned up. In the same context has been created mechanisms to examine other states and also individuals, regarding the Human Rights violation. These procedures, even for the country which agreed them, are also part of the mechanisms in the frame of international cooperation, aiming to ensure the fulfilling of the commitments taken by the states regarding to the Human Rights aspects, within the domestic legislative, juridical and administrative framework,.

The existing procedure in Europe, Latin America and recently in Africa, in last instance, ask to the national juridical order to put in practice a decision has been taken at the international level, because the Conventions throw which were set up these procedure had to take into consideration the international establishment of international life, where the state are the main representative. [9]

The Human Rights' issue has been developed both in the international law and domestic law doesn't take place a transfer from internal towards international law. Certain aspects concerning promoting and protection of Human Rights are subject of domestic law, and following a constant practice developed by states, based on these regulation, have been set up at the international level similar regulations (custom or treaties), in such manner becoming part of the international law.

Other aspects concerning Human Rights had been developed first at the international levels, and further on passed into the domestic legal order of the state, procedure well known in other domains of international law too. Winding up can be affirmed that Human Rights institution has an ambivalent feature [10]. Otherwise, domestic law and international one don't exclude each other. Each of it have been taken over norms from the other, settled them down to its specific nature, without giving up their identity and without ceasing to be part of regulation for one of them.

It is also necessary to be noticed that many countries requests a domestic procedure to accommodate the international conventions with their domestic law, in order to have national legislative means to implement international commitments at the national level, the national provision setting up as such being applicable in front of the national courts. There are also states which accept the primate of the international law in comparison with domestic law. Is the case of Romania, which stipulated in their Constitution from 1991, art.20, with the modification have brought in 2003, that the constitutional provisions concerning Human Rights and citizens freedoms, will be understood and implemented in according to the Universal Declaration of Human Rights, and other pacts and treaties signed by Romania. If there are differences between international and domestic regulations concerning Human Rights, international regulations will have priority, excepting the case in which the Romanian fundamental law or domestic regulation don't contain more favorable stipulations. This provision doesn't mean that Human Rights' issue ceases to be an issue for Romanian state, there are at the same time a domestic and international issue, these two domains remaining independents, without a clear demarcation between them.[1]

On this item can be winded up with a clear idea, international regulation reflect the idea that Human Rights remain an issue belonging to national competence of each state, being more and more subject for international cooperation, so an international law issue.

Human bean – subject of domestic or international law

There are different opinions concerning the real place of the human bean in connection with international law. Some theories affirmed the idea that the international society is a society of persons, and therefore only to the persons are addressed the international law regulation, being subjects for these. Other

theories consider human bean as an international subject, near the states. Finally, there are theories which don't recognize for physical persons the quality to be the international low subject.

In order to clarify this problem should be checked if the physical persons are direct beneficiaries of the rights and obligations created by the international law regulations, if these persons can act at the international level, to claim these rights, and can be responsible at the international level for violating their commitments.

It is obvious that the physical persons, as establishment of the society, are the final destinations either the international regulations, some of these provisions setting up rights and obligations for individuals, even for their relations with the state to whom belonging to. These principle and norms are adopted by the states by international treaties or customs procedure. So, the rights and obligations for individuals descend from the state willing and not direct from international law. Many of these regulations create a certain conduct not only by the states but also for the individuals being on their territory. [6] In some cases, the international regulations should be adopted through the national law, in order to become effective and the individuals to be the beneficiaries of the rights stipulated by treaties. In other cases there are enough that the treaty is ratified by the law.

The main aim of the international regulation is to set up a uniform standard for the signatories states regarding to the Human Rights' issue, to define Human Rights, to stipulate the states conduct in order to act for guarantying their exert. The state is in the position to implement the international provision into their legislation and their measure at the domestic level only after the treaties ratification. Each person has the right to demand from their authorities the rights and freedoms stipulated in the treaties, based on either international provision, or the national provisions which include the international stipulation after the ratification procedure or a special law with the same regulations.

It is obvious that, if the man is the indirect beneficiary of the international regulations don't mean that it is, because of this, subject of international law. The international conventions set up special conduct between the states; even these oblige each other to guaranty rights and freedoms to their own citizens. The individuals' benefits of these rights and freedoms descend from the international regulation, because these documents were accepted by the state, including rights and freedoms for their citizens and the national authorities' conduct in a national law, either by express regulations, or by the ratification or adherence law to those international regulations.

It is important to be noticed that for those states which didn't signed the international conventions related to the Human Rights can't be obliges to respect those regulations, even the costumes ones. There is a single way to do that, through the procedures existed in the framework of the Council for Human Rights, within ONU institutional structure, where can be adopted recommendations addressed to the states, not descended from their international juridical commitments.

A special interest has been showed to that stipulation from the international treaties regarding Human Rights, in which has been stipulated the rights for individuals to submit complains to international organizations and even international Courts, against to the state to whom belonging to, when considered their rights, stipulated by these international convention, violated by the state authorities. It has to be noticed that, in the international organizations case, these rights has only a procedural nature, because the individuals don't participate on their carry on, and the committees has only the possibility to give recommendations to the state for a certain conduct not to take compulsory measures. Here the procedure is over. These recommendations can be surveyed only by specific procedure, totally other from the juridical procedure.

Totally other situation can be the case in which individuals submit their claims to the regional Courts, as it is the example of European Court for Human Rights (ECHR), which can judge and deliver a sentence, compulsory for the member state who didn't respect their commitments, and their national authorities violated a fundamental rights of one of their citizens. In this case, the persons can attend to all the phases of the procedure. It is important to notice that even this situation descending from the state will, because the state is part of the international convention which set up ECHR, and assume in this way to respect the Human Rights and to be punished if violate them. Europe is not the only case in which these kinds of procedure can be used. Both in Latin America and Africa there are regional conventions according to whom the regional Courts can deliver compulsory decisions for the member states.

According to this arguments seems to be evident that various disputes between states and their citizens can be solved in a peacefully way by the ECHR, avoiding conflict situation. In the same way, there are regional means which strengthen the capacity of European Institutions to manage potentially conflicts, to increase the resigning capacity of those.

Other arguments regarding to the international capacity of physical persons is related to the fact that individuals are responsible, from the international point of view, for committing international crimes stipulated in the international conventions, as for example genocide, producing or illegal trafficking of the drugs and psychotropic substances, crime against peace and humanity, war crimes, according to the regulations stipulated in the constitution of Rwanda or Yugoslavia Courts adopted by the ONU Security Council, and recently in the treaty of International Penal Court.

For majority cases should be noticed that for each of these facts, there are regulations in the international conventions, which stipulate for the states the obligation to adopt national law to condemn its. Also, the states are requested to punish these facts through domestic legislation and national juridical organs. So, even in this situation, the obligations of the respective persons are established in domestic law, and these are responsible in their capacity of domestic law subject.

In many cases, the crime against humanity and war crimes are consequence of the international responsibility of the state, when these persons acted as organs of the state. Even if the sanction is applying individual to the implied persons, this fact doesn't change the situation of the state organs, because the crimes against humanity and war crimes create for the state the obligation to punish the guilty persons and to repair the prejudice, giving at the same time possibility to sanctions individuals. The state can punish also the persons belonging to the enemy troops if they violate the regulations related to the war law.

The protection of social relationships that are threatened or affected by committing an act with social danger, as a legal object of the offense, is an own conception of socialist law [11].

In conclusion, the right of the persons to use international procedure both juridical organs and organs of experts created by the states, in order to submit claims concerning their rights, descend from the commitments assumed by the state in international conventions, to have a certain conduct towards their own citizens and other persons being under their jurisdiction, being in a very close connection with these obligations, in fact the most important sanction for their violation. International organization and international jurisdictional effectiveness influences the quality and the strength of its resigning, their capacity to deal with conflict situations, to avoid or to managed them in a peacefully way.

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The educational measures in the new penal code, model of social resilience in the juvenile criminal policy

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Abstract

The distinctive character of criminal responsibility in case of juveniles is reflected by the actual legislation in the provision of the exclusive sanction of educational measures and the removal of punishments. The institution of this innovative sanctioning regime in the Romanian legislation is but a consequence of the effort to put the basis of a criminal system that is different from that of the adult system, able to meet the specific needs of the juvenile age. Repression proved in time to be counter-productive in case of juveniles, who, during the period of development of their personality, that is full of contradictions, will rather follow the general rules of survival in a group, at the detention place where they are consigned, than try to understand the illicit committed action and choose the perspective of social reinsertion.

Keywords: juvenile, resilience, sanctioning treatment, educational measure.

Introduction

The delinquent behaviour of juveniles and the level of their emotional intelligence, after submission to the legally prescribed punishments, especially those restrictive of personal liberty, have lately formed a constant preoccupation of the legal scholars.

Initially, the draft of the new Penal Code proposed the reduction of the age of criminal responsibility from 14 to 13, by founding this decision on the significant increase, in the last years, of juvenile delinquency and, at the same time, on the statistic data that confirm, in a percentage of over 90%, the existence of discernment at minors with ages between 14 and 16 years [1].

The sociological and psychological studies have lately emphasized, however, the fact that imprisonment in case of minors represents an active factor in continuing a delinquent activity that negatively contributes to the development of their personality. Events preceding the delinquent activity, as well as certain behavioural models met in the places of detention, do have a negative influence on the future of the under aged, during the formation period of their conscience. The lawmaker has consequently given up the reduction of the age of criminal responsibility of the minor and imposed the rule of the enforcement of educational measures that are non-restrictive of personal liberty, in case of minors that commit delinquencies.

The restriction of personal liberty, as sanction, may only occur in exceptional cases, strictly prescribed by law, respectively in cases of serious delinquencies or those of reiteration of the delinquent behaviour of the under aged.

Legal literature shows that the juvenile delinquency is caused by a plurality of internal and external factors, respectively the personality factors of the juvenile delinquents and the factors concerning the social environment [2]. Thus, juvenile delinquency being a problem of social behaviour and the minor's personality being in course of development, it is necessary to correct it by methods that do not alter the minor's personality and that contribute to his positive development. The non-custodial educational measures, prescribed by the new Penal Code first aim at improving the resilience of the under aged. The resilient person will be able to face further adversities in life and, at the same time, his development will not be altered by the event occurred when he was under aged.

In case of juveniles punished for the first time, the actual legislation considers the personal development and implicitly, the cessation of the criminal behaviour by way of innovative educational measures that offer them the possibility to become aware of the antisocial attitude they have proven, but at the same time develop their resilience. The development of the emotional intelligence during the execution of educational measures,

respectively the personal and social development of the under aged shall surely contribute to their adaptation to the culture of the group where they belong and, therefore, stop the criminal behaviour.

Treatment of the juvenile delinquent according to previous penal codes

Minority is regulated by the Penal Code of 1864 in title VI, among the causes that exonerate from punishment or diminish punishment. According to Art. 62 of the same code, the criminal responsibility of the minor might be engaged starting from the age of 8, in those cases in which he acted consciously. Minors of ages between 8 and 15 years who committed crimes or delinquencies were not held criminally responsible, if they had no discernment. In case of those who did not act consciously, the sanction was to entrust them to their parents for better care or their lodging at a monastery for "correction".

In case of under aged with discernment or of those with ages between 15 and 20 years, the prescribed punishments were servitude or imprisonment. The sentence of imprisonment was executed in a special establishment or in a separate part of the correctional imprisonment house.

The Penal Code of 1936 regulates minority in Title VII, Chapter II and includes it among the cases that relieve of criminal responsibility or that diminish it.

According to Art.138 of the Penal Code Carol the second, the minor is deemed to be the person who hasn't reached the age of 19. The same article defines the teenager as the juvenile with the age between 14 to 19 years, and the child as the minor that has not reached the age of 14. The distinction is also reflected in the sanctioning regime, such as, according to Art. 139, the child is not responsible for his actions, while the teenager shall only be held criminally responsible if there is proof of his discernment.

In what concerns the sanctions, the Penal Code Carol the second prescribes corrective and educational measures for children and teenagers without discernment.

In the case of the teenager with discernment, the court could either impose a safety measure or a punishment, according to the circumstances, respectively the supervised freedom or the corrective education or, in those case in which such safety measures were not sufficient in the opinion of the court, there could be imposed one of following punishments, according to the circumstances: reprimand, correctional imprisonment or simple imprisonment.

Art. 144 explicitly prescribed that no punishment restrictive of rights might be imposed on the teenager. At the same time, the execution of punishments took place in a corrective educational institute, exclusively established for the under aged.

Thus, we can notice the attention paid by the drafters of the Penal Code of 1936 to the correction of the under aged, by the consequent regulation of alternative measures, mainly non-restrictive of personal liberty. The restriction of personal liberty, in cases of infliction of such punishments as the correctional imprisonment or simple detention, took place in a corrective educational institute, where he had the possibility to continue education.

The Penal Code of 1968 includes minority among the cases that remove the criminal character of an act, but, at the same time, distinctly regulates this institution in Title V. In what concerns the age limit of the criminal responsibility, it remains 14. In the case of minors under 14 years, the presumption of irresponsibility is absolute and in case of minors with ages between 14-16 years, the presumption is relative. In their case the court may order, according to Art. 101, one of the following educational measures: reprimand, supervised freedom, confinement in a re-education centre, confinement in a medical – educational institute. In cases of infliction of a punishment, respectively imprisonment or fine, limits are reduced to the half.

As a conclusion, the punishments inflicted over time in the case of minors were established according to their level of mental and physical development. They were mainly educational measures, not measures restrictive of personal liberty. Thus, in case of the under aged, retributive justice, the natural consequence of infringing the law, mainly concerns the application of specific sanctions, with the role of correcting the delinquent behaviour, less serious from an afflictive perspective.

The role of educational measures was that of preventing recidivism, of making minors responsible and helping their reintegration into the community, policy named in 1977 by the American psychologist Albert Eglesh, restorative justice.

The main role in the behavioural correction, according to the former codes, is reserved to the social group to which the minor belongs, respectively to the family or, in certain cases, to the specialized institutions where the under aged might be provided with educational and psychological conciliation.

Educational measures prescribed by the new Penal Code

The lawmaker regulates in Art. 113 of the Penal Code the limits of criminal responsibility, as well as the sanctions applicable to the under aged, according to the same criteria, respectively the age and the discernment. In what concerns the minimum age of responsibility, it remains that of 14 and not 13, as it was

initially envisaged in the draft of the new Penal Code. Thus, minors under 14 years do not have criminal capacity, while minors between 14 and 16 years are deemed to relatively lack discernment, there being a presumption in their favour, the proof of the existence of discernment being left to the judicial bodies.

In the new Penal Code, the minority is no more a cause that removes the criminal character of an act, but a cause that relieves of blame, The causes that relieve of blame have effects *in personam*, because "blame is rather a specific feature of the individual than of the offence" [3].

Regarding the sanctions concerning the under aged, as it was mentioned in the explanatory notes, the lawmaker wished a major change in the sense of giving up the punishments that are restrictive of personal liberty, applicable to the under aged, in the favour of educational measures. Thus, based on the age and discernment criteria, the minor may only be subject to an educational measure that is non-restrictive of personal liberty and, exceptionally, to an educational measure restrictive of personal liberty.

According to Art. 114 of the Penal Code, the restriction of personal liberty is subject to the condition of the commission by the under aged of a crime after the one for which he was inflicted upon the educational measure, whose execution started or was consumed, or in case of the under aged who committed a crime for the first time, if the punishment prescribed for the committed crime is of at least 7 years or lifetime detention.

The educational measures that are non-restrictive of personal liberty: the stage of civic training, the supervisions, the confinement at the end of the week, the assistance on a daily basis. The application of one of these measures is done, obviously, by considering the age of the minor and the criteria of individualization of the punishment. They were named in the specialty literature, community measures [4], because they observe the demands of the Recommendations R 16/1992 of the European Commission in this field. Thus, according to the same authors [4], pursuant to the mentioned Recommendations, these measures are executed in the community under judicial control and under the surveillance of the probation service.

The educational measures, restrictive of personal liberty, are the confinement in an educational centre and the confinement in a detention centre.

The non-custodial educational measures are enunciated by the lawmaker not in aleatory order, but according to their punitive valence.

Thus, the first, respectively the *civic training*, consists in the minor's duty to participate, during a period of time that can´t exceed more than 4 months, in a course of civic formation for the improvement of behaviour by non-coercive methods that sanction mainly the improvement of the resilience of the under aged. The participation in this stage of civic formation is supervised by the probation service and does not affect the school and professional program of the under aged.

The second measure prescribed in case of under aged is the *supervision*. It consists in the control and guidance of the under aged in the frame of his daily program for a period of time between 2 and 6 months. The control is achieved by the probation service and has in view the social reinsertion of the under aged, by the participation in teaching or professional formation courses.

The probation service also has, according to Art. 118 of the Penal Code, the obligation to prevent some actions or to control the interaction with certain people that might affect the correction process of the under aged.

Another educational measure is that of the *confinement at the end of the week*. This measure restricts the right of the under aged to leave the house at the end of the week, except the situations that impose the fulfilment of the obligations established by the court, for a period of time between 4 and 12 weeks.

Thus, in this situation also, the family defined in the Convention for the children's rights [5], the natural environment destined to the education and welfare of its members, has an important role for the minor to become aware of the consequences of his offence by the supervisions of the observance by him of the educational measure.

The last non-custodial measure is the *assistance on a daily basis.* This measure restricts the freedom of the under aged in regards of the performance of daily activities by imposing a program that includes the timetable and the conditions of performing the activities, as well as a program regarding the observance of the obligations imposed on the minor by the court in accordance with the provisions of Art. 121 of the Penal Code.

The attitude of the under aged during the performance of the supervision activity of the probation service might determine, according to Art. 122 of the Penal Code, the modification or the cessation of his obligations. At the same time, the non-observance of the obligations imposed by the probation service, as well as the commission of a new offence, might determine the extension of the non-custodial educational measures initially imposed or their replacement by a more serious non-custodial educational measure, and in case this is not possible anymore, by a custodial educational measure, respectively the confinement into a detention centre.

In what concerns the custodial educational measures, the new Code surprises us by the very denomination of the measures, respectively *confinement in an educational centre and confinement in a detention centre*, that are in perfect accordance with their content and that have in view, besides the punitive aspect, the re-education and reintegration of the minor.

The criterion according to which one may order one of the two custodial educational measures is the concrete social danger degree of the offence.

In the absence of a punishment limit, of a concrete reference point, we consider that the measure of confinement in an educational centre might be ordered when the court finds that a non-custodial educational measure would not suffice to correct the minor's conduct.

The confinement in an educational centre consists in the minor's confinement in an institution specialized in the rehabilitation of minors, where he will have to complete an educational and professional training programme.

The new regulation also distinguishes itself due to the measures aimed at stimulating the process of re-education, by the provision of the possibility of replacement of this measure by a less severe one, respectively the assistance on a daily basis, or the liberation from the educational centre at the age of 18. These two hypothesis are possible in the situation the under aged succeeds to acknowledge the school and professional knowledge received and to make proof of his resilience.

At the same time, just as it is natural, the absence of responsibility of the minor and the reiteration of the antisocial behaviour will either determine the extension of the initially disposed measure, to the special maximum, or its replacement by the confinement in a detention centre, as the case may be.

The confinement in a detention centre thus consists, as shown in Art. 125 of the Penal Code, in the minor's confinement in an institution specialized in the rehabilitation of minors, under a security and supervision regime, where he will complete intensive social reintegration programmes, as well as educational and professional training programmes complying with his abilities. The difference between this custodial measure and the one previously described consists in the fact that the process of re-education is an intense one and takes place under a security and supervision regime.

Just like in the case of the other custodial educational measure, the correction of the minor might bring about the replacement of the confinement by the measure of assistance on a daily basis or the liberation from the detention centre at the age of 18. At the same time, in case of commission of a new offence during the confinement, the measure of confinement is extended and in case of commission of a new offence after the minor benefitted from replacement of the punishment, the measure will be revoked and the remaining punishment will have to be performed or the confinement will be prolonged.

In case of a more serious offence, punished with a sentence of 20 years or more or in case of life detention, the confinement in a detention centre extends during a period between 5 and 15 years. The restriction of personal liberty for a period of 15 years cannot be regarded as lacking a punitive character, as it was intended by the renunciation to the repressive policy in the case of minors, in favour of a restorative policy [7].

Conclusions

Juvenile delinquency was defined in legal literature as being "a historical product resulted from the interaction of some social processes with one's own psychological-moral processes" [6]. Awareness and formation of the minor's personality, after the incident occurred in his life, form a necessary premise for his reintegration in the social environment. His turning back to the social environment obviously supposes the confrontation with new temptations, new variables and the absence of the resilience during the performance of the compulsory social-educational programs during the execution of the educational measures, will bring about in the most cases the reiteration of the criminal acts.

The sociological and psychological studies in the field have shown that the social reintegration of the minor has more chances of success in case of alternative means, and that the restriction of personal liberty and the interaction with other delinquents might constitute, in this period of social self-affirmation, a negative factor in the development of the minor's personality.

The new Penal Code meets as such to the imperatives of the Convention on the children's rights imposing "the treatment of the under aged with the respect adequate to human dignity and in a manner that considers his needs" [5, art.37] and gives up the infliction of punishments in favour of the application of educational measure. At the same time, the new Penal Code recognizes the subsidiary of custodial educational measures.

Thus, in case of minors, the new legislation renounces to a repressive justice in the favour of community programs, with educational-instructive role, carried out under the supervision of the probation service. At the same time, in case of the custodial educational measures, the correction of the behaviour is rewarded by way of replacing the measure by a non-custodial one or with the liberation of the minor at the age of 18.

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Reflections upon the resilience of women inmate

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Abstract

If resilience is defined as individual's capacity of recovering and coming back to the initial state after experiencing an adversarial event, then this definition could hardly apply to women who are serving a custodial sentence. The experience of detention is the result of a criminal behavior. The criminal behavior is the result of concurrent intra-, inter-individual and ecological risk factors which have all facilitated the engaging in the criminal interaction. Therefore, returning to the state previous to the detention is not desirable in most of the cases. Also, we consider that resilience should be studied in the light of either a stressor system that occurs unexpectedly or an ongoing one, in our case, imprisonment and its consequences. From such a perspective we can assess if there are and which are those forces, resources and capacities that can promote resilient adaptation and rehabilitation. Considering this, our analysis introduces the concept of "inoculated resilience" [1], for this concept presents the vulnerability as a resource, even as a protective mechanism and the resilience is seen as the ability to withstand the worst effects of the adversarial experience. Therefore, when it comes to women inmate, resilience is rather focused on the dimension of the sustainability, implying the continuation of the recovery/rehabilitation achieved in prison (psychological, social, educational, spiritual assistance programs) through a post detention development and improvement of individual's functioning, highlighting as resilient solutions, new and pro-social narrative identities.

Keywords: resilience, detention, rehabilitation, narrative identities

Women Inmate Resilience, An Oxymoron?

The resilience paradigm considers the healthy reactions to the risk factors as the norm. Usually there is dynamic process of successful adaptation of the individual to stressful events; therefore, given this logic, the failure of adaptation would be unusual. From this perspective, resilience as an answer to an adversarial event, highlights at least one of two dimensions: one focused on recovery, seen as the capacity of quickly regaining balance and return to the initial state, and the second dimension, the sustainability which includes the continuation of recovering and even developing and improving the functioning, as a result of the healthy reaction to a stressful experience [2]. Does this stand when it comes to women who are serving a custodial sentence? If so, then which of the two dimensions allows us to give meaning to the resilience within the correctional system?

Hart and Billow [3], quoting Master [4], do an overview of the most consistent definitions of resilience and indicate three basic trends in describing its content: 1) "Popular resilience" (which describes anyone who got over difficult periods and experiences). 2) "Real resilience" is a comparing concept that helps us determine what is behind individual differences and life trajectories; it appears when persons with little resources and major vulnerabilities succeed unexpectedly in their circumstances. Real resilience has also the advantage of allowing the revealing of the protective mechanisms which contributed to the success.3)"Inoculated resilience" sees vulnerabilities as resources or, paradoxically, as protective mechanisms. Therefore, the concept of resilience refers to the ability to transform the adversity into a success, or, at least, the ability to withstand the worst effects thereof.

For women, relationships are imperative in identity's construction. The relational-cultural theory considers that resilience is not defined by individual attributes, but by the capacity to connect. Thus, the establishment of relationships based on mutuality, empathy, empowerment and courage are the basis of resilience as presented [5]. Such ties are crucial for women because they can "generate a sense of connection to self and to others, of valuing and comprehension [6], cited in [7]. Mutuality makes the change possible because every participant to the relationship and also relating to others facilitates the development due to mutual influence and responses. Mutual, empathic relations offers force to women, it has the effect of empowerment, it makes her equal to others and offers occasions and resources to mature and develop, unblocking her from under the position of subordination.

To these conceptualizations, we add the one called assisted resilience, suggested by Ionescu [8], which focuses on the idea of "liberating neo-development", a process that involves both the personal effort of identitary reconstructing and the supportive intervention of the assisted resilience institution, which suggests the resilient path when they manifest, encouraging the subjective autonomy, the development of identitary conscience, asserting of the person as an actor and as "author of its own existence, given the fact that he is in a position of social and personal reflexivity" [9].

Are these conceptual circumscribing of resilience relevant even if we refer to imprisoned women? Next we will try to provide some possible answers, based on some of the results of a personal research regarding the issues of female criminality.

We have started our analysis with the concepts "inoculated resilience" and "assisted resilience" because we believe them to be complementary productive, with two amendments. First, it is necessary to take into account each time the specificity of the crime, the perverse effects of the imprisonment and the traumatizing experience of the detention itself, the fact that these women are involuntary or at least non-voluntary clients of the social work, psychological and/or educational services during the period of serving the time, and last but not least, to establish objective limits to the therapeutically intervention and penitentiary assistance, at least through self-determination and confidentiality, and even through the philosophy currently directing the rehabilitative efforts. Second, we believe that the effort of those who seek the resistance path and then maybe even the resilience and the pro-social identity reconstruction path, should receive the support of an assisted resilience institution. Is there any chance that the prison becomes anytime soon such an institution? We risk an affirmative answer, because we foresee such openings in our country. As you know, assisted resilience and the institution of assisted resilience both have as theoretical premises the idea of focusing on strengths; we find that within the correctional system, including in our country, a series of assistance programs based on this perspective are being prepared, we refer to the Good Life Model (GLM), as a model for rehabilitation of the persons serving a custodial sentence applied in the program training them for the release "Reducing the relapse risk after prison" [10], [11], [12]. Also, the last several years there is a clearer accent on the strategies and programmes of psychosocial assistance within prisons, including those based on GLM, on aspects specific to narrative theory and therapies, by emphasizing the importance of identity reconstruction. These tendencies are consonant with the idea that "by giving sense to one's life trajectory and by defining a project of a new personal development (reinforced by an institution), the subject takes the reins of its history and is part o a process of identity reconstruction."[9].

1.1 Female criminality

The specialty literature speaks about a "gender gap" when it aims to highlight the fact that women are a minority in the statistics related to crime. (In 2012 in Romania, out of the total number of convicted, 94.3% were males, while only 5.7% females. [13].)This explains why the overwhelming majority of theories related to crimes referring to behaviors and causes of the criminal behavior having males as authors. However, traditional theories of the sociology of deviance and criminology (anomie theory, differential association theory, social control or the labeling theory) are sustained by evidences indicating an overlap of female and male criminal causes and of the general predictive factors.

The anomie and conflict theories show us that structural factors such as poverty and social inequality, particularly in societies where valuing success and wealth is insisted upon, may explain some of the crimes. According to these explanatory approaches, both female and male offenders come from particularly poor and socially disadvantaged categories, and the fact that men commit more crimes that women might be explained by the fact that goals such as success or profit target fewer women than men. Another classical theory is the theory of differential association, which in explanatory terms emphasizes on learning the criminal behavior, motives and techniques. In this respect, the gender gap is considered as a result of lower exposure of women to "definitions favorable to violation of law" and/or an effect of greater consistency between masculine stereotypes and negative labels. [14], [15].

Social control theories claim that criminality is due to the weakening of social bonds expressed by the attachment to parents and school, by engaging in conventional activities or internalization of pro-social beliefs. According to this perspective, offenders, male or female, come from particularly dysfunctional families, they have a low educational level and they are less involved prosocialy. Difference of gender regarding criminality is explained by the fact that women are socialized more than male to value the conventional behaviors that maintain the social ties.

Traditional theories on crime, some of which we referred to, although they help circumscribing the traits and general causes of criminality shows its limits when we try to explain exactly the persistent differences between the patters of female offenders and those of male offenders. Studies in the last decades, especially those of feminist criminology both not only those, highlight a series of traits specific for female offenders. Thus, compared to men, women are less probably to commit serious crimes against the person, or the property; when they commit crimes in groups, women are more likely accomplices of men who organize and conduct the

criminal action; when they engage in crimes, women more than men seem to be driven by relationship interest, that is why the threat of losing an important relationship, plays a bigger role in the criminal decision than in the case of male offenders. Research shows that women are not less oriented toward risk than men, but taking the risk in their case is more about emotional considerations and concerns regarding the valued relationships [15]. Finally, the data reveals that it is more likely that women offenders were victims of abuse in childhood or adulthood. Covington [7], states that many of the women serving a custodial sentence present the profile and the characteristics of "survivors of trauma" because they have gone through experiences of mentally, physically or sexually abuse and they have lived in violent families or had violent partners. Explanatory trials regarding the pattern of female offender highlights a series of aspects considered in the specialty literature relevant both for their inhibitor potential and for the facilitator of crime. These dimensions help understanding how differences appear, manifest and perpetuate; of these we mention: moral development particularities, targeting the socialization toward empathy, "ethic of care", valuing the relationships, fear of separation from loved ones, social control through careful supervision within the families for the girls compared to boys, to which we add the feminity stereotypes and less access to criminal opportunities explained by the roles the women have within the society [16].

Methodology

1.1 Contextualization

In the Romanian National System of Penitentiaries Administration (ANP) there is only one penitentiary for women and seven special sections within other detention units; within this establishment, on the 31st of December 2013 there were in custody a total of 1559 women serving a custodial sentence.(According to the oficial statistics from ANP)

Of the mandatory sentences (1355), 1039 i.e. 66, 65 % were serving sentences between 2-5 years and 5-10 years. Most of the women belong to the following age groups: 31-40 (451), 41-50 years (351) and 21-30 years (304). Their level of education shows: 33, 65% illiterate (281), or have completed primary school (243); a percent of 31, 5 % those who finished secondary education (491). According to the nature of the crimes we have the following classification: most of them committed theft (308), followed by robbery (164), cheating (163) and murder (131). There is a group of absolute figures around the economic crimes and those against the person, committed with violence. It draws attention to the number of crimes against the Law on preventing and combating the trafficking of persons (119) and the Law on combating drug trafficking and use (161). Of all imprisoned women, the statistics show that a number of 465 are re-offenders, i.e. 29, 8 %.

The subjects to which we refer within the present text match to the socio-demographic profile described in the female prison population. They belong to the age group of 31-40 and 21-30 years old, the majority committed theft, robbery and they serve custodial sentences between 2-7 years in prison. The women interviewed by us are re-offenders or with criminal record. Level of education is for majority unfinished secondary or primary, with only two exceptions; subjects have no professional qualification and no jobs when they commited the crime. The majority of them had or has at the moment cohabitating relationships, half of them having as partners also a person serving a custodial sentence or ex-offenders. With only two exceptions, all interviewed women are mothers of minors, for some of them an ongoing protection procedure is going on (placement in foster care or in maternal center).

Even if they might seem arid, these data allow us to approximate the reality, without which it is impossible to analyze the resilience issue for women inmates. Behind these data, with each interview we reveal the subjective universe and their life trajectory, marked by deprivations, traumas reflected in separations, emotional, physical and sexual abuses, limited access to education and personal development, and in many cases the experience of detention. So we can talk in the above mentioned cases that for these women serving a custodial sentence on the existential paths the dominant grade was "iresistance" and "resistance" to adversities represented a proof for sporadic and limited tryouts to find "escapes" between stages and life events which have only erode their identity capital.

Reflections on the resilience of women serving custodial sentences are based as we have already mentioned on an explorative-descriptive research, having as subjects women imprisoned in a special sections of a penitentiary unit In the NW of the country. (The results presented in the present article are part of a larger study base don GLM as model used for offenders rehabilitation; to see Poledna, S. [12].)The methodology assumes the postmodern idea according to which we need to admit a plurality of truths and perspectives, i.e. of narratives. Convinced that the investigated problem dictates the used method [17], we have chosen the life story interview as method of research. A life story role is first to bring together all essential elements, events and beliefs in a person's life, to integrate them in a whole, and to give them significance" [18]. We considered that this type of interview helps to obtain a better understanding from a perspective of resilience, of traumatic experiences, of feelings regarding these events and their significance for the women. We conducted a total of 23

interviews, of which, with the consent of the subjects, we have used the information in 9 interviews for the present analysis. The instrument of gathering the data was a semi-structured interview guide having the following thematic units: childhood, adolescence and family life, traumatic events and experiences, couple relationships, maternal role, values, social including/excluding, criminal history (risk and protective factors), family life projects.

For the present analysis we insisted on those parts referring to the traumatic events and experiences, couple relationships, maternal role, criminal behavior and life projects.

Presentation of results and discussions

We followed for the presentation of the results the ideatic and interpretative suggestions specific for GLM and for relational and trauma theory, trying to capture based on the data from the interviews, aspects relevant for the resilience issue. According to GLM the crime reflects certain types of experiences, particularly the achievement of certain goals or acquiring assets. Personal efforts of the offenders express the given meaning for what they are and for what they want to become. Thus, the narrative identity, for offenders as well as for other people, is made up of searching ant achieving personal objectives and captures both what is important for a person and the way in which the interests, the beliefs as response to personal circumstances and influence of the interactions he participates to [12]. Where there is trauma, she is part of the identity construction and the resilience could be the complex process of deconstruction of "surviving narrative identities" and rebuilding a new one through a new process that involves both personal identity reconstruction and supportive intervention from an assisted resilience institution [8].

1.1 Traumatic experiences and events

Most of the interviewed women grew up in families characterized by conflicts between spouses, inconsistent parenting relationships, lacking support, empathic feelings, often marked by neglect, physical abuse and the absence of supervision: *My parents had jobs but they used to drink, that's why too often we ran out of money, so they sent us, especially my brothers, to beg. When I was 17 they split up. By that time I was already serving my first sentence. My father was an alcoholic, my mother was a person I felt pity for, because she was intervened whenever our father tried to beat us. Still, she used to drink too. They sold the flat and bought a one-room house where they lived with my brothers. Sometimes my father came to my grandmother and threatened to take me from her if she won't give him money. He also sent me out to beg but I didn't do it. I preferred stealing. (MC, 33 years old).*

The naratives confirm the fact that traumatic experiences act as a filter for all future experiences [19]. „*I grew up in the orphanage, where I received an ID... when I came out I started to steal. Afterwards I went to the center of School number 4. It was a correctional center. I came out of there when I was 18. I have been living on streets ever since. I came back to CM and I entered a gang of drunkards... I have even slept on ice, under balconies and the ice melted under me.*" (M.M 41). As this case shows, the life events narrated in the interviews confirm the fact that trauma always appears in a social context which often contributes to long term consequences of unsettled traumatic experiences.

The childhood experience of abuse gets through these stories and consequences of the trauma are still present: *My uncles, my mother's brothers beat me up. Once I almost died from a knock in the head. Especially one of my uncles, now dead, used to beat me up to get him money to drink. In our colony (a mining city) they are all poor and men are usually alcoholics. And he used to beat me up. He hit me once with the heel of a shoe in the head. I could not hit him back, so I got so angry that I began to cut myself with a blade. In that situation I cut myself in the window's glass to escape. It was then when my brothers beat him up. (VN,35).*

Several interviewees still remember the early separation of their mothers and frequently, speaking about their mothers, they describe the absence of their ability to get attached to their own child, which in specialized literature is known as „maternal sensitivity". One of the interviewees had been placed in a placement center when she was merely a few months old and met her mother only as a teen. „*When she came for me, I didn't know my mother. I told her to leave because I don't know her. She convinced me to go with her with a doll (VN, 35)."* The loss and separation increased the feeling of vulnerability, uncertainty and anger all the more as due to the unfavorable life context, these feelings could not be expressed and were not acknowledged [20].

Other interviewees indicated the loss of one parent as the event that changed their lives:

„My mother died when I was 15. After that I began to do all sorts of silliness, I left home, I lived at my friends or my relatives (...). I had left school even before, I've been in school for six years. Then I began to steal. After he died (the father), he was only 37, I had no more support, our lives changed. If he hadn't died, this wouldn't have happened (enter the prison) (CM, 42).

The stories of women inmates confirm the fact that „traumatic experiences produce attachment disorders, which, in turn, increase the probability of reiterate the traumatic experiences or even the likelihood of

causing them to others." Thus, these interviews reveal a vicious circle in which the attachment disorders and the trauma experienced by these women combine themselves and keep them captive in life projects marked by separations from their own children, instability and violence in couple relationships, criminal behavior and detention.

1.2 Maternal role

„*Our parents take care of our girl because we've been in prison ever since she was born."* What had been normal for their early relationships became a part of their selves [20]. *C. was also stealing; he had been in school for three years. We've been together for almost 5 years; we lived with my parents-in-law. Then I went to jail. Meanwhile he went to jail too, then came out, and then went to jail again for pickpocket, just like myself. I was nearly 17 when I got married. We had a boy who is now 16. With my second partner I have three little children. He takes care of them* (MC, 33). Traumatic experiences act as a filter for all future experiences [19], that's why, in the case of women who have been interviewed, especially those with attachment disorders and relating to parents' problems, the maternal role, its understanding and performing are strongly disturbed: *When I was 14 I gave birth to my first child from my first partner. With my second partner I have three children. From my actual lover I have no children. My children live with my father but I know they are not doing well, because my father is still drinking and somebody told me he's got nothing to give them (food, clothes). I know they are not doing well. I asked to place them in a placement center; their older brother is already there (*PA, 32).

Some of the interviewed women gave birth to more children to delay the implementation of the mandate of execution of the imprisonment sentence. *I gave birth to 10 children to avoid imprisonment. I waited for a decree. When I did it I had four children. They've arrested me for theft. When the doctor saw me, he told me I was pregnant. They've released me; I gave birth and stayed with my girl until she was one year old. Because I knew I had a warrant, I kept getting pregnant... Meanwhile, I stole from time to time (TC.45)*. In these cases the maternal role is misunderstood, separation from children is included in the costs-benefits calculation, so that assuming the maternal role is delayed on purpose. These situations confirm, in reverse order, the attachment theory idea, which states that a proof of the resilient development of the parent exposed in childhood to adversities while relating to significant adults is the ability to become a secure parent for their own children [21]. Nevertheless the stories reveal the fact that the biggest worry of imprisoned women is related to their children. They often prefer not to be visited, if by this means they can be of any help: *I refused to be paid a visit for their own good; I told them to use the money they would have paid for the road and for a package to buy something for my nephews and my girl. I told them not to look for me ever since I've been arrested. (C M, 22)*

1.3 Couple relationship

Relationships prove important for the women we interviewed, as well, just that the relationships they are describing are lacking those fundamentals necessary for a resilient identity: they are non-mutual, non-empathic, marked by separations and breaks, inconsistent and often abusive. *To get away from my parents and the scandals I got married to C. I thought my life would be better, that I'll have someone to love me, that my parents-in-law would replace my parents... That's what I thought. But it wasn't like that; I had to steal for them.* (MC,33). There are relationships that do not allow women to value themselves, to know they are understood and strong. *I'm sorry I allowed him to bring me down like that, to support the children and him also, to beat me... I wasn't strong enough to take the decision in time. If only I left him 15 years ago… (E.I, 54).* In other cases, the couple relationships are passing, inconsistent, despite the fact that they result in children: *I've had another relationship and we had a child, but I didn't want to stay with him. Then he demanded the child and he raised him. Afterwards I met my actual partner. (CA, 26)* There are also many cases when women commit the crime along with their partners: „ *My husband is also imprisoned, we've been robbing together, we've been together for 13 years now, he used to beat me and live with my sister in law. We had two children together. (MR.37).* There are situations when relationships are built and legalized while executing the punishment: *I got married in prison. My husband is older than me; he respects me, and teaches me to do well. He gets out (of the penitentiary) after me. I hope I'll start all over again (SC, 26).*

1.4 Criminal behavior and the experience of detention

Criminal behavior is the result of individual and social vulnerability and also the result of the risk factors our interviewees have faced. In this context we can note that most of them have uncompleted studies, no professional qualification, and they are either single mothers or have as partner unemployed men which have criminal history themselves. The factors which contributed to their criminal behavior differ and illustrate the explanations related to female criminal behavior previously mentioned. *When I was 14 I was imprisoned for the first time for one month. The second time I went to jail for 6 months again for robbery. I got out in 2005. Until 2012 I was still free...* Some of them said they committed the crime for money. *We all had jobs. I preferred*

stealing instead of other things (prostitution). (*AE, 29years*). Others saw crime as a way to adapt and face poverty, the lack of access to resources or a way to help the family: „ *I have four brothers, now they are all imprisoned, but when they were little they were sent out to beg. To avoid seeing them beaten because they didn't bring money, I used to steal for them. That's how I began. (MC,33 years old).*

The experience of detention is in itself an experience of breaking in someone's biography; the interviewed women suffer and face the traumatic consequences of freedom's deprivation. *I learned in prison to cut myself and swallow spoon handles. The diseases I have already had grew worse, although I received treatment. Now I'm in a new cell with quieter women, they don't quarrel that much. (SC, 26).* Coping strategies are different and the stories of repeat offenders show this: *Until now in the other punishments) I have never said I wouldn't return. I don't know if I'll have to steal again, but now I said I won't steal anymore. I have diabetes since I'm here. I can't stand imprisonment anymore. Since I'm here one of my children died. I went to SM and A. I walked around. I had businesses going on to forget I'm imprisoned and I came back, to get closer to family. (DN,35)*

1.5 Life projects

The stories of women inmates show future plans related to family and first of all, related to their children: (...) *to have my children around me and go home. What matters most for me are my children, my parents and only then myself. For me I want a better life than the one I had, I want to be free, not poor and have a good husband.* (CC.32). They tell us what is important for them, to go back to the places they came from and give back what they received from the closed friends, support, help, sympathy, acceptance: *The only important thing in life is health. And also the chance to live decently. I had chances but I ignored them. My family and my friends offered me these chances. I liked having money, yet it was not the money that was important, but the freedom they gave me to do silly things on big money, not big stupid things on little money (*ZM.51). Their future plans reveal projects related to family, jobs and if valued, those projects could turn into a beginning of identity reconstruction: *I don't want to steal anymore. I will work anywhere; I'll work by day for peasants. I don't want to go to prison anymore. If my mother dies, the state will take my children away.* (VN.35). The relationships with the families they come from and their own families remain the main „keys of resilience", there can be seen intentions to „develop responsibility and autonomy" necessary for assuming roles and duties until then interrupted or even abandoned. To those is added, in some cases, the acknowledgement of new values or a new understanding of those which have been misunderstood: *What matters most in life is to do no harm to others, as I did too many people, since I was a child. I harmed old people, sick people... I regret it now* (TC, 45).

Conclusions

Through the narrative interviews we wanted to have the voices of the women inmates heard, to let them express the way they see themselves, to let them tell the experiences and events marking their lives, including the experience of detention and the meaning of what they are and what they want to become. Reflecting on this we strongly believe that the issue of female offender resilience is not an oxymoron; it may make sense and it must be brought into discussion their situation. The presented results showed that for these women, the adversities and the risk factors have determined vulnerabilities that they didn't manage, didn't try or didn't know how to face them. General human needs, some primordial such as the need of survival (food, housing, attachment, affiliation) have become, in these women' cases, criminogenic needs. Protective mechanisms, both the limited internal ones (lack of some facilitating abilities and attitudes of cognitive, emotional and behavioral nature, poor education and illiteracy, lack of a professional qualification and of a job), and the fragmented and inefficient external ones (access to the community's resources, employment opportunities, social support) add to the vulnerabilities and to the risk factors that lead to criminal resolutions. Some of the interviewees are familiar with custodial educational measures early in their teen years, falling in the criminality is a cumulative effect of the dysfunctions within the original families and in some cases of the criminal models and practices within the family. Finally, relationships with abusive partners, most of the times with a criminal record, have facilitated the options and the behaviors of women offenders included in our study.

Given all this, at the end of these reflections we suggest several possible answers to the interrogations raised within the study.

In our opinion, when we talk about resilience we need to specify on whose resilience we talk about. The situation of imprisoned women is, as we presented, somehow special than the one of others. The detention experience is the result of a criminal behavior. This behavior is the result of a cumulus of events and difficult, even traumatic, experiences. This is why, in the case of the imprisoned women, talking about resilience as the ability to come back to the initial state before facing the adversity, is not, in our opinion, a productive conceptualization.

How do we conceptualize resilience is a theme still under debate among academics and practitioners: do we consider it as a personality trait, a process or as a result? As for us, we think that the imprisoned women, given their existential trajectory, it would be more appropriate to consider resilience as a "dynamic process" [2]. As "iresilience" manifested as a process through the daily events of their biography, the resilience could settle in gradually, progressively as a result of the *resilience investments* both for the involved person and all of those forming the support system; in other words, through an identity reconstruction as through a supportive intervention from the assisted resilience institution[8], in our case the penitentiary, probation system, and/or institutions and services in the health system, social protection etc.

Thus, in order to make sense for the imprisoned women, the content of the resilience process could be configured around the concepts:"inoculated resilience" and the "assisted resilience". From the interviews, some protective factors are being outlined; some abilities that if converted in a prosocial direction would help women face some adversial situations after release. As seen, resistance is a dimension underlining the role of contextual factors in resilience [5]; they play a crucial role because the post prison resettlement, the reintegration within the community requests the involvement and the support of several services to make the transition easier, to sustain the recovery trajectory and "resilience therapy" during detention and after release.("Resilience therapy" represents a set of interventions targeting five separate domains but interdependent: forming attachement and belonging relationships, education and learning, improving the coping strategy and self development. [3].) Ways in which the resilience could be promoted [2], both during detention and after release, consist of intervention strategy meant to reduce the risk factors, to mobilize and to increase the resources, and finally to activate strong protective systems such as family, school, non-governmental organizations, community social work service; so, the resilience process would allow the prosocial identity reconstruction for the women that have experienced crime and detention. Paraphrasing Ionescu [8], we could say that they can define themselves by what they have become, rather than by what they have lived or done before walking the new path of their own development.

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Resilience in children subject to parents' divorce trauma. Searching for references in jurisprudence

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Abstract

The new Romanian Civil Code represents a change of paradigm regarding the programs of personal connections of the minor with the parent they do not permanently live with (so-called non-resident parent), and such aspect is reflected already in the legal practice in Romania. We believe that the establishment of joint parental authority represents a substantial remedy in the resilience of a minor child affected by the trauma of divorce, helping to maintain a positive image of both parents, diminishing in this way some of the negative consequences of divorce.

Keywords: child, parent, parental authority, divorce.

Introduction

Attachment connections are established as early as the first moments after the child is born and are vital for the further development of the child.

The mother and father are essential attachment figures with a decisive role in a child's emotional and social development, taking into account that the quality of the child's social relations as an adult is determined by the quality of their earlier interactions. Childhood represents the cornerstone of each person, a moment in time defined by magic, fascination and joy, which remains a fundamental milestone in becoming an adult.

However, childhood unfortunately is not always a happy and careless period. For many children it is marked by poor living conditions, a chronic illness or disability, by violence and various other forms of abuse, by alcoholism or drug addiction of one parent, or even both, by their divorce or death of a close one. Exposure to these traumas triggers different reactions: some children adapt overcoming adversities and painful experiences, some others do not.

Among traumatic experiences that a child may be faced with, the present paper aims to analyze the consequences of parents' divorce over the child's socio - psycho - emotional life, respectively the key factors provided by the Romanian legal system to ensure minors psychological resilience.

Psychologists identified divorce as a major crisis inside the family system, crisis that starts prior to the decision to separate and interruption of personal relationships between spouses [1]. It represents a process of readjusting and reorganizing of their lives for both partners, regardless which one of them initiated the divorce.

The separation of spouses in divorce proceedings is frequently associated with conflicting frames of mind which influence the risk of negative effects, both physical and mental, for children as well as for adults during divorce and subsequently.

Due to recent legislative changes in this area [2], this paper aims to underline some references in jurisprudence designed to outline the standards related to disputes over the custody of minors based on the best interests of the child prevailing, in order to identify the extent to which the legal system can help with the child's resilience once he's been through his parents' divorce.

Presentation

Practically, resilience can be defined as the ability to overcome the hardships of life, minimizing the negative effects of the encountered issues.

Each child is born with a certain potential to cope with adversities, therefore a certain degree of resilience, potential that, subject to a number of factors, can be developed or on the contrary, blocked. Essentially, resilience is influenced by factors related to the child's personality (self-esteem, courage, tolerance to frustration, empathy, emotional stability) as well as external factors (family, social support groups, religion, etc.).

The manner in which the divorce will take place, and particularly the background of the relationships between the child and his parents, will later on influence decisively the resilience of children who go through such difficult circumstances: "The pain of losing family relationships was frequently associated in children with the loss of sense of self-identity, autonomy, privacy and loss of sense of affiliation, loss expressed at different levels of functioning: cognitive, emotional and behavioral through behavioral disorders as well as food, somatic, anxiety, depression related disorders". [3]

The legal framework regulating the minor's custody, meaning the way the parents exercise their authority following their divorce, must comply with the areas of assessment regarding the child's best interest, as this principle is regulated by Law 272/2004, namely:

- the quality of the relationship between the parent and the child;
- the quality of the relationship between the child's parents;
- each parent's ability to raise and educate the child, parenting style and disciplinary methods, ways of resolving conflicts;
- mental health of each parent, the possible effect of domestic violence;
- the type of attachment of the child, the child's preferences, his special needs and mental health, including age related peculiarities;
- parents' income;
- social security systems, cultural, ethical and religious aspects.

A vital role in regulating the terms regarding child's custody is represented by the former spouses' capacity to make "joint" decisions, the opposite parties' positions should be amiable, both being based on the common interest they have in the future of their children. Parents should be aware that their relationship does not disappear after divorce, and that the quality of life of their children depends primarily on the way they negotiate such relationship, in terms of raising and educating their children: discipline, social and moral education, celebrating special events in children's lives, vacations, extracurricular activities, establishing a daily routine including stabile and consistent discipline.

When exposed to the trauma of divorced families, the best interest of children, in general, is related to the actual possibility of each of them to develop balanced and harmonious relationship with both parents, even though they are no longer husband and wife. Even though they are no longer married, the parents of a child should continue to function as a parenting couple. Parenting partnership, based on a shared commitment of the divorced parents to plan for the child and establish a shared parenting plan represents, the cornerstone of reconfiguring their stabile, predictable and functional structure of future family lives.

According to the preamble of the UN Convention regarding the Child's Rights, the child must "*grow up in a family environment, in an atmosphere of happiness, love and agreement* " in order to harmoniously develop his personality. Romanian legislation on family law has undergone substantial changes in the same direction as many other European countries and in line with the vision of the UN Convention regarding the Child's Rights. According to it, the exercise of parental authority by both parents is in the best interest of the child and we notice here a change of paradigm in relation to the provisions of the Family Code (repealed when the New Civil Code entered into force on October 1st, 2011), which previously stipulated that custody for raising and educating the children should be granted to one of the spouses. Even if the other spouse was granted the right to have personal ties with the child, solely the spouse to whom the court gave the custody exercised parental authority.

The provisions of art. 263 of the Romanian Civil Code from 2011, establishing the *principle of the child's best interest***,** stipulate as follows:

"(1) Any action relating to the child, regardless of its author must be taken observing the child's best interests.
(2) While deciding upon petitions referring to children, the competent authorities' duties are to give all necessary directions in order for the parties to use amiable methods for resolving their conflicts.
(3) The procedures regarding the relations between parents and children need to ensure that the wishes and interests of parents regarding their children can be brought to the attention of the authorities and are taken into account in their final decisions.
(4) The procedures relating to children should be conducted in a reasonable timeframe so that the interests of the child and family relationships are not affected."

Defined as a set of rights and duties related to both the person and the child's property, parental authority belongs to both parents, according to the New Civil Code ("NCC"), both parents having to exercise it in the best interests of the child (Title IV of NCC - Parental Authority). Nevertheless, the provisions of art. 398 NCC stipulate parental authority being exercised by a single parent, "if there are well-grounded reasons taking into account the best interests of the child" (art. 398 NCC - Exercise of parental authority by a single parent).

Therefore, by corroborating art. 397 and art. 398 of the NCC with art. 506 of the NCC, the guardianship court could decide that parental authority can be exercised by a single parent solely on the basis of consent given by parents in this regard, but only taking into account the provisions of art. 264 NCC. This is possible, first

because art. 506 of the NCC states that parents can agree upon the exercise of parental authority if best interests of the child are followed and, where appropriate, with the child's hearing in front of the court and second, art. 398 NCC provides an exception to the rule, that works for well-grounded reasons (or, the parties agreement, in view of the above corroborating articles, could be considered as circumstantial well-grounded reasons in the best interests of the child) [4]. In a correlative manner, the other parent has the right to watch over the child's development and education, as well as the right to consent to his adoption. By way of exception, and subject to the same requirements regarding the best interests of the child, the court may decide to place the child in the care of a relative or another family, person or institution.

We should bare in mind that, similar to the old regulations, the new one provides that the guardianship court's prerogative is to change measures on parental rights and obligations regarding the minor children, if circumstances taken into consideration in the initial decision are changed.

The concept of "parental authority" is new in the Romanian law, being inspired by French law and law from the province of Quebec, although it appears in other legal systems, including the Belgian one, Swiss one, German one, etc.

Regarding the content of this notion, we should bare in mind that the joint exercise of parental authority when parents are married involves the exercise of all parental rights and obligations jointly and equally by both parents on a daily basis. Thus, if the parents live together, they will exercise together and jointly all parental rights and duties, the presumption of tacit mutual mandate being applicable between them as provided by art. 503 par. (2) of the NCC. If they do not live together on the other hand, joint exercise of parental authority is reflected in them consulting one-another when making decisions about raising and educating their children (for instance choosing the school, family doctor, extracurricular activities), daily activities regarding the development and education of the children being carried out by the parent they live with permanently. This is because when parents are separated, whether divorced or just natural parents not living together, the exercise of parental authority according to the law belongs to both parents jointly, but in reality the way its exercised differs from when the parents live together, because the child will only live with one parent and they cannot be together in order to handle to handle the development and education on a daily basis and coordinate daily activities.

The connection between the concept of "parental authority" and that of "exercise of parental authority" could be compared with the connection between the legal capacity to hold parental rights and obligations and to exercise parental rights and obligations.

Conclusions

To draw a conclusion, the new Civil Code entering into force in October 2011 represents a change of paradigm regarding the programs of personal connections of the minor with the parent they do not permanently live with (so-called non-resident parent), and such aspect is reflected already in the legal practice in Romania. We believe that the establishment of joint parental authority represents a substantial remedy in the resilience of a minor child affected by the trauma of divorce, helping to maintain a positive image of both parents, diminishing in this way some of the negative consequences of divorce.

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[1] As previously stated, "divorced adults and their family members represent a" special group of people with special needs "(Lebow, 2008), meaning that the problems the family are faced with, are special. Johnston & Campbell (1988) suggest that these problems are caused by a number of factors that contribute to the family crisis as: changes in the nature of the marital relationship between spouses, changes in the structure and dynamics of the family, social and economic status, increased vulnerability of each of the parents and specific reactions occurring as a result of loss of important attachment links (Brooke & Monin, 2008) after separation and divorce". See C. A. Borlean, *Mediation in juvenile custody litigations*, www.juridice.ro, October 25, 2012.

[2] New Civil Code attaches special importance to the regulation of this matter, establishing the principle of equal rights for children (art. 260) and the principle of the prevailing interest of the child (art. 263), and in a separate section, the effects of divorce on the relationship between parents and their children (art. 396-404). Law no. 272/2004 regarding the protection and promotion of children's rights ("Law no. 272/2004") however, is the specific law, which sets the principle of the child's best interests prevailing in all actions and decisions concerning children, whether undertaken by public authorities and authorized private institutions or in cases solved by the courts (Article 2 of Law no. 272/2004). This normative act has been amended by *Law no. 257/2013 amending and completing Law no. 272/2004 regarding the protection and*

promotion of children's rights, published in the Official Gazette of Romania, Part I, no. 607, dated September 30, 2013.

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Cross-border insolvency in the new insolvency code of Romania

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Abstract

An important element of economic activity globalization is the extension of equity companies' influence over the territories of several states. Statutory provisions on cross-border insolvency, as a form of economic resilience of a company, are and have been the object of interest on a national as well as on a European level. The purpose of this paper is to present an analysis of the new rules of the Insolvency Code on jurisdiction of Romanian authorities in insolvency procedures with a foreign element, as well as the law applicable in these procedures, in the context of European and international law.

Keywords: cross-border insolvency, conflicts of laws, winding-up, insurance undertakings, credit institutions.

Introduction

An important element of economic activity globalization is the extension of equity companies' influence over the territories of several states. The economic recession, with various intensity in different states, has led to financial difficulties for many of these companies, irrespective of the fact that it has affected the mother company alone or one or more of its branches.

Whenever these financial difficulties result in insolvency proceedings of a mother company, all branches (internal or international) are affected, even if in certain states some segments are functioning properly. The larger the main company, the more people are affected by its insolvency. The disappearance of an important economic agent leads to a disruption in the supply chain, indirectly affecting many aspects of economic and social life, therefore becoming relevant not only to community and societal, but also to individual resilience.

Council Regulation No. 1346/2000 of 29 May 2000 on insolvency proceedings recognizes that the the activities of undertakings have more and more cross-border effects, which is why a proper functioning of the internal market requires that cross-border insolvency proceedings should operate efficiently and effectively [1].

The project of the new Insolvency Code of Romania – Government Emergency Ordinance (G.E.O.) No. 91/2013 dedicates an entire title to cross-border insolvency, which has been left unaffected by the decision of the Romanian Constitutional Court which initially repealed the entire act. The advantages and disadvantages of the rules contained in the third title of the Insolvency Code are the object of analysis in the present paper.

Innovations of the new normative act concerning cross-border insolvency

The only important difference between the old rules on cross-border insolvency and the project of the new Insolvency Code is one of structure. In substance, the new normative act maintains all the provisions contained in Law No. 637/2002 on private international law relations in the field of insolvency, in Government Ordinance (G.O.) No. 10/2004 on the winding-up of credit institutions, and in Law No. 503/2004 on revival, winding-up, dissolution and voluntary liquidation in the field of insurance.

The only element of novelty consists in the regulation of measures to be taken in the event of cross-border insolvency of group members (articles 305-311 of the project). However general these new rules, they may be regarded as an element of innovation.

Another positive aspect is the fact that most rules on cross-border insolvency (general, as well as concerning credit institutions or insurance) are gathered in the same statutory act, rather than spread among several laws and government regulatory acts.

However, as will be mentioned in the following sections, the Romanian legislator failed to remedy many of the gaps and shortcomings of the existent provisions, despite the fact that adopting a new Insolvency Code would have been the optimal opportunity to do so.

Shortcomings of the Insolvency Code in regard to cross-border aspects

As mentioned above, all the problems of the current legislation concerning cross-border insolvency have been carried over into the new project. Additionally, some of the structural changes are also criticisable.

For instance, all general provisions on cross-border insolvency, formerly in Law no. 637/2002, are contained in Chapter II of the third Title, without any subdivisions. While the solution has probably been imposed by the necessity to avoid over-fragmentation of the relatively large Insolvency Code, Law no 637/2002, with its 3 sections and several subsections, is easier to follow.

Moreover, it is difficult to understand why in the matter of insurance, only the rules concerning winding-up of insurance undertakings (cross-border aspects included) have been placed in the project. All other provisions of Law No. 503/2004 concerning remedies, dissolution and voluntary liquidation, with their cross-border rules, will be left unaffected when the project comes into force. The fact that in the matter of insurance, winding-up is regulated in a different instrument from other aspects of insolvency, affects the coherence of cross-border rules. For instance, article 324 indent 1 of the project stipulates that articles 9 and 10 of Law No. 503/2004 shall apply, and then later article 325 indent 2 mentions that articles 9 to 11 of Law No. 503/2004 shall apply. The overlap is evident and difficult to explain.

Another structural problem, inherited from G.O. No 10/2004 concerning credit institutions, is the fact that a significant part of the fourth chapter consists of definitions (article 320 indents 3 and 4, article 321 indents 5 and 6), despite the fact that the section dedicated to definitions in the project is the second section (article 5).

One of the few differences between Law no. 637/2002 and the project is found in article 285 indent 4. The current indent 4 of article 13, Law no. 637/2002, deals with unwarranted debts not due at the date of lodging, while indent 4, article 285 of the project deals with preferential debts not due at the date of lodging. In both situations, indent 3 expressly mentions debts not due in general, so it is difficult to understand why unwarranted or preferential debts, when not due, should be given a special provision.

Concerning the substantive aspects, it is noticeable from a general overview of the legislation on cross-border insolvency (current and new) that the Romanian legislator oversteps the boundaries of a general principle of private international law: Romanian authorities (legislative, administrative or judicial) cannot establish statutory provisions which are binding for authorities of foreign states. While on a European level, the legislative technique requires general references to Member States, the Romanian legislator is bound by its territorial limits, and cannot establish rules and obligations generally referring to Member States, except when Romanian authorities are the only indebted party.

For instance, article 316 indents 1 and 2 of the project (currently article 51 of G.O. No. 10/2004) state that the liquidator named within a procedure opened according to Romanian legislation is entitled to exercise within the territory of all the Member States all the powers which they are entitled to exercise in Romania. This provision, mentioned in the case of credit institutions, is reiterated in the matter of insurance, by article 327 indents 1 and 2 of the project (currently article 75 of Law No. 503/2004). Moreover, article 324 indent 2 of the project (currently article 66 of Law No. 503/2004) stipulates that decisions of Romanian courts concerning the opening of winding-up proceedings of a Romanian insurance undertaking, including its branches in other Member States, shall be recognised without further formality within the territory of all other Member States and shall be effective there as soon as the decision is effective in Romania.

Despite the fact that there is no direct reference to any European directive in the body of G.O. No. 10/2004 or Law No. 503/2004, it has been stated [2] that their purpose is to implement Directives No. 2001/24/EC and 2001/17/EC of the European Parliament and Council, on the reorganisation and winding up of credit institutions and of insurance undertakings, respectively. Both directives uphold the same principles as stated above. In implementing these rules, however, the Romanian legislator can only stipulate that liquidators named in procedures opened in other Member States may exercise all of their rights in Romania without further formalities, and to acknowledge recognition of decisions taken by courts of other Member States in Romania without any formalities. By stating that Romanian liquidators may act in other Member States without restrictions, and that decisions taken by Romanian courts are recognized in other Member States without formalities, the legislator of the new Insolvency Code oversteps the boundaries of its influence. Such rules are only applicable by effect of the instruments which implement the directives in the other Member States, or by effect of the directives themselves, certainly not by effect of Romanian legislation.

The same can be said of project articles 320 and 321 (currently articles 55 and 56 of G.O. No. 10/2004), as well as article 331 (currently article 73 of Law No. 503/2004) which stipulate that authorities in the Member States of origin are the only ones entitled to decide when it comes to Romanian branches of an undertaking or institution situated in that Member State. While the principle is in accordance with the directives, the Romanian legislator, implementing them, may at most stipulate that Romanian courts are not competent when it comes to Romanian branches of undertakings or institutions situated in another Member State. Competence of the foreign courts will be attributed to them by their own *lex fori*, as well as the applicable law in those proceedings. The error of the Romanian legislator is not random or isolated. The conceptual problem is confirmed by the fact that according to the final part of project article 331, the law of the Member State of origin is applicable on grounds

of articles 9-11 of Law No. 503/2004 and of article 328, when it is undeniable that in foreign procedures, the applicable law is determined by conflictual rules of the state of origin, not determined according to Romanian statutory provisions.

In addition to the clear breach of territorial limitations, there are a few other punctual shortcomings of cross-border legislation in the matter of insolvency. For instance, article 293 (currently article 22 of Law No. 637/2002) stipulates that individual requests or executory measures against the debtor may be suspended by the court, upon request, if not suspended according to article 292, while article 292 (currently article 21 of Law No. 637/2002) mentions that upon recognition of a foreign procedure, all individual requests or executory measures against the debtor are by law suspended.

In general, we believe that the possibility itself of simultaneous on-going foreign and Romanian procedures concerning the same debtor is relatively outdated, and the new Insolvency Code would have been a good opportunity for the overall modernization of cross-border rules.

Gaps in the new legislation on cross-border insolvency

There are several aspects of cross-border insolvency that are not at all regulated or that are just mentioned on a very general level in the current legislation. None of the gaps have been filled by the new project.

One of the best examples towards this conclusion is the fact that Romanian legislation has no rules on the law applicable in cross-border insolvency proceedings. General conflictual rules found in the New Civil Code (N.C.C.) are insufficient when it comes to insolvency. It has been suggested [3] that in this situation, the only other set of general rules – those of Regulation No. 1346/2000 – should apply, despite the foreign element's lack of connection to other Member States. Such a proposal, despite its clear practical value, is relatively difficult to support in the context of civil procedure, a matter governed by strict interpretation, where extensions by analogy are not permitted. As mentioned above, the project of the new Insolvency Code does not remove the problem.

Furthermore, when it comes to credit institutions and insurance undertakings, the only specific rules in the project deal with foreign elements from other Member States. There is no set of rules when it comes to cross-border insolvency of credit institutions or insurance undertakings outside the European Union. Even formally, at this moment the general rules of Law No. 637/2002 are excluded when it comes to these two specific matters. Despite the fact the formal exclusion has been attenuated by article 274 indent 2 of the project, which mentions that general rules are inapplicable only if special legislation exists, these outdated general rules are insufficient to solve specific matters of cross-border insolvency when it comes to credit institutions and insurance undertakings. In face of this legislative gap, it has been suggested [4] that the normative provisions applicable to procedures in connection with other Member States should be extended to all procedures with a foreign element, if compatible. Despite being pragmatic, this interpretation is susceptible to the same criticism as before.

It is also difficult to understand why article 279 of the project only mentions the New Civil Code (N.C.C.) when it states which general statutory provisions complete the title dedicated to cross-border insolvency. Why has the New Civil Procedure Code (N.C.P.C.) been omitted? The only explanation may be that both aspects of private international law (substantive and procedural) were found in the old Law No. 105/1992 – which art. 8 of Law no. 637/2002 sends to. At the moment, however, cross-border substantive aspects are regulated by the N.C.C., while the procedural ones by the N.C.P.C., and it is not implausible that the legislator of the project failed to properly adapt the new text.

As mentioned in the previous section, despite no direct indication of Directives No. 2001/24/EC and 2001/17/EC, it has been suggested that the Romanian rules on cross-border insolvency concerning credit institutions and insurance undertakings are meant to implement these directives. Most aspects of the European normative acts, however, are not found in Romanian national legislation, which simply takes a few of the principles and obligations set up by the directives, without adapting them in any way. Concerning many aspects, it is our opinion that Directives No. 2001/24/EC and 2001/17/EC have not been properly implemented in Romanian national legislation, and the project of the New Insolvency Code does not in any way remedy the situation.

A few other gaps in the legislation may be pointed out. For instance, in order to prove that there is an on-going procedure in a foreign states, whenever a copy of the decision to open that procedure or a certification from a competent authority is not obtainable, article 287 indent 2 letter c (currently article 16 indent 2 letter c of Law No. 637/2002) mentions that any proof admissible according to the Hague Convention of October 5th 1961 abolishing the requirement of legalisation for foreign public documents or any other foreign treaties shall be accepted. The status of countries not part of this convention, with which Romania has no treaty, is, however, unclear. Article 1092 of the N.C.P.C. establishes a general framework for foreign public documents, but as mentioned above, is not expressly mentioned as completing the title on cross-border insolvency. By systematic

interpretation we can reach the conclusion that art. 1092 N.C.P.C. is indeed applicable, but the adoption of new legislation should have removed the problem of article 16 indent 2 letter c, Law No. 637/2002.

Conclusions

It is apparent that in our opinion, the limitations of the new Insolvency Code when it comes to cross-border aspects outweigh its benefits. The general rules contained in Law No 637/2002 are outdated, but have in no way been modernized by the project, despite the fact that on a European level, concrete measures for updating Regulation No. 1346/2000 are already under discussion.

There are many legislative gaps that the new act should have filled, but all the shortcomings of the current legislation are perpetuated by the lack of any significant change or improvement in this particular field of economic resilience of a company. The New Insolvency Code in general is, however, a step in the right direction, as it will be more effective to work with one legislative instrument, when modernization of cross-border rules does eventually occur, rather than amend several laws or administrative acts.

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Resilience-victimology-criminal justice

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Abstract

The scientific demarche of the authors is based on the fact that when it comes to concepts like resilience or victimology, which cannot be understood or applied without a multidisciplinary, interdisciplinary or transdisciplinary approach (see the conclusion reached by the authors about the possibility of apparition of a new discipline, namely legal resilience), legal sciences specialist's skills in general and of those in the field of criminal law, in particular, along with those of experts in psychology, psychiatry etc. are particularly important. The authors place the above mentioned concepts at the law-psychology-psychiatry interface and analyze them in terms of criminal justice and of the relationship of persons involved, respectively, victims of offences (juvenile and adults alike) with society and with the aggressor, both before committing the criminal act and thereafter. In addition, with respect to resilience and victimology, after it is underlined that they have no unique, generally accepted definitions, the essential points on which there is agreement from those involved in researching these fields, as well as the exchange of information and procedures performed on the border between resilience and victimology are revealed. At the same time, criminal justice is treated not so much under the retributive aspect, but more from the point of view of reparatory, restorative justice, of the means by which it contributes to the mental health of the victims, of the populations who live in traumatized societies, to repairing social trauma, to establishing the causes and to preventing victimization etc.

Using strong arguments, the authors show the role that resilience and victimology have in the work of justice in general and of the criminal one in particular, concluding that this work should, after all, have as a recipient the person who suffered the consequences of the illegal act or of the traumatized family or social background.

Keywords: resilience, legal resilience; victimology; victimization; criminal justice; reparatory justice (restorative).

The role of criminal justice in preventing and combating offences and the protection of their victims.

One of the important activities of the state, which lies in resolving law disputes through specialized bodies of law, is *justice*. This is done by courts and the judges that compose them are independent and subject only to the law [1]. Administration of justice seeks termination of the conflict report, its result having consequences, primarily individual, concrete, but more or less, general, abstract, targeting all members of society. Thus, the immediate beneficiary of the act of justice must be the victim of an unlawful act. Violence can be moral or physical. Thus, the law criminalizes violences coming from other persons than the perpetrator, and not selfaggressions [2].

As in the case of justice in general, the recipient of the administration of criminal justice is or should be the person who suffered the consequences of the illegal act, namely the consequences of an offence. Guilt has the form of direct or indirect intention [2]. More than any form of justice, the criminal one "implies, on the one hand, granting increased attention to the person injured by the act constituting the offense, and, on the other hand, involves at the same time the prominent participation of government bodies" [3]. It is imperative to emphasize that compared to other forms of justice – extracriminal justice, criminal justice leans more on protecting both individual and general interest. Even if individual interest is protected in relation to the specifics of the injured party, the victim's interest is included within the larger public, general interest sphere, since the work of protection of victims of offences is one that exceeds the borders of particular needs and interests, even though it implies, as shown above, their consideration.

Specialty literature [3] has correctly shown that criminal law is necessary as long as serious antisocial acts will be committed in society, this remaining "probably the only acceptable solution that provides means for preventing and combating criminality". Thus, due to the commission of offences, injured people in need of

juridical protection will exist. Their protection, although it can be achieved through extrajudicial means, however the main way remains the law, because if they become victims of offences, this means that extrajudicial prevention means failed in their fight to prevent criminality, the intervention of law as backup to prevent and combat activities of illicit nature being imposed. Finally, in this context, the last backup solution is criminal law, which "has as integrated element of its general purpose (preventing offenses), the **protection of victims and prevention of offences** [3]".

Therapeutic and restorative justice. Their importance in repairing the prejudice suffered by victims of offences and in their recovery after the trauma suffered.

At the interface law-psychology-psychiatry, the first and most popular element met there is *therapeutic jurisprudence [4]*, defined as "the study of the effects of legislation and of the legal system on the behavior, emotions and mental health of individuals: in particular a multidisciplinary examination of how law and mental health interact [4]". We believe that the best example on highlighting and deepening the relationship between justice and the sciences that study human psyche is *restorative justice*, justice that seeks not only the criminal prosecution of those responsible of offences, but also to repair the injustices committed, the prejudice suffered by victims. In this sense, specialty literature [4] contains presented and analyzed the results of research carried out in countries such as Argentina, Chile, South Africa and Rwanda, which have suffered because of "bloody dictatorships or serious events such as apartheid, civil war or genocide". In these cases, besides the problem of holding criminally liable those responsible for starting and conducting these events, the *post factum* issue was also raised, namely that of national reconciliation, of reparation of the national social trauma.

Victimization – causes, prophylaxis and the legal protection of victims of illicit acts.

The multidisciplinary science called *victimology* and related to it, the victim-offence relation, cannot be absent from the legal- mental activity consecrated sciences equation. As is for resilience, no generally accepted definition on the concept of victimology exists. Mainly, the conceptions related to victimology are divided into two categories: the first considers that victimology is a stream of criminology [1], and the second that it is a distinct science, either multidisciplinary, ancillary to criminal sciences, or a *sui generis* science, having concerns centered on the study of victims of illegal acts or of such extra-human events [2].

For our study however, important is the link made by Mendelshon between victimology and "clinical" or "practical" victimology [see Mendelshon, *Victimologia generală* [3], considering that not only victims of offences, but also victims of natural disasters, genocide, ethnic conflict and war victims should be part of the scope of victimology. In his turn, in *The Show of Violence*, Wertham shows that it is "impossible to understand the psychology of the murderer, without understanding the sociology of the victim" [3].

Of the many definitions of the concept of victimology, we understand to remember, especially for the time we find ourselves in, the following: "victimology is a multidisciplinary science that studies the **causes of victimization, the legal protection of victims and the prophylaxis of victimization** through effective measures" [3]. Among the essential ideas for analyzing the concepts of vulnerability to and victimization, formulated in the more recent specialty literature, we believe that the following bear significance for our research: vulnerability to victimization as a predisposition, increased capacity of the individual to become a victim of criminality; it is generated by all the personal traits that interact with external factors in a given situation; not only persons vulnerable to victimization exist, but also those that are not vulnerable; vulnerability to victimization is not of fatal character.

Therefore, victimology has an etiological side, a prophylactic and a protective one.

For example, a person can become the victim of an offence for different reasons, such as: failure to take preventive measures, provocative behavior of the victim (for example, the challenge may consist of violence, serious prejudice to human dignity etc.), certain particularities of the victim's personality, social factors, economic factors etc.

As concerns the prophylactic aspect, it consists of the adoption of new measures to prevent the victimization of individuals and to study the existing ones.

The transdisciplinary approach of resilience.

The notion of resilience and the main aspects that underlie its relation with the legal factor (examples). Legal resilience – new concept, features and specific measure. Taking into account those highlighted above, we consider that both the legal component (especially that of law and criminal justice, including victimology) and that of the sciences whose object of activity is the human psyche, are two distinct

reality levels that do not exclude one another and that share the person or group of persons, victims of criminality. At the interface between them, in the process of building a new emancipatory development of the passive subjects of the criminal phenomenon, a new level of reality may appear - independent from, but closely linked to the two - namely *legal resilience*. Obviously, for this new reality to take shape, it is necessary that both law and the sciences related to the human psyche start a real, permanent and substantial dialogue on the topic in question, in a complementary and integrative vision, avoiding "exclusivist" and "technicist" cantonment. It is the establishment of normality in the researched field, as well as really connecting to the new demands of our society.

To better understand what we wish to show in connection with this new concept and to be able to define it, it is necessary to return to the idea or the concept of resilience, for later to use examples to point out the main issues underlying the relation between resilience and the juridical factor.

Throughout life, man undergoes a series of shocks, including those where he finds himself to be the victim of an offence, which may influence either his development or his destruction. We consider that the category of offenses causing serious damage to those who become their passive subjects are: offences against bodily integrity or health (for example, hitting or other violence, injury, ill-treatment of minors); offences against personal freedom (for example, illegal confinement); trafficking and exploitation of vulnerable persons (for example, slavery, human trafficking, trafficking in minors); offences against sexual freedom and integrity (rape, sexual assault, sexual intercourse with a minor); genocide, offences against humanity and war offences (genocide, crimes against humanity, such as subduing a population or part thereof in order to destroy it, in whole or in part, to conditions designed to determine its physical, total or partial destruction, torture, inhumane conduct during war etc.), terrorism etc.

Essential for our analysis is to emphasize that resilience, as a positive form of neo-development, does not take place in an easy process, but rather involves a complex process, a resilient course being the "result of a nonlinear process, often composed of nonresistance and nonresilience periods, as it contains resistance strategies" [5].

Both in the resilient process of identity reconstruction (especially in the case of assisted resilience) as well as in the prevention and combating of victimization, the scientific organization of specific activities within an institutional framework plays an important role.

It is well known that traditionally, institutions have committed to help individuals in traumatic situations likely to stop their development and threaten their existence, through assistance that relied and still relies on certain regulations, mandatory for the assisted persons.

In this context, assisted resilience proposes new institutional practices that shift from the traditional model.

Having in view the considerations on the relation between resilience and specialty institutional environment, in the following we will briefly refer to the bodies involved in preventing and combating victimization in Romania, especially those which deal with the resilience field, for finally to attempt to introduce and define the legal resilience institution.

It is eloquent to emphasize the significant concern existing at international, regional and national level for the protection of victims of criminality, through the adoption of normative acts on the protection of victims of offenses or relating to the prevention and combating of certain types of offences, including the rights and protective measures awarded to the victims of these offences.

In this context, however, the institution of resilience in general and of assisted resilience in particular, does not find a well-defined, custom place, in the sense that no specific legal framework exists that delineates its particularities, importance and role among the rights and psychological measures enjoyed by the victims of offences in the complex process of counseling, rehabilitation, social reintegration, retention or reinventing of their identity.

Also, the absence of a regulatory framework on resilience as a positive form of neo-development of the victim of an offence also negatively influences the activity of the judicial bodies lacking the possibility to inform the victims of offenses that they may enjoy resilient counseling and education from experts in the field, in an institutional framework, under the conditions of the law. Obviously, the victim would be the one that would ultimately opt for this form of counseling and education.

Discussions and conclusions

To fill this gap, a new concept, namely *legal resilience*, makes its way in the interface law-psychology-psychiatry. We feel that in those presented above, we brought enough arguments in its favor, but a definition of legal resilience cannot be easily formulated. However, assuming the risk of any scientific research, especially when it comes to lesser addressed and therefore lesser known concepts and institutions, we will attempt to define this notion.

Thus, *legal resilience can be defined as the discipline that brings together the efforts of specialists in the field of sciences dealing with the human psyche and of those in the field of law (theorists, but also practitioners), including that of victimology, in view of the multidisciplinary study of how restorative legislation and justice, on the one hand, and resilience (especially assisted resilience) on the other hand, may interact in order to provide the necessary framework to support victims of offences in breaking free from the victim status and in fully manifesting their desire to develop again, to soundly recreate themselves, using their own way of perfecting themselves*.

We feel that in order to attain this goal, the specialists mentioned above, using specific means and methods of their fields of knowledge, should analyze and propose a series of measures, as follows : a) greater exchange of information and procedures taking place at the border between resilience - victimology - law; identifying the means by which criminal justice, especially the restorative one, contributes to the mental health of the victims, an important role in this respect being that of judicial bodies having information on the relationship of victims of offences with society, both before and after the commission of the criminal act; amendment of the legislative framework in the sense of compelling the judicial bodies to inform the victim of an offense that he can opt for the assisted resilience component within the psychological counseling services. For this to take place, the legal framework should be complemented with provisions on the establishment, organization and functioning of assisted resilience departments within psychological assistance services. They would have as main activity objective supporting the victim in the work to rebuild, by means of assisted resilience, their own identity after suffering the trauma, meaning to leave room for personal initiative, to foster creativity, to enable change, to always appreciate as possible the positive development of the individual and so on; central and local authorities should include the resilience problematic in the development strategies and programs and grant logistics, information and material support to the departments specialized in this field; a review of the criminal legislation in relation to the position of the victim in the criminal law and criminal procedure system, in the sense of strengthening the protection of victims of offences, including by repairing the psychological damage suffered by them through the methods and means of resilient counseling and education. In addition, we feel that, in this way, resilience would also have a significant role on a legal plane, namely in terms of delinquency prevention, but also the protection and recovery of victims of offences etc.

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The over-indebtedness of the states, companies and population

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Abstract

This paper focuses on treating the *out of court* solutions of the over-indebtedness of states, legal entities and individuals, seen through the need of the existence of a economic-financial stability which should allow for the continuous development of the Romanian state and its citizens. It is necessary to approach the topic of over-indebtedness as a whole, as there is a tight relation between the excessive indebtedness of the states and companies and the over-indebtedness of the population, as individual economic resilience is strongly related to the general status of the economy.

Keywords: over-indebtedness, state, company, individuals.

Introduction

The term of over-indebtedness is currently very used, that is why we welcome the choice of this topic that needed a qualitative debate in order to be deeply understood and in order to clarify a series of legal controversies related to this phenomenon.

Along this paper, we shall mainly focus on treating the *out of court* solutions of the over-indebtedness of states, legal entities and individuals, seen through the need of the existence of a economic-financial stability which should allow for the continuous development of the Romanian state and its citizens.

We considered it necessary to approach the topic of over-indebtedness as a whole, as there is a tight relation between the excessive indebtedness of the states and companies and the over-indebtedness of the population, as individual economic resilience is strongly related to the general status of the economy.

Over-indebtedness of the states

1.1 Overview on the excessive indebtedness of the states

According to the dispositions of the *Government's Emergency Ordinance no. 64/2007 on the public debt*, the public debts represents the entirety of the liabilities of the type of local and governmental public debt, that may be expresses in national or foreign currency.

The public debt represents the entirety of the state debts towards its external and internal creditors at a given moment. The internal public debt is represented by loans to which the creditors on its own market subscribe. The external debt is made up of loans contracted by the state from banks located abroad and from regional and banking – financial institutions, from the governments of other states as well as from the international capital market, situation when the debentures in foreign currency are placed on the stock exchange situated in other countries.

The medium and long term external debt for Romania was of 76,951 billion EUR on the 31st December 2013 (79, 7% of the total external debt), in decrease with 0,5% as compared to the 31st December 2012. On the same date the short term external debt was of 19,491 billion EUR (20,3 % of the total external debt). [1]

The banks borrowed almost 23 billion EUR from abroad, namely a quarter of the total external debt of Romania. The amount is higher than the debt of the Romania state towards the external creditors, 18 billion, or the one of the National Bank towards the IMF, 9 million. By far, the highest external debt is in the private sector, of almost 40 billion EUR, generally debts of the foreign companies' subsidiaries towards the parent company.

Despite all these, although there are still voices that do not see the risk of this deficit, I appreciate the opinion showing that "*Our concern is not to have a zero budgetary deficit, but a deficit which can be managed. With a zero deficit one cannot develop, especially as the case is for Romania*". [2]

Although the debts of the administrative – territorial units (county councils, local councils, city halls) represent a distinct category as compared to the governmental public debts, they also fall under the name of public debt.

The local public debt is made up of the direct local public debt and the guaranteed local public debt. The direct local public debt represents the entirety of the liabilities of the administrative – territorial units at a certain time, coming from the refundable financing directly engaged by them, on a contractual basis, according to the Emergency Ordinance no. 64/2007 and of the Law no. 273/2006.

One can notice a sort of autonomy for managing the resources by the administrative – territorial units. This autonomy has still some control limits as the contracting and guarantee of the refundable financing, for performing the public investments of local interest, as well as for refinancing the local public debt is done by the administrative – territorial units only following the previous approval of the Authorization Commission for local loans within the Ministry of Economy and Finance.

The international markets become more "nervous" when the public debt in many countries, including Romania, exceeds 40% of the GDP, although the European limit is at 60% [3]. In order to avoid the situations of payment default, Romania, as other countries, adopted a series of preventive measures.

1.2 Preventive measures

In the past years it was proposed to introduce into the Constitution some provisions regarding the budgetary deficit. Thus, the proposal provided that the budgetary deficit could not exceed the limit of 30% of the GDP, while the public debt could not exceed 60% of the GDP We do not know the reasons that prevented the introduction of these limits into the Constitutions although it would have been virtually an alignment to the criteria imposed by the Treaty of Maastricht.

The economic imbalances occur because some countries – like Germany – have large commercial excess, while other – like Greece and Portugal – have large commercial deficits. Under this circumstance, the countries with deficit borrow from the countries in excess in order to finance, for example, a real-estate bubble (as it happened in Spain and Ireland). When the bubble blows, EU must intervene with emergency loans.

Four of the six legislative proposals treat the deficit and the debt, consolidating the Stability and Growth Pact. The other two introduce the surveillance of the macro-economic imbalances. Up to now, the accent was on the observance of the 3% limit for deficit. From now on, the public debt will be in the spotlight, while keeping the limit of 60% of the gross domestic product [4].

Moreover, there is the desire to automatically sanction the states that do not observe the legal commitments related to debt and deficit. Once proposed, the sanctions – of 0,2 – 0,5% of the gross domestic product – shall be rejected only by majority of votes.

The administrative-territorial units are forbidden to access loans or to guarantee any type of loan, if the total amount of the annual debts, exceeds the limit of 30% of the arithmetic mean of their own revenues.

1.3 Solution

Restructuring – *Greek solution* - On 2 May 2010, the Eurozone countries and the International Monetary Fund (IMF) agreed on a €110 billion bailout loan for Greece, conditional on compliance with the following three key points: (i) Implementation of austerity measures, to restore the fiscal balance. (ii) Privatisation of government assets worth €50bn by the end of 2015, to keep the debt pile sustainable. (iii) Implementation of outlined structural reforms, to improve competitiveness and growth prospects.

Debt default - *Argentina solution* - During the last week of 2001, the Rodriguez Saá government defaulted on the larger part of the public debt, totalling US$132 billion. By the end of November 2001, people began withdrawing large sums of dollars from their bank accounts, turning pesos into dollars and sending them abroad, causing a bank run. On 2 December 2001 the government enacted measures, informally known as the *corralito* [5], that effectively froze all bank accounts for twelve months [6], allowing for only minor sums of cash to be withdrawn, initially $250.

Excessive indebtedness of the companies

During the crisis stage of the economic activity, crisis that may include several branches and sectors or the national economy as a whole, the business environment gradually degrades as certain imbalances occur. The macro-economic indicators register abnormal values and the investments, production, request to consume, employment, salaries, profits, sales, exports or securities exchange rate tend to decrease, which confined and marks up the credit.

1.1 Calculating the Debt Ratio

The debts of a company are usually measured up by means of some *economic indicators:*

The general debt ratio: It is a general indicator of indebtedness and it calculates the proportion in which the total assets are financed from other sources than its own, such as credits, suppliers, state debts. Under normal conditions of activity, the indebtedness degree has to be around 50%. A limit under 30% indicates a reserve in resorting to credits and loans while over 80% a credit dependency, an alarming situation.

The financial indebtedness degree	
Under 30%	Low financial risk
Between 30-60%	Average financial risk
Over 60%	High financial risk

As for individuals, the main cause of over-indebtedness are the over-dimensioned loans, which together with other factors such as the failure to adjust the business model to the major fluctuations in the external environment, the lack of budgeting and rigorous budgetary operations which should signal the possible risks in time, the failure to cash the debts in due time, the dramatic decrease of sales leading to the change of the business model, may cause situations of going into payment default or insolvency.

The financial stability: a more refined version of the analysis of the indebtedness degree involves the reporting of the long term debts to the value of the invested capital (permanent). The indicator is one of the calculation elements the companies consider when classifying the security margin of indebtedness.

There are other indicators used in calculating the degree of indebtedness: *the global financial autonomy, the financial leverage, the financial lever, the interest coverage ration – RAD, the global solvability (SG), the patrimonial solvability (SP).*

1.2 The analysis of the situations of excessive indebtedness

The still modest dynamics of the economic activity, associated to the tendency to restrain the credit activity caused the worsening of the financial indicators of the companies, affecting their activity as well as the quality of the credit portfolios held by the banks.

The still fragile macro-economic context brought about the continuation of the growth in volume of the non-performing credits reported by the credit institutions, but we find a deceleration of their rhythm to accumulate (this being at 17,0% in August 2013 and at 22,0 % in December 2012, as compared to 28,9% in 2011 and 59,8 % in 2010; annual rhythm, nominal terms). The range of evolution of the indicator was also caused by the basic effect, taking into account the restraint of the volume of credits. [7]

The Romanian companies continually increased their indebtedness degree from the beginning of the crisis, and certain sectors of activity accumulated an important level of debts (as related to their own capital). Moreover, there is a tendency for some companies to manage their debts by initiating measure against the creditors (either constrained by the current unfavourable circumstances, or deliberately).

The volume of non-performing credits in foreign currency in the case of companies registered an increase of 73,7% in the period December 2011 – August 2013 (as compared to 53% for the RON credits, in the same period). The gap between the ratio of non-performing credits in RON and foreign currency was cancelled in August 2013 (23.4% for RON respectively 23.5% for foreign currency) as compared to 4.3 point in December 2011.

The payment discipline of the companies deteriorated at the level of the commercial relations with the business partners and those with the state.

1.3 Preventive measures

In view of preventing the over-indebtedness, the National Bank of Romania implemented additional measures of prudence by issuing the Regulation no. 17 on the 12th December 2012 – *Regulation regarding some credit conditions*, so that the credit standards became more restrictive.

The novelty of the mentioned regulation as compared to the previous regulation in this field is the extension, in certain parts, of the addressability sphere by including some new categories of creditors, as well as the establishment of the assumptions for the prudent ongoing of the credit activity in foreign currency of the non-financial entities, not protected at currency risk.

The new regulation also sets the means in which the warning of the debtors exposed to currency risk takes place, by imposing the creditors the obligation to show, upon each request of foreign currency credit

granting, the level of the payment liabilities for the requested financing under the terms existing on the date of request, and, as a comparison, the adjusted level following a possible severe depreciation of the related national currency, if the situation requests it with a possible increase of the interest rate.

1.4 Solutions

As we have previously shown, the over-indebtedness situations, if not solved by *out-of-court* solutions, may create payment default conditions, insolvencies and financial crises, which may be solved only by juridical solutions or mixed ones, and the results shall be more diminished for the creditor as well as for the debtor. It is a generally accepted principle at international level that the restructuring performed outside the judicial procedure bring a lot of benefits to those involved, being much more flexible and efficient than the judicial ones.

Restructuring the commercial liabilities. In order to support the companies and credit institutions, the National Bank of Romania, together with the Ministry of Finance has drafted The Guidelines for the Out-Of-Court Restructuring of the Companies' Liabilities. The provisions of this guide, although they have the nature of a recommendation, are very useful because they provide for all the necessary principles and guidelines in order to restructure the liabilities out-of –court.

Broadly speaking, restructuring means both restructuring of loans or debts through change of maturity date [8], rescheduling or [9] refinancing and restructuring of companies.

The restructuring of companies means to totally or partially re-orient/resize/redesign the company's activity in order to maintain or consolidate a competitive advantage on the market and provide viability of the business.

The causes that determine restructuring and major interventions in the company's activity are those that affect its survival: rapid decrease of the company's sales and market share; accentuated decrease of profitability as a result of continued growth of cost; major difficulties concerning financing the business on a short and long term; general degradation of the performance indicators.

Other causes that may trigger a restructuring process of the company are those that adversely affect performance and potential business development: inefficiency of the existing management system of the company; failure to adapt the company's objectives and strategies to the general context of the business environment.

Over-indebtedness of the population

There is no doubt that through credits citizens have improved the quality of their lives and access to essential goods and services, which would have otherwise been inaccessible or would have become affordable only after a considerable while, such as housing or means of transport. However, if the conditions under which credits are granted do not have a durable character – if serious problems concerning the job appear, if the monthly burden of indebtedness exceeds a reasonable percent of the monthly income available, if too many loans have been made or there have not been made enough savings to help out people in times of financial problems.

The causes of over-indebtedness are multiple and, paradoxically, even if its main cause is considered to be only credit, the facts contradict this statement and bring out the existence of a multitude of causes which generate over-indebtedness, such as unemployment and worsening of work conditions, divorce, death of one of the spouses, illness or accident, failure in self-employed activities, advertising and marketing campaigns which incite the population to intensify consumption, high interest rates, poor management of the household budget, loss of contracts or markets, increase in the price of utilities or fuel, raising taxes, rising inflation, the exchange rate etc.

1.1 Analysis on the indebtedness of the population and the credit risk

Indebtedness is relatively broad in the Romanian population, and debt is generally contracted on a long time horizon [10]:

- the number of people indebted to banks and IFN (non-banking financial institutions) is 4,31 million (in June 2013);
- it represents 43 % of the active population;
- the average duration of the credit is 21 years for the exposures secured by mortgages, respectively 6 years for consumer credits which have not been secured by mortgages;
- the amount of indebtedness from domestic banks and IFN(non-banking financial institutions),(including externalized credits) is significant (115,3 billion lei in June 2013, dropping from 116,5 billion lei in December 2011).

In terms of the number of households affected, *the over-indebtedness level* of the Romanian population is more serious compared to the average recorded in the EU. According to a survey of the European Commission [11], over 30% of the households in Romania were over-indebted [12] (in the year 2011), placing our country in the far extremity of the distribution.

In making regional comparisons regarding the indebtedness of the population, along the level indicators one must take into account the structural characteristics manifested in Romania, as follows:

(i) Romanian debtors with low income have a relatively important weighting in the banks' portfolios. (ii) Debtors with a net income below the minimum wage [13] present the highest level of indebtedness (62%, as opposed to 37% on the total economy, median values in June 2013, Graph 3) and the highest asymmetry of the level of indebtedness, while the tendency is of sharp deterioration compared to the other categories of income. Generally speaking, people with low income are the most susceptible of having problems with the timely repayment of their financial obligations

1.2 Preventing over-indebtedness of the population

The National Bank of Romania has consistently undertaken and updated, in its field of competence and within the boundaries of its attributions concerning providing financial stability, *approaches in order to avoid excessive indebtedness of the population*, by imposing a minimum set of conditions which must be observed by the borrowers in their relation with the clients- individuals, so as to ensure that the principles of responsible crediting have been implemented.

Such measures are the ones stipulated in the following legal acts: Norm no. 15 from 18/12/2003 concerning limitation of credit risk for consumer credit; Norm no. 10 from 27/07/2005 concerning limitation of credit risk in credits for individuals; Regulation no. 3 from 12/03/2007 concerning limitation of credit risk in credits for individuals; Regulation no. 24 from 28/10/2011 concerning credits for individuals.

1.3 Legal treatment of the debtors and the recovery of debts

In this respect, the National Bank of Romania has played an active role and has drawn up with the Ministry of Finance an important and very useful document meant to support the creditors but especially the debtors Guide for the *out of court* restructuring of loans secured by mortgage.

The guide establishes the principles which define negotiations and it recommends that before starting the enforcement on the mortgage, the contracting parties shall take into consideration and bring up for discussion any possible solution to restructure the loan, as a form of economic resilience. The following solutions may be taken into consideration:

a) The lender agrees with the borrower on the modification of the maturity date/ or the amount to be paid of one/more interest rates in balance without exceeding the initial duration of granting the loan.
b) The lender agrees with the borrower on the interest capitalisation or outstanding amounts. This option usually implies a prolongation of the maturity date of the loan.
c) Another modification of the contractual conditions can be the modification of the interest rate type or of the interest rate amount in the sense of reducing the monthly instalment for a limited period of time or throughout the crediting period.
d) The lender agrees with the borrower with regard to the refinancing of the loan which records amounts overdue with another loan. The initial loan agreement shall be reimbursed based on a renewed loan agreement. This option allows the borrower for example to replace a loan expressed in euro with a loan expressed in lei or over an extended period of time if the crediting policy of the lender allows it.

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[12] In the mentioned study, the households of the population are considered over-indebted if they record difficulties with debt payment continually, whether it is the payment of the bank debt or rent, utilities or other invoices. The indicators followed are: outstanding credits, nonperforming credits, utility or rent arrears or resorting to administrative procedures such as insolvency.
[13] The existence of debtors with a monthly net income below the minimum wage derives from the means of calculation, respectively distribution in equal instalments of the net annual income.

The risk of default and credit insurance

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Abstract

The risk insured within credit insurance qualifies as a risk in evolution, which requires constant supervision from both the insurer and the insured. To this end, the insured is bound to notify the insurer of any late payment or extension of the date of payment.

The risk of default can originate in the insolvency, insolvability or even bad faith of the debtor, which does not honour his obligation to pay at the due date or within a certain term of maturity.

The failure to pay a debt when due does not constitute a loss in itself and is considered as merely incidental to the obligation since it does not change the amount of the claim by itself. Nevertheless, the amount of the claim non-paid when due no longer corresponds to its face value because it suffers a depreciation, a loss of value, which depends upon the conduct of the recovery procedure and the erosion of the payment currency during this period, seen as factors that influence the economic resilience of the parties.

The damage incurred by the creditor is the result of a financial imbalance because, even if he can appeal for the integral recovery of the claim, with default interest, he is forced to use his own funds, which generates a liquidity crisis and a damage which, in this case, becomes permanent.

The downstream insurance is the only form of credit insurance which removes, for the creditor, the credit risk. Upon expiry of the payment term, the downstream insurer intervenes immediately so that all debt recovery costs and disadvantages of the late payment are borne by the insurer, who subrogates himself to the rights of the paid creditor.

Key words: risk of default, credit, insurance, credit risk, insolvency

Introduction

Credit risks seriously affect the commercial activity, so lending companies are forced to protect themselves financially through the conclusion of insurance contracts which cover the credits they grant. As the main object of credit insurance is credit debt, estimated to be a monetary debt and, at the same time, a primary claim, we will make, first of all, some brief remarks regarding the notion of credit and credit claim, after which we will present the main features of the credit insurance contract and the forms, traditional or rather new, of this type of insurance.

The risk of default can be controlled and insured in a particular country only if it is predictable and can be quantified, i.e. in the conditions of legislative, economic, financial and commercial stability, and not when it occurs amid an economic crisis and insecurity caused by a frequently changing legislation [1]. Therefore, although the Civil Code currently regulates this form of insurance, it hardly finds its place within the overall insurance activity.

The notion of credit

Credit is defined as the chronological gap which separates a service from its consideration. The consideration consists in the payment of a sum of money and has a primary nature since it represents the very object of the insurance contract [2].

Thus, there is no credit if one of the contractual parties benefits from a term, and the service must be rendered in nature. One service, for instance, which is not covered by credit insurance, is the risk of non-delivery of the merchandise. Also, the credit insurance does not cover the reimbursement of the paid price due to the occurrence of a cause of ineffectiveness of the contract.

Where the seller agrees to their co-contracting party a term for the payment of the price, even if there is a clause which provides for the payment in instalments of the respective price, the risk of default of the price at maturity may form the object of the credit insurance contract. The situation is similar in the case of a lease of

goods contract, when the payment of rents shall be made at a due term or of a works contract, when the contractor can insure their claim against the work's beneficiary.

Also frequently encountered is the insurance for financial credits, practiced domestically and especially internationally, such as the repayment of credits granted to a foreign country by a consortium of national banks or of the credits granted for a central bank in difficulty [1], [2].

Quality of insured party

Usually, the person entering a credit insurance contract is the insured creditor, who is also the beneficiary of the insurance. The quality of insured party can also be held by the debtor, who can insure their insolvability according to their obligations towards the creditor. Often, the insured parties are lending banking institutions, non-banking financial institutions, lending leasing companies, and not merely professionals or even natural persons, interested in insuring the risk of their debtor by means of a payment with instalments or at a term subsequent to the delivery of the merchandise.

In case the debtor has both the quality of insured and that of contracting party of the insurance, they may stipulate that the insurance indemnity be paid by the insurer promissory directly to their creditor, as a third party beneficiary.

Definition and legal characteristics of the standard credit insurance contract.

The doctrine has defined the credit insurance contract as the contract by which the insurer is committed, in exchange for a premium, to compensate the insured party for the damage they might suffer in case of occurrence of the risk which consists in the insolvability of their debtor [2].

The credit insurance contract has all the characteristics of a contract for damage insurance, marked by its unpredictable, pecuniary and *intuitu personae* nature.

Since we believe that it is not necessary to resume the analysis of these characteristics, we will only show that the justification for the *intuitu personae* nature is based on a personalized survey of the risk, on the confidence which the insurer has in the insured party and on the discretion and confidentiality of information.

We will highlight the particularities of the essential elements of the credit insurance contract, focusing on the insured risk and the insurable interest. Moreover, we will make some remarks regarding the influence which the object of the insurance – the credit claim - has upon each of the specific elements of this form of insurance.

Risk in the credit insurance contract

Credit insurance covers the normal risks of the professional, assessed according to the global turnover of the insured. Public law debtors are excluded since "public buyers" cannot be recognized as insolvent [2].

Also not covered will be any risks arising from natural or nuclear disasters.

The legislator uses, as apparently synonymous expressions, the following notions: insolvability risk, credit risk, commercial risk or financial risk. In fact, all risks which subscribe by these forms of insurance are financial risks, as they relate to financial imbalances which may consist either in the lack of liquidities (insolvency) or in the increase in value of liabilities in the detriment of the value of the assets (insolvability). Although both the insolvability risk (*del-credere*) and the credit risk are risks against financial losses, one cannot place them on equal grounds because if the credit risk presupposes the non-payment of the debt upon maturity, and therefore a "partial" damage, the insolvability risk presupposes the definitive non-payment of the debt due to the default generated by the value of the debtor's liabilities, which surpasses their assets [3].

The insurance relates either to the overall activity of the insured, or to a fraction thereof. In order to give a most accurate assessment of the value of the insurer's credits, the latter must provide to the insurer a "declaration on open policy". In this way, the insurer can globally estimate the insured party's activity, without being driven by the selection that the latter might do in order to ensure only those claims with the highest risk [2].

The declaration of open policy has as main functions the fact that it provides the basis for calculating the premium and represents, at the same time, a means of control and sanction of a possible anti-selection.

There are two main policies: "The whole turnover" and "The specific account". The first policy covers the total turnover of the insured, whilst the second comprises one or two nominated clients [4].

The credit insurer will cover *ex officio*, without the consent of the insured, a certain limit of the claims. We are referring to the debtors for whom the value of the required coverage is slightly high, the so-called "unnamed clients". For this purpose, it is necessary, however, for the insured to perform some preliminary checks: regarding the existence of the client, the absence of the client's insolvability, notorious or declared, the absence of the financial insolvency index [1], [2].

In the case of the "first delivery" clause, the insured benefits from a coverage within a ceiling for a premium and a single operation of a new client, without having obtained a prior consent, but upon condition of obtaining a subsequent agreement within a certain term, which relates to future operations. If the amount of the granted credit exceeds the "unnamed" limit, it is necessary to obtain the insurer's consent.

The risk insured within credit insurance is considered a risk in evolution. This characteristic requires a constant supervision of the risk, both from the insurer and the insured party, as a means of assuring the economic resilience of the parties. In this respect, the insured is bound to inform the insurer of any late payment or extension of the payment's due date.

Non-definitive nature of the damage by failure to pay upon maturity

The question has arisen if the failure to pay the claim upon maturity is likely to cause a definitive damage. The problem is linked both to the insured risk or, more precisely, the moment of its occurrence, and to the existence of the insurable interest. In other words, what is of interest is whether the damage must be definitive in order to entail the warranty and, if the answer is yes, in what does this damage actually consist.

In the doctrine of credits insurance, it has been shown that "a claim which is not paid is not, by this simple fact, a lost claim; the failure to pay upon maturity is not, in itself, a loss". Also, it has been considered that the failure to pay upon maturity some claims represents a mere incident of the obligation and it does not change, by itself, the value of the claim [2].

Impairment of the claim by failure to pay upon maturity

In the various forms of credit insurance, the damage occurs at different moments in time, situated during the lifetime of a claim. Thus, the damage may consist in a declared insolvability resulting from a judgment of judicial liquidation or bankruptcy or may be represented by the failure to pay the claim upon expiry of the payment's due date, at which time the insolvability, undeclared, is presumed.

If one analyses the situation of the claim unpaid upon maturity, one notices that, although its value remains unchanged, nevertheless, the creditor suffers damages since the delay in the payment of the claim disrupts their financial balance. We are not referring to the moratory damages to which the creditor is entitled anyway, but to the fact that, in order to honour their own obligations, the creditor must use their own funds, thus causing imbalances in their financial activity and, possibly, even a liquidity crisis. The damage which occurs in this case is, always, a definitive one [2].

The value of the claim unpaid upon its due date no longer corresponds to its face value since it suffers impairment, a loss in value, which depends upon the manner of conducting the recovery procedure. To this, one might also add the erosion of the currency during this time. Even though the failure to pay upon maturity entitles the creditor to appeal to recover the full amount of the claim, it is estimated that, from an economic point of view, some impairment occurs [2].

The insurable interest within the credit insurance and the theory of the definitive damage

Downstream insurance and insolvability insurance. In credit insurance, the insurable interest is a notion having a rather economic significance, which translates into the patrimonial relation between a creditor and its claim. Even if the economic relation is often doubled by a legal one, in order to ensure the validity of the insurance, it is necessary that the economic relation be submitted to risk.

In credit insurance, the insurer does not wait for the non-payment of the claim to be a definitive one. This means that the insured will be compensated, for example, in the downstream insurance, precisely upon the moment of maturity if the debtor fails to fulfil the payment obligation. Since the unpaid claim is not definitively lost, it was questioned whether the credit insurance observes the condition of the insurable interest. In the absence of the insurable interest, the indemnity does not compensate, but enrich. It is true that, in the downstream insurance, the insurer will bear all the expenses necessary for the recovery of the claim, once it is paid, upon maturity, to the insured. The insurer will not recover these expenses since they are not the object of the insurance.

In the doctrine it has been stated that, in the downstream insurance, when the insurer pays to the insured the value of the claim, the former does not compensate the latter for the damage suffered as a result of the non-payment of the claim upon maturity since this damage is not necessarily equivalent to the value of the claim; the insurance serves not for the compensation of the insured for this type of damage, but for the latter's protection against this type of damage [2].

The downstream insurance is the only form of credit insurance which removes all the inconveniences presented to the creditor by the credit risk. This happens because, upon expiry of the payment term, the downstream insurer intervenes immediately so that all debt recovery costs and disadvantages of the late payment are borne by the insurer, who subrogates himself to the rights of the paid creditor.

Unlike the downstream insurance, in the insolvability insurance, the one who bears the effects of the late payment, including the start of the claim recovery proceedings, is the creditor, who is forced to begin the necessary steps for the recovery of the claim and to continue them until the moment of the insurer's intervention.

In the insolvability insurance, the most common form of credit insurance, the creditor's compensation will be made under the terms stipulated in the policy, either upon the date of the pronouncement of the judgment declaring insolvency or at the closure of the insolvency proceedings.

Moreover, in the credit insurance with respite term, the claim is not permanently lost upon the expiry of the respite, date upon which the insurer shall pay the insurance indemnity.

In both the insolvability and the respite insurances are met the essential conditions of a genuine insurance, namely there is a patrimonial allocation of the insured interest. If the insured interest is injured in all cases where the claim is not paid upon maturity, as in the case of the downstream insurance, the former will be even more affected if the impairment of the claim occurs through its non-payment within a certain period of time after the due date, when the respite term expires or insolvability gets declared [2].

In these forms of insurance also, the amount of damage is variable in time and difficult to specify. In all cases, the insurer compensates all the damage suffered at the time of the harm, even if its value is not definitive and, afterwards, subrogates in the rights of the paid creditor, thus avoiding the enrichment of the insured creditor.

From the foregoing, it results that in any form of credit insurance, the payment of the compensation is not subject to the absolute proof of the definitive insolvability of the debtor.

The definitive nature of the damage is related to the terms of the contract. The damage is definitive in case of a breach of the insured interest under the terms of the policy.

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Resilience and criminality

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Abstract

The evolution of the Romanian society, from the last decades, has been marked by huge transformations, from the political, social, economical and cultural point of view.

The difficult and long lasting transition, from communism to a capitalist society, as well as the regaining the right of free circulation have led, among other things, to an evolution of the recorded offences in Romania.

Characterized by discomfort, social danger and material and moral prejudices which it causes, criminality represents a complex phenomenon, materialized by the illicit actions of the individuals or of the offending groups.

Having as a main topic the individual, the connection between resilience and criminality can be seen by the two points of view, as it follows:

From the active subject of the offence point of view (the felon, the accomplice or the inciter) can be analyzed both his resistance before committing the offence (ante factum) and the given effort (post factum) for his change, the social integration and moreover, the avoiding of committing other offences in the future.

Concerning the passive subject of the offence (the victim), we can analyze the force which he opposes to the crime, as well as during the whole criminal process and his ability to recover both psychically and physically in order to come to his normal and individual state and to allow him to reintegrate in the social background.

The most eloquent example of the low resilience at the offence is that of juvenile crime.

The insufficient psycho-biological development, together with a series of social factors (the precarious family education, the school abandonment, the lack of supervision, the attendance to some doubtful places, the disorganized families, etc.) lead, to a great extent, to a deviated behavior of the children and teenagers.

Keywords: resilience, criminality, offence, juvenile crime.

Resilience and basic delinquency

The recorded criminality at present is, mostly, atypical and unpredictable. The free circulation outside the national borders, the access to all kinds of information, as well as, the using of the latest technology led to a variety of the offences and to the unusual ways of committing them. Also, the organized action of the offending groups and their specialization, simultaneously with the reduction of the execution period of time, led to serious problems concerning the investigation of the offences and the identification of the authors.

Definitely, ten – fifteen years ago, the Romanian law enforcement agencies were not informed about some kinds of offences such as: murder or robbery using fire guns; informatics offences or committed by technology or using the internet; fraud by declaiming of a false quality, the so – called methods “the prize”, “the car accident”.

In order to distinguish the process by which an ordinary person becomes the author of a planned offence, will be analyzed some significant aspects, which contribute to the diminution of the resilience to offence.

1.1 The family background

It is known the fact that, the personality of the individual is strongly influenced by the family background, the model, education and attention offered by their parents. The dysfunctions of this system constitute the main cause of delinquency, no matter if this is shown during childhood, adolescence or maturity. The lack of existence of a calm climate or of the understanding in a family, affective lacks, the low professional level or the cultural one of the parents, the frequent changes in the family background, the poor education offered by the family initially, promiscuity are elements which led to the diminution of the resistance of the child

to criminality. Usually, the individual originated from such a difficult background, will not accede to superior forms of education or culture and will be liable to committing offences, generally of judicial nature.

In adult's case, the tensions within the family between husbands and wives or parents and children, the dissatisfaction from the close people, the minimizing of their efforts or merits can also diminish the resilience to criminality. In the Romanian legislation, "the prevention and the fighting against violence in family are parts of the integrated politics of protection and support of the family and it represents an important problem of the public health." [1]

1.2 The educational background

The education received in the family constitutes the basis on which the knowledge and the abilities are gathered during the process of school enlightenment. Failure, absenteeism or school abandonment, in many cases consequences of the indifference towards school, the family opposition or the poor material conditions represent risks in the later individual development, including the resistance of offence. On contrary, a cultivated person shows an increased resistance, because he will be accustomed to analyze and to reason, he will carefully choose his friends and he will avoid the harmful relationships. Nevertheless, there are not just a few cases in which this people commit offences, being predisposed to the breaking of some legal economical standards (the so called "white collars") or the informatics ones, being given the high level of specialized knowledge they own.

1.3 Psychiatric disorders diseases, somatic sickness and disabilities

The mental, organic disabilities or delays in the intellectual development, obesity or anorexia, the appearance of some disabilities, etc. lead, most often, to an antisocial behavior, a deviated or a criminal one, arising from the frustration and the feeling of inferiority that they felt in. The resilience of these individuals is even lower when they live, learn or develop their activity in a hostile environment, which disclaims and pushes them away. In such a collectivity, the person feels abandoned, ugly and unaccepted; automatically he will develop a feeling of hatred against the others, which leads to aggressiveness. The specialists in judicial psychology consider that these offenders are among the most dangerous, being predisposed to committing some extremely violent offences.

1.4 Socio – professionals reasons

The low professional level, the poor adaptation, the absenteeism, the difficult communication or the conflicted relationships with workmates, the conflicts with the leading factors may affect the level of resilience. From the socio-professional point of view, the individual resilience has a special and important role, especially during the time of professional transition or accumulation of stress – "a syndrome constituted from the exacerbation, beyond the level of some simple homeostatic fittings, of some psychical reactions and their somatic equivalents (affects almost all body compartments) in connection, more often evident, with a configuration of unleashed factors which act intensely, surprisingly, persistent and/or suddenly and, sometimes, having a symbolic character of «threatening» (perceived or anticipated by the subject". [2]

Although devoid of interaction with professional stress, unemployed people are pushed to crime, often, by the entourage. The unsuitable places and environments are frequently combined with excessive consumption of alcohol, hallucinogenic or psychotropic substances and gambling. On its own initiative to cover daily expenses, being instigated by others or recruited by organized crime groups, they will slide inevitably to illegal actions.

1.5 Economical reasons

The diminution, the depreciation or even the lack of the means of living, the loss of the job are some of the factors which lead to delinquency, mainly together with the impossibility of finding another immediate job and a source of a legal income. Especially when these things appear independently from the subject will (inflation, the increasing of the money exchange rate or the devaluation of the money, unemployment, reorganization, mass layoffs) involving job loss, all these events impose, above all, the quick identification of solutions to ensure the livelihood of the family.

1.6 Conclusions

In most of the cases, there is a main defining issue that could explain the behavior of the basic offender. Be it physical or psychological trauma, the low level of training, lack of material needs or external influences, all this erode resilience to crime, especially during childhood or adolescence stage.

The resilience of victimisation

In judicial practice, the victim represents the passive subject of judicial offences against the person.

Identifying the victim's risk factors is determined, primarily, by the social background of the victims and its structure, by the values' typology which is considered to be harmed, by the socio-economic conditions in which the victims live, by the rules of conduct used and accepted by the victims. The risk factors also reveals the obvious way of responsibility, discernment and response of the victims to the aggressive act.

The favoring conditions of producing the victim's effect should be analyzed on various aspects: demographic, social, psychological and physiological. Knowing the conditions favoring victimization does not resume to the analyzing of causes (factors) but should also be established the conscious individual intentions of the victim to its manifestation. The favoring conditions come up as a product of a complex system of occurrences which diminish the resistance to victimization. These conditions can be contextual, punctual or typological; they increase the tensions, the conflicts and the differences between the victim and the offender, without triggering the act of aggression, attribute which always belongs to the generating causes.

1.1 Context factors

"To be in the wrong place at the wrong moment", best characterizes the contextual factors. For example, the initiation of some spontaneous conflicts with unknown people, traversing some unpopulated places are factors leading to the victimization, but not necessarily generated.

1.2 Typological factors

From the point of view of the age, the most exposed victims are children, teenagers or old people. Concerning gender, the female part is most exposed. Talking about the background, the people living in the rural areas are most exposed to the victimizing factors.[3]

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The sentencing system of criminally responsible juveniles. Between resilience and resistance

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Abstract

Currently, the concept of *resilience* is associated with different domains, such as scientific, social, economic, political, etc., outlining the new meanings of the concept. Thus, we can talk about psychological resilience, biological resilience, organizational resilience, urban resilience, institutional resilience, economic and financial resilience, social resilience, business resilience, etc .Resilience should be seen both as a characteristic of an element, object or entity and as a process that aims at the creation of this feature.

Given this brief preliminary explanation, the concept of resilience is particularly important in law, especially criminal law, due to the effects of applying a coercive rule on the individual who has adopted an anti-social behaviour, both in the short and average term - during the execution of the penalty imposed - and in long term - on social behaviour adopted post conviction. In this context the highly sensitive issue of criminal liability and punishment of juveniles who are criminally responsible is both a difficult and complex one, through the myriad issues that must be considered: age of the offenders, their personality, education, the possibility of social reintegration after a criminal conviction.

With regard to juvenile offenders, the State - holder of coercive power - is forced, in the penal policy delivery mechanisms, to find the most effective means to achieve the dual purpose of punishment: prevention and remuneration. But this task is an extremely difficult one, legislative developments in the field of criminal liability of minors with criminal capacity is illustrative in terms of difficulties in this process.

Keywords: juvenile offender, resilience, social reintegration, conviction, guidance and supervision orders, punishment, adaptability, educational process.

Methodology

In this study, in order to successfully achieve our scientific purpose, we are using a range of methods, such positivist method, based on the examination of the legal texts governing the criminal liability of minors. Then, using the historical method, we present the image of the Romanian sanctioning system of juvenile offenders from an evolving point of view. Comparative approach in international and European law has an important role, which is to highlight the fact that the reconfiguration of Romanian sanctioning system regarding juvenile criminals is the effect of pressure of the international criminal law.

Introduction to the concept of resilience

In this section we try to explain the concept of resilience and its connotations in criminal law. We shall explain the relation between resilience, social reintegration after conviction, personal adaptability, and psychic recover after conviction shock. We shall also try to focus on the role of probation services in managing the feedback between activity of institutions and personal behaviour of convicts.

The concept of *resilience* was first used in 1674 and was introduced in the technical circuit 100 years later.

Resilience has been defined in a multitude of ways, in terms of social life in which this phenomenon was observed. In the first place we cannot ignore the physical and technical connotation of the term, namely the ability of materials to withstand shocks without being affected in their material substance. Secondly, from the sociological perspective, the concept of resilience captures the connotation of adaptability – that means it highlights the capacity of an entity to recover and easily adapt after a relational shock or a major change in everyday life.

Resilience, although it cannot be confused with the social reintegration of juvenile convicts after serving the penalty imposed by the court, could not be analyzed without explaining the concept of social reintegration.

This shows that the effectiveness of social reintegration depends on the adaptability of resilient juvenile offender, depends on how he/she appropriates the values and aims of the educational process and skill development during the execution of guidance and supervision orders applied by the court.

Romanian criminal law sets as minimum age limit for criminal liability and criminal capacity, the age of 14, criminal liability may arise gradually depending on the degree of development of discernment and the presumptions provided by the legislation. There are three legal presumptions set by the Romanian legislator (known in the doctrine as different degrees of intensity of the presumption of lack of judgment in relation to minor's age): an absolute presumption and two relative presumptions as follows:

a) The absolute presumption - juris et de jure - of lack of discernment, according to, the minor under 14 years is not criminally responsible. Since this is an absolute presumption, it cannot be refuted by any evidence of the presence of discernment, operating by the force of law, juris et de jure. From the historical point of view, setting the minimum age under which criminal liability can not intervene no matter the circumstance is the result of conceptions related to the development of mental, intellectual and moral human being and as a result of ratification by Romania of international documents that we show in this study. If the absolute presumption of lack of discernment operates, the perpetrator cannot be criminally responsible, having no criminal capacity, according to Romanian legislation. However, in case of a minor under 14 years participating in a criminal offense with others (adults) who are criminally responsible, this form of participation to a criminal deed is called improper participation, and the adults perpetrators will be punished for a knowingly form of guilt.
b) The rebuttable presumption, juris tantum, of lack of discernment. A minor aged over 14 years to 16 years (unfulfilled) will be criminally responsible if it turns out that he committed the act with discernment. This is an exceptional criminal liability, as noted in the doctrine, because criminal liability is conditioned by the age limit and the existence of discernment.
c) The third presumption is a relative one, of the presence of discernment. A minor who is 16 years old is criminal responsible, having full criminal capacity. It is considered by the Romanian legislator that, at the age of 16, a person has reached the minimum standard of mental, intellectual and moral development, and imposing the criminal law it is possible. But still in this case there is a relative presumption, which means that if it turns out that, at the moment of committing the criminal deed the 16 years old minor had no judgment, he/she will not be found criminally responsible. Causes of lack of discernment are mainly due to mental disorders affecting the intellectual-cognitive and volitional capacities, but could be due to severe educational deficiencies.

The evolution of the Romanian legislation on the sanctioning regime of minors - 150 years of modern criminal law

In this section we attempt an overview of criminal regulatory provisions that have been adopted since 1864 to the present, highlighting the common elements and the elements of differentiation taken into modernism and the continuous development of modern criminal law. We have in mind a comparison between Romanian Criminal Code from 1864 – "Cuza" Criminal Code, the Romanian Criminal Code from 1937 – "Carol the Second" Criminal Code, Criminal Code from 1967 and the New Criminal Code – Law nr. 286/2009.

The new Romanian Criminal Code - Law no. 286/2009 and the new sanctioning system of juveniles who are criminally responsible

In this section we realize an insight into the legal provisions governing the sanctioning system of minors, the guidance and supervision orders, which are the innovations introduced by the new legislation.

The New Romanian Criminal Code – Law nr. 286/2009 in force since 1.02.2014 has attempted to correct the shortcomings of former regulations that regulate the sanctioning regime of juveniles who are criminally responsible, setting out in respect of them, a sanction regime distinct of adults, focused exclusively on guidance and supervision orders, privative and non privative of liberty. In the nearly 150 years since the first Criminal Code of Romania had been adopted, the conception of the Romanian legislator remains constant: it is recognized that juvenile offenders are a special category of offenders who require special legal treatment tailored to their age and their personality characteristics, yet education and training. Causes of an antisocial criminal behaviour of a juvenile may be various: lack in education, inadequate living conditions or simply influences of social environment, social groups and subgroups. But anti-social behaviour of juvenile delinquents should be punished, paying attention at the same time to educational process and shaping their personality for that the chances of reiterating a criminal behaviour in the future to decrease.

The New Romanian Criminal Code established a changed design in the Romanian criminal law instituting a sanctioning regime of the criminally responsible minors based exclusively on guidance and

supervision orders. The Romanian legislator indicates in the New Criminal Code that non - custodial guidance and supervision orders are prevailing. Custodial guidance and supervision orders characterized by privation of freedom may be taken only in special cases:

a) in case of the minor has committed another crime for which he was on an educational measure that has been executed or the execution of which began before committing the new offense for which he is now judged;
b) in case of the punishment provided for the offense committed is imprisonment more than seven years or life imprisonment.

Guidance and supervision orders applicable to criminally responsible minors under the New Criminal Code are non-custodial or custodial. Non custodial guidance and supervision orders are: civic training probation, supervision, weekends consignment, daily assistance. Custodial guidance and supervision orders are: internment in an educational centre and internment in a detention centre.

International instruments that changed the design of the Romanian legislature in the matter of sanctioning regime of criminally responsible minors

During this section we realize a review of international documents that have contributed in changing the Romanian criminal law in matters of sanctioning regime of criminally responsible minors as follows:

1.1 Declaration of the Rights of the Child 1959 [1]

The U.N. Declaration of the Rights of the Child (DRC) builds upon rights that had been set forth in a League of Nations Declaration of 1924.

1.2 Minimum Age Convention 1973 [2]

The aim of the Minimum Age Convention (MAC) is to establish a general instrument on the subject of the minimum age of employment with a view to achieving the total abolition of child labor (Preamble). Thus, each State Party is to "pursue a national policy designed to ensure the effective abolition of child labor and to raise progressively the minimum age for admission to employment to a level consistent with the fullest physical and mental development of young persons" (article 1).

1.3 U.N. Convention on the Rights of the Child 1989

The Convention on the Rights of the Child (CRC) is the most comprehensive document on the rights of children.[3] For the purposes of the CRC, a child is defined as "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier" (article 1).

1.4 European Convention on the Exercise of Children's Rights 1996

The European Convention on the Exercise of Children's Rights (ECECR) stresses in the Preamble the aim of promoting the rights and "best interests" of children.[4] To that end, it states that children should have the opportunity to exercise their rights, particularly in family proceedings affecting them; they should be provided with relevant information (defined as information appropriate to the child's age and understanding, given to enable the child to exercise his or her rights fully, unless contrary to the welfare of the child) and their views should be given "due weight"; and, "where necessary," States as well as parents, should engage in the protection and promotion of those rights and best interests (Preamble). The ECECR applies to children who have not reached the age of eighteen (article 1(1)).

Conclusions

In the last section, the fifth, we are trying to point out the role of the development of the Romanian legislation regarding the resilience of juvenile offenders and benefits of new regulation provided by the New Criminal Code regarding the resilience issue and social reintegration.

As related to the bio-psychical state of a juvenile, the imprisonment, provided by the previous Criminal Code for minor delinquents, even if its limits were reduced to half, appears to be less suitable for achieving the purpose of the criminal law in relation to juvenile offenders. The imprisonment was meant to be a way of coercion aimed to the rehabilitation of the major offender, based on a re educational process while for juvenile offenders would be required an initial education with appropriate means, in order to configure the minor's future behaviour.

Moreover, executing the sentence in a juvenile prison affects his/hers fragile mind because of harsh detention regime and the negative influence of other convicts. Under these conditions, we welcome the radical change of optics of Romanian legislator in the New Criminal Code. By creating a sanctioning system different from adults', with specific sanctions adapted to the physical, mental or moral development of juvenile offenders, the Romanian legislator has created effective ways to achieve the purpose of criminal law and the resilience of this special category of offenders. A resilient juvenile offender will succeed in avoiding future antisocial behaviours and will become a good citizen.

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[2] The Minimum Age Convention, comprising a Preamble and 18 articles, was adopted by the 58th Session of the General Conference of the International Labour Organisation on June 26, 1973, and entered into force on June 19, 1976. For an online text, *see* the Office of the U.N. High Commissioner of Human Rights (OHCHR) Web site, http://www2.ohchr.org/english/law/ageconvention.htm (unofficial source).

[3] The Convention on the Rights of the Child, with a Preamble and 54 articles, was adopted by the U.N. General Assembly on November 20, 1989, and entered into force on September 2, 1990. For an online text, *see* the OHCHR Web site, http://www.ohchr.org/english/law/crc.htm.

[4] The European Convention on the Exercise of Children's Rights, C. E.T.S. No. 160, has a Preamble and twenty-six articles. It was opened for signature on January 25, 1996, and entered into force on July 1, 2000. For an online text, *see* the COE Web site, http://conventions.coe.int/Treaty/Commun/QueVoulezVous.asp?NT=160&CL=ENG, and, for an explanatory report, http://conventions.coe.int/Treaty/EN/Reports/HTML/160.htm .

Wouldn't it be a shame to waste a good crisis? The role CSR could play

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Abstract

According to many economists' view, the global financial crisis is, paradoxically, the opportunity to do the important things one would otherwise avoid. Indeed, the European Commission showed in its renewed EU strategy 2011-14 for Corporate Social Responsibility (CSR) that the economic crisis and its social consequences have damaged consumer confidence and trust in business. But, by promoting CSR now, one may create conditions favourable to sustainable growth, responsible business behaviour and the generation of durable employment in medium and long term.

In line with this, the Commission defines CSR as "the responsibility of enterprises for their impacts on society". As the 2011 Communication of the Commission further underlines, CSR refers to companies voluntarily going beyond what the law requires, to achieve social and environmental objectives during the course of their daily business activities.

It is the essentially voluntary character of CSR that may conjure problems, risen by the faking of this responsibility, by companies only interested in building themselves a "good image", thus transforming it into a mere gadget marketing strategy. This is also one of the reasons underlying the European initiative aimed at creating a legal framework to assure the effectiveness of the CSR, as a means of promoting the economic resilience of a corporation, that we shall comment in this study, after having first thoroughly analysed the CSR concept from the perspective of the law.

Keywords: global economic crisis, CSR, soft law, business ethics, resilience

Defining the problem

The complex nature of the concept of CSR and the potential implications of the issues surrounding it explain the excess of papers written on the subject. Still, should anyone be tempted to think that everything that needed to be said about it was said, the 2008 crisis has proved him wrong, opening the gate for new reflection on the theme.

To be clear about what we mean from the beginning, let us refer, for example, to the topical issue that concerns the groups of companies. Nobody can deny the fact that they are playing the leading part today in global economy, international commercial transactions being mostly carried out among companies (*business to business*) and not among states (*state to state*)[1] and yet there is a generalized refusal to recognize their legal personality.

Legitimate instruments of gathering capital, the groups of companies give as such rise to many problems, as the "pretended" independence of the member companies also allows, usually the parent companies, to escape their different responsibilities and, eventually, their liability – be it social, civil, criminal or environmental [2].

Limited liability of individual companies enshrined by the law could become a source of unlimited evasion from responsibility for parent companies which sacrifice at will the interests of the parties involved, just as the commentary of Lord Macnaghten in the leading *Salomon v A Salomon & Co Ltd* case allows us to believe: "*The company is at law a different person altogether from the subscribers to the memorandum; and, though it may be that after incorporation the business is precisely the same as it was before, and the same persons are managers, and the same hands receive the profits, the company is not in law the agent of the subscribers or trustee for them. Nor are the subscribers as members liable, in any shape or form, except to the extent and in the manner provided by the Act*".[3]

Nonetheless, it is now widely accepted that the 2008 financial crisis had ethical dimensions, and that market development needs to go through the stage of securing the interests of all the involved parties. The European Commission [4] itself not long ago pointed out that "[t]he economic crisis and its social consequences have to some extent damaged consumer confidence and levels of trust in business. They have focused public attention on the social and ethical performance of enterprises […]".

The question we shall thus try to answer in this paper is what the role of the corporate social responsibility can be in this effort, which first supposes a reflection on the concept's background and external limits, and afterwards a thorough discussion on its legal consequences and effectiveness.

Contextualising CSR

Despite the traditional separation between what is moral and the realm of law [5], we are witnessing a return in force at the forefront of public concerns of morality, even though this time, in the newly accepted, modern form, of ethics, as the great French professor Bruno Oppetit remarked [6]. If, at first glance, this ethical awareness seemed to have been determined by Enron and World.com like spectacular corporate scandals [7]that burst very little before the 2008 financial crisis, as the above example of groups of companies points out, ethics is actually the answer to a more fundamental and persistent need, of finding sound reliable guiding lines, that increasingly grew in the business environment. So understood, Corporate Social Responsibility could be the long-awaited answer to the expectations of "modern times".

In 1932 already, Adolf Berle and Gardiner Means were publishing *The Modern Corporation and Private Property* and they were highlighting that "[t]he economic power in the hands of the few persons who control a giant corporation is a *tremendous force which can harm or benefit a multitude of individuals, affect whole districts, shift the currents of trade, bring ruin to one community and prosperity to another* (a.n.). The organizations which they control have passed far beyond the realm of private enterprise - *they have become more nearly social institutions* (a.n.)" [8].

And, as they further observed, "[t]he rise of the modern corporation has brought a concentration of economic power which can compete on equal terms with the modern state - economic power versus political power, each strong in its own field. The state seeks in some aspects to regulate the corporation, while the corporation, steadily becoming more powerful, makes every effort to avoid such regulation […]".[9]

Was then the prophecy confirmed? A short extract from a 2010 Internet article gives a very suggestive answer to that question: "When the Enron scandal broke, commentator Paul Krugman called it a bigger deal than 9/11—a comment that, while fatuous, helps illustrate the shock and awe generated by Enron's fall. The scandal shook people's trust in the economy and fed a popular cynicism toward business that permeates many aspects of our politics and culture".[10]

We need to emphasize here is that, though business law has always been largely impregnated by ethical concerns, at the beginning of the 20th century already serious doubts arose as to the value of the law, increasingly accused of ineffectiveness, and made up of principles that have seldom happened acted as prejudices and turned against its beneficiaries. The lack of confidence on the part of professionals and of the public at large in an economic system in which unlawful acts are somehow being encouraged *rather* than *repressed* thus caused a serious legitimacy deficit. [11]

Economy lives from its credibility, so that aware of the need to restore the fading legitimacy of the market economy, professionals of the different fields of economics, finance and company law commonly agreed that it would be wiser to set limits to their actions on their own. "This critical turning point, when decline in an actor's or institution's legitimacy forces adaptation (through re-legitimation or material inducement)" [12] is what explains the trend of independent development of business ethics.

This new emerging interest for business ethics on the part of professionals assuredly goes hand in hand with a "diminution" of the role played by the state. Such "disengagement" [13] on the part of the law-making bodies is so substantial in certain fields, like business law for instance, that it could be regarded as the recognition of a true complementary-power to the legal power.

What is new now is the fervour shown by the economic and industrial environments in giving a new impetus to the ethical concern and in systematising ethical principles.[14]

Presently, the body of rules that aim at promoting an autonomous ethics is considerable, mostly consisting of codes of best practices or of professional deontology, and rules and principles forged by international regulating bodies or organisations. CSR is a part of this larger ethical movement, professing a necessary substantial change in the perception of the role played by the corporation as a solution to the existing crisis of legitimacy. [15]

Relating CSR and the neighbour concepts

Defined by the European Commission as "the responsibility of enterprises for their impacts on society", CSR needs a few clarifications before the analysis of the nature and force of its rules, with the ultimate purpose of answering the question of its effectiveness, that we pursued in this paper.

As we have already shown, it is around the mid-20th century, at the heart of the debate on the role of business in society [16], that the idea that companies should develop rules founded on ethical values occurred, in order to counterbalance all kind of potential arbitrary acts from the part of directors or of the shareholders. [17]

Initially understood as a profit-oriented *shareholder model*, guided by the principle that the company's managers have to create as much wealth as possible to the shareholders' sole advantage, the corporate governance concept was soon extended to a more integrative *stakeholder approach*, professing that the company owes responsibilities to the society as a whole, be it its employees, its creditors and the consumers as a whole. In other words, what that new understanding tried to achieve was an integration of ethical concerns into the common legal approach to companies [18]. According to the new Guidelines for Multinational Enterprises Recommendations for responsible business conduct in a global context (revised in 2011), "enterprises should contribute to economic, environmental and social progress with a view to achieving sustainable development and respect the internationally recognised human rights of those affected by their activities.[19]

Indeed, at the time the model of "corporate citizenship" was being developed by jurists and economists, another idea, of sustainable development, emerged at international level, essentially aiming at achieving an identical purpose of integrating economic, social and environmental concerns. According to the European Commission, "sustainable development stands for meeting the needs of present generations without jeopardizing the ability of futures generations to meet their own needs […]. It offers a vision of progress that integrates immediate and longer-term objectives, local and global action, and regards social, economic and environmental issues as inseparable and interdependent components of human progress". [20]

It is in relation with these concepts, all embodying the need for flexibility, complexity, and for a new form of legitimacy, that corporate social responsibility emerged, to materialize the companies' contribution to the effort of achieving sustainable development. According to the European Commission, CSR represents "the responsibility of enterprises for their impacts on society". To that respect "[r]espect for applicable legislation, and for collective agreements between social partners, is a prerequisite for meeting that responsibility". But, "[t]o fully meet their corporate social responsibility, enterprises should have in place a process to integrate social, environmental, ethical, human rights and consumer concerns into their business operations and core strategy in close collaboration with their stakeholders, with the aim of: maximising the creation of shared value for their owners/shareholders and for their other stakeholders and society at large; and identifying, preventing and mitigating their possible adverse impacts".[21]

This is the general "state of mind" that favoured the emergence of corporate social responsibility, strengthening the idea of "corporate citizenship", by proposing that an undertaking's business, beyond legal constraints, can and should incorporate an ethical dimension, with respect to social and environmental concerns.

Interpreting the sources of CSR

Viewed from a "technical" perspective, CRS is the means by which the goal of assuring a responsible conduct in business is to be integrated into the strategy of companies [22]. It resides as such in a mixture of international texts and principles, European initiatives or internal texts [23]: corporate social responsibility has been the subject of a Green Paper and of a communication from the European Commission [24]; it is the subject of the UN launched "global compact" program in July 2000, of the 2011 OECD revised guidelines for the multinational enterprises[25], or of the ILO tripartite Declaration of Principles concerning multinational Enterprises and social practices[26], to name just the most important of its international and European sources. But CSR may also be found in the internal legislation which was adopted in order to implement these regulations. In Romania, for example, there has been made extensive progress especially in the field of environmental protection law further to the EU accession date, which resulted in a propagation of mandatory legal rules, which are all part of the CSR [27]. These examples show that CSR has at the same time international and national formal sources, with both soft and hard law versions, that all have in common the vocation of integrating values and ethical principles into the law[28].

It is also worth pointing out that, if most of CSR rules are now based on a non-binding voluntary approach, there is a present tendency of making them part of the binding enactments[29]. Besides, if the European Commission has first defined Corporate Social Responsibility as an essentially voluntary concept, "a concept whereby companies integrate social and environmental concerns in their business operations and in their interaction with their stakeholders on a voluntary basis" (July 2001), it now proposes as a new definition of CSR "the responsibility of enterprises for their impacts on society", specifying that "[r]espect for applicable legislation, and for collective agreements between social partners, is a prerequisite for meeting that responsibility". The Commission further shows that "[t]o fully meet their corporate social responsibility, enterprises should have in place a process to integrate social, environmental, ethical, human rights and consumer concerns into their business operations and core strategy in close collaboration with their stakeholders" (October 2011)[30]. We shall, however, discuss these issues into more detail a little bit later in this paper, after first elucidating a few necessary preliminary facts.

For the time being, what we should keep in mind is that CSR is a true "composite" of texts of different legal intensity. The role that it plays, then, is the same irrespective of the power of these sources, or of the international or national framework where they have been forged?

Let us take a look at them by turn. At the national level, first, as the European Commission laid down "*Respect for applicable legislation, and for collective agreements between social partners, is a prerequisite for meeting that responsibility* (a.n.)", which means that CSR supposes first the observance of the applicable legislation. The EC further provides that "[t]o fully meet their corporate social responsibility, *enterprises should have in place a process to integrate social, environmental, ethical, human rights and consumer concerns into their business operations and core strategy* (a.n.) in close collaboration with their stakeholders". This would mean, practically speaking, in Romania for instance, that CSR supposes compliance with the legislation concerning the protection of human rights or of the environment (not the imposition of such observance, as both human and environmental rights are already benefiting from the highest legal protection the law can recognize), on the one hand. On the other hand, CSR, as a complementary means, supports the implementation of these legally imposed requirements, so that statements and actions on the part of companies (as the adoption of different codes of best practices, for instance) will allow for a better enforcement of the legal protection of human or environmental rights, by way of an ethical responsibility commonly formulated by the parties involved and, thus, more likely to be respected.[31]

Is the role CSR plays in the international environment the same? In summary, the main applicable texts reside in the UN Global Compact, a strategic policy initiative for businesses that are committed to aligning their operations and strategies with ten universally accepted principles in the areas of human rights, labour, environment and anti-corruption.

The UN underlined the increasing ability and influence corporations have on the economic, political, and social dynamics of society. As such, Global Compact assumedly "exists to assist the private sector in the management of increasingly complex risks and opportunities in the environmental, social and governance realms, seeking to embed markets and societies with universal principles and values for the benefit of all" [32]. CSR's role becomes completely different when the code of conduct is enacted by a company deploying its activities on the territory of states that either do not have a level of protection of fundamental rights in accordance with international standards, or do not have the means necessary to ensure control of it. By adhering to UN Global Compact principles, multinational corporations undertake to fill these deficiencies from the part of certain states, and to harmonize the level of granted protection around uniform standards. [33]

Actually, as Professor John Ruggie's UN "Protect, Respect and Remedy" Framework, most progressive CSR project at the moment provides "(11) Business enterprises should respect human rights. This means that they should avoid infringing on the human rights of others and should address adverse human rights impacts with which they are involved". The commentary to this principle more clearly specifies that "The responsibility to respect human rights is a global standard of expected conduct for all business enterprises *wherever they operate* (a.n.). It exists independently of States' abilities and/or willingness to fulfil their own human rights obligations, and does not diminish those obligations. And it exists over and above compliance with national laws and regulations protecting human rights".[34]

Those distinctions being made, as we have promised, we shall now return to the analysis of the issue of the "hardening" phenomenon that is affecting CSR sources, which will necessarily bring into discussion the ultimate question we undertook to answer in this paper, that of the effectiveness of the CSR.

Mostly made up of soft law, CSR rules may anytime become legally binding, and be as such subjected to the hard law's regime, as we could see [35]. We need to specify that, if the hard law approach proceeds based on the enactment of an absolute rule that bears a penalty, and whose subsequent violation will be sanctioned by the judge, the soft law approach supposes, on the contrary, an incentive to do something that the public interest would wish to see accomplished, with no direct punishment by the judge, in case of non-compliance. [36]

Does not then this "hardening" of soft law bear a strange paradox in itself? Soft law adopted by the CSR was born out of the inability of traditional law to prove effectiveness in certain cases, and wanted to proceed on an alternative approach, one based on the adhesion and participation of its addresses, for better enforcement, and yet it has been ever since constantly criticized for not presenting the characteristics and the guarantees of the traditional law.[37] Would it not be better to try to solve this "paradox" by an included-middle reasoning, helping "transgress" the rather artificial cleavage between hard and soft law?

In our opinion, we could so interpret John Ruggie's key proposal made in the UN "Protect, Respect and Remedy" Framework concerning human rights due diligences, a more appropriate pragmatic risk management approach, also incorporating the additional obligation that companies resort to dialogue with the affected communities.[38]

Practically speaking, this proposal consists in establishing the company's responsibility to carry out human rights due diligences: "In order to identify, prevent, mitigate and account for how they address their adverse human rights impacts, business enterprises should carry out human rights due diligence. The process should include assessing actual and potential human rights impacts, integrating and acting upon the findings, tracking responses, and communicating how impacts are addressed. Human rights due diligence: (a) Should cover adverse human rights impacts that the business enterprise may cause or contribute to through its own activities, or which may be directly linked to its operations, products or services by its business relationships; (b)

Will vary in complexity with the size of the business enterprise, the risk of severe human rights impacts, and the nature and context of its operations; (c) Should be ongoing, recognizing that the human rights risks may change over time as the business enterprise's operations and operating context evolve (17)". [39]

Human rights due diligence is a process undertaken by a business to prevent or mitigate actions that infringe the rights of others. The Special Representative has outlined human rights due diligence with four elements: a) statement of policy articulating the company's commitment to respect human rights; b) assessment of actual and potential human rights impacts of company activities and relationships; c) integrating these commitments and assessments into internal control and oversight systems; and d) tracking and reporting performance." [40]

The issues tackled in the work of the SRSG and in the UN Guiding Principles have been included in the 2011 Revision of the OECD Guidelines for Multinational Enterprises. These are enterprise responsibilities to respect human rights, responsibilities relating to the operation of transnational supply chains and the adoption of due diligence as a mechanism for ensuring observance of the human rights and other responsibility standards in the Guidelines. The due diligence issue has gone even further than the UN Framework in that it has been adopted as a general principle of action for furthering the observance of standards in the Guidelines beyond human rights.

According to section II General Policies, point 10 of the OECD Guidelines for Multinational Enterprises, enterprises should "carry out risk-based due diligence, for example by incorporating it into their enterprise risk management systems, to identify, prevent and mitigate actual and potential adverse impacts […], and account for how these impacts are addressed. The nature and extent of due diligence depend on the circumstances of a particular situation". For the purposes of the abovementioned Guidelines, due diligence is understood as, "the process through which enterprises can identify, prevent, mitigate and account for how they address their actual and potential adverse impacts as an integral part of business decision-making and risk management systems." [41]

Summarising the key findings

There are doubtlessly multiple ways to look at the CSR, among which we had to choose those that we deemed necessary to approach the subject of this paper, i.e. contextualising CSR, delimiting its relationship with the neighbour concepts, and commenting upon the relation between its soft law and hard law sources, in order to eventually establish the level of its effectiveness.

Reflex of a change of paradigm that shifted from a constraining authority to one that feels the need to legitimate its acts, CSR attests the vocation of values and ethical principles to become part of the law, as a means of promoting the economic resilience of a corporation.

The core of our paper may however be resumed by saying that CSR is "paying" its toll to the soft law. First, it is questioned as to demonstrate its effectiveness, given the "pluralism" of its sources and the freedom left to the beneficiaries of choosing among them, all inherited through its genes. Then, even though CSR's potential for effectiveness has been proved, another congenital issue is opened for debate, namely its credibility.

John Ruggie's proposal for an independent expertise may save its reputation, showing that the non-binding character of CSR cannot finally remain an "optional" obligation. The CSR functions differently, for a distinct purpose, complementary to the ways of the law. Establishing rules of an evolving nature, inviting to adopt a certain conduct, rather than by imposing it; insisting to search the spirit of the law, and not sticking to the letter, the CSR is alive.

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[23] *Ibidem*
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[25] http://www.oecd.org/daf/inv/mne/48004323.pdf.
[26] http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---multi/documents/publication/wcms_094386.pdf.
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[29] *Ibidem*
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Resilience and relapse into crime

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Abstract

If the purpose of the penalty is the prevention of other offences, and one of the functions of the penalty is the re-education of the convict, then the relapse represents a valid indicator of the efficacy of the punitive penal system. Undoubtedly, the efficacy of the punitive penal system is defied, the crisis of the punitive penal system being obvious. Over the years, specialists from different fields have tried to answer the same question: how can the relapse phenomenon be prevented, fought against, or at least diminished? Up to now, this question has remained unanswered. Specialists have reached the conclusion that this phenomenon could at most be reduced, but not eliminated. According to Émile Durkheim, "*criminality is part of the society as much as birth and death, and a society without crime would be pathologically over-controlled*". Criminality, being so closely connected to society, existed and will continue to exist, therefore it is considered that "*it is utopia to think that we could wipe out criminality completely; the only thing we can do is to reduce and tame it"*. Such a discourse seems to be up-to-date especially in the case of relapse, as "*the relapse in criminality proves persistence in the evil*", and implicitly, the offender's lack of resilience to re-offending. In this paper we would like to argue the alterations that the legislator brings to the regulation of relapse into crime in the new Romanian Criminal Code and their connotations in the context of individual and social resilience.

Keywords: Resilience, relapse into crime, New Criminal Code of Romania, rehabilitation, penal treatment.

Introduction

If the purpose of the penalty is the prevention of other offences, and one of the functions of the penalty is the re-education of the convict, then the relapse represents a valid indicator of the efficacy of the punitive penal system.

Undoubtedly, the efficacy of the punitive penal system is defied, the crisis of the punitive penal system being obvious.

Over the years, specialists from different fields have tried to answer the same question: how can the relapse phenomenon be prevented, fought against, or at least diminished?

Up to now, this question has remained unanswered. Specialists have reached the conclusion that this phenomenon could at most be reduced, but not eliminated.

Criminality, being so closely connected to society, existed and will continue to exist, therefore it is considered that "*it is utopia to think that we could wipe out criminality completely; the only thing we can do is to reduce and tame it"* [1].

Such a discourse seems to be up-to-date especially in the case of relapse, as "*the relapse in criminality proves persistence in the evil*" [2], and implicitly, the offender's lack of resilience to re-offending.

The legislator of the new Romanian Criminal Code brought important alterations to the regulation of the relapse into crime, especially to its penal treatment, that, theoretically, should significantly enhance resilience to re-offending.

In this paper we would like to argue the solution adopted in the new Romanian Criminal Code regarding the sanctionary system of the relapse into crime and the extent to which this new regulation is likely to respond to the need of reducing recidivism by enhancing resilience to re-offending.

The Theory of Resilience

The concept of resilience is relatively a new concept in the field of psychology, being criticized and considered ambiguous, especially if we are to decide what exposure to significant risk involves and what we can define as positive adaptation [3].

A relevant definition of the concept of resilience was given by the National Centre for Victims of Crimes (Washington, DC, U.S.A.), that described resilience as "*the power an individual has to cope with adversity and how successful the individual adapts to challenges or changes*" [4].

Moreover, resilience is considered to have three waves of inquiry [5]. The first wave consisted in identifying the resilient qualities as "*developmental assets and protective factors*" [5]. The second wave presented resilience as a disruptive and re-integrative process for the purpose of accessing resilient qualities [4]. The third wave reflects the postmodern and multidisciplinary view of resilience, seen as the force that drives a person to grow through adversity and disruptions [5].

As well as this, resilience was annalyzed from multiple perspectives, being approached as individual, family and community resilience [6].

According to VanBreda (2001) very few domains in a person's life have not been influenced by resilience [6] and, at the same time, the ability to be resilient is characteristic to all individuals, in general [3].

Individual resilience was defined as the capacity to successfully adapt, despite significant stress, challenging or threatening circumstances, being a combination of ability and personal characteristics, which allow individuals to cope, recover and function well at or above the norm regardless adversity [3].

Family resilience was related to those characteristics of families that help them to be resistant to disruption when confronted to change and adaptive in situations of crisis (McCubbin and McCubbin, 1988) [6].

Community resilience as stated by Paton (2000) refers to community capacity to bounce back and to use physical and economic resources in an efficient manner in order to aid revitalization soon after being exposed to harsh conditions [6]. According to Norris, Stevens, Pfefferbaum, Wyche and Pffeferbaum (2007) community resilience is the ability to adapt and function successfully in the aftermath of disasters [6].

All these definitions and perspectives on resilience help us understand the connection between resilience and recidivism, which, in the field of criminal law, show the lack of resilience to re-offending in the person of former convicts.

The Theory of Recidivism

Recidivism is a complex social phenomenon, involving multiple dimensions, such as juridical, criminological, statistical, sociological, psychological, prospective, economical, cultural, all being strongly related.

The concept of recidivism is specific to the field of criminology, including all types of reiteration of criminal conduct, regardless of the characteristics and the time of its development [7].

Criminological studies focus on recidivism from more perspectives, trying to discover the causes of this phenomenon, the characteristics of the personality of the recidivist and the solutions to prevent this phenomenon [8].

The etiology of recidivism is strongly connected to the etiology of criminality.

A large number of theories were elaborated along time concerning the causes or the generating factors of deviant behaviour. According to one criterion, these theories can be classified in two main categories, represented by the biological theories, on one side and by the social theories, on the other side.

In the first category of theories, the roots of criminality reside in the individual himself, being due to criminal heredity or to some characteristics of human personality.

One of the most important representatives of the theory of criminal heredity is known to be Cesare Lombroso (1835 – 1909), who elaborated the theory of inborn criminal, according to which many offences have a biological or hereditary nature, being caused by some physiological abnormalities, that are not present in a non-criminal personality [9].

The other sub-category of biological theories link criminality to some characteristics of human personality, such as: weak intellectual capacity, temperament, psychopatological disturbances.

The social theories work on the premise that human personality is a result of the continuous interaction between individual and the world around, as both criminal and non-criminal personalities develop in the same generic areas of social life.

The criminologist Etienne de Greef emphasized the types of environment that are likely to influence human personality, distinguishing between ineluctable, occasional, chosen and imposed environment [10].

Sociological studies highlighted some generating factors of recidivism, among which we can mention poverty, unemployment, illiteracy, political instability, illegal work, economical crisis, urbanization.

As well as this, criminality seemed to be encouraged not only by the lack, but also by the excess of goods. The high development of modern technology, in the recent decades, generates new temptations for offenders. It is well-known that economical criminality is on a constant rise, being present, under inventive forms, in more and more fields like informatics, financial, banking, business sectors.

The american criminologist Edwin H. Sutherland (1949), in his famous work, White Collar Crime, revealed a new face of criminality, combating statistical data of his time, that presented an image of the offender

belonging to the low and poor social classes. Sutherland put the light on the offences committed by the members of high social classes, regarding their business or professional activity. In connection with this, he elaborated the theory of differential association, according to which the meaning of deviant acts is connected to the positive or negative meaning that the close persons of the offender give to such acts. Social life is not disorganized but patterned through learned behavior. In consequence, association with criminal models create the premise of a future criminal conduct [11].

There are two theories that we would like to mention, in addition, and these are: the theory of social control of Hirschi Travis (1969), that states that the stronger the offender's link with society is, the more likely he will be to observe the social rules and the structuralist sociological theory of Émile Durkheim, who considered criminality a inner part of a healthy society. In his opinion, "*criminality is part of the society as much as birth and death, and a society without crime would be pathologically over-controlled*" [12]. The behaviours are qualified as undesirable and punishable by the dominant group in a society and in a society in which people are allowed to be different one from another, it is inevitable that some acts are antisocial.

Despite the large number of theories (of which we have mentioned only few in this paper), none of them seem to offer the explanation for the whole sphere of criminal conduct.

If the structure XY is responsible for committing a crime, how can you explain the fact that many criminals do not have this chromosome anomaly and, on the other hand, not all with this structure commit anti-social acts? If the socio-educational and socio-economic environment are responsible for the appearance of deviant behavior, how can it be explained that those coming from poor backgrounds commit such acts and, on the other hand, how can we explain the fact that among the offenders there are individuals who do not come from a poor background? For the moment, these are just some of the questions which seem to have no answers.

The attempt to explain the criminal conduct and put it in a theoretical frame fails in front of reality, that is too dynamic and diversified.

The phenomenon of criminality and, implicitly, recidivism is extremely complex and refuses to completely submit to one theory or other, as each of them can be accused by some intolerable generalizations.

The Regulation of Relapse into Crime in the Romanian Criminal Code

The relapse into crime, the most serious form of plurality of offences regulated in the Romanian criminal legislation, is a technical term, used in the field of criminal law, a form of recidivism (the broader criminological concept, comprising relapse into crime), referring only to some reiterations of criminal conduct under certain conditions, described in the Criminal Code.

The Romanian Criminal Code into force was adopted through Law no. 286/2009 published in the Official Journal no. 510/24.07.2009 and entered into force on February the 1st, 2014, replacing the former Criminal Code of 1969.

The new Criminal Code regulates the relapse into crime in art. 41-43 (in case of the natural person) and art. 146-147 (in case of the legal person), bringing new alterations to the definition, the terms of relapse and its penal treatment conferring the relapse into crime the character of a personal ground of mandatory aggravation of the penalty.

From the point of view of the legislator of the former Criminal Code, the state of relapse represented a personal ground of optional aggravation of the penalty inflicted on the offender for the offence committed in that state, as a result of their persistence in the offensive behaviour.

The distinction between the two regulations (the present one and the former one) are waited to rise important consequences for the prevention of relapse into crime and the enhancement of resilient qualities.

The relapse may appear in many forms, from which the Romanian Criminal Code mentions the following: the post-conviction relapse and the post-enforcement relapse, the territorial and the international relapse, the general relapse, the relative relapse, the temporary relapse, the relapse with a unique effect.

The relapse into crime, as an institution of the Romanian criminal law, implies a specific structure, which consists of two elements called terms of relapse.

In the case of the natural person, the first term of the post-conviction relapse consists of the decision of the final sentence to more than 1 year imprisonment or life imprisonment and not imprisonment for more than 6 months (the former Criminal Code) for an offence or a sequence of intentional or praeterintentional offences, sentence which was not fully enforced.

The second term is represented by committing a new offence, with intention or praeterintention, for which the law provides imprisonment for more than 1 year or life imprisonment, and which is committed before or during the enforcement of the sentence related to the first term of relapse or in the state of escaping from it (as stipulated in the former regulation).

In the case of the post-enforcement relapse, the difference consists in the fact that the conviction regarding the first term was fully enforced or considered fully enforced (through full pardon or pardon of the remaining penalty, or by expiration of the prescription of the execution of such an offence), and the offence

specific to the second term is committed after the enforcement or considered enforcement of the first term of the relapse.

In case of the legal person, the post-conviction relapse implies the legal person committing a new intentional crime after the final decision of a conviction, although the fine penalty of the prior conviction has not been enforced or considered enforced.

The post-enforcement relapse implies the person committing a new intentional crime after the final decision of a conviction, whereas the fine for the prior crime has been enforced or considered enforced.

As to the penal treatment, the new Criminal Code stipulates a stricter sanctioning system (art. 43 Criminal Code) than the one of the former Code, although practice has proved that harshening the penal treatment has not lead to the decrease of the relapse rate.

Thus, in the case of the post-conviction relapse, the penal treatment will imply the arithmetic addition of the penalties, and in the case of the post-enforcement relapse it supposes the legal increase with one half of the special limits of the penalties, both in case of the natural and the legal person.

In the former regulation, in the case of the post-conviction relapse of the natural person, the Criminal Code adopted the system of juridical addition with optional increase (up to 7 years). Thus, in case the penalty related to the first term had not been enforced or had only been partially enforced, that penalty or what was left to be enforced from it, and the penalty established for the crime committed after that, amounted to the most serious penalty, which could have been increased up to its legal limit (the special maximum). If this limit was not sufficient, another increase up to 7 years could be added to it. According to art. 39, paragraph (4) of the former Criminal Code, the sanctioning of the post-enforcement relapse was done through establishing a penalty up to its special maximum and if this was considered not to be sufficient, there was the possibility of increasing the penalty up to 10 years (in case of imprisonment) and at most 2 thirds of the special maximum (in case of a fine). If the established penalty for the new crime was imprisonment for life, the increase could not be applied.

In the former Criminal Code, in the case of the legal person, the sanctioning of the post-conviction relapse was done according to the juridical increase and that of the post-enforcement relapse was done through the possibility of establishing a penalty up to its special maximum and, if that maximum was not sufficient, another increase of up to 2 thirds from the maximum could be added

A new provision in the field is the one from the art. 43 paragraph (3) of the Criminal Code into force, through which, as an exception, in some cases, the possibility of being sentenced to life imprisonment was regulated, even if the established penalties were those of imprisonment.

As we may observe, the legislator of the Criminal Code into force adopted a more severe solution in order to sanction and prevent, at the same time, relapse into crime.

The questions that rise are: Is this new legal solution more likely to reach its goal and reduce recidivism? Is this new legal solution able to enhance resilient qualities in offenders?

In our opinion, the solution does not reside in harshening the sanctioning system of the relapse into crime, especially when, in practice, under the provisions of the former Criminal Code, did not appear the need to adopt a more severe regulation in the matter. The focus should not be put on changing the regulations, but on a more efficient and conscious application of them.

As several studies and researches have proven, there is a strong need to enhance resilient qualities in offenders, if we want to prevent them from re-offending. So far, the prison system has many flaws, that, instead of helping a person to reintegrate in society, after a conviction, actually, enables that person to re-offend. In such circumstances, how can we, as society, help an offender to develop resilience, when we choose to implement a law that may keep him behind bars for as long as possible? What treatment should that person receive in a such a long term jail, in order to develop resilience? Resilience is not important in the case of a recidivist person, being a "lost case"? If it is important, is the state, through all its institutions and authorities involved in the process of execution of criminal sentences, ready to assume such an important role?

In our opinion, the changes of the penal treatment of the relapse into crime brought by the new Criminal Code do not seem to enhance resilience in offenders, as they are focused on punishing the recidivist as severe as possible, apparently forgetting about the need of reeducating, if possible, and reintegrating these people in society, after accomplishing their penalty. This regulation is more surprising in the context in which alternative solutions to imprisonment are sought more and more in the juridical systems of other countries all over the world. Multiple scientific researches have shown that the key-solution may reside in improving the methods of communication and support between communities and their offenders and not in isolating them in a medium, that, many times, has proven to be a "school of crime".

To sum up, I would say that the issue of reducing the phenomenon of recidivism imposes multiple field investigations, approaching the criminal tendencies in time and space, their causes, the limitations of the prison system, developing efficient prevention programs, and above all, the necessity of approaching the matter from an interdisciplinary perspective, focused on the development of offenders' resilient qualities.

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Philosophy of mediation

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Abstract

When we speak about the philosophy of mediation we inherently have to relate to the philosophy of law and the philosophy of conflict. The philosophy of mediation is a present-day subject and of interest among the specialists in the Alternative Dispute Resolution field.

Keywords: philosophy of mediation, conflict, Alternative Dispute Resolution, mediation

The philosophy of mediation is a present-day subject and of interest among the specialists in the Alternative Dispute Resolution field. The first paper at world level dedicated to this subject and representing the topic of a doctoral dissertation was published in 2013 in Bucharest. The work entitled "Philosophy of mediation", whose author is Zeno Sustac, proposes a new approach of the ADR phenomenon from the perspective of the origins on the basis of which they were created as well as from the perspective of the objectives that we would like to see accomplished. When we speak about the philosophy of mediation we inherently have to relate to the philosophy of law and the philosophy of conflict.

The philosophy of law, acknowledged at speciality literature level and taught in law faculties, proposes a philosophical approach on law, answering mainly in a theme, that establishes the relation between law and moral, to the question "what is law? ". The philosophy of mediation proposes the same approach, the only difference being that the question that answers must be given to is "what is mediation? ". The philosophy of mediation is not at all inferior to the philosophy of law, having a more noble nature that puts in the centre the act of encouraging the maintenance of a harmonious relation between the social players. The philosophy of mediation is not conflicting, but treats the subject of conflict philosophy which presents a low interest for the philosophy of law. Having different objectives, the efficient support of a "legal war" in the case of the philosophy of law, namely the harmonization of interpersonal relations disturbed by the occurrence of certain disputes, the two philosophical approaches slightly overlap. Although certain themes might present a common interest, the approaches are different.

The conflicts resolution models are various, these being influenced by the endogenous conflicting environments (where conflicts control and resolution mechanisms exist) or exogenous where they appear. According to the opinion presented by R. Wandberg in the paper "Conflict Resolution: Communication, Cooperation, Compromise", Capstone Press, Minnesota, 2001, the conflict resolution is "a process of reducing or calming the conflict in order to prevent violence, (...) it is a way of building or rebuilding trust within a relation".

The philosophy of law is not centred on the relation and does not focus predominantly on the conflict constructive aspect. Yevgenii M. Babasov brought his contribution in 1997 to outlining conflictology as a science in itself through the paper "The Conflictology", Pravo i Ekonomika, Minsk, approaching conflict both from a sociological perspective and a philosophical perspective and analysing both its constructive and destructive aspects.

More often than not the conflict is present as a form of relation to others. This opinion is supported by contemporary researchers such as S. Carfantan [1] who builds this point of view starting from the opinions expressed by Hegel and Sartre. According to them, the conflict is perceived through the existence of two plans, a superior and an inferior one, being situated at their meeting point. In this framework, Hegel stages the present forces which are contrary to one another and which, more often than not, are not on the same level. Hegel presents the idea according to which the conflict is "part of a healthy relationship" between individuals, being, at the same time an integral component of reconciliation. "Human beings need different institutional spheres where to find their intimacy, to update their individuality and to enjoy political communion", and "the conflict is the price of this differentiation".[2] For analyzing Hegel's ideas related to conflict and to the fact it represents a source of change and development, Charles Taylor uses the phrase "ontological conflict".[3]

Joseph S. Catalano shows that for Sartre the conflict brings into discussion the human vulnerability. For Sartre, the relation between the dominant and the dominated is established by means of a look that can lead to a creation of mutual hostility.[4] S. Carfantan shows that if we look at the conflict as a "human relationship model", then its consequences are those presented by Sartre in the phrase "Hell is other people", namely that humans' freedom is absorbed by others, despite the fact that freedom is inalienable. In this context, the author believes that humans are transformed into objects within the power relation established between them, and Sartre's expression "I think, therefore I am" becomes "I am being watched, therefore I am". In the latter case, the ego is supported by the looks of others. Failing this look, the "inexistence" feeling appears. In other words, in order to exist, humans need to be watched, to be taken into consideration, to be recognized by others. From this presentation it results that the base of human relations is not represented by communication, but by conflict or humans` hostility. According to Carfantan, we are dealing with a paradoxical situation in which, although the conflict is seen as a relation, this is not in fact a relation, but the failure of the relation, it is the "putting into stage of certain individualities that came out of the isolation state".[5]

Another aspect that must be taken into consideration when analyzing the conflict is represented by values pluralism – a problem that was widely deliberated by Isaiah Berlin. This is because, as from 1950, I. Berlin published numerous works related to the pluralism's conflict nature and the conflict of values. It must be mentioned that, those that approached values pluralism used the phrase "moral universe" to refer to "the world of values, rules, and ethics that surround human beings". Despite the fact that the ontological status of the moral universe is not clearly distinguished in the work of I. Berlin, as Connie Aarsbergen-Ligtvoet indicates, the fundamental idea of Berlin on the "moral universe" is that there exists a values and purposes diversity which generates tensions and conflicts. In this context, it was concluded that the work of I. Berlin represents, from this point of view, an indispensable point of reference.[6]

While some authors as Boulding define conflict as being a "a competition situation in which the parties are aware of the future potential incompatibilities, where each party wishes to occupy a position which is incompatible with the others wishes" [7], others see it as being "a social condition which appears when two or more actors pursue purposes that exclude each other or which are incompatible". Many definitions given to conflict relate as well to international life where "the conflict behavior can be understood as war or threat starting a war" [8]. In the book "Contemporary Conflict Resolution", Oliver Ramsbotham, Tom Woodhouse and Hugh Miall use the term conflict to indicate "a vast set of circumstances in the framework of which the parties in conflict become aware that they pursue incompatible purposes".[9]

The Romanian literature includes many books which have as debating theme the conflict and its resolution means. Thus, in the paper "Managementul conflictelor" (Conflicts management), Nicolae Tritoiu defines conflict as being "a social phenomenon which appears when two or more players in an interacting or interdependency relation pursue incompatible purposes or although they have common purposes they mutually contest their means of actions and the rules of the game". The author indicates as well that the term "conflict" is "used to describe a series of emotional states of individuals such as restlessness, hostility, resistance, as well as all types of antagonistic opposition between individuals or human groups"[10]. Other Romanian authors define conflict similarly as being "the interaction of groups (individuals) who perceive purposes, intentions, values and interests as being incompatible when their actions interfere for achieving the proposed objectives" [11].

Considering all the definitions reminded in the first chapter, but also my practical experience as mediator, we have proposed and we support the following definition for conflict: "The conflict is a contextual social phenomenon determined by the clash between the interests, the concepts and the needs of certain persons or groups when they enter into contact and have different or apparently different objectives".[12]

Conflicts that are easily to mediate (or those that can be solved through other ADR methods) many times come to be solved by means of litigant means, contusive due certain external factors (others than the parties) that have a direct impact on the maintenance and the amplification of the disputes in question.

A useful instrument in determining the intensity of conflicts and choosing an adequate resolution method is the Conflict Scale – SIG SCALE. The conflict scale, proposed to the specialty literature in 2011 in the paper "Ghid de negociere" (Guide to negotiation) published in Bucharest, Editura Universitara, by the authors Zeno Sustac and Claudiu Ignat, proposes an objective radiography of conflict by analysing the following relevant aspects:

1. Parties awareness with regard to conflict existence
2.Number of parties in conflict
3.Number of parties affected by the conflict
4.Duration of conflict
5. Previous conflicts between the parties
6. Previous resolution attempts
7. The wish of the parties to maintain the conflict
8.Resources involved in maintaining the conflict
9. Stress exposure

10.Gravity in case of non resolution

For each of these variants, a score composed of 1 and 3 points is awarded, depending on its relevance in determining the conflict intensity (in accordance with the scale developed by authors). The mathematical formula for the SIG index calculation proposed to the speciality literature is the following: *SIG Index =(C+P+PA+V+CA+IS+DI+R+ES+G)/*10

The SIG index is a value obtained using the formula above which determines the intensity of a certain conflict and positions it on the Conflict Scale. The values obtained are ranked on the SIG Conflict Scale as follows: between 1.0 and 1.6 on the SIG scale (value specific to the superficial conflicts), between 1.7 and 2.3 on the SIG scale (value specific to moderate conflicts) and between 2.4 and 3.0 on the SIG scale (value specific to serious conflicts). The value on the SIG scale indicates the intensity of the conflict measured. If the values are at the upper limit of the category on the SIG scale, the conflict can have influences from the next category. Thus, a 2.3 value situated at the upper limit of moderated conflicts can present as well characteristics of a serious conflict, the conflict actually being moderate to severe. The concrete utility for the ADR field specialists consists in supplying precious clues for the analysis and management of any concrete conflicting situation, helping them to identify exactly the type of conflict (superficial, moderate or severe) with which they are confronted and thus giving them the possibility to chose the right approach for the situation given.

The ADR conflicts resolution methods were born subsequent to the low efficiency and the imperfections existing within the traditional methods of conflicts resolution. The thinkers of various philosophical schools approached conflict along the time from a philosophical point of view. Themes such as isolation, loneliness, confusion, sympathy, friendship, love, justice, truth, religion, etc., which are strongly connected with the idea of conflict, were the subject of exponential specialty papers in global philosophy. Conflict always represented over time a subject of debate for theoreticians such as: Plato, Aristotel, Nicolo Machiavelli, Thomas Hobbes, E. Durkheim, Max Weber, David Lockwood, Lewis Coser, Talcott Parsons, J. R. P. French, Goldman Schlenker, Johnson Pruitt and many others. Relating to the idea of conflict when considering other aspects and the embraced philosophical thinking generated the most diverse possible approaches and definitions of conflict. From a religious point of view, the first conflict that can be identified is the one that took place between the first human beings created, Adam and Eve, and God – their creator, as it derives from the biblical texts. Whether we look at the conflict as being the war of all against all, the father of all things, or we are the adepts of the idea that the human being is the measure of all things, it is necessary to analyse the conflict from a multidisciplinary point of view and under no circumstances to carry out an analysis reported strictly to a certain field or a certain science, so much the less in relation to a certain school or philosophical thinking.

The purpose of the philosophy of mediation is, among others, to contribute to the identification of „life philosophy" of the parties actually involved in the conflict, of their systems of values and references and to contribute to the identification of needs and necessities hierarchization. Those who, from a legal point of view, have the powers to dispose, to transact, shall do this only in a certain context in negotiating with the other party and here the psychological and philosophical sides are those that can make a difference between building consensus or perpetuating conflict. The personal vision on conflict, expressed in many specialty papers is based on this premise: conflict is a contextual social phenomenon caused by the clash between the interests, the concepts, the needs, or the egos of certain persons or groups and is manifested when they enter into contact and have different objectives or apparently different objectives. It is omnipresent, characterising the entire evolution of human society and, due to this fact, it is important to manage it constructively and to transform it in a source generating opportunities and in a progress factor. Mediation, although is not a miraculous and generally valid solution, focuses considerably on returning to normality, proposing the accomplishment of a consensus architecture in daily life. But sometimes things do not work as we imagine and our reality is not identical to the reality of the other. Building the social balance and the social peace depends on the inner structure of the factors involved as well as on the consensus or dissension generating factor with which the parties interfere. The constructive dialogue proposed by mediation, its solid principles which rely on partnership, team work and cooperation, are solid bricks put at the foundation of a healthy society in which maintaining and improving the relations between fellow humans presents a high interest.

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Children's rights as a mechanism to promote resilience. Socio-educational program based on the rights approach

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Abstract

The aim of this paper is to show the results of an investigation designed to identify the training needs of children of 10-18 years old in relation to their rights. The starting point of this analysis is the Convention on the Rights of the Child (CRC), adopted in 1989 by the United Nations.

The sample of the study involved 2,263 Spanish primary and secondary school children. The instrument used was a questionnaire of moral dilemmas with 4 open questions, 17 moral dilemmas and 8 dilemmas with justification of the answer, which have been analyzed qualitatively and quantitatively. This instrument is an adaptation of the moral dilemmas questionnaire developed by Casas, Saporiti et ál.

The result of this analysis has revealed that children know some of their rights but, in turn, they have training needs regarding knowledge of the CRC in the 3 dimensions of learning: cognitive, behavioural and attitudinal.

Knowing and living the CRC, and understanding it as a recognition of the rights and the responsibilities of the children is a mechanism that promotes resilience. Hence, it qualifies children to cope with adverse situations, whether with peers or adults.

These needs, and others, have been transformed into a list of contents and objectives that support a socio-educational program of Children's Rights. This program, which is under development, promotes resilience in children.

Keywords: Children's Rights, Resilience, Self-protection, Prevention, Promotion

Introduction

The starting point of this analysis is the Convention on the Rights of the Child (CRC), adopted 1989 as the first legally binding instrument to incorporate the full range of human rights: civil, cultural, economic, political and social [1]. The CRC stipulates (Article 42) that its content should be diffused among the children population: *Diffusion of the Convention, children are entitled to know the rights contained in this Convention. Governments have a duty to spread it among children, adolescents and adults.*

In addition, knowledge of the CRC is a good tool to promote resilience in childhood since it allows children and adolescents to know their rights and responsibilities. Besides, knowing their rights promotes self-protection because it allows them to recognize early situations of non-participation, abandonment, abuse or neglect and try to avoid them [2]. Furthermore, knowing their responsibilities facilitates self-regulation as it helps to improve cohabitation and their interaction with others [3]. Therefore, the Convention as a holistic model and as an engine of a child's life is very important [4].

Objective

The main aim of the research is to identify the cognitive, behavioural and attitudinal training needs of children and adolescents in relation to their rights. In addition, the purpose of this investigation is to transform these needs into the contents of a socio-educational program based on the rights approach to promote resilience.

Method

The study sample was 2,263 students between 10 and 18 years old distributed throughout the Spanish territory. In terms of gender, the sample is equivalent since 52% are boys and 48% are girls. In relation to age, data show that elementary students represent 56% of the sample and secondary students 44%.

In order to collect the knowledge, perceptions and attitudes that children and adolescents have about their rights, the adaptation of a questionnaire of moral dilemmas developed by Casas and Saporiti was made [5]. The reason why this questionnaire was chosen is due to the fact that moral dilemmas force moral reasoning about the values involved and demand a reflection on the level of importance of our values [6]. The questionnaire was divided into 4 open questions, 17 moral dilemmas and 8 moral dilemmas with justification of the answer.

The data analysis was carried out based on statistical analysis of quantitative data and content analysis of the open questions.

Results

The results of the statistical analysis show how children and adolescents are aware of their rights: they perceive them as essential. In general, it can be claimed that there is a high degree of awareness of child rights by both males and females, since in most of the dilemmas the degree of agreement is over 80%. But even if they are conscious of their rights, the content analysis shows that children and adolescents have training needs regarding these rights. The presentation of the results is organized according to the 3 dimensions of learning: cognitive, behavioural and attitudinal.

In relation to the cognitive dimension, children and adolescents know that they have rights but they don't know which they are. Some of these rights like education and religion are seen as a norm or obligation. Furthermore, they think that their parents are the ones who have to provide them and children don't realize that they can exercise them for themselves. Actually, parents only have to guide them in their development. They don't know either that they have a right to their personal space, to exercise their autonomy progressively together with their maturity and to participate in decision-making or in resolution of situations that affect them.

Concerning the behavioural dimension, the lack of strategies for exercising their rights is perceived. Punishment is seen as a response to an incorrect behaviour rather than a mediating, a motivating for change or a coping with problems strategy. In addition, a lack of abilities to accept the differences and to cooperate and collaborate with others is observed. Individuality is perceived in most of their actions. The results also suggest that the lack of strategies of participation and autonomy are in conflict with their desire for freedom and independence, their willingness to live in society and their wish to contribute to the society.

Regarding the attitudinal dimension, children and adolescents highlight the individualism as a value. They believe they must act for themselves and consequently the rest should do so. They don't have a cooperative, collaborative nor mutual aid attitude and they have trouble thinking of others and accepting them as equal in rights. This last attitude is related to the concepts of Kohlberg of Hetero-perception, in which they show acceptance if the situation is far from them, and Self-perception, when it is more difficult for them to accept the situation if it is closer [7]. However, this individualism is not reflected when they externalize that they are not competent to decide freely, to deal with situations that affect them or to participate in society.

To conclude this part, it seems important to highlight 2 of the perceived needs: the progressive autonomy and the participation. The data presented shows the importance and the transversal nature of these needs as they are reflected in the 3 dimensions analyzed.

Conclusions

It can be concluded that it is necessary to address these training needs to promote resilience and to prevent situations of neglect or abuse. As it is indicated in the introduction, the Children Rights are a good mechanism to promote resilience as they enable children and adolescents to deal with adverse situations.

The first step to address these needs is the transformation of these into contents that will underpin the socio-educational program to promote resilience through the Rights of Children. The resulting contents respond to the needs and to the common classification of children's rights: Provision, Protection and Participation [8]. These are: 1. Children's Rights; 2. Types of Rights; 3. Rights and Responsibilities; 4. Child poverty in developed countries; 5. Child poverty in developing countries; 6. Family and Children's Rights; 7. Identity, no-exclusion and acceptance of difference; 8. Privacy and intimacy; 9. Children's voice, view from adulthood; 10. Children as citizens.

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The new concept of judicial emotional resilience

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Abstract

The changes at socio-political, economic and legislative level, the achievments of science, bio-technology, bio-medicine and of the informational society, and also the challenges related to the globalization process, influence a new paradigm and a new dimension of the resilience concept. It is obvious, that the above mentioned, forms a core study from which one can start proving and sustaining that resilience has become a sought phenomenon in the human society of the XXI century.

In this article, we intend to approach an issue related to juridical resilience, and more specifically, to the role and importance of assessing the degree of resilience of the suspect, the defendant or the convict, in relation to the prevention measures, the individualisation of the sentences and the manner to execute them, if applicable, and at the same time to define the new concept of judicial emotional resilience.

Keywords: judicial emotional resilience, prevention measures, certificates of resilience, variation of juridical resilience, psychosocial.

Introduction

The resilience concept is susceptible to be defined and analyzed from an interdisciplinary and multidimensional perspective, its implementation offering undeniable practical results in various fields. Although quite common, it is difficult to set up an exhaustive perception regarding resilience in terms of its applications. We appreciate, without fear of making a mistake, that the resilience is a concept with variable geometry, evolutionary, that metamorphoses depending on the influential factors existing in each field of application.

It is more than desirable, that at some point, in a determined society, an analysis of psychosocial impact, at national or international level, in terms of a particular individual, group, organization, institution, country, region, can not be considered fully performed without being introduced into the equation and without taking into account the concept of resilience, which thus becomes almost indispensable. What will still be quite difficult to obtain, but it will become an imperative in the near future, is to develop some generally applicable and accepted standards for each area of activity evaluated in terms of resilience.

As far as we are concerned, of interest in this scientific endeavor, is emotional resilience. This subject has been widely debated internationally from a theoretical perspective, reaching the conclusion that the individual needs a high degree of emotional resilience in order to be protected against everyday attacks of modern life.

The specialist have found it necessary to set up some training programs able to transpose and materialize the theoretical ideas into practical courses of extremely importance and real help for individuals or organizations, that should be taught to understand that "everything is OK when things are going not so well, or even bad ".

Those who follow such courses, must develop skills that enable them to become emotionally stronger, to think pro-actively and decisively in the creation of their own emotional resilience standard, adequate to respond to the attempts they face.

Expressing her opinion about people who follow such programs, the founder of "The Work Foundation", Dr. Zofia Bajorek said that "They are effective for the organization. After workshops, they have seen better productivity, improved sickness absence and higher staff morale. People are seeing the results and really latching on to the idea". (Source - The Telegraph , http://www.telegraph.co.uk/health /wellbeing/10660556/Emotional-resilience-its-the-armour-you-need-for-modern-life.html)The general problem in various fields is the emotional resilience; thereby we can find resilience's applications throughout the daily life, in many different situations the modern human confronts with. The individual must be aware that after a training program, will be able to achieve his own system of emotional resilience in the area of health-career,

intellectual, social, spiritual, financial and physical. We consider that it should be pointed however, that some individuals need more help than others.

Means and methods

Are to be mentioned, at least two methods and means by which individual emotional resilience can be build. The first would be that of the individual following certain courses or seeking an emotional resilience counselor, in order to help him be aware of how to envision and reflect about things he faces, so as to make him realize and understand the following tips as a key strategy in achieving a high degree of emotional resilience:

It would be necessary that the problems faced by individuals to be seen as challenges in life and not as ineluctable barriers.

The individual should consider that change in life is part of it and not the end of it.

The individual should be determined and must seek to have control at the highest rate in difficult situations.

The individual should learn from mistakes and be forward-looking, in case he cannot learn form other's mistakes.

The individual should think optimistic and see the bright side not the dark one in a given situation, because there is always something positive that can be achieved.

The individual should be confident and not become overwhelmed or negatively affected.

The individual should seek to remain conscious and, in this way will be able to identify what he feels and, why.

The individual should take into account his own person and give him, as much as possible, whatever needs a balanced human being.

The individual should surround himself with those friends, colleagues or family members that understand him, without having to make efforts in order to convince them about what he feels and thinks.

The individual should not judge, assume or expect too much from others, negatively burdening so his conscious.

The individual should not waste time trying to get people to love him, but be surrounded by those who already love him.

The individual should be aware that those who do not miss him, do not love his presence either.

And, the second method consists in exercising, acquiring and applying the above mentioned tips in as many situations in which the individual acts in everyday life.

Results

Emotional resilience is very important also when it is viewed from the perspective of criminal law and criminal executional law, specifically from the perspective of an individual on whom it shall be taken or have been taken preventive measures involving deprivation of liberty and from the perspective of individualized sanctions applicable to him and choice of the modality of enforcement of a custodial penalty, as set by decision of conviction.

From this point of view, we believe that emotional resilience acquires a specific and unique character, which allows us and gives us the possibility of shaping a new concept, that of judicial emotional resilience.

Judicial emotional resilience can be defined as the capability and capacity of emotional resilience, intrinsic or developed by the individual, on which have been exerted coercive measures, and his real possibilities of psychosocial reintegration, after the conviction or after serving a sentence.

We feel that the definition above enables us to categorize the judicial emotional resilience as a variation of juridical resilience.

It is a very well known and extensively discussed problem, the emotional state of the individual and his actual possibilities to reintegrate into society after serving a custodial sentence or measures.

If, in terms of protection of their physical and mental health status, their means of subsistence and security during the period of custody, things are quite clear, given the state's positive obligations in which the responsibility to ensure these incumbent on the state, the emotional balance and the psychosocial reintegration issue after conviction is not nearly resolved.

It legitimately raises the question whether it can be considered also among the state's positive obligations, the issue of judicial emotional resilience, as a measure of preventing unwonted, undesirable situations, in a stable society in terms of psycho-social.

If the answer would be positive, then we consider that the state should be the one who have the obligation and mission to ensure the means and methods by which the individual can develop and attain a degree of emotional resilience, able to make him strong and capable of social reintegration after judicial treatments.

Although these things concern both the situation of the minor that collide with the criminal law and of the adult in the same position, we focused our attention in this approach, on major people, considering that the minors should be subject to other special means and methods of protection in terms of their judicial emotional resilience. [3]

Conclusions

Given the presented considerations, we can notice that emotional resilience is necessary and its presence is being felt also in the criminal law field, displaying thus a new specific form, defined by us under the name of judicial emotional resilience.

Modern and democratic guarantees, generally based on fundamental rights and freedoms, and in particular on the idea of the respect of human dignity and the protection of privacy, offered by the New Romanian Criminal Code and also by the New Romanian Criminal Procedure Code, give us the opportunity to believe that, in the future, the assessment of the degree of judicial emotional resilience, will be materialized in the issuance of some Certificates of Judicial Resilience.

These certificates of judicial resilience, could be emitted, at the time of choosing a proper preventive measure, that has to be applied to the individual who came into conflict with the criminal law, at the time of individualization of the sentences, of applying accessory sentences, complementary sentences and safety measures, where appropriate, or at the time of choosing the modality of punishment enforcement and of the enforcement regime, where appropriate.

The certificates of judicial emotional resilience will be issued and individualized on grounds of moral and psychological profile of the person concerned, health status, level of education and training, age, criminal record, financial status, marital status and family responsibility, etc.

The analysis of the above unlimited mentioned criteria would be carried out by specialists in areas such as sociology, legal psychology, medicine, law and other, who are able to appreciate correctly, objectively and impartially on the capabiliy and capacity of the individual's emotional resilience, after going through judicial treatment and on the definite possibilities of his psychosocial reintegration.

Until the materialization of this *de lege ferenda* proposal, we estimate that it is strictly and absolutely necessary setting up some bodies and organizations, capable of integrating, developing and promoting the concept of judicial emotional resilience in our country and to provide ideas, methods and programs designed to help the individual to raise his level of judicial emotional resilience.

With the help of and relying on this kind of bodies and organizations, Romania will prove that it met the requirements of implementing the Concept of Social Responsibility, both nationally and internationally.

Therewith, we can become one of the countries that develop important research programs in a so interesting and sensitive matter as judicial emotional resilience. International Criminal Law would thereby enrich itself with another worthy considerable institution, in a world of the XXI century, full of atypical challenges in terms of diversity and ingenuity, and it would be offered a new modern guarantee for the individual on which have been applied specific judicial treatments.

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Disabled person's tourism – a component of social tourism

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Abstract

There are enough reasons for the segment of people with disabilities to require special attention from both the service providers, of all types, as well as from researchers in the fields of management, marketing, tourism, law, computer science, psychology, sociology etc. What must be said is that the phenomenon exists, it is deepening and must be given special attention. The arguments underlying the support of this work can be viewed from different perspectives: legislative, social, economic, technological and not least psychosocial.

Based on these arguments, this paper attempts to address a very sensitive issue in Romanian tourism, namely tourism for disabled persons.

To identify this market segment, it is necessary to use the data classification provided by the World Health Organization, the first being the Classification of Impairments, Disabilities and Handicaps (ICIDH), established by the English rheumatologist Philippe Woods. This classification was revised in 2002, when it became the International Classification of ICIDH -2.

The World Health Organization (WHO) defines disability using three concepts: "Deficiencies, Incapacities and Disadvantages", the so called DID approach.

It is certain, however, that to this date, creating a social model for disabled persons, to be treated in the tourism literature has failed.

Our research sought to emphasize the context in which society is ready to accept a new segment of consumers, with special needs, on an already outlined tourism market.

Keywords: social tourism, disabled person, **social barriers, tourism industry**

Introduction

Tourism in its present form only emerged in the nineteenth century. At that time, it was accessible only to the high society elite, governments failed to include the possibility of access to this form of leisure activity under the form of leave for employees, who had to go to work every day, including Sundays. Therefore, the possibilities for the population to spend their free time on holidays were very limited. Actions related to social tourism began in 1936, when the **International Labor Organization (ILO)** agreed on access to tourism through paid leave [1].

Essentially this convention was also mentioned in the **Universal Declaration of Human Rights of 1948**, which states that "everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay".

Thus we can say that social tourism occurred as a result of ethical demands of the employees' representatives, justifying the legitimacy of a specific right, namely the right to tourism, as an extension of the right to work, rest and paid leave.

However, some historians claim that social tourism appeared a few decades earlier, with the opening of camps for disadvantaged children and the opening, in the twentieth century, of youth hostels.

The **International Bureau of Social Tourism** was founded in 1963, by Arnold Haoult, and for a very long time has been ensuring the promotion and development of international social tourism.

Since 1959, W. Hunziker has tried to define social tourism since the second Congress of Social Tourism held in Vienna and Salzburg, as follows: *"Social tourism is a type of tourism practiced by low income groups, and which is rendered possible and facilitated by entirely separate and therefore easily recognizable services".*

Another definition was given by M. Andre Poplimont, namely: *"Social tourism is a type of tourism practiced by those who would not be able to meet the social cost without interventional, that is, without the assistance of an association to which the individual belongs".*

From these definitions and the reports of the three International Congresses on the topic of Social Tourism, several common elements can be observed. A first idea is that of "limited means", secondly, social tourism is subsidized by the state, local authorities, employers, trade unions, clubs, associations or other organizations and thirdly, it is the journey outside the normal place of residence, preferably in a different environment, which is typically in their own country, sometimes in a nearby country.

Social tourism, conceived in the spirit of the requirements to *ensure access to holidays to wide categories of the population and to respect the individual's right to travel* is stimulated and encouraged by the general policy of tourism development in each country, through the creation of specialized bodies in the field.

It can be seen that **the beneficiaries of this kind of tourism** are the categories of people with limited financial means, represented by those with minimum income or those whose social status prove it: *retired, unemployed, pupils and students, workers in agriculture, the elderly, persons with deficiencies, persons with disabilities etc.* Regarding travel opportunities, they are satisfied - partly or entirely - through subsidies granted by society through social welfare organizations or various other organizations: social insurance bodies, mutual support bodies for retired persons, unions, youth organizations, foundations, NGOs, and through payment facilities offered by tourism operators (discount rates, lower levels of fees) [2].

Research on tourism for disabled persons

Different approaches were outlined in **tourism development**. In a relatively recent paper (2008) on the subject, C.M. Hall establishes **five approaches** ("optimistic", an economic approach, a spatial approach, a community-oriented approach and an approach based on sustainable tourism). Even if the latest two visions of tourism development (community-oriented and sustainable tourism development approach) are steadily growing, most economic strategies follow the economic approach and target, essentially, increasing or at least, ensuring the attractiveness of a place. On the other hand, the attractiveness of a territory is one of the first conditions for economic development.

Internationally, detailed research on the tourism of disabled people are limited in this direction, and those that exist are more focused on the lack of physical access to certain services in hotel units.

Some academics specializing in tourism have flirted with the idea of this issue in the late 1980s and early 1990s [3].

The broad spectrum issue of persons with disabilities has become a field of study since the early 50s Typically, these studies and debates about persons with disabilities orbit the **social model of disability** emerged in Britain in 1976 following the activity of the Union of the Physically Unfit against segregation (1976).

It must be noted, however, that a number of researches have realized that the phenomenon exists globally but have focused very much on the definition of disability and less on finding concrete solutions to support this segment of consumers.

Many researchers have also investigated recreational constraints by means of demographic characteristics such as age and type of disability. *Sparrow and Mayne (1990*) examined patterns of recreation for people with intellectual disabilities aged 18-35 and found that the participation rate was low, regardless if the recreational activity took place at home or in the community. Participants were constrained by several factors, including limited access to facilities and transport services, financial constraints, opportunities, distance to recreation sites and attitudinal barriers. *Wilhite and Keller (1992*) studied the implications in how leisure time is spent in the case of older adults with developmental disabilities and the prevailing constraints reported in the study were related to limited access to transport, financial constraints, limited physical accessibility, concerns about their behavior and the discomfort felt in larger groups.

Ross (1993) found that young people with recent spinal cord injuries showed a variety of constraints pertaining to outdoor recreation activities. The lack of partners with which to spend leisure time, transportation problems, mobility issues, self-awareness and the attitudes of others have been identified as factors of constraint in terms of outdoor recreation activities [4].

Williams, Vogelsong, Green and Cordell (2004) analyzed the participation of people with mobility disabilities in outdoor recreational activities and concluded that they participate in few such activities and encounter great constraints in this situation. However, the differences were not consistent with all the examined activities and constraints. In addition, only structural constraints were observed, therefore, further research is needed to understand the whole range of constraints that may impact on outdoor recreation activities for persons with disabilities [5].

In addition, recent studies tend to focus on physical access issues (Canadian Tourism Commission, 1997; Burnett and Bender, 2001; Shaw and Coles, 2004), examining issues of access to the tourism internet site or to specific attractions or facilities (Israeli, 2002) [6].

Research and results

Considering that disability is a social phenomenon that is growing worldwide and before moving to the adoption of solutions that meet the needs of this segment on the tourism services market, we considered it imperative to research the Romanian society's position on this issue. This was analyzed by setting a general goal, namely: the identification of the behavior of people without disabilities towards persons with disabilities.

Our study had the following specific objectives: describing the socio-cultural trends enabling the recognition of mentalities and norms, knowledge of social, psychological, cultural prerequisites of interviewees and discovering the causes that lead to negative feelings (restraint or indifference) towards persons with disabilities [7, p. 43].

The research was conducted through a **questionnaire based analysis** . The sample size was 200 individuals without disabilities, chosen at random.

The segmentation of the sample was made according to the following criteria: age , sex, origin, marital status, income level and education level.

The sample's structure according to age was: 18 % aged under 24, 14% aged 25-30, 8% aged 31-35, 20% between 36-45 years, 40 % aged over 45.

Of these, 62 % were women and 38 % were males. Regarding the marital status of respondents, 2.5 % were not married, 46 % married, 12% divorced, 32% are widowed and 7.5 % live with a partner.

Surrounded by negative attitudes, persons with disabilities can internalize negative attitudes and beliefs (Beckwith & Matthews, 1995; Imrie, 1997). Their personal identity and social integration are affected as requests, desires for services and insurance evolve. Important from a tourism point of view, this change in attitude means that the conceptualization of disability involves both **social barriers and the respective handicap**. It is recognized that the nature and severity of disability can affect the scope of activities that one can participate in, but may also influence how the tourist experience is formed [8].

Following data analysis, we can say that persons with disabilities are accepted in society by most categories of people, in that they support the integration process. Respondents believe that this process is of great importance and that it should exist in any modern society and in addition to the fact that it should be present in any modern society, it is required that society also provide certain financial gratuities and psychosocial assistance to such persons.

Most persons are of the opinion that people with disabilities face difficulties in finding a job, qualified or unqualified. Their problems are supported and emphasized by the reluctance of employers, higher health and other insurance costs. In addition to these serious problems, these persons are strictly turned down in interviews because of their condition. Although 86% of respondents would not be bothered by working with people with disabilities, this is not reflected in the subjects getting a job.

Granting support to such a person is a widespread phenomenon in Romania, as reflected by the number of responses, which shows great solidarity between people belonging to all social categories and more than 10% of respondents have people with disabilities in their family and are faced with all the problems that such a person can encounter.

The most important perspective of these persons refers to the introduction of special programs against the discrimination of people with disabilities in schools. These programs lead to changes in behavior and attitude of normal persons towards persons with disabilities. Through these programs, communication barriers are removed, the emphasis is placed on socialization and integration, on unconditional help and not least in the social acceptance of all people.

Conclusions and discussions

Even if globally, great progress was made in terms of "raising certain barriers" related to transportation facilities, accommodation, sightseeing access for these persons, however a small number fully participate in tourism. Such participation is supported by the right of all individuals and is recognized as a complex interaction between the **body's functions/ structures, actual activity, participation and environment** [9]. The environment is conceptualized as both physical and as an attitude and both can hinder or facilitate the full participation of such persons.

The market of people with disabilities is growing in importance and taking it into account has become an important issue for tourism authorities. By understanding the importance of this market, many countries hope to gain high market share in this area. People with disabilities should not be considered incapable of actual participation in tourism activities or in establishing relationships with other people. It is absolutely necessary to accept the fact that travel is an equal right for all, including persons with disabilities.

The barriers on limiting the access of disabled persons must be considered both from the point of view of the service provider and from the point of view of persons with disabilities.

Considering that dealing with people with disabilities is an inescapable reality, and regardless of our feelings in this regard, the subject must be given all due attention and managers in the tourism industry must take responsibility for this subject.

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Business resilience and the merger and acquisition activity

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Abstract

Business resilience has become a must in the last decades because, in order to survive the high economic competition on the global market, companies can no longer afford to lose time and money due to unexpected events. Their recovery plan must respect the specific needs of the organization and offer a quick solution for any situation.

One of the situations that must be specially included into the business resilience strategy is that concerning the restructuring of the company. M&A operations are risky operations that can generate important synergies for the organization or on the contrary to get the company out of business. Cultural aspects are regarded in this paper as one of the most important aspects to be handled through the business resilience plan.

Keywords: business resilience, mergers and acquisitions, risks, organizational culture.

Business resilience as the best defense against risks

Taking into account that lately, due to the increased competition and globalization, the economic environment is a more and more risky one, disaster recovery is no-longer an option, but a must. The concept of business resilience is not a new one. When talking about business resilience, one normally thinks about the ability to maintain continuous business operations and to quickly react, in an organized manner, to any event that could disrupt the normal activity of the company. This can and should enable growth and a better image, that of a trustworthy partner.

A strong business resilience strategy is a key factor in avoiding high costs in money, effort and time when unexpected events occur. Such a strategy needs to start with the complete understanding of the business and of its needs in order to survive. The higher risk in identifying what could go wrong is to become too defensive when the best approach is to be proactive. A proactive attitude not only helps you survive at low costs, but also comes forward in satisfying different other needs such as preparing for audits, changes in the environment, adapting to new customer's demands.

Lately, organizations are highly exposed to a large number of risks, among which downtime (disruptions) is a very important one, as the financial impact can put the business of the market. Downtime also has indirect effects such as a bad image of the company in front of its partners, regulatory non-compliance and even loosing the market share.

Business risks do not occur one at a time. Small events, if they appear on top of other events can generate real disasters. They can be divided into:

- Event driven risks (that cannot be controlled by the company) – can be reduced by identifying the business vulnerabilities and preparing a resilience strategy.
- Data driven risks come from the misuse of information and are usually connected to the informatics system of the entity (system failure, viruses, network problems etc)
- Business driven risks can appear when the organization fails to meet the industry standards or those imposed by specific standards, cannot adapt to the marketing promotions used by others, is faced with audits or product roll-outs that were not taken into account in the initial strategy applied.

Even though resilience plans are important, they are not easy to be set in place. In today's world, resources are extremely scarce and the return on investment of resilience strategies should be rationalized. The key is to find alternative resources during disruptive events that are available and can easily be accessed. Effective business resilience strategies allow you to have a backup solution when you need it.

Taking the human factor into account in the business resilience strategy is a must as in times of distress people are usually overworked and you need them to be at their top performance. Therefore, the business resilience approach can help managers plan the workloads according to the potential risks and sustain the overworked personnel in time of distress or unavailability of part of the workforce due to different reasons.

Another challenge is to make executives see resilience as a strategic enabler and not as a simple insurance. A sound plan that can prove the value of the business resilience across the organization accounting for business, workforce and technology can make this easier. Executives are the ones that have to decide which solution fits best their organization (taking into account what level of protection is really needed) and once the decision is taken to procure the necessary funding. They are going to design a strategic plan in respect to the business resilience strategy and make sure that resources are not wasted on unnecessary technologies or activities.

Resilience tiers are a good tool that actually helps managers understand the real organizational needs and plan resilience accordingly, optimizing the investment. Resilience tiers use classification systems that set the resilience levels needed in order to match the organization's needs. The resilience tires allow management to check if the resilience requirements can be met with the available technological possibilities, to align business to IT, to reduce the investments in resilience capabilities and to create real and adequate business resilience architecture. Resilience tiers help managers in charge with disaster recovery and operation managers better work together and approach the resilience requirements as enterprise-wide and integrated. The resilience tiers highly differ from one company to another and one of the important steps to be taken is to fully understand the optimum amount of resilience for each organization so that the management can choose to invest in the priority business resilience needs.

One of the situations when resilience tiers can serve as guidance is when two companies take part into a merger &acquisition (M&A) procedure and the potential chaos that can develop due to this must be managed. In such a procedure, many times, there are lots of incompatible processes, especially in the day to day operations, as the long term objectives are usually analyzed in the pre-merger stage. Resilience plans help management set a framework for selecting the best practices from each "actor" of the M&A and put them together into a new architecture that can work as a unit structure.

Merger and acquisition activity

One of the events that highly expose a business to risk is the M&A activity. Lately, such restructuring activities have become a part of the company's life as companies need to expand and through M&A they can diversify their activity or make it more specific, can gain the advantages of a bigger size or can simply gain new markets. Still, lately, investors are much more prudent and try to find ways of reducing the risks that they are facing. Business resilience plans seem to be the solution.

The big companies need to dominate their markets and therefore they need to grow at a quick pace and in a very short time, reason for which they enter often into mergers or acquisitions. Unfortunately, not all M&As succeed and statistics show that more than half of these operation do not lead to an improved performance of the participants and become big failures.

There are many researchers that have tried to find enough poof in respect to the performance or on the contrary the failure in M&A activity, in order to close this dilema once and for all ([1], [2], [3] etc). Still, there is no consense in this direction and lately, the focus of literature has highly changed, researchers becomming more interested in the reasons behind these operations and in the way risks associated can be reduced.

The reasons behind the M&A activity are very different. They go from consolidating a certain market position to incorporating new technologies and competences, from expanding to changing the activity field, from becoming a market leader to saving the company. Some authors classify the reasons behind M&A activity into:

- Commercial reasons, financial reasons, special situations
- Management reasons, efficiency reasons, fiscal reasons [4]
- Industrial reasons, financial reasons and management team's replacing [5]
- Financial or nonfinancial reasons.

Still, the most common reasons behind M&A could be considered:

- The commercial or industrial reasons: operational synergies, market power, external growth, diversification, entrance on new markets;
- The financial reasons: financial synergies through the risk diversification, increasing the endebtment capacity, fiscal advantages, financial survival;
- The management reasons: a more efficient management, introducing a new team, power, income, personal reasons;
- Special reasons: getting listed, obtaining certain patents or licenses, obtaining certain clients or suppliers.

The investor should take into account that M&As give place to a large number of things that could go wrong and therefore he/she should prepare a resilience strategy in case things do not work out the way it was planned. Even though M&A are planned events, as they take an entity from one equilibria state to another and create new behavioural models and new structures ([6], [7], [8]), the unexpected events are quite common. Therefore, a sound resilience strategy is absolutely vital for all companies going through such events.

One of the things that should always be kept in mind is that mergers and acquisitions are risky businesses that do not guarantee the occurrence of the synergic expected effects. Still, good planning of such an operation can increase the probability of a success. Acquisitions are inherently risky investment decisions as the acquirers have little knowledge about different information concerning the business they pursue. Even if there is always a certain amount of information available, certain details are deeply buried, far away from the eyes of the prospective buyer. Therefore, often acquisitions are done based on assumptions that can be far from the truth sometimes. Still, in the case of big deals, the buyer will not accept to base his decisions on the data the targeted company is offering and will ask to look deeper into things, in order to validate key assumptions and to mitigate the risk of unpleasant surprises. This closer look is known as due diligence. We consider that a well planned and executed due diligence review is the key to a merger or acquisition's success.

The most important causes that generate the failure in mergers and acquisitions are:

- Difficulties to adapt due to different corporative cultures, ways of interconnecting financial and audit systems, difficulties in setting effective working relations, problems in solving management issues of the new economic entities
- An inexact or faulty evaluation of the target company: no due diligence process can be translated in a too high price paid for the target company
- A significant pressure due to a high level of debts
- The incapacity to obtain the expected synergy due to different causes
- A too big diversity
- Problems in communication at organization level
- The focus of the managers just on the acquisitions, with the ignoring of other obligations regarding the management of the entity
- A too large entity leads to difficulties in getting a consistent management process. Formal rules and politics can get in the way of flexibility and innovation.
- Differences regarding the authority.

Even though the reasons found by different authors regarding the M&A failures are quite different, most of them are connected to one of the following aspects:

- Management failing in the strategic due diligence operations – these operations should allow the buyer to question in a critical way the aspects on which the financial and operational due diligence must insist upon. Also, this way, the managers can decide if they need to use external experts.
- The management fails to understand the relations between the clients and the employees of the target company which will lead to loosing clients when different employees decide to leave the company.
- The management fails to perform the financial and operational due diligence for the target company, leading to the incorrect prognosis for the income increases or the generated synergies.
- Failure in including the organizational culture of the purchased company in the purchasing company's culture.

In 2003, Weber and Camerer [9] have studied the impact of organization cultural differences in mergers and acquisition proving that such differences can generate important problems during the restructuring process. Still, one of the oldest studies on the influence of cultural conflicts on the success of mergers and acquisitions is that of Chatterjee, Lubatkin, Schweiger and Weber from 1992 [10]. This study analyzed the cultural typology of 52 management teams and has identified the existence of a strong negative connection between the cultural differences and the variation of the shares value on the market.

Organizational culture and its impact on the resilience strategy in M&A activity

Cultural differences between two organizations that merge can result in conflicts. Many authors have analized the cultural compatibility's effect over the new company's performance ([12], [13], the cultural conflicts and their impact on the integration process [14, [15]. A better management of the behavioural and cultural aspects could increase the M&A quality [16], [17], [18].

Literature concerning the cultural dimensions of M&As can be divided into two main groups:

- One representing a mainstream thinking and adhering to a classic concept of culture, where culture is seen as an empirical category, "a system of values and norms which can be objectively described something that

members of a group, an organization or nation have or bear collectively" [19]. Researchers consider that by systematically observing the behavior and attitudes of a community's members, the basic cultural values and beliefs can be drawn. Whenever individuals from two cultures come together, a change takes place whereby individuals adapt or react to the other culture. M&A provide fertile ground for such cultural changes and exchanges and supporters of the classic culture concept focus on cultural clashes and see problems of integration as being caused by cultural differences, which need to be bridged. A good resilience strategy would need to include details about how cultural disparities can be eliminated. Researchers expect that a cultural analysis of the companies involved, performed before a merger or acquisition has taken place, will make it possible to predict problems of integration and to timely adjust the company's integration strategy.

- One, representing an alternative to mainstream thinking and working with a constructivist concept of culture [19]. In the social constructivist concept of culture, culture is seen as "ever changing patterns of interpretation"[19] and it is based on shared or partly shared patterns of interpretation, which are produced, reproduced and continually changed by the people identifying with them. Culture is made up of relations and therefore, a culture comes into being in relation to and in contrast with another culture. In this case, mergers and acquisitions shall generate a transformation process that leads to a self-image of the organization that is being developed by interaction. Such interactions shall formulate new cultural identities [19] that cannot be predicted. Therefore, the authors that adopt this approach, consider that a resilience plan that includes the cultural aspects of the M&A is almost impossible to be designed.

In the 60s-70s, Geert Hofstede [20] carried out a large-scale questionnaire study and came up with five cultural dimensions that "describe basic problems of humanity with which every society has to cope. The variation of country scores along these dimensions shows that different societies do cope with these problems in different ways". He considers that culture is a relatively stable system of collective values, and allows managers to establish the kind of reaction a group shall have at the changes in its environment.

The organizational culture is regarded by some authors as a "unique social construction of reality" with an almost infinite number of combinations of determinants possible (Rousseau in [19]). Consequently every organization develops its own culture that is so unique as to bear little resemblance to the national culture of its members. Individuals tend to select organizations which they perceive as having values similar to their own. When a good fit happens between corporate and national values, a strong psychological bond is formed between the organization and its employees (Very et al. in [19]).

Alfonsus Trompenaars [21] identifies four broad classes of corporate cultures based on the criteria of equality/hierarchy and person-orientation versus task-orientation: family culture, Eiffel Tower culture, guided missile culture, incubator culture.

In establishing the plan for the merger and also the resilience strategy of the company resulting after the merger or acquisition one should take into account that in order to work together, one must trust and in order to trust, one must understand. The persons in charge with the merger or acquisition should fully understand the cultures of the companies involved and try to fill all the gaps that exist between them.

Conclusions

In order for the organizations to survive on a very competitive market, they are taking into consideration more and more often the possibility of using M&A. Still, the risks such procedures involve reduce the willingness of managers and shareholders to accept mergers or acquisitions as being good solutions for the wellbeing of their organizations.

The organization culture is in most cases the biggest risk that has to be overcome. Therefore, including in the business resilience strategy procedures that can reduce the disparities between the components of the new organization that comes into being after the M&A is a must that can make the difference between success and failure. Still, cultural disparities are not easy to eliminate and in order for this to become possible, during the designing of the resilience strategy, the cultural characteristics of the company must be included in different categories regarding the power distance, individualism or collectivism, uncertainty avoidance, long term or short term orientation and masculinity or feminity.

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Analysis resilience to people affected by unemployment

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Abstract

In 1995, Gordon has defined resilience in the following terms: "a person's ability to form and develop his skills when faced with adverse situations, obstacles imposed on the living environment." These difficult circumstances can become chronic and consistent or sporadic. To develop these skills a person must bring all its internal resources, biological and psychological and also external resources provided by the environment.

Recently, in socio-economic publications was introduced the phrase "Elastic community", making reference to the intrinsic ability of communities to find a balance or a new balance, which can ensure their operation under threat or adversity.

Unemployment can be considered a phenomenon of social and economic adversity affecting some population group. Romania, like other European Union countries, also confronted itself with socio-economic crisis which generated an increase in the unemployment rate.

The aim of this presentation is to show the way in which the informational, counseling, mediation and professional orientation activities can influence the mobilization of people on the labor market. An important aim of this exposure is to analyze the degree in which the personal abilities/personality features determine resilience. The evaluated group was formed of 250 unemployers. These come from the North-West region, Maramures County, from the rural as well as the urban area.

Keywords: resilience, economic crisis, integration, unemployment, counseling.

Introduction

The term *resilience* is widely used in various fields: legal, economic, social, cultural, such encountering expressions moral strength, physical strength, strength community, cultural resilience, ecological resilience, and others.

Resilience word comes from the Latin word "rescindere", which means to cancel or terminate an agreement, an act. This concept is presented in the Anglo-Saxon dictionary for *support moral / quality of someone who not leave strayed (back) from his path [1]*

Specialty papers mention the fact that people who manage with successfully the adversity situations have certain features that are visible since childhood and continues to manifest in adulthood. They are characterized as being actives, energetic, optimistic, determined, strong frustration able to contol your impulses and usually enjoys a positive attitude from family, acquaintances, with satisfactory living conditions. Therefore, the role of the environment in resilience equation can not be ignored, external factors are very important [2]

Recently, in socio-economic publications was introduced the phrase "Elastic community", making reference to the intrinsic ability of communities to find a balance or a new balance, which can ensure their operation under threat or adversity. At the community level, resilience can provide some protection from the effects of deprivation/unemployment and has been associated with norms of trust, tolerance, support, participation and reciprocity [3].

Unemployment can be considered a phenomenon of social and economic adversity affecting some population group [4].

Romania, like other member states of the European Union has been facing over the last years and is still facing a recession causing a rise of unemployment rate. Given the circumstances, between 2011 and 2012,in the North- West of Romania, more precisely in Maramures county, the integrated project - *Integrated project for integration in the workforce*- was carried out, whose general objective was improving employment opportunities in the workforce for deprived people by having them take part in integrated, personalized and efficient services of information, counciling , the development of professional skills, as well as other skills specific to more professions by participating in programs of professional training authorized by CNFPA. The

purpose of the project was to draw and maintain a number of 250 people from the target group into the workforce, by bringing the integrated activities for employment closer to their possibilities and needs, in an area like Cavnic , remote from the centers capable of providing such services.

1.1 The purpose of the study

The aim of this presentation is to show the way in which the informational, counseling, mediation and professional orientation activities can influence the mobilization of people on the labor market. An important aim of this exposure is to analyze the degree in which the personal abilities/personality features determine resilience to the unemployers.

1.2 The objectives of the study

Identify frequency obtained (very poor, poor, average, good, very good) to the assessment of cognitive skills (generic skills learning and decision making) by age, gender, level of education, labor market status, geographical background.

Identify frequency levels obtained (below average, average population, above average) personality tests (autonomy, extraversion, emotional stability, conscientiousness), depending on age, gender, labor market status, living environment.

1.3 Target group for research

The target group was made up of 203 individuals, 111 of whom were women, 92 men, and according to the status in the workforce: 46 individuals searching for employment, 66 inactive individuals, 46 unemployed registered, 45 unemployed unregistered. 119 of these come from urban background whereas 84 from rural background.

1.4 Research methods

The study was conducted following the results obtained from the tests administered to the individuals by the *Cognitrom Assessment System*which is legalizedand authorized for psychological assessment tests. In order to achieve the objectives that were set in the case of the present study , we have considered the following tests :

A. Belonging to the category of cognitive ability tests:

a) General learning ability test
b) Decision-making ability test

B. Personality tests:

a) The A.P. test regarding the concept of " personal autonomy"
b) The CP5F test measuring:

The statistic processing and analysis of data was achieved with the help of SPSS program, version 20, both crossed frequency analyses (for obtaining the Qhi-Square quotient) with the view to obtaining significant differences and double varied correlations (the Pearson and Spearman quotient) being measured, the latter dealing with significant connections of variables, in the present case, between cognitive abilities and personality features.

1.5 The results of the study

Following the statistic processing of data, we have obtained a set of data out of which we bring into view only those with a relevant significance (given by Asymp. Sig index- the significance threshold "p" which has to be < 0,005).

We have obtained significant differences in frequency as far as age and general learning ability are concerned (p=0,00). The general learning ability represents the capacity to acquire new information, to reorganize it and operate with it in the problem solving process. It includes attention focus, resistance to interference, ability to organize information in memory, cognitive inhibition, short term memory and an operational component involving: analytic reasoning, analogical transfer, work memory, flexibility in categorizing [5*]*.

Compared to the other age groups, the young ones (18-24 years old), have scores of general learning abilities at the "very poor" level as well, and at "very good' level they have the smallest percentages.

The highest scores for learning ability levels (11,7 %) are represented by those aged between 25-45.

Significant differences (p=0,00) between men and women as far as general learning ability is concerned can be found. A significantly greater percentage than women (11,7 %) is held by men (17,1 %) as far as "good" learning ability is concerned (the fourth level) (Table.1).

Table 1 Significant differences concerning general learning ability according to age and gender

General learning ability / Age/gender	Very poor	poor	average	good	Very good	Total	
18-24 years	1,0%	9,3%	12,7%	9,3%	1,0%	33,2%	
25-45 years	0,0%	2,9%	32,2%	11,7%	2,9%	49,8%	Chi-Sq. =41,0
45-54 years	0,0%	0,5%	5,4%	6,8%	2,4%	15,1%	P = 0,00
55-64 years	0,0%	0,0%	1,0%	1,0%	0,0%	2,0%	
Total	1,0%	12,7%	51,2%	28,8%	6,3%	100,0%	
feminine	0,0%	7,8%	32,2%	11,7%	2,9%	54,6%	
masculine	0,0%	4,9%	19,0%	17,1%	3,4%	44,4%	Chi-sq.=.213,4
Total	1,0%	12,7%	51,2%	28,8%	6,3%	100,0%	p =0,000

Huge differences are noted (p=0,01) as far as decision-making ability is concerned between the four categories of deprived individuals in the work market. The decision-making ability represents the reasoning of the decision maker, the ability to choose the most rational decision out of many alternatives available. The unemployed registered at AJOFM have a far greater decision-making ability (11,7%) compared to those unregistere (Table.2).

Table 2. Significant differences concerning decision-making according to status in the work market

Decision-making ability / Status	Very poor	poor	average	good	Very good	total	
Unemployed registered	0,5%	1,5%	3,9%	11,7%	4,9%	22,4%	
Unemployed unregistered	0,5%	4,9%	2,4%	5,9%	8,8%	22,4%	Chi-sq.=25,6
Individual searching for employment	1,0%	5,9%	7,3%	5,4%	3,4%	22,9%	p. =0,01
Inactive individual	0,5%	5,9%	8,8%	10,7%	6,3%	32,2%	
Total	2,4%	18,0%	22,4%	33,7%	23,4%	100,0%	

Significant differences (p=0,003) of behavioral autonomy between men and women have been recorded. Women are more independent as far as behavior is concerned (37,1%) as compared to men (24,4%). Behavioral autonomy represents an individual's ability to act according to their own decisions and to manage on their own [5*)* (Table.3).

Table 3. Significant differences in behavioral autonomy between men and women

Behavioral autonomy / Gender	Below average	Population average	Above average	total	
feminine	6,8%	37,1%	10,7%	54,6%	Chi-sq.=15,99
masculine	14,6%	24,4%	5,4%	44,4%	p=0,003
total	22,0%	61,5%	16,6%	100,0%	

The results achieved with the help of CP5F on personal autonomy, which is considered to be a synthesis of axiological, emotional, cognitive and behavioral autonomy, points out significant differences(p=0,00)between men and women. Women show higher scores at "above average" personal autonomy (21%) which means that a high percentage of women are independent as far as self-assessment and decision-making ability are concerned (Table.4).

Table 4. Significant difference between men and women in personal autonomy

Personal autonomy / Gender	sub medie	media populatiei	pestemedie	Total	
Feminine	4,4%	29,3%	21,0%	54,6%	Chi-Sq.= 13,271
Masculine	6,3%	29,8%	8,3%	44,4%	p=0,01
Total	11,2%	59,5%	29,3%	100,0%	

According to the statistics of the population in question(p=0,01) it can be concluded that the individuals from the urban background are more extrovert than those from the rural background. Since extraversion is a psychological tendency towards things outside their own person, focusing attention on physical and social atmosphere (objects and people around them), an intense desire to act, prone to taking action, ease in communication, sociability, need for experiences, it can be concluded that those living in urban areas are more inclined to action, searching a professional identity and financial independence (Table.5)

Table 5.Significant differences in extraversion according to uran/rural background

Extraversion / background	Below average	Population average	Above average	Total	
Rural	2,9%	16,1%	22,4%	41,5%	Chi-Sq.= 8,083
Urban	11,2%	24,9%	22,4%	58,5%	p=0,01
Total	14,1%	41,0%	44,9%	100,0%	

As far as emotional stability as part of personality is concerned, women show higher percentages (26,3%) than men (13,7 %) at "above average " level. On the whole, women show an increased emotional stability. Emotional stability means being able to maintain one's emotional balance in stressful situations without resorting to emotional extreme outbursts that are not adequate with a particular situation. It is also noted that those living in urban areas developed an emotional self-control ability to a greater extent compared to those living in rural areas (Table.6).

Table 6.Significant differences in emotional stability according to gender and background

Emotional stabi.lity / Gender	Below averag e	Population average	Above average	Total	
feminine	4,9%	23,4%	26,3%	54,6%	Chi-Sq.= 10,395[a]
masculine	7,8%	22,9%	13,7%	44,4%	p=0,03
Total	13,2%	46,8%	40,0%	100,0%	
Rural	4,9%	14,1%	22,4%	41,5%	Chi-Sq.= 12,464
Urban	8,3%	32,7%	17,6%	58,5%	p=0,002
Total	13,2%	46,8%	40,0%	100,0%	

As far as conscientiousness is concerned, this varies significantly (p=0,02) according to study level, being higher in high school graduates. According to background, people living in urban areas are more conscientious and responsible.

Establishing double varied correlations between cognitive skills, (learning ability, decision-making ability) and personality aspects (extraversion, emotional stability, conscientiousness, personal autonomy), we have obtained only one significant connection p=0,045), namely between decision-making ability and emotional

stability, which means that individuals who are more emotionally stable are capable of making correct and efficient decisions.

Concluzions

On the study group, it follows that The subjects in the age group of 25-45 years old achieve performance on general learning ability. Male subjects achieve a good level of general learning ability, and female subjects achieve an average level.

Unemployed people registered at CEA have increased decisional capacity and those unregistered have lower decisional capacity and lower self -assessment ability.

The unemployed with primary education, and those with higher education achieve low performance in Axiological autonomy. The unemployed high school graduates have an increased level of performance, at a psychological scale –their "consciousness".

Urban unemployed unlike those in rural areas, have autonomous / stable principles and personal values and selfassessment capacity, critically analyze and make decisions about their own person ; they have improved their capacity to express emotions easily, are more extroverted, with a manifest need to act, are responsible ,with an increased capacity for emotional control.

Women, compared to men, have a bigger capacity to act according to their own decisions, they try harder to be on their own, have increased personal autonomy and, in stress situations, they are more emotionally stable.

Unemployed who have increased decisional capacity have also emotional stability.

Analyzing the influence they have had counseling [6], information and media on unemployers, following the personality assessment on certain aspects(skills, interests, motivation, personality) the psychologist devised an individual career profile (with the most relevant aspects of psychological functioning at cognitive, motivational, behavioral level). Based on this career profile but also on a structured interview (centered on professional history/ career expectancy of an individual), certain recommendations were made for professional training courses.

Each person from the target group of the project was informed about the job market and the evolution of professions, benefited from professional guidance, which lays the basis of professional career building by increasing self-esteem with the view to making decisions about their own careers. Each person was also trained in methods and techniques of searching employment. There was a permanent searching and identifying of job opportunities, discussions with potential employers were held, activity which resulted in the employment of a significant number of people from the target group.

As a result of the project activities, the following findings were noted: 250 individuals informed, psychologically guided, mediated in the job market, trained in computer science skills and also in the following professions: trade workers, carpentry, waiters, bakers, pastry workers, textile workers , construction workers, 30 individuals employed over a 6-month period since the completion of the project.

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Resilience at work

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Abstract

An ecological conceptualisation of resilience was one of the major orientating concepts for this doctoral research which used critical realist methodology to gain explanatory insight into the job retention challenges faced by employees recovering from mental health problems. Methods involved a literature review of qualitative job retention research, a comparative case study approach, and service user collaboration.

One case study comprised seven employed people who were using acute mental health services. The second comparative case study comprised fourteen users of a community-based job retention project.

Work mattered to people during recovery because of feelings of guilt about not working, and because some feared that work had, or could, exacerbate their mental health problems. Such fears co-existed with a strong sense that work was an important part of people's lives in terms of finance, social capital, occupational capital and personal capital. These assets were under threat, but they also had the potential to be deployed to support a resilient recovery.

Participants were on complex and uncertain return-to-work journeys, facing a combination of internal and external obstacles. Barriers arose from the direct impacts of mental health problems, external and internalised stigma, job demands and the workplace environment – particularly relationships with colleagues and, above all, managers. Findings suggest that return-to-work trajectories are likely to be more successful and sustainable when such challenges are addressed.

Broader implications were that occupational and ecological resilience perspectives can be integrated to help understand the challenges people with mental health problems encounter when seeking to retain employment.

Keywords: Resilience, employment, return to work, mental health, occupational science.

Literature review

A literature review, informed by Paterson et al's [1] meta-study approach, was conducted focusing on qualitative research into job retention experiences of employees with mental health problems. Some qualitative studies' concern with learning from the strengths displayed by workers with mental health problems [2,-6] signalled the potential relevance of resilience to the research topic.

Understanding strengths and vulnerability as separate constructs rather than bipolar opposites of a single phenomenon [7] possibly explains some of the paradox of how work can act as both a potential stressor, as well as a resource which can provide strength in recovery. Furthermore, if strength and vulnerability are not part of a shared continuum then this may explain the suggestion that strategies influenced by stress-vulnerability models of mental illness [8] may not always be helpful in vocational terms [9, 10]. By contrast, the literature review findings suggest that a degree of acceptance of mental health problems, coupled with flexible illness - or lifestyle management - strategies, can be helpful. Van Niekerk's [11] conclusion regarding a worker's ability to respond to mental health problems with flexibility, tolerance of mild symptoms and to "roll with the punches" (p463), was particularly redolent of resilience formulations.

Some mental health recovery accounts have explicitly referred to the resilience displayed by individuals [4, 12-14]. A central aim of such accounts is often to challenge negative and passive views of people with mental health problems as victims, dependent on mental health systems to rescue them. An understandable consequence of this aim is that sources of resilience more related to the individual come to be emphasised. This is potentially problematic if this emphasis is detached from the implicit critique of paternalistic service provision – and thus may explain criticism that recovery perspectives are used to justify withdrawal of support undermining the sustainability of people's recovery [15].

Yet, rather than counterpoising individual resilience to service provision, Ungar [16] has gone so far as to define resilience as "Adequate provision of health resources necessary to achieve good outcomes in spite of serious threats to adaptation or development" (p429). Rutter [17] maintains that "resilience does not constitute

an individual trait or characteristic" (p135). Roisman et al [18] argue that resilience is best understood as "an emergent property of a hierarchically organized set of protective systems that cumulatively buffer the effects of adversity and can therefore rarely, if ever, be regarded as an intrinsic property of individuals" (p1216).

There is a strong body of resilience research and theory which has followed this ecological perspective of resilience [19-25]. Here resilience is seen as a process, or outcome, residing in both individuals and their context and collectivities. It follows that resilience-building can aim to build individual and environmental assets – or challenge restrictions to both. Much of this resilience literature, however, relates to children, families and young people.

While concepts and theories of resilience are increasingly being discussed in relation to adults with mental health problems [4, 13, 14, 26, 27] there is very limited explicit application of them in relation to the topic of work and mental health. UK policy [28] has proposed that people with mental health problems may experience more success at work if they are resilient, where this was defined in predominantly individualistic terms, as having the capacity to endure adverse circumstances and maintain emotional stability and well-being. Furthermore, claims for the relevance of resilience in this document were largely reliant on research and practice interventions focused on developing resilience through childhood and adolescence.

The concept of resilience can be found in the more general world of work-related literature. However, here a more sophisticated understanding of the concept is often absent. Thus, some resilience-at-work tools, interventions and resources focus on how individuals can be made more resilient to cope with pressures of work [29-31] and display limited consideration of how these pressures could be reduced. Exceptions to this include the research report produced for the Chartered Institute of Personnel and Development, which presents the relevance of resilience to the workplace with a thorough grounding in resilience theory [32], though cites limited research directly related to the world of work. A similar environmental perspective of resilience is apparent in the blogs and guide produced by 'The Resilience Space' [33] which also criticizes elements of positive psychology for an expectation on individuals to change their thinking to cope with adversity rather than challenge the adversity.

Understanding resilience as emerging from complex processes involving interactions between individuals and their environments [17, 34, 35] has enabled researchers and practitioners to see resilience as something that can be developed and nurtured [22, 36, 37]. The literature review found evidence of this development occurring as some people with mental health problems seek to retain their work. This occurs at the individual level, as people construct and deploy their own strategies, or are helped by others to do so. It can also be seen in attempts to create more supportive environments, either at the immediate level of the workplace or at the level of policy and service developments. Consideration of resilience seems to bring with it an emphasis on the sustainability of recovery that adds to the other perspectives. The review identified that resilience was a valid orientating concept for the research study. Notably the more ecological conceptualisations of resilience may help in understanding the adversities that workers with mental health problems face, and may also call attention not just to whether they manage to return to work, but to the sustainability of the return.

Methodology and methods

This study adopted a critical realist research methodology [38, 39]. This holds that there exists an external reality but that people's perspectives of this may vary (e.g due to factors such as class, gender, ethnicity and age). Critical realism considers it is possible to gain explanatory insight into structures and mechanisms that shape reality using a range of inductive and deductive analytic procedures.

The research recruited participants from two settings: 7 users of acute mental health services and 14 users of a community-based job retention project for people with mental health problems - both in South of England. All had a range of moderate to severe mental health problems and were employees on sick leave form a broad range of jobs. Service users collaborated in the study design, implementation and analysis in both settings through user group panels.

Data were collected for both studies using semi-structured interviews, which are consistent with the critical realist combined inductive and deductive approaches and were designed to capture the depth and breadth of job-retention experiences. The analysis methods were derived from Danermark et al's [39] six stages of explanatory research, based on critical realism (p109-110).

Findings

Participants found that their working lives were severely disrupted for reasons related to their mental health problems. All were on sick leave from work, and described a similar range of challenges. These included internal challenges, such as symptoms which undermined their ability to sustain work, as well as external challenges such as the experiences of stigmatising attitudes.

I nearly crashed one of the work vans because I heard voices. I physically can't concentrate on anything when I hear the voices. […] I was like halfway in a bush and I had to pull myself out. (Ben)

I would just retreat to my bed because I couldn't cope, I felt overwhelmed and although I'm not doing the sleeping here [psychiatric inpatient unit], I think when I get home I'm just going to do the same […]. (Hilary)

I felt so dreadful, my depression was so bad, I was really in a bad place mentally and physically as well […] I couldn't go back. I had to contact them. I felt dreadfully guilty […] and didn't even feel that I could speak to my line manager because she was so unsupportive and uncommunicative as well. (Alice)

[my manager] was basically complaining about the fact that I'd gone off sick […] – oh, what was it her words were – 'Oh I don't suppose you can help your sickly friend out can you and do this visit for her.' (Rebecca)

Multiple parties were involved. All this meant that for both groups the task of navigating a return to work was considerable and complex. For the community participants this was also apparent in the broad range of interventions which they received; for the acute mental health service users it was often revealed in the degree to which they struggled to address those challenges with limited and uncoordinated support. All but one of the acute participants lacked sufficient co-ordination, collaboration and strategy to support their job-retention needs. They did, however, benefit from some more recovery-orientated interventions that appeared to support vocational as well as general recovery.

[The psychiatrists] could talk about your friends at work, […] 'Do you go out with them?', 'What do you do?' […] maybe even talk about people that you don't like at work and why […] because they're more likely to be the ones that are causing the problems […] maybe asking about the bits that you don't like about work, because they're the bits that are going to upset you. […] It's like it's a forgotten part of your life […] let's face it – most people spend more time at work than they do at home. (Ben)

I […] did structured groups like pottery, creative art, gardening, things that would distract you from maybe suicidal thoughts or self-harm. (Gavin)

we've [participant and job retention project worker] been looking at actually what is ok about me with my illness and not what's wrong with it – [it] has helped me to […] really stay above that and keep myself from getting really negative[…] I've not had to go into hospital and I've actually had a really positive outcome. (Alice)

The community job retention project provided a high degree of co-ordination of return-to-work planning, either by the project workers making contacts with people's employers, or by them enabling and encouraging the participants to do so. In the process, they displayed a high degree of collaboration with both the participants and their employers. Collaboration with health services was less apparent. In part this may be because the participants were less engaged with either their General Practitioner or community mental health services – but it may also be that such collaboration was more difficult because the project was neither organisationally nor physically integrated with either primary or secondary mental health services. This may have arisen because it was a charity-funded pilot and not a health-commissioned project. We do not know if it would have undermined the project's efficacy had more of the clients been engaged with mental health services.

In terms of strategy, the co-ordination and collaboration enabled a range of effective interventions to be deployed, focusing on the worker, their work and their environment. For some the experience of doing engaging productive or creative activity helped.

One of the very first things that [the project worker] did […] was […] to try and offer suggestions of proper adjustments […] like changing my start time slightly so that I wasn't battling rush hour traffic when I was feeling very stressed already, which would also help my childcare situation. Or the possibility of […] transferring […] perhaps of a job share and making lots of suggestions. (Alice)

[…] the soldering […], the time just flies by because you're really concentrating […]. The [feelings of anxiety and depression] drop. They drop because I'm concentrating more and [have] less time to think of what I'm actually feeling. (Gavin)

[…] we have a pampering evening [on the inpatient ward], so I'll actually do reflexology on people, I'll do aromatherapy, I'll do hand massage […] it's quite empowering, it feels like I'm doing something positive and not just being a passive sort of like recipient of health care, really . (Penny)

In providing the interventions, the project workers' interpersonal skills were valued as highly as more knowledge-based skills. The peer support group also contributed to developing and sustaining effective job-retention strategies. It did this by activating some of the more general recovery-promoting mechanisms (also experienced by some of the acute study participants), notably in terms of reducing feelings of isolation and by people sharing effective problem-solving strategies and knowledge.

Sometimes you think you're alone, you're experiencing a unique experience but then you come up and meet up, you find 'ah' you all face the same problem. It sort of makes you less bothered… (Steve).

Many voiced concerns about what their return to work would be like revealing feelings of anxiety and self-blame.

You're just anxious, since I haven't been at work they've taken on new staff and they've moved to a new part of the building and there's so many things that are new, […] and then you think, 'am I going to go and not be able to cope and make myself unwell again?' and they all just sort of in your head: go round and round. (Yvonne)

I feel like I'm letting my employers down a bit by not sort of being able to cope and be reliable so that worries me. (Mark).

Discussion

Resilience perspectives are useful given evidence of a range of poor outcomes for employees who experience mental health problems [40, 41]. The research has provided insights into the multi-factorial nature of the adversity faced when mental health problems disrupt people's working lives. This study was based on data derived from a cross-sectional interview during recovery, but it was striking how important the sustainability of a future return to work was for participants. Trajectories appeared stronger when there was confidence in future sustainability. Like more established recovery perspectives in adult mental health, resilience calls attention to learning from the people's strengths, as well as their challenges. However, whilst recovery and resilience are related they also have distinct qualities. Both show some concern with the sustainability of recovery, but this is stronger in resilience concepts. In this way resilience frameworks can make great contribution to the analysis of the durability of supports for people with mental health problems.

Where recovery is an individual's journey towards a personally defined state of well-being following crisis or adversity, resilience is a dynamic and evolving outcome of a constellation of interacting internal and external mechanisms which support and sustain that recovery. This new definition draws on Masten's [35] sense of positive outcome despite adversity, Roisman et al's [18] emphasis on the emergent nature of resilience coming out of people's interactions with their environments, and Ungar's [16] even greater emphasis on the importance of the environment to foster resilient outcomes.

The success of return-to-work trajectories should include measures (quantitative and qualitative) of how sustainable any return to work is and whether the experience of work after return fosters long-term recovery or undermines it. That appraisal needs to consider people's experience of precisely what they do at work – which is part of the occupational perspective. Here the terms 'occupational' and 'occupation' are used in a manner consistent with the broader meanings associated with the profession of occupational therapy and the discipline of occupational science [42-44], referring to the full range of consciously performed human activity.

Pemberton and Cox's [45] call "to understand time as a dimension of being, not just a measure for the content of existence" (p80) implies that the sustainability of being over time also should be of concern. For instance, are the demands placed upon individuals by their workplaces ones which call for occupation participation in a manner which enhances health and well-being over the long term? This question further underscores the value of the more ecological understandings of resilience than the individualistic ones present in some literature [46, 47]. This may be particularly important because a narrow individualised understanding of resilience could reinforce the self-blame felt by many participants and thereby increase obstacles to recovery. We found it helpful to consider how the occupational space in which people found themselves could be made more resilient, rather than simply considering how individuals could harden themselves to adversity.

Occupational and resilience perspectives speak to the issue of the humanisation of work. An occupational perspective implies that it is intrinsic to what it is to be human to engage in productive occupations, and thus it fulfils a human need [44]. To restrict that opportunity is to deny people access to what we defined to be 'occupational capital' [48], amounting to occupational deprivation [49], and therefore an occupational injustice [50]. However, if participation in work occurs in a way which is dehumanising, then rather than providing an affirming occupational experience, work can be experienced as a denial of human nature.

Supporting the case for a human need to be productive, there was still an overriding desire to be working amongst our participants – although for some of them their specific jobs were in contexts which threatened to undermine, rather than enhance, their recovery. For their immediate futures, the 'resilient move' was not to give up on the prospect and aspiration to work, but to help preserve their work identity and assist them to find alternative work in less adverse, and ideally more affirming, contexts. Nonetheless, the challenge remains to consider what might happen to the next person in line who fills the vacancy, or to former colleagues to whom potentially toxic tasks may be redistributed. This means asking how workplaces and working practices can be made more resilient so that the working lives for all can be improved, even if that means calling on moral principles of humane experience rather than economic imperatives of efficiency.

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Economic resilience to disturbing forces

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Abstract

Interpretation and analysis on the global recession permanently enrich literature on economic growth and development, but we notice a considerable and increasing interest in studying resilience of the free market. It seems that theoretical routes converge on the question whether monetary and fiscal policies should not put more emphasis on a stable and predictable economic environment to ensure a global economy less volatile and more resilient to disturbing forces.

Resilience should not be an isolated economic objective, but it is advisable to be considered a significant additional constraint on economic growth and employment strategies. Microeconomic changes and reaching social objectives should complement each other and the contribution of private companies and stability and growth-oriented economic policy being therefore essential and empowering themselves.

Conceptualization of resilience of adaptive systems in the economy is reduced to describe social, economic and cultural adaptability of communities and individuals in the context of a globalized world. Most relevant for understanding resilience are topics on the relationship between resilience and vulnerability, institutional analysis and robustness of socio-economic systems.

Keywords: economic resilience, vulnerability, robustness, adaptive capacity, self-organization.

Introduction

The concept of resilience has been widely debated and theoretical approaches have its origin in extremely varied fields, ranging from ecology to sociology, from economics to psychology, political science to engineering sciences. The first definition of the concept comes from the perimeter of ecosystems. Four decades ago, Crawford Stanley Holling defined resilience as 'a measure of the persistence of systems and of their ability to absorb change and disturbance and still maintain the same relationships between populations or state variables' [1] or 'the ability of a system to maintain its structure and patterns of behaviour in the face of disturbance' [2]. More concise, the concept was defined as 'the ability of a system to absorb disturbances and still retain its basic function and structure' [3] or 'the capacity to change in order to maintain the same identity' [4]. Other authors [5] think that resilience can be best described by three essential features: (a) the amount of disturbances that a system can absorb by keeping the same state or domain of attraction, (b) the degree of self-organization that the system is capable of and (c) the competence to produce and enhance the ability for learning and adaptation.

Systems resilience

1.1 Social-economic systems resilience

The analysis of social-ecological resilience of systems requires consideration of the system as a whole and the interdependence between the human and biophysical systems; therefore resilient thinking will inevitably be a systemic thinking. In this context, the resilience is integrated into systemic thinking and for understanding the essence of the phenomenon it is necessary to clarify the following three aspects [3]: (1) people inhabit and operate in social systems inextricably linked to the ecological systems of which they are part, (2) socio-ecological systems are complex adaptive systems characterized by unpredictable, nonlinear, non - incremental changes and (3) resilient thinking provides a framework for socio-ecological system' view as a system operating on multiple spatial and temporal scales. In short, the concept of resilience focuses on how changes occur in the system, especially the way it handles the noise recorded.

1.2 Related concepts

The term resilience is used in combination with other terms such as vulnerability, adaptability, adaptive capacity, transformability and robustness and they are used according to different reference scale [6]. In the literature, the concepts of vulnerability and adaptability refer generally to individuals and households, while the concepts of adaptive capacity, transformability and robustness concern selection of decision-making units, such as local communities and central government.

1.2.1 Vulnerability

Causes of vulnerability [7] can be ecological, economic and social and can be summarized in: geographical proximity to certain areas that have a certain risk factor, poorly maintained public infrastructure and high density of built environment, the health of the community, closely connected to commercial and industrial development, demographic and social characteristics, inequalities affecting access to resources and informations, the capacity to absorb the impact of hazards and disasters without government intervention and political marginalization of the poor inhabitants.

Economic vulnerability is a phenomenon well documented in the literature, both conceptually and empirically [8]. Most studies on the economic vulnerability provide empirical evidence which show that small states, particularly islands, tend to be more vulnerable [9] than other countries due to a high degree of economic openness and export concentration, which leads to exposure to exogenous shocks and increases the risk that may arise in the process of economic growth and development [10]. Studies [11] show that increased risk may adversely affect economic growth and the negative effects of shocks are proportionately higher damage than the effects caused by positive shocks. The high degree [12] of fluctuations in GDP and the export earnings recorded by many small states are considered as one of the manifestations of exposure to exogenous shocks.

The macroeconomic stability, market efficiency, good governance and social development are mechanisms [10] through which the economy reacts endogenously at the negative shocks in order to diminish their effects. These mechanisms confer resilience to the economy by absorbing or counteracting the shocks it is exposed to. The capacity of the economy to recover quickly after a shock is associated with its flexibility which allows return to the initial state and structure; this capacity is more limited in the case of a chronic tendency for large fiscal deficits and high unemployment rates. On the other hand, this capacity will be increased if the economy has discretionary policy tools that can be used to counterbalance the consequences of negative shocks, like a strong fiscal policy, which implies that policy makers can use discretionary spending or tax cuts to counter the effects of these shocks. Regarding the instruments on shock absorption, the existence of a flexible and multi-skilled workforce would operate favourably to weaker external demand which may affect a particular industry and a reallocation of resources in another sector that enjoys a higher request could be a viable solution.

Resilience should not be an isolated economic objective, but it is advisable to be considered a significant additional constraint on economic growth and employment strategies. Microeconomic changes and reaching social objectives should complement each other and the contribution of private companies and stability and growth-oriented economic policy being therefore essential and empowering themselves. European socio-economic model [13] provides a foundation for a resilient structure, because it is less prone to short-term goals and financial innovations and speculations don't carry the same role as in the U.S.A. The economic performance will increase if European countries should avoid strengthening of existing structures in the productive sector and public sector. So no change is recommended as especially proactive adaptation to the future through more open structures and the production of buffer stocks that provide added security and long-term dynamics.

1.2.2 Adaptive capacity

The key feature that distinguishes the resilience of simple systems of the complex adaptive systems' one is adaptive capacity [6]. Adaptability is the ability of systems (households, people, communities, ecosystems, nations) to generate new ways of operating, new systemic relationships and if we consider that certain parts or connections in the system fail or become unbearable, the adaptive capacity becomes a key determinant of resilience. Therefore, in the complex adaptive systems, the resilience can be better defined as the ability to resist, recover and re-organize in response to the crisis, while maintaining the functions of the system, but not its structure. Self-organization is related to novelty and innovation and it inherently generates new modes of operation previously not taken into account. Researches in urbanism and architecture [14] show that resilience grows in dense cities because of innovation: the confluence of different people, ideas and environments generates systemic behaviour with a high degree of self-organization, which continuously creates novelty.

1.2.3 Transformability

Another conceptual notion of resilience is transformability, [6] seen as the ability of complex adaptive system parts to assume a new function. The utilization of these two terms (adaptive capacity and transformability) is relative to the function assumed by the system. To illustrate this relativism, we exemplify through a state community: if the function of this system is to maintain a reciprocal relationship between state and community, then the collapse of the state necessarily indicate transformability because a necessary component of the function was lost. But if the system's function is limited to the provision of essential services to individuals, then a failure of the state does not necessarily indicate transformability, adaptation through self-organization can reproduce its operating.

1.2.4 Robustness

During the past decades, an approach to institutional economics focuses on aspects of complex systems and self-organization. Institutional analysis and development framework developed by the Bloomington School is suitable for all forms of political organization, regardless of the complexity, including self-government as a form of decentralization in the absence of hierarchical order within social systems. The first woman winner of the Nobel Prize for economics, Elinor Ostrom, embraces her neo-institutionalist approach based on a concept related to resilience - robustness, a similar notion which refers to maintain system performance despite uncertainties and exogenous and endogenous changes. A number of case studies evolved by the researchers [15] discloses different forms of adaptations to certain categories of variability and examines vulnerabilities that may develop as a consequence of the adaptive process.

The theme of robustness of socio-economic systems has been widely addressed in the literature for the past decade. After a detailed analysis of the causes [16] that lead to the deterioration of the system capacity of absorbing or counteracting to predictable and unpredictable shock:

- *Connectivity* affected robustness in proportion as the contamination effects increase in intensity in the absence of the mitigation instruments. The epidemics proliferate rapidly under conditions of ineffective control instruments and intense movement of individuals and goods;
- *Explosive development of information technologies and communication* encompass the increase of vulnerabilities of information systems;
- *Interconnectedness of financial markets, increasing of speculative actions* and *the occurrence of toxic financial products* led to increased systemic risks;
- *Poorly managed globalisation* embrittled economic systems and the dynamic comparative advantage caused a zero-sum game in the global space;
- *Exceeding economic dependence of structures that induce shocks* tends to increase vulnerability. Production systems depending on certain sectors are less resilient. The capital structure (borrowed or direct investments) influences resilience, meaning that if the source is a vulnerable sector or country will impress the same fragility to the systems that are dependent on them;
- *Geographic location*, *proximity to other systems* (robust or vulnerable), structural compatibility between neighboring systems influences their state;
- *Insufficient reserves and under-investment in basic infrastructure and education systems* adversely affect resilience;
- *Neglecting the relationship between economic growth and income distribution* leads to weakening of social cohesion;
- *Erosion of the welfare state resources* decreases the capacity of institutions for social dialogue maintaining homeostasis of the system;
- *Complexity* may increase the vulnerability of systems. In the absence of effective dissipative structures (adaptability, self-organization and learning) will appear new vulnerabilities;
- *Demographic change* may generate adverse effects; migration strongly affects the balance between generations and professions.

Conclusion

In conclusion, conceptualization of resilience of adaptive systems in the economy is reduced to describe social, economic and cultural adaptability of communities and individuals in the context of a globalized world. Most relevant for understanding resilience are topics on the relationship between resilience and vulnerability, institutional analysis and robustness of social-economic systems.

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Hypostases of resilience for sustainable development

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Abstract

Although both are multidisciplinary concepts, *vulnerability* was extracted by professionals from the usual vocabulary in order to be placed in the center of research in specific areas, while the concept of *resilience* raises several conceptual problems due to its multiple characteristics. But once clarified the meaning of *resilience* related to the scientifically researched context, its paradigm reveals interdisciplinary valences which permits analysis of multiple phenomena in human social area. Particularizing, by replacing separate study of vulnerability and of resilience characteristics with that of *resilient vulnerability*, we believe that sustainable development gains some value capable of exceeding the transversal nature of dedicated studies, in favor of those longitudinal characters, more appropriate for the claimed holistic perspective.

As the horizon of sustainable development includes the benefits of research and practice in the economic, social and environmental fields and, to a small extent, those of individual resorts investigation, this article aims to draw the sustainable development framework around the *resilient vulnerability* by integrating personal plan with others already mentioned here. Thus, a new multidisciplinary bridge arises towards responsible governance as well as the need to integrate adaptive cycle theories and panarchy, which studies the foundations of system transformation under the integrated sustainable development system. Thereby we overcome the vision where the environment is only a sub-component of social systems, and the society just a sub-component of ecological systems, sustainable development becoming a privileged access platform to understand the consequences of interactions between the individual and its social, economic and environmental area, under a system able to integrate alternative perspectives.

Keywords: Resilience, vulnerability, adaptive cycle, panarchy, sustainable development
JEL Classification: Q20, Q56, Q57

Conceptual framework

Despite the fact that we do not have a universally accepted definition of resilience, this concept has all the attributes of a paradigm. Being associated with various scientific and appearing in multiple phrases (from psychological, biological, social, economic and political, to the information resilience*), the concept of resilience refers to the quality of a phenomenon as well as a systemic property*. Because here we are interested in particular relation between individual and global reference to socio-ecological systems, we must discern the characteristics of resilience due to some distinctions. Thus, if on individual level, researchers found between the characteristics of *resilient people* self confidence, active social life, flexibility in the face of change and the ability to set specific objectives, for *ecosystem resilience* must be taken into consideration the ability to cope with natural or man-made catastrophic events that causes or may cause loss of life and property damage (Direction SA, 2011).

Generic resilience refers to the ability of a system to absorb disturbance and reorganize as the situation changes, so that to further keep the same essence, function, structure, identity and feedback. The most common metaphor which renders resilience is the stability of a landscape (Walker B., 2004). While psychology believes that *individual resilience* aims maximum trauma that an individual can record before reconstruction, economic science believes that *economic resilience* refers to preserving the complete system before a shock without excluding renewal system through qualitative changes structure. If in the first case we talk about a *proactive resilience* - of the individual who has the personal capacity to anticipate, learn, adapt and recover from an event, in the second case we have a *reactive resilience* - of the system, that occurs right in the time of the event, to cope with change (Provitolo D., 2009).

Because, technically, depending on the subject under discussion, resilience is defined either as the capability of materials to withstand shock without permanent deformation or rupture, either as a trend of entities to easily adjust or recover after a major harmful change, we frequently meet the distinction between *engineering*

resilience and *ecological resilience*. While the first one defines resilience based on elasticity - as capacity of a system to resist disturbances and / or the rate of reversion to pre-existing equilibrium state, the second one highlights the fact that, for example, a region has a higher ability to return to equilibrium after a shock, and could also accommodate multiple equilibria (Dawley S. et all., 2010). Moreover, it is a measure to estimate the degree of danger posed to the ecosystem, considering that the degree of ecological resilience of an ecosystem is inversely proportional to the degree of danger which is threatening him (Fridolin B., 2008).

In turn, systemic approach distinguishes between *specific resilience* and *overall resilience.* While the first one refers to the resilience "of what, what" (egg resilience of crops to drought), the second considers that disruption does not affect any aspect of a particular system. Due to this distinction, we can identify the effect manifestations threshold above which the system cannot recover (Gunderson L. & all, 2010) and also clarify the conditions transition from *individual resilience* to *systemic resilience*.

In the case of socio-economic systems, resilience is often associated with vulnerability, if not like reverse side of the coin, at least as a further test of the degree of their maturity. The concept of vulnerability is found in the institutional, organizational, community, family and personal analysis, despite the fact that - according to the different traditions and methods of research - it has been defined in various ways (Janssen M., 2006). However, most often, the conceptualization of vulnerability includes components that indicate exposure to perturbations or external pressures, sensitivity to them and ability to adapt. In general, vulnerability includes both personal or group attributes that enable them to cope with disturbance as well as ecological attributes that help systems to adapt to natural hazards (Direction SA, 2011).

Also, in socio-ecological systems, *adaptive capacity* is linked not only to their genetic and biological diversity, but also to existence of institutions and networks that can learn to keep their knowledge and experiences, in order to solve problems and preserve balance. Therefore, in these systems there is a linear relationship between *resilience* and *adaptive capacity*. From comparative study of ecosystem dynamics resulted another thinking instrument that draws attention to processes of destruction and reorganization - *adaptive cycle*. It provides a more complete picture of system dynamics that links together system organization, dynamics, resilience and vulnerability. It consists of a sequence composed of four phases of change in complex systems: exploitation, conservation, creative destruction and renewal and is classified alone or in various development policies aiming to increase adaptive capacity and resilience (Ford J., 2013).

Alongside, the concept of panarchy also involves examining similarities and differences between human systems and related natural environment in ways that can generate theories and models, like the *adaptive cycle*. As understood in the light of recent research, panarchy takes into account whole cycle of resilience, as it is found at personal, social, economic and environmental level. Panarchy theory was developed as an integrative theory, to understand the source and role of systems change, focusing on the interactions between change and persistence. Thus, *panarchy* becomes a conceptual framework that takes into account this duality represented by resilience and vulnerability in complex systems, its purpose being to develop the necessary conceptual describing *the change dynamics of torque formed by change and stability at all levels of scale* (Holling S., 2006).

Resilience Operational Coordinates

In order to become operational, resilience needs both structure and tools to be developed (Barroca B. & all, 2013). However, as a fundamental property of a system which is based on predictability, resilience can measure the magnitude of change or disruption that this system can experience without crossing into an alternative state. Classic examples of change between states include transition from coral reefs to algae covering the rocks, from grassland to shrub-dominated landscapes and clear waters from lakes in muddy waters (Gunderson L. & all, 2010).

Explanations for resilience facing an increased interest from both researchers and policy makers must be searched for, on one hand, in its ability to merge operating capacity with heuristic size, and on the other hand, *to support interconnected perspective of vulnerability and adaptation issues*. Even though the challenges of using resilience are major, practical implementation of the concept is still waiting the right answer from the association between human vulnerability and environmental hazards. Moreover, interest in the concepts of resilience, vulnerability and adaptation is increasing both for specialists in many fields of research, and also for those who design and implement sustainable development policies (Vogel C. & all, 2007). This success is accounted both to the fact that resilience has become a tool of thought and practice, as much needed, as fertile in terms of exploration (Cyrulnik B., 2012) and of that resilience allows finding relevant answers to questions that enable advancement in research (Ionescu Ș., 2013).

Although the rapid expansion of using the concept of resilience can generate a series of questions awaiting scientific answers, its success should not be searched in the etymology (from the Latin verb salio-ire, jump, leap, accompanied by the prefix re – counter, back), but in its metaphoric ability to describe any system that has the ability, subject to imbalance by confronting different disruptive factors, to resist pressures and return to original state (Pike A. & all, 2010).

By extension, resilience meaning gradually widened and penetrated in all fields of study, keeping the connotation of stability indicator. In addition, ecological resilience is even a measure of persistence by absorbing change, which is contrasted with stability that shows ability of ecosystems to return to previous state. Thus, based on its property to absorb over time changes introduced in system, resilience becomes indispensable for analysis of human-environment interactions, in particular to describe how humans affect ecosystems (Gunderson L., 2000).

From here to the practical application, it is necessary a mechanical model validation of resilience that would capitalize high-accuracy data collected from a changing system (Zell C., 2013). Therefore, naturally, resilience has expanded its application in social context because of its ability to explain possibility of groups or communities to cope with external stresses and disturbances as a result of social, political and environmental changes (Brand F., 2009). However, given that resilience key in socio-ecological systems is diversity, moving it from the sphere of ecology in the social field should describe the behavioral response of individuals, communities, social institutions or economies facing various imbalances. On the other hand, transferred to psycho-social field, resilience will illustrate the individual's ability to cope with crisis situations, including the ability to respond to predictable induced stress (Stângă I., 2011).

In the case of systemic level operationalization, resilience owes part of its success to multidisciplinary research group *Resilience Alliance* that studies *the dynamics of socio-ecological systems based on adaptive cycle*, assuming that ecological and socio-economic systems are related. However, the adaptive cycle disputes the traditional view of ecosystem succession as a linear process of transition from operation to reorganization, emphasizing the importance of growing and maturing stages, succession evolving from linear evolution to become phase of a cycle (Wilkinson C., 2011). Another part of resilience success is due to adaptation of *panarchy concept*, departing from the idea of need for renewal and reorganization of the systems. Thanks in particular, to research conducted by Lance Gunderson, panarchy believes that resilience interferes in operation and the interactions that allow the system to return to equilibrium state.

If the adaptive cycle highlights the ability of a system to go through phases that correspond to its resilience, with good application to urban systems, panarchy as multistage analysis of resilience in dynamic systems can highlight the resilience capacity of a meta-system based on memory (Gunderson L, 2000). Therefore, restoration of Dresden is considered the best example, panarchy representing the mechanism of connection between two levels of complex adaptive systems that are resilient (Provitolo D., 2009).

Resilience success as operational instrument is also manifested by a significant increase in risks science publications (cyndiniques). In this area, resilience is accompanied by theoretical research aimed at its understanding in contexts in which it is used, its heuristic, methodological and practical contributions, scientific boundaries as well as ethical and political once, thus becoming an additional component of risk analysis that complements existing approaches (Reghezza-Zitt M., 2013).

Integration of personal resilience within sustainable development

From the *sustainable development* perspective, resilience is not only a differentiating factor at regional and sectorial level but also one able to serve its purpose - to create and maintain social, economic and ecological prosperity of all systems affected by human activity (Resilience All., 2010). Also, the concept of resilience gains a growing interest among policy makers and scientific community researching sustainable development because it offers the opportunity to present some practical use, especially in the context of climate change policies. Being a purely descriptive concept which assumes that a system does not turn into another due to exogenous disturbances, resilience is in contrast to sustainable development which is a normative concept based on ideas of justice and accountability inter-and within generations.

However, through their reconciliation can be generated ecological-economic models to create natural capital reserves for human wellbeing and to derive both requirements for system dynamics and sustainability criteria (Derissen S. & all, 2009). *Resilience can also provide as means and goal of sustainable development*, providing conceptual framework for economic analysis of risk management which illustrates the capacity for action. It is in progress the study of opportunity to make *resilience the core purpose of sustainable development*, but this raises issues regarding complexity analysis of individual capacities for action and articulation of these capabilities to collective dynamics (Lallau B., 2011).

However, *individual resilience is a prerequisite for achieving sustainable development* because it guides policies irreversibly towards sustainability. One argument is that socio-ecological systems analysis based on resilience is presented by researchers as a major contribution to sustainable development issues (Lallau B., 2011). Although the idea of resilience capacity of socio-ecological systems becomes slightly ambiguous when we take into account their sustainable development, defining and assessing resilience at individual level is an attempt to overcome these limitations (Sall C. & all, 2011). This approach is based on personal adaptive capacity and tends to articulate through intersection of several areas of research interested in transforming individual

potentialities (mainly related to differences in owned capital: monetary, physical, human, social) into opportunities (marketable or not) during the entire existence (Lallau B., 2011).

As finality of sustainable development, *individual resilience* is a strategic sequence consisting of interactions between sustainability and resilience. If resilience through flexibility provides means for sustainable development, then we should accept the fact that individual resilience constitutes by itself, an indicator for sustainable development that can turn from means into purpose to ensure sustainable development (Lallau B., 2011).

A first step in achieving the conjunction of resilience and sustainable social development was done by deploying sustainable urban development. By maintaining urban functions at an acceptable functional level, capabilities of urban systems resilience contributes to achieving economic, social and environmental targets of sustainable cities. Specifically, improved resilience may be the way to restore balance between the three pillars of sustainable development when disruptions question social, economic and environmental operation of urban system called to adjust (Toubin M. & all, 2012). Similarly, by adding the personal pillar, is completed the sphere of sustainable development, which will thus be able to overcome both self centered approach (which aims to protect all living beings) and on the anthropocentric one (that targets the human right to welfare).

Without integration of individual resilience in sustainable development, it is difficult to overcome the dichotomy of economy, ecology, especially when there are social issues (Sébastien L., Brodhag C., 2004). By including personal plan into sustainable development, must be kept in mind that not all people are resilient or vulnerable in the same way, so we must be informed, in order to protect both their weak and strong points (Messier J-B., 2009). Also, for individual resilience to actually become operational and directly implemented in sustainable development studies, it takes time for confirmation of indicators sets quality which determines resilience value (Stângă I., 2011).

Resilient vulnerability role in sustainable development

Until the moment of indicators acknowledgment, must be kept in mind that both resilience and vulnerability are polysemic terms, used in exact sciences as well as in those humanistic, in analytical and synthetic definitions corresponding, on one hand to resistance and on the other hand to fragility of the system as a whole. Moving from ideas of strength and weakness to concepts of resilience and vulnerability within an integrated system covers both the ability of a system to absorb changes and to persist after a disturbance, and the one of highlighting weaknesses (Barroca B. & all, 2013).

As concepts that emerged in different fields, both resilience and vulnerability can become dominants of the paradigm of sustainable development, due to the possibility of pursuing two different possible a priori approaches for this study: environment vulnerability analysis – approach with rather negative connotations, and systems resilience – approach considered to have positive connotations. Hence, resilience is a factor for fight against vulnerability, due to its capacity of returning the system to a state of balance prior to a disturbance or the possibility of transformation, reorganization, renewal of its structures and operation (Provitolo D., 2009).

Even if resilience can be seen as a singular concept at the moment because of different points of view in various disciplines, its positive connotations have imposed formation of the couple resiliency – vulnerability as a possible model-maker of sustainable development system. Moreover, studying the vulnerability of a socio-ecological system is the same as to study its ability to cope or to recover, which connects it to resilience. This raises *a new research perspective* where *vulnerability and resilience are seen as a continuum*, by the concept of *resilient vulnerability*. This concept allows the release of a binary vision exceeding both the negative connotations of vulnerability and those positive once of resilience. Thus, vulnerability does not only describe the factors that could damage the individual or collective response and resilience no longer represents just the adequate *de facto* response. *Resilient vulnerability* does not suggest that socio-ecological system elements would not be affected or injured, but can explain how they adapt and recover after the shock. This notion has translated the idea that *vulnerability can be crossed and amended by resilience* (Provitolo D., 2009).

Considering the fact that there is no perfect symmetry between resilience and vulnerability, it is essential to establish strategies to combat vulnerability and promote resilience, mitigating risk effects of existence in general, while increasing capabilities to ensure sustainable development (Rousseau S., 2007). Thus, resilient vulnerability becomes core element of sustainable development also because direct measurement of resistance is difficult due to its necessity of taking into account all thresholds and boundaries that separate areas dealing with socio-ecological systems dynamics.

Precisely because measuring resilience differs in several ways from traditional ecological indicators, some researchers use the word „surrogates" instead of „indicators", considering that they might show important aspects of resilience that cannot be directly observed. Also resilience relationship with its substitutes may change over time, since they correspond to specific theoretical aspects, making resilience depend on context (Carpenter R. & all, 2005).

Instead, resilient vulnerability does not need such proxies to perform the evaluation of interactions between scales because it can cover both studies from individual households' perspective as well as overall socio-ecological systems, from a systemic perspective. Specifically, through *resilient vulnerability* can be overcome observation of the ability to cope with risks on personal level – perceived both *ex-antes,* as uncertainty about the future, as well as *ex-post*, when the individual faces a risk. Also, granting resilient vulnerability a central role in sustainable development system, becomes obvious that a low resilience is reflected on personal level through primacy of fatalistic and defensive strategies, aimed to save what you can, without projection into the future - resulting in the inability to cope with major existential risks (Cantoni C., Lallau B., 2010).

Functionality of sustainable development integrated system

From resilient *vulnerability perspective*, a disturbance can be considered – including on individual level – both creator of system rupture as well as promoter of resilience. Because disruption of socio-ecological systems include diseases, drought, fire or hurricanes, and, as well, recessions, innovations, technological changes and revolutions in an ecological system, human intervention itself can be considered a form of disruption (irrigation channels, over fishing and mining operations). As population and consumption levels increase, disturbance caused by humans is increasing, with consequences for overall system resilience (Gunderson L. & all, 2010).

Therefore, sustainable development integrated system (see *Fig. 1*) which makes *resilient vulnerability* its the central element – methodologically neutral - and that also integrates resilience individual level, will allow disturbance analysis both by adaptive cycle sequential method as well as by hierarchical linking panarchy model, which they integrates. This approach could be useful on multiple levels analysis of how resilience is modeled in order to ensure a development with its basic attributes: ability to absorb disturbance and reorganize, so that to preserve substantially its function, structure, identity and feedback. Also, functionality of integrated system consists of prominence of all elements to be taken into account when assessing sustainable development, by associating individual resilience with the one on social, economic and environmental levels in a whole, represented by resilient vulnerability manifested in each of these levels and in resulting interactions of their intersection.

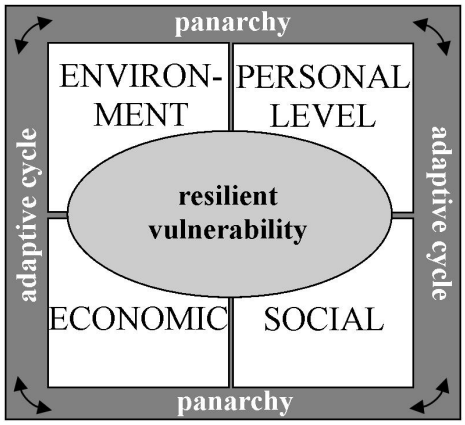

Fig. 1: ***Sustainable development*** *integrated system (personal contribution)*

Also, this integrated system framework of sustainable development may be considered a step towards functional approach to all components of resilience, by interconnection of vulnerability components, highlighted particularly on personal level. Also, linking individual resilience and sustainable development we can analyze how resilience requirements are fulfilled for each system area. In addition, for a specific ecosystem, integrated system opens up new perspectives about connection of services and components of natural capital as well as reglementation of socio-ecologic services confronted with economic pressures (Ferrari S. & all, 2012).

Attention paid to resilience may be a response to widespread modern point of view on uncertainty, insecurity and seeking a formula for adaptation and survival. In this regard, use of this trendy concept comes from both a heightened sense of risk (political, economic and environmental) as well as from perception that processes associated with globalization have made regions and cities more permeable to effects of what was once considered as external influences (Christopherson S. & all, 2010).

Furthermore, because the intersection of an economic and an environmental crisis has heightened sense of vulnerability at all levels, consequently, stimulating the search for new ways of affirming resilience, integrated approach of sustainable development centered on the concept of *resilient vulnerability* may enhance

our understanding of the forces that influence that influence both the scope of the measures and policies as well as their conceptual frameworks.

Because resilience already imposed in both academic research as well as managerial strategies, its components will feed further debate on the use and its heuristics and operational relevance. Therefore, the purpose of any article that approaches issues of resilience hypostasis is not to decide in these debates, but to show, based on a multidisciplinary approach, that there are multiple tackling possibilities (Reghezza-Zitt M. & all, 2012). From here to implementation of conclusions of this article is a road paved with hypotheses and demonstrations that could significantly expand research horizons.

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Emigration – Romanians' form of resilience to the dysfunctionalities of the labour market

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Abstract

The change of the political regime in 1989 triggered profound mutations on the Romanian labour market, involving its structural recomposition, mainly because of the incompatibility between the mechanisms of the dirigiste economic system to those of the market economy. The present paper deals with emigration as a form of resilience of the Romanian labour force to the post December industrial recession resulting in the massive and forced dismissal of significant contingents of people, for whom the main subsistence options in the new context were either the return to the rural environment or the temporary working emigration abroad, now possible as a consequence of the flexibillization of the borders of the country. At the same time, the paper also aims at assessing the main (both positive and negative) repercussions of the Romanians' emigration, approached from the economic, demographical and social points of view.

Keywords: unemployment, resilience, emigration

Emerging unemployment – a priming factor for Romanians' emigration movement

Originating in the artificiality of the way of inserting industrial units in the communist period (according to the logic of the industrialization at any price) as well as in the difficulties of adjusting them to the functioning manner typical of a capitalist economy, unemployment first appeared in 1991, experiencing an alert dynamics during the first post communist decade under the action of a whole complex of social, economic and political factors, partly overlapping the political changes Romania underwent during that period [1] (Fig. 1).

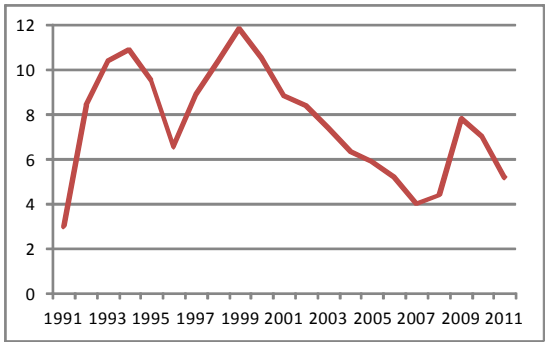

Fig. 1 – Unemployment rate dynamics in Romania (%), 1991-2011

The graphical expression of the statistical data indicates a strong increase up to 10.9% in 1994, which reveals the downfall of the Romanian economic environment and the brutality of the economic mutations triggered by the change of the political regime. During the next period, the indicator's value decreases to 6.6% (in 1996), as a consequence of the attempt of creating new jobs under the impulse of the nearing elections, as a consequence of the measures taken at the last moment by the government at that time, which in fact lost the elections. This trend cannot be kept for a long time and between 1999-2000 we deal with the maximum values of this indicator throughout the whole analyzed period (11.8%, 10.5% respectively).

After this year, the unemployment rate experiences a diminishing tendency, up to a minimum of 4% in 2007. The factors that lay behind this positive dynamics are not strictly related to the revitalization of the economic system (which we do not deny), there also existing at least two other elements that favour the decrease of the number of unemployed active population: on the one hand the significant percentage of the population employed in activities of the primary sector (which, although not remunerated, obtains material results from the work performed); on the other hand, the change of the temporary labour migration abroad into a mass phenomenon, which decongested the pressure on the job market.

As a matter of fact, the same two factors explain the unnatural differences existing between Romania and many western economically developed countries, whose statistical framework reveals apparently more serious economic "flaws" if we consider the higher unemployment rates (comprised between 8.4 and 9.5% in 2006 in the case of Germany, Spain, France

and Greece). The explanation for the seemingly "luckier" economic situation of Romania must be looked for precisely in the massive number of people working abroad, as well as in the atypical structure of the employed active population. In 1992, because of the political support previously offered to the industrial field by the socialist decision organisms, whose actions were meant to industrialize the Romanian society at any cost, by virtue of an assumed aversion towards agriculture, the secondary field represented nearly 44%, much more than it was the case in the industrialized western European countries. The shares of the other two fields were not congruent either with those in the developed world. In spite of the sustained efforts performed by the communist regime in order to industrialize as much as possible an obviously rural territory, the percentage of the population employed in primary activities was rather large (23.1%), much more than in the EU states, where that value was below 10 or even 5%. The tertiary activities (33%) were much underdeveloped, illustrating the population's low purchasing power (Fig. 2).

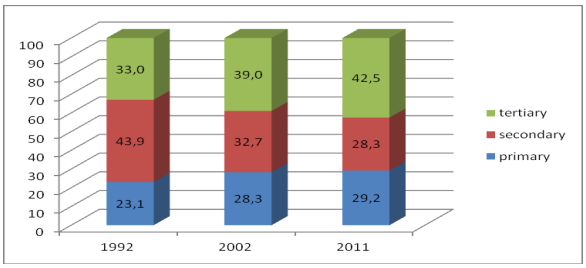

Fig. 2 – Population structure by main economic fields (%)

The percentage game of the three activity sectors as revealed by the statistics of the censuses in 2002 and 2011 certify the insertion of a new demo-economic pattern resulting from the artificiality of the communist evolution trends. The initiation of an ample process of industrial restructuring and destructuring (its share decreasing to 32.7% and 28.30 respectively) due to the rigidity of a centralized economy to the mechanisms of a competitive market resulted in the massive dismissal of the employed population, the outlet being found on the one hand in emigration, and on the other in (little productive subsistence)agricultural activities, causing the primary sector to increase at about 29.2% in 2011, such a pattern of the employed population economic structure taking Romania away from the EU states. Figure 3 emphasizes the transition from an industrial-services profile in 1992 to a mixed profile in 2002 and 2011, however with a clear tendency of moving towards a services-agricultural profile in the future.

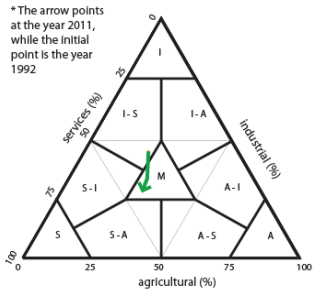

Fig. 3 – The evolution of the socio-professional structure of the Romanian population (1992-2011)

Emigration – Romanians' manner of resilience to economic dysfunctions

Most of the time perceived as an alternative of surviving in an economic system left to drift by the disappearance of the levers which had formerly provided the coherence of the economic mechanisms, emigration has become common practice during the post socialist period, rapidly spreading throughout the whole Romanian space once the repressive means of stopping extra national mobility were removed.

Although trammelled in the legislative restrictions imposed by western countries on the Romanian citizens, the emigration phenomenon has taken remarkable scale beginning with the year 1990, being however difficult to quantify from the statistical point of view due to its mainly clandestine character. In this context, there is a huge gap between official documents and unofficial estimations. The legal statistics reveal the contradictory dynamics of the emigration process, with a strongly decreasing trend after the sharp peak of 1990 (when nearly 97,000 inhabitants left Romania), the yearly average number of people emigrating from Romania between 1992 and 2011 being of about 14,986 (Fig. 4). But these data are far from illustrating the real dimension of this phenomenon it is precisely the official statistical records that clearly show it: for 1992-2002 intercensitary period there is a gap of 520,068 people in the general population balance that cannot be explained but through emigration [2].

However, the numerous surveys conveyed by different associations clearly show the real amplitude of the Romanian emigration flows. They talk about a number of 3,250,000 Romanians living abroad, out of which 2,000,000 in Italy and Spain, whose main motivation on leaving the country was the economic one.In 2002, the year when Romanians could travel freely in the Schengen space and emigration exploded, the minimum average wages (according to Eurostat) was of 1,140 Euros in Belgium, 1,127 Euros in France, 1,008 Euros in Ireland, 571 Euros in Greece, 515 Euros in Spain, with 50,33 Euros Romania ranking last, even after Bulgaria (51,38 Euros)

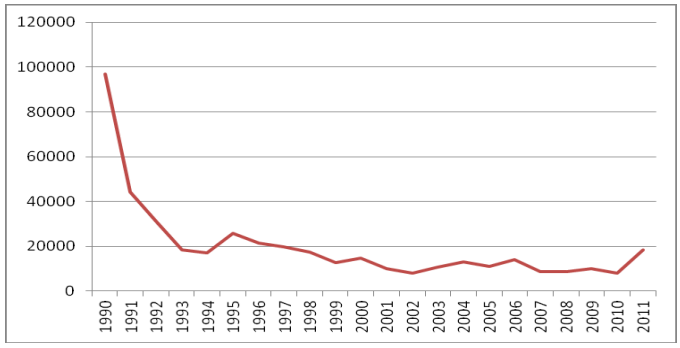

Fig. 4 – Dynamics of the number of Romanian emigrants (1990-2011)

2011 census – measure of Romanians' emigration amplitude

The map of the population dynamics between 1992 and 2011 (Fig. 5) highlights the general decline of the Romanian population during the last two decades in all counties, except for one: Ilfov, benefiting from the advantage of its proximity to Bucharest, the capital city of the country, a fact which has largely contributed to the development of its residential function. The southwestern part of the country clearly stands out due to its strong population deficit. Of course, we cannot ignore the negative role played on the general balance by a "modern" demographic behaviour (characterized by a strong tendency of efficiently controlling one's own descent, these areas being among the first of the country to rally to a western demographic mentality based on low birth rates).

At the same time, we must not forget that some of these areas (such as Alba, Hunedoara, Caras Severin) used to be industrialized to a great extent before 1989, while after this year secondary activities (especially heavy and mining industry) were very much restructured, causing serious subsistence problems to the local labour force, solved out either by returning to the origin areas they had once come from (through internal migration) or by making their way to foreign countries. The province of Moldavia also stands out as a typical area of population decline, especially when it comes to its southern part, already a traditional provider of emigrants after 1989. Of course, there are also Moldavian counties which have experienced a slighter demographic decline – Iaşi and Suceava are two counties which obstinately still preserve a certain demographic dynamism, which softens the migratory balance of the population. In some other cases, it is not the natural component of the total population balance that plays this positive role, but an economic vitality they enjoy, which makes them attractive to both investors and population (Timiş, Constanţa, Cluj).

In order to try to establish a correlation between the dysfunctionalities of the labour market and emigration, we made a hierarchical ascendant classification taking into consideration 7 parameters, summed up in Fig. 6. We identified 6 types.

Type 1 includes 7 counties: Suceava, Neamţ, Vaslui, Galaţi, Alba, Braşov and Brăila. It best resembles the average profile of the country. It is characterized by a slightly superior activity rate and a slightly inferior inactivity rate which, in the case of the Moldavian counties and of Brăila county can be explained by the very good representation of the primary sector, which explains the not very high ratio of economic dependence. However, these areas clearly show a predisposition to emigration, justified by the rather high unemployment rate deriving from the massive economic restructurings of some huge industrial units, which left hundreds of thousands of people without a job.

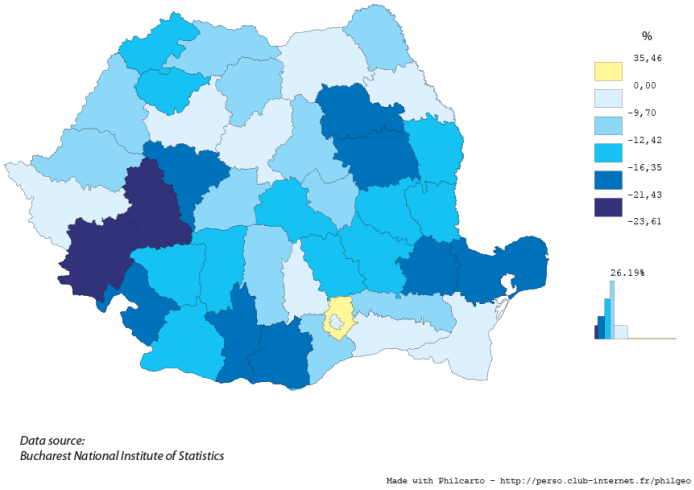

Fig. 5 – Romanian population dynamics (1992-2011)

Type 2, the most widely spread (15 counties), presents a remarkable spatial coherence, covering the most part of the southern, western and central part of the country. Their main characteristic is an emigration rate which is below the national value, either as a consequence of a certain economic dynamism induced including by significant flows of direct foreign investment (as in the case of Timiş, Bihor, Mureş, Sibiu, Ilfov counties) or as a consequence of a certain lack of

propensity for migration (as in the case of the southern counties - Giurgiu, Teleorman, Vâlcea, Gorj, which have more actively rallied to emigration during the last decade – [2]).

Type 3 includes only 2 counties in Muntenia (Ialomiţa and Buzău), their profile resembling the one of the previous type, with the distinction of a deeper discrepancy in comparison to the average national outline.

Type 4 comprises 2 counties (Bacău and Bistriţa Năsăud), whose population seems to be very keen on emigration in spite of an apparently more encouraging economic framework (with higher activity and employment rates, lower unemployment and inactivity rates and a lower ratio of economic dependence).

Type 5, including 9 counties and Bucharest, the capital city, is very much like type 4, the difference to the national average profile being however slighter. In certain cases, the smaller economic pressure on the active and employed population may be explained through a more diverse economic profile, many of these counties enjoying the presence of a big, economically powerful city (which could justify a less pregnant emigration behaviour – Iaşi, Argeş, Timiş, Dolj) or, on the contrary, through a traditional, conservatory mentality attached to a significantly rural population and economy (Vrancea, Botoşani, Satu Mare).

Type 6 circumscribes 6 counties which have a migratory behaviour that largely overlaps the national average. They are either counties which inherit former industrial structures that have raised lots of problems during the last years (Hunedoara, Prahova, Constanţa) or counties with a very little offering economic profile (Călăraşi, Covasna, Tulcea), which explains the relatively high unemployment rate.

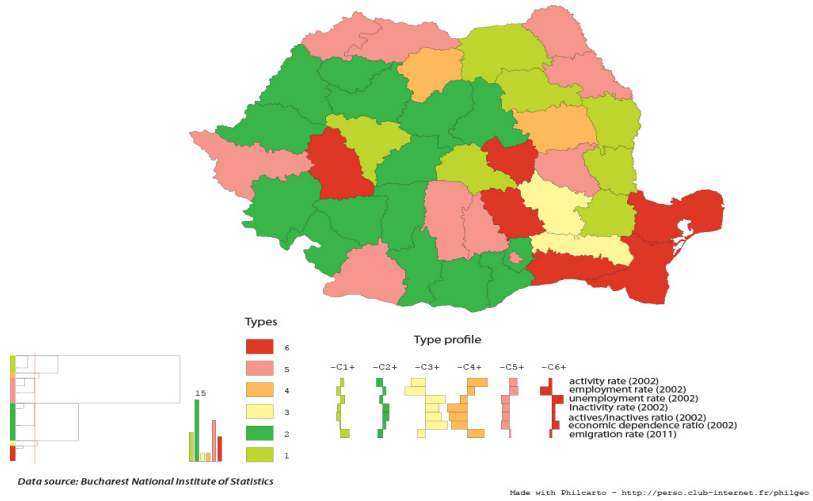

Fig. 6 – Hierarchical ascendant classification of counties by certain demographic and economic indices

Instead of conclusions...

Absent from the public discourse of the communist authorities (for which the socialist society was a perfect and not perfectible one), the leaving to work abroad became a genuine social phenomenon in this context, taking the form of an individual life strategy. The consequences are manifold, but they largely fall into two categories: positive and negative.

Among the advantages, we can mention the change for the better in respect of the emigrants' behaviour and mentality (including as regards their entrepreneurial spirit and psycho-social mutations [3]). However, the most palpable effect is undoubtedly represented by remittances [4], whose volume increase from 1.5 billion Euros in 2005 to 8.7 billion Euros in 2008 proves once again the large extent of the last decade's emigration flows.

However beneficial to the population's living standard, these positive facts are sadly rivalled by obviously negative effects, such as the most serious ageing process that more and more areas have to face, the deficit of active population, increasing incidence of divorce, dangerous psychological mutations. Of course, the most delicate issue is related to the large number of "Euro-orphans" who, beside an indisputable increase in their daily living standard, find themselves forced to experience a whole series of negative consequences that may leave deep marks on their psychic [5].

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Sparks of modeling resilient socioeconomic systems

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Abstract

The article aims at deepening existing approaches on the study of resilient socioeconomic systems. Specifically, it goes beyond previous accounts, building upon resilience core traits and considering adaptive cycles as integrated and innovative components of the social dimension.

Societies' multiple identities are deeply rooted in society's cultural and institutional foundations. They structure and decide the balance of socio-economic systems. Institutions aim to control mechanisms that induce their stabilization, conserving growth. Cultures and institutions have a memory that intervenes in the recovery of adaptive cycles, generated by the pursuit of equilibriums, as phases of evolution. Hazards trigger involuntary reactions and deliberate counter reactions. The latter ones are meant to offset risks and limit their recurrence. They pave the way from collapse to reorganization by directing the pulsations of human interaction networks, covering a growing range of hazards.

The analysis pays a particular attention to robustness and redundancy properties that are considered for modeling purposes and illustrated in fiscal and social protection systems. The results suggest that polycentric nested structures are more resilient and likely to stand the test of time if their equilibriums are based on balanced lower levels of organization. Balancing the development opportunities of territorial structures is a necessary step towards bridging the gap between developed and less developed regions. The endeavor increases the socio-economic resilience of the systems, by toughening the weak links of the chain. At the same time, as resilience is culturally driven, objectives, expectations and actions of society lead the way towards modeling a multilevel resilient society.

Keywords: Modeling, resilience, socioeconomic system, society foundations, robustness, redundancy

Modeling identity

Societies' multiple identities (also known as multiple stable attractors), are deeply rooted in society's foundations. Specific characteristics, such as race, ethnicity, tribe, caste, clan or class, together with rules that keep individuals together - customs, traditions and beliefs, represent the historical or cultural foundations of societies [1] . They impregnate the legal systems, marked by an ideology, a religious or political view on the organization of social and economic life [2], and generate a specific institution building, constituting the modern or institutional foundations of societies [1].

Evolution of human society is guided by its inertial forces, cultural and institutional foundations [3]. Any combination of the two defines a variety of patterns of socio-economic systems, each with its specific phase space. Modern institutions are designed as ranking systems, while dominant cultures are decided by the control of social institutions. Accordingly, institutions define the structure and quality of socio-economic systems, co-evolving with cultures.

Socioeconomic systems are dynamic and characterized by self-organization [4]. Their development involves multiple, reciprocated interactions on all levels, as part of nested networks. The infrastructure facilitates nested processes, with different time cycles and increasing spatial scales [4] [5]. Self-organization is a feature often ignored, even by development specialists: beyond the recognition of change needs and the introduction of new rules in society, one should count on the fact that the action based on old principles and attitudes, deeply rooted, would persist.

Under such conditions, the right approach to direct complex systems through human will "is to support and strengthen the self-organization and self-control of the system by mechanism design" [6]. Again, the institutions play a major role in development. They have to address objectives, expectations and actions of society, all part of the ideology meaning.

Promoting equilibrium

The ordering of multi-layered and disparate components of the system is achieved, as in any open system, by moving towards a state of equilibrium [4]. Equilibration comes naturally in the market economy or society. The difficulty is to advance a favorable balance.

Institutions are meant to control mechanisms that induce stabilization of the systems, conserving growth (foreloop). Automatic stabilizers are known as elements of fiscal policy moderating fluctuations of national production without involving discretionary government action [7]. ILO analyses show that "the increased expenditure on social and economic stabilizers has helped to save as many jobs worldwide as discretionary ad hoc stimulus packages" [8].

However, institutions bear the burden of their human design and management. They are flawed and can be used as extractive instruments [9]. When institutions fail, the balance is moving downwards, at the level strong enough to withstand the change, by absorbing or eliminating the weakest ones. In such a process, social progress is affected, because it depends on complex equilibriums with multiple conditionalities, generated by specific human needs, rights and aspirations.

It is only a significant input of energy, with certain continuity, which can move things towards a desired balance. Variation of energy brings changes, generates patterns and regularities in space and phase. Such alterations underlie reforms of society. They are initiated by a variety of factors with role in development, namely political, institutional, technological, cultural and geographical ones.

Cultures and institutions have a memory of their own [10] that intervenes in the recovery of adaptive cycles [11],generated by the pursuit of equilibriums, as phases of evolution. The study of pre-modern interaction networks reveals a series of expansions and contractions over time, termed pulsation, which makes the interconnectedness specific to human systems to integrate larger territories [5].

Hazards, threatening human systems, are manifestations of infusions or losses of energy. Beyond disturbances in systems' equilibriums, they trigger involuntary reactions, as well as deliberate counter reactions. Reactions follow the initial impulse, naturally, as energy reverberations, generating a pendulum effect to re-balance the system. Deliberate counter reactions are voluntary impulses that succeed events in the form of measures that offset risks and limit their recurrence. They pave the way from collapse to reorganization (backloop). Such reactions are manifestations of hazard awareness and relate to society's responsibility and ability to promote a better future for mankind. They direct the pulsations of the human interaction networks, which tend to cover a growing range of hazards. In this regard, the societies' evolution is similar to the network expansion over larger territories. All that is of interest to mankind falls within the scope of interaction networks, which tend to expand over time.

The emergence of the European Communities can be seen as a counter reaction, a less expected result of the Second World War. Beyond its economic justification, a system to prevent future military conflicts was needed. And the system bears fruit in promoting peace and cooperation among peoples.

Other examples of manifestation of counter reactions are occasioned by financial crisis, a risk affecting nations. Recently, the extent of the current crisis has accelerated collaborative processes to reduce future risks. And projects aimed at banking, fiscal and political union in the EU emerged. Likewise, the plans of rapprochement between the EU and Canada markets and the EU and the U.S. ones are just steps towards improving global economic governance and reducing crisis-specific risks.

Increasing resilience

Socio-economic systems are composed of nested sub-systems, embedded in the complexity of society. Accordingly, authority is based on multilayered institutions. The best-performing systems possess organization and planning cores, placed at different levels, which facilitate decision making. Corresponding analysis and information facilities also contribute.

Robustness and redundancy are properties of resilient systems [12]. They are in line with basic critical systems design, aiming to maintain system's function in the event of a crisis [13].

1.1 Robustness

A historical perspective of human interaction networks leads to a conclusion of great importance for the design of inclusive societies that all systems based on hierarchy reveal a pattern of growth and decline of powerful state formations [5]. It means, on the one hand, that layered, polycentric or nested structures (e. g.: multi-state, multi-regional ones) are more durable as associations inter pares, and, on the other hand, that whatever social construction, it is more likely to stand the test of time if it is balanced at lower organizational levels (sub-state). Such conclusions are largely spread by constitutional and political checks and balances, underlying modern states. Separation and balance of powers (hierarchies) provides a necessary systemic programming for guiding the authorities to act in the general interest of the many [14].

Balancing the development opportunities of territorial structures is a necessary step towards bridging the gap between developed and less developed regions, nationally and internationally. Such an objective is, firstly, in line with human rights and constitutional mandates of international institutions committed to human development (e. g.: UNDP) and social justice (e. g.: ILO). Secondly, it ensures a better use of human resources potential in the global economic competition. Thirdly, it creates conditions for a long-term future association inter pares. Fourthly, it increases the socio-economic resilience of the systems, by toughening the weak links of the chain.

The process is of pulsation type, reflecting the historical evolution of strengthening the cohesion of human interaction networks.

1.2 Redundancy

Generally, socio-economic systems have two main vital resources: people and money. Redundant traits can be identified in their administration, in well-developed systems.

The economies with the highest growth rate in the world have vast reservoirs of human resources, either within the country (e. g.: BRIC / China, India, Brazil and the Russian Federation), or in its immediate vicinity (e. g.: Hong Kong, Singapore, Taiwan). Other countries supplement their labor force resources through migration. Still, highly efficient economies, such as UK, Sweden and Norway, relying on immigration, display a chronic disability and keep approx. 40% young unemployed (Eurostat). Wealth is providing a cushion that only social order and education, tradition based or institutionally nurtured, can confront.

The collection of revenues from companies and individuals, and the redistribution of income and wealth, are performed by all countries. In the US, the Internal Revenue Service (IRS) collects the revenues that fund the federal government. IRS has developed alternate paths to achieve results, making some operations, facilities and command centers redundant [15]. Critical services to the government and the economy must not be disrupted.

Another redundancy feature is expressed by the universality principle in the provision of social benefits. The Scandinavian countries advocate universal inclusion, 'de-familializing' welfare responsibilities by differentiating individuals within households [16]. In a society committed to up-holding human rights and ensuring equity and justice, the risk of failing to meet social needs is not worth taken. Resilience is culturally driven.

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The weee management in Romania in the context of economic resilience

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Abstract

The use of electrical and electronic equipment has risen significantly in recent decades, especially due to the development of information technology and communications. The large amount of gadgets available on the market can be correlated with rapidly decreasing of prices, a phenomenon known as obsolescence. The volume of waste electrical and electronic equipment (WEEE) has an increasing trend and it is considered as one of the fastest waste streams growing manifested in Europe. Also, waste electrical and electronic equipment is one of the priority flows in waste management because it generates significant challenges.

The paper presents the concept of waste electrical and electronic equipment (WEEE) according to the literature and legislation. The focus of the article is the Romanian WEEE situation presented in the context of economic resilience. Waste management is presented and analyzed in amount of electrical and electronic equipment put on the market, collected and then recycled WEEE .

Keywords: waste electrical and electronic equipments (WEEE), WEEE management system, economic resilience.

Introduction

The problem of waste management of electrical and electronic equipment is becoming more acute in Romania due to increased quantity and diversity of their negative impact on the environment and health, but also because of the obligations undertaken by the legislation in force. In this aspect, reference is made to Directive 2002/96/EC, which was reformed and ended with the publication of the new Directive 2012/19/EU of the European Parliament and of the Council of 04 July 2012 on waste electrical and electronic equipment, still not been transposed into Romanian legislation. In the last two decades, the number of environmental policies and legislation underwent substantial changes on the environment and its protection. Although progress has been made in waste management, Romania has large amounts of waste still remain unmanaged.

The connection between economic resilience and weee management system

1.1 *Defining concepts as resilience and sustainable development*

The term resilience is defined in Larousse dictionary as mechanically different materials which withstand to external shocks and return to the original state. Etymologically, the word derives from the Latin verb salio, -ire, which means to jump, leap, accompanied by the prefix re- , meaning counter back.[7] Only since the 70s, this concept has been used in a metaphorical sense to describe systems that are experiencing various disturbing factors and undergoing various periods of imbalance, with the ability to withstand and return to the original state.[2]

In the socio-economic domain, the concept of resilience has been associated with sustainable development. Sustainable development is explained by the International Institute for Sustainable Development as ‘’a development that meets the needs of the present without compromising the ability of future generations to meet their own needs’’. [8]

Resilience is also defined as the ability of a system, community or society to resist at changes. This is determined by the degree to which the social system is able to self-organize and its ability to increase the capacity for learning and adaptation, including the capacity to recover from a disaster. [7]

1.2 WEEE management - Economic and legislative resilience

For Romania, the resilience proved to be a challenge to the new rules regarding the WEEE management system, especially by trying to align to the other European countries. Being one of the emerging states of EU, Romania has the profile for the developing countries. According to the World Bank and specified in 2012, the countries defined as developing have a gross national income (GNI) of US $ 11,905 and less. It is very hard for

an emerging state to keep up with other developed countries taking into account the national budget. However, Romania has managed the situation of WEEE within the budget.

The amount of electrical and electronic equipment (EEE) sold in Romania has increased progressively in recent years, growth rates being slowed after 2008 only by the economic crisis. [1]

Technical progress and increase of living standards are important causes of the high rhythm of growth of WEEE generated every year regionally, in Europe and worldwide. Managing this category of solid wastes needs a specialized collecting, transport, treatment and final disposal system. [5]

EU legislation promotes the collection and recycling of waste electrical and electronic equipment and provides for the creation of collection schemes where consumers return their used waste equipment free of charge. [6] Directive 2002/96/EC of the European Parliament and of the Council of 27 January 2003 on waste electrical and electronic equipment has been in force since February 2003. The Directive contains the categories of EEE that become wastes and they are found in table 1:

Table 1. Categories of electrical and electronic equipment (EEE)

Category 1	Large household appliances
Category 2	Small household appliances
Category 3	IT and telecommunications equipment
Category 4	Consumer equipment
Category 5	Lighting equipment
Category 6	Electrical and electronic tools
Category 7	Toys, leisure and sports equipment
Category 8	Medical devices (exception of all implanted and affected products)
Category 9	Monitoring and control instruments
Category 10	Automatic dispensers

Source: www.anpm.ro

The WEEE Directive currently sets a rate of separate collection of at least four kilograms per inhabitant and year of WEEE from private households.

The Directive 2002/96/EC will be repealed from 15 February 2014 and will be replaced by Directive 2012/19/EU on waste electrical and electronic equipment (WEEE) which introduces stepwise higher collection targets that will apply from 2016 and 2019.

Waste electrical and electronic equipment presents a risk to environment because of its hazardous components. In our country there are regulations on hazardous substances from electrical and electronic equipment, stipulated in Directive 2002/95/CE. Generally, WEEE contain over 1.000 substances, which can be both dangerous and non-dangerous in what regards the impact they have over the environment and human health. [4] The materials used can be ferrous (iron, steel) and non-ferrous metals (copper, aluminum, precious metals such as silver, gold, palladium etc), plastic, glass, wood, ceramics, silicone and others. The presence in the composition of WEEE of items such as mercury, arsenic, cadmium and selenium explain the inclusion of these solid wastes in the category of dangerous waste with special diet. [3]

The WEEE management system

1.1 The responsibility in WEEE management

According to the Implementation Plan for Directive 2002/96/EC, the responsibility for achieving collection targets go to the economic operators (manufacturers and importers), local authorities, Ministry of Environment and Waters Management and Ministry of Economy and Trade [9]. WEEE management is assured also by National Agency for Environment Protection, National Environment Guard, National Authority for

Consumer Protection and not least by consumers, which have the role to separate collection and delivery of the wastes to organized collection systems.

Statute and operating mechanisms of collective systems vary from case to case, but in most cases the collective system is supported by NGO (Non- Governmental Organizations) sector or by specialized companies and non-profit organized and specialized according to main categories of WEEE, of which management appears in the object of activity. [1]

In Romania, several organizations took responsibility for the annual objectives of separate collection, reuse, recycling and recovery of waste electrical and electronic equipment. The following organization obtained operating licence for WEEE management: ECO TIC Association, Romanian Association for Recyclig RoRec, RECOLAMP Association, ENVIRON Association, CCR LOGISTICS SYSTEMS RO S.R.L., ECOPOINT Association and ECOMOLD Association.

WEEE collection from households in Romania is organized through three collection channels: by organizing a collection day at fixed dates from the population, by giving back to the store the old equipment when purchasing a new one (free take-back system) or by giving it directly to the municipal collection centers. [1]

1.2 EEE and WEEE

1.2.1 Statistics on quantities of electrical and electronic equipment (EEE) put on the market

Regarding the amount of EEE put on the market, the analyzed period is 2005-2010. In Table 2 we can observe an uptrend, a sign that the market offers more and more products from year to year despite the economic crisis that began to emerge after 2008.

Table 2. EEE put on the market (kg per capita)

Year	EEE put on the market (kg per capita)
2005	-
2006	6,5
2007	8,7
2008	11,3
2009	15,8
2010	17,1

Source: epp.eurostat.ec.europa.eu (Eurostat), accessed on 05.02.2014

Across the 6 years taking into consideration for the analysis, the total quantity put on the market was 59.4 kg per capita.

1.2.2 Statistics on collected waste electrical and electronic equipment (WEEE)

In 2005-2010, there was collected a quantity of 4,3 kg per capita. The trend of the amount of collected WEEE registered an increasing in 2005-2009, but in 2010 there was a decrease of 0.6 kg per capita compared to 2009 as can be seen in Table 3.

Table 3. Collected quantity of WEEE (kg per capita)

Year	Collected WEEE (kg per capita)
2005	-
2006	0,1
2007	0,2
2008	1
2009	1,8
2010	1,2

Source: epp.eurostat.ec.europa.eu (Eurostat), accessed on 05.02.2014

We can assume that in 2010 the population was not provided for collection an amount so large, a sign that they kept the old equipment or the entire amount of WEEE has not been declared using informal methods for the equipment reception.

1.2.3 *Statistics on recycled and reused waste electrical and electronic equipment (WEEE)*

The collected amount of WEEE decreased in 2010 compared to 2009 which generated a small amount of only 1 kg per capita of recycled WEEE in 2010 as shown in Table 4. The total WEEE recycled amount in 2005-2010 period was 2,7 kg per capita.

Table 4. Total recycled and reused quantity of WEEE (kg per capita)

Year	Total recycled and reused quantity of WEEE (kg per capita)
2005	-
2006	-
2007	0
2008	0,3
2009	1,4
2010	1

Source: epp.eurostat.ec.europa.eu (Eurostat), accessed on 05.02.2014

Conclusions

Romania is making great efforts adapting to legislative changes, to the existing rules concerning waste electrical and electronic equipment, the evolution of the market and what it offers. So far, a small fraction of such waste put on the market was then collected and recycled. Recycling targets under Directive 2002/96/EC are not accomplished yet and most likely will be close to fulfillment when the target collection is reached at least 4 kg per capita. For now, according to statistics provided by Eurostat, it was collected only a quantity of 1, 8 kg/capita in 2009 and 1, 2 kg/capita in 2010. A solution to increase collection and recycling it may be the application of economic instruments such as fees, fines and penalties.

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Professional judgment of the financial analyst in the context of normative and positive theories of accounting directed by the economic resilience

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Abstract

The professional judgment develops multiple understandings when taken into consideration the positioning of the financial analyst into an economic dimension integrated in the aggregation of extended ramifications of the society.

Throughout the content of this paper we aim to punctually highlight the modulations that appear in forming the professional judgment of the financial analyst starting from the positive expression of an explicit demarche made in the accounting field and continuing with the normative character imposed by the corpus of the activity performed.

The emergence of accentuating these aspects derives from the two faces of the presentation of accounting theories that support significant alterations through the analysis of the professional judgment framed as time and space in a sinusoidal progressive specter generated by the economic resilience.

Keywords: Financial analyst, positive and normative theory, economic environment, financial and social mutations, economic resilience.

Introduction

Through this paper we aim at exposing an overview of forming the professional judgment of the financial analyst considering an exhaustive background for the normative and positive theories of accounting directed by the economic resilience.

The financial analyst, a true user of the digits, uses the instruments that are generated by the vast area of domains and filters the information in order to create a proper decisional mechanism suited for the organization in which he activates. This decisional mechanism is distinguished by a high level of accuracy and rigor so it represents the mechanism that supports the activity.

The association of concept represents a "mutation of concept relocation" [1] and requires a short brief of their incorporation in the environments that have assimilated them.

Progressive vision over the professional judgment of the financial analyst

1.1 Defining the concept of professional judgment

The notion of "judgment" defines a set of related logical reasoning that have as goal the issuance of conclusive results for the activity it conducts. The construction "professional judgment" indicates a cognitive demarche based on factors that support the creation of a correct decisional structure.

1.2 The purpose of the financial analyst and the factors with reformation character in issuing a financial judgment

The professional reasoning of the financial analyst is identified as a way of critical, reflective and purposive reasoning [2].

Professional judgment has known several labeling from which a different approach is distinguished – that labeling by social and informational influences (at the level of individual that does not need a group) and the social normative (associated to group ideas).

Accordingly to this influences, the professional judgment can create a stronger individual argument or can push the analyzed subject in complying with the majority's opinion [3].

Taking into consideration the above mentioned influences we propose a number of factors involved in the activation, maintenance and progressive development of the professional judgment of the financial analyst:

- Psychological factors
  - Factors related on one side to the human nature (behavioral features, qualities obtained or born with, related to the financial analyst interactions with the organizational environment and the activity performed);
  - Factors related on the other side to the economic and social environment (influences of local markets, of globally transitive phenomenon);
- Deontological factors of legislative nature (Ethical Code, internal regulations based on professional judgment, job description);
  Ethics represent a mandatory element in forming a professional judgment, stating that ethical practices lead to expansion of the business environment [4].
- Historical factors (succession of economic character elements, types of governance, evolution of the state and environment);
- Economic factors (periods of crisis, recession or increase, specific indicators).

On an evolutionary scale, the purpose of the financial analyst is specialized, meaning that the financial analyst is found, as a profession, in a small area of industries, fact explained by a large number of information that he has to process [5].

1.3 General and specific responsibilities of the financial analyst

The activity of the financial analyst is divided on several types of responsibilities.

1.3.1 From the general responsibilities we name:

- respecting the internal rules manual of the company;
- respecting the quality and environment plan and procedures specific to the job and those that ethically interact in order to act properly in its activities;
- assuming and respecting the law in force in the health and security field and the measures needed for compliance and acting in a manner that does not expose to danger, accidents of professional sickness both itself and other personnel that can be affected by his actions or omissions during the course of work;
- Leading, motivating, developing and supervising the activity of subordinates in order to act efficient in fulfilling the general requirement for the direction that he coordinates.

1.3.2 Specific responsibilities are related to the following:

- the financial analyst attends and makes recommendation in the financial planning and budgeting processes in accordance with the internal rules and regulations and assures the control of agreed budget variations in order to monitor the financial performance on cost centers and projects for substantiating the measures in a proper manner;
- provides monthly or as required macro-economic analysis and financial reports regarding the board indicators;
- issues scenarios and cost-benefit analysis in order to develop and underlie recommendations for improving the company's financial performance;
- provides expertise and counseling for team members in order to assure a good course of the activity, develops team's ability and improves the performance;
- Designs and proposes for approval new procedures or improved procedures in order to increase the efficiency of the company;
- Applies and uses various ways for extraction and consolidation of the accounting information from the accounting system and internal reporting information and responds to occasional or periodically reporting for the management, external auditors or authorities.

The financial analyst issues reports monthly or whenever necessary, attends the budgeting process, tracking the realization of the budget, performs economic and financial analysis of budgets and investment plans.

The financial analyst uses accounting information and has an extended vision over the environment in which he activates, holding information regarding the market both globally and individually, trading market and future label markets (virtual – the appreciation of the new type of currency – bit coin [6], etc.).

The concept of economic Resilience

Resilience, as primary definition, followed a psychological path and was alliterated by Boris Cyrulnik, a French Doctor, as being the positive capacity of people to cope with the stress and adversity [7].

Subsequently, the concept of resilience knew a major extent of doctrinal applicability and currently is used in a multiple areas like economics, ecology, engineering, construction and other domains.

As we look at the resilience as a unitary whole consisting in more likely from ordinary processes rather than extraordinary processes [8] we can appreciate this concept as being a positive economic quadrant, completed by elements with a reforming character. These elements are presented in the ordinary economic environment, the process of reforming being nothing but a self-regulating system of existing resources (Fig. 2).

Economic resilience, in this paper, represents the capacity of the economic quadrant to adapt at shifts that intervene in this environment. These shifts imply an entire evolutionary process and affect the practical and theoretical basis of both the positive and normative theories.

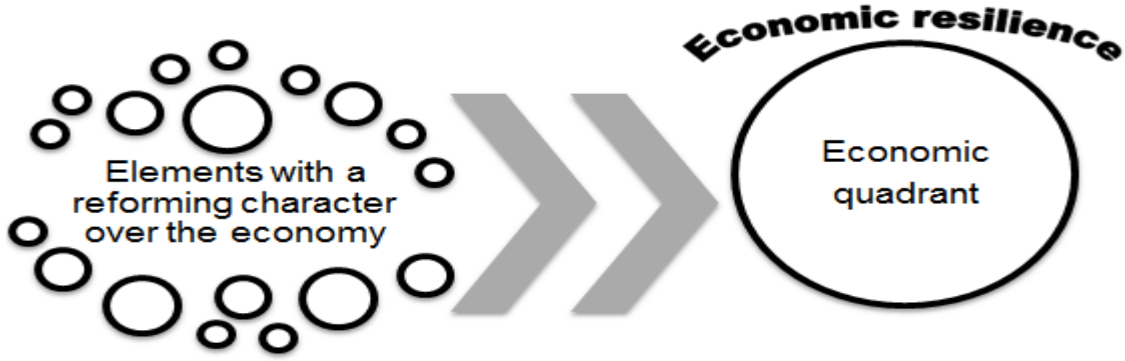

Fig. 1 The reformed space of economic resilience

1.1.1 The process of resilience in an environment with a readjusting character

We propose the following versions of environmental reactions in the moment when the resilience process is activated:

- The resistance based on the impact of the phenomenon that creates the shock over the economic environment;
- The recognition activity of the newly born phenomenon and the factors that determined it;
- Positioning the newly created phenomenon inside a negative or positive posture;
- Identification of consequences generated by the entrance in the environment of a disturbing factor;
- Looking for possibilities of elimination or containment of phenomenon's action, when it has a negative impact;
- Embedding the components that developed subsequently as result of a symbiotic process between the environment and the phenomenon in order;
- Maintaining the positive result obtained and the attempt to develop activities on an increasing trend using as basis the adaptation to the new circumstances.

Considerations regarding the professional judgment of the financial analysts in the context of positive and normative accounting theories

1.1 The positive theory acknowledgement

The positive theories relate to the exposure of phenomenon as it is, without a previous processing of content, without applying a subjective mark.

The positive theories are characterized throughout the inductive judgment and express the emerging of pure accounting explanation.

Briefly exemplifying the positive theories we name the Theory of Agency [9], the Theory of Positive Economics [10], the Transaction Cost Theory [11], etc.

The representatives of the positive current have the excessive tendency towards classification and organization considering that these attributes lead to the development of science [12].

1.2 The normative theory acknowledgement

The normative theories have as starting point certain standards and principles that delimitate, in context, the development of a guide that comprises the accounting practices and procedures. In these theories the deductive judgment is used, having as purpose obtaining some improvement of the environment described.

Briefly exemplifying the normative theories we name the Theory of Efficient Capital Markets [13], the Theory and Measurement of Business Income [14], etc.

1.3 The professional judgment of the financial analysts in the context of positive and normative accounting theories

The professional judgment of the financial analyst in the context of positive theories of accounting refers to the operational/decisional board issued at organization level throughout the positive filtering of the financial statement information.

Through the positive filtering we understand the assimilation of information taking into consideration a reality highlighted by the features of the financial statements.

The exposure of these information results from the previously established character of the financial statements through the objectives and limits stated in the legal framework.

In this process the interpretation capacity as other qualities related to the expression of professional judgment of the financial analyst does not interfere with the objective collection of data.

Moving into another register, the involvement of the financial analyst in shaping the data obtained, in interpreting the sets of indicators (job description, information in setting a strategic and operational corpus within the company) through filtering by own judgment and through subjective action over the financial statements generate a structure individualized by the normative theories of accounting.

Creating an abstracting of the concepts of "professional judgment" and "normative character" of the accounting theories we can state that there is a slight tendency of equalization of these theoretical build-ups (Fig. 1)

This equalization appears due to understanding the professional judgment as an element of professional conduct pre-established in normative acts.

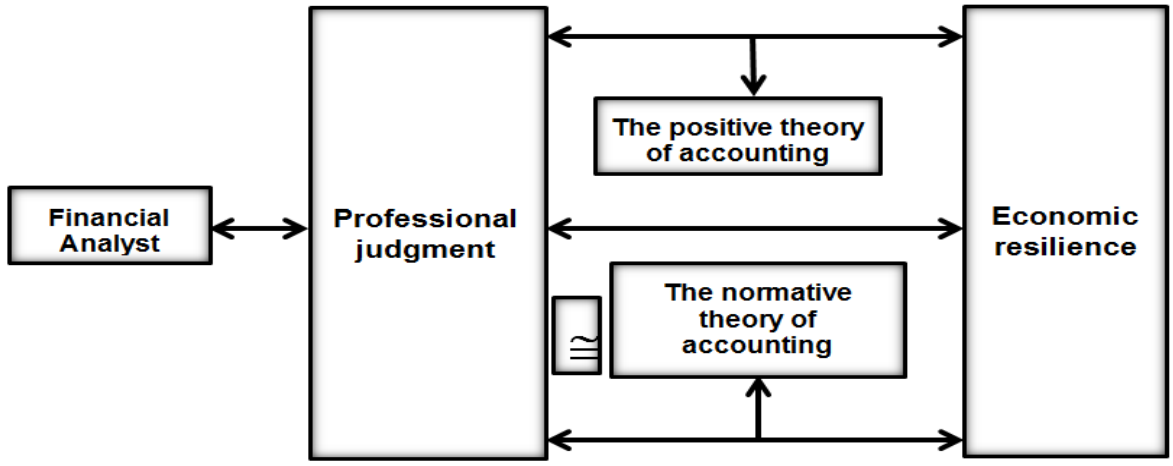

Fig. 2 The flow of judgment in economic resilience

Conclusions

The inclusion of the financial analyst in a community with high argumentative nature does nothing but to strengthen the idea that both the individual development and the group development lead to the harmonization of knowledge at the level of the company. A positive result of this aspect is the positioning on an ascending and optimistic trend.

The risks taken no longer represent a balanced load but a careful orchestration of all information at a pragmatic level on one side and a result of "rhetorical cognition productive process" on the other side [15].

In resilience given conditions, no matter the approach (through positive or normative theories), the information in use takes modifications, meaning that independently from the ways of understanding and analysis of the circumstances, the economic dimension is adapting as its action over the newly emerged phenomenon.

Although perceived as analytic and descriptive toolkit, the applied theories develop dynamism with a continuity feature leading to the enhancement of the scientific research world-wide.

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Resilient(ic) se raconter sur l'internet : ritualites numeriques et resilience

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Abstract

A large part of disabled people confront the situation of isolation in terms of communication. Finding a place of liberating and aggregative words is a groping process. The problem of finding such a place, a space without risks, in which we can all meat each other without risks of mix contacts or discrediting is arising. We consider that Internet can be such place.

Our view will focus on an Internet devise dedicated to people and their closed ones diagnosed with Guillain Barré syndrome: what rests after medicine interventions? What could be the role of a public testimony posted in a public web site? Can this provide a framework for assisted resilience?

Key words: digital resilience, communication, sickness, disability.

Etat de l'art

Il est certains cas où la guérison ne signifie pas la fin du mal à dire, empêchant ou du moins fragilisant le travail de reconstruction de soi.

Le handicap lui-même et ses stigmates ne sauraient se réduire à un état physiologique. Goffman [1] a parfaitement décrit certains usages sociaux de personnes aujourd'hui dites, en France du moins, en situation de handicap. Ces dernières ayant recours à d'habiles stratégies de présentation de soi afin de ne pas se retrouver discréditées, en situation d'interaction. Elles peuvent ainsi chercher à éviter certaines situation à risque, telles les contacts mixtes, « (…) *instants où normaux et stigmatisés partagent une même « situation sociale* » (…) » [1]. La norme étant celle du plus grand nombre, les personnes en situation de handicap se retrouvent donc en situation d'isolement communicationnel (nous parlons ici de véritable intercompréhension et non d'information ou d'interaction). Le lieu de la parole libératrice et agrégative se cherche à tâtons. Gardou [2] parle d'un autre état de danger, à propos du non-lieu de vie de personnes meurtries : « *Vouées au manque de place, par incompréhension, peur, abandon ou rejet, elles sont maintenues dans une position indéterminée. Dans un ailleurs. Dans un nulle part. Dans une sphère sociale indéfinie où se jouent des relations ambiguës. Dans un espace d'errance.* ». La problématique du lieu, de l'espace sans risque, se pose donc pour permettre à certains de se retrouver et de se raconter, ensemble, sans risque de contact mixte et de discrédit. Cette problématique est d'autant plus aigüe lorsqu'il s'agit de rassembler des individus « singuliers de la même singularité », épars géographiquement qui plus est.

Resterait donc à penser un lieu qui ne serait pas régi par des lois conventionnelles, une utopie réalisée, une hétérotopie [3], un « ailleurs-ici- et-maintenant ». Hert [4] semble nous indiquer que le lieu que nous cherchons est tout trouvé : Internet.

Précédemment, nous avons eu recours à l'approche microsociologique de Goffman pour avancer une première idée, relative aux modes de communication des personnes en situation de handicap.Cet auteur est bien plus connu pour son analyse des rites d'interaction [5]. Ces derniers peuvent être intégrés dans un cadre général, une théorie du lien rituel [6] : « *Les pratiques rituelles dans leur ensemble peuvent être considérées comme des instances de médiation de première importance, constituant des contextes de communication complexes et complets.* ».

Cependant, si l'Internet fournit sans conteste un cadre hétérotopique favorable à un récit de soi - condition de résilience, comment aborder cet espace ? Quels rites d'interaction s'y pratiquent-ils ? Amato et Boutin [7] apportent de consistants éléments de réponses. Mais sont-ils toujours robustes en toute situation, dans notre cadre d'étude ? Quelles sont les formes de ritualités numériques mobilisées par des individus que des tragédies personnelles ont réunis ? En quoi ces ritualités numériques portent-elles les ferments d'une résilience, au-delà d'une guérison froide et déshumanisante ?

Notre regard va se porter sur un forum de discussion dédié aux personne et proches d'individus ayant été, ou étant, atteints du syndrome de Guillain Barré : que reste-t-il après que les troubles pris en charge par la médecine ne soient repartis ? L'individu a-t-il pour autant pleinement recouvré son statut de sujet ? Quel peut-être le rôle, le cas échéant, d'un Dispositif Socio-Technique d'Information et de Communication (DISTIC) ? S'agit-il de témoigner ? [8]. En quoi peut-il fournir un cadre de résilience assistée ? Nous nous proposons d'apporter quelques éléments de réponse au travers d'une analyse nethnospective [7].

La résilience, appréhendée de façon dynamique, peut être considérée comme un processus qui permet à un individu ou à un groupe humain (familial, communautaire, organisationnel, etc.) de faire face suite à un événement traumatique ou stressant (selon l'orientation théorique du chercheur). Ce point de vue est d'importance car il se centre sur la mise en mouvement de la résilience, à appréhender de façon systémique. L'individu est en interaction avec un environnement. L'approche peut devenir situationnelle.

Récemment, le périmètre du concept de résilience a été considérablement élargi. S'il avait préalablement été restreint à des contextes exceptionnels (catastrophes naturelles, actes de violence, accidents de transport, accident écologiques majeurs…), Ionescu [9] l'utilise aussi dans des situation de « tracas du quotidien » qui provoquent des retentissements sur le bien-être psychologique, tels que les embouteillages.

Pour notre part, nous nous intéressons tout particulièrement ici à certains événements pathologiques de nature somatique. Certains d'entre eux sont vécus de façon extrêmement violente et, une fois la guérison advenue, des traces pas toujours visibles peuvent subsister. La prise en charge thérapeutique s'intéressant bien souvent au cure qu'au care, l'ancien malade devient impatient de se dire, quand seuls ses symptômes intéressent le corps médical. Aussi semble-t-il qu'une forte part d'indicible ou de non audible soit un frein à l'expression de son mal-être.

Parmi les pathologies répondant à ce type de critère, l'une d'elle a retenu toute notre attention. Il s'agit du syndrome de Guillain Barré. Dans sa forme classique, il apparaît dans un premier temps en présentant différentes caractéristiques cliniques : faiblesse musculaire qui survientsubitement, diminution des réflexes, problèmes sensitifs (picotements par exemple)… Dans un second temps, les troubles deviennent généralement extrêmement invalidants et peuvent aller jusqu'à la paralysie. Dans certains cas, les muscles permettant la respiration sont atteints. A l'hôpital, l'objectif est d'empêcher la dégradation neurologique. Il est alors question d'agir sur le corpset la dimension psychologique de l'atteinte n'apparaît pas comme systématiquement prise en compte. Pourtant, « L'évolution des paralysies et la perte progressive d'autonomie crée un état d'anxiété et d'inquiétude. L'état du malade peut se degrader très vite nécessitant des mesures de réanimation impressionnantes (intubation, monitoring du rythme cardiaque). Le découragement et le renoncement peuvent s'installer, surtout lorsque les progrès tardent à arriver, et qu'il existe des séquelles potentielles. Un soutien psychologique peut donc être nécessaire pour le malade et ses proches. » (Repéré le 4 février 2014 à https://www.orpha.net/data/patho/Pub/fr/GuillainBarre-FRfrPub834.pdf). Le plus souvent, dans un troisième temps, les victimes de ce syndrome recouvrent leurs aptitudes physiques au bout de six à douze mois. Il s'agit de la phase de récupération. Ce temps qui voit disparaître les symptômes handicapant peut se vivre en centre de rééducation. Mais au bout du compte, quand la « boucle est bouclée », l'événement laisse un souvenir violent et il semble que les anciens malades isolés dans leur corps éprouvent le besoin de se raconter, en même temps qu'ils entament ou poursuivent leur travail de reconstruction. Ni valides, ni handicapés, ils sont d'anciens handicapés, plus totalement valides, ils sont à la recherche d'un nouvel équilibre, dans un entre-deux éprouvant. Cet état n'est pas sans rappeler la notion de liminalité [2] qui, en se basant sur l'anthropologie culturelle, fait des personnes handicapées des sujets liminaux. Un équilibre est à pour eux à (re)trouver. Cet équilibre peut passer par une nouvelle reliance, par la recherche d'une agrégation avec les membres du groupe virtuel de ceux qui ont déjà subi pareille épreuve. Le processus décrit emprunte ici aux « rites de passage » décrits par Van Gennep [10] : l'individu est séparé du groupe (cf. irruption de la maladie, mort symbolique), puis isolé (cf. hospitalisation, état d'entre-deux à l'issue incertaine), et enfin réintégré (réincorporation dans le groupe, renaissance rituelle). Mais s'agissant du syndrome de Guillain Barré, c'est à dire d'une maladie rare (i.e.affectant un nombre restreint d'individus), les relations de pair à pair ne sont pas des plus aisées pour les personnes qui se retrouvent alors isolées IRL (In Real Life). Pourtant, il semble que ces relations, en même temps qu'elles facilitent la renaissance rituelle, permettent la construction d'une nouvelle identité. Cette étape de parcours de résilience apparaît comme fondamentale : « Si la résistance permet le maintien identitaire, la résilience quant à elle suppose toujours plus ou moins une forme de conversion identitaire. Le sujet au terme de son parcours revient certes à lui-même mais il se perçoit néanmoins comme différent de ce qu'il était avant le fracas. L'individu engagé dans un tel itinéraire résilient attend d'être considéré par son entourage pour ce qu'il devient. » [11]. L'expression d'un chemin de résilience, témoignage pouvant aller de la maladie jusqu'au « né au soi », peut permettre l'accompagnement de l'évolution personnelle. Aussi, le récit de soi peut devenir écriture-soin [12] et accompagner le mieux-être, dans le cadre de maladies somatiques : « On ne peut énumérer ici tous les travaux aboutissant à la même démonstration : l'écriture aiderait au soin de bon nombre de maladies somatiques. Certains malades le sentent intuitivement et affrontent la maladie grâce à l'écriture. Lagarde a rédigé son journal accompagné de photographies dès l'annonce de son cancer du sein. Elle envisage l'écriture comme un « accompagnement ». ».

Pour autant, des résistances (pudeur, mésécoute, recherche d'une véritable intercompréhension…)peuvent empêcher le discours autobiographique. Pour certains, la condition de production de celui-ci sera dans l'expression aux pairs, à ceux qui partagent un bout de vécu commun.

Comment, alors, se raconter à des pairs alors que l'on a quitté les murs de l'hôpital ? La prévalence du syndrome de Guillain Barré semble interdire les rapprochements de pair à pair, amoindrissant le caractère performatif du rite d'agrégation et, par la même, de la renaissance dont il s'agit ici. Ce rite peut, semble-t-il alors, se vivre sur un mode numérique, grâce aux Nouvelles Technologies d'Information et de Communication (NTIC). Pour Tisseron [13], la question d'un usage résilient des espaces numériques se pose effectivement : « L'environnement proche de chacun est organisé autant, si ce n'est plus, par des centres d'intérêt partagés via Internet que par un critère de proximité physique. Au désir d'intimité comme valeur motrice du XXe siècle s'est substitué le désir d'extimité [défini comme la volonté de partager ses expériences les plus personnelles avec tous ceux qui ont pu en avoir de semblables, même si aucun lien de contact physique réel ne confrontera jamais à eux.».

Divers éléments convergents nous poussent donc alors à considérer les différents modes du récit de soit sur l'Internet (l'exemple du blog étant sans doute ici emblématique [14] comme autant de modes de résilience assistée. Comme le discours centré sur soi y prend-il forme ? Permet-il la création d'une véritable « identité narrative » ? Quelle est la place de la narration, de l'inscription de la personne dans sa production discursive ? Telles sont les questions qui nous ont conduit à analyser un espace Web d'information sur le syndrome de Guillain Barré (http://sgbfrance.free.fr/), mais aussi d'échange autour de cette maladie. En page d'accueil figure un témoignage, le dernier qui a été posté dans la rubrique dédiée, présentée sous forme de liste. Figure aussi le nombre total de témoignages postés depuis la mise en ligne du site, ainsi qu'une invitation à raconter sa propre expérience ou bien celle d'un proche, victime de la maladie. Un autre espace d'expression est disponible, il prend la forme d'un forum de discussion ouvert ou chacun peut alors échanger avec tous. La place allouée au témoignage par le dispositif étudié nous a semblé supérieure à celle du forum. Aussi, la page d'accueil constitue un passage obligé, une porte d'accès au reste de l'espace post-liminaire, elle détermine un sujet unique (vs. le forum où les discussions peuvent porter sur les traitements de la maladie, ses séquelles, etc.). La dimension rituelle de ce récit nous est apparue comme concomitante à l'amorçage d'un travail de résilience assistée. Aussi, la comparaison de ces récits peut avoir du sens dans la mesure où témoigner et non de discuter autour de sujets divers préfigure une unité thématique. C'est pourquoi nous nous attardons particulièrement ici à cette forme de ritualité numérique, récit de soi particulier et porteur, potentiellement, d'un mieux-être souhaité, d'une renaissance à un autre soi-même.

Question et problématique de recherche

Une des questions qui se posent est la suivante : un Dispositif socio technique d'information communication peut-il fournir un cadre neutre permettant la libre production d'un récit de soi ? En d'autres termes, certains espaces numériques permettent-ils vraiment de se produire par les mots et d'avoir le contrôle de cette production narrative. Cet aspect là nous paraît d'importance : les individus ayant perdu la maîtrise d'un épisode de leur vie doivent pouvoir être assurés de produire le discours qu'ils veulent. Cette question, au delà des apparences, est loin d'être anecdotique. Nous avons donc cherché à amorcer une réponse en nous basant sur une étude du terrain que nous avons sommairement décrit.

Une première lecture flottante a semblé faire émerger une impression. Les témoignages paraissent présenter des traits communs en termes d'identité narrative [15] et cela peut sembler conforme aux attentes. Par contre, cette simple lecture semble révéler une forme de mimétisme stylistique : de nombreux témoignages ressembleraient, du point de vue du style, à ceux qui les précèdent. Sans qu'il nous soit permis d'être catégorique sur cet aspect, ceci nous pose problème. En effet, si pour Ricoeur [15] le sujet est une histoire, pour d'autres auteurs, il est aussi un style [16]. Aussi envisageons-nous qu'un élément venant altérer l' « identité stylistique » d'un individu en viendrait à en altérer un travail de résilience en cours. Les prémisses de cette hypothèse méritent d'être vérifiés.

Méthodologie mise en oeuvre

Nous avons téléchargé les 106 derniers témoignages sur le site http://sgbfrance.free.fr/ . Chaque témoignage a fait l'objet d'une analyse de contenu.

Nous choisissons alors de caractériser chaque témoignage en fonction de différentes variables qui dépassent la seule dimension stylistique. Ainsi prenons-nous en compte :

- Le style d'écriture : narratif, énonciatif, descriptif, argumentatif ;
- La mise en scène : dynamique, ancrée dans le réel, prise en charge par le narrateur, prise en charge à l'aide du « Je » ;

- Le type de verbes utilisés : performatifs, statifs, déclaratifs ;
- Les types d'adjectifs : objectifs, subjectifs, numériques ;
- Les types de pronoms utilisés : je, tu, il, nous, vous, ils…

Nous caractérisons aussi chaque témoignage par des variables descriptives :

- Age de la victime au moment où elle est atteinte du syndrome ;
- Age de la victime quand le témoignage est rédigé ;
- Ecart de temps entre la déclaration de la maladie et le témoignage ;
- Auteur du témoignage : la victime, la mère, la fille… ;
- Genre de la victime ;
- Genre du narrateur ;
- Nombre de mots du témoignage.

Toutes ces données sont collectées et codées dans un tableau. Nous faisons l'hypothèse que si les témoignages s'inspirent des témoignages antérieurs, cet emprunt doit se retrouver par une certaine proximité de modalités successives pour certaines variables. Nous cherchons à mettre en évidence des formes de mimétisme et à déterminer autour de quelles variables elles s'expriment.

Nous cherchons à déterminer de façon globale si un témoignage s'écrit par mimétisme avec le témoignage immédiatement antérieur. Nous avons à trouver une mesure de distance entre les témoignages pris deux à deux. Sachant que les variables ne sont pas toutes sur la même échelle de valeur, nous optons pour la distance coefficient de corrélation. Nous considérons donc toutes les variables de notre étude et nous calculons la corrélation entre les valeurs de chaque témoignage et les valeurs du témoignage antérieur. Nous obtenons ainsi pour les 106 témoignages de notre étude 105 coefficients de corrélation. La moyenne de ces coefficients est de 0,9878.

La question est de savoir si cette corrélation peut être considérée comme faible ou forte. Si la corrélation est forte, cela signifie que chaque témoignage est influencé par le témoignage précédent.

Nous comparons la corrélation moyenne entre nos observations à celle qui résulterait d'une permutation aléatoire des lignes de notre tableau de données. En procédant ainsi, on détruit le classement chronologique du tableau par témoignage successif. On observe ainsi une nouvelle corrélation entre témoignages. Comme nous disposons de 106 enregistrements, nous disposons de 106! permutations possibles de témoignages. Ne pouvant les tester toutes, nous optons pour une méthode du Bootstrap qui est une méthode de simulation qui va reconstituer de nouveaux échantillons aléatoires à partir de l'échantillon de départ. Dans notre exemple, nous réalisons 30 itérations successives en notant à chaque fois la moyenne de la corrélation. Ces trente itérations successives permettent d'estimer un intervalle de confiance et de définir si ou non on peut considérer le mimétisme entre deux témoignages comme statistiquement significatif

Résultats

Nous obtenons ainsi trente coefficients de corrélation :

0,9845-0,9848-0,9865-0,9861-0,9843-0,9829-0,9843-0,9844-0,9845-0,9841-0,9832-0,9853-0,9854-0,9847-0,9842-0,9845-0,9845-0,9862-0,9859-0,9856-0,9847-0,985-0,9838-0,983-0,9818-0,9854-0,9834-0,9838-0,9863-0,9836.

La moyenne de ces 30 valeurs est de 0,984556667, et son écart type de 0,001107555. Avec ces valeurs, il est possible de construire un intervalle de confiance. Compte tenu des trente simulations que nous avons effectuées, nous pouvons affirmer avec une marge d'erreur de 5% que la moyenne réelle des coefficients de corrélation inférée sur notre population est comprise dans l'intervalle [0,9841; 0,9849]. La corrélation observée (0,9878) étant supérieure à cette fourchette, nous concluons que cette corrélation est significativement importante ce qui signifie que le classement des témoignages n'est pas du au hasard : la corrélation entre deux témoignages est significativement plus élevée que ce qu'elle devrait être si on répartissait les témoignages aléatoirement.

Notre approche est globale. Elle permet de valider statistiquement le fait que les témoignages ressemblent aux témoignages immédiatement antérieurs. En fait, sur les 106 récits observés, certains sont plus proches du précédant que d'autres. La distribution des coefficients de corrélation permet d'identifier les discours qui ressemblent plus que les autres aux discours antérieurs. Nous avons identifié les témoignages pour lesquels le récit ou le témoin précédant a pu constituer une forme de source d'inspiration stylistique. Pour cela, nous avons considéré les 10% de coefficients de corrélation les plus forts. On obtient le tableau 1

Tableau 1 : témoignages les plus corrélés les uns aux autres

Témoignage les plus mimétiques	Coefficient de corrélation
Corrélation entre témoignage 28 et témoignage 29	0,999604238
Corrélation entre témoignage 62 et témoignage 63	0,999586447
Corrélation entre témoignage 90 et témoignage 91	0,999521934
Corrélation entre témoignage 34 et témoignage 35	0,999223463
Corrélation entre témoignage 103 et témoignage 104	0,999166336
Corrélation entre témoignage 50 et témoignage 51	0,998856254
Corrélation entre témoignage 106 et témoignage 107	0,998765132
Corrélation entre témoignage 35 et témoignage 36	0,998720131
Corrélation entre témoignage 102 et témoignage 103	0,998662904
Corrélation entre témoignage 73 et témoignage 74	0,998544996
Corrélation entre témoignage 71 et témoignage 72	0,998460898
Corrélation entre témoignage 60 et témoignage 61	0,998425765
Corrélation entre témoignage 40 et témoignage 41	0,998400081
Corrélation entre témoignage 89 et témoignage 90	0,998341613
Corrélation entre témoignage 78 et témoignage 79	0,998228723
Corrélation entre témoignage 88 et témoignage 89	0,998202871

Nous avons jusqu'à présent réalisé une étude macroscopique. Nous examinons maintenant les variables qui sont les plus déterminantes pour évaluer un phénomène de mimétisme.

Nous choisissons une nouvelle mesure de la distance plus facile à concevoir. Pour la variable retenue, nous calculons la valeur absolue de la différence entre les deux observations successives.

Pour illustrer la démarche, considérons par exemple la variable « nombre de mots » par témoignage. Nous disposons, pour chacun des 106 témoignages, du nombre de mots comme illustré dans le tableau 2 (colonne A et B)

Tableau 2 : étude de la distance entre deux témoignages successifs : le cas du nombre de mots

Colonne F	Colonne A	Colonne B	Colonne C
Nombre aléatoire	Numéro du témoignage	Nombre de mots	Ecart de nombre de mots en valeur absolue entre deux témoignages
0,52	69	542	
0,31	70	540	2
0,41	71	432	108
0,91	72	575	143
0,88	73	338	237
0,4	74	560	222
0,13	75	1213	653
0,44	76	559	654
1	77	503	56
0,84	78	1295	792
0,52	…		
0,31	177		403
0,41	MOYENNE		600.4

En colonne C, nous ajoutons la distance entre les témoignages successifs. La distance est ici l'écart du nombre de mots entre deux témoignages. Sur la dernière ligne figure la distance moyenne entre témoignages.

La question est de savoir si cette distance peut être considérée comme petite ou grande. Si la distance est considérée comme petite, cela signifie que la taille des témoignages est influencée par la taille des témoignages antérieurs.

Comparons maintenant la moyenne observée avec celle qui résulterait d'une distribution aléatoire du nombre de mots par témoignage. La colonne F comporte des nombres générés de façon aléatoire. Si le tableau est classé avec la colonne F comme clé de tri, alors les nombres de mots par témoignage sont reclassés aléatoirement. Mesurons alors la distance entre deux observations, selon le même principe que précédemment. On observe ainsi une nouvelle distance moyenne entre témoignages. Comme nous disposons de 106 enregistrements, nous disposons de 106! permutations possibles donc classements possible. Ne pouvant les tester toutes, nous optons pour la méthode du Bootstrap présentée lors de la première étape. Nous réalisons 30 itérations successives. Le tableau 3 illustre le résultat. Les valeurs obtenues sont à rapprocher du 600,4 que nous avons obtenu dans l'étape précédente.

Tableau 3 : résultat du Bootstrap

Simulation	1	2	3	4	5	6	7	8	9	10	…	30	Moyenne	Ecart type
Distance moyenne	*689*	*644*	*646*	*613*	*592*	*665*	*657*	*670*	*664*	*689*		*634,6*	659	*27,5*

A partir de ces informations, nous calculons l'intervalle de confiance. Compte tenu des 30 simulations que nous avons effectuées, nous pouvons affirmer avec une marge d'erreur de 5% que la moyenne réelle inférée sur notre population est comprise dans l'intervalle [649 ; 668]. La moyenne observée étant de 600,4, nous en concluons que cette valeur est significativement inférieure à la précédente ce qui signifie que la répartition des tailles de témoignages n'est pas due au hasard : l'écart entre deux témoignages est significativement plus faible que ce qu'il devrait être si on répartissait les témoignages au hasard.

Nous avons réalisé ce travail pour les variables étudiées. Pour certaines d'entre elles, présentées tableau 4, nous observons une influence d'une modalité sur la modalité suivante.

Tableau 4 : variables à partir desquelles le mimétisme est observé

	Moyenne des 30 tirages aléatoires	Moyenne observée	Intervalle de confiance avec marge d'erreur de 5%
Nombre de mots	659	600	[649 ;668]
Style : argumentatif	0,46	0,39	[0,45 ; 0,47]
Style : narratif	0,27	0,25	[0,27 ; 0,28]
Style : énonciatif	0,3	0,26	[0,29 ; 0,32]
Mise en scène : prise en charge par le narrateur	0,47	0,41	[0,46 ; 0,49]
Prise en charge à l'aide du « Je »	0,16	0,12	[0,15 ; 0,16]
Type de verbe (factif, statif, déclaratif)	5,18	5,06	[5,12 ;5,24]
Type d'adjectifs (objectif, subjectif,numérique)	11,72	11,34	[11,6 ;11,9]
Type de pronom (je, tu, il, elle, nous, vous, ils, elles, on)	8,17	7,46	[8,05 ;8,3]

Cette relation pourrait être affinée par le choix d'une distance intégrant, par exemple, le témoignage immédiatement antérieur mais aussi des témoignages plus éloignés. Ceci n'a pas été mis en œuvre ici.

Discussion

A ce stade, il nous semble permis de tirer certains enseignements. Notre recherche montre que certaines conditions et modalités de médiation sur le Web provoquent, sans doute sans que les individus n'en aient pleinement conscience, une influence sur leur style, la forme du récit qu'ils formulent, s'agissant de raconter une histoire mettant en scène un événement traumatique les concernant. Ce constat peut sembler paradoxal dans la mesure où l'Internet semble être le lieu de la libre expression, de la parole sans entrave. Or ici, nous montrons clairement que les sujets ne sont plus tout à fait les maîtres de leur narration, plus réellement les producteurs de leur discours. La disposition de témoignages sous forme de liste semble être une des sources de l'effet observé, comme cela a déjà été montré par ailleurs [17]. Une forme d'amorçage cognitif semble être à l'œuvre. S'agit-il vraiment d'un effet de mimétisme ? Peut-on parler d'effet de primauté (l'individu serait influencé par la tonalité du dernier message lu dans la liste) ? Pour aller plus loin dans l'interprétation de notre étude, il nous faudrait multiplier les observations mais aussi interroger les personnes concernées en premier chef, c'est à dire celles qui ont produit les témoignages sur lesquels nous nous sommes basés. Toujours est-il que la résilience assistée sur le Web se trouve questionnée. Pleine de promesses, cette dernière pose aussi question. Quel type de structuration de l'information et de la communication est à imaginer pour que la parole s'en trouve plus libre ? Nous l'avons dit, le récit de soi sur le Web peut fournir un cadre de résilience des plus pertinents, dans certaines situations. Mais la réflexion sur les dispositifs doit se prolonger pour que réellement (ré)émerge une parole singulière.

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Resilience et ecosysteme internet

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Abstract

The Internet is a complex ecosystem in which it is possible to observe some regularities, coordination dynamics in real time. This functioning of ecosystem ca be observed at the level of a micro community composed by members sharing a centre of common interest. We are focus on presenting what is going to become a part of the ecosystem while a web community is exposed to a brutal shock. Our research hypothesis is that the shock modifies the functioning of this ecosystem and introduces a polarisation of exchanges around privileged places which place the role of totem, churches, worship places, or build a history of collective memory, or share of emotions (Norris).

Within the work, we choose to realise a case study which allows us to research a community of fans after the dead of their idol: Michael Jackson. The paper proposed a retrospective observation to characterise exchanges on the artists before and after his death (privileged places of exchanges, number of people sharing, nature of exchange).

Field research will emphasise the dynamic of Wikipédia French page dedicated to Michael Jackson. This approach will allow developing a particular methodology for resilience.

Key words: numeric communication, coordination, numeric resilience, *Wikipédia*

Le travail de Norris et Stevens [1] a permis d'identifier les facteurs qui contribuent à rendre une communauté résiliente. Une communauté serait d'autant plus résiliente que :

- Il existerait des ressources économiques importantes et bien réparties ;
- Le capital social est important ;
- Il existerait des réseaux organisationnels qui peuvent être mobilisés rapidement en cas d'urgence ;
- L'information sur les dangers est précise et rapide d'accès ;
- Le groupe est capable de construire une histoire collective, de partager des émotions suite à un évènement traumatique.

C'est précisément ce dernier point qui va nous intéresser. Provenant du domaine des Sciences de l'Information et de la Communication (SIC), il nous a semblé pertinent d'étudier le rapport qu'il pouvait y avoir entre résilience et communication, notamment dans le contexte des nouveaux médias. Nous allons nous fixer sur la relation entre communication et résilience pour étudier de quelle façon une expérience narrative partagée [2], [3], [4], [5], la construction collective d'une histoire [6] permettrait d'accroitre la capacité de résilience d'un groupe.

Nous formulons alors l'hypothèse selon laquelle un choc initial serait de nature à introduire, sur l'internet, une polarisation des échanges autour de lieux privilégiés qui joueraient le rôle de totems, d'églises, de lieux de recueillement ou se construiraient une histoire et une mémoire collective, où se partageraient des émotions. Dans ce travail, nous avons choisi de réaliser une étude de cas qui nous conduira à étudier une communauté de fans suite au décès de leur idole : Michael Jackson. Nous mettrons en place, de manière rétrospective, un observatoire infométrique pour caractériser les échanges autour de la star avant et après sa mort (lieux d'échanges privilégiés, nombre de personnes échangeant, nature des échanges). Cette approche permettra de révéler une topologie particulière des échanges qui pourrait être un marqueur de résilience.

Présentation du contexte :

S'intéresser, 4 ans après la mort de la star, aux traces laissées par les internautes sur les dispositifs numériques à l'occasion de son décès n'est pas simple en raison d'une certaine asymétrie informationnelle. Les acteurs majeurs du Web reconnaissent que le décès de Michael Jackson a créé un pic de fréquentation historique. Google précise que sa disparition a engendré un des plus gros pics de recherche qu'il ait connu mais il se garde bien de préciser combien de requêtes il a reçues ce jour là. Yahoo n'est guère plus loquace en révélant que Yahoo News a battu un record avec 16.4 millions de visiteurs dont 4 millions entre 15h et 16h PDT le jour du décès. Twitter précise que ce jour là, 5000 tweets par minutes concernaient Michael Jackson. C'est le plus grand nombre de tweets depuis la dernière élection présidentielle américaine. Sous Facebook, la tendance est la même, le réseau social ayant observé le triplement des comptes modifiés le jour de l'annonce du décès. Les géants du Web donnent des offres de grandeur mais ne permettent pas d'accéder aux sources de ces données.

Ceci explique que notre travail de terrain va s'appuyer sur la plateforme Wikipédia qui donne accès à un niveau d'information brute consistant.

Revue de la littérature :

Un certain nombre de travaux antérieurs ont étudié la façon dont un ensemble de contributeurs retraçaient sous Wikipédia, en temps réel, la mémoire [7] d'une catastrophe, d'une crise [8], d'une révolution [9]. Wikipédia y apparaît comme un laboratoire d'observation de la façon dont la dynamique de coordination opère en temps réel pour rendre compte d'un événement. Inutile d'être expert pour contribuer. Les contributeurs ont des motivations diverses, un accès inégal aux ressources informationnelles. Certains parmi eux n'ont jamais travaillé ensemble. L'alchimie pourrait sembler improbable mais elle fonctionne.

Méthodologie :

Dans cet article, nous allons nous intéresser à un article de rupture qui relate un évènement d'actualité. Notre étude va porter sur la page Wikipédia francophone consacrée à Michael Jackson (https://fr.wikipedia.org/wiki/Michael_Jackson). Cette page a été modifiée 6394 fois entre le 22/12/2003, date de sa création, et Janvier 2014. Cette page est donc le fruit d'une collaboration en ligne de large échelle. Afin d'étudier la dynamique de cette page, nous allons mettre en œuvre une méthodologie plurielle combinant une approche infométrique [10] et une analyse de contenu des versions stockées. L'étude permet de reconstituer la sagesse des foules [11] par laquelle un collectif instable, sans centre, sans rôle attribué parvient à coordonner une tache complexe. Notre approche permettra de dégager le profil des contributeurs, les grandes controverses, le lien entre la dynamique de cette page et l'actualité. L'approche permet de mettre en évidence que certaines lois du Web [12] se trouvent observées : par exemple, les contributions sont surtout le fait d'un petit nombre de contributeurs très impliqués [13]

Wikipédia est un projet d'encyclopédie collective construite à partir de contributeurs volontaires. Après avoir souscrit à un compte Wikipédia, il est possible de consulter la chronologie des contributions sur une thématique donnée. Wikipédia offre aussi à ses membres la possibilité de suivre les modifications (ajouts, suppressions) introduites par les contributeurs successifs. La figure 1 présente une capture de l'utilitaire « différence entre versions » de Wikipédia.

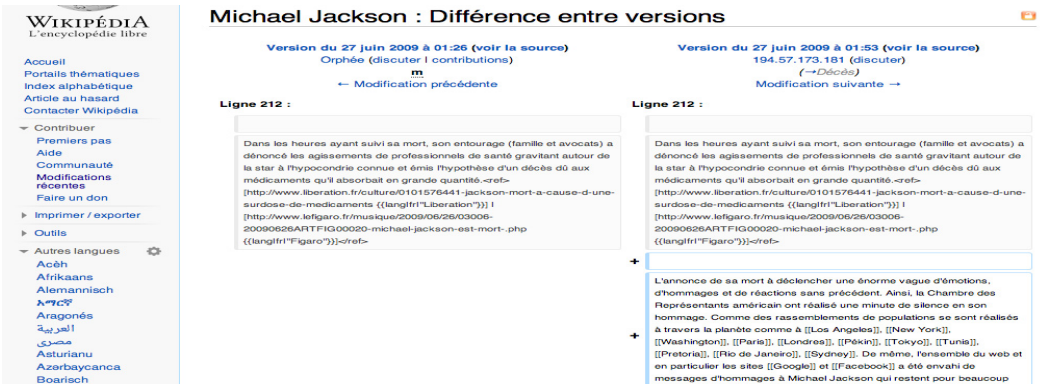

Figure 1 : la différence entre versions sous wikipédia

Il est possible, grâce à cet utilitaire, de reconstituer la dynamique par laquelle une page Wikipédia est élaborée.

Résultats de terrain :

1.1 Approche quantitative

Le moment du décès du chanteur va se traduire par un pic de contributions comme le montre la figure 2.

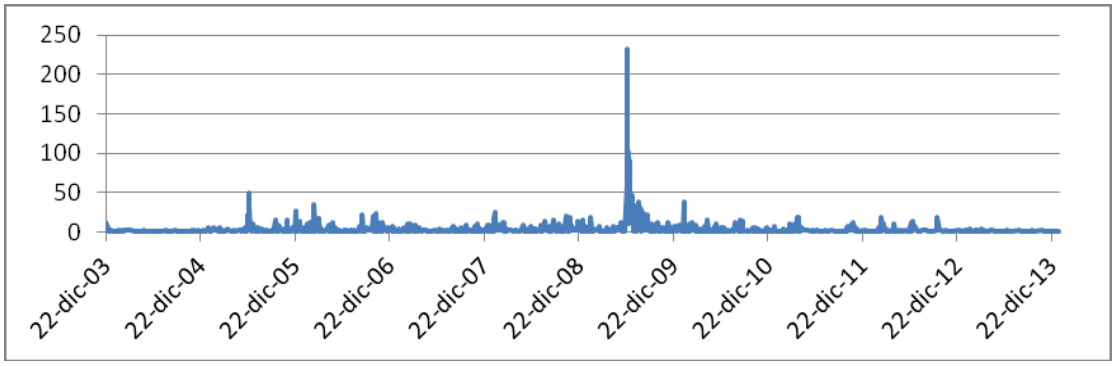

Figure 2 :Nombre de contributions par jour sur la page Wikipedia France de Michael Jackson pour la période 2003-2013

On observe sur la période antérieure à la date du décès une moyenne de 1.41 modifications par jour. Entre le 25 Juin 2009 et le 24 Aout 2009, la page consacrée à Michael Jackson est modifiée en moyenne 29.66 fois par jour.

La moyenne n'est pas forcément l'indicateur le mieux à même de rendre compte du nombre de modifications par jour. Un focus sur le nombre de modifications journalières entre le 25 Juin et le 25 Août fait apparaître figure 3 des pics à plus de 200 modifications par jour.

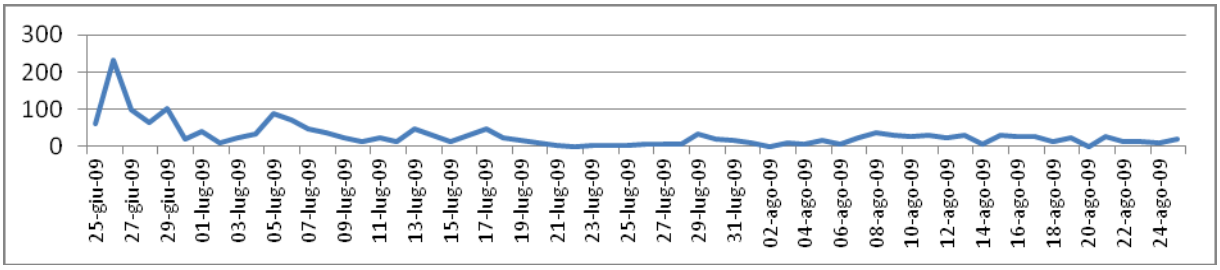

Figure 3 : Nombre de contribution par jour sur la page Wikipedia France de Michael Jackson du 25 Mai au 25 Aout 2009

L'étude exploratoire a étudié la chronologie des contributions entre le 25 Juin 2009 à 21h36 et le 27 Juin à 18H34, soit moins de 48h après l'annonce du décès. Entre ces deux dates, nous avons relevé manuellement 250 contributions significatives. La fonctionnalité « différence entre versions » proposée par Wikipédia a permis de suivre les évolutions entre les contributions prises deux à deux.

La méthode que nous avons retenue nous conduit à revivre les évolutions de cette page. On observe un fourmillement, une grande activité. On a le sentiment qu'une page d'histoire se tourne, que quelque chose se prépare, que chacun s'affaire et reprend le texte initial pour en faire un nouveau à la mémoire du chanteur. On a l'impression que chacun veut apporter sa pierre à l'édifice. Tous les contributeurs ne travaillent pas tous dans le même sens. On observe certains actes de vandalisme… mais ceux ci sont rectifiés avec dignité, sans commentaire. L'examen des auteurs de ces 250 contributions permet de voir qu'elles sont le fait de 125 « individus » différents. On observe que 77% des contributeurs n'ont fait qu'une intervention et que les 4 plus importants (en volume), présentés tableau 1, ont réalisé à eux seuls plus du tiers des contributions. Il y a donc une concentration des contributions entre les mains de quelques uns. Les pages Wikipédia sont modifiables par tout un chacun mais certains contributeurs reviennent de façon récurrentes pour proposer des modifications.

Tableau 1 : contributeurs ayant réalisé 33% des contributions

Contributeur	Nombre de contributions
Steff	47
Céréales Killer	14
Hercule	13
Bouchecl	12

Afin de clore cette vision statistique des contributions, nous avons réparti les contributions en trois catégories : contributions avant le décès, contributions dans les deux mois suivant le décès, contributions postérieures au 25 Aout 2009 (2 mois après le décès). La répartition des contributions selon ces trois catégories permet de rendre compte de profils de contributeurs différents, certains participant exclusivement avant le décès, d'autre à l'occasion du décès, d'autres se révélant après, d'autres intervenant à différents moments. Le tableau 2 montre comment se ventilent les interventions des 5 contributeurs les plus actifs sur toute la période (2003-2014).

Tableau 2 :Ventilation des interventions des 5 contributeurs les plus actifs sur la période 2003-2014

	Nombre de contributions	% de contributions avant 25 Juin 2013	% de contributions entre le 25 Juin et le 25 Aout 2009	% de contributions après le 25 Aout 2009
Orphée	215	7%	88%	4%
Steff	214	61%	39%	0%
SpeedDemon74	202	100%	0%	0%
Gandalfcobaye	129	0%	100%	0%
Céréales Killer	120	8%	38%	53%

Une approche plus microscopique permet de voir qu'après le décès, certaines dates (jour anniversaire de la date de décès, jour anniversaire de la date de naissance, 1er Novembre) sont choisies par certains contributeurs parmi les plus actifs pour revenir sur la page et la modifier. On observe une fréquentation, ces jours là, qui est toujours significativement supérieure aux jours immédiatement antérieurs. On observe aussi tableau 3 qu'en s'éloignant de la date du décès, les contributions s'appauvrissent quantitativement.

Tableau 3 : fréquentation de la page wikipédia certaines dates (anniversaire, 1 Novembre)

Jour J	*Nombre de contributions De J à J+1*	*Nombre de contributeurs de J-1 à J-2*
Fête de la Toussaint		
1/11/2009	*6*	*2*
1/11/2010	*7*	*3*
1/11/2011 Et Suivants	*0*	*0*
Anniversaire date de décès		
25/06/2010	*6*	*1*
25/06/2011	*2*	*1*
25/06/2012	*20*	*5*
25/06/2013	*0*	*0*
Anniversaire date de naissance		
29/08/2009	*40*	*24*
29/08/2010	*1*	*7*
29/08/2011	*0*	*0*
29/08/2012	*1*	*0*
29/08/2013	*0*	*0*

Nous allons maintenant nous livrer à une approche qualitative du contenu des contributions

1.2 Approche qualitative

Moins de 48h après l'annonce du décès, on observe une évolution des contributions. Deux grandes étapes peuvent être distinguées, même si ces étapes sont largement recouvrantes.

La première étape est celle de l'annonce du décès. L'évènement sera affiné, détaillé successivement. Il est probable que tout ce détail ne résistera pas à l'épreuve du temps. Toutefois, au moment du décès, les internautes veulent se situer au cœur de l'actualité et il faut leur communiquer une information fraiche et validée. Durant cette période, seule la partie du texte consacrée au décès est modifiée : la date et l'heure du décès sont affinées, les propos sont étayés par des références.

Dans la deuxième période, les contributeurs vont s'attacher à une relecture précise du texte qu'il s'agit de modifier, compte tenu du décès. C'est dans cet esprit qu'une controverse tourne autour du fait de savoir si la présentation de la biographie doit désormais se faire au présent ou à l'imparfait. Le premier à mettre la première phrase de la biographie à l'imparfait est le contributeur 44 post mortem. Même si la contribution 48 précise que dans les biographies on utilise le présent dans l'introduction, le temps du premier verbe de la biographie sera modifié 23 fois, ce qui représente plus de 11% des contributions.

Dans cette seconde phase, il s'agit pour certains d'apporter leur pierre à l'édifice en corrigeant des erreurs stylistiques, typographiques ou orthographiques. Le premier à corriger une faute d'orthographe est le 43^{ième} contributeur après l'annonce de l'évènement. 28 contributions corrigent des fautes d'orthographe ce qui représente 13,5% des contributions.

D'autres proposent une nouvelle rédaction de certains passages. Ces passages ne sont pas forcément liés au décès et peuvent concerner les procès, affaires ou situation la financière. Ces modifications sont souvent faites dans une ou plusieurs des 4 perspectives suivantes : authenticité, refus du sensationnalisme, gommage ou édulcoration de certains passages, hommage.

- Authenticité : loin des formules ampoulées ou administratives, les contributeurs sont à la recherche d'une certaine authenticité. C'est dans cette logique qu'il faut comprendre les échanges nombreux quand au fait de savoir s'il est préférable d'employer « mort » plutôt que « décès ». La question débute à partir de la contribution 118. Elle générera 17 contributions jusqu'à la contribution 250, soit 13% d'entre elles. Un commentaire d'un contributeur justifie l'usage du terme « mort » plutôt que « décédé » en disant « *non au politiquement correct* » (contribution 193). Un autre (242) précise que « *décès » n'est pas plus soutenu que « mort » ; le TLFi indique que « décès » est un terme administratif ou juridique ; aucun des deux ne correspond au contexte de Wikipedia* ». C'est sans doute en suivant cette même logique d'authenticité qu'un certain contributeur proposera une nouvelle illustration en lieu et place d'une image existante (Figure 4). Celle-ci correspond à l'original de la photographie qui a permis de construire l'image antérieure qui n'était qu'une retouche (contribution 82). Cette nouvelle image est perçue comme moins belle, prend plus de place mais dans les 168 contributions suivantes, elle ne sera modifiée qu'une seule fois avant d'être rétablie.

Figure 4 : Une photographie plus authentique

Dans la même logique, (37) supprime de la biographie le terme superstar.

- Refus du sensationnalisme : on supprime frasque dans un titre (contribution 90). La contribution 144 supprime le passage où il est question du livre Guiness qui déclare Michael Jackson homme de spectacle le plus célèbre. Dans la même logique, la contribution 112 propose de supprimer le lien vers « Pédophilie » dans la rubrique « voir également ». La dernière ligne a été modifiée dans la capture de la figure 5

Figure 5 : la rubrique voir également

- Reformulation de certains passages : Ainsi (78) remplace « sa plus grosse affaire financière a été » par « homme d'affaires avisé, MJ a réalisé un coup de maître ». L'histoire de son fils suspendu dans le vide est raccourcie (92), (180) . Certains passages où il est question de ses dettes sont supprimés ainsi qu'un autre où il question de ses conflits avec son ancien conseiller financier.
- Lui rendre hommage : La contribution 213 est la première à parler des hommages rendus au chanteur. La première intervention sur le sujet fait référence aux hommages institutionnels (chambre des représentants) qui lui sont consacrés mais aussi aux hommages anonymes. Ce paragraphe est repris successivement pour décrire de façon plus fine l'ensemble des personnalités internationales qui ont rendu hommage à Michael Jackson mais aussi pour parler de ses fans (215). Le contributeur (217) créé une rubrique « réactions » pour y mettre les hommages. Il simplifie le texte des hommages. Il souhaite rester sobre sur le sujet et éviter « l'excès et des anneries ». Une référence est rajoutée par le contributeur (220). Il ne restera in fine en (250) que le texte suivant, à propos des hommages : « À l'annonce de sa mort, de nombreuses personnes se sont rassemblées spontanément pour lui rendre hommage. Les membres de la Chambre des représentants des États-Unis ont observé une minute de silence en son hommage ». Cette phrase délivre peu d'informations mais distingue les hommages des fans des hommages officiels.

Dans ce second temps, on observe que les petits détails du décès qui ont fait le jeu de la première étape sont peu à peu gommés pour ne retenir que ce qui restera dans l'histoire. Ces deux étapes sont un peu contradictoire l'une et l'autre. La première focalise sur le décès, la seconde remet le décès à sa juste mesure dans la vie de l'artiste. Cela se traduit par une simplification de la partie relative au décès qui aura donc été éphémère (moins de 48 heures).

Ces quelques observations sont à replacer dans le cadre des recherches sur les dynamiques à l'oeuvre durant le deuil, dynamiques qui font appel à des processus de résilience. Le deuil est une douleur souvent individuelle et certains espaces numériques nous donnent à observer des deuils collectifs. Souvent, le travail de deuil passe par l'acceptation et du décès de la personne concernée, et de la biographie du défunt. Le fait d'édulcorer certains épisodes de vie, de ne « retenir que le bon », comme on le voit ici, fait complètement partie d'un travail de résilience. Après le moment de stupeur lié à la perte elle-même succède celui qui permet de dépasser l'événement tragique et de faire sans, c'est à dire avec. La notion de « loyauté familiale » semble ici pertinente à transposer pour montrer une « loyauté sociale », servant de support à la perpétuation de l'esprit qui, lui, demeure…

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The boosting effect of social networking on resilient processes

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Abstract

When facing serious challenges in life, individuals tend to find their way out through many coping mechanisms to override the harmful effects of changing circumstances on our mental health. In the last three years, the Arab world was shaken by a wave of protests fueled by a lack of social justice and a very difficult economic situation. During the five days following the fall of the dictatorship in Tunisia, Marzouki et al. [1] analyzed a sizeable text corpus about the role played by Facebook during the revolution as perceived by Tunisian citizens. Although the results were in favor of a perception based on information sharing, media coverage and political challenges that Facebook was able to carry during the revolution, resilient processes were not explored in this seminal study. One key feature in Marzouki et al. work is the presence of a Virtual Collective Consciousness (VCC) generated by a momentum of complex interactions between individuals sharing common goals and driven by a widespread consensus. On the other hand, strengthening social ties during times of misfortune is a common feature among the resilient processes. Our hypothesis is as follows: Facebook can be also a placeholder for collective resilient processes modulated by risk factors during a crisis (i.e., revolution). After revisiting the same corpus collected by Marzouki et al., the analysis of similarities showed that the Facebook informational support is well anchored in seeking social support. Moreover, protective factors (mainly collective) seem to give rise to this informational role significantly assigned to Facebook during the uprisings. These findings show that the ability to keep working toward a goal in the face of difficulties can be enhanced by virtual interactions, which makes social networking a good outlet for resilience when positive feedbacks and common shared values are available in the cyberspace.

Keywords: boosting effect; social networking; Facebook ; Tunisia; Jasmin revolution.

The background

Over the past three years, the Arab world has been shaken by a wave of protests fueled by a lack of social justice and a very difficult economic situation. Tunisia was the flagship of these uprisings. During the five days following the fall of the dictatorship in Tunisia, Marzouki et al [1]. analyzed a large text corpus collected from 333 respondents about the role played by Facebook during the revolution as perceived by Tunisian citizens. Although the results are in favor of a perception based on the sharing of information, media coverage and political challenges that Facebook has achieved during the revolution, resilient processes have not been explored in this seminal study.

Studying resilient processes in a large-scale group begins to gain importance (e.g. Countries affected by poverty, war and other collectively experienced traumas led to the hypothesis that resilient processes can also be shared within the social network (e.g., [2]). For example, Panter-Brick and Eggerman [3] interviewed 1,011 pupils and 1,011 caregivers in their school settings in Afghanistan to identify key life stressors and possible solutions to attenuate them. The subjects' responses were analyzed using an approach based on thematic inductive analysis. For adults, the main concern is to fix their "broken economy" which is the main source of the experienced discomfort. For students, the primary focus is on how to be able to evolve in decent learning environments and thwart poverty. Thus, any tendency towards hope comes from values centered on moral and social order such as faith, family unity, morality, honor, etc.

Collectively shared high moral values such as freedom and dignity were at the heart of the drive that put forth Tunisian citizens in the worldwide scene as the leader of a new breed of revolutions. A key element to the success of this new kind of revolution, referred to as leaderless revolution, is the presence of a Virtual Collective

Consciousness (VCC) generated by the dynamics of complex interactions between individuals sharing a common goal and motivated by a broad consensus [4]. On the other hand, the strengthening of social bonds during time of crisis or trauma is a common feature to resilient processes. Our hypothesis is as follows: Facebook can also be a space where resilient collective processes caused by risk factors (e.g., [5].) during the revolution may occur following decades of dictatorship, oligarchy and lack of freedom of expression (i.e., *social suffering* - [6]**)**. We also expect to observe more pronounced collective protection factors in the corpus relative to individual factors since Tunisian citizens are akin to sharing common values via their social networking platforms.

The goal

We used the corpus collected by Marzouki et al. [1], to examine if the Facebook informational support is anchored in seeking social support, and to what extent individual and collective protective factors play the role of buffers to mitigate risk factors and to ultimately generate this informational role during the Tunisian revolution.

Method

An online questionnaire consisted of two closed questions: (a) Are you a Facebook user? and (b) How do you feel the importance of Facebook in the Tunisian revolution of January 2011 (from 0: not important at all to 10: very important)? The open-end free question was: According to your rating, please explain in one sentence your choice. All participants were anonymous Internet users completing the questionnaire. The original sample was 352, of which 333 (94.6 %) were retained in the final analysis.

Results

We have selected the participants' answers that contain the following key words typically associated with the resilient processes: *support*, *aid*, *solidarity*, *hope*, *project*, *collective*, *better life*, *love*, *potential*, *positive*, *best*, *solution*, *collectivity*, *together*, *resolution*, *support*, *help*. Two main branches are linked as shown in Figure 1: **Facebook** and **Information**. In fact, in the first branch "seeking informational support" can be considered as part of "seeking social support" that is a critical dimension to give rise to resilient processes. Hence, it is likely that this first branch would support the emergence of the second one. This begs the question: *what the part individual and collective factors play in this complex social dynamics as a function of risk factors*? That's why risk factors were extracted based on the following key words: *poverty, dictatorship, combat, suffering, aggression, despotism, violence, lie, suppression, and the protective factors were extracted based on (individual): freedom, truth and (collective): family, united, union, people, religion, mobilization*. Consequently, only 26% of the original sample was used in this study. As expected, the results revealed more prominent collective factors reflected by three big clusters: Information support, social support and virtual social support (see Figure 1).

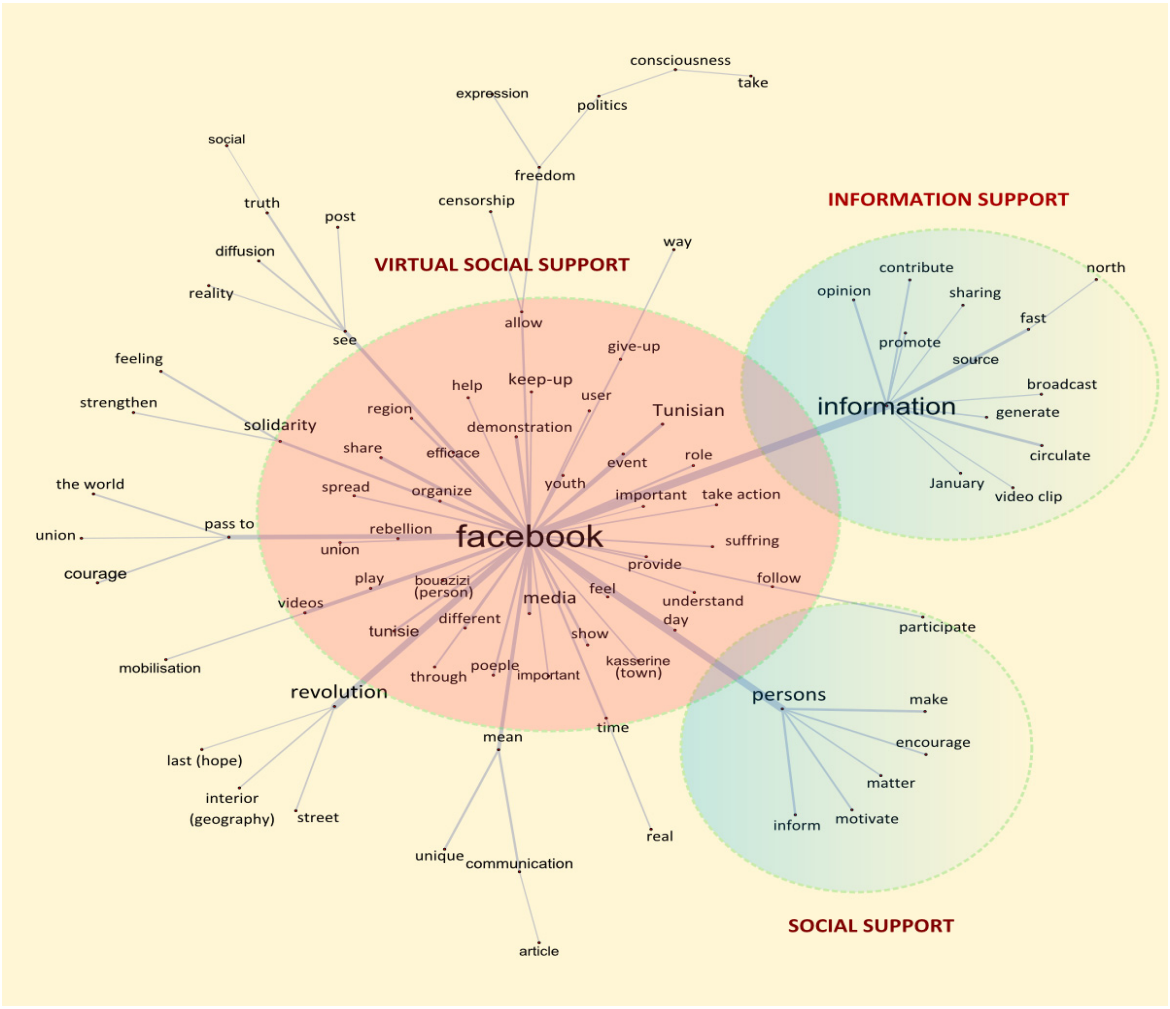

Figure 1. Maximum leaf-spanning tree solution after the lemmatization of the partial corpus that was extracted based on the presence of key words associated with: resilient processes, protection factors (individual and collective) and risk factors in participants' answers.

Conclusion

The exposure to traumatic events forces people to look for outlets via multiple coping strategies in order to circumvent the adverse effects of such negative incidents on our mental health. After revisiting the same corpus collected by Marzouki et al. [1] study, the similarity analysis showed that informational support provided by Facebook is rooted in seeking social support. In addition, collective protective factors occupy a large place relative to individual factors and are more likely to lead to this informational role during the revolution. One may ask why only 1/4 of the original sample exhibited words associated with resilient process? A possible explanation of this interesting statistic maybe attributed to the time frame where the study was launched. Indeed, few weeks after the fall of the regime, Tunisian citizens were not yet focusing on future plans for their social life but were more trying to collectively enjoy the unexpected retaliation that Facebook played in their favor. Hence, resilient processes take sometime to be settled providing a clear orientation in the future as partly showed in some studies (e.g., [7]).

The present study showed that the ability to continue to work actively to achieve goals in the face of life's difficulties could be enhanced by virtual collective interactions. Consequently, social networking can be considered as an interface where the expression of resilient processes is made possible by the presence of positive feedbacks and common values shared within the cyberspace. Future studies on the anthropology of well-being and hope can further investigate the role that social networking may play in shaping individual and collective resilience as well as virtual social identity and its dynamics (e.g., [8]).

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Digital literacy and resilience: correlational and comparative study among two groups of adolescents

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Abstract

Little attention has been given promoting resilience through technology. Nowadays, in a global, distributed and informational society, is important to know how young people deal with digital risks, how adolescents use Internet to cope with problems, and also how we can promote resilience online for adolescents could deal with social and digital risk situations.

Behind this approach, a study carried out with a sample of 435 adolescents between 12 and 18 years-old. The aims were exploring if resilience and digital skills are related and compare the levels of the resilience and digital literacy among two groups.

The results show some resilience factors are significant correlations with different elements of the digital competence. Concretely, family cohesion is one of the most important factors. As well as, statistical differences on the resilience and the digital skills was founded. Conclusions have important implications for future research and professional practices.

Keywords: digital skills, adolescence, resilience, technology

Background

Resilience is characterized as a dynamic process given in relation to the context where people socialize [1], [2]. It's not strictly a personal attribute, many social and cultural factors are involved in this process [3]. In developing resilient skills a force field which involved risk factors and protective (social, family, individual) determine the unique setting and in a situation of adversity is established [4].

Resilience is a capacity that occurs in interaction with the social environment. But the question arises whether in front of technologically advanced social environments, people develop resilient responses using technology as a mechanism to deal an adverse situation. For these reasons, it's important finding new ways to overcome risks and new protection mechanisms, especially for children and adolescents living under situations of vulnerability [5].

Three main aspects are related to the resilient uses of technology: 1) the level of technology adoption, 2) the type of use, i.e., how and for what purpose is used digital media, and 3) the level of digital literacy. Factors such as age or gender [6], [7], socioeconomic and educational level [8], and certain psychological or emotional characteristics may influence on the use of technology and the level of self-rated digital competition for teenagers.

On certain contexts, the use of technology can generate on childhood and adolescence feelings of rejection, stress, frustration, anxiety, dissatisfaction and develop risk behaviors involving the neglect of other obligations and responsibilities [9], [10]. However, technology can generate opportunities for social support and meeting positive relationships for adolescents [11].

Method

1.1 Aims

The aim was analyzed if there are differences between resilience and the digital skills of two groups of teenagers. Also, raised to know the relation between two variables, resilience (R) and Self-perceived Level of Digital Competence (SLDC), analyzing the influence of different factors and dimensions.

1.2 Sample

The sample was 435 adolescents between 12 and 18 years-old from the region of Lleida, Spain. It was divided in two groups: 364 from high schools and 71 from foster care centers. The first group was living at home with their birth families. The second group were in a temporal foster situation and represents 47.5% of adolescents that living in foster care centres in the region. The 49.3% were boys and 50.7% were girls. The mean age was 15.41 years-old.

1.3 Instruments and variables

Resilience was measured using the Resilience Scale for Adolescents (READ) [12]. The 28 items examines 5 factors related to resilience: F1) Personal competence, F2) Family cohesion, F3) Social resources, F4) Structured style and finally F5) Social competence.

To measure SLDC, an improved version of the Digital Skills Scale for Adolescents (DSS-A) were used [13]. The 81 items assessed 4 dimensions related to five literacies of digital competence [14]: D1) Digital Culture, D2) Digital Devices, D3) Software and apps and D4) Information, communication and web tools.

1.4 Data analysis

Spearman's Rho (ρ) was calculated to measure the relationship between resilience and digital skills in both groups. Also, T-student and was calculated to compare both variables among two groups.

Results

1.1 Correlational outcomes

Results notes a negative correlation between R and SLDC on the second group. It means that the lower the self-perception of digital competence that these adolescents have, the higher resilience is. Adolescents with a lower perception of their digital skills are nevertheless capable of reacting positively and find strategies that allow them to cope with risk situations in which the use of technology are supposed difficulty, obstacles or problems. Fig. 1 and Fig. 2 shows in more detail that this relation it mainly happen between F2 READ factor and D2 (ρ=-.409, p<.01) and D3 (ρ=-.521, p<.01) DSS-A dimensions.

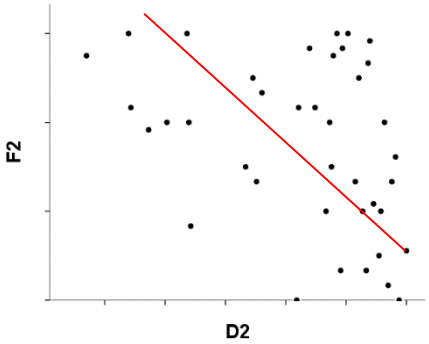

Fig. 1 F2-D2 correlation

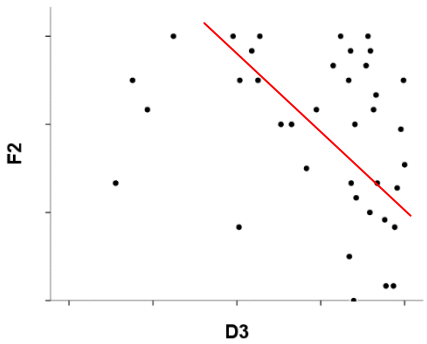

Fig. 2 F2-D3 correlation

1.2 Comparative outcomes

Comparative analysis shows there are differences on R and SLDC between two groups. There were differences on the resilience among two groups but in only one factor: CF (σ=.05, p<.01). It also there was statistical differences in the self-perception of digital competence, specifically in D3 (σ=.032, p<.01) and D4 (σ=.027, p<.01). It means that SLDC is lower when adolescents live in less stable and/or difficult personal, social and economic situations, and thus it's related to resilience and family cohesion.

Conclusions and professional implications

Family is maybe the most important core to overcome risk because of provide resources for children develop their capacities, also the acquisition of digital skills. There was a little digital divide between two groups. Both do not have the same SLDC and do not use technology in the same way, given their different characteristics and situation. Factors such as family status or level of technological appropriation may influence in this different perception.

For this reason, the professional interventions should address the challenge involved to help adolescents to cope their difficulties, also to reduce differences in youth people. Thus it's possible using technology resources as social resources. It means use technology as a mechanism to promote resilience and improve the adolescents at social risk quality of life.

This is a resilient perspective of social intervention using technology. Promoting digital literacy on foster care centres may reduce the digital differences among adolescent population, improve the social perception about technology and open new ways for the communication and participation of the birth families, children and professionals.

Acknowledgments

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On the temperaments and personalities in the post-pc era

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Abstract

Recent years have been marked by unprecedented evolutions in the IT area. The cloud computing technologies and the Internet have transformed and affected our habits. In this paper we start from the famous book "Understanding Your Personality With Myers-Briggs and more" by Patricia Hedges, 1993. We continue with a study on the personality and temperament of different people at young ages, in accordance with their activities in the online environment. The activities in the online environment refer to the using of different tools (e-mail, browsers, social networks, documentation, online learning, online shopping etc.), as well as development or activities, such as website building, online marketing, etc. The Internet world comes with many opportunities (e.g., in business, in learning, entertainment, etc.). For some people, understanding and exploring the online environment, in various forms, can be a simple game. For others it may remain an unknown, a strange, or a dangerous environment, which does not come with benefits in terms of education or knowledge.

Our goal is to detect the way in which different types of personalities and temperaments react to these technologies. We have carried out this study, because for many people from around the world, online activities are increasing, becoming habits, and will certainly affect their lives, one way or another.

Keywords: personality, temperament, cloud computing, Internet.

Introduction

In the last years, the IT area has been marked by important evolutions. Cloud computing technologies are becoming dominant and these have marked the transition to the post-PC era. This transition brings many changes to our lifestyle: how we entertain ourselves, the way we learn, we work, we communicate with others, we travel, etc. For some people, these radical changes seem to come only with added value. However, not all people are excited about the changes in the online environment. On the one hand, there are people affected negatively by these developments (they may feel overwhelmed).

Currently IT developments are at a stage that most people would not have dared to dream 25 years ago. It's a mistake to meditate on how we could move away people from the things offered by the online environment. On the other hand, the IT evolutions are powerfully increasing and impossible to stop. In the context described above, we wish to emphasize that, whether we like it or not, we must accept that people's way of life in many parts of the planet is undergoing powerful, irreversible changes. The study on the way in which these changes are affecting people is a complex problem. However, different aspects can become studies on these subjects. We consider relevant and interesting to study the behavior and reaction of different types of personalities or temperaments. We start our study remembering the concepts presented in [3], which are used to find out how people perceive the world and make decisions.

Now, we recall the basic pairs of personality characteristics and their meaning: ***Extraversion (E)*** and ***Introversion (I)*** tell about an outer or inner attitude to the world. Extraverts like collaborating with others. Introverts need to have more time alone. ***Sensing (S)*** and ***iNtuition (N)*** tell how people perceive the world around them. Sensers live in the present and they are concerned on the practical things. Intuitives are creative and look often to the future. ***Thinking (T)*** and ***Feeling (F)*** reflect the way in which people make decisions. Thinkers use logic and impersonal analysis, while feelers are human need oriented. ***Judging (J)*** and ***Perceiving (P)*** characteristics tell if people prefer to judge things or just to perceive them. Judgers are organized people, while perceivers are open to new things.

Starting from the basic pairs of personality characteristics, there are sixteen personality types***: ESTJ , ESFJ , ISTJ , ESTP, ENTJ, ESFP , ENFP, INFJ, INTJ, ISFJ, ISFP, ISTP, ENTP, INFP, ISFJ, ENFJ***, and also, there are four temperament groups: ***NF*** temperament (*ENFJ, INFJ, ENFP* and *INFP*), ***NT*** temperament

(*ENTJ, INTJ, ENTP* and *INTP*), ***SJ*** temperament (*ESTJ, ISTJ, ESFJ* and *ISFJ*) and ***SP*** temperament (*ESTP, ISTP, ESFP* and *ISFP*). For more information we recommend to read [3].

On cloud computing

Cloud computing is the use of computing resources (hardware and software) that are delivered as a service over a network (typically the Internet) (for more information, see [2] and [4]). *Deployment models* define the type of access to the cloud i.e. the way in which the cloud is located. Cloud can have any of the four types of access: Public, Private, Hybrid and Community.

Service Models are the reference models on which the Cloud Computing is based. These can be categorized into three basic service models as listed below: *Infrastructure as a Service* (IaaS - provides access to fundamental resources such as physical machines, virtual machines, virtual storage etc.), *Platform as a Service* (PaaS - provides the run time environment for applications, development & deployment tools etc.), and *Software as a Service* (SaaS - model that allows the use of software applications as a service to end users).

The end users simply access the items they need (anywhere and anything), using web browsers. They can use a desktop, a laptop, a tablet or a smart phone.

When you use Gmail or Yahoo mail you are using a cloud service. All messages are stored somewhere on a server (in the cloud). Some services in cloud are free, for others you are obliged to pay. The advantage is that in cloud you pay only for what you use.

Most important providers are: Amazon, Google, Microsoft, Apple, IBM, Oracle, Netapp, Dropbox, Evernote, Rackspace, etc. See also: http://aws.amazon.com/, https://cloud.google.com/, https://developers.google.com/, http://www.rackspace.com/, http://www.windowsazure.com/en-us/, http://windows.microsoft.com/en-us/skydrive/download, https://www.dropbox.com/, https://evernote. com/, http://office.microsoft.com/en-us/, http://www.apple.com/icloud/setup/, http://www.ibm.com/ cloud-computing/us/en/, etc.

Today, on the Internet, we can book a hotel room (e.g., see www.booking.com), we can buy flight tickets (e.g., see http://www.lufthansa.com/), we can buy (and pay online) products from different countries (e.g. amazon), we can learn with people around the world (e.g., see https://www.coursera.org/about/community - with more than 21 million enrolments), we can go on a virtual visit of the earth (https://maps.google.com/), we can find all our friends, from childhood until now (www.facebook.com), we can listen to music or see movies (www.youtube.com), and we can continue with many other examples, all these existing due to cloud computing technologies.

The development of online commerce has led to the development of online marketing strategies. Social media marketing (see on Facebook, Twitter, Pinterest, Google+, Youtube, LinkedIn, Insagram, Blogging, etc.) is one of the important elements of online marketing (also, see [6]).

Recent years have also been marked by an explosion of tools used for developing websites and apps for mobile phones (especially for iPhones and Androids), including cloud computing technologies. See, for example: http://www.buzztouch.com/, http://appinventor.mit.edu/explore/, http://mobile. conduit.com/, http://developer.android.com/, http://www.wakanda.org/, http://ibuildapp.com/, etc.

All the examples presented above demonstrate remarkable scientific developments in the IT area. We should, however, point out that these evolutions are not limited to IT area. They tend to capture activities from more and more areas. Finally, we must observe that these evolutions transform and affect people's lives.

Some people feel that the changes in the online environment make them evolve faster. Others may feel nothing or feel that they cannot keep up with everything and feel left behind. Some people are affected only as consumers, while others (implied in activities of online business) may be affected as workers/developers. In this paper we present a study on different types of temperaments or personalities - their attitude towards certain changes in the online environment.

Study on temperaments and personality characteristics

In our study we consider two groups of students. The first group consists of 71 persons that are around 19 years old. They are in the first year of university studies and they study accountancy. The second group consists of 31 subjects, around 22 years old, they are in the third year of university and they study business information systems. In *Table 1* we present our results for the first group of respondents, and in the *Table 2*, for the second group.

In order to detect the respondents' personality characteristics, personality types and temperaments we use the questionnaire presented in [3]. For the first group we find 52 extroversions (73,24% of all respondents) and 19 introversions (26,76% of all respondents); 58 sensers (81,69% of all respondents) and 13 intuitives (18,31% of all respondents); 47 thinkers (66,2% of all respondents) and 24 feelers (33,8% of all respondents); 52 judgers (73,24% of all respondents) and 19 perceivers (26,76% of all respondents). According to the

temperament types, we find 6 NFs (8,45% of all respondents), 7 NTs (9,86% of all respondents), 44 SJ (61,97% of all respondents), and 14 SP (19,72% of all respondents).

Table 1 *- Personality characteristics, personality types and temperament types - on online preferences -the first group - studying in accounting - 19 years old*

	E	I	N	S	T	F	J	P	N_F	N_T	S_J	S_P	ESTJ	ESFJ	ISTJ
Q1															
learning	57%	63%	38,50%	64%	64%	50%	65%	52%	33%	53%	66%	57%	59%	80%	75%
entertainment	43%	37%	61,50%	36%	36%	50%	35%	58%	67%	57%	34%	43%	41%	20%	25%
Q2															
frequently	84%	79%	85%	82%	85%	80%	81%	90%	83%	86%	82%	86%	79%	90%	88%
seldom	16%	21%	15%	18%	15%	20%	19%	10%	17%	14%	18%	14%	21%	10%	12%
Q3															
frequently	56%	53%	39%	59%	57%	50%	58%	47%	33%	43%	61%	50%	63%	60%	63%
seldom	38%	36%	61%	32%	37%	42%	36%	43%	67%	57%	32%	36%	33%	30%	24%
never	6%	11%	0%	9%	6%	8%	6%	10%	0%	0%	7%	14%	4%	10%	13%
Q4															
more than an hour a day	69%	79%	77%	71%	72%	71%	71%	74%	67%	86%	71%	71%	71%	70%	75%
less than an hour a day	23%	16%	8%	24%	23%	17%	21%	21%	0%	13%	23%	29%	21%	20%	25%
at least once a week	8%	5%	15%	5%	5%	12%	8%	5%	33%	0%	6%	0%	8%	10%	0%
Q5															
yes	40%	63%	46%	47%	49%	42%	42%	58%	50%	43%	43%	57%	33%	50%	63%
no	60%	37%	54%	54%	51%	58%	58%	42%	50%	57%	57%	43%	67%	50%	37%
Q6															
yes	21%	0%	15%	16%	21%	4%	13%	21%	17%	14%	16%	14%	29%	0%	0%
no	79%	100%	86%	83%	79%	96%	87%	79%	83%	86%	83%	86%	71%	100%	100%
Q7															
yes	92%	95%	85%	95%	98%	83%	94%	89%	67%	100%	96%	93%	96%	90%	100%
no	8%	5%	15%	5%	2%	17%	6%	11%	33%	0%	4%	7%	4%	10%	0%
Q8															
yes	50%	53%	31%	55%	55%	42%	48%	58%	33%	29%	50%	71%	46%	40%	50%
no	50%	47%	69%	45%	45%	58%	52%	42%	67%	71%	50%	29%	54%	60%	50%
Q9															
yes	27%	37%	31%	29%	32%	21%	31%	26%	33%	29%	32%	25%	33%	20%	50%
I do not know	44%	37%	46%	42%	41%	46%	46%	32%	50%	42%	45%	28%	50%	40%	38%
no	29%	26%	23%	29%	27%	33%	23%	42%	17%	29%	23%	50%	17%	40%	12%
Q10															
yes	23%	32%	8%	29%	28%	21%	25%	26%	17%	0%	30%	29%	25%	30%	38%
no	77%	68%	92%	71%	72%	79%	75%	74%	83%	100%	70%	71%	75%	70%	62%
Q11															
yes	92%	84%	85%	91%	89%	92%	88%	95%	83%	86%	89%	100%	88%	100%	87%
no	8%	16%	15%	9%	11%	8%	12%	5%	17%	14%	11%	0%	12%	0%	13%

According to temperament types, we find 24 ESTJs (33,80% of all respondents); 10 ESFJs (14,08% of all respondents); 8 ISTJs (11,27% of all respondents); 6 ESTPs (8,45% of all respondents); 4 ENTJs and 4 ESFPs - each 4 representing 5,63% of all respondents; 3 ENFPs (4,23% of all respondents); 2 INFJs, 2 INTJs, 2

ISFJs, 2 ISFPs, and 2 ISTPs - each 2 representing 2,82% of all respondents; one ENTP and one INFP - each one representing 1,41% of all respondents.

For the first group we consider the following 11 questions: 1 Use of the Internet most often for learning or for entertainment; 2 Use of social networks; 3 Use of the Messenger; 4 Time spent on the Internet; 5 Gaming on the Internet; 6 Having a personal blog; 7 Considering the online environment as offering opportunities for developing business activities; 8 Intention to manage business using the online environment; 9 Knowledge of the newest IT technologies; 10 Knowledge of cloud computing technologies and services and 11 As future accountants, if they think that they are going to work much in the online environment.

In *Table 1* we present the results of our questionnaire. In each value cell, the percent refers only to the people who possess the characteristic or type specified in the column header. For example, for Q1 we can observe that 57% of extraverts prefer to use the Internet for learning, and 43% of them prefer to use the Internet for entertainment.

As we have seen above, most respondents are ESTJ, ESFJ, or ISTJ. For this reason, in *Table 1*, we present the results only for these personality types. From *Table 1* and the results of Q1, we can observe that intuitives (especially NFs), followed by perceivers, are more preoccupied with entertainment on Internet, than with learning. Also, ESFJs seem to be most preoccupied with learning.

The perceivers and ESFJs seem to be most preoccupied with social networking, while introverts seem to be the least interested than others. The least interested to spend time on messenger are the intuitives (especially NFs). At Q4 we can see that the introverts like to spent time on Internet, more than the extroverts. Also NTs like the Internet life, while NFs don't like this more than the others.

The introverts, followed by the perceives are the most passionate about Internet games. Also, at Q5 we can remark that extroverts are not so keen on the virtual world. Extroverts, thinkers and perceives are the ones more likely to have a personal blog (this could be translated as interest for the personal image). This way of communication is not much familiar to feelers (it seems that the virtual world does not meet their needs so well). Although it is not surprising, one notable aspect is the response of introverts - in this group of students, they do not have personal blogs. At Q7, we can observe that most people consider that the online environment offers opportunities for develop business activities. However, the feelers, especially NFs, are not as confident as the others. Even if people notice that the Internet offers opportunities for business (Q7), at Q8, we can see that the interest to manage such a business is rather low. In this case, also the intuitives and feelers are the least enthusiastic people. The perceivers seem to be more optimistic about this kind of business. At Q9 we can notice that the newest IT technologies are more important for introverts, whereas the most disinterested are the feelers. Cloud computing technologies are the dominant technologies in the post-pc era. Introverts seem to be the most documented on this subject. In the IT environment, things are evolving quickly. Intuitive features are very useful. The intuitives' answer at this point tells us that they are not educated enough in this area. In the case of intuitives, a more special attention to IT education would be desirable. At the last question, we can see that almost all respondents understand that, as accountants, they will work in the online environment.

For the second group of students, we find 19 extraverts (61,29% of all respondents) and 12 introverts (38,71% of all respondents); 23 sensers (74,19%of all respondents) and 8 intuitives (25,81% % of all respondents); 20 thinkers (64,52% of all respondents) and 11 feelers (35,48% of all respondents); 26 judgers (83,87% of all respondents) and 5 perceivers (16,13% of all respondents). In accordance with the temperament types, we find 3 NFs (9,68% of all respondents), 5 NTs (16,13% of all respondents), 20 SJ (64,52% of all respondents), and 3 SP (9,68% of all respondents). According with the personality types, we find 9 ESTJs (29,03% of all respondents), 5 ISFJs (16,13% of all respondents); 4 ENTJs and 4 ISTJs, each 4 representing 12,90% of all respondents; 2 ENFJs and 2 ESFJs - each two representing 6,45% of all respondents; one ENTP, one ESTP, one INFP, one ISFP and one ISTP - each one representing 3,23% of all respondents.

For this group of students we consider the following 11 questions: 1 Do they enjoy online shopping; 2 Do they intend to use the Internet in business activities (as customer); 3 Use of social networks in the activities which imply business goals; 4 Intention to be a mobile application developer; 5 Intention to be a website developer; 6 Intention to work in an environment using Internet services; 7 Using cloud computing services (virtual machines or cloud web hosting); 8 Do they consider the online environment as offering opportunities for develop business activities; 9 Do they intend to manage business using online environment; 10 Do they consider the IT evolution of recent years as help in their work activities and 11 Do they consider the IT evolution of recent years as impacting them negatively in any way.

***Table 2** - Personality characteristics, personality types and temperament types - on online preferences -the second group - studying business information systems - 22 years old*

Q1	E	I	N	S	T	F	J	P		N_T	S_J		E_S_T_J
yes	63%	58%	63,00%	60%	70%	45%	58%	80%		80%	60%		78%
no	37%	42%	37,00%	40%	30%	55%	42%	20%		20%	40%		22%
Q2													
yes	89%	83%	88,00%	87%	85%	91%	85%	100%		80%	85%		89%
no	11%	17%	12,00%	13%	15%	9%	15%	0%		20%	15%		11%
Q3													
yes	63%	58%	63,00%	61%	50%	82%	54%	100%		40%	55%		56%
no	37%	42%	37,00%	39%	50%	18%	46%	0%		60%	45%		44%
Q4													
yes	53%	42%	75,00%	40%	55%	37%	54%	20%		100%	45%		33%
no	47%	58%	25,00%	60%	45%	63%	46%	80%		0%	55%		67%
Q5													
yes	63%	92%	50,00%	83%	65%	91%	77%	60%		40%	80%		56%
no	37%	8%	50,00%	17%	35%	9%	23%	40%		60%	20%		44%
Q6													
yes	74%	92%	75,00%	83%	75%	91%	81%	80%		80%	80%		56%
no	26%	8%	25,00%	17%	25%	9%	19%	20%		20%	20%		44%
Q7													
yes	21%	42%	38,00%	26%	35%	18%	31%	20%		60%	30%		11%
no	79%	58%	62,00%	74%	65%	82%	69%	80%		40%	70%		89%
Q8													
yes	100%	92%	100,00%	96%	95%	100%	100%	80%		100%	100%		100%
no	0%	8%	0%	4%	5%	0%	0%	20%		0%	0%		0%
Q9													
yes	74%	58%	75,00%	65%	65%	73%	70%	60%		80%	65%		56%
no	26%	42%	25,00%	35%	35%	27%	30%	40%		20%	35%		44%
Q10													
yes	74%	75%	88,00%	70%	60%	100%	69%	100%		80%	65%		56%
I don't know	21%	25%	0%	30%	35%	0%	27%	0%		0%	35%		44%
no	5%	0%	12%		5%	0%	4	0%		20%	0%		0%
Q11													
yes	5%	7%	13,00%	4%	5%	9%	8%	0%		20%	5%		0%
no	95%	83%	87,00%	96%	95%	91%	92%	100%		80%	95%		100%

As we have seen above, most of the respondents are ESTJs. For this reason, in *Table 2*, we present the results only for this personality type.

From the *Table 2* and Q1 we can observe that perceivers are more interested than others in online shopping. The feelers seem to be least interested in this kind of shopping. At Q2 we can observe that respondents are involved in different business activities using online environment. These activities also occur in social networks (see Q3), especially for perceivers, followed by feelers. The last years have been marked by a relevant interest for mobile application, used for business activities. It is considered that they allow you to stay closer to your customers in a way that other tools cannot. At Q4 we can observe the preference of the intutives, and the disinterest of the perceivers. Introverts and feelers are more interested in web development and online business (see Q5 and Q6). A small part of respondents are users of virtual machines or cloud web hosting. The introverts seem to be more interested (see Q7). Almost all respondents believe that online environment offers opportunities for developing business activities (see Q8). At Q9 we can notice the interest for managing an online business. From Q10 we can see that respondents feel that new technologies help them evolve in their working activity. Rapid IT evolution affects only a small part of respondents negatively (see Q11).

Conclusions

The Myers-Briggs Type Indicator (MBTI) assessment is a psychometric questionnaire designed to measure psychological preferences in how people perceive the world and make decisions. Such questionnaires are often used in recruitment or employee professional activities in order to track the employee evolution (also, see [1], [5] and [7]). This is the reason why in our study, such a questionnaire was considered as a benchmark.

Patricia Hedges's book comes as a support for scientific activities, or as a pleasant lecture for anyone interested in self-education. For more information we recommend reading this book or other studies on the Myers-Briggs Type Indicator (MBTI).

From the study presented in *Section 3*, based on personality characteristics, we have seen that people feel more or less comfortable in the online environment. We saw that the IT area is known to all, but with different degrees of interest. For example, we saw that introverts like the online environment a lot. But even here, the socialization is not their strong point. If their activities are mainly professional or social, the online environment can be beneficial to them. But if they spend too much time on the Internet, basically wasting time, they will obtain a more pronounced self-isolation that can strongly affect their behavior and life. For extroverts, important are the activities related to personal image or quality of life. Perceivers seem to consider important the activities bringing money or fun. Hard work in online environments is not attractive to them.

Studying the two groups of people, where the professional education was different, we can observe something very interesting: in the first group, the intuitives and the feelers seem not to enjoy the online environment so much, but in the second group we find a totally different result. At this point, our conclusion is that the intuitives and feelers, generally, do not enjoy online environments as much as the other groups. However, with a thorough professional education, they can be involved in online working activities, and their attitude can be changed significantly.

Related to sensers, thinkers and judgers, we remark that they feel comfortable in the online environment and that, in general, do not approach the extremes.

In our study, we have seen that even the personalities' characteristics strongly influence the way in which we react in online environment. These characteristics are powerful completed by other factors, such as professional education. Sure this is not the single factor, many others can be formulated, as the following: age, nationality, gender, religion, culture, etc.

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Using appreciative inquiry in social interventions and develop resilience in the context of chronic adversity

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Abstract

The aim of the study is to examine how the use of appreciative inquiry influence the development of resilience adults faced with chronic adversity. Based on the theory of social constructionism and appreciative approach, this intervention strategy can be successfully used in the development of resilience. Using a language based on deficit by vulnerable and disadvantaged persons in some contexts lead to a chronic style of this language, which leads to reduce the chances of developing resilience. Our study tries to demonstrate that resilience can be developed in a context in which personal experiences are appreciated, the personal interactions and definitions are guided by an appreciative approach. In general, intervention in social work is guided by the paradigm of deficiency; from our point of view, this approach highlights the gaps, threats, weaknesses and consolidates vulnerability and, if not develop, at least keep the problem. Applying Appreciative Inquiry in the intervention group (parental education, support groups, group counseling, group therapy, etc.) participate in the development of resilience and profound changes in the client's situation, the result of changing how they define situations of vulnerability. Vulnerability from the perspective of social constructionism is generated by how the individual defines by language of deficit, their situation in a certain context. Or, from the perspective of constructionism, changing the definition leads to changing realities. Appreciative intervention (individual or group) it just uses the perspective that contextualizes the particular situations in which the individual is at any given time, with special emphasis on its interactions with the outside world (peer group, family, neighbors, community, etc..). Based on qualitative research, the study highlights the importance that has specialist approach that provides services to vulnerable and disadvantaged, the ways in which language influences the language used by this client.

Keywords: appreciative approach, appreciative inquiry, social constructionism, social vulnerability, appreciative intervention.

Social Constructionism and the Social Vulnerability

1.1 Characteristics of constructionism

Constructionism is a new orientation in sociology, based mainly on Gergen's works printed in the '80s [1] and it designates diverse approaches ale of the way reality can be known and especially how realities can be constructed. There are multiple definitions of social constructionism, due to its very nature, due to the recognition of the multiple realities generated by the diverse interactions between the individuals who construct these realities. By its very nature, constructionism cannot generate a unitary definition, due to the fact that knowledge is socially constructed. This approach considers that reality cannot be known in itself and asserts the existence of *multiple realities* constructed in the interactions between individuals. "The inquiry of social constructionism is focused mainly on explaining the processes through which people describe, explain or *interpret* the world they live in (including themselves)" [1]. Social constructionism is interested in the communication and relations between people and in the process of producing meaning in social interactions. A point of departure is represented by the fact that people, in the same circumstances, are capable of producing very different social constructions of the same reality. Some of the most significant features of constructionism are: (a) Language, communication and discourse are considered means of interaction between individuals who construct multiple realities [2] [12]; (b) Social constructionism focuses on the *relations* through which social actors construct realities [1] [13]; (c) This type of approach considers that the *subject-object distinction* is not productive and generative enough, maintaining a dualism which considers that the subject and the object are independent one from another [3] [4]; (d) Knowledge and social reality are dependent on the *social relations* and on the *negotiation processes* between people [3] [14].

1.2 Social Vulnerability Based on Constructionism

Keeping the lines drawn by Boudon in his typology of social actions [5], we can consider that vulnerability is a form of social passivity generated by the individual interpretations of certain situations, and can take the following forms [6]: (a) *Utilitarianist vulnerability* – the situation in which the individual/group does not sense its own interest, or the actions it undertakes are not adapted to it; the individual definitions of certain social situations or contexts constructed by the individual ignore the individual's own interest or deny personal interest; (b) *Teleological vulnerability* – the situation generated by the fact that the means are not adequate for reaching the established purpose, or that the established purpose is inadequate for the available resources; the individual's interpretation of the situation can generate a mental map that is adapted neither to the current or future situation, nor to the potential of the person or of the environment he/she lives in; (c) *Axiological vulnerability* – the situation in which the individual/group cannot carry out an action because the normative principle is not appropriate to their own beliefs, or the system of personal values is incompatible with that of the society system; the value system according to which the mental activated map is structured is different from the system of values that are recognised by the environment as being acceptable; individual definitions are constructed depending on the individual's own system of values, without being negotiated socially or without taking into account the values of the environment in which the individual acts; (d) *Traditional vulnerability* – the case where the individual/group acts in virtue of their habit, or in which the state of social passivity is perpetuated due to the influence of the environment; habit is a stereotype, a static mental map, considered by the individual as valid, true, verified through experience and activated each time it is needed; vulnerability is enhanced precisely due to the lack of flexibility and dynamicity of personal interpretations; (e) *Cognitive vulnerability* – the situation of the individual/group is generated either by the inexistence of an effective theory or by the fact that the individual does not believe in an already verified theory; all our knowledge constructs the interpretations we give to the situations we are in; moreover, these interpretations are dependent on, and generate knowledge; this type of vulnerability is detected in the situations where individual interpretations, as an effect of knowledge, are not processed from the perspective of the new theories accepted by the collectivity.

Appreciative Inquiry – intervention for transformative changes

1.1 Appreciative Inquiry in Group Intervention

Researching the problems in an organisation results in their preservation, deepening and amplification; therefore, although in each organisation there are things that do not work well, in order to diminish their influence on development, the researcher must start from what works well in an organisation, from its successes, identified and interpreted as such by its own members. The appreciative inquiry does not deny the existence of problems in an organisation or a community; however, in order to diminish them, the positive aspects are identified, cultivated and promoted. Cooperrider and Srivatsva [7] built the appreciative approach based on Kenneth Gergen's constructionism [1], which sees reality as a social construction and as a constant reconstruction in the interactions between individuals. The description given by the authors shows [8] that, in order to broaden the domain of knowledge, we must find *'the best of what is'* in the organisation's experience and, based on these successes, to create *a collective vision with "what could be" and with "what we wish there was"*. *"What is"* does not mean only the present in the sense of a reality manifesting itself, but also current interpretations given by agents to past events. *'What is'* represents a social construction at the time of analysis, but it can be a result of interpreting past events [9]. From this perspective, the present is something people think at this moment about the organisation [10].

Cooperrider and Whitney [11] consider that the appreciative enquiry is based on five principles, which form the foundation for viewing social intervention at the level of interpretations of reality. These principles help us establish the theoretic foundations for the way the appreciative inquiry is organised, bearing in mind the social constructionism vision: (a) The constructionist principle; (b) The principle of simultaneity; (c) The poetic principle; (d) The principle of anticipation; (e) The positive principle.

1.2 How Appreciative Approach Develop the Resilience

In order to use the Appreciative Inquiry technique, Cooperrider, Sorensen and Whitney [15] developed the 4-D model (the 4 D-s represent the initials of the stages of the appreciative inquiry: Discovery, Dream, Design, Destiny), which explains the stages of the inquiry. Applying Appreciative Inquiry in support groups means going through the four stages. The *first stage* of the appreciative inquiry is the stage where "what is best" in personal experiences is to identified and consists in finding positive "histories", personal experiences considered successful. One relatively frequent form of appreciative inquiry uses as an initial method of finding positive aspects – and of documenting them – a list of questions that generate positive interpretations, which is

handed to every member of the group. Thus, the individuals have the opportunity and the time to reflect on their experiences. An analysis of research in the field of resilience [16] highlights the importance of the role of the positive aspects of the individual in his own existence and the strengths in building resilience in developing and strengthening the personal skills. In the support groups, for example, built on the basis of similarity of participants' particular situations, develop resilience occurs given that each of the participants are stimulated to identify positive aspects of past experiences and successful strategies that they used in those contexts. *The second stage* is the stage where people describe their desires and their dreams related to their life, work, motivations, relationships, the community they live in etc. Desires and dreams expressed by members of the support group participants is an important motivation to change; on the one hand, it is desirable models operating, on the other hand, it means the use of positive language. The participants are directed to use affirmative expressions, especially when talking about their desires. *The third stage* aims to build *new life architecture*, oriented towards "what could be", designing new life structures, processes and relations capable of bringing the members closer to the *imagined vision* of the previous stage. In this stage, members are supported to build provocative phrases that relate to the desired situation. According to the poetic principle, this stage represents a process of *reinventing the life*, based on *imagination*. *The fourth stage* is the stage of implementing the plans established in the previous stage and supposes *establishing roles and responsibilities, developing strategies,* building new interaction networks, using resources in order to obtain results.

Conclusion

Having as a foundation social constructionism, the Appreciative Inquiry is forms of intervention in the support groups that can produce a rapid change in the way and member define the personal life. Thus, the theory of social constructionism seems to be operational in the personal life, as it focuses on the *relations* through which social actors construct realities. The approach of social constructionism starts from the assumption that the language people use in order to understand the world is a social artefact, the historical product of exchanges between people. Appreciative inquiry used in the support groups can produce favorable contexts for increasing resilience individuals. Using positive language and affirmative rhetoric can produce positive results in the development of attitudes that can lead to change. Transforming situation where there are vulnerable people (poor, addicted to alcohol, victims of domestic violence or other abuse, etc.) is primarily a transformation of language and how people relate to themselves and to others.

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Formes de recit et de resilience

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Abstract

The narrative of life is mediation between self and the world, for each of us invents the time and allows a form of representation of our life journey, maintaining on surface some traces that populate the memory. In doing so, it sorts, accentuates, leave aside, forgets, brings together, orders, distorts ... confusing sometimes the antecedents and causation.

Now what it updates also depends on the weather when it is produced. Therefore the narrative will ruminate or will resign; it could inhibits, skates or exacerbates the disorders and the sufferings of life. It may equally express or serve, and even bring out a perspective of" clogging" or "reconciliation" (Chaput), looking a reframing of channels that can be described as resilience. Resending the humans to the world.

Indeed, this "power" to narrate becomes more complex if we consider that not everything can be narrate; but also that the river of the story has two sides: narrative and non-narrative ("no" in the sense of Bachelard). It is thus time narrative diggers who develop the narration, as it is non-narrative marchers who rather condense it.

Potential resilience includes perhaps two sides: thus reciprocally and the vegetal model, there would be the possibility of resilience cryptophytes, as resilience éphémérophyte [10]. Which all, act with and despite adversity of extreme situations, specific such as chronic.

I propose to present some illustrations of these crossed narrative and resilience forms.

Keywords: nomadic / sedentary; recounting / antiracontage; cryptophyte resilience / resiliency éphémérophyte.

Avant-propos

Si la mise en récit de sa vie est souvent parée de toutes les vertus, si le récit peut être travaillé avec des attentes thérapeutiques ou cathartiques, peut-il être considéré *en soi* comme facteur de résilience, ou permet-il d'en révéler, après coup, l'éventualité ? Est-il vecteur d'émancipation ou enfermement de sa vie dans des mots, impasse ?

Des liens entre récit et résilience

D'abord est née l'oralité, bien plus tard l'écriture qui en a fixé les traces anciennes sur des parois. Par là, l'écriture a figuré le passé et la profondeur du temps.

1.1 Homo narrans, homo scribens

Notre époque n'a rien inventé côté narrativité : le récit de soi constitue une pratique séculaire (Victorri). Mais celle-ci s'est trouvée investie depuis le début du XX^{e} siècle d'attentes thérapeutiques, ainsi que de perspectives de recherche en sociologie (École de Chicago) ; plus récemment de perspectives de formation en sciences de l'éducation.

Dans ce dernier cadre, la mise en récit d'une expérience de vie s'effectue *via* une démarche interactive dialogique qui se démarque des démarches à objectif ouvertement thérapeutique. Sa mise en œuvre permet l'élaboration de ce que Ricœur a nommé l'« identité narrative » (1983), associant cette capacité humaine reliant temps et personnes à la constitution de chacun en particulier : le récit que je fais me construit en me rendant *auteur* de ma vie, pas simplement *acteur* agi par elle. Qu'elle s'exprime par oral et/ou par écrit, la narration occupe donc une place majeure et centrale, dans le développement du genre humain, au service tant de la fonction affective et relationnelle que cognitive et scientifique.

Cette démarche permet aux sujets de « prendre ensemble » les événements et rencontres ayant jalonné leur parcours, en les intégrant dans un contexte socio-historique qui leur permet de démêler leur part propre de celle émanant du collectif.

Le récit ainsi produit, s'il ne modifie pas ce qui s'est passé, modifie la façon de se le représenter et de le penser. D'où un besoin, parfois, de dire. Jusqu'à mêler, voire confondre, divers univers ou temporalités.

Alors, et afin de maintenir un tissu identitaire au-delà des bifurcations et ruptures de l'existence, certains vont éprouver le besoin d'aller vers le passé pour se raconter.

1.2 Une sensibilité à l'extrême

Mais l'existence tisse des situations ordinaires voire heureuses à des situations extrêmes qui parfois, vont rendre le récit impossible à conquérir en transférant les dangers de la vie vers les savoirs.

C'est une première expérience/recherche auprès d'enfants de l'Aide sociale à l'enfance qui m'a permis de mettre la lumière sur ces impasses et d'envisager des liens entre cette (in)capacité de mise en récit et ce qui ne s'appelait pas encore la résilience [4][5]. (Enfants retirés à leur milieu familial de naissance estimé dangereux ou inapte à s'en occuper, et placés en famille d'accueil ou institution.)

J'ai en effet remarqué que les enfants, alors placés en famille d'accueil, et qui s'en sortaient à peu près, étaient ceux ayant eu en mains les éléments nécessaires pour faire de leur vie un récit et ce, au-delà de la gravité de leur vécu.

Le travail sur son espace de vie se développerait ainsi autour de la capacité de mise récit, dans un environnement rendant le récit *possible*, récit au plus près de soi et en interaction, de proche en proche récit des autres et du monde. *A contrario* un ressenti de vide, d'inadéquation voire d'interdit de savoir, mettant à mal voire empêchant la mise en œuvre de cette capacité narrative, entraverait la réactivité aux conditions extrêmes de vie.

Car il est des limites à la fonction des récits

Mais le récit une fois dit ne peut pas tout et ne sécrète pas toujours ses antidotes…Parfois, il peut même renforcer les difficultés.

1.1 Et pourtant…

Car force est de constater que la mise en récit ne résout pas, par un retour obligé, les difficultés vitales, ni leur supportabilité.

Ainsi, j'ai pu montrer [7][8] que :

- Dire/raconter ne suffit pas pour « résilier » *a posteriori* de vécus extrêmes.
- Dire/raconter peut, *a contrario*, provoquer-accroître la souffrance des vécus extrêmes. Et ce que le récit met en évidence peut aussi susciter l'effroi et un rejet de l'idée-même de résilience.
- Dire/raconter peut aussi fixer la souffrance traumatique qui, « pas dite », garde la capacité de s'envoler – ce qui ne signifie pas, pour autant, qu'elle serait déniée et/ou oubliée.
- Dire/raconter peut également aveugler, détourner.
- Ne pas dire/ne pas raconter n'empêche pas la résilience, qui peut passer par d'autres voies ou voix. Dont le silence.
- Ne pas dire/ne pas raconter n'empêche pas d'être entendu, voire *peut* permettre d'entendre.

Ainsi, « taire » *peut être* aussi une ressource. Car, comme le dire, le silence est à double tranchant. Il est comme la graine qui se dessèche en apparence mais reste vivace, prête à rejaillir quand les conditions redeviendront propices.

1.2 Malgré tout…

Il n'a été ni attendu ni aimé.

Il est né avec déjà des traces de mauvais traitements, la gueule cassée. Le foie vaincu par la cirrhose de la mère. Toute son enfance, il est resté nourri de coups et d'alcool.

Malgré tout il a survécu. Malgré tout il a écrit.

On ne peut donc dire que Franck Ribault (2001) ait été élevé, dès le départ ni à aucun moment, dans un milieu sécure. Malgré tout il a utilisé l'écriture et a mis en récit son enfance désastreuse, il a construit une vie avec famille et métier, il a eu du succès avec son écriture et son livre, son histoire a été mise en scène devant lui et a fait un succès théâtral… par une sorte d'effet-Phénix [9] ou de *réserve* [9].(Sur le modèle du dromadaire qui porte ses réserves d'eau sur son dos, ce qui lui permet de résister aux conditions désertiques – ce que nous avons appelé auto ou *anti*résilience, à savoir une résilience basée sur des modalités différentes des modalités

apparaissant généralement.) Il paraît ainsi possible d'imaginer une (*anti*)résilience à l'œuvre sans tuteur, voire même *parce que* sans tuteur. ("*Anti*" au sens de différent, autre face du processus.)

Mais on peut encore chuter, une fois relevé. Par exemple, la socialisation publique du récit révélateur d'une forme de résilience peut susciter, par la suite, une *désilience* [13]. N'être vu qu'à travers la façon dont on a mis en mot son rebond peut, à la longue, ne plus laisser la possibilité de se voir autrement que par ce filtre devenu trop pesant. De quoi pouvoir retomber gravement.

Rien n'est acquis une fois pour toutes, d'autant que le terrain est fragilisé. La résilience n'est pas un état stable, elle se reconquiert jour après jour.

Cheminements croisés de vie et d'écriture

Car la vie est chemin, mouvement. Et tout ne peut ni ne veut se dire : les mots, le vécu se croisent sans que leurs liens soient obligés ni prévisibles : entre eux les correspondances restent hasardeuses.

1.1 Écriture sédentaire, ou nomade ? Temporelle, ou météorologique ?

Si donc les récits, petits ou grands, universels ou singuliers, sont utiles voire parfois nécessaires, la capacité narrative n'est pas une panacée. Beaucoup de récits sont générateurs de souffrance, certaines personnes sont mal à l'aise avec, le refusent ou n'en n'ont pas le goût. Ne pas vouloir faire le récit de sa vie ne signifie pas, pour autant, avoir des problèmes dans sa vie.

Et il ne convient pas à tous. Car il est des sédentaires-fouilleurs, mais aussi des nomades-marcheurs ; il y a *par nature* des (ra)conteurs mais aussi des taiseux (2006).

Récemment, mes travaux avec Éric Milet (2012), photographe-voyageur, m'ont induite à reconsidérer la question de l'écriture ou du récit et d'en distinguer deux formes, en apparence opposées mais que nous avons posées comme complémentaires : le récit proprement dit et ce que nous avons qualifié d'*antiracontage*[3]. J'ai alors proposé des modélisations de recours à la mise en forme (*anti*)narrative de sa vie en distinguant 4 dominances.

Fig. 1 : ***Déplacements et rencontres espace-temps dans le rapport au (non-)récit***

Espace / **Temporalité**	**NOMADE** Fluide (eau) *"Réserves" portables sur le dos*	**SEDENTAIRE** Solide (terre, racines) *"Réserves" dans le sol*
NARRATION	**1) Voyageur** Griot *Transporteur d'histoires*	**2) Cueilleur** Conteur *Biographe*
***ANTI*-RACONTAGE**	**3) Chasseur** Capteur-traducteur de traces *Poèmes, haïkus, photos*	**4) Semeur** Taiseux *"Réserviste"*

- Le voyageur et le cueilleur sont des creuseurs de temps : l'un se déplace dans l'espace ; le deuxième demeure auprès de ses "racines" dont il ne veut/peut s'éloigner.
- Le chasseur et le semeur survivent de l'air du temps, leur ressource n'est pas au fond de la terre mais en surface, dans l'eau qui coule sur le sol ou tombe du ciel. Le chasseur va et vient selon les opportunités du moment. Le semeur bouge d'une saison l'autre. Leur parole est en "réserve", quand elle survient elle est brève, présente.

Ces formes sont variables selon les périodes de la vie et les circonstances mais nous avons, chacun d'entre nous, des tendances portant plus spontanément vers tel ou tel quartier.

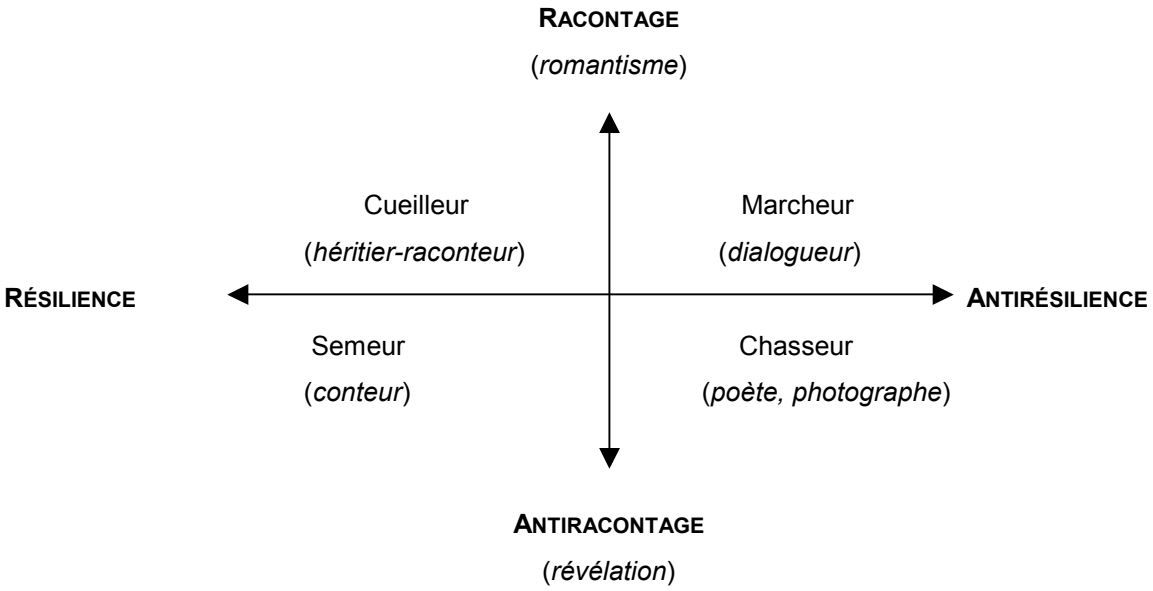
1.2 Vers deux formes de résilience, sur le modèle végétal

Face à cette fonction paradoxale voire contradictoire de l'écriture, nous pouvons esquisser deux façons d'user des ressources nécessaires à notre survie, en articulation avec les deux modalités de résilience des plantes dans le désert :

- La plus « courante » s'apparente à la résilience dite *cryptophyte* des plantes qui, à l'aide de longues racines, vont chercher leur subsistance au profond des nappes phréatiques.
- L'autre forme, dite *éphémérophyte*, sait capter l'eau du haut et celle du ruissellement ou de la fugace rosée matinale, au fil des déplacements des graines. Elle suit un rapport au temps qu'il fait.

Croiser ces modalités de résilience avec celles du récit, ou du non-récit *alias anti*racontage, permet de délimiter 4 points de rencontre modélisant leurs rapports au récit et à l'écriture :

Fig. 2 : ***Au carrefour du récit et de la résilience***



Pour survivre en cette période de changements permanents et mouvements nécessaires, peut-être faut-il connaître les ruses du couple nomade-dromadaire, traçant dans le désert leur chemin sinueux accompagnés de leurs réserves transportables, en quête de conditions favorables.

Conclusion

Le récit peut éclairer, révéler voire activer un processus de résilience, mais sans obligation et dans l'ombre, sans éblouir, afin de déployer les représentations possibles de son existence vers des horizons qui feront signe : tel est un des enjeux majeurs que la démarche d'écriture, biographique *comme de l'instant*, met à notre portée. Ce qui nous conduit vers d'autres formes d'expression possibles, qui pourront servir autrement des objectifs analogues, résilients au besoin.

Car n'est-il pas mille et une autres façons de faire de sa vie une histoire en passant par d'autres chemins, en apparence diamétralement opposés ? Un récit sans récit, jaillissement de l'instant, sans temporalisation, voire sans mots, une expression du silence, de l'image, du mouvement, une poésie…

Épilogue

« Si l'homme fait partie de ce grand tout à la fois un et multiple, pour quelles raisons n'y aurait-il de pas de Printemps Humain, de Cerisiers en Fleurs ?

Existe-t-il un déterminisme géographique de la résilience, une influence solaire, des petites météorologies du corps meurtri ?

Peut-être qu'il existe toujours un après qui recommence, c'est tout, un printemps pour sortir de l'hiver, le retour des pluies après la période sèche, un état qui succède à l'état mais dont ne nous prenons pas cas, tout absorbés que nous sommes par nos convictions, par notre désir d'infléchir le désir au lieu de se laisser guider par lui.

Peut-être que la résilience est juste un phénomène non-agi et que ce que l'on considère comme étant de la résilience n'est que la prise de conscience de ce phénomène, tout simplement. Dans ce cas le retour sur soi est nécessaire, comme un repliement, un enroulement, une vis sans fin, un mouvement perpétuel... » Éric Milet (*courriel*, juin 2012).

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Study on the remigration of Romanian children: 2008-2012. Quantitative and qualitative aspects

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Abstract:

Over 21.000 children returned to Romania during January 2008-May 2012, as a result of a failure in the migration plans of their parents. Using the Strengths and Difficulties Questionnaire, a sociological questionnaire as well as focus groups, the research highlights reintegration difficulties for approximately 30% of the children investigated.(SDQ was developed by R. Goodman in 1997 and normed on the Romanian population in 2010.) They show a significant/major risk of developing a specific disorder from the prosocial spectrum: emotional symptoms, conduct problems, hyperactivity/ inattention and peer relationship problems. These children require additional attention from their families but also psycho-social assistance and specialized support for their school adjustment.

Keywords: *remigrant children, readjustment, emotional symptoms, conduct, hyperactivity/ inattention, peer relations.*

The remigration of the romanian children – context

The present research investigates a subject that is rarely approached in the professional literature. With the exception of Félix Neto from the University in Porto, nobody studied and published about the phenomenon of child remigration and its consequences [15]. (For the purpose of this study the term remigrant child refers to a child who returned to the home country after having moved to/with his/her migrant parents abroad to live there (as opposed to going abroad for a vacation).

Contemporary migration patterns are however largely driven by globalization and economic push-pull factors, such as the labour needs of income-rich countries and the wage levels of income-poor countries. (...) This multi-faceted phenomenon which on the one hand provides opportunity for financial betterment, cultural exchange, language and skill development, and yet on the other, is too often a process of loss, displacement, alienation and family separation [16].

Italy and Spain are the main countries from the EU where Romanian citizens have migrated for employment [31]. As result of the way they were affected by the separation from children left in Romania, many of the migrating parents have chosen as a viable solution to take the children with them in the country where they worked, thus minimizing the problems caused by separation.

As a result of the failure of migration plans of families many children returned to the country of origin (Romania). The study finds that some of the children who return experience re-adjustment difficulties that might compromise their adjustment and subsequent development if the specialized support is lacking.

From January 2008 to May 2012, 21.325 children returning from Italy and Spain applied for the recognition of their studies and re-enrolment in the Romanian educational system.(Response address No. 49367/27.07.2011 from the Ministry of Education, Research, Youth and Sports, *Department for the Equation and Recognition of Studies* completed with Response address No. 802_CNRED/18.05.2012/N.V)

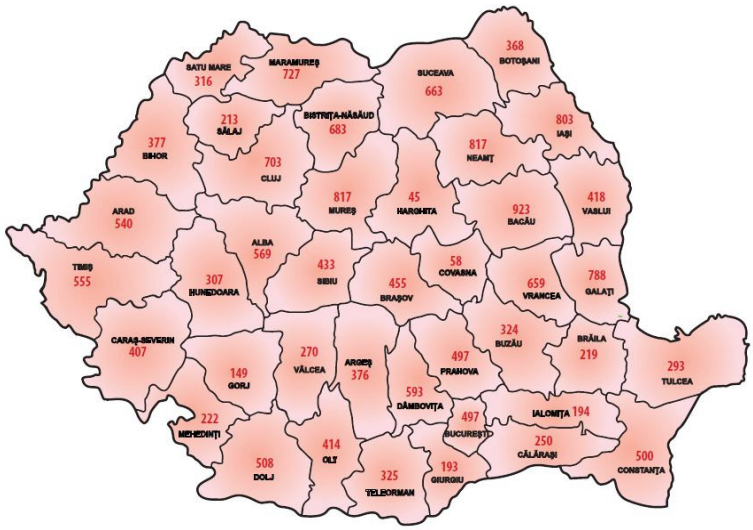


Fig.1 The distribution per county of remigrant children returning from Italy and Spain who applied for the equivalence of their studies during January 2008 - May 2012

The study examines four aspects of well-being: mental health, psychosocial needs, education and social integration.

Description of the sample

The study is largely based on the perception of children re-enrolled in the Romanian educational system with regards to remigration. The study was conducted during September 2011 – May 2012 in Romania.

1.1 Investigated population

1.1.1 a. Remigrant students

Quantitative data about migration was collected by applying a questionnaire to a total number of 245 children from 6 counties of Romania: Vrancea and Vaslui (Moldova), Buzău (Muntenia), Dolj (Oltenia), Arad (Crişana-Maramureş) and Cluj (Ardeal).

The questionnaires were applied by professionals from each of the counties, respecting the scientific principles for certifying the accuracy of data and of the ethical procedures.

In order to collect the qualitative data a focus group was organized in each of the following counties: Buzău, Vaslui and Vrancea with the participation of a total number of 23 children (boys and girls aged 12 – 17, living both in urban and rural areas).

1.1.2 b. Parents

Parents' perception on migrating children returning to Romania was investigated in 3 focus groups (one in each of the counties Buzău, Vaslui and Vrancea) with the participation of 16 parents/care givers.

1.1.3 c. Stakeholders: school counsellors and other child protection professionals

Three focus groups (in Buzău, Vaslui and Iasi) with the participation of 21 school counsellors and other child protection professionals were organized for the purpose of analysing issues regarding the readjustment of children after their return to Romania.

The instruments used in the research

a. The sociological questionnaire was drafted according to the principle of logical and psychological succession of questions. It was structured on four sections: the structure of the family and the person/persons looking after the child, information regarding the emigration, information on remigration and readjustment in Romania and factual data.

b. The Strengths and Difficulties Questionnaire (SDQ) is a simple but efficient instrument in screening children and teenagers' behaviour in order to identify four types of difficulties and the way they affect their daily life (emotional symptoms, conduct problems, hyperactivity/inattention and peer relationship problems). This questionnaire was normalized for the Romanian population in 2010.

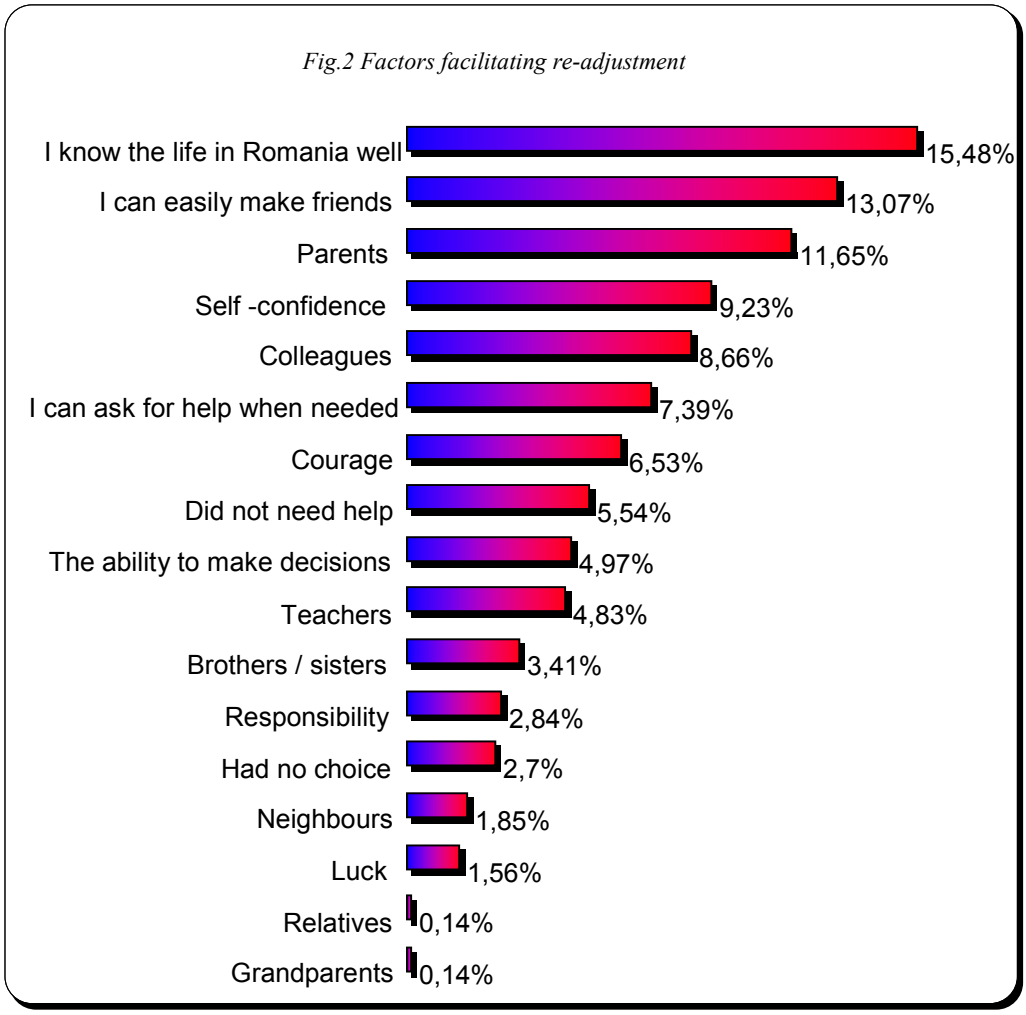
The research design and also the implementation activities that involved children have been carefully planned and organized so as to respect children's rights. The ethical aspects of this research project were supervised by Professor Doina Balahur, PhD.

Quantitative findings

1.1 Factors facilitating re-adjustment of remigrant children

The following chart (Fig. 2) shows the percentage of answers given by the remigrant children regarding the factors which, in their opinion, have facilitated their readjustment to the life in Romania:

Fig.2 Factors facilitating re-adjustment



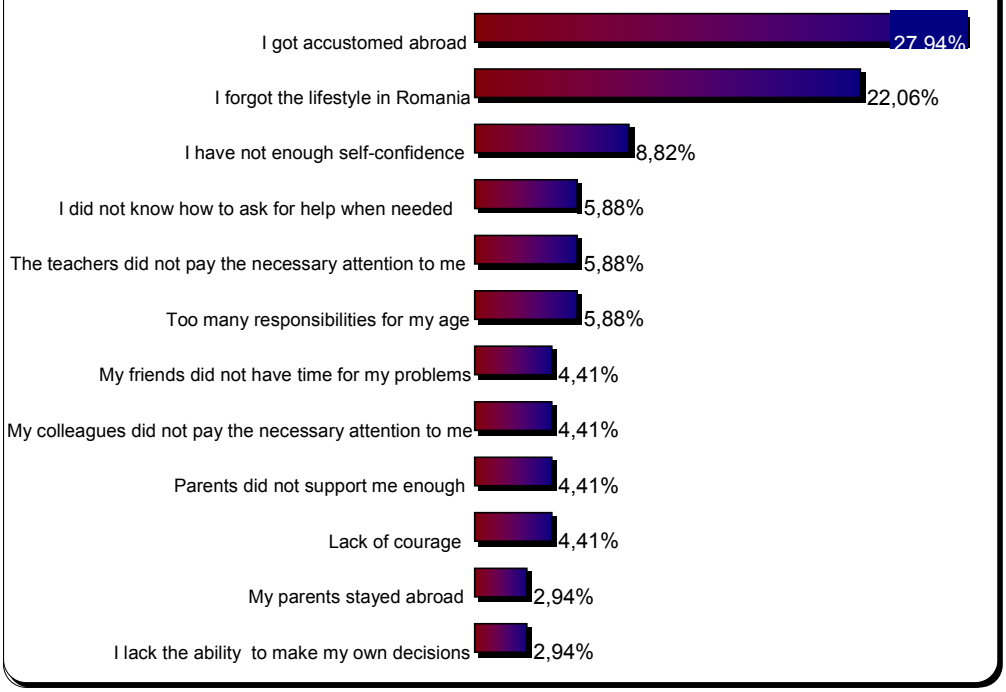
When reading the chart (Fig.2) we should take into account that the question regarding the factors facilitating the re-adjustment implied the possibility that a respondent may give more answers and therefore the presented percentages refer to the 704 valid answers from the 218 respondents considering they have readapted to the life in Romania.

From the perspective of the resilience factors (Ionescu, 2009) the child's perception is that his/her personal success with regards to readjustment is due mainly to individual factors (61.07%), followed by family (15.34%) and community (15.34%) factors.

1.2 Factors inhibiting the re-adjustment of remigrant children

The following chart (Fig.3) shows the percentage of answers provided by the remigrating children with regard to the factors which, in their opinion, inhibited their re-adjustment to the life in Romania.

Fig.3 Factors inhibiting readjustment:

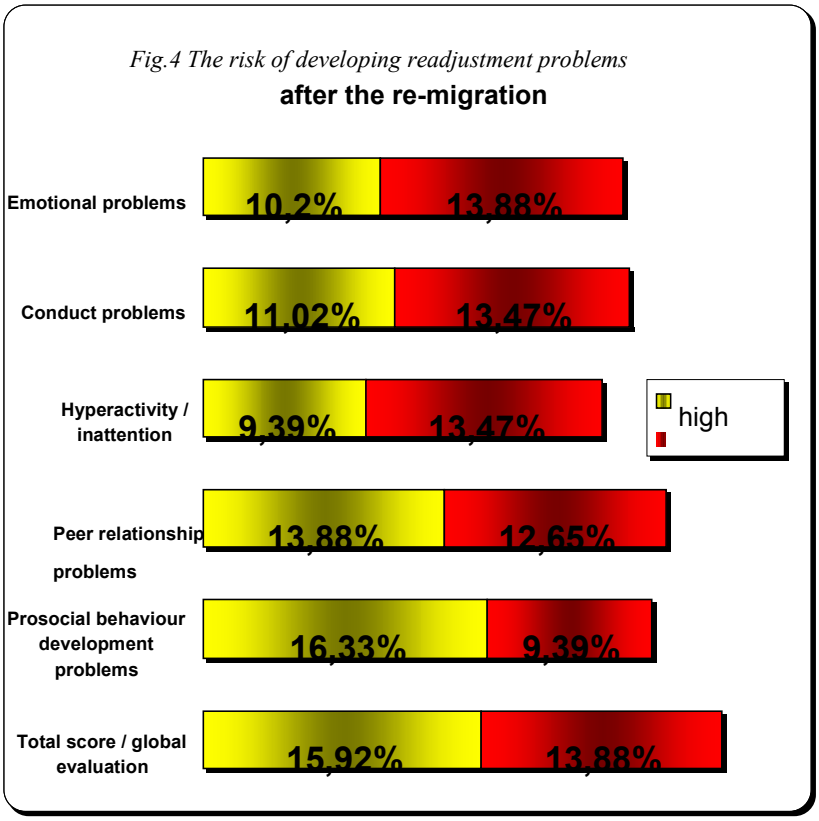


When reading the chart we have to take into account that the question related to the factors which inhibited the readjustment allowed a respondent to give more answers, but it was addresses only to those children who consider they have not readapted, therefore the percentage shown in the graphic representation refer to the 68 valid answers obtained from the 25 respondents considering they have not readapted to the life in Romania.

From the perspective of the resilience factors (Ionescu, 2009) the child's perception is that the factors which inhibited his/her re-adjustment are mainly to individual (77.95%), followed by community (14.7%) and family (7.35%) factors.

1.3 The risk of developing readjustment problems after the remigration

The following chart (Fig.4) provides data regarding the risk to develop different types of problems for children returning to Romania after a period of time spent abroad:

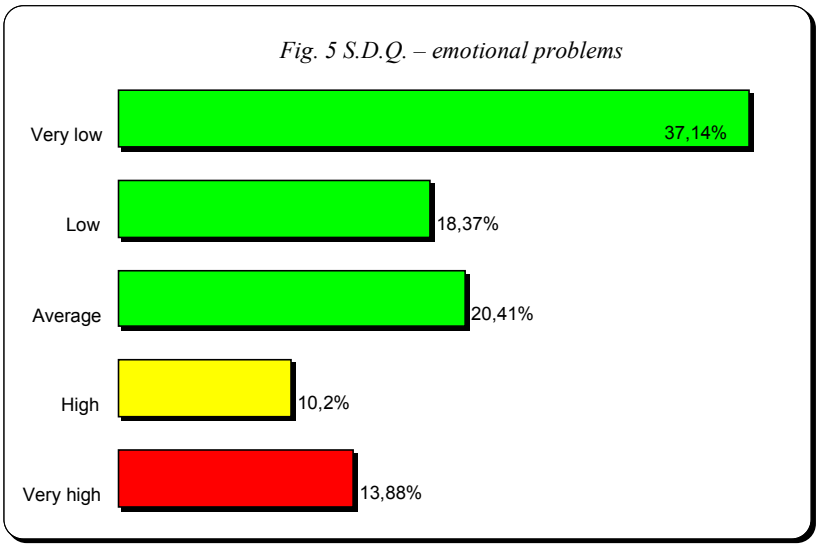


According to the statistical data shown in the chart, around 10% and 15% of children returning to Romania show a significant (high) risk of developing a specific disorder (emotional, conduct, attention, peer relationship), these children requiring a special attention from the family, the social environment and also specialized support.

At the same time, other 10%-15% of the children returning to Romania show a major (very high) risk of developing a specific disorder such as the above-described, their subsequent development as well as adjustment to social and educational requirements being compromised to a great extent if not supported by specialized intervention in order to maintain their psychosocial development within the limits of normality.

1.4 Emotional Problems

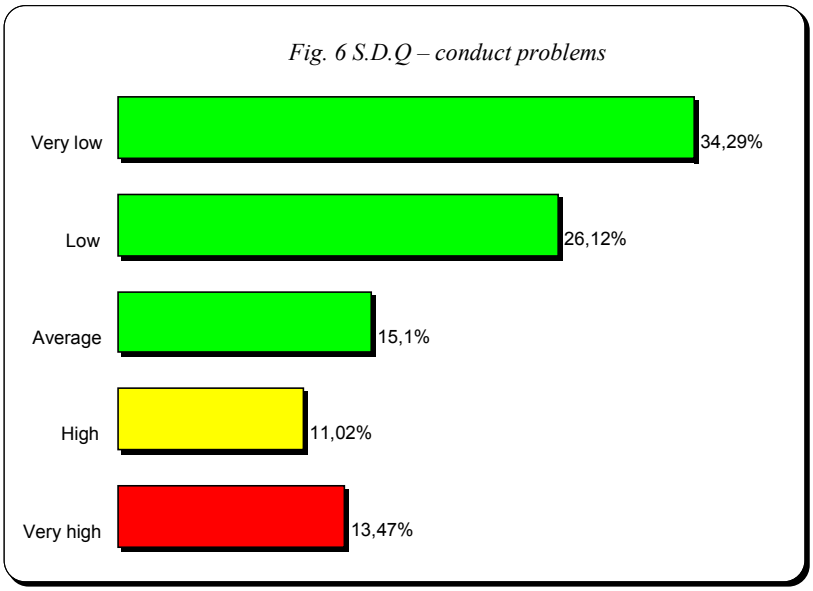
The following chart (Fig.5) shows the distribution of standard scores obtained by the children for the scale of evaluation of emotional difficulties in the S.D.Q.:



With respect to the emotional problems, the risk is minimal in approximately 76% of the cases, while approximately 10% of the remigrating children show a significant (high) risk of developing emotional disorders. For approximately 14% the risk of developing such disorders is major (very high), requiring specialized intervention.

1.5 Behavioural difficulties

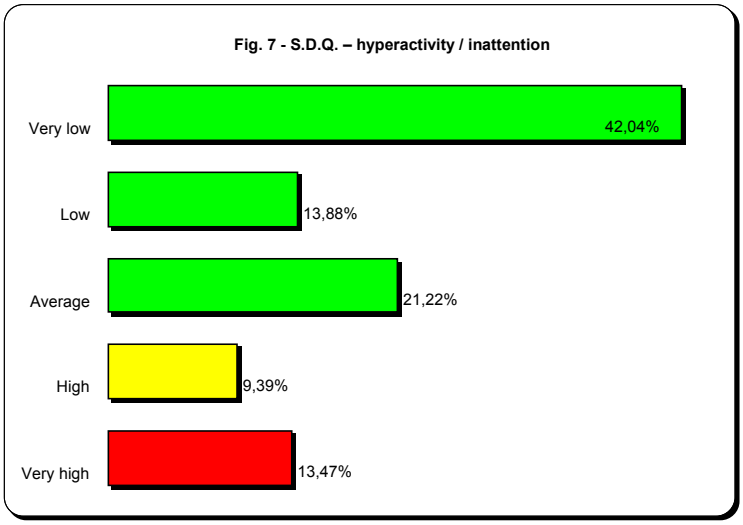
The following chart (Fig. 6) shows the distribution of standard scores obtained by the children for the scale of evaluation of conduct problems in the S.D.Q.:



With regards to conduct disorders, they show a minimum risk of occurrence for approximately 76% of the children returning to Romania, a significant risk for approximately 11%, but for approximately 14% of the remigrating children the risk of developing conduct disorders is major, hence the necessity of specialized intervention.

1.6 Hyperactivity/inattention

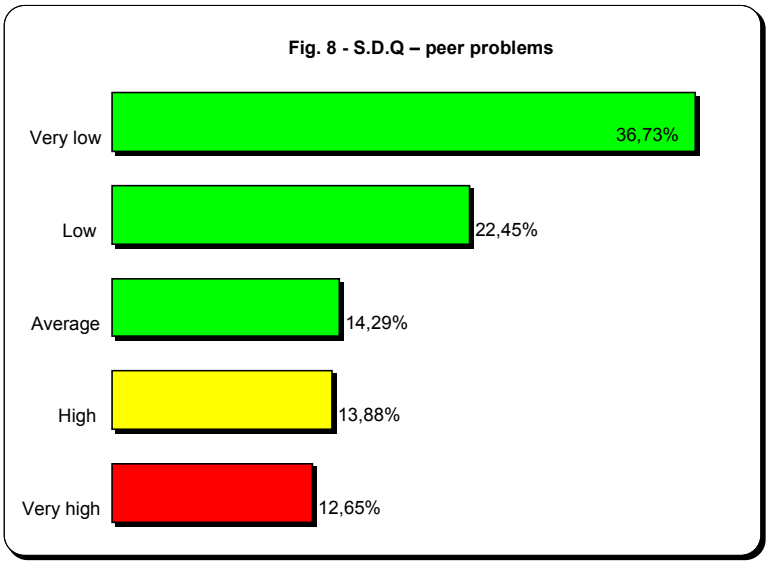
The following chart (Fig. 7) shows the distribution of standard scores obtained by children for the scale of evaluation of inattention/hyperactivity in the S.D.Q.:



As described in the chart (Fig. 7), the hyperactivity/inattention disorders do not affect approximately 76% of the children returning to Romania, but for almost 10% of them there is a significant risk of developing such disorders and in approximately 14% of the cases it is necessary to apply specialized intervention, the risk of developing such disorders later on being major.

1.7 Peer relationship difficulties

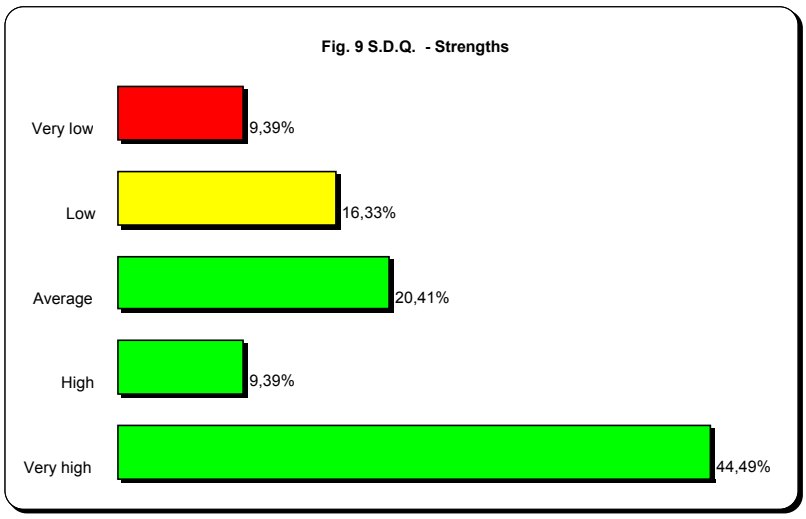
The following chart (Fig. 8) shows the distribution of standard scores obtained by children for the scale of evaluation of peer relationship problems in the S.D.Q.:



For 73% of the children returning to Romania after an experience abroad the risk of developing peer relationship problems is low, nevertheless, in almost 14% cases of children returning alone there is a significant risk, showing the necessity of additional attention and support while for nearly 13% of these children the risk of developing peer relationship problems is significant, showing the necessity of specialized intervention.

1.8 Strengths (prosocial behaviour)

The following chart (Fig. 9) shows the distribution of standard scores obtained by the children for the scale of evaluation of strengths in the S.D.Q. It is necessary to say that when reading the prosocial behaviour scale, the symptomatic scores are the low and very low scores corresponding to difficulties in developing prosocial attitudes and behaviours.



According to the statistical data shown in the chart (Fig.9), the development of prosocial behaviour is plausible for approximately 74% of the remigrating children. Approximately 10% of the children returning to Romania present major risks of having problems in identifying their own strengths and developing prosocial behaviours, requiring specialized intervention.

Qualitative findings

The focus groups with children and parents/caregivers allowed the researchers to conclude that the remigrant child has both positive and negative traits. Often times the child knows the language of the foreign country he/she lived in; is familiar with another lifestyle and is nostalgic about it; is appreciated while abroad for his/her remarkable school performances and general knowledge. At the same time the child may: have medium or high levels of anxiety; be fearful; be avoidant of relationships with adults as well as with peers; have no constant preoccupation for social relations and for involvement with groups of peers; have low self-confidence; have low aspirations, including low school expectancies; repeat at least one grade which he/she already graduated from while abroad, sometimes without understanding why.

1.1 Children

The general attitude of children towards their re-adjustment in Romania is generally a reflection of parental attitudes: they internalize the reasons stated by their parents with regards to emigration and remigration, they emphasise school performance as an indicator of re-adjustment (when asked about the difficulties faced when returning to Romania, the first elements mentioned are all related to education), they have a reserved attitude in recognizing the existence of other types of reintegration difficulties and are reluctant to discuss their feelings and in particular to ask for specialist support.

The low level of aspirations consecutive to remigration can be correlated with a decreased self-esteem, which can be explained by referencing to emigration and remigration as successive failures. Also, the student has to repeat classes which he already promoted, which is felt subjectively as a personal failure, especially if the child and parents are not told clearly the objective reasons which led to the enrolment of the child in a class behind the "normal" level according to age. Furthermore, the social and cultural reintegration problems may influence significantly the child's self-esteem.

1.2 Parents

The general attitude of parents towards the adjustment of children in Romania is centred on the school reinsertion and on the support given to the children in order to face effectively the school tasks.

Parents were considerably less interested in discussing the children's rebuilding of social relationships or aspects of psychological nature associated to their remigration.

The direct consequence of this parental attitude is a high degree of interest for supporting the child for school readjustment (including the child in additional after-school educational activities, helping the child with homework etc.) but not for his/her social and cultural adjustment.

They do not take into consideration the help of a professional (psychologist, school counsellor etc.) for the facilitation of the social reinsertion of the child and minimise the effects of the changes associated with remigration (leaving friends and routines behind, socialization issues, sometimes even the language barrier).

On the other hand, we found a high level of availability of parental support for children, parents being generally willing to make efforts to support them in these difficult times, but these efforts are limited by restrictive views on the needs of children. The lack of parental involvement in the social reintegration and cultural readjustment of the child does not reflect a lack of interest on the part of the parents but merely that they do not identify a specific need of the child in this regard.

Conclusions of the research

The children's support structure in their efforts to readjust in Romania reflects a dual relation to external and internal factors, without a clear predominance of one category of factors but demonstrating the necessary involvement of other persons (parents, colleagues, teachers, etc.).

The analysis of the SDQ data highlighted a higher frequency of peer relationship problems (due to the change of social norms, group of friends and of the rules of interaction with peers) and a lower risk of hyperactivity/inattention.

Around 10% and 15% of children returning to Romania show a significant risk of developing a specific disorder (emotional, conduct, attention, peer relationship), demanding a special attention from the family, the social environment and also specialized support. At the same time, another 10%-15% of the remigrant children show a major risk of developing such disorders, their subsequent development as well as adjustment to social and educational requirements being compromised to a great extent if not supported by specialized intervention in order to maintain their psychosocial development within the limits of normality.

With respect to the emotional problems, the risk is minimal in approximately 76% of the cases, while approximately 10% of the remigrating children show a significant (high) risk of developing emotional disorders. For approximately 14% the risk of developing such disorders is major**,** requiring specialized intervention.

With regards to conduct disorders, they show a minimum risk of occurrence for approximately 76% of the children returning to Romania, a significant risk for approximately 11%, but for approximately 14% of the remigrating children the risk of developing conduct disorders is major, hence the necessity of specialized intervention.

As described in the chart, the hyperactivity/inattention disorders do not affect approximately 76% of the children returning to Romania, but for almost 10% of them there is a significant risk of developing such disorders and in approximately 14% of the cases it is necessary to apply specialized intervention, the risk of developing such disorders later on being major.

For 73% of the children returning to Romania after an experience abroad the risk of developing peer relationship problems is low, nevertheless, in almost 14% cases of children returning alone there is a significant risk, showing the necessity of additional attention and support while for nearly 13% of these children the risk of developing peer relationship problems is significant, showing the necessity of specialized intervention.

According to the statistical data shown in the chart, the development of prosocial behaviour is plausible for approximately 74% of the remigrating children. Approximately 26% of the children returning to Romania present significant and major risks of having problems in identifying their own strengths and developing prosocial behaviours, requiring specialized intervention.

From the perspective of the resilience factors (Ionescu, 2009) the children's perception is that their personal success with regards to readjustment is due mainly to individual factors (61.07%), followed by family (15.34%) and community (15.34%) factors. The children's perception on the factors which inhibited their re-adjustment is that these are mainly individual (77.95%), followed by community (14.7%) and family (7.35%) factors.

The conclusions of the study presented in this article may help practitioners in developing models of intervention for the children affected by remigration. Also, it represents a starting point for future studies in the resilience of the children affected by remigration.

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The role of family and school in self identity formation of teenagers

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Abstract

Adolescence represents the conflict between ideal and actual values,from a moral, social, and educational vantage point leading to an outline, structure, organisation, and hierarchy of their values in relation to the socio-cultural value-system.
Identity means being the same from one moment to another, from one day to another. Teenagers are looking at this period to strengthen an identity from a personal, vocational, and spiritual perspective and even to identify themselves with a professional role. It is well-known that adolescents attempt to stand out by means of behaviour, attitudes, and especially by appearance, and style. They try to play various roles without engaging into any of them in a committed manner. This is the stage in which a frequent query is raised: "Whom am I?" What is more, teenagers display an unwished conflict by means of the internal conflict they undergo *per se*: "Should I have the initiative to do a certain thing?" On the one hand, they wish to engage in a particular action, but on the other hand, they are inhibited by their parents and teachers whose roles are to direct and limit their every single enterprise. To sum up, they would like to play an active part, but they are deterred by too much responsibility. The research we have carried out targets students with age ranges between 18 and 25, which is the stage of late adolescence.

Key words: adolescents, family, school, education, identity.

Introduction

We can find many references to the role of family and school in the self-identity formation of adolescents in specialised literature: [1],[2],[3],[4],[5],[6],[7],[8],[9],[10],[11],[12],[13], etc.

The socio-cultural and economic environment is of paramount importance since it has a direct influence on the manner in which family and school approach various education styles.

Alfred Adler, makes use of a metaphor in his book *The Understanding of Life*, in the chapter bearing the title "The Style of Life", to illustrate how two different types of trees can be recognised: "If we look at a pine tree growing in a valley we will notice that it grows differently from one on top of the mountain. It is the same kind of tree, a pine, but there are two distinct styles of life. Its style on top of the mountain is different from its style when growing in the valley. The style of life of a tree is the individuality of a tree expressing itself and moulding itself in an environment. We recognise a style when we see it against a background of an environment different from what we expect for then we realise that every tree has a life pattern and is not merely a mechanical reaction to the environment."[14]

This aforementioned conjecture can be adapted to what teenagers undergo in nowadays' society. The essence of a life pattern roots in the originating environment. An improper social environment, whether it is only a family environment with shortcomings, can lead to an unhealthy life-style. Children, teenagers born in underprivileged or financially-challenged families, deprived of adequate education, will build a life-style in accordance to the "prototype" designed for them in their childhood, in that very environment. There is, however, the opposite case in which children develop a "healthy" life-style due to a favourable climate. It may be claimed that all these major differences only lead to either a more appropriate social adaptation in relation to the current social demands, or to social maladjustment, a social and personal failure of the individual.

If this occurs in most cases, there are situations when a person, albeit growing in a problematic environment, may develop a "healthy" lifestyle which constitutes a happy scenario. Conversely, there are individuals who live and thrive in an appropriate social environment, but who, eventually, create an unhealthy or problematic lifestyle for themselves. In such cases, one or more triggering factors may arise, such as: genetic material inherited and acquired, ambition, aspirations, motivation, etc.. Adolescence is a springboard towards

adulthood, thus, teenagers assess their experience by asking two major questions related to their identity: *Who am I?* and *What will I become?*

Education achieved both through family life and school contributes extensively to adolescent identity formation. Family and school are intertwined and we cannot refer to one without including the other. In order to achieve the targeted results, there should be a close relation between them of constant communication, collaboration, support, and networking. A parent's "mission" would be to determine the child to become autonomous, independent, and able to fend for himself. Nevertheless, it is of utmost importance that parents have a certain degree of education, so that they, in turn, are endowed with the necessary skills to cultivate their children.

Methodology

The method that we have used in the research under scrutiny was that of the case study, namely the study of ten cases. The case studies were conducted from February to May 2013 targeting college students in the first and third year, respectively MA students of the West University of Timisoara.

The theoretical grid for the case studies was based on multiple sources: direct and indirect observation (as a teacher I had the opportunity to interact with students for at least one semester and indirectly, to obtain information about them from my colleagues and their colleagues), participant observation, various documents (through certain tests, quizzes or sheets - that were taken from specialised literature - namely C.S.E., behavioural expression, identity - confusion stage, my Diploma Paper, Strengths and Weaknesses, Self-knowledge, auction values, What is important to me?) and a semi-structured interview with topics mentioned *a fortiori*: adolescence, education, family, school, around which discussions were held. I would also like to mention that most interviews were conducted over a timespan of two hours. In the ten case studies we have performed the explanations were provided in narrative form.

The conjectures of the research were:

If adolescents (the students targeted) have a solid self-esteem, then they also have a well-defined identity.

If teenagers (students) really know who they are (what their skills, abilities, values, and principles of life are), what their self expectations are and those of the others, then they have a well-defined identity.

If parents/teachers are involved effectively in their relation to adolescents (grants for quality, communicate assertively, are engaged, optimistic, offering advice when they are required, etc.) then teenagers achieve success in school, in their professional life, and, moreover, they become responsible persons gaining independence both socially and psychologically.

Results

To further proceed with my analysis, a few selections were made from two case studies: I. N.C. is 19, she is a first year student in a scientific profile college. She is an only child and lives with her parents. Her mother is a housewife and her father a security guard. The N.C. couple wanted to have a perfect child, and, therefore, have inculcated a fear of failure, a fear of not being among the best. "I have little confidence in myself, and I often tend to underestimate myself. I have had a fear of failure and uncertainty since I was small, especially in elementary school. My parents have always reiterated that I should be the best and have managed to instil this idea in my head, thus, I have begun to tend towards perfection, not wanting to fail, and it is this fear that makes me insecure in my course of action (especially after I was told in the end, in an "encouraging" tone that I was not good enough by my parents). In highschool she was granted the third place award in the National Olympics, in a humanistic discipline section, and her parents, instead of congratulating her on the achievement, criticised her, pinpointing that she should have won the first prize like her friend!

"I firmly believe that I am an open-minded person, but sometimes major and drastic changes can negatively affect me. Instead I believe that people can trust me because I prefer helping others, urging them to hope for something better, to helping myself. I'm not stubborn, I have a definite sense of observation. I am ambitious and always wish to achieve more from myself. As for future plans, I trust the future, everything should be fine , but the fear of making a wrong decision is very strong. I am a rational human being, but most of the time, I am trying to find a balance between the mental and the emotional levels. Before doing something I think extensively about the consequences, and sometimes tend to analyse things to the tiniest detail which can be a disadvantage. I like to hope for the better, to dream, but I also fight for what I want. Besides all that, I like being carried away and not to oppose certain things pertaining to the future, different circumstance ."

N.C. confesses in the interview that she feels smothered by parental protection, that her freedoms are restricted and what affects her the most is the fact that her parents do not trust her. An eloquent example of their distrust is the fact that they falsely suspected her of consuming drugs and alcohol when, in effect, "it was quite the contrary", she was "a quiet teenager." Her first love was in the ninth grade and her first relationship was in the eleventh grade. Now she has a boyfriend, and it seems to be a stable relationship, although there are still

some inconsistencies. Love "influences me in everything I do". Freedom, love, responsibility, honesty and faith are of utmost importance to her (as inoculated by the family). N.C's family atmosphere is strained with many arguments, mainly because her mother is a "perfectionist " and expects everything in the house to be immaculate in terms of cleanliness. Most conspicuous is N.C's confession in the interview regarding the labels she was attributed by her parents and that she had begun to believe in them. Why did this happen? "Because they have known me ever since I was born, they are the persons who know me best. "In highschool she avoided going out on account of physical insecurities (she considered herself fat with ugly hair, therefore, she had her hair cut short and unfortunately her parents made her feed on such insecurities). She resorted to writing in order to vent out these frustration and her unrequited love. What is more, the fact that her desire to play the guitar was stifled by her parents who forbade it to her created further frustrations. She has had the same one best friend since her ninth grade. For some time, she has not cared about what others may think. She found her first college semester to be rather difficult since she graduated a philology profile high school, but managed to overcome the exam session period successfully, obtaining a grant as well. In addition, she feels very confused about college since she fears she is not going to find a proper job, fear maintained by some teachers who keep telling them that "they will not become anything career-wise." All in all, N.C. aims at exceeding herself by being "a good example for my kids and not indulge in the same mistakes that my parents made with me."

II. O.D. is 22 years old, she is a Masters student, has a younger brother than her with whom she has a pretty good relationship and to whom she was more of a mother than a sister. When she was an eighth grader, her mother went to work in Germany and she had to bear the encumbrance of all household responsibilities. O.D. defines herself as being "a person who always thinks what others expect from her." O.D's dream was to pursue a medical career, but parents disagreed on account of high tuitions fees they could not afford. She submitted application forms to several colleges and chose the one that offered her a full-grant. From the very beginning she took cognisance of the fact that the chosen faculty did not represent her in any way, however, she did not give up abiding by her parents' desires, trying to make them proud. Her parents taught her that once something is started it should also be finished. To O.D's parents it did not really matter what kind of college it was, how it would help her after graduation, whether it was suitable to their daughter or not, all that mattered was that she obtained a subsidised place in college. O.D. describes her father as being authoritarian and having expectations of her to score only the maximum grade, while her mother was uninvolved in her view: "my mom was very busy with household problems, worked very hard both at work and at home." Whenever O.D. asked her mother's advice regarding decision making, she would always receive the same answer: "it's up to you/as you wish." In order to gain financial independence, O.D. is working at a bar. The most cherished values to her are honesty, respect, professional development and involvement in as many social projects. In addition, she confesses that she feels insecure and indecisive, does not know what path to choose, especially regarding professional life.

Many teenagers struggle with a low self-esteem. They feel useless, helpless, desperate, *inter alia*, corollary to underestimating themselves and indulging in self-pity, etc.. "Home remains the main source that engenders happiness, safety and stability for a teenager, determining how the teenager relates to adults, peers or younger children, boosting his/her self-confidence, and incurring reactions to new or unfamiliar situations. Home influences most profoundly adolescent life." [15]. The fact of the matter is that if we place education in the context of the modern family, the fast pace of life and high amount of stress within our society should not be eschewed. It is well-known that people have become more money and career-oriented, leaving less time for parents to handle their children in-between their busy working lives. The question that arises is how much quality time do parents devote to their teenager children? It is often the case that parents fail to communicate with their children, despite catering to their material needs. The propensity of other parents to provide their children with home-tutoring as means of compensation for their absence is also rather common. Thus, the feeling of absence guilt is superseded by mental comfort.

In addition, there is a social phenomenon in Romania with one or both parents working abroad and leaving their adolescent children to make ends meet on their own and become responsible for household chores.
From the foregoing facts enlisted in this section of the research paper, it is reasonable to conclude that time is a factor of paramount importance in the cultivation of a child. Spending quality time, as well as a parent's general availability towards his child or children are key-factors to good communication. What is more, parents should appeal to their children with respect and love, bridging any generation gap that might occur, and not flaunting their life experience as arrogance. Any adolescent accepts adult advice from somebody he/she considers equal. Conversely, teenagers are known to refute advice and abiding by rules imposed by someone they perceive as having a superior attitude that is solely justified by their age, social or family rank.

Knowing the particularities of each age stage is very important in achieving education. Each stage comprises rules and discipline which should be well defined and internalised. The child should have strong role models to follow and, naturally, the first models to start from are the ones in the family. Hence, the idiom "children are the mirror of the family " is no haphazard.

Abiding by rules, being disciplined, following positive role models, internalising certain values and beliefs, adolescents will develop inner control effectively, which will help them preclude bad choices and going astray when parents are no longer with them. Nonetheless, in order for teenagers to develop a healthy sense of identity, parents should inculcate in their offspring strong self-esteem bolstered up by trust, appreciation, encouragement, patience to listen without criticising or judging, to provide alternatives when they wrong.
Another very important aspect that parents as well as teachers should consider, is the development of emotional intelligence - for instance, to help them identify their feelings, describe them, cultivate patience, empathy, learn how to manage crisis situations, how to control intense emotions such as anger, rage, to set short and long term goals, to direct them towards specific constructive groups in which they should be able to assume certain roles, as a sense of belonging is of paramount importance especially at this age, to avoid nagging, etc.

In other words, it is vital for parents to come to know and encourage adolescents to communicate assertively, to treat them with respect, trust, and to show unconditional love, to inculcate the young with the rules, values and principles of life. Teenagers have a critical need to be heard, to feel accepted and understood.
In practice, one of the main roles of school should be identity formation. Teaching is an informative-formative-educational process. The teacher is not only an informed transmitter (a specialist), but he also carries into effect the process of education *ipso facto,* bringing forth certain patterns of behaviour, attitudes, values, beliefs, skills, etc.. He/she must be a model of fairness, punctuality, objectivity and impeccable moral standard. In addition, the instructor should be open to proposals and wishes from learners, to listen, offer support and understanding as much as possible. It is also crucial that they disclose their personal side to the extent that it facilitates the students' learning process, and that they display an optimistic attitude, conveying trust and motivating performance.

The question that arises is whether the Romanian school itself has an identity, given that since 1990 it has been undergoing constant changes. On the other hand, school system education is an integral part of the social system and must be construed from this vantage point, i.e. the lack of an axiological system of the entire Romanian society is reflected in the school micro-context. Therefore, each teacher should reflect on what kind of education they want to instill, whether the instructor wants the students to be obedient, conformist, submissive, or wants them to develop a strong, dynamic, creative personality, and bring them all to a common denominator. The instructor may want them to be able to oppose divergent opinions or encourage them to be authentic, creative, develop a positive self-image through appreciation, encouragement, teach them to bring forth arguments to state their opinions, engage in debates on various topics, such as religious, ethnic, racial, political ones, in order to promote tolerance, non-discrimination, fairness towards diversity and fighting intolerance, focusing on the development of reflective thinking and self-reflection, arranging furniture in the classroom so as to promote communication, collaboration, and negotiation. The teacher is the one who can facilitate the process of discovering skills, abilities, inclinations, interests, motivations in view of a good professional guidance.

For a teacher, each student is like a rough diamond, and his/her mission is to polish the diamond so it shines forever. While good students prepare for success, the bright ones face life as it is, fraught with failures, frustrations, and various problems. Any teacher may be faced with the feeling that he/she is experiencing a nightmare in the class room, but he/she must realise that the situation is a nightmare if it so deemed. The art of teaching, respect for each student in turn, and gentleness, are the means by which adolescents can be changed for the better. Contemporary society is characterised by the ability to consume goods and not ideas, with the focus on the verb "to have", rather than "to be", and on role models deprived of values. Such a society entails no prospect for young people who feel confused, nor for the teachers and parents who feel alienated and disappointed by what they see around them.[16], [17]

As the great exegete and educator Comenius purported, a teacher resembles the farmer insofar as it is important that he prepares the soil, plants the seed, takes care of the plant with dedication, commitment, love, offering it favourable conditions for growth and harmonious development. However, he can never predict the outcome accurately because during the ageing process a series of disturbing factors may emerge. Perforce, the role of parents and teachers is to ensure all the necessary conditions for the development of an integral and harmonious personality. [18]

Conclusions

By the age of 18, an overall sense of identity emerges especially at a psychological level through the dimensions of character, attitude, motivation, and temperament .

Given the extension of social and professional identity schooling, a clear path is not yet outlined, on the contrary, most students face confusion. Many youngsters feel disoriented about their social status, triggered by the fact that they do not identify with the faculty or specialisation of choice, which in most cases was an extrinsic one, such as: the desire or constraints of their parents to enrol in a college beyond their choice that would grant them a bright future from a parental view. Another reason not to identify with college life as outscored by direct observation as well as the case studies, is that for some years now, college admission has been done based on

students submitting a file. Consequently, the criteria according to which each candidate chooses a particular college is generally fund-oriented. Their main goal becomes enrolling in free tuition programmes irrespective of their eligibility or lack of it for the chosen specialisation. Some students realise this fact during the first year of study and take action, focusing on the college that suits them, but unfortunately most of those who do become aware of it, prefer to continue their studies to the end, complete the college courses started, and even pursue a Masters programme in that field, guided by the slogan that all things started should be completed.

Positive self-esteem is related to school performance and quality interaction with parents and teachers. Many of them choose their parents and teachers as role models. There are, however, parents who only have "expectations" of their children, without giving them any credit for their success. Some parents claim that their children should only score the highest grade, without providing any positive feedback. Unfortunately, projecting their own expectations on their children and living through them, compelling them to abide by their prospects and interests, etc. deprives the youngsters to develop in healthy manner. "Parents expect their child to improve whatever they have done badly. It is often that parents impose on their child delusions and unfulfilled ambitions and thus force him/her to assume a role which may not fit." [19]

Parents who have constrained their children in different ways to score only high grades, who have laid too much emphasis on academic performance, have inculcated a perfectionist side in their children. Being conditioned by high grades, teenagers have developed a strong sense of anxiety, deeply-inveterate in the fear of not being number one and disappointing those around them. Consequently these teenagers are very fond of self-image, what others think about them and, therefore, live their lives constantly trying to please those around them, without taking into account their overall intrinsic motivation.

The social phenomenon in Romania of parents leaving to work abroad has changed teenagers who are deprived of the parental presence and encumbered with household responsibilities.

Some parents feed their children only food, and nothing for their souls, they do not try to comprehend their feelings without judging and criticising them, generally developing a quantitative relationship rather than a qualitative one.

Those parents who were able to instill their children a well-defined axiological system, will also create a clearly-contoured identity and a well-established internal control.

Having considered all of the above, we may conclude that in this period of late adolescence, students feel more comfortable about themselves and the way they look, they feel more confident, more independent, better organised, they are less liable to being influenced, they begin to identify their good qualities and become aware of their bad ones and of their weaknesses. Furthermore, religious and social ideas become attractive to them, some are terrified of the future and begin to realise what is important to them, ie they develop consciousness. On the other hand, many of them leave their parents' home during this period, they choose a profession and try to find a way to be financially independent, they become concerned with professional and personal development, initiate and engage in all sorts of projects. The group of friends from earlier stages in their life narrow down, some of them engage in romantic relationships or even get married.

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Consideration about objective measurement in the study of the individual resilience

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Abstract

If one considers the psychological resilience as a process, than changes can occur all the time and it is important to establish some measurement methods to underline modifications due to the steeling effect and the variation of the ability to cope with stress or stressors. In this paper the authors presents a multiple measurement method designed to evaluate behavioural adaptation. The stressor was the noise of a dental turbine and the considered stress indicators were the heart rate, the hand temperature and the psycho galvanic response. In order to compare the different perception of this stressor, two groups were measured.

Two groups were used and the results showed differentiated behaviour according to the degree of exposure to the stressor ante-measurement and also according to the stressor significance.

The presented experiment reveals the importance of multiple measurements when reaction to stress and resilience is evaluated. The researcher also found using statistic procedures that the results are statistical significant.

Key words: resilience, stressor, measurement, statistic

Psychological resilience evaluation

According to some authors [1], the ability to cope with stressful and painful events was labeled resilience, Also, resilience can be evaluated at the individual, group or community level [2].One can measure resilience using questionnaires, but the answer to those questioners can vary according to the moment when the answers are acquired. Also, a study [3], reviewed the measuring instruments designed to asses resilience and underlined that the instruments have been focused especially on protective attitudes.

According to authors it is important to see how a person can evolve and get to higher levels of resilience. An important indicator of the resilience process is the ability to keep constant professional skills in the presence of a stressor.

The authors think that using objective measurement techniques, can improve the evaluation of individual resilience [4].

Method

1.1 Participants

In order to study the measurement methods, volunteers students from the Mecathronics Department of the Politehnical University of Timisoara and from the Dental Medicine Faculty were involved. For the purpose a group of 16 students (both genders) was selected from the first source and 29 students from the second source.

1.2 Materials

In order to measure the reaction to stress the researchers acquired the heart rate, the hand temperature and the skin electric resistance.

The devices employed for the purpose were a digital computer assisted multimeter, a pulsoximeter and an infrared non-contact thermometer.

1.3 Procedure

The stressor was considered to be the noise of a dental turbine strongly bound to the idea of pain and discomfort. The first group of technical students was not habituated to this noise, opposite to the second group of dental medicine students habituated and frequently exposed to this noise, As stress indicators the heart rate, the hand temperature and the skin electric resistance [5], [6] have been acquired in two stages: before and after the exposure to the stressor. Later the results from the two groups in the two stages have been compared.

1.4 The goal of observations

The researchers expected to have different results from the two groups regarding the physiological reaction in the presence of the stressor. The presumption was that the first non-medical group will indicated signs of high stress and the second group, the medical one will show mild reactions to the stressor indicating that they have a good resilience when this type of stressor occurs.

Results

The studied sample consisted of a total of 45 students, volunteers, females and males. They have been divided into two groups, one with medical experience and exposed to the noise of the dental turbine and the other group with random exposure to the noise of the dental turbine and only during a medical intervention. Due to the source of each group it was expected that the meaning of the dental turbine noise as a stressor to be different and to produce different physiological reaction. In order to acquire the experiment data, the group's members have been invited to relax in a known environment, in the presence of the operator. Heart rate and skin electric resistance was measured in the relaxation state and also a thermal image of the superior surface of the hand was acquired during this state [7]. After that, each student has been exposed to the dental turbine noise. Immediately after the test the heart rate and skin electric resistance and also a new thermal image of the resting hand was acquired, corresponding to the stress state.

The null hypothesis [8], was that there is no difference between the level of the heart rate, the hand temperature and the skin electric resistance when passing from relaxation state to the exposure to the dental turbine noise.

The SPSS software was applied [9], to run the paired T-test for the variables mentioned above and to find the level of significance. In this study the heart rate was labeled FC abbreviation meaning " frecventa cardiaca" or heart rate in English,, the electric resistance of the skin was labeled RED abbreviation meaning " reactie electrodermala" or electrodermal reaction in English and the temperature of the hand was labeled T, abbreviation for "temperatura" or temperature in English.To differentiate between the relaxation state and the exposure to the stressor the abbreviations corresponding to the relaxation state used the subscript "0" becoming FC_0, RED_0 and T_0.

In the following images the variation of the FC, RED and T is presented for the two studied groups.

According to Fig.1 and Fig.2 the electric skin resistance (RED) drops in the presence of the stressor for both groups, immediately after the exposure to the noise of the dental turbine. This phenomenon has a short period of manifestation and soon the electric skin resistance gains his initial value.

This aspect is important for further evaluations, due to the fact that it proves how different stressors can act on a person. The general reaction described by the sudden drop of skin electrical resistance indicates that not the significance of the stressor is important in this case, but the acoustic pressure applied suddenly triggering the psychosomatic reaction.

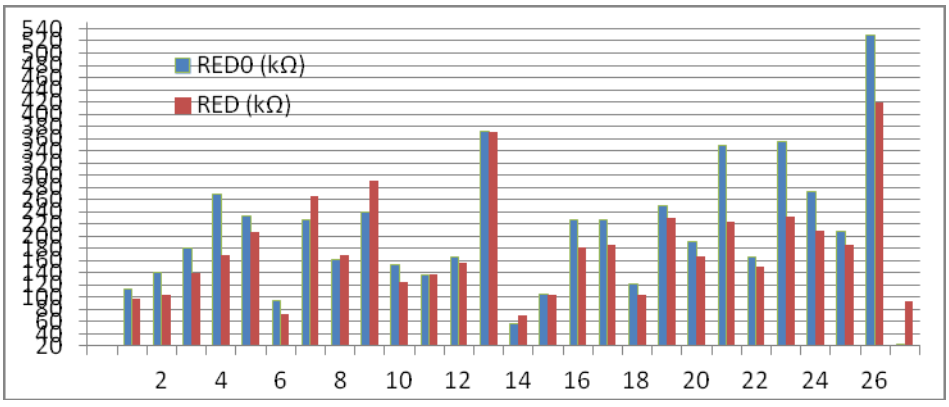

Fig.1. Medical group skin electric resistance variation before and after the occurrence of the stressor

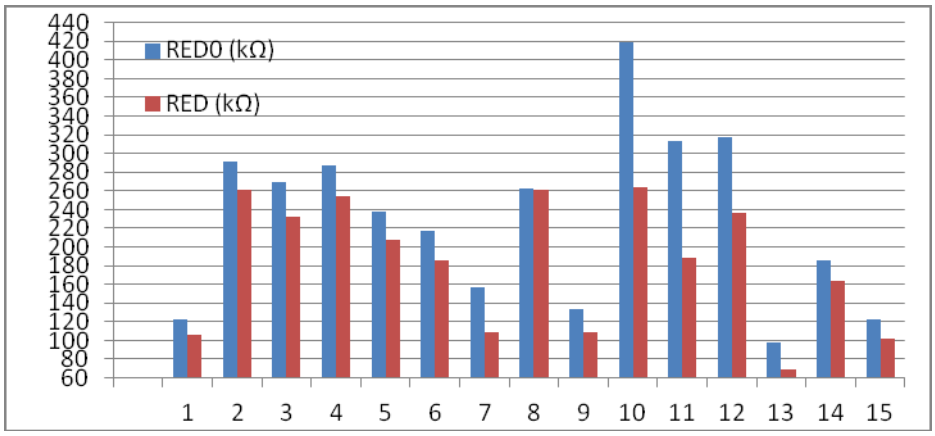

Fig.2. Non-medical group skin electric resistance variation before and after the occurrence of the stressor

According to Fig.3 and Fig.4 the heart rate (FC) increases for the non-medical group and has little or no variation for the medical group in the presence of the stressor.

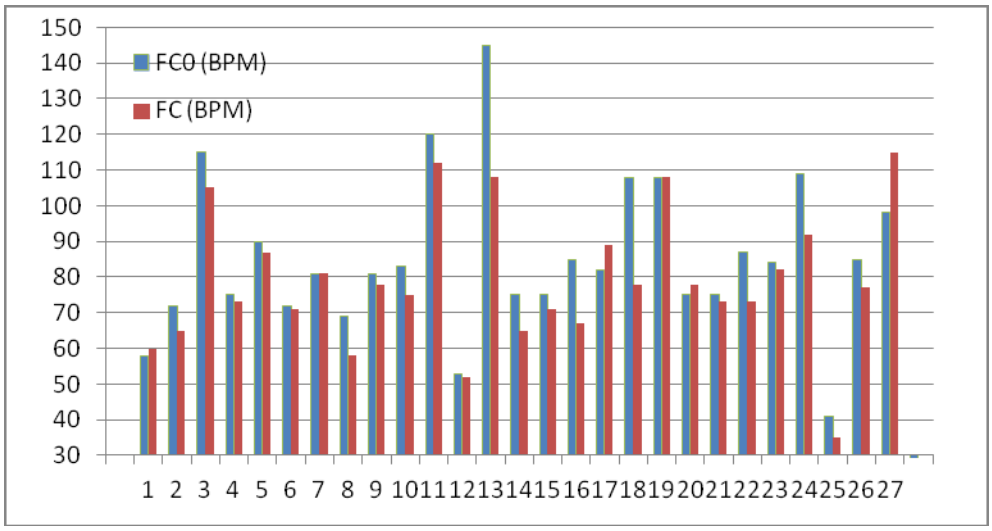

Fig.3. Medical group heart rate variation before and after the occurrence of the stressor

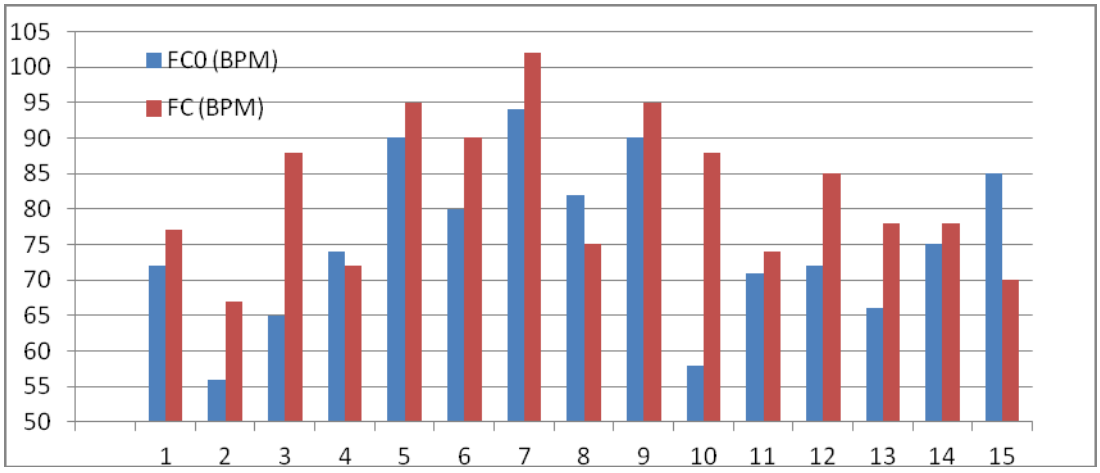

Fig.4. Non-medical group heart rate variation before and after the occurrence of the stressor

According to Fig.5 and Fig.6 the hand temperature (T) increases per general, for the medical group and drops for the non-medical group, in the presence of the stressor

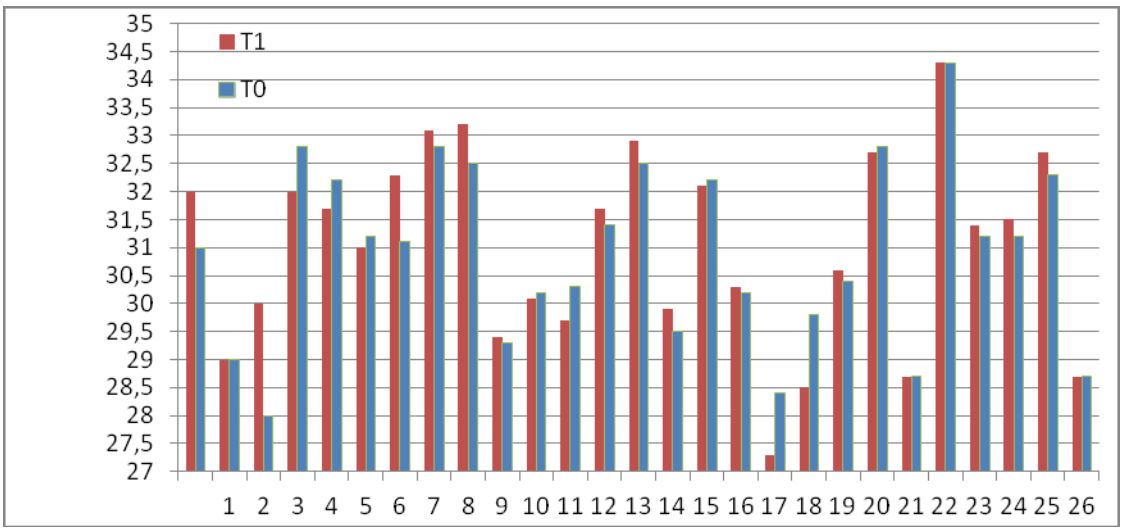

Fig.5. Medical group hand temperature variation before and after the occurrence of the stressor

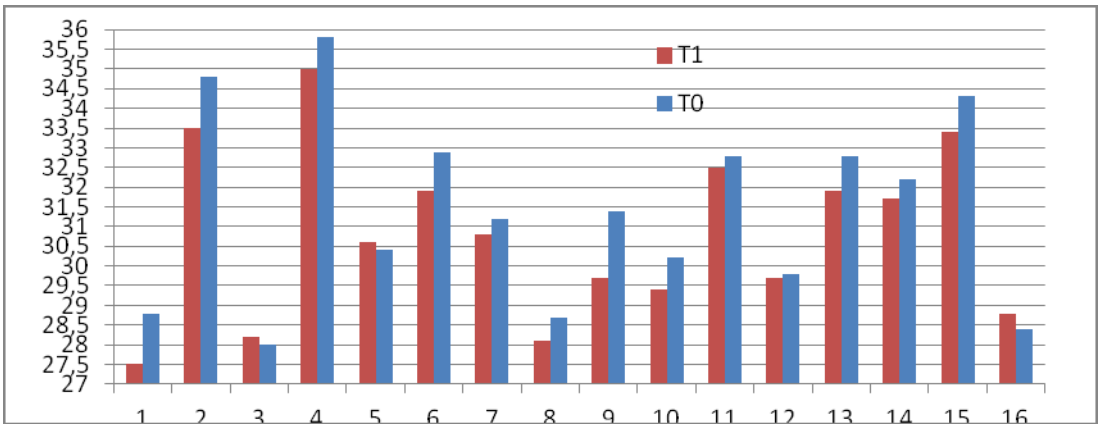

Fig.6. Non-medical group hand temperature variation before and after the occurrence of the stressor

The level of significance for the variation of the skin electrical resistance was p=0.000 for the medical group and p=0.008 for the non-medical group.

Also, the level of significance for the variation of the heart rate was p=0.0004for the medical group and p=0.02 for the non-medical group.

The level of significance for the variation of the hand temperature was p=0.492 for the medical group and p=0.001 for the non-medical group.

Discussion and conclusions

The results indicated that there is a difference between the heart rate, electric skin resistance and hand temperature values before and after the exposure to the dental turbine noise as a stressor [5], as one can see in Fig.1 to Fig.6. The authors underlined that the electric skin resistance has dropped for the both groups, according to Fig.1 and Fig.2, due to the mechanical stimulation of the auditive receptors. Contrary to the estimated results, the hand temperature generally increased for the medical group, see Fig.5, indicating a better blood flow and as a consequence, better dexterity. The non-medical group recorded a drop of the hand temperature, according to Fig.6, indicating the installation of stress [10]. Also, the heart rate increased for the non-medical group, see Fig.4 and generally dropped for the medical group; see Fig.3, showing the continuity of the professional efficiency level for the dental medicine students. The research revealed that a stress factor such as the noise of the dental turbine, produces different effects on the professionals and on the pacients.On the professional group of dental

medicine students, the research data indicated that the stressor triggers no reactions connected to pain or fear (experienced by the doctors in their patient quality, sometimes) but induces physiological reactions proving a very important aspect of the resilience: the ability to preserve or to increase professional skills under stress.

Relevance and Implications

The authors consider that the research revealed the importance of objective measurement techniques in the process of evaluating resilience, in order to sustain the use of questionnaires.

Also, the authors considers, that is very important to use multiple measurement methods simultaneously [10], [11], in order to optimize the determination of some behavioral adaptability in the frame of the individual resilience.

For the future applications of the objective individual resilience evaluation techniques, the authors envisage the use of infrared non-contact stress level measurement, due to the minimization of the degree of interference with the investigated person. Furthermore, non-contact stress level evaluation methods allows the in-situ investigations during professional activities, without extracting the person or group from their location and known working ambient.

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A case study of applying Q-methodology to investigate the meaning of resilience

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Abstract

Resilience is a very complex and theoretical concept. It is difficult to investigate such abstract scientific concept using quantitative methods. The alternative is to investigate the meaning of resilience with qualitative methods such as discourse analysis, conceptual map or Q sorts.

In our paper we are using Q sort in order to understand the typical grid of interpreting resilience by professionals in social sciences. The Q sort is a method developed by Stephenson that correlates different points of view of the subjects. In our case the Q sort consists in 30 statements regarding resilience (extrinsic / intrinsic on three dimensions: individual, familial and organizational resilience). The subjects are 20 professionals in social sciences (social workers, sociologists, psychologists and education science professionals). The results are analyzed with PQMethod software using factorial analysis.

The outcome of the study will be a factorial model of resilience that describes the understanding of the concept by social sciences professionals. In the same time, we would like to demonstrate the usefulness of using a qualitative method in studying a theoretical concept like resilience and to stress the impact of such a particular understanding in practice.

Theoretical background

Resilience is a trendy concept. Like most of the social science concepts, it is a professional construct which means that its meaning is *fluid* and changes accordingly to its use. Several other concepts were in use to describe the same reality [1], but resilience prevailed due to its flexibility. Since its first coinage as a "bouncing back" ability, resilience changed its meaning.

In the beginning, resilience was understood as an individual trait or ability to bounce back in stressful situations. In a way, the resilience was the endurance of coping style. It means that in order to manifest itself it needed a stressor and a coping mechanism. One way to differentiate coping and resilience is to understand coping as a set of skills and responses to stress and resilience as adaptation to adverse condition. Although today we understand the resilience as a process and not only as a personal set of skills or traits, the individual characteristics are still important in assessing someone' resilience level. If we define resilience as a dynamic adaptation ("a dynamic process encompassing positive adaptation within the context of serious adversity" [2], then the process of resilience is the central issue. The process involves cognitive decisions, emotional adjustment and social interaction. In this way, someone with good coping skills could still show a weak resilience level [3].

During the last decades, the meaning of resilience did get more complex including not only personal coping resources, but external factors as well. In the paradigm of ecological functioning of persons [4], the resilience includes all resources that could be used by an individual in order to cope with stress. This means that family resources, economical, community and cultural resources as well as social and political means to protect individuals are resilience factors as well. There is a strong relation between resilience and adaptation, resilience describing a successful adaptation, despite risks and adversity [5]

For the purpose of our study, we will classify the resilience resources in three categories. The individual resources are personal traits and skills that help the person to recover or cope in stressful situation. Intelligence, assertive level and involvement are among this type of resources. The group type resources include the support of close friend and family, peer relations or the social network support. The societal resources refer to cultural factors, like beliefs systems and state policies that help people in needs to cope with difficult situations. If we take into consideration the nature of resilience resources we could also divide them into general and contextual ones. The general resources are used across all difficult situations. Some general factors are stable traits of the person. The contextual resources are employed in specific situation, for example the religious percepts could help a person to cope with an ethical dilemma.

Like all other social sciences constructs, the value of resilience resides in its specific use in practice and in developing new theories. In other words, such construct have not an important meaning in itself, but closely related to the use of it. Due to the diversity of social scientists and the specific situation in which the resilience is used we could safely assume that diverse social scientists are using this construct in specific ways.

One way to assess the meaning of resilience and its use is to investigate its use by different social scientists like psychologists, social workers, sociologist or teachers.

Purpose of the study

Our purpose is to determine how different professional from social sciences understand resilience. The basic assumption is that resilience is a construct and its meaning is shaped by professionals who use it. Finding the different meaning of resilience in professionals view will help us to determine if they assess resilience in relation with individual factors, group factors or societal ones. In the same way, we will see if they understand resilience as a general ability or as a contextual adaptation to adverse conditions.

Methods and participants

There are several methods to accomplish the purpose of the study but we decided that Q methodology is the most useful to our purpose. Q methodology was developed initially by Stephenson in order to analyze subject instead contents [6]. He understood the fact that a sample of correlated tests does not give information on underlying traits, but shows that test require similar responses. So, instead of applying a number of tests on a sample of persons, he reversed the procedure by applying a number of persons on sample of tests (statements). In this way, by using Q sorts, we could find groups of people that have similar understanding of the concept. The procedure is not new and we apply it in other situation, with the same goal, by investigating the meaning of intelligence for teachers [7] or assumptions and beliefs about discipline [8].

Specifically, our Q sort procedure required a number of statements about resilience and a number of professionals to sort them according to their relevance on a forced distribution. In our study we constructed 60 statements about resilience using a 3X2X10 design. We took into consideration three types of resilience factors (individual, group, social) and two conditions (general and specific). For each of the 6 combination we made 10 statements. The list of statements was analyzed independently by three specialists in resilience studies concerning their descriptive power of resilience construct and the representativeness for the category. The assessment was made on a 3 point scale (inadequate, somehow adequate or adequate). All statements were assessed similar as adequate both for the resilience and their category. The final statements were presented randomly and individually to the subjects. Al statements were ranked on a distribution with five categories. The positive categories were ranked +2 and + 1 and had 10 statements each, similarly negative categories were ranked -2 and -1 and the neutral items were ranked 0 (20 statements).

In the Q sort procedure the sample consists not on persons, but on statements. In our case, our sample is N=60. In our study we asked 10 professional in social sciences to rate the statements. All the subjects are university teaching staff from a social science faculty. Four subjects are psychologists, specialized in educational psychology and special education, two subjects are specialized in education sciences, two subjects are sociologists, and two are social worker, respectively special education teacher. The diversity of subjects is necessary in order to assure a diversity of perspective on the same subjects. However, the number of the subjects is not crucial and the recommendations are that they are less than the number of statements.

To analyze the output we performed a principal component analysis with Varimax rotation using PQmethod software. Traditionally, the preferred factorial procedure for Q sorts is centroid factor analysis and manual rotation of factors, but we use the principal component in order to maximize the independence of the factors and because we couldn't anticipate the number of factors. The PQmethod software is specifically designed to perform q sorts analysis using factorial analysis. The software does not provide only the factorial solution and factor loadings, but highlights significant statements for each factor.

Results

We will present date in three sections. First we will present the factor solutions and description and then we will present the characteristic statements for the factors and the differences between them, and, finally, the descriptive statements for each factor.

Using principal component analysis, we found three factors with an eigenvalue over 1 explaining 63% of variance. Using Varimax rotation we found the final solution, consisting in three factors. For the first factor there are four sorts with significant loadings, for the second there are three significant sorts, and the third has 2 sorts. The factors explain 22%, 23% and 16% of variance. The factor loadings of sorts are high, ranging from .53

to .59 on factor 1, 0.60 to 0.80 on factor two and .72 to.76 on factor 3. The correlations between factors are low (.09 to .26). The reliability of factors is: 0.941, 0.923 and 0.889.

The PQ method software is averaging the ranks of each statement of sorts that are loading the same factors and the result is an "ideal" ranking of factors for each factor. That is the most descriptive statement for a factor are ranked first and the least descriptive are ranked last on a distribution similar with the original one. We obtain a bipolar description of resilience for each factor.

For the factor 1, the most important statements are:

Parents are supportive in his/her decisions.
He/she has a supportive family.
The family relations are positive.
He /she take control over his/her problems.
He/she is confident in his/her strengths.
Parents are empathically with his/her problems.
The siblings are supporting him/her in difficult situations.

The least representative statements for factor 1 are:

He/she could rely on the society's strategies to solve efficiently problems similar to his/hers.
He/she stands for his opinions.
He/she trusts in the rightfulness of defense and protection actions of state's institutions.
He/she finds the strength and hope in transcendental powers.
He/she is a friendly person.
He/she is a sociable person.
He/she participates actively in a club.

Based on the representative statements we named this factor ***family resilience***. In the view of the subject that loads on this factor, resilience is not the results of individual actions or social framework, but is the results of a shared effort of the ecological micro-environment, specifically the family. The most important resilience resource is a strong support network in close proximity.

For the second factor, the most important statements are:

He/she is assertive.
He/she has a high self-esteem.
He/she is a sociable person.
He/she is independent.
He/she is optimistic.
He/she stays optimistically in difficult situations.
He/she is intelligent.
He /she takes control over his/her problems.

The least important statements for this factor are:

In difficult situations, he/she returns to faith.
He/she is participating in a social or religious organization.
He/she recovers quickly from illness.
He/she has a set of values and beliefs and applies it systematically.
He/she is a faithful person.
The values and principles of the culture are positive.
He/she knows the useful values and beliefs.

The subjects in the second factor stress the importance of the individual traits in resilience, but not the faith system or ethical values. We named this factor the ***individual resilience*** factor. In their opinion, the resilience occurs as a result of individual actions, based on personal characteristics. In this respect there are some traits that are quite stable and other that could be trained.

For the third factor, the more important statements are:

He/she is optimistic.
The society has preventive and remedial educational policies that are consistently applied.
He/she has positive family relations.
He/she was well informed and trained to cope with this type of situations.
He/she has a supportive family.
He/she belongs to a culture that has adequate strategies to solve this type of situations.
He/she doesn't feel accused or diminished.

The least important statements for this factor are:

His/her needs are satisfied.
The educational system promotes independence and autonomy.

He/she has good relations with the other gender.
He/she recovers quickly from illness.
He/she has good access to health services.
He/she is intelligent.

The subjects from the third factor use a mix of individual and external characteristics in order to define resilience. The external characteristics reside not only in group relations, but at societal level too. Positive attitude in a strong family and a structured society are the main traits that are interacting to successful coping. That is why we named the factor the **social-interactionist** factor.

Some of the items mark the differences between approaches. It is possible that two approaches value equally the same statement and consider it important, but more illustrative are those items that make a difference in defining resilience. We could analyze the differences between factors in term of absolute value (the difference between z scores for each statement) or in term of polarity of statements (those statement that were positive on one factor and negative on the others). In our analysis, we will include only those statements which satisfy two conditions: a polarized assessment and a difference larger than 2 z standard deviation points.

The main difference between statements from factor 1 and 2 is that the subjects from factor 1 are considering as an important aspect of resilience the values and beliefs system, an aspect that the subjects from factor 2 are considering not important (H*e/she has a system of values and beliefs* 2.37, *He/she is a believer* 2.2). On the other hand, the subjects from factor 1 are not considering personal traits very important, while the subjects from factor 3 consider them extremely important (*He/she has a high self-esteem* -2.07, *He/she stands for his/hers opinions* -2.28, *He/she is a sociable person* -3.17).

The differences between factor 1 and 3 are quite subtle. Subjects from factor 3 doesn't value that family importance stressed by factor 1, but emphasize individual traits that are not cognitive, but social *(He/she is sociable -2.07, He/she is optimistic -2.08, He/she is a friendly person -2.57, He/she could rely on society's strategies of effective problem solving -2.775*).

The difference between the factors 2 and 3 is represented by the focus on social aspect of resilience emphasized by the subjects of factor 3. On one hand, the assertiveness, intelligence and independence are seen totally different by subjects of the two factors (H*e/she is assertive 3.30, He/she is intelligent 3.11, He/she is independent 2.53)*, on the other hand the social participation and cultural values are considered important by the subjects in factor 3 and not by those from factor 2 (he/she participate in a social or religious organization -1.98, *the values and principles of the culture are positive -2.28)*.

The distinguishing statements for each factor are those statements that are important for only one factor. The statements which accomplish both a difference from others factors and a high positive value are:

For factor 1 (family resilience): *The parents are supporting his/her decisions, The parents are emphatically to his/her problems, He/she has access to effective social services (all are significant at p<.05);*

For factor 2 (individual resilience): *He/she is assertive, He/she has a high self-esteem, He/she is independent (all are significant at p<.05);*

For factor 3 (interactionist resilience): *The society has preventive and remedial educational policies that are consistently applied, He/she belongs to a culture that has adequate strategies to solve this type of situations (all are significant at p<.05).*

Discussions

The results indicate that professionals in social sciences are using the concept of resilience in different ways, with focus on different aspects and its locus. The factors suggest that there are at least three different approaches of resilience. Considering from the locus of resilience, we could speak of an **internal** approach of resilience. This approach is used mainly by psychologists and emphasizes the psychological nature of it, in terms of personality traits and individual characteristics. Due to this approach, the resilience is increased by strengthening the individual in a "therapeutic" approach of intervention. The second approach is a family or small group approach. From this point of view, the resilience is secured in a strong **small group** with supportive roles. Integration of a person in its significant group (like family, classroom or workplace) represents for those favoring this approach the best way to increase resilience. This approach is used by teachers, educational psychologists and special educators. The third approach emphasizes the **social** underlying structure of resilience, which spans from individual social skills to cultural values and society's policies. This approach doesn't contradict the other two on a basis of internal or external locus of resilience, but on the nature of it. Not surprisingly, this approach is preferred by sociologists and social workers.

One question is if the different specialists developed their understandings by accessing information relevant to their field of expertize or if the theory was filtered by their previous knowledge? Without focusing on this question, we will assume that the second option is more likely. The fact that the theory is re-constructed by each professional is possible because the construct of resilience is not clear-cut defined.

Another question was if the professionals in social sciences are judging resilience in general or specific (contextual) terms. The sort was prompted by two specific situations. However, all the professionals valued higher the general statements than the specific ones. This tells us that they are using a general theory of resilience which manifests itself across a wide array of situations and contexts. In other word, for them, resilience is not coping with a specific stressful or adverse condition, but a general active state of facing the daily aversive situations.

Our study has its limits but the results open up some questions to be studied in more detail. One of them is if there are some specific ways of intervention in helping people facing adverse situation based on the different approaches? If the field of expertize influences the way we understand resilience could we develop an interdisciplinary model of it and will it be useful?

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Risk factors and protective factors in symbiotic trauma – case studies

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Abstract

Three case-studies are presented in this paper, two women and one man, who sought psychotherapy for relationship difficulties that reflects what German psychologist Franz Ruppert named *symbiotic trauma*. The symbiotic trauma represents the trauma that develops in a child who grew up with a traumatized mother and/or traumatized father. This concept is based on three theories: attachment theory developed by John Bowlby, trauma theory developed by Gothfried Fischer, Peter Riedesser, Franz Ruppert and systemic family theory and constellation method as described by Murray Bowen and lately by Bert Hellinger. In Franz Ruppert's trauma theory we can find an interested perspective on personality splitting during trauma. In his view, there are three psychological structured that emerge after traumatization: healthy structures, traumatized structures and survival ones. In the case studies, we describe these structures, their expression, and their unique mixture resulted from the combination of risk and protective factors during the clients' childhood. The traumatized structures keep the feelings of helplessness, fear of death, pain induced by the abandonment. The survival structures express self-punishing thoughts, thoughts of getting strength and power by the intellectual and rational means, or those physical ones, the swinging between avoiding and searching for good relationships, psychosomatic difficulties, work or sport addiction, self-aggression and other daily problems. Healthy structures search for the resolution of own difficulties, accepts traumatizing experiences, learn and develop.

Key words: symbiotic trauma, risk and protective factors, healthy psychological structures.

Introduction

Franz Ruppert is a professor of psychology at Munich University and psychotherapist in his own private practice. He developed his theory as a result of his practice in trauma therapy, inspired by G. Fischer and P. Riedesser and also of his practice with the constellation method learnt from Bert Hellinger, a controversial figure, in group psychotherapy. He worked with lots of different clients, with various symptoms or problems, including severe pathology as borderline and psychosis. Ruppert called what he noticed healthy, survival and traumatized parts of the psyche that result from the moment of traumatizing experience. The main characteristics of these parts are [1]:

The traumatized parts: they store the **memory** of the trauma; they remain at the **same age** at the moment of the trauma; they permanently seek a way out of the trauma situation, being still **engaged** with the traumatic experience; they unpredictably and suddenly can be **triggered.** They are a persistent trouble spot in the psyche.

The survival parts: their role is to protect the organism and the psyche in order to **ensure the survival** in the original trauma situation. They **construct and guard** the split; they work to **deny and suppress** the trauma experience: they use defense mechanisms, as **avoiding, controlling, compensating the memories and information about traumatic experience.** They control the traumatic structures and also other people (for example, burden the trauma feelings onto others); seek distractions compensating for the lack of true experience; **create illusions and produce new splits** within the psyche**.**

The healthy parts: are present in every psyche, developed accordingly to the age development. They are **capable of openly and clearly perceiving reality, of expressing and regulating feelings appropriately for present situations,** show **genuine empathy,** have the **ability to develop safe emotional bonds with others, to detach oneself from entangled bonds**, have the readiness **to assume responsibility** and **to reflect on own actions.** Healthy structures **love, know and search for the truth.** Most importantly, they are strong enough and ready to confront traumatic experiences and hope for good resolution during conflicts**.**

1.1 Symbiotic trauma

Symbiotic trauma represents the trauma that a child is most likely to suffer if he or she is born of and/or brought up by a traumatized mother and/or traumatized father [2]. "Being raised up in a difficult relationship with parents due to their own trauma that troubles the parent-child relationship, the child is forced to split in order to survive" [2]. This is more obvious in families where babies are given away, maltreated or a parent is sick and dies when the child is still very young. Therefore, the child's psyche will develop with traumatized, survival and healthy structures. The risk and protective factors influences the way the child copes with the difficult parental relationship and the help that he /she asks and gets from others.

According to Ruppert's theory, "the characteristics of *traumatized structures in a symbiotic trauma* are: feeling desperate that there is no love from mother, feelings of loneliness, fear of dying, suppressed anger, suppressed sadness. The characteristics of *survival structures* are: constant fighting and arguing to try to get in contact with the mother/father, idealizing the mother/father, feeling responsible for the parents and trying to please them or to take care of them, identifying and resonating with the traumatized parts of the mother/father, identifying with the survival mechanisms of parents, repressing and denying own trauma" [1].

1.1.1 Case study 1: Monica and her pain

Monica was the first daughter of an angry and sad mother and an isolated father. She sought help from therapist in order to improve her health and her marriage, due to constant pains in the abdomen and genital difficulties. Individual and group therapy, including constellations of intention centered on trauma, helped her to recognize her own traumas and improve her physical and emotional functioning and also to detach from the idealization of mother and father. The most important traumas were maternal physical, sexual and emotional abuse, paternal emotional and almost physical absence and identification with her mother sexual trauma. The survival strategies were: work-addiction, self-punishing ideation, clinging to people, physical pain, ideation about death, submissiveness, ignoring her needs. Monica slowly learnt to use her resources to take care of herself, to engage in healthier relationships and to lessen her submissiveness and to confront abusive situation and people.

1.1.2 Case study 2: Dora and her loneliness

Dora's mother gave away almost all her children after birth. Dora was adopted by one of the mother's sisters and her husband who could not conceive children. They were a real family for her, but she always knew that she was adopted and some siblings live with her real parents. At the age of 10, her adopted mother died. Adopted father remarried and Dora got the second adopted mother. Around 40, Dora took care of her sick and dying adopted parents and some of her disabled siblings. "No time for myself", she said. Now Dora is aged 55, unmarried, without children and she still hopes for a normal couple relationship with the man she "loves" for 25 years. But he is still married to his wife and shares his life between these two women. Dora always feels lonely and dreams of real relationships. She could finally find some close friends recently, when she started personal development and psychotherapy. For Dora, therapy and constellation method using Ruppert's perspective helped her to understand her whole life and decisions, to enjoy life more and to focus on herself and her needs.

1.1.3 Case study 3: Tom and his isolation

Tom came to therapy due to his trust in it, to stop the isolation and feelings of helplessness and hopelessness that he was having for the last year. He experienced psychotherapy and this improved his emotional states, but this time he wanted more and deeper. During the last months, he neglected his business (which almost collapsed) and he seldom came out of his house. He sees only his therapist and three medical doctors. Therapy and individual constellations of intention gave Tom some ideas about his own trauma related to his mother illness and early death, when he was only 9 and about his constant search for a happy parent to connect to. Also, the anniversary syndrome was reveled and Tom started to feel his own feelings, not his mother or his father feelings and survival strategies: repressed anger and emotional pain, rationalizing, used against his own self and well-being.

Risk factors and protective factors for clients with symbiotic trauma

In these three cases, the emotional and relational difficulties were aggravated by the following risk factors: myth of the good and loving mother, the normality of abuse in social and school settings, the low medical performance of some medical staff, low self-image and self-esteem, relationship failures, connection to mother through pain or suffering etc.

The most important protective factors that helped these clients to develop natural and assisted resilience were: intelligence, sense of humor, curiosity, school and academic achievements, relationships with colleagues and friends, social and medical acceptance of psychotherapy, openness to try new methods, strong therapeutic alliance, eagerness to go further to find their own trauma and process it to stimulate healing.

Conclusion

Individual and group therapy, using different methods and techniques including constellation of intentions help clients to use healthy structures to integrate traumatized parts within the psyche. The main elements used during psychotherapy were: patience, acceptance of survival mechanisms, enhancing client's determination and engagement for therapy (healthy structures), retaining from reactions or interpretations, using the distance and time between sessions, underlying the risk and protective factors and their role in present personality and psychological manifestations. This facilitates resilience and creates a solid basis for an appropriate and clear physical, emotional and relational functioning.

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Construction and validation of the resilience assessment scale for infertile couples (rasic)

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Abstract

Based on current conceptualizations of the infertility issue and its psychological, social, relational implications and on perspective of resilience awareness as a resourceful means or a generic coping method, this study aims to build and validate a multidimensional scale for the assessment of resilience in heterosexual couples who are diagnosed with (female, male, mixed, or idiopathic infertility) infertility, and who will perform a medically assisted human reproduction procedure (Resilience Assessment Scale for Infertile Couples, RASIC). By comparing the behavior described and used in literature regarding resilient persons, we designed a set of 30 items. The items were rated by 10 experts who analyzed the content representativeness, the accuracy in expression, and its compatibility compared to the target group. Exploration of the construct validity was achieved through exploratory factor analysis using principal component analysis and Varimax rotation method. The factors were denominated based on the combination of the factor analysis results and of the theoretical foundations related to resilience. The scale was applied to 50 subjects form 25 heterosexual couples with infertility diagnosis. Exploration of the convergent validity was based on correlations between RASIC, Connor-Davidson Resilience Scale [11] and Friborg Resilience Scale [12], instruments used for measuring overall resilience. We also assessed the divergent validity by applying the Posttraumatic Development Inventory [13]. The fidelity of the instrument was evaluated in order to highlight its discriminatory value. The obtained data helped us to determine whether the tool could provide a valid measure of assessing resilience in infertile couples / individuals. Finally, we considered the theoretical and practical implications of designing and validating the RASIC questionnaire.

Keywords: questionnare, resilience, infertility, factor analysis, construct validity.

Theoretical background

Using the current conceptualizations of the infertility issue and its psychological, social, relational implications as well as the perspective of resilience awareness as a resourceful means or a generic coping method, this study aims to build and validate a multidimensional scale for the assessment of resilience in heterosexual couples who are diagnosed with (female, male, mixed, or idiopathic infertility) infertility and who will perform a medically assisted human reproduction procedure. Construction of the questionnaire is justified by the absence of such an instrument in the literature, making it difficult to directly analyze the role of resilience as for the success rates of the medically assisted human reproduction procedures. Scale development has been based on the principles underlying the resilience theory viewed as a multidimensional construct incorporating internal as well as external protective factors [1, 2, 15]. Although many factors have been proposed the mutual results of the research studies regarding internal factors focused on coping, internal locus of control, self-efficacy, perseverance [3], while the external factors included family and social support [1].

Resilience is described as a "process, a result of a very good adaptation despite threatening circumstances" [4], this concept providing us with a new theoretical framework in terms of research development. The concept of *resiliency* has been used in literature to describe three types of situations: a. individuals who had experienced a traumatic event but managed to recover very well; b. people belonging to risk groups, who had higher success than it would have be expected from them, c. people who succeed in adjusting and positively responding despite the negative aspects of their lives.

Regarding the direct correlation between resilience and infertility, studies show that resilience is an unspecific protective factor against the distress specific to infertility, having an influence on quality of life. When couples benefit from counseling, it is necessary to pay particular attention to the awareness of resilience as a resourceful method or as a generic way of coping [5]. Also, resilience was negatively associated with

infertility-specific distress and general distress. Involvement in action-based coping methods was positively correlated with resilience [6].

This study aims to design and validate a multidimensional scale for the assessment of resilience in heterosexual couples who are diagnosed with (female, male, mixed, or idiopathic infertility) infertility and who will perform a medically assisted human reproduction procedure.

Method

1.1 Scale construction

Resilience Assessment Scale for Infertile Couples (RASIC) has been designed to assess the resilience of specific diagnosis of infertility in couples who use assisted reproduction technologies. As for the scale construction, resilience has been seen as a multidimensional construct. Thus the internal locus refers to the individual's perception of being able to influence his/her own destiny, being responsible for the things following to happen in life through his/her own actions [1, 7]. Coping involves a set of cognitive and behavioral strategies in order to manage stressful situations, resilient individuals are confident they can make it to the adversity, managing stressful situations by means of solving problems and expressing emotions [8]. Social and family support was also indicated as a factor that played a role in increasing resilience [9, 10, 8]. Self-efficacy involves a belief in their own ability of self-motivation, cognitive and actional resources in order to control a specific event as well as perseverance to pursue goals in order to attain them [1].

Based on known scales that measure resilience, Connor-Davidson Resilience Scale [11], Resilience Scale Friborg [12], The Resilience in Midlife Scale [13], the items was designed on six dimensions as follows: internal locus, coping focused on problem solving, coping focused on expressing emotions, social support dimension, the couple relationship dimension, self-efficacy. Based on these criteria, we designed 30 Likert style items with six steps displaying the following rating: 0- never true, 1 – rarely true, 2 - sometimes true, 3 - often true, 4 - almost always true, 5 - always true.

1.2 Subjects

In its initial version that included 30 items, the scale assessing resilience in couples diagnosed with infertility was applied to a number of 50 couples as follows: 50 men and 50 women, with secondary education (28%) and with high education (72%), without any MAR procedure (56%), with one procedure 20%, two procedures 16%, three procedures 8%, out of which 40% with intrauterine insemination and 4% with in vitro fertilization, 42% diagnosed with female infertility female, 14% with male infertility, 14% with mixed infertility and 30% with idiopathic infertility, 12% with 1-to-3-year relationship, 6% with 3-to-5-year relationship, 28% with 5-to-10-year relationship, 52% with 10-to-15-year relationship.

1.3 Procedure

Informed consent was obtained from all the participants. Participants completed the designed scale, and other two scales that measure resilience: the Connor-Davidson Resilience Scale [11] and the Friborg Resilience Scale[12]. They also completed The Posttraumatic Growth Inventory [14].

Results

1.1 Construct validity. Exploratory factor analysis

The first steps in verifying empirical validity of the construct was represented by the exploration of the factorial structure of the collected data, in order to see if the proposed items were grouped in the hypothetical factors discussed in the literature presented before. Thus, we used principal component analysis and *oblimin* rotation method. Based on the results of the performed analysis, we retained items that showed saturation of at least 0.30 and that did not saturate in other factors.

In order to explore the construct validity, we performed exploratory factor analysis through principal component analysis. To check whether there were a sufficient number of significant correlations between items, which should the performance of factor analysis, we used Kaiser-Meyer-Olkin value, which was a measure for the adequacy degree of the target group, and Bartlett's test of sphericity. The value of 5 for KMO and the Bartlett test (χ^2=2570,73 0<0,001) verifies if the correlation matrix is different from the identity matrix. According to these values, we concluded that the items are appropriate to the factorial model, even if the KMO value is at limit acceptable because of the reduced sample compared with factors number. When we performed the exploratory analysis with principal components method through Varimax rotation, we noticed that these factors

didn't overlap with hypothetical scales and that only 4 from 6 factors had a sufficient number of items with satisfactory saturation.

The Kaiser's criteria (*eigenvalue* greater than 1) as well as the Cattell's scree plot criteria suggested 8 factor solution for the 30 items. Aiming to improve the factorial structure of the scale, we eliminated the items with saturations in two or more factors, items with factorial saturations below 0.40, and items that had communality value under 0.50. Seven items (12, 30, 4, 8, 20, 25, 28) had saturations in more than 4 factors or had communalities under the mentioned level, which why we excluded them. Also, the retention of factors was based on a combination of the results of exploratory factor analysis with theoretical foundations related to resilience in infertility.

The measurement model resulted from the item selection, according to the criteria which we referred above, included 22 items and 6 factors. For this model, the KMO indicator was equal to 0.681 and the Bartlett test's value was statistically significant ($\chi 2 = 1712.043$, $p < 0.001$). After orthogonal rotation of the factor solution resulting from the introduction of the 22 items as observed variables, the six latent factors explained 75.85% of the variance in items. The items variance percentages that were covered by each of the factors were: 28.85%, 15.417%, 10.257%, 8.464, 7.174, 5.684%. Table 1 displays saturation of the items in the extracted factors as well as the communality values. Also two from the hypothetical factors didn't bring together the exigency of items number, which why we decided to continue with the analysis with the rest of the items (20) and fixing four factors. The result of the four factors solution brought us to keeping 18 items with saturations from .54 to .95. First factor*, internal locus of control* includes 5 items, the second factor regarding coping based on *expressing emotions* has 4 items, the third factor regarding the coping based on problem solving includes 4 items, and the last factor, *social support*, has 4 items.

Tabel 1. Factor saturations (column F1, F2) communalities (column C), averages, standard deviation for the items from final factors

Items		*Communalities*			
	1	*2*	*3*	*4*	
1. I am confident that I make the best decisions related to my dream of having a child.	,859				,779
6. I believe that I succeed in accomplishing everything that I aim at, including my fertility problem.	,755				,661
19. I believe that what I do will help me become a parent.	,826				,818
2. I rather think how solve fertility problem than how it affects me.			,444		,332
3. I share my feelings about infertility with close persons.		,950			,909
22. I talk to my friends about the infertility issue.		,948			,903
7. I do my best I can in order to become a parent.	,859				,779
10. I have friends that give me support related to my infertility problem.		,870			,843
9. I avoid talking about my feelings concerning infertility.		-,623			,403
5. I offer affection to my partner despite the fertility problem.			,744		,638
23. I am satisfied with my sexual intercourse depite the fertility problem.			,420		,575
14. I can focus my efforts in order to find a solution to my fertility problem, one way or another.			,788		,670
17. I think that I am more bound with my partner since we have the fertility problem.	,481				,467
11. I feel that the infertility problem affects my couple relationship.			-,687	,319	,600
13. It depends on me to solve my infertility problem.	,316		,562		,462
26. It's hard to mentain my optimism concerning solving the fertility problem.				,575	
21. I feel furious because of the infertility diagnosis.				,656	
16. I feel that the others isolate me because of my fertility problem.				,758	,631
18. Even if everything seems hopeless, I go on with making efforts in order to fulfill my wish to become a parent.	,720			,350	,681
27. I feel that I am overwhelmed by emotions because of the fertility problem.				,758	,631

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 6 iterations.

Factor 1 – 6 items (internal locus of control): 1,6,19,7, 18.
Factor 2 – 4 items (coping based on expressing emotions): 3, 22, 10, 9.*
Factor 3 – 6 items (coping based on problem solving): 5, 14, 11, 13.*
Factor 4 – 4 items (social support): 26, 21, 16, 27.
*(*Revesed items)*

1.2 Convergent validity

The convergent validity, as a facet of construct validity, was evaluated by assessing the correlations between RASIC, Connor-Davidson Resilience Scale and Friborg Resilience Scale as instruments for measuring overall resilience.

Table 2. Means, standard deviations and correlation coefficients among study variables (reliability estimates on main diagonal)

Measure	M	SD	*1*	*2*	*3*
1. RASIC	3.54	.62	.96		
2. CoDa	3.34	.44	.297**	.89	
3. RF	4.12	.53	.496**	.538**	.88

** p < .05. ** p < .001. Note. RASIC = Resilience Assessment Scale; CoDa = Connor and Davidson Resilience Scale, RF= Friborg Resilience.*

Cronbach's alpha internal consistency values are presented on the main diagonal. RASIC scale correlated medium to high with Friborg scale and medium with Connor-Davidson scale.

1.3 Divergent validity

Divergent validity was assessed by the correlation between RASIC and EPT.

Table 3. Means, standard deviations and correlation coefficients among study variables (reliability estimates on main diagonal)

Measure	M	SD	*1*	*2*
1. RASIC	3.54	.62	.96	
2. EPT	2.4	1.18	.153	.89

** p < .05. ** p < .001. Note. RASIC = Resilience Assessment Scale; EPT = Posttraumatic Growth Inventory.*

Cronbach's alpha internal consistency values are presented on the main diagonal. The data show that the two scale measure different constructs, without performing a statistically significant correlation between them.

1.4 Fidelity

In order to estimate the internal consistency of the CMF scale's scales, we used α J.L. Cronbach's coefficient. The calculation of this coefficient is recommended for measuring instruments with multiple choice items. The Cronbach Alpha coefficients for the final version of the scale consisting of the 22 items and for its subscales vary from: 0.740- 0.830. We also measured the time stability of the measurement by means of the test -retest method. After 1 month, we applied the scale to same 100 subjects.

The difference between the averages is -0.46, t (99) = -0.365 and p = 0.716, which means that there are no statistically significant differences between the two tests. The correlation coefficient between the scores of the two applications is 0.285, p = 0.004.

Advantages and limitations

The psychometric data suggest that the designed instrument may be useful for measuring resilience in couples diagnosed with infertility. From a practical standpoint the scale may be useful in the assessment and psychological counseling of these couples. However, studies are needed to validate longer versions that could be obtained by refining (in terms of psychological content and psychometrically) of items from the initial version and adding and testing new items on a bigger number of couples.

In conclusion, there are teoretical and practical implications from the development of scales to measure the resilience of the couples confronted with infertility. The scale can be used in empirical research, for a better understanding and description of the mechanisms of the development of resilience, for identifying its role as mediator [16] and/or moderator [15] between different variables. In the same time, valid and reliable instruments are needed for designing and evaluating treatment programs that aims to foster resilience in infertile couples. Interventions to promote health can assess the progress using this scales. The scale proposed in this study can be

used to measure changes in dimension of resilience of infertile couples. The scale can be used in theoretical research, for better a understanding and description of the mechanisms of development of the resilience. In conclusion, the scale appear to be valid and reliable instruments to assess resilience of infertile couples.

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Échelle de resilience et d'adaptation psychosociale des personnes ayant subi un traumatisme craniocerebral modere ou grave

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Abstract

The long-term situation of persons who have suffered a moderate to severe traumatic brain injury (TBI MG) suggests significant adjustment difficulties [1]. Brain injuries cause a wide variety of effects, many of which persist in the long term [1-4]. Depression, anxiety, social isolation, poor employability and interpersonal difficulties depict the evolutionary profile traced by the many studies investigating risk factors for difficult social integration [5-8].

However, some of these people are progressing well and undergoing a process of resilience despite persistent and disabling sequels. However, very few studies focused on the determinants factors of resilience of people with TBI MG, which is a major obstacle to the development of assessment and intervention strategies focused on the resilience of these persons. Unable be based their post-accident adaptation to their previous capacities, these individuals must guide and build their resilience processes using different factors from those clients for whom resilience has been documented (eg, children, victims natural disasters, psychiatric patients).

The purpose of this presentation is to explain the key determinants of the resilience of people with TBI MG that served like tags to develop a measurement instrument in the context of a doctoral project. This instrument will enable professionals working around the person with TBI MG to identify the presence of resilience factors, guiding the intervention, to measure the efficiency and prepare the moment of rehabilitation leaving. More than a measurement instrument, ERAP-TBI is an intervention tool oriented towards strengthening protective factors in the long term by establishing a partnership between the rehabilitation team and the person with TBI MG.

Keywords: Resilience, traumatic brain injury, scale, measurement, response

Problématique

Selon Gervais et Dubé (1999) [9], un traumatisme craniocérébral (TCC) représente une atteinte cérébrale causée par une force physique extérieure susceptible d'affecter l'état de conscience, les fonctions cognitives, les fonctions physiques, l'état émotionnel ou le comportement de la personne. Ces manifestations peuvent être temporaires ou permanentes amenant ainsi des séquelles pouvant affecter le fonctionnement de la personne à court ou à long terme.

L'ampleur des séquelles et leurs répercussions sur le fonctionnement de la personne varieront en fonction, notamment, du niveau de sévérité du TCC. En effet, alors que les séquelles du TCC léger se résorbent dans les semaines qui suivent l'accident, il en va autrement pour les personnes ayant subi un TCC de sévérité modérée ou grave (TCC MG). Ces personnes vivent plus fréquemment avec des séquelles permanentes et invalidantes et ce, à plusieurs niveaux. À titre d'exemples, des séquelles motrices (p. ex., hémiparésie, spasticité), sensorielles (p. ex., hyposthésie, hémianopsie) et d'autres problèmes connexes (p.ex., céphalées, étourdissements, fatigue) peuvent apparaître [2]. Au plan cognitif, les difficultés au plan des fonctions exécutives (p. ex., difficultés attentionnelles, faible endurance cognitive, problèmes mnésiques, rigidité, désinhibition) sont fréquentes [5-6;10]. Au plan psychologique, les symptômes dépressifs et anxieux sont les plus répandus. Les difficultés à réguler les émotions sont également relevées [11-12].

C'est ainsi que les personnes qui subissent un TCC MG doivent réapprendre à vivre avec des séquelles à long terme, qui dépassent le temps imparti au processus de réadaptation et l'accompagnement de la part d'une équipe multidisciplinaire. Compte tenu de la détresse vécue par les personnes TCC MG recensée dans les études

portant sur leur situation à long terme, il se pourrait que certains aspects soient négligés au détriment d'autres composantes durant la période de réadaptation physique.

D'autre part, le processus de résilience étant très peu documenté auprès de cette population, on peut estimer que les facteurs déterminants y étant associés peuvent être différents de ceux des personnes ayant vécu d'autres formes de situations déséquilibrantes considérant les pertes de capacités et les changements majeurs au plan de la réalisation des habitudes de vie. Ne pouvant reposer sa reconstruction identitaire sur des facteurs antérieurement connus et établis (p. ex., ses capacités, ses relations, ses rôles sociaux), il est probable que d'autres facteurs personnels et environnementaux soient déterminants dans le processus de résilience des personnes TCC MG. Ainsi, l'objectif de cette communication est de présenter les étapes de l'élaboration d'un instrument de mesure et d'intervention de la résilience des personnes TCC MG.

Méthodologie

Considérant les lacunes au plan de la documentation des facteurs favorisant la résilience des personnes TCC MG, la méthodologie repose sur trois phases distinctes : la phase exploratoire des facteurs de résilience des personnes TCC MG, l'élaboration de l'instrument de mesure et la validation par comités d'experts.

1.1 Participants et déroulement

La phase exploratoire repose sur la collecte de données sur les facteurs déterminants de la résilience des personnes TCC MG. Pour ce faire, une approche inductive a été utilisée : la Démarche réflexive d'analyse en partenariat (DRAP) [13]. Cette méthodologie basée sur la tenue de groupe de réflexion permet, à l'aide d'un logiciel informatisé, de colliger systématiquement les idées émises par les participants autour d'un thème et de les organiser selon différentes catégories sémantiques de façon à faciliter l'analyse du contenu. Après la rencontre de groupe, les participants doivent évaluer chaque idée selon son importance accordée dans la résilience des personnes TCC MG selon un continuum évaluatif de « 0 » à « 9 », où « 0 » signifie que, pour le participant, l'idée énoncée n'avait aucune importance dans la résilience des personnes TCC MG alors que « 9 » correspond à un élément incontournable dans la résilience des personnes TCC MG. Une analyse quantitative a permis de dégager les aspects dominants et d'illustrer les points convergents à partir des idées ayant obtenu une forte moyenne et un faible écart-type. Un total de 46 participants (personnes TCC MG, proches et professionnels) provenant de différentes régions du Québec ont participé à cette première étape de l'étude.

Par la suite, les énoncés de l'instrument de mesure ont été élaborés et organisés selon quatre dimensions pour ensuite être soumis à deux groupes d'experts ayant comme mandat d'effectuer l'évaluation relative de chacune des dimensions, d'évaluer la concordance entre les énoncés et leur dimension respective et d'administrer le questionnaire à une personne (sans TCC) et de commenter leur expérience. Des experts sur le concept de résilience, sur les traumatisés craniocérébraux ou sur l'élaboration d'instruments de mesure composaient ces comités.

Une révision de l'instrument a ensuite été effectuée en lien avec les suggestions et commentaires des membres des deux comités. Finalement, l'instrument de mesure a été administré à 71 participants TCC MG.

Résultats

Tout d'abord, le contenu des groupes de réflexion a permis d'organiser les idées énoncées en quatre dimensions. Le Tableau 1 présente les dimensions et leurs définitions respectives de même que des exemples d'idées énoncées par les participants.

Tableau 1 Définitions des dimensions et exemples d'idées associées

Définitions des dimensions	Exemples
Estime de soi Regard que la personne porte sur elle-même et sur ses capacités.	*«Il faut être persévérant et ne jamais baisser les bras devant les obstacles.»* *«La confiance en soi est importante.»* *«Le regard que la personne porte sur elle-même est déterminant.»*
Soutien Représentation que se fait la personne des facteurs environnementaux qui la soutiennent dans sa situation et qui l'encouragent dans son épanouissement.	*«Lorsque la famille comprend ce qu'on vit, ça aide parce qu'on ne se sent pas jugé.»*
Adaptation psychosociale Capacités d'adaptation et d'apprentissage malgré les épreuves et l'adversité.	*«Quand la personne est en mesure de changer ses comportements malgré la rigidité cognitive, cela lui permet d'apprendre de nouvelles façons de faire et de s'adapter.»*
Projection de soi Qualité du regard prospectif de la personne sur sa condition, associée à des projets et des objectifs à long terme.	*«Il faut s'assurer de garder un équilibre entre l'espoir et la reconnaissance des limites.»*

L'instrument de mesure créé, intitulé «*Échelle de résilience et d'adaptation psychosociale des personnes TCC MG*» *(ÉRAP-TCC)* comporte 40 énoncés, dont 10 énoncés par dimension. L'échelle de réponse est répartie en 4 points, limitant ainsi les réponses ambivalentes.

Chaque réponse est cotée selon un pointage variant entre -2 et +2. Une transformation des résultats bruts est effectuée en fonction de la valeur relative de chacune des dimensions (proposée par les experts), ce qui permet ainsi de nuancer le profil. En effet, puisque les dimensions s'organisent entre elles, certaines dimensions ont une valeur relative plus importante. L'estime de soi étant la base essentielle du processus de résilience, cette dimension possède le facteur de multiplication le plus élevé. Le soutien qui dépend de la qualité de l'estime de soi (la personne acceptera le soutien si elle reconnaît ses difficultés, mais également ses forces) est reliée à un facteur de multiplication plus faible que l'estime de soi, mais plus élevée que l'adaptation psychosociale et la projection de soi. Il en va de même pour les dimensions de l'adaptation psychosociale et la projection de soi. C'est ainsi que même si deux personnes obtiennent le même résultat brut, l'indice de chaque dimension et l'indice de résilience total varient, tout dépendant si la personne possède les facteurs préalables lui permettant de s'adapter et de se projeter dans l'avenir.

Les valeurs métriques des analyses inférentielles suggèrent un niveau de cohérence interne variant entre acceptable et élevé (alpha de Cronbach de 0,82 à 0,96).

Discussion

À la lumière des résultats obtenus, nous pouvons considérer l'instrument *ÉRAP-TCC* valide. En effet, la méthodologie de collecte de données de la DRAP assure une validation de contenu des facteurs de résilience relevés. De plus, les facteurs de résilience retenus sont ceux faisant consensus dans les groupes. Éliminant ainsi les «vécus uniques», les énoncés de l'instrument reposent sur les facteurs prédominants dans l'ensemble des groupes. D'autre part, l'évaluation des énoncés à l'intérieur de chaque dimension effectuée par le premier comité d'experts contribue également à assurer une validité interne de l'instrument.

L'instrument *ÉRAP-TCC* offre une structure multidimensionnelle unique qui permet de mieux comprendre le processus de résilience des personnes TCC MG. En fait, les dimensions proposées par l'*ÉRAP-TCC* reposent à la fois sur le contenu des groupes de réflexion, sur la recension des écrits effectuée et sur la validation des comités d'experts. Ainsi, il semble y avoir concordance entre l'instrument développé et le processus de résilience des personnes TCC MG. Toutefois, une validation externe sur un plus grand échantillon permettrait de vérifier les propriétés métriques de l'instrument et ses dimensions.

Un autre avantage de l'*ÉRAP-TCC* repose sur la transformation des données brutes en indices. Tout dépendant de l'importance relative de chacune des dimensions, le profil peut ainsi être nuancé en fonction de la réalité de chaque personne TCC MG à un moment particulier. La lecture des forces et des limites se trouve ainsi précisée, ce qui soutient la compréhension des professionnels du processus de résilience de la personne.

Cet instrument est cohérent avec les changements dans les paradigmes de l'intervention en réadaptation physique. Auparavant centrée sur le symptôme et sa disparition, le courant de la psychologie positive a aujourd'hui une influence majeure sur les interventions en réadaptation physique. L'instrument *ÉRAP-TCC* encourage ainsi l'établissement d'une relation partenariale entre la personne TCC MG et le professionnel, puisqu'un retour sur les résultats obtenus peut être fait auprès de la personne et de sa famille afin de limiter la prédominance des déficits dans la compréhension de la situation de la personne au détriment des forces et ressources de la personne. Discussions et échanges entre la personne TCC MG, sa famille et les professionnels permettront ainsi de mieux comprendre sa perception de la situation et d'intervenir sur les facteurs essentiels à son adaptation à long terme. De plus, soutenant une approche axée sur l'interdisciplinarité et l'écosystème, l'*ÉRAP-TCC* est le seul instrument de mesure de la résilience s'intéressant autant à la dimension environnementale et aux habitudes de vie des personnes TCC MG.

Toutefois, des précautions sont à prendre dans l'utilisation d'un instrument de mesure de la résilience. Il est essentiel d'éviter de considérer uniquement les résultats chiffrés pour tirer des conclusions qui seraient erronées et préjudiciables pour la personne. En effet, un indice élevé de résilience pourrait amener l'équipe ou les agents payeurs à ne pas fournir les ressources appropriées considérant qu'elle possède toutes les ressources nécessaires pour assurer sa résilience. À l'inverse, un faible résultat pourrait être interprété comme un «cas perdu» où il serait inutile de mettre en place les ressources nécessaires. C'est pourquoi cette échelle de résilience doit d'abord servir de moyens d'intervention afin de préparer la personne TCC MG à son congé, de cibler les forces comme piliers de l'intervention et d'orienter les cibles vers les difficultés. Afin d'éviter des dérapages éthiques considérables, une formation préalable des professionnels désirant utiliser cet instrument est essentielle et nécessaire. Un accompagnement personnalisé permettra également de mieux soutenir l'équipe de réadaptation physique dans l'utilisation de l'*ÉRAP-TCC* et ses résultats.

En conclusion, d'autres études complémentaires seront nécessaires afin de valider l'*ÉRAP-TCC* sur un plus grand échantillon. Des interventions spécifiques pourraient également être développées en fonction des profils obtenus. De cette façon, l'accompagnement des personnes TCC MG serait réellement orienté vers leur processus de résilience personnalisé.

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Resilience in university students: Multisite study in France, Quebec, Romania, Algeria and Rwanda

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Abstract

The goal of this multisite research, conducted with university students from France, Quebec, Romania, Algeria and Rwanda, was to explore relation between scores on a Risk factors scale and on the Wagnild and Young Resilience scale. The main result, except for Rwandan sample, confirms the existence of a negative relation (significant for the French, Quebec and Rumanian samples) between scores obtained at the two scales. Results also show between-countries differences concerning resilience scores and mean number of risk factors.

Keywords: Resilience, assessment, Resilience Scale, risk factors, multisite study

Researchers and practitioners working in the fields of clinical psychology, psychopathology and psychiatry took in the last decades a great interest in resilience and one major consequence was the development of many assessment tools [1]. The first instrument, the *Resilience Scale*, was published in 1993 by Wagnild and Young on the basis of the narratives of 24 women whose *level of social involvement* (as evidenced by active participation in a senior center) and levels of *morale* (mid-to-high) indicated they had a positive psychosocial adaptation, although they have lived "*a major life event"* [2, p. 167]. Prior to 1993 paper, *Resilience Scale* has been used in five studies including caregivers of spouses with Alzheimer's disease, graduate students, first-time mothers returning to work and residents in public housing [2]. The Wagnild and Young *Resilience Scale* has been used in many researches and has been translated and adapted into at least 36 languages spoken in Africa, Asia, Europe and South America [3]. In a review of instruments used to assess the resilience in adolescents, Ahern, Kiehl, Sole and Byers [4] argue that even if all instruments they considered (*Resilience Scale*, *Adolescent Resilience Scale*, *Connor-Davidson Resilience Scale*, *Resilience Scale for Adults*, *Baruth Protective Factors Inventory* and *Brief Resilient Coping Scale*) have limitations, the Wagnild and Young *Resilience Scale* appears to be the best instrument.

In their description of the process of elaboration of the Resilience scale, Wagnild and Young didn't mention which kind of *major life event* the 24 women lived. They indicated only in another paper [5] that these women had adjusted successfully "to a major loss" (p. 252). This is the reason why the present paper goals are:

- to check systematically risk factors the participants to this research were exposed to;
- to assess the participants levels of resilience;
- to correlate risk and resilience scores;
- to examine the influence of sociocultural and historical context on these correlations by realizing this research in five different countries (France, Quebec /Canada, Romania, Algeria and Rwanda).

Method

Sample

In each country, recruitment criteria were: (a) being student in the second or third year of university programs in psychology (P) or management-administration (M-A) and (b) being 18 to 30 years old. As a research conducted several years ago [6] highlighted the importance of the program the students attended, we decided to take this variable into account and have chosen psychology (a program that focuses on helping skills and understanding the psychological functioning) and management-administration (programs that focus on organizational skills, on performance). A total of 1,018 students from France, Quebec/ Canada, Romania, Algeria and Rwanda participated in this research (see *table 1*). There are more women (n = 612) than men (n = 406) and only in Rwanda the number of men (n=99) exceeds that of women (n=55). The total number of P-students (n = 561) is larger than that of M-A-students (n = 457). The average age is between 21 years and 2 months (Romania) and 24 years and 2 months (Rwanda).

Table 1 Sample characteristics

	France	**Québec**	**Romania**	**Algeria**	**Rwanda**
Sample size	370	162	209	123	154
Gender Male/Female	149/221	63/99	62/147	61/62	99/55
Program P/M-A*	237/133	99/63	93/116	61/62	71/83
Age Mean (years;month) SD Range (years;month)	21,55 (21;7) 1,62 18;5-29;10	22,83 (22;11) 2,11 19;9-29;7	21,18 (21;2) 1,08 19;6-29;6	22,28 (22;3) 1,72 19;3-29;4	24,14 (24;2) 1,94 21;1-29;7

Instruments

For all participants we collected demographic information (gender, age, level of education, program). Participants completed the 25 items of the Wagnild and Young *Resilience Scale* and the *Risk Factors Scale* [7], a 34 items inventory of major adversities encountered in life, such as parental separation, illness, bereavement, financial difficulties, etc. The data were processed using the statistical analysis software SPSS - X.

Results

The results for the *Risk Factors Scale* (see *table 2*) show that internal consistency estimated by Cronbach's alpha varies from excellent (Romania, .92) to relatively good in France (.76). Mean scores on this scale vary from 7.94 (in France) to 10.06 in Rwanda. The total scores range vary from 0 (theoretical minimum score) to 34 (theoretical maximum score). Statistical analyzes show that there are not differences in relation with gender. Apart from Rwanda, where P-students were exposed to significantly less risk factors, in all other countries they report significantly more risk factors.

Table 2 Risk factors scale scores

	France	**Québec**	**Romania**	**Algeria**	**Rwanda**
Risk Factors Scale					
Cronbach	.76	.81	.92	.64	.89
Mean	7,94	8,02	8,18	9,85	10,06
SD	4,37	4,48	4,79	3,54	5,78
Range	0-26	0-22	0-34	1-17	0-29
T-Tests	♂=♀ (n.s.) P > M-A (p=.001)	♀>♂ (n.s.) P > M-A (p<.001)	♀=♂ (n.s.) P > M-A (p<.001)	♀≤♂ (n.s.) P > M-A (p<.001)	♀=♂ (n.s.) M-A>P (p<.001)

* *P= Psychology, M-A= Management-Administration*

For a cross-country comparison, we considered the five most frequent risk factors (see *table 3*). We note that some factors appear to be more common in one country: "moving (house)" for French sample; "problems with physical appearance" and "relationship problems" for Quebec sample; "emotional difficulties, depression" for Algerian sample; "major financial difficulties in family", "learning difficulties", and "personal financial difficulties" for Rwandan sample. Other risk factors are common to two, three or even four countries:

- "death of a loved one" (in France, Romania, Algeria, and Rwanda);
- "difficult relations with parents" and "lack self-assurance" (in France, Quebec, and Romania);
- "hospitalization of a relative" (in Romania, Algeria, and Rwanda);
- "major stress related to exams" (in Quebec, Romania, and Algeria);
- "sibling birth" (in France, and Algeria).

Some of these differences are probably related to the socio-cultural and economic context. Thus, the fact that in France, families tend to live longer in the same place could explain why the move represent an important risk factor. Similarly, the fact that the availability of medical services is more difficult in Romania, Algeria or Rwanda may also explain the higher frequency of the risk factor "hospitalization of a relative".

Table 3 Most frequent risk factors

Rank	France	Québec	Romania	Algeria	Rwanda
1	Lack of self-assurance (58.9 %)	Major stress related to exams (59.9 %)	Major stress related to exams (66.5 %)	Major stress related to exams (83.7 %)	Major financial difficulties in family (72.1 %)
2	Sibling birth (56.5 %)	Lack of self-assurance (56.2 %)	Hospitalization of a relative (52.2 %)	Death of a loved one (70.7 %)	Learning difficulties (66.9 %)
3	Death of a loved one (48.9 %)	Difficult relations with parents (48.8 %)	Difficult relations with parents (49.8 %)	Sibling birth (68.3 %)	Death of a loved one (64.9 %)
4	Moving (48.6 %)	Problems with physical appearance (45.7 %)	Death of a loved one (49.3 %)	Emotional difficulties, depression (59.3 %)	Personal financial difficulties (63 %)
5	Difficult relations with parents (47.6 %)	Relationship problems (44.4 %)	Lack of self-assurance (47.4 %)	Hospitalization of a relative (57.7 %)	Hospitalization of a relative (51.3 %)

*S*cores on *Resilience scale* are presented in *table 4*. Cronbach's alphas vary: the best coefficient is obtained in Quebec (.91, comparable to that of the US original version of this scale) and the lowest are in Algeria and Rwanda (.70 and .73 respectively). The highest average resilience score is in Romania (139.99) followed by Algeria (136.56), Quebec (135.88), Rwanda (130.60) and France (122.81). It is interesting to note that dispersions are important in France and Quebec samples (from 55 to 161 and 173, the theoretical maximum being 175). Wagnild [8] defines low resilience as corresponding to a score below 121, average resilience ranging from 121 to 145 and moderately high or high resilience equal or higher to 146.

In French and Quebec samples, the men mean scores are significantly higher than women mean scores. If for Romanians students, the mean women score is significantly higher, in Algeria and Rwanda the mean women and men resilience scores are not different. Scores of M-A students from France, Quebec and Romania are significantly higher than those of P-students; for Algerian students, P-students have the highest scores.

Table 4 Resilience scales scores

	France	Québec	Romania	Algeria	Rwanda
Resilience Scale					
Cronbach	.85	.91	.86	.70	.73
Mean	122,81	135.88	139,99	136,57	130,60
SD	16,5	18.09	14,80	14,04	15,53
Range	55-167	55-173	96-169	89-161	88-164
T-Tests	♂>♀ (p=.02) M-A > P (p=.001)	♂>♀ (p=.016) M-A > P (p<.001)	♀>♂ (p=.01) M-A > P (p<.001)	♀≥♂ (n.s.) P> M-A (p<.001)	♂=♀ (n.s.) M-A > P (p=.08)

* *P= Psychology, M-A= Management-Administration*

Correlation coefficients between resilience and risk factors scores (see *table 5*) are negative and significant for France, Quebec and Romania. They are also negative but no significant for Algerian sample.

Table 5 Correlations between resilience and risk factors scores

	France	Québec	Romania	Algeria	Rwanda
Resilience and Risk factors correlation	-.161	-.167	-.309	-.107	.142
Significance	p=.003	p=.04	p<.001	n.s.	n.s. (tendency p=.08)

A particular problem is that for the Rwandan sample the correlation is positive and close to the threshold. This means that a person who has been exposed to a greatest number of risk factors is more resilient. This relationship could be explained by the presence of protective factors particularly effective. Further analyzes are needed to reach a clear answer.

Conclusion

The main result of this multi-site research is that with the exception of Rwanda – country where the mean score on *Risk Factors Scale* is highest – there is a negative relationship (significant for the France, Québec and Romanian samples) between scores on the *Risk Factors Scale* and scores on the Wagnild Young *Resilience Scale*. Results also show between-countries differences concerning resilience scores and mean number of risk factors.

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Projective assessment of resilience

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Abstract:

Complex phenomenon, resilience is measured in various ways (Ionescu and Jourdan- Ionescu, 2011), mainly through self-administered questionnaires (*Resilience scale* Wagnild & Young, 1993; for example) to identify certain individual traits, indices of individual resilience. Presently, we consider resilience as a process taking place in an ecosystemic context, and the individual, family and environmental factors must be taken in to account when we assess the level of resilience. Social network scales and risk and protective factors scales can then be used. Few authors (Pamfil, De Tychey, Lighezzolo, Theis, Claudon, Diwo and Popa, 2007, for example) use projective techniques (*Rorschach*, *Tales test*, graphics tests) to explore resilience. We present here three projective methods we are working with: *Lifeline*, *Resilience Exercise*, *Fay Woman Drawing*. These instruments – and particularly the convergences of some common indices – allow a better understanding of the adversities faced by individual and the effective protective factors involved in the process. These instruments can give us a different picture of resilience.

Keywords: Resilience, Assessment, Projective methods, *Lifeline*, *Resilience Exercise*, *Fay Woman Drawing*

Resilience assessment and projective methods

Resilience is a complex phenomenon, a process involving person-environment interaction and protective factors moderating risk and adversity [1]. Resilience is measured in various ways [2], mainly through self-administered questionnaires to identify certain personality traits, indices of individual resilience (*Resilience Scale* [3], *Connor-Davidson Resilience Scale* [4], for example). But resilience must be understood as a process taking place in an ecosystemic context, so that the individual, family and environmental factors must be considered when assessing and understanding the level of resilience of a person. In this sense, it is important to assess risk and protective factors (individual, family and environmental ones, including social network).

If we want to better understand resilience as a process, it is important to explore how the person reacts to adverse situations, how the person integrates these experiences in his/her life and which protective factors are used. De Tychey and Lighezzolo research team uses projective techniques to explore resilience. Pamfil, De Tychey, Lighezzolo, Theis, Claudon, Diwo and Popa [5] and de Tychey, Lighezzolo-Alnot, Claudon, Garnier and Demogeot [6] illustrate the specific process of resilience in two institutionalized Romanian twin girls. Through the use of several projective tests (Royer *Story-Tales test*, *Rorschach*, *Draw-a-house*), they show that, besides the effect of torque [7], mentalizing capacity may allow a child to symbolize adversity encountered, to put it into words and send it to a third part (the development or resilience tutor) which may contain it. In another paper [8], the same team reports the development of two non-identical twins whose mother had a mental illness. Again, mentalizing (as assessed with projective *Tales test* and *Rorschach*) reveals differences in mental functioning that can explain (with different maternal investment) resilient functioning of one of the brothers. Lighezzolo, Marchal and Theis [9] use specific drawing of the "Person who has meant the most to you" to explore the importance of an identification model, the resilience tutor. This research team emphasizes the usefulness of projective methodology (interviews, projective thematic tests and drawings) "to obtain more detailed information about the mentalization mechanisms involved in generating resilience or vulnerability to a traumatic event" ([6], p. 63).

Obviously, the classic projective tests used by the research team of de Tychey and Lighezzolo are very important but I think that they can be completed by instruments that I present here, taking into account the ecosystemic approach. In this paper, we describe three projective methods that can be used with any person coming to a psychologist: *Lifeline*, *Resilience Exercise,* and *Fay Woman Drawing*.

Lifeline [10]

When we administer this test, the person has to draw and explain his/her lifeline. The subject is encouraged to draw a line of life beginning at birth (date placed on the extreme left of the sheet) and up to examination date (on the extreme right of the sheet) and then place on the line significant events of his/her life. The person has to register below the line events described as negative, and above, events considered positive. To become co-builder of the history of the person, the therapist could ask questions about each event (often a transition point from one chapter to another of the person's life; for example, "What do you remember for this particular event? ", "What is the significance of this moment of your life?") and its impact. Frequently used in art therapy, *Lifeline* also allows psychologist to start the first encounter with a person respecting the projective space. In fact, this test leaves more subjective space to the person than traditional anamnesis which aims to cover the entire history of the person. In virtually all cases, the history of life is holistic (in the sense that it considers all events), qualitative, and focuses on the experiences of the individual and his way of dealing with these events [11]. To integrate the events we live and their impact on our lives, we constantly reconsider our life to rebuild it. Some questions could complete what was not covered in *Lifeline:* if the person did not speak at all about his/her childhood, he/she can be asked about this topic at the end of the test. I want to emphasize that we used *Lifeline* to explore the experiences of parents of children with intellectual disabilities [12, 13] and the comprehension of their life by people with mental health problems [14, 15].

Strümpfer Resilience Exercise [16]

This test includes six sentences describing situations where the subject is confronted with adversity. The exercise is available in male and female forms. For example sentence, "Marion/Martin lost her/his only child, a 16-year old." Then the examiner should ask the following questions: "What is happening? What is the person doing? What is the person thinking and feeling? What does he/she want? What will happen? What will the outcome be? Looking back afterwards, what will the person think about what has happened? What will the experience mean to him/her?".

Fay Woman Drawing [17, 18]

The person has to write at the top of a white paper sheet (at psychologist's dictation or making a copy) the sentence "A lady is walking and it rains". Then, he/she is asked to draw a picture that represents what he/she wrote. Psychologists have to note the time taken to realize the drawing (time limit is 10 minutes) and the order in which the different parts of the drawing have been performed. When the drawing is finished, the person must write at the bottom of the sheet his/her first name and surname. Then, we ask questions to understand all that is presented in the drawing. The original quotation of Fay resembles *Draw a person* test (Goodenough test) with some specific elements to the situation added (lady walking in the rain). Quotation items linked to protective factors were also added.

In addition to these three projective tests, each person has to talk about his/her social network. Several versions of the social network grid exists (child, teenager, parent forms for children and for himself as a parent, adult form, person with an intellectual disability), enabling us to assess different needs of the person (somebody to listen at, concrete help, leisure).

Analysis of the information collected

In *Lifeline* analysis, we use a phenomenological methodology dedicated to descriptions of experience. It is an investigation of intersubjective reality [19]. The process involves: a) familiarization with each transcript and its content; b) comparison of ideas after reflections, categorization and articulation of the description categories; c) mapping the risk and protective factors. To take into account all the evidence from the *Lifeline*, psychologists must, in the first place, identify all events that allow (with the associated affects) to reconstruct the history of the person with the material he/she has spontaneously brought. Then, this can allow to highlight all risk and protective factors (individual, family and environmental) of the person and if he/she is aware or recognize to have support (as a mentor or resilience tutor). Finally, we must look for signs of resilience (colors, event changing from negative to positive, etc.).

To understand results at the Strümpfer *Resilience Exercise*, we must quote procedures used by the person during the test: resilience as a goal, resilient behavior, capacity to understand, resources of that person, resources under the control of others, meaning, hope to succeed, seeking for social support, positive feelings, personal improved resources, improved interpersonal coping.

In addition to classic quotation elements for graphic tests, *Fay Woman Drawing* involves quotation of some other elements: the ability to represent a person (adult/female), moving (walking), and struggling with a

negative element of the environment (rain). The presence of protective factors for the person, as well as complementary elements (as a rainbow, colors, other living beings, etc.) captures the dynamic balance between adversity (rainfall, for example) and protective factors (raincoat, umbrella).

The different information collected by the three instruments presented (*Lifeline*, Strümpfer *Resilience Exercise* and *Fay Woman Drawing*), in addition to information pertaining to the *Resilience scale* and the *Social network Grid,* are then inserted into a synthesis table to search the convergence of indices.

The ability to name experienced adverse events, the ability to associate emotions and changes in their lives, as well as the resources that are essential (social network, resilience tutor, family support, etc.) are usually present in individuals who have manifested resilience in their lives. For example, overcoming depressive episodes based on good relationships with a brother and with a person outside the family (resilience tutor), and investing her schooling allowed a young woman to overcome the death of her mother and abuse by her father when she was a child. In *Lifeline* test, this young woman puts all difficult events and adds a lot of positive events like the encounter with her first lover and, the spouse with whom she plans to buy a house at the end of her studies. The items of *Resilience Exercise* position this woman as one that can be supported by others, that gives meaning to life events and can solve problems positively. In *Fay Woman Drawing*, she draws a woman who blithely walks in the rain, who walks in the street where there are many puddles of water. She wears a raincoat, and boots, have an umbrella, and goes to the right where we see a clear sky and a rainbow. She crosses passers-by who protect themselves from the rain as they can (a man holds a newspaper over his head and, a woman has a hood).

With reference to the concept of ecosystemic resilience, the information presented here provides individual, family and environmental elements to understand resilience indices and dynamic balance between risk and protective factors and resilience.

Collected information provides key elements to understand resilience process. Resilience built on individual characteristics, family interactions and the environmental support is the natural resilience. If we want to enhance resilience, we can assist people with the support of professionals who will help them to better utilize available resources and to project themselves as resilient. Building resilience may be accompanied by professionals that support the development of individual, family and environmental protective factors. Therefore, this type or resilience can be called «assisted resilience» [20, 21]. It is a midwifery type intervention, based on the strengths (to be discovered by the person with the accompaniment of the professional) and on prevention.

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Humor and mental health in the elderly

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Abstract

The authors follow two main directions of study: 1. an exploration of sense of *humor* and *mental health* in *elders* 2. implementation of an intervention to highlight the role of *humor* as a factor for maintaining *mental health* in the *elderly*. In the first stage (n = 64) two instruments were used: the Humor Styles Questionnaire [1] which identifies four general styles of *humor* and the SF-36 [2] which measures HRQL (health related quality of life). Significant results were found only on two dimensions of *mental health* (social functioning; mental health per se) which were significantly associated with positive *humor* ($p < .050$). On the other hand, *physical health* globally correlated significantly with positive *humor* ($r = 0,39$; $p < .010$) and in particular on two of the four dimensions (physical functioning; bodily pain). In the second stage we studied the impact of *humor* intervention on subjective mental health of elderly. Level of *mental health* did not change significantly as a result of humor intervention based on a model by Walter et al. [3]. The results suggest that *humor* can be effective for mental functioning but rather could be a complementary ressource for interventions, with palliative role. From this point of view *physical health* may play a major role than *mental health*.

Keywords: Humor, mental health, physical health, elderly, quality of life

Nowadays, clinical research seems to focus mainly on mental illness, with less consideration for the role of mental health. We can notice how the inability to mourn and overcome loss plays a central role in the health equation whereas the inability to use humor or laughing does not raise similar interest.

In our lives, as on a theatre stage, we experience a constant struggle between comedy and tragedy. The role of humor becomes important in daily areas of life, as in social gatherings, choosing a life partner. However, there is still reluctance on the inclusion of humor among the areas of scientific interest. There are two major objections that can be found in scientific literature: 1. Humor is not a serious subject – it's a waste of time 2. Humor is not a scientific subject – there are no appropiate methods to investigate relevant aspects of humor [4].

What is humor?

Krichtafovitch [5] considers humor to be fundamental to human activity, having a well-defined biological component. Humor is an innate phenomenon that plays a key-role in the survival of species – though it is not the most complex of emotions, but more of a primary one [5].

Humor was generally operationalized as a multidimensional construct. From a psychological perspective, the humor process has four essential components [6]: a social context, a cognitive-perceptual process, an emotional response, the vocal-behavioral expression of laughter. In medicine there is evidence showing a range of therapeutic benefits of laughter [7].

Previous research

There is little research in the field of humor and mental health and the results are often controversial. In a study of Houston, Mckee, Carroll & Marsh [8] the elders engaged in humorous activities showed levels of anxiety and depression significantly lower compared with the elders who were not involved in humorous activities. The authors do not exclude, however, that the results might be due to the novelty of the task rather than using humor.

Another study in elders that investigated the association between mental health and several variables – humor, spirituality, self-efficacy and social support – has shown that coping humor and self-efficacy were determined for mental health [9]. Of all the variables analyzed, humor as a coping mechanism, significantly correlated with social support, self-efficacy, depression and anxiety [9].

On the other hand, following a longitudinal analysis in patients suffering from sclerosis, the results showed that there is indeed an association between humor coping and chronic illness, but significantly lower – so there is not sufficient evidence to include humor among therapeutic methods of intervention [10]. As limitations of the study, in the longitudinal analysis from one measurement to another (T1 vs T2) some subjects have been lost and subjects in T2 disease characteristics were less severe than those of T1.

Kuiper & McHale [11] introduce the self-evaluative component in humor and well-being equation. Thus, greater recognition of positive self-evaluative standards causes a higher use of affiliative humor which in turn causes higher levels of social self-esteem and lower levels pf depression [11]. Also, a high negative acknowledgement of self-evaluative standards leads to higher use of self-defeating humor that causes lower levels of self-esteem and higher levels of depression [11].

Bell, Coulston & Malhi [12] draw a parallel between mentally healthy individuals and those suffering from schizophrenia by reference to the theory of mind that occurs in humor appreciation. The theory of mind can be described as the ability to attribute thoughts and feelings to themselves and finding satisfactorily to make same inferences about others . For example, delusions of persecution and reference that occur in mental illness can lead to a misunderstanding about the behavior and intentions of others. Negative symptoms of schizophrenia can also be considered as a loss of the ability to establish appropriate social inferences. Thus, as a result of mental illness, the activation of the theory of mind can become difficult and the subject has trouble understanding jokes, humor.

A study that examined the effects of humor styles in psychopathology [13] shows that: 1. a high self-enhancing humor style decreases anxiety-related symptoms while high values of self-defeating humor style increases anxiety-related symptoms 2. whether affiliative and self-enhancing humor styles have higher values a decrease in symptoms is observed, related to mood disorders and whether self-defeating humor style is high symptoms related to mood disorders are increasing 3. high values of self-enhancing humor style causes a decrease in symptoms of psychotic disorders and with increased values of self-defeating humor style, symptoms of psychotic disorders increase.

Humor and mental health in elders

Previous research [1] have shown that people tend to use humor differently. Considering the impact and effects humor has on interlocutors, it can act in a negative or in a positive way, therefor it is called negative humor or positive humor. Studies have shown that only the latter is beneficial for mental health [13]. Declines in health is common in older adults, so that medical care is primary. Besides medication, psychotherapeutic interventions – such as humor therapy, could improve the health of the individual [3]. The research in this paper aims to highlight the link between the humor and mental health in the eldery in Romania.

1.1 An exploration of the relation between sense of humor and mental health in elders

In the medical field, one use frequently the term of "health-related quality of life" (HRQL) instead of "quality of life" as individual term. Usually, there are three general dimensions of QOL: physical (physiological), psychological and social dimensions [14].

In the physical dimension, one refers to the functioning of organs, mobility and ability to communicate [14]. Psychological dimension is operationalized as psychological well-being, satisfaction and fear vs. freedom to feel fear [14]. The social dimension takes into account the frequency of social contacts, exercise of social roles, employment situation, quality of family relationships and financial status [14]. This study is correlational and aims at revealing a possible association between humor and mental health in the elderly in our country.

1.1.1 Research hypotheses

There is an association between humor and mental health in older persons. Thus, we expect:

a. elderly individuals that have a positive sense of humor to appreciate their mental health status as being good;
b. elderly individuals that have a negative sense of humor to appreciate their mental health status as bad.

1.1.2 Investigated variables and their operationalization

The affiliative humor variable focuses on the humor that enhances relationships with others, interpersonal cohesiveness and attraction [1]. The self-enhancing humor - requires a humorous outlook on life. Aggressive humor is the tendency to use humor without regard for its potential impact on others [1] and includes using sarcasm, teasing. The self-defeating humor is a style of humor that attempts to amuse others by doing or saying funny things to the detriment of himself [1].

1.1.3 Research Instruments

Humor Styles Questionnaire [1] identifies four general types of humor relatively independent of which two positives types associated with psychological well-being (affiliative humor and self-enhancing humor) and two negative types, potentially harmful for wellbeing (aggressive humor and self-defeating humor). Rating was made on a Likert scale ranges from 1 to 4.

The SF-36 [2] is a measurement instrument of QOL (subjective quality of life). The SF-36 instrument is a generic instrument for measuring health status, comprising 36 items and 2 generic concepts - physical health concepts: physical functioning (physical activity), role-physical (limited role), bodily pain, general health (healthy / sick) and mental health: social functioning, vitality (energy), role-emotional (role limitation), mental health (altered mental status)

1.1.4 Participants

The participants were 64 elders (37 women and 27 men) from a care unit (institutionalised) and non-institutionalised, aged between 58 and 90 years with a mean age of 74 years.

1.1.5 Method

Subjects were administered two main questionnaires: humor styles questionnaire [1] and the SF-36 [2]. We aimed to correlate the results of the two scales.

1.1.6 Results

The analysis results (Table 1), shows that most responses of subjects and having the highest significance were oriented to the physical health when it was related to humor. Regarding mental health, the analysis shows that social functioning and mental health are significantly associated with humor. As for physical health in relation to humor, physical functioning and bodily pain play a major role. However, modest associations are obtained.

Tabel 1. Summary of Intercorrelations between Health and Humor

Scale	Humor Positive	Affiliative	Self-enhancing
Mental Health			
Social Functioning	.31		.30
Mental Health (per se)	.28		
Physical Health	.39*	.26	.40
Physical Functioning	.37*		.43*
Bodily Pain	.43*	.33*	.40*
QOL	.31		.32

*$p < .01$.

The research hypothesis confirms that positive humour is associated significantly with mental health in older adults only on certain dimensions of mental health. The same cannot be said about negative humour, which is not associated significantly with any dimension of mental health.

1.2 The role of humour as a factor of maintaining mental health over time

1.2.1 Method

In order to assess the role of humour as a factor of maintaining mental health over time, we have conducted a humour intervention among older adults. The intervention comprised weekly group meetings carried out for two months and it was elaborated starting from a model of Walter et al.[3]. They used humour by involving especially free association and positive evocation of the subject's biography. For our approach, we have also taken into account the various theories on humour, the theoretical perspectives on which they are grounded and that we have already mentioned.

We have measured the response to humour with the help of an observation grid. At the beginning and at the end of the observation, we have measured the mental health of individuals with the help of the above-

mentioned SF-36 Questionnaire. We have also introduced in the study a group that had been part of another intervention and a control sample, for a better insight into the humor intervention.

1.2.2 Research purpose

We aimed to follow the long-term effects of humour, in order to highlight the efficacy of a humour intervention.

1.2.3 The research hypothesis

The humor intervention will improve the individuals' mental health.

1.2.4 Variables

There are dependent variables: mental health and independent variables: positive humour – the humor intervention;

1.2.5 Instruments used

SF-36 Questionnaire (detailed in the first part of the research).

The observation grid concerned three levels: cognitive (understanding the humorous message), affective (resonation and affective involvement) and behavioural (smiling, giggles, laughter). In addition, the subjects had to assess to what degree they perceived humour in their activities, on a Likert scale from 1 to 10.

1.2.6 Participants

The intervention involved six older adults within a care facility, who have enthusiastically accepted our proposal from the beginning. The older adults (with an average age of 71) had various conditions: spondylosis, pulmonary emphysema, cardiopathy, kidney diseases, etc., as well as mental diseases (two of them suffered from depression).

The second sample also comprised subjects included in a care facility, but the centre was a different one. In this centre, the interventions comprised activities such as the following: knitting, painting, chess - activities within thematic circles.

The control sample comprised older adults from the first facility, who had not participated to a previous humor intervention. They have a rather monotonous daily schedule.

1.2.7 Intervention

The intervention – that included six older adults – was carried out for two months and it consisted of eight meetings.

- Intervention purpose: exploring the impact of humour on the self-perceived mental health of older adults in care facilities.
- Intervention objectives:
    - ensuring a positive environment, enhancing socialization and group interrelations;
    - the use of spontaneous positive humour;
    - the positive change in mood after using humour;
    - the improvement of mental health.

    Intervention progress: the intervention took place within eight sessions.

1.2.8 Results

As a result of humor intervention, perceived mental health in elderly has not substantially changed. Humor seems not to have contributed in relation to the mental health of the elderly. Elderly people who have gone through another intervention (knitting, painting, playing chess - activities conducted within thematic circles) and those who were part of the control group, obtained insignifiant results from a measurement to another (before and post intervention).

Comparison between the three elderly groups also revealed insignificant differences in the mental health during time 1 (T1) and time 2 (T2).

Conclusions and Discussions

This research aims to explore an area that today is still little studied in scientific literature compared to other fields, namely the humor and mental health. The results of our research have come to cover this area showing that there is not a significant elevated relationship between humor and mental health and therefore it is possibly that humor acts mainly as a complementary resource intervention.

In mental health, an important component in relation to humor could be social functioning: mental health in terms of social openness (social relationships with other groups of people: relatives, friends, neighbors etc.) seems to be associated with positive humor. In this case, self-enhancing humor seems to work most effectively - which suggests that first a general philosophy of life with humorous meanings may have beneficial effects on individual health.

A previous study of Nygren et al. [15] who also used to measure mental health the SF-36 instrument, indicates that perceived mental health in the oldest old individuals was associated with resilience, sense of coherence, purpose in life and being in relationship with the spiritual dimension [15]. These results were obtained only for women and not for men.

A factor of interest in the association between mental health of the elderly and humor seems to be the extent of their physical health. In old age, physical health is poor, so that it may mediate the relationship between humor and mental health more than other age groups.

Although we tried to find links between humor and physical health on many levels of physical health: immunity, tolerance to pain, heart rate, symptoms of disease, longevity - a review of several research leads Martin [16] to considering that the association between humor and physical health seems to be rather doubtful. Other authors [17] also suggest that positive humor seems to have more resonance in the physical health than negative humor that seems to be in a less strong association with physical health.

These aspects raise issues on the importance of health humor styles for health. Other factors seem to have greater importance in this relation. Humor and humor styles efficiency as singular factors in relation to health, it is an assumption that should be seen with reluctance. A study by Cann, Stilwell & Taku [18] draws attention to mediators that may arise between health and humor. The authors indicate that people who have high stable levels of optimism, hope and happiness, along with a good sense of humor, tend to perceive life as less stressful and therefor to report more positive levels of physical and mental health.

On the other hand, our study was not conducted over a sufficient period of time so as to obtain satisfactory results. We might obtain even better results if we go one step further and actually replace the intervention with a more complete humour therapy. We won't neglect the numerous variables that can occur during our research: the significant differences in medication between subjects, the different way the subjects interact with the nursing staff etc. Anyway, we tried to homogenize as much as posible the groups of subjects when it came to diagnosis and psychosocial data.

The generalization of these results is limited as a consequence of the low intensity of humor intervention and the small sample size. Future studies, including a larger group of subjects and implementing an intervention / therapy more complex and for a longer period of time, may provide better insight in humor research and mental health issues.

This research can be considered a minor step in trying to understand the contribution of humor to mental health. In our research we started from the premise that there are psychological benefits in addressing these areas. The relation between humor and mental health still has remaining undiscovered facets. This area has not fully developed its potential in terms of defining this relation in order to improve our mental life. The constructive relation between humor and mental health but also physical health role and the need to optimize the QOL, are current concerns of specialized studies in psychology today, minimizing these issues can lead to ignoring important factors in the reconstruction and redefinition of mental health services.

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The role of motivational persistence and emotional dynamics in changes of well-being

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Abstract

Understanding the emotional management process on long term bases has received great interest in theoretical and empirical psychological research. The theoretical background of this research assumes that motivational persistence is a relatively stable characteristic of the conative system [1] and that the dynamic emotional process often impede the efficient management of daily personal experiences [2]. Study aims to understand the dynamics of emotional process by: a) identifying the role of motivational persistence and emotional management in personal changes, b) identifying internal and situational factors influencing the dynamics of affective process. Based on existing literature, we presumed that motivational persistence could interfere with negative emotional experiences and the dynamic of emotional process. We analyzed the changes of emotional process variables (intensity, overwhelming, dysfunctional thinking /beliefs, justifications, control and management) and their relationships with motivational persistence. Quantified data obtained on a sample of 239 subjects (convenience sampling), who registered for 40 weeks their negative emotions were used. The results show that motivational persistence had a general low effect on emotional dynamic process and its influence may increase if participants show a high level of control and management of emotions.

Keywords: *motivation, emotional management, process, motivational persistence.*

General approach to the long-term negative emotional management

This study focuses on the dynamic of emotions involved in the individual well-being changes and taking into account one of the recently presumed stable characteristic of the conative system – motivational persistence. From the perspective of situational factors and dispositional ones, many peoples have difficulties in experiencing well-being, due to personal emotional strategies and cognitive interpretations of different situations. More precisely, we can notice that many individuals are aware of their negative emotional difficulties but they fail to use an appropriate emotional strategy in order to experience higher levels of changes in well-being. The starting idea was that a motivational approach can lead to overcoming negative experiences, and thus the individual can engage in pursuing a personal goal that leads to healthy being.

Authors state that there is a great interest in „affective phenomena" [2] especially for their involvement in relationships, social interaction and group organization, but there is little information on when and for whom the content of emotional process can bring change in the individual perceived well-being.

Referring to the pursuing of a personal goal, Sheldon and Elliot [3] consider that in order to attain a goal and to get an adjusted level of change in well-being, there are some requirements that need to be taken into consideration: a) localization of the goal on an internalization continuum, thus understanding if that goal represents the global self of the individual, b) the capacity to actively bring sustained effort in the achievement of the goal, c) to satisfy ones psychological needs: autonomy, competence and relatedness in order to experience adjusted level of well-being.

The extended research of the self-determination theory is also known for its practical use especially because it involves different aspects of the emotional dynamics and its relationship with well-being, both in terms of quantitative and qualitative perspectives. For example, authors show in their studies that there is a significant association between well-being and emotional willingness to rely on the support of others although it involves a negative aspect, the one of emotional dependency [4] and suggests understanding the role of „work motivation" on psychological health and in organizational settings [5]. Moreover, recent research also pays attention to the „darker side" of human existence, when psychological need are not fulfilled, because „it can lead to defensive or self-protective accommodations (e.g. the development of controlling regulatory styles, compensatory motives or need substitutes and rigid behaviour patterns)" [6].

Psychotherapists mostly use a cognitive perspective to define and approach psychological problems, Dryden and Branch [7] considering that when it comes to negative emotions, we can distinguish between healthy and unhealthy ones, meaning that in certain situations (e.g. death of a relative) it is healthy to feel sadness, although this is a negative emotion. Considering the impact that negative emotions could have on individual attitudes and behavioral dominant tendencies, the authors draw an extended diagram with 17 types of negative emotions: anxiety, concern, depression, sadness, unhealthy anger, healthy anger, guilt, remorse, shame, disappointment, hurt, sorrow, unhealthy jealousy, healthy jealousy, unhealthy envy, healthy envy. The classic cognitive approach in dealing with negative emotional difficulties uses the ABC model in order to define and restructure the individual: identifying the situation, the irrational beliefs and, finally, the consequences.

With regard to emotion regulation strategies, Gross and Thompson [8] describes them as a dynamic process, one that allows a person to analyse its actions by taking into account the level of control, the manner in that they experience emotions and how they express it. In early research, health and illness were considered to be the factors that differentiate between people that experience positive and negative emotions. Currently, studies are focused on the development and testing of models that consider emotions as determinants (predictors) of functionality [9].

Considering the large amount of research that emphasizes the importance of understanding the links between the affective processes and the individual changes, we think that a programme of the long-term management of the negative emotions can lead us to clarify three directions of study: to analyse the intensity and direction of emotional regulatory strategies, to investigate whether they reduce the differences accumulated over time in relation to the wellbeing, and to determine whether they are antagonists (i.e., if were associated with a relevant psychological factor, the emotional strategies could have a similar main effect on the differences of wellbeing, accumulated over time, but in the opposite direction).

Emotions, motivational persistence and personality

Motivational persistence is considered to be a stable characteristic of the conative system, the predisposition of a person to motivationally persist with effort in order to attain a personal goal, finding personal resources to overcome the encountered obstacles along the way [10]. Research in this area consist of the study of specific concepts such as commitment (grit), concepts that are associated with personality characteristics involving stability, i.e. the pursuit of a long-term goal and involves a specific change in the overall life (eg performance, wellbeing or perceived success [11], [12], [13]. Moreover, current studies are focused on building emotions and cultivating positive emotions, because on long term they can be used as a personal shield and can stimulate a person's ability to adapt quickly to critical incidents or intense stressful events, that can lead quite naturally to finding personal resources – resilience [14], [15], [16].

Regarding the role of emotions in personality dynamics, the authors [17] sets out a number of controversial issues, among which: a) the role of emotions in people's lives - whether they structure human behavior or, conversely, are an impediment to human behavior, b) whether personality influences emotions directly, or through temperament, which would mean that emotions could be considered a predictive factor for temperament, c) the distinction between "trait" and "state", meaning that emotions are most involved in explaining dispositional or mood changes and d) the relationship between the linguistic dimension, on the one hand, where prevail terms denoting negative emotions likely to reflect the intensity with which people experience them, and emotions, on the other hand, that seem like an extension of the words, being intensified by words.

The theoretical framework of self-determination provides an integrative view of the role of motivational dimensions of personality dynamics through various facets, such as: performance indices and the effects of rewards in personality development [18] positive and responsible thinking promoted by predictive models of functionality [19] and promoting personal growth through the internalisation process [20].

Considering the general tendency to promote self-control, which leads to success and self-awareness, we wonder what are the discrepancies between actions in real situations and desired state and especially the influence of the desired condition on people's lives. We propose a different approach, one that understands the individual changes in the context of negative emotional experiences and especially the well-being changes under the impact of motivational persistence and dynamics of emotional experiences.

Method

1.1 Research problem

Based on theoretical framework regarding emotional dynamics and motivational persistence, we propose the use of an intervention program for managing negative emotions through personal diary method, in order to understand the links between personality characteristics, dynamics of emotional life and changes

recorded in perceived wellbeing. For that purpose we have developed an experimental design with repeated measurements, by filling weekly in an online form (personal diary). The main purpose was to test a model of moderation, ie: a) understanding the role of motivational persistence in the recorded changes of the perceived wellbeing, b) identification of some emotion regulation strategies that impact the strength of the association between motivational persistence and perceived wellbeing.

1.2 Main research hypotheses

1. Motivational persistence shows a general low effect on perceived well-being
2. There is a moderator effect of emotional dynamics strategies in the relationship between the motivational persistence and the perceived well-being. Emotional control and management amplifies the effect in the same direction as motivational persistence.

1.3 Experimental design

Participants (N=239) were followed over 40 weeks through a weekly online diary-based journal in order to understand their negative emotions and associated thoughts, that interferes with daily activities and functionality. An initial assessment of the level of well-being, motivation and persistence strategies used was made, and a final assessment of emotional well-being.

The use of experimental repeated measures with the same subjects allowed us to monitor the change in the perceived well-being and to statistically determine if personality characteristics and the use of experimental intervention could impact the observed dispositional difference (positive affect, negative affect and satisfaction with life). The disadvantage of the method is the risk that the boring to be installed at some of the participants during the 40 weeks. Also, some participants offered incomplete information, which made it difficult to analyse how participants have evolved over time.

1.3.1 Measures

The initial and final assessments were held in an online form and includes the following tools: Emotion Regulation Strategies (DERS), emotional control and management assessed through diary-based intervention, Positive and Negative Affectivity Scale (PANAS) and Life Satisfaction Scale. During these 40 weeks of the program, an electronic, online form was used to assess emotional dynamics. The overall measurements were used to assess the emotional dynamics: intensity, overwhelming, dysfunctional thinking /beliefs, justifications, control and emotional management.

The PMS [21] is a 24-item scale that measures motivational persistence, understood as the predisposition of a person to motivationally persist with effort in order to achieve a selected goal, finding the personal resources to overcome the obstacles, fatigue, stress and others distractors. The use of a five point Likert scale (from „*very low degree" to "very high degree")* provides insight for three key factors: „long term purposes pursuing" (LTPP), „current purposes pursuing" (CPP) and „recurrence of unattained purposes" (RUP). The internal consistency of the scales on a Romanian representative sample (N=1,636) calculated for the equivalence of 15 to 24 item is as follows: for LTTP the consistency varies from .807 to .777, for CPP varies between .742 to .777 and for RUP varies between .736 for a 7-item factor and .759 alpha consistency coefficient for a 6-item solution.

The *Emotion Regulation Strategies* (DERS) is a scale with 36 items grouped into six factors: emotional clarity, emotional awareness, difficulties in achieving a goal, impulse control difficulties, non-acceptance of emotional reactions, and limited access to emotion regulation strategies. Calculated internal consistency proved to be very high (.93) [22].

The 20-item *Positive and Negative Affectivity Scale* (PANAS) comprises two scales available for both positive and negative affects and are measured from 1 (very little extent) to 5 (very much) and shows good internal consistency, ranging from .86 to .90 for the positive affect scale and from .84 to .87 for the negative affect scale [23]. The instrument was chosen because of its international use, its fidelity and its validity [24] and, the most important reason, because can be used for a chosen period of time, depending on the chosen design or practical psychological utility.

Satisfaction with Life Scale [25] is a short 5-item scale that assesses global cognitive judgement about satisfaction with one`s life. In the present study we used this scale to finally compute a total score of well-being.

The diary-based online journal, built for this study, is semi-structured and mixes open questions, choice limited responses and general psychological measurements of the emotional dynamics (intensity, overwhelming, dysfunctional thinking /beliefs, justifications, control and emotional management).

Results and discussion

In the statistical analysis we used bivariate correlation to describe the effect of motivational persistence upon changes in well-being and hierarchical multiple regression analyses to determine predictors presumed interaction. Examining moderating effects involved three steps, as recommended by Frazier, Tix, and Baron [26]: a) the interpretation of the effect of the predictors and moderating variable, b) determining the significance of the moderator effect, and c) graphical layout of moderating effects.

Correlation analysis shows that the basic assumption was confirmed, meaning that motivational persistence and wellbeing are weak but significant associated: r (112) = - .269, p <.01. We expected that participants who record high scores on motivational persistence, will record differences in the wellbeing too, but the results show that the subjects with high motivational persistence scores have been small changes in the well-being. Then we calculated the proportion of variance to obtain a more accurate picture of the examined sample ($r^2 = 0.072$), and we found out that 7.2% of cases have significant results.

The results confirmed the our uni-directional hypothesis, but have brought to the fore a number of observations that can direct research towards new directions: a) the small significant changes recorded in the well-being could be the result of the intervention based on personal journal, so in the the future could be used an analysis of variance with repeated measurements in order to clarify whether there is a real effect of the intervention; b) psychological characteristics of personality could intervene in the relationship between motivational persistence and well-being. Thus, an analysis on a sample of equivalent groups may be used as a framework for the study.

The second main hypothesis assumes that motivational persistence, in combination with different aspects of emotional dynamics, could have an impact on changes of the wellbeing. To examine this fact, moderation models were tested, taking into account the following variables: emotional control, emotional management, emotional clarity and emotional awareness. Thus, we analyzed separately the interaction between motivational persistence and each variable, considering the presumed moderators and we called them as follows: Moderator1 (interaction between motivational persistence and emotional control), Moderator2 (motivational persistence and emotional management) Moderator3 (motivational persistence and emotional clarity) Moderators4 (motivational persistence and emotional awareness). The data indicate that emotional management and emotional control variables recorded during the 40 weeks through personal diary, did not contribute significantly to the combination of motivational persistence and changes in well-being. Emotional awareness has not contributed significantly to the relationship between motivational persistence and the differences in wellbeing. Further, the data shows that only "emotional clarity" significantly moderates the relationship between motivational persistence and changes in well-being. The value of R^2 for the interaction of the model is .087, statistically significant [F (1,108) = 0.48; p=0.001] for the differences recorded by participants in the well-being (Table 2).

Table 2

Beta and standardized Beta coefficients of the valid moderating model

Dependent variable: changes in well-being

	Unstandardized coefficients		Standardized coefficients		
	B	St.error	Beta	t	Sig.
(Constant)	5.575	2.322		-2.401	0.018
Motivational Persistence	-.435	.188	.217	-2.388	0.019
Emotional Clarity	-.362	.394	.088	-.920	0.360
Moderator3	.879	.263	.323	3.340	0.001

We concluded that there is a moderating effect of emotional clarity variable and that this occurs in the relationship between motivational persistence and well-being. Finally, we were interested in how this effect manifests itself so we looked at the lower and upper zone of the emotional clarity variable. Correlation analyzes and the scatter-plot graphic between the low (*r (41) = - .501, p = .001)* and high scores *(r (55) = - .085, p = .0539)* of the emotional clarity led us to contradictory results in that the association between motivational persistence and changes in emotional wellbeing is even smaller when recorded high scores in terms of emotional clarity.

Considering the fact that outcomes are descriptive in nature and that they provide only a general picture of how they can enhance the value of stable personal characteristics in achieving significant changes in the well, we suggest the following: consideration of some personality traits because they can become a reference point in understanding the direction and intensity of emotional regulation strategies impact, shortening the journal completion and introduction of ratings on the well-being inside thereof.

We are also aware of the fact that the hierarchical multiple regression method has low power to detect a statistically significant moderating effect and that the results are affected by sample size and the gender ratio (16% male and 84% female in the study sample).

We can easily see that there are differences between the practices recommended by scientific studies and those recommended by practitioners; whereas the latter is experiencing negative emotional problems, the researchers suggest that people should focus their efforts in daily experience situations that cause positive emotions. Although there are studies that support behaviors that are based on personal perseverance in building a natural personal shield, there are still unknown limits that can lead to rigid behavioral patterns and even pathological difficulties.

One of the particularities of this study is an effort focused on managing negative emotions; but our analysis did not take into account the distinction between healthy negative emotions and unhealthy negative emotions. Although we expected that emotional control strategies have an impact on the intensity recorded in the interaction between the well-being and motivational persistence, we need to better control the design and the recording of the responses of participants, and suggest future construction of objective measures for interpretation of qualitative data.

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Secondary traumatic stress, dysfunctional beliefs and the moderator effect of compassion satisfaction

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Abstract

Helping others in their time of need can be rewarding and stressful at the same time. Medical staff caring for their patients might feel compassion satisfaction, the pleasure derived from helping others in need. However, frequent exposure to human suffering makes them vulnerable to secondary traumatic stress. Dysfunctional beliefs are known to predict posttraumatic stress symptoms.

The purpose of the present study was to investigate the relationship between secondary traumatic stress, irrational beliefs and compassion satisfaction. 63 physicians and 69 nurses were surveyed to assess secondary traumatic stress, dysfunctional beliefs and compassion satisfaction.

Results show dysfunctional beliefs predict an important percent of the variance in secondary traumatic stress symptoms in both physicians and nurses. Compassion satisfaction significantly moderates the relationship between dysfunctional beliefs and avoidance symptoms in nurses. Secondary traumatic stress resilience can be achieved through interventions aimed at disputing dysfunctional beliefs.

Keywords: secondary traumatic stress, dysfunctional beliefs, compassion satisfaction, medical staff

Introduction

Posttraumatic stress disorder might develop after a person is exposed to events involving loss of physical integrity or risk of serious injury or death to self or others. As a response the person should feel intense fear, horror or helplessness [1]. Traumatic events present a large variety from car crashes to physical assaults, war and torture, natural disasters. Even a life threatening diagnosis might determine posttraumatic stress disorder [2]. A growing body of research shows that people who systematically interact with victims of traumatic events are at risk of developing a traumatic disorder themselves, becoming secondary victims suffering of secondary traumatic stress [3,4,5,6,7,8,9]. Some professional categories present a higher exposure to trauma survivors. Psychotherapists, social workers, emergency workers or health professionals are vulnerable to secondary traumatic stress symptoms.

Traumatic events tend to shake a person's essential beliefs about a safe, fair world, isolating the victim in an existential crisis [10,11]. The invulnerability illusion protecting the person from stress and anxiety is shattered; feelings of self-worth and trust in others are questioned [11]. Victims face the challenge of reconciling their previous beliefs and the realities of the traumatic event. Recovery will depend on the person's ability to resolve the discrepancy. Dysfunctional beliefs about the world, self and others might have a negative impact on posttraumatic adjustment.

Working with victims of traumatic events may have a negative impact on professionals. However helping others is also a source of satisfaction. Being part of the victims' recovery, the feeling of a meaningful work, witnessing human healing and resilience are all declared sources of satisfaction among trauma workers [6]. While secondary traumatic stress is the price of caring, compassion satisfaction is the reward.

The present study aims to investigate the relationship between secondary traumatic stress, compassion satisfaction and dysfunctional beliefs in medical staff. More precisely we hypothesize the relationship between dysfunctional beliefs and secondary traumatic stress will be moderated by compassion satisfaction.

Methodology

132 health professionals, 63 physicians and 69 nurses, from hospitals in Iasi took part in the study. They all work in emergency or intensive care units, facing difficult cases and trauma survivors on a daily basis. Only

20% of them are males reflecting the prevalence of females among medical staff. All participants signed an informed consent and answered a set of questionnaires.

Compassion satisfaction was assessed using the subscale (α = .83) from **The Professional Quality of Life Scale** [12]. The scale is a revised version of Figley's self-administrated test, developed in 1995. It contains 3 sub-scales of 10 items each, which offer independent scores measuring different concepts. **The Impact of Events Scale** [13] initially measured symptoms of direct trauma and not of secondary trauma. In spite of its original purpose, the scale is most frequently used to measure and survey secondary traumatic stress symptoms. It has two subscales that measure avoidance with 8 items (α = .71) and intrusion with 7 items (α = .89) and can be added to generate a total score (α = .84). **The General Attitudes and Beliefs Scale Short Form** [14] adapted by Bianca Macovei was used to measure dysfunctional beliefs. Its 26 items are divided in 7 subscales: rationality, self worth global assessment, need for achievement, need for approval, need for comfort, the absolutist demand for justice and global assessment of others. The last six subscales can be added to generate a total score of dysfunctional beliefs.

Results

Results show the dysfunctional need for comfort, the absolutist need of justice and the total score for dysfunctional beliefs are significantly and positively associated to intrusion symptoms in physicians. Physicians with a high need for justice also show high scores of total secondary traumatic stress. There is no significant association between dysfunctional beliefs and avoidance symptoms in physicians. Physicians with a rational, functional way of thinking report more compassion satisfaction.

Table 1: Correlations among Dysfunctional beliefs, STS Symptoms and Compassion satisfaction

Beliefs	Compassion satisfaction		Intrusive		Avoidance		Total STS	
	Physicians	Nurses	Physicians	Nurses	Physicians	Nurses	Physicians	Nurses
Rational	.332**	-.014	.018	.053	-.063	-.018	-.030	.024
Self worth	-.091	-.061	.141	.156	-.223	.118	-.052	.156
Achievement	.087	.078	.191	.213	-.116	.070	.054	.167
Approval	-.014	.098	.167	.532**	-.060	.481**	.075	.572**
Comfort	.087	.086	.271*	.278*	-.048	.159	.155	.252*
Justice	.111	-.015	.254*	.309**	.106	.226	.246^	.305*
Others assessment	-.163	.032	.055	.404**	-.056	.439**	.001	.471**
Dysf. Total	.012	.051	.291*	.421**	-.102	.318**	.132	.421**

*Note. * = p ≤.05, ** = p ≤.01, ^ = p<.10. N = 63 physicians and 69 nurses for all analysis.*

Nurses with higher need for approval, comfort and justice, with high expectations of others and higher total scores in dysfunctional beliefs report more intrusive symptoms and higher scores in total secondary traumatic stress. On the other hand, avoidance symptoms are only associated to the need for approval, high expectations of others and total dysfunctional beliefs.

Nurses show significantly more avoidance symptoms (M = 19.69, SD = 7.51) and total secondary traumatic stress (M = 34.18, SD = 14.95) compared to physicians (M = 16.87, SD = 7.64; t(130) = -2.13, p <.050; M = 28.90, SD = 11.44; t(130) = -2.29; p < .050). However, physicians show a significantly higher need for achievement (M = 13.96, SD = 2.44) compared to nurses (M = 12.86, SD = 3.39; t(130) = 2.14, p < .050). There are no other significant differences between the two professional categories.

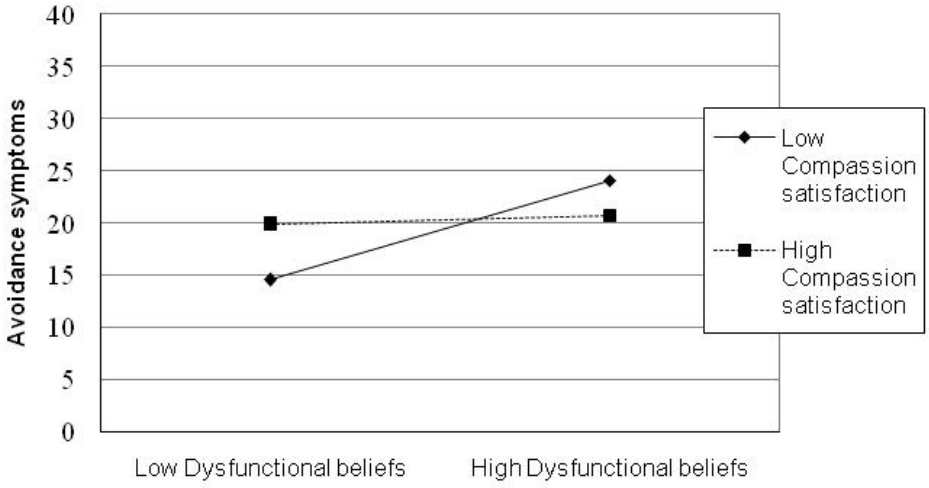
Table 2: Regression results

	Physicians						Nurses					
	STS		Intrusion		Avoidance		STS		Intrusion		Avoidance	
	ΔR^2	B	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β
Dysfunctional beliefs	.01	.13	.08*	.29*	.01	-.10	.17**	.41**	.17**	.41**	.10**	.31**
Compassion satisfaction	.00	.04	.00	.01	.00	.05	.01	.10	.01	.13	.00	.04
Dysfunctional beliefs*Satisfaction	.00	.07	.00	-.03	.01	.14	.01	-.13	.001	-.02	.05*	-.23*
Total R^2	-.02		.03		.02		.16**		.15**		.11*	

*Note. * = $p \leq .05$, ** = $p \leq .01$; N = 63 physicians and 69 nurses.*

Regression results show dysfunctional beliefs predict 8% of the variance in intrusion symptoms in physicians and 17% in nurses. They also explain 10% of the variance in avoidance symptoms in nurses. Compassion satisfaction significantly moderates this relationship. Dysfunctional believes also predict a significant percent of 17% in the variance of total secondary traumatic stress in nurses

Chart 1: Interaction Dysfunctional beliefs and compassion satisfaction in nurses



Nurses with many dysfunctional beliefs and low compassion satisfaction show more avoidance symptoms compared to nurses with few dysfunctional beliefs and low compassion satisfaction. However, when levels of compassion satisfaction are high, nurses show an average level of avoidance symptoms regardless of their dysfunctional beliefs. Moreover it seems that the lowest scores in avoidance symptoms are reported by nurses who have few dysfunctional beliefs and who also show low levels of compassion satisfaction.

Discussions

As hypothesised, health professionals with a high level of dysfunctional beliefs show higher levels of avoidance, intrusion and total secondary traumatic stress. This is especially true for nurses. On the other hand rational thinking helps physicians feel more satisfaction from working with people in need.

Physicians show higher levels of intrusive symptoms when they have a high need for comfort and when they have an absolutist demand for justice. The high need for comfort is expressed through the difficulty in dealing with tensed, frustrating situations. Physicians often face tensed situations when confronted to serious illness, deficient hospital infrastructure or overcrowding. This context will often disturb physicians with a high need for comfort causing recurrent thoughts and images, nightmares and other intrusive symptoms. The absolutist demand for justice is also continuously frustrated in the medical world by the evidence of trauma and disease arbitrary affecting people, with no sense of logic or justice. Medical workers who highly believe in a meaningful and fair world will have to work harder to balance their beliefs when faced with the randomness of trauma and suffering. These results are consistent with previous research on the belief in a just and meaningful world where good things should happen to good people [11, 15].

Nurses show higher levels of secondary traumatic stress and a stronger association between symptoms and their dysfunctional beliefs. Their interaction with patients is often more intimate and complex. A strong need for approval and a critical assessment of others are both associated with secondary traumatic stress symptoms. These beliefs are dynamically involved in social interaction and they influence nurses' contacts with their patients.

Dysfunctional beliefs explain a large percent of the variance in secondary traumatic stress symptoms. This conclusion has important implications for secondary traumatic stress prevention and treatment. Cognitive behavioural interventions and trainings should be created to address these important risk factors. Compassion satisfaction has a buffer effect in the relationship between dysfunctional beliefs and avoidance symptoms. The satisfaction derived from helping the patients in need is stronger than the impulse of avoiding difficult situations.

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Facilitating factors and consequences of experiencing self-detachment in groups: a thematic analysis

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Abstract

Previous theoretical reviews suggest that self-detachment, the type of psychological functioning that opposes self-centeredness, can have positive consequences for the individual and the group. We conducted a qualitative study with the purpose of exploring personal experiences of self-detachment in group activities. 141 Romanian students described a self-detachment experience that occurred in group, and answered several open-ended questions concerning the consequences of the experience and possible facilitating factors of self-detachment. Participants' answers were subjected to thematic analysis, revealing five themes at the facilitating factor level: (1) *common purpose*, (2) *agreeable and cohesive group*, (3) *captivating activity*, (4) *balanced personality* and (5) *external pleasure-inducing stimulants* and four themes at the consequence level: (1) *relationship improvement*, (2) *wish to re-experience*, (3) *positivation of thoughts and feelings*, and (4) *personal development*. The analysis suggests that positive group activities which foster self-detachment have beneficial consequences for the individual and the group.

Keywords: self-detachment, self-centeredness, group activity, qualitative analysis

Introduction

The excessive tendency to self-focus, high egocentrism and egoism are known to be detrimental to the psychological health of individuals, causing anxiety or depression [1], [2]. As a consequence, researchers in the area of positive psychology have pointed out the need of escaping the burden of the self [3], and learning ways to reduce one's self-focus and egocentrism. While character strengths like *humility* and *wisdom* have been the focus of researchers for a long time, in the recent years, the interest in state-phenomena characterized by low focus, like *flow* [4] or *mindfulness*, has increased. Another phenomenon which could facilitate self-detachment is what Haidt and his colleagues [5] name *the loss of self in group*. According to the authors, when individuals are profoundly involved in group activities, they can experience a loss of concern about the self, profound joy and a sense of high connection with others. Leary and Terry [6] name *de individuation*, conceptualized as being characterized by low self-awareness and non-individuation (as opposed to the conceptualizations that stress awareness of social identity and high conformism) among hypo-egoic states, psychological states characterized by low self-focus and egocentrism.

Despite the existence of the above theoretical considerations on self-detachment in groups (*the loss of self in group*), empirical research on the topic is scarce. The aim of the present research was to explore the state of self-detachment in groups, using a qualitative approach that could offer a vivid, profound image of the phenomenon. Although our research investigated a broader array of aspects of the experience, this paper focuses only on the facilitating factors of self-detachment in groups and its consequences at the individual and group level.

Method

1.1 Participants

A convenience sample of 179 undergraduate and graduate students attending Psychology or Philosophy classes completed a qualitative questionnaire on self-detachment in groups. We specifically chose Psychology and Philosophy students as participants to our study, because we considered them to have a high ability of introspection and to be able to provide in-depth, rich descriptions of their personal experiences. Psychology

students received course credits for their participation. Among the total of 179 participants, eight did not complete de questionnaire, declaring that they haven't experienced self-detachment in groups. Of the remaining 171, we excluded from the analysis 38 accounts which did not describe self-detachment experiences. In the final analysis, 141 responses were included (120 females, 21 males, mean age 22.59, *SD* = 4.11).

1.2 Materials and Procedure

Psychology students completed the questionnaire on self-detachment in groups, as well as a series of other instruments online, while Philosophy students completed the pen-and-paper format of the qualitative questionnaire during class. Before completing the questionnaires, all participants signed an informed consent form. The qualitative questionnaire on self-detachment in groups asked participants to remember a personal self-detachment experience that occurred when they were involved in group activities and describe it as detailed as possible. Open-ended questions on the cognitive, affective and behavioral features of the experience, as well as the possible eliciting factors and its consequences followed. The following questions concerning the consequences of the event were asked:

Did that event make you behave in a certain way or do something later on? (Yes or No) If you answered yes, what did you do?
Did you notice a change in you after the experience? (Yes or No) If you answered yes, what was the change?

As for the facilitating factors, the following questions were asked:

In your opinion, what do you think are the exterior (environmental) factors necessary for the self-detachment in group state to appear?
In your opinion, what are the internal (psychological) factors necessary for the self-detachment in group state to appear?

The completion of the qualitative questionnaire took about 20 minutes.

1.3 Data analysis

Participants' answers were thematically analyzed [7] in order to identify prevalent themes. To handle the qualitative data, we used the QDA Miner Software. The first stage of the analysis was to transcribe the responses of the participants who completed the pen-and-paper questionnaire, after which all participants' accounts were read and re-read in order to familiarize ourselves with the data. The next step was to eliminate from the analysis accounts which did not describe positive self-detachment experiences (for example, we eliminated experiences of separating oneself from the group, experiences where negative emotions like anger and sadness prevail, or accounts characterized by obvious egocentrism). Next, we started searching for repeating patterns in the data and coding them. After all meaningful parts of participants' accounts were coded, we started searching for themes which described larger portions of the data. During this stage, some initial codes were combined into one theme, and some were modified so as to create a meaningful and structured schema of the data. After deciding on the main themes and making sure they offer an exhaustive and coherent image of the whole data set, we moved on to labeling the themes and finding appropriate excerpts to illustrate them.

Results

In this article, we present only the themes identified at the facilitating factor level and at the consequence level.

1.1 The facilitating factors of self-detachment in groups

After thematically analyzing participants' responses to the two questions that concerned the facilitating factors of self-detachment in groups, five main themes were identified: (1) *common purpose*, (2) *agreeable and cohesive group*, (3) *captivating activity*, (4) *balanced personality* and (5) *external pleasure-inducing stimulants*

1.1.1 Common Purpose

Some participants named *common purpose* as a facilitating factor of the self-detachment in group experience. This theme refers to the situation when all members of the group have the same purpose during the activity, thus eliminating the possibility of conflicts arising between them. As long as the purpose of the group is common, self-detachment is likely to appear, because the individual is not forced to focus on a personal goal which could oppose the goals of other members and thus create animosity in the group. One female responder writes that, for self-detachment to appear:

…all participants must have a common purpose, and the purpose must not be a personal one.

1.1.2 Agreeable and Cohesive Group

Another factor considered by participants to have the ability to facilitate self-detachment in groups is the quality of the group itself, which must be agreeable and cohesive. Being surrounded by nice, accepting people and being part of a group that is cohesive and united could foster self-detachment. A female respondent notes:

…it is important that every member feel well in the group. As long as you are appreciated, loved and you see that no matter your mistake, the group supports you (…) probably, self-detachment will appear.

1.1.3 Captivating Activity

Another theme identified at the facilitating factor level is *captivating activity*. An interesting, attractive and soliciting activity done with the group can foster self-detachment for the members of the group, as their attention is captivated completely by the task itself, leaving no space for self-relevant, interfering thoughts.

If [the activity] is one that solicits your attention to a greater degree, then self-detachment will be stronger, writes a female respondent.

1.1.4 Balanced Personality

This theme refers to the characteristics of the individual who is inclined or able to experience self-detachment. Many participants noted personality traits which describe a balanced, positive and altruistic type of individual, as well as behavioral patterns and individual states that could facilitate the experimentation of self-detachment in groups. One female respondent enumerates the following personality factors:

…our capacity to emphasize, to relate with others and our openness towards others…

1.1.5 External Pleasure-Inducing Stimulants

The final theme identified at the facilitating factor level is external pleasure inducing stimulants, theme which includes references to aspects of the external world which have the ability to induce pleasure, relaxation and calm. Among them, participants enumerated nice weather, music, food and drinks and an agreeable environment.

For self-detachment to appear, I think that an environment as familiar, welcoming and soothing as possible is necessary, writes a female participant.

1.2 The consequences of experiencing self-detachment in groups

The analysis of participants' responses revealed four themes at the consequence of experiencing self-detachment level: (1) *relationship improvement*, (2) *wish to re-experience*, (3) *positivation of thoughts and feelings*, and (4) *personal development*

1.2.1 Relationship Improvement

Many participants wrote that after experiencing self-detachment in group, the relationship with the members of the group improved. This theme is defined by any positive progress in the relation of the participant with the members of the group, including increased closeness, understanding and affection. As a consequence of the positive group experience, some participants wrote that they wanted to be around the members of the group more, that their relation with the group had gained in profoundness and that they started to value the members of the group more than before. One female participant writes:

Spending time together in an informal setting made us know each other better and understand each other more smoothly.

As a consequence of the positive group experience, others are valued more and seen in a better light:

This happening (…) determined me to always assume that people around me have a superior potential they are unaware of, writes a male participant.

1.2.2 Wish to Re-experience

Another consequence of experiencing the positive state of self-detachment is the wish to experience the feeling once more. This theme refers to participants' desire to re-experience the emotions and the type of human interaction they had previously experienced. Through the group activity, participants learn the need to take a break, self-detach and relax. A female participant writes:

Later, I realized that the self-detachment [experience] allowed me to rest emotionally, and that when I feel tired, I should try to find these kinds of moments that give me the energy and strength to go on.

1.2.3 Positivation of Thoughts and Feelings

This theme refers to the positive changes in mood, thought and emotion experienced by participants after the group activity. The self-detachment experience helped participants see the world in a more optimistic way and feel more energetic and positive than before. One male participant writes:

The good feeling I was experiencing because of the moment of freedom in the park made me be cheerful.

1.2.4 Personal Development

Participants pointed to the fact that the self-detachment experience has not only short-term consequences, as positive changes in mood, but also long-term ones. This theme refers to the positive changes experienced by participants at the individual level, such as gaining in character strengths, self-knowledge, and strengthening their tendency to act prosocially. The group experience is a chance to learn more about oneself and about others, and make a decision towards self-improvement. One male participant confesses:

I became more sociable, friendly, compassionate, willing to help, and communicative.

Another female student talks about her gaining in resilience, self-knowledge and optimism:

After that experience I realized that my emotional states are not set in stone, that there are things I can do to escape from them, and this helped me have more trust in the fact that the chances I need to face hardship are there, and I can access them.

Discussion

The thematic analysis of participants' responses to the questions regarding the facilitating factors of self-detachment in groups and its consequences revealed profound aspects and facets of a group experience seldom studied empirically until present.

The facilitating factors identified by participants can be organized into individual, group and environmental factors. For self-detachment to appear more easily, the individual must have character strengths like altruism and optimism, the group must be an acceptable, agreeable one and have a common goal, and the environment must be an appropriate one. Learning about these factors can help us gain in understanding of the phenomenon and of the conditions under which self-detachment is facilitated or inhibited. Future experimental research on the topic is necessary to clarify the role and importance of different factors, thus opening the road to the creation of educational and therapeutic programs aimed at increasing individuals' chances to experience self-detachment and escape from the burden of the self.

Participants' answers showed that self-detachment in groups have positive effects on the individual and the group, facilitating changes in mood, the improvement of human relationships, and self-development. The present exploratory research on positive group experiences brought the first hints that self-detachment in groups is beneficial and could provide the setting for interventions aimed at reducing self-focus, rumination and negative affect. However, as the data collected is qualitative and exploratory, further research on the topic using quantitative, experimental approaches is necessary in order to clarify the degree to which group experiences can induce self-detachment and facilitate positive changes in thought, emotion and behavior.

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Predictors of emotion regulation during the transition from adolescence to young adulthood

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Abstract

The main purpose of the investigation is to advance a possible explanation of emotion regulation strategies in terms of personality and family factors (attachment and parenting style in emotion socialization) and also demographic variables (age, gender). A look "behind the door" of the emotion regulation gives meaning and significance to those determinants whose influence – which is sometimes inferred and other times scientifically proven – becomes visible in the adaptive and maladaptive emotion management. The results obtained on a sample of 214 subjects of a mean age of 19.69 (± 4.55) support the assertion that personality structure is powerfully present in our emotional life in general, and emotion regulation in particular. In our analysis model, extraversion accounts for 46% of the expressive suppression variance. Emotional family experiences potentiate the personality factors in a positive or negative direction depending on the mother and father's emotional messages that respond to the child's emotions through reactions such as: reward, denial, punishment, amplification, neglect. The parental correlates analyzed reveal predictive significances for the negative strategies of socialization of emotions (punishment and neglect of sadness, anger) and are consistent with studies showing that the mother's emotionality indices are significantly associated with ER strategies. Age does not bring about any changes in emotion regulation strategies along the transition from adolescence to young adulthood. Instead, gender is a variable that has implications for the emotion regulation strategies - boys regulate their emotions through greater use of expressive suppression than girls.

Keywords: Emotion regulation, personality, parenting style in emotion socialization.

Introduction

According to Dunn and Brody's suggestion [1], that emotion regulation involves biological, developmental aspects as well as cognition and personality, our paper analyse concepts from each category: personality, emotion socialization strategies, implicit cognitions about emotions, adult attachment, gender and age.

1.1 Emotion regulation

Emotion regulation (ER) is a complex and multifaceted concept that shapes social skills, well-being, as well as the risk for psychopathology. It covers those strategies that a person uses to influence the emotions they have, when they have, how they live and express them [2]. In this paper, the concept will be addressed from the perspective of the process model of emotion regulation [3], [4], [5], [6] which, together with the *Emotion Regulation Questionnaire* (ERQ), has become useful and usable in the health field and beyond. ER strategies (expressive suppression and cognitive reappraisal) are determined by intrinsic/ predisposing factors (temperament, personality), extrinsic factors (family interaction), implicit cognitions on emotions and also demographic factors such as age and gender [7]; [8], [9], [10], [11].

1.2 Personality Constructs and Emotion Regulation

While consistently significant and negative links are reported between extraversion and expressive suppression (ES) [10], [12], [13], the relationship with cognitive reappraisal (CR) is significant and positive; highly extraverted individuals use CR as emotion regulation technique more frequently [7], [10], [12], [13]. Neuroticism is positively related with the ES (and is even a predictor for this ER strategy) [7], [13]. Compared to the CR, neuroticism shows a negative, weak correlation [10]. Extraversion and neuroticism are two fundamental personality traits that are reflected in the individual differences as regards positive and negative affects, cognitive

style and attitudes. These differences, however, are mediated by the CR. SE, however, has no mediating role for neuroticism, nor for extraversion.

1.3 Parental Constructs and Emotion Regulation

1.3.1 Attachment Relationship

According to the relevant literature, there are predictive relationships between attachment and ES: the low levels of communication and high levels of alienation (styles of attachment perceived towards parents, according IPPA) predict ES in late childhood and adolescence [7]. Fearful and dismissing attachment is positive predictor for ES, while secure attachment is negatively correlated. Attachment is significantly represented also in relation to CR: higher levels of communication (cf. IPPA), the avoidant and safe attachment predict CR positively while preoccupied attachment is negatively correlated with this ER adaptive strategy [7]; [14].

1.3.2 Parental Style of Socializing Emotions

Low levels of parental care and also parental overprotection are positively associated with suppression [12]. Expressive suppression of the mother is significantly associated with the expressive suppression of the child [15]. Although gender and temperamental characteristics contribute to the prediction of ER mechanisms, ER skills are significantly better when children receive a high level of positive parenting [16].

1.4 Demographic Variables and Emotion Regulation

Older people are more motivated to regulate their negative affects and even do so. ES decreases with age [9] [10] and the CR is activated more after the age of 25 [17]. According to the gender variable, men use suppression to a greater extent than women but there are no gender differences in terms of cognitive reappraisal [6], [17]. Gullone [9] confirms these data for ES but identifies gender differences regarding CR – boys use cognitive reappraisal less frequently than girls. An fMRI study of cognitive reappraisal has added information to this contradiction: there is a less intense activity in the prefrontal cortex in men than in women because men involve less effort than women as regards CR [18].

METHODOLOGY

1.1 Participants

The lot under comprises 214 subjects, 147 girls and 67 boys, aged between 14 and 45 (M = 19.69±4.55). In order to control the *type of family of origin* variable, we have only selected those questionnaires by respondents coming from families in which both parents are biological.

1.2 Procedure

Participants completed the questionnaire individually, with no time limit. The application lasted 50 minutes on average and was conducted during seminars (for students) or classes (for pupils). Throughout the application and administration of the questionnaires, the researcher was present to answer any questions and to collect the completed instruments.

1.3 Measuring Instruments

Several scales were used, corresponding to the variables involved in the analysis: personality was assessed through the *Five-Factor Personality Inventory* (Daniel David). As regards the parental style of socializing emotions, the adult attachment style, the related theories on emotions and the emotion regulation strategies, the following instruments were translated and adapted for the Romanian population: *The Emotions as a Child Scale – EAC*, the version for adults (Garside & Klimes- Dougan, 2002b), *Inventory of Parent and Peer Attachment* (Greenberg & Armsden, 2009), *The Implicit Theories of Emotion Scale* (Tamir et al., 2007), *Emotion Regulation Questionnaire* (Gross & John, 2003). For all scales used, internal consistency coefficients were calculated, and those Alpha coefficients above .70 recommend them with a view to obtaining scientifically valid results.

RESULTS

1.1 Expressive Suppression Predictors

For the first regression model, the expressive suppression criterion is explained through a four-step regression analysis (Table 1). Of the more than fifty variables included in the analysis, the results show that model 4, containing the following variables: *extraversion, emotional stability, sadness neglect by the mother, sadness punishment by the father, anger punishment by the mother*, has a statistically significant value, $F(53, 160) = 5.33$, $p<.001$.

Table 1. Results of the hierarchical regression analysis for assessing expressive suppression based on the predictors taken in the study (N = 214)

VARIABLES	R^2	ΔR^2	β
MODEL 1	.16	.14	
Extraversion			-.46**
Emotional Stability			.21*
Autonomy			.16*
MODEL 2	.34	.17	
Extraversion			-.41**
Emotional Stability			.26**
Neglect_Sa_F			.21*
Punishment_Sa_F			.26**
Punishment_An_M			.24*
Neglect_An_T			-.23*
Avoidance_Ha_M			.25*
MODEL 3	.37	.18	
Extraversion			-.46**
Emotional Stability			.31**
Neglect_Sa_M			.23*
Punishment_An_M			.27*
Neglect_Fu_F			-.25*
MODEL 4	.40	.20	
Extraversion			-.46**
Emotional Stability			.27**
Neglect_Sa_M			.22*
Punishment_Sa_F			.24*
Punishment_An_M			.25*

Model 4 adjusted coefficient of determination, adjusted $R^2 = .20$, shows that expressive suppression variance is 20% explained by two personality factors and three parental strategies for socializing emotions.

The biggest explanatory weight in the variables of model 4 belongs to personality, extraversion ($\beta = -.46$) and emotional stability factors ($\beta = .27$). Some of the parental strategies for socializing emotions have lower explanatory weights, yet they have a predictor value: sadness neglect by the mother ($\beta = .22$), sadness punishment by the father ($\beta = .24$) and anger punishment by the mother ($\beta = .25$). Of these factors, by squaring the PART coefficient, we can state that extraversion ($r^2sp = 0.09$) explains suppression four times better than emotional stability ($r^2sp = 0,02$) and 9 times better than the parental strategies for socializing emotions ($r^2sp = 0.01$).

*p< .05; **p<.01

1.2 Cognitive Reappraisal Predictors

For the second regression model, the cognitive reappraisal criterion is explained through a four-step regression analysis (Table 2). The results show that none of the four models has a statistically significant value, $p>.05$.

Table 2. Summary of the results of the hierarchical regression analysis for assessing cognitive reappraisal based on the predictors taken in the study (N = 214)

VARIABLES	R^2	ΔR^2	sig. F Change
MODEL 1	.02	.04	.07
MODEL 2	.06	.22	.16
MODEL 3	.06	.02	.47
MODEL 4	.08	.02	.10

From the correlation matrix, we can identify significant links with: reward-type answer of the mother to the child's anger (.23**), avoidance of anger (.19**) and the mother's reward to the child's emotion of happiness (.21**). As for ES, the mother's influence is also visible in CR.

1.3 Gender and Age Differences in Emotion Regulation Strategies

The differences on the demographic variables (age and gender) was measured separately (CR and ES) through the T-test for *independent samples.* The results confirm (in part) the research hypothesis: age does not distinguish between ER strategies - there are no differences between adolescents and youngsters neither on the adaptive (cognitive reappraisal) nor the maladaptive (expressive suppression) dimension. For CR and ES, the results are as follows: t (212) = .894, p> .05.

For the gender variable, significant differences only occur for ES: boys are more maladaptive than girls in adjusting their emotions, t (212) = 3.155, p <.005. However, CR does not differ between girls and boys t (212) = - .636, p> .05. Cohen d index has a mean value of 0.44 and signifies an average effect level. Hence, boys use ES significantly more than girls in regulating emotions.

Conclusions

We have a significant and negative relationship between extraversion and expressive suppression, and emotional stability is a predictor for expressive suppression. The data are consistent with the literature's findings [7]; [10]; [13].

Parental correlates are predictive variables for the negative strategies of socializing emotions; the negative parenting style has greater predictive power for ER compared with the positive style, and indices of maternal emotionality are significantly related with ER strategies. The data are similar to other studies [15]. Although in other studies communication as attachment style is a predictor for CR and alienation is a predictor for ES, we have not obtained significant data in this regard [7].

Age does not affect changes in the emotional regulation strategies along the transition from adolescence to youth. While data from other studies on ES are consistent, we have conflicting conclusions as regards CR [9]; [10].

Gender is a variable that has implications on emotion regulation strategies. Boys regulate their emotions through greater use of expressive suppression than girls, while for CR we have no gender differences. The data are in agreement with other studies [9] [19].

Our study has some limitations: (1). the respondents - adolescents and youngsters - referred to the relational aspects associated to family and parents. There is empirical evidence that adolescents, out of a wish to mitigate emotional dissonance, tend to idealize the relationship with their parents; (2). the regression analysis included a large number of variables that required a larger group of subjects; (3) the investigation is cross-sectional. A longitudinal approach, however, could capture dynamics-related aspects more accurately. Although these findings are affected by these limitations, they do offer some important information that should be considered in research on emotion regulation.

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Vers une resilience somatique?

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Abstract

The psychoterapeutic approach like EMDR , the sensorimotor therapy, or hypnosys, conducts the clinicians and the researcher to view the body like a therapeutic mediator.More precise this dispositive, solicitates the physiologic process to facilitate the asimilation of the traumatic experience. Like this, the researcher autor of the EMDR, exhibits the role of the vagotonic réflex to the efficacy of eye movement. Activation of the parasympathic system, to help this stimulations, disconnection induced by the hipnosis to the counsciousness, leads to an extinction of the disphoric emotions attached to certain life events, and modifies the representations and beliefs,to the point to reorganise the identity of the subject. The sensorimotor therapy, conducts the subject to feel his body and to let it enter into a defensive movement initially engaged in the traumatic experience, participating resilient in the same process.

An approach of the somatic orientation favorise a better regulation of emotions, trough the mobilisation of the somatic component of the traumatic memories (muscular tensións, aches, anesthesias, etc), facilitating to cut the links between the emotions, thoughts, and behaviours, considering the real assimilation of the traumatic experience.This way the body appears as an espace of resources, proper to the resilience.

Key words: somatic orientation, traumatic memories, disphoric emotions, resilience

Suite à la première étude contrôlée de Shapiro [1], le développement de la psychothérapie EMDR a ouvert de nombreuses perspectives tant au niveau de la clinique des traumas qu'au niveau de notre compréhension de la psychopathologie [2]. L'apport est d'ordre intégratif en ce sens qu'il amène le clinicien chercheur à tenter une synthèse difficile entre des approches traditionnellement bien distinctes, voire opposées, comme la psychanalyse, les thérapies cognitivo-comportementales, l'hypnose, ou les somatothérapies. L'EMDR incite également à prendre en compte les dernières données de la neuro-anatomie et de la physiologie [3] autant en psychotraumatologie qu'en psychothérapie.

La pratique de l'EMDR confronte sans cesse le clinicien à des anamnèses où les traumatismes psychiques prennent une place importante. Ces derniers ne sont pas systématiquement pris en compte par les thérapeutes en tant qu'étiologie principale de la symptomatologie des patients. Pourtant, ces traumatismes ont une place essentielle dans la genèse des troubles psychologiques mais aussi dans la constitution identitaire du sujet. Ils continuent même à exercer sur les individus une véritable emprise psychique.

Aspects neurobiologiques de la traumatisation

L'expérience traumatique apparaît comme une tentative d'intégration, une tentative de liaison de la part du moi d'un corps qui par définition est difficilement, voir impossible à assimiler. Le traumatisme remet en cause le fonctionnement psychique habituel et apparaît bien comme quelque chose qui désorganise le sujet sur un plan individuel et relationnel. L'impact traumatique se repère également au niveau du dérèglement neurovégétatif induit [4]. Un rôle important est attribué au système limbique qui joue une « fonction évaluative ». Le terme de neuroception proposé par Porges [5] va dans ce sens. Celui-ci définit la neuroception comme un « système subconscient composé par certains sous-systèmes neuronaux » qui évalue les situations vécues par le sujet et qui différencie ce qui relève d'un environnement sécurisant, dangereux, voire létal. Le thalamus, relais des informations sensorielles, informe l'amygdale cérébrale d'une situation dangereuse, activant à son tour l'hypothalamus. Ce dernier est en étroite relation avec le système nerveux végétatif composé principalement de la branche sympathique (activée en cas d'effort à fournir et en cas de stress) et de la branche parasympathique

qui joue un rôle prépondérant dans ce qui relève du repos de l'organisme et du relâchement. D'une manière générale, toute situation stressante se caractérise par une activité importante du système nerveux sympathique ainsi que celui de l'axe hypothalamo-hypothysaire surrénalien [6].

La difficulté, voire l'incapacité à faire-face, est bien connue en éthologie qui nous apprend qu'il existe trois types de réponses primaires face à une menace qui touche la vie : le combat (« fight »), la fuite (« flight ») et la réaction d'immobilité -ou de figement- (« freeze reflex »). Lorsque l'être humain est confronté à des stresseurs qui dépassent ses capacités à faire-face (défaut de coping), il peut être amené à utiliser cette même réponse de figement de façon automatique [7]. Des rapprochements peuvent être certainement effectués avec la notion d'« inhibition de l'action » proposée par Laborit [8]. Les réactions de fuite et de combat relèvent essentiellement du système sympathique alors que la réaction de figement paraît liée à l'activation d'une branche du système parasympathique. La réaction d'immobilité résulte semble-t-il d'un déséquilibre inhabituel du système nerveux végétatif. Si la fuite ou le combat n'est pas possible ou si la menace est prolongée au-delà des capacités résilientes de l'organisme, la réaction de figement s'enclenche. De ce blocage naissent les symptômes qui ont pour fin de canaliser autant que faire se peut la « tension somatopsychique non liquidée » au sein du système nerveux. Les symptômes sont donc le reflet d'une activation neurologique saturée.

Réponse vagotonique et assimilation de l'expérience traumatique

L'apport des neurosciences permet aujourd'hui d'approfondir notre compréhension de ce qui se joue au niveau du cerveau dans le cadre de la psychotraumatologie. Pour Levine [7], chaque évènement traumatique engendre simultanément une réponse résiliente dans l'organisme, réponse qui est le plus souvent faible au début. Il envisage l'existence adaptative du système nerveux capable de retrouver un état d'équilibre, fonction autorégulatrice pouvant être altérée chez l'individu, engendrant une sur-activation neurologique, signe d'une symptomatologie d'allure traumatique à venir. La démarche thérapeutique vise à favoriser des allers retours entre l'expérience traumatique qui hyperactive l'organisme et la réponse adaptative (régulation homéostatique) en vue d'une résolution progressive. Les données actuelles témoignent d'ailleurs de l'existence d'un système nerveux autonome résilient comme le suggère Cyrulnik [9].

Les études sur l'EMDR montrent que le système de traitement de l'information traumatique s'amorce spontanément dès que le sujet entre en vagotonie [10, 11, 12]. Le système nerveux parasympathique offre la possibilité d'activer spontanément une possible résolution « naturelle » des traumatismes psychiques [13, 14]. Il semble d'ailleurs qu'en vagotonie, l'amygdale facilite l'inscription néocorticale en mémoire à long terme de l'information jusque là dysfonctionnelle [15]. Sur un plan clinique, cela se manifeste chez le patient par une impression de relâchement, parfois même une somnolence (activation parasympathique) ainsi qu'un fonctionnement dissociatif de type hypnotique. Une partie du moi du sujet reste présent avec le thérapeute signe d'un engagement social préservé alors qu'une autre partie est reliée au passé traumatique. Il s'agit ici d'amener le patient, tout comme en hypnothérapie [16], à aborder le trauma et de le contenir dans l'ici et maintenant. Cette dissociation, pour être thérapeutique, doit respecter la fenêtre de tolérance afin de ne pas dépasser les capacités de faire-face du sujet. Autant une activation sympathique trop élevée bloque toute possibilité de traitement, autant une sous-activation empêche également toute assimilation. Précisons que les données actuelles tendent à montrer qu'une forte stimulation parasympathique permet de préserver cette fenêtre de tolérance [17].

De plus, il existe une corrélation entre cette modulation de l'activation et la qualité de l'attachement du sujet. Les travaux de Schore [14] et Perry et al. [18] témoignent du rôle primordial accordé à un attachement sain pour permettre une capacité accrue de traitement des stresseurs. Un attachement sécurisant sert de base de sécurité à l'enfant et facilite l'exploration du milieu ainsi que ses capacités à affronter des situations douloureuses. Il semble à partir de ces données que le type d'attachement du patient soit en lien avec sa qualité d'affronter l'excitation sympathique tout comme la qualité de la relation avec le patient va influer sur cette tolérance et donc sur le système de traitement de l'information. Ceci semble corroborer les travaux de Porges [5] qui mettent en avant l'importance de l'engagement social (relation à l'autre entretenue par le contact visuel, les expressions du visage, la sensorialité, etc.) comme frein à la surexcitabilité neurologique, engagement social qui serait sous-tendu par la branche ventrale du système parasympathique.

Porges [19] envisage en effet le système nerveux parasympathique comme régulateur de la réactivité et de la vulnérabilité au stress. Il s'agit donc non moins de l'importance de l'excitation du système orthosympathique que la sous-activation vagotonique qui expliquerait la réactivité aux stresseurs. Ainsi, le fonctionnement du parasympathique, en particulier de la branche ventrale, est associé aux fonctions auto-régulatrices de l'organisme.

La théorie polyvagale de Porges [5] complète notre compréhension des syndromes liés au stress et de la réponse de l'organisme. Le système nerveux autonome comprend trois systèmes réciproques, c'est-à-dire s'auto-équilibrant : 1. le système nerveux sympathique permet d'améliorer les relations de l'organisme à l'environnement grâce à une mobilisation générale du type protection et/ou défense ; 2. le système nerveux parasympathique est davantage voué à la restauration et à l'homéostasie de l'organisme. La majorité de

l'innervation de cette branche du système nerveux autonome peut être décomposée en deux sous-systèmes : 2a. le système vagal dorsal, partie la plus primitive, qui est un système de conservation de l'oxygène qui aboutit à l'arrêt, le figement de l'organisme lorsque le traumatisme est très sévère ; 2b. le système vagal ventral, système phylogénétiquement plus récent, qui soutient l'engagement social au travers entre autres des expressions faciales. La théorie de Porges propose un modèle de réponse hiérarchique dans lequel les stratégies les plus sophistiquées reliées au système nerveux le plus évolué sont utilisées en priorité : 1. l'engagement social (système vagal ventral), 2. la fuite ou le combat via le système nerveux sympathique, ou enfin 3. le figement par l'intermédiaire du système vagal dorsal.

Ainsi, au regard de ce qui a été avancé précédemment, l'EMDR et l'hypnose, et c'est ce qui fait l'essence des processus résilients, entrainent une activation du système vagal ventral qui participe à l'engagement social et à la réduction de l'excitation sympathique au travers d'un rapport à l'autre rassurant. Les stimulations usées en EMDR, l'induction hypnotique, toutes les approches visant à ressentir le corps et à le relâcher permettent d'agir sur la dépression du tonus vagal et ainsi de contrebalancer le système sympathique. Les donnés actuellement montrent que les stimulations bilatérales engendrent une diminution du rythme cardiaque et de la conductance de la peau, une légère diminution de la consommation en oxygène, une légère augmentation de la libération du dioxyde de carbone, une augmentation de la fréquence respiratoire et de la température de la peau, une meilleure cohérence cardiaque [20]. Ces modifications physiologiques signent une activité parasympathique identique à celle retrouvée lors du sommeil paradoxal confirmant l'hypothèse possible du rôle mnésique du sommeil REM. Roques [13] précise en outre que les mouvements oculaires facilitent en EMDR une libération cholinergique et contribuent de la sorte à l'augmentation des liens associatifs mnésiques. Les stimulations bilatérales alternées contrebalancent la désactivation du cortex orbitofrontal gauche ainsi que l'aire de Broca dues au stress élevé [21].

Kapoula [22], à partir de ses travaux qui portent sur la motricité oculaire en EMDR, en conclut que les mouvements oculaires sont un « moteur physiologique du changement ». En effet, une absence d'anomalie dans la poursuite oculaire témoigne d'un bon fonctionnement fluide cérébral. Par exemple, on observe suite à une prise en charge par EMDR, une meilleure fluidité des processus physiologiques qui se caractérise par une diminution du nombre de saccades de rattrapages, une augmentation de la vitesse de la poursuite oculaire et un moindre retard des yeux par rapport à la cible. Ces éléments sont à relier à une diminution de l'activité pariétale, signe d'une diminution du stress, un meilleurs accès aux souvenirs douloureux, de meilleurs échanges inter-hémisphériques.

En résumé, les mouvements oculaires favorisent une augmentation de la production cholinergique, une réduction du stress, une meilleure flexibilité mentale, une augmentation de l'élaboration psychique, une amélioration de la mémoire, de l'attention et de la cognition en général. Cette efficacité des mouvements oculaires est de plus indépendante du contexte thérapeutique et culturel. Enfin, il ressort que l'activation du parasympathique, en particulier de la branche ventrale, agit en premier sur les émotions dysphoriques par une disparition de ceux-ci. Et c'est justement cette extinction des émotions douloureuses qui agit sur les représentations et cognitions du sujet. Formulé autrement, l'abord résilient mis ici en évidence se centre en premier sur le bien-être physiologique, l'équilibre somatique et c'est celui-ci qui va engendrer ensuite des modifications dans les représentations du consultant.

Lâcher-prise pour se réassocier

Il ressort des formulations avancées jusqu'ici que le sujet inscrit dans une psychothérapie du trauma doit adopter une position spécifique au cours de laquelle il doit être « attentif et relâché » vis-à-vis de ce qui émerge de lui. C'est le lâcher-prise où se mêlent dissociation, réassociation et vagotonie. Confronté à l'intolérable, à l'impossible à penser, à l'impossibilité de réagir, le traumatisé cherche continuellement à repousser hors de sa conscience ce qui lui est douloureux. Approcher le « vortex traumatique » [7] engendre une peur qui potentialise l'inhibition de l'action et contribue au maintien du syndrome. Lorsque le sujet commence à sortir de cet état de figement, une tendance à l'explosivité est observée au travers d'abréactions importantes, d'angoisses massives, de passage à l'acte. Cette tendance va accentuer la crainte d'appréhender le souvenir douloureux et réactiver de nouveau le figement, la fuite ou l'attaque, bloquant toute résolution naturelle et adaptative du trauma. L'objectif thérapeutique est alors d'amener le patient, au sein d'un cadre sécurisant, à accepter cette rencontre avec soi-même. En EMDR, cette rencontre est facilitée à la fois par le protocole et en particulier par les stimulations bilatérales alternées.

Nous retrouvons cette même approche dans des psychothérapies telles que la Somatic Experiencing ou la Thérapie Sensori-Motrice où le consultant est amené à pister les manifestations somatiques en consultation. Puisque l'impact traumatique a en quelque sorte fragmenté l'intégrité somatopsychique, altérant toute conscience corporelle unifiée, il est nécessaire d'affronter le traumatisme par l'intermédiaire du corps, des sensations corporelles, qui peuvent devenir un reflet du souvenir perturbant et nous guider vers des ressources instinctuelles. La Somatic Experiencing ou la Thérapie Sensori-Motrice s'appuie sur la pratique du « felt sense »

élaborée par Gendlin [23], terme que nous pouvons traduire par « conscience corporelle ». Il s'agit de vivre la totalité des sensations, approche similaire à celle de la pleine conscience [24]. Travailler avec les sensations amène le patient à sortir peu à peu de la réaction d'immobilité. Comme le précise Lévine [7], « la remise en acte représente la tentative de l'organisme d'achever le cycle naturel d'activation et de désactivation qui accompagne la réponse à la menace dans la vie sauvage ». Inciter à focaliser son attention facilite une diminution de l'action du système orthosympathique et facilite un processus de décharge salutaire.

En hypnothérapie, la dissociation thérapeutique permet cette même assimilation. Pour Rossi [6], chaque symptôme, chaque manifestation émotionnelle, chaque sensation corporelle est une modalité de l'expérience du sujet et un signal qui facilite l'accès à d'autres modalités expérientielles du sujet. C'est dans cette optique qu'il faut comprendre Roustang [25] pour qui le symptôme est toujours quelque chose d'isolée de la personne en ce sens qu'il est une manifestation isolée de l'ensemble des autres modalités humaines. Le sujet en souffrance reste bloqué dans l'angoisse, assujetti à des réminiscences par exemple. Il peut être aussi assiégé par des obsessions ou des douleurs somatiques psychogènes. En invitant le sujet à focaliser son attention sur une émotion ou une sensation dysphorique, il lui est possible d'accéder à d'autres modalités expérientielles comme des pensées, des images ou des émotions autres. De la sorte, nous facilitons une élaboration heuristique propice aux changements. Rossi parle de « transduction de l'information » pour décrire cette créativité naturelle psychodynamique qui passe par une interaction entre des processus implicites et explicites. Il s'agit non pas de contrôler le symptôme tel qu'il se manifeste mais de l'utiliser comme une occasion d'explorer et de faire émerger de nouvelles possibilités de communications centripètes (entre le soma et la psyché) et centrifuges (entre le sujet et l'autre) propices au bien-être.

Généralement, les séances psychothérapiques de Rossi suivent le cycle créatif en quatre étapes décrit par Wallas [26] : préparation, incubation, illumination et vérification. La première étape, la préparation, s'appuie sur l'expérience corporelle au cours de laquelle le patient vit la totalité de ses expériences (« felt sense », [24]). On remarque à ce stade des réactions physiologiques (vibrations, tremblements, transpiration, accélération du rythme cardiaque, émotions, etc.) témoignant le plus souvent d'une activation du système orthosympathique. La seconde étape, l'incubation, consiste en une exploration intérieure (lâcher-prise, dissociation, réassociation, association libre, recadrage, etc.). Cela s'appuie sur la conscience entendue comme modalité à la recherche de la nouveauté qui prend en compte à la fois les changements environnementaux et intérieurs afin de permettre une réaction adaptative [27]. Il semble que l'accès au sens ne soit possible que secondairement. C'est au cours de ce travail psycho-corporel que la transduction de l'information paraît la plus intense et thérapeutique. Cela repose généralement sur le relâchement vagotonique qui va favoriser une reliaison des informations jusque là dysfonctionnelles aux anciennes stockées en mémoire à long terme. L'avant dernière phase s'oriente davantage vers une résolution naturelle. Comme le remarque Lévine [7]: « Une fois que vous en prenez conscience, les sensations internes se transforment presque toujours. Ces changements vont habituellement dans le sens d'un plus grand flux d'énergie et de vitalité ». Après un temps passé à vivre pleinement ce qui se joue dans son corps, le patient en vient à ressentir une issue positive : sensations corporelles agréables, émergence de nouvelles cognitions et/ou de souvenirs positifs, imagination créatrice. Ceci est la conséquence d'un travail implicite qui s'est joué lors de l'étape précédente. De nouvelles possibilités se font jour. Enfin la dernière phase, la vérification, facilite les associations entre le passé et le présent. La symbolisation ainsi que la verbalisation renforcent les effets de ce qui s'est joué au cours du travail effectué avec le thérapeute. Il s'agit d'un moment d'intégration, de consolidation de ce qui vient d'être vécu par le patient.

Conclusion

A partir d'une analyse expérientielle de diverses psychothérapies, et plus spécifiquement en s'appuyant sur la clinique qu'offrent l'EMDR et l'hypnothérapie, la question de la prise en charge du trauma amène le clinicien-chercheur à lier différents courants théoriques. Le processus de lâcher-prise, envisagé comme une dynamique psychocorporelle où se mêlent dissociation, réassociation et vagotonie, semble répondre à ce souci à la fois réflexif et pratique du difficile traitement des traumas sévères ou légers. L'intérêt est de deux ordres : il facilite des ponts entre la clinique et la neurobiologie et apparaît également comme une notion intégrative en ce sens qu'il est observable dans diverses psychothérapies qui visent la résolution de traumatismes. Il reste maintenant à affiner la compréhension de ce processus et à développer divers procédés susceptibles de l'utiliser de façon appropriée en fonction des situations cliniques. Pour ne pas laisser son patient aux abords de l'abime traumatique, le thérapeute doit s'exercer à une pleine présence pour jouer le rôle d'un contenant suffisamment étayant et devenir ainsi un « tuteur de résilience ».

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Analyse de l'histoire de la vie de la perspective de résilience assistée

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Abstract

Based on the increasing interest in sociological updates, the authors (mainly the clinical sociologists) and considering the fact that the situations described become the focus of interest also the new sociologists, in terms of our approach, we consider that they have taken into account the observation made by Bertaux, namely that the life story in its particular form the memory of practical stories, has deep affinity with the situation described.

We consequently consider that all sociological approaches on a subject (mainly the especially supportive ones) should always target the specific aspect of the given situation, based on the deep understanding of that situation : the understanding of its causes, determining the prognosis regarding the possibilities of evolution of the situation.

The question in child protection for example arises due to the fact that, in order to understand a situation, its causes and possible evolution, the life story can seem opaque and devoid of useful auxiliary interpretation. Under these conditions we observed that in order to justify an action in a legitimate situation and in the best interests of the child, a useful interpretation is necessary to accompany the history of life, able to clarify concepts as is the understanding of the concept of resilience, the dynamic analysis of balance in risk factors and of protective factors.

This study is the analysis of the life history of two children who are in a position of special protection of the Roman state. It aims to reduce extreme risk to which they were subjected in terms of : assisted resilience, dynamic equilibrium analysis of risc factors and of protective factors. This study is intended as a support for professionals involved in child protection. The study may be necessary to researchers who do not aim to obtain only statistical data and in the case of an understanding of the phenomenon of children who are victims of aggressive behavior.

Keywords : biography, story of life, story of life practices, resilience, dynamic equilibrium analysis of risk factors and protective factors.

Présentation succincte des méthodes et des résultats

Il este nécessaire de préciser tout d'abord que le concept principal que nous avons utilisé est celui de récit de vie, que nous avons complété avec des éléments caractéristiques a celui de l'histoire de la vie (life history), en comprenant ici des autres documents - témoignage des personnes de référence pour les sujets, les dossiers personnels des deux enfants, les résultats des évaluations etc. Nous avons été intéressés aussi par les histoires des pratiques qui les deux enfants ont déroulées parallèlement aux leurs récits de vie avec notre appui.

Les histoires des pratiques nous intéressent particulièrement pour mieux connaitre aussi les expériences qu'ils ont vécues, leurs contextes, mais aussi les pratiques de system de la protection de l'enfant qui les ont aidés ou avec qu'ils ont été confrontés.

Pour faciliter l'interprétation des dates fournis par les récits et les histoires, nous avons appelé aussi à l'apport de la balance dynamique des facteurs de risque et de protection [2]

En raison des contraintes du Template de Congres, nous avons contracté (resserré) les informations jusqu'à la limite ou elles restent intelligibles.

Les récits de vie proviennent des deux enfants qui se trouvent sous la mesure de protection spéciale de l'État roumain en raison de risques extrêmes auxquels ils ont été soumis: A. – un garçon de 12 ans et M.- une fillette de 14 ans.

1.1 Récit d'A. bref

- il provienne d'une famille légalement constituée; sa famille était caractérisée par la violence sur le fond des consommations de l'alcool (aussi le père que la mère, ils consomment de l'alcool);
- a l'âge de 2-3 ans de l'enfant, sa mère este séparée de son père ;
- dès cette séparation ils ont commencé la chaîne des réconciliations, des querelles et des séparations. Jusqu'à l'âge de 8 ans d'A., sa mère donne naissance aux encore trois enfants: un garçon – D., plus petit qu'A. avec 4 ans (engendré avec le père d'A), un garçon – L. (engendré avec un autre homme, mais qui n'habite pas avec eux) et une fillette – A.M. (engendré aussi avec un autre partenaire, parti a l'étranger;
- à l'âge de 3-4 ans A. était rejeté périodiquement a son père. Son père a vécu dans un environnement violent, avec des individus douteux, qui pratiquaient de jeux de hasard. Il s'était vanté d'avoir fusillé des policiers. La grande mère paternelle était diagnostiquée avec la démence, le grand père paternel était violent ;
- la mère d'A. provenait d'une famille ou la mère été une Allemande sourde-muette a cause d'un accident, le père (grand père d'A) était séparé de sa femme. Le grand père d'A a changé plusieurs femmes pendant qu'il s'occupait de sa fille (la mère d'A). Cependant, un frère de sa mère se trouvait dans une Maison de l'Enfant. Les témoignages prouvent que la mère d'A était une femme intelligente, mais très agitée, très nerveuse (peut-être et à la cause de l'alcool)
- pendant 2 ans nous retrouvons la mère, avec A., avec D. et avec L. dans un Centre Maternel. Apres ces 2 ans elle a reçu un logement ANL (de la parte de l'Etat). Ici elle trouve le dernier partenaire avec qui elle engendre A.M.
- âgé de 6-7 ans, A. est obligé par sa mère soigner ses frères. D'ici il se charge de ses frères, il assume ça.
- à l'âge de 3-4 ans A. assiste à la scène ou son père a tue sa mère, âpres l'abus d'alcool qu'ils ont consommé ensemble et il s'enfuit pour demander de secours. Ses frères (D, L. et AM) dormaient.
- la sœur est placée à une cousine germaine de sa mère et les garçons sont internés dans le Centre d'Accueil en Régime d'Urgence. Ici, pendant plus d'une année personne ne parle avec eux: ni un psychologue, ni un médecin, ni un assistent sociale, juste une personne qui avait l'obligation de compléter leurs dossiers. En complétant les dates fournis par le récit de vie et l'histoire de vie avec les date fournis de l'analyse historique nous découvrons que le Centre d'Accueil, au moment du placement des les trois frères était conduit par un homme sans préparation, nommé politiquement et qui ne commençait encore ses études supérieures…
- De Centre d'Accueil en Régime d'Urgence, les frères (les garçons) sont placés dans un service résidentiel de tip familial appartenant à une ONG ;
- présente ADHD ;
- A l'école il y a des professeurs qui vont s'échapper de lui, parce qu'il était violent, impertinent, mais le dernières 6 mois il a crée l'impression de s'apaiser ;
- Il fait part d'un club privé de football, ou il a de meilleures relations avec ses entraîneurs; il est un de plus doué gardien de but de sa génération.

Pour une meilleure interprétation de l'histoire de la vie, nous avons transformé les événements de celle-ci dans des facteurs de risque et de protection, sous la forme de la balance dynamique des facteurs de risque et de protection [2]. Voila les résultats (après ce que nous avons éliminées les facteurs sur qui nous n'avons pas d'informations):

Facteurs de risque individuels	**OUI/ NON**	**Facteurs de protection individuels**	**OUI/ NON**
Problèmes de santé physique	NON	Bonne santé physique	OUI
Sexe masculin	OUI		
Niveau d'activité hors norme (anormalement faible ou élevé)	OUI		
Tempérament difficile	OUI	Tempérament agréable	
Attachement insécurisant	OUI	Attachement sécurisant	
Stratégies de coping ou mécanismes de défense peu efficace	OUI	Stratégies de coping ou mécanismes de défense très efficace	
Habiletés sociales déficitaires	OUI	Très bonnes habiletés sociales	
Faible estime de soi		Bonne estime de soi	OUI
Enfant victime de la maltraitance	OUI		
Intelligence hors norme		Intelligence moyenne ou supérieure	
		Pratique d'un sport	OUI

Facteurs de risque en famille		**Facteurs de protection en famille**	
Instabilité de la structure familiale	OUI		
Nombre élevé des enfants dans la famille	OUI		
Pauvreté des parents	OUI		
Problèmes de consommation de drogue ou d'alcool	OUI		
Violence conjugale	OUI		
Problèmes de santé physique ou de handicap d'un membre de la famille	OUI		
Perte d'emploi	OUI		
Stress parental	OUI		
Absence d'une interaction positive avec l'enfant	OUI	Interactions positives avec l'enfant	
Absence d'attentes ou attentes irréalistes envers l'enfant	OUI	Attitude positive envers l'école et attentes réalistes envers l'enfant	
		Bonnes relation avec la fratrie	OUI
		Bonnes relation avec la famille élargie	OUI
Facteurs de risque environnementaux		**Facteurs de protection environnementaux**	
Habitation non sécure	OUI		
Surpopulation dans le logement/ espace personnel insuffisant	OUI		
Fréquence élevée de déménagements	OUI		
		Présence d'un adulte significative pour l'enfant	OUI
Réseau social des parents très réduit	OUI	Riche réseau social des parents	
Réseau social de l'enfant très réduit	OUI	Existence d'un réseau d'amis pour l'enfant	
Quartier isole, défavorisée ou sans ressources	OUI	Maison et quartier agréable	

Tableau no.1 Les facteurs de risque et de protection de l'A.

A ces facteurs de risque on s'ajoute quelques uns spécifiques :

- l'absence d'intervention et d'accompagnement des services sociales primaires offerts aussi à la mère, qu'au père d'A ;
- l'inexistence des spécialistes dans les services d'intervention en régime d'urgence (psychologues, psychothérapeutes, assistants sociaux compétentes) qu'ils puissent aider l'enfant consommer son deuil, interpréter et travailler sur ses traumas.
- les nominations politiques des personnes incompétentes (sans la préparation et sans l'expérience nécessaire) pour les fonctions de chef de services sociaux (A. a resté plus d'une année dans le service d'accueil en régime d'urgence, sans qu'il soit abordé par un spécialiste, d'autant plus d'une équipe multidisciplinaire!).

Dans le cas d'A. il est besoin de (ré) construction des facteurs de protection qui puisse équilibrer la balance dynamique des facteurs de risque et de protection, mais dans l'absence des spécialistes qui coordonne cette activité peut la transformer dans un autre facteur de risque, peut-être, le plus périlleux de tous.

1.2 Récit d'M. Bref

- elle est abandonnée par sa mère a l'âge d'une année;
- âpres son abandon maternel elle est restée a son père. Mais son père, a cause de son service, laisse M. dans la charge de son frère; celui-ci négligeait sévèrement M. (pour qu'elle ne voit pas ce qu'il faisait avec sa amie, ils l'obligeaient de dormir);
- à l'âge de 3-4 ans, le père donne M. aux ses grands-parents paternels pour qu'elle soit soignée ; elle se rappelle que *„cette année a été la seule année heureuse de sa vie"* ;
- après une année passée aux grands parents, son père tombe malade et il meurt;
- elle déménage avec ses grands-parents au domicile de son père;
- âpres un an c'est le grand père qui meurt (elle était a l'âge de 6 ans);
- après plus d'un an, sa grande mère a contracté un néoplasie; ils l'ont fait un anus artificiel, que la fillette fallait le changer pendant presqu'une année (elle s'est chargée de soigner sa grand-mère en disant *„Voila combien*

de choses elle a fait pour moi!") Ce le moment ou elle pense premièrement devenir médecine. Les dernières semaines de vie de la grand-mère, la fillette dormait très peu, de crainte que la vieillarde ne meure pas seule; elle endort à l'école, ou elle a été remarque par son institutrice; cette ci annonce la sœur de sa grande mère pour venir aider M.

- a l'âge de 9 ans c'est la grand-mère qui est mort (en se rapportant aujourd'hui au cet événement elle se dit : „*Si ma grand-mère n'était pas morte, je ne serais pas ce que je suis*, *inclusivement les bonnes choses*");
- elle est parti à la sœur de sa grand-mère ; pendant une semaine elle a médité à la proposition que son institutrice lui avait fait avant de la mort de sa grande mère, et finalement elle a accepté de se loger au domicile de sa institutrice ;
- depuis deux ans elle fréquente une centre de jour ;
- elle a plus de 60 de diplômes obtenues dans les concours scolaires. Elle a souffert une grande dépression (conformément aux ses affirmations) l'année dernière, a l'occasion d'olympiade d'éducation civique ou, dans la première phase a appris qu'elle a gagné la première; deuxième jour, quand elle s'est déplacée pour recevoir son diplôme, ils l'ont dit qu'elle s'était classée la troisième;
- de plus elle écrit, elle dessine et elle peinte ;
- elle a peur de l'insuccès.

Pour une meilleure interprétation de l'histoire de la vie, nous avons transformé les événements de celle-ci dans des facteurs de risque et de protection, sous la forme de la balance dynamique des facteurs de risque et de protection [2]. Voilà les résultats (après ce que nous avons éliminées les facteurs sur qui nous n'avons pas d'informations):

Facteurs de risque individuels	**OUI/ NON**	**Facteurs de protection individuels**	**OUI/ NON**
Naissance non désirée	OUI	Naissance désirée	
Problèmes de santé physique		Bonne santé physique	OUI
Enfant présentant un défaut physique perceptible		Enfant ayant une apparence attirante	
Sexe masculin	NON		
Tempérament difficile		Tempérament agréable	OUI
Lieu de contrôle externe		Lieu de control interne	OUI
Attachement insécurisant		Attachement sécurisant	OUI
Stratégies de coping ou mécanismes de défense peu efficace		Stratégies de coping ou mécanismes de défense très efficace	OUI
Habiletés sociales déficitaires		Très bonnes habiletés sociales	OUI
Faible estime de soi		Bonne estime de soi	OUI
Enfant victime de la maltraitance	OUI		
Intelligence hors norme		Intelligence moyenne ou supérieure	OUI
Facteurs de risque en famille		**Facteurs de protection en famille**	
Instabilité de la structure familiale	OUI		
Problèmes de santé physique ou de handicap d'un membre de la famille	OUI		
Perte d'emploi	OUI		
Capacités cognitives limitées de la mère			
Stress parental	OUI		
Structuration éducative inadéquate		Structuration éducative adéquate	OUI
Facteurs de risque environnementaux		**Facteurs de protection environnementaux**	
Habitation non sécure	OUI		
Fréquence élevée de déménagements	OUI		
		Présence d'un adulte significative pour l'enfant	OUI
		Bonne utilisation des ressources	OUI
Réseau social des parents très réduit	OUI	Riche réseau social des parents	
Réseau social de l'enfant très réduit	OUI	Existence d'un réseau d'amis pour l'enfant	

Tableau no.2 Les facteurs de risque et de protection de M.

Aux ces facteurs de risque on s'ajoute l'un spécifique:

- l'absence d'intervention et d'accompagnement des services sociales primaires offerts aussi à la mère (pour ne pas abandonner sa fille), qu'au père de M. et puis, a M. même; il este possible l'inexistence de ces services (M. est reste seule avec sa grande mère malade presqu'une année, personne de ces services n'ont pas référé le cas de M. aux services publiques spécialisées).

Comme facteur de protection nous avons enregistré la maturité excessive de M. qui cherche par soi-même qu'elle comprenne, qu'elle travaille sur ses deuils répètes, ses traumas et qu'elle les assume.

Aussi comme dans le cas d'A, dans le cas de M. il est besoin de (ré) construction des facteurs de protection qui puisse équilibrer la balance dynamique des facteurs de risque et de protection, mais dans l'absence des spécialistes qui coordonne cette activité peut la transformer dans un autre facteur de risque, peut-être, le plus périlleux de tous.

Pour mieux comprendre M., voici en bas quelques ouvrages d'elle (Fig.1, 2)

Fig.1.

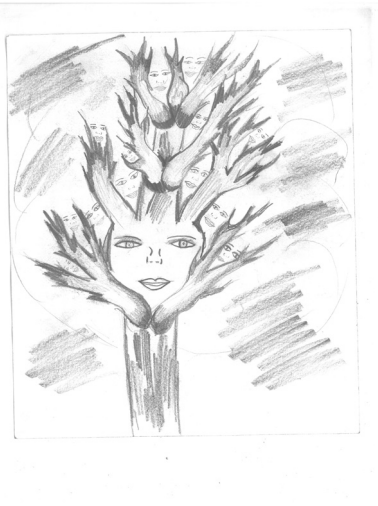

Fig.2

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The function of art therapy in self-knowledge, self esteem and interpersonal relationships in children with emotional disorders

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Abstract

During childhood, the non-verbal communication is extremely complex – mimicry, gesticulation, graphic gestures, color, motor skill, negativism or agitation can express various thoughts, feelings, frustrations and aspirations.

Material and Method

Art Therapy, as a non-directive method, aims to reestablish the individual's harmony in relation to himself and to others. The present study included 20 children and teenagers of both sexes and from different social backgrounds, with the basic diagnosis of emotional disorders. The techniques that we used were: drawing, modeling, painting, building-up with non-conventional materials, various multimedia techniques, animation. The subjects worked both individually, and in groups, as the multiple purposes were: the harmonization and the coordination of movements, the stimulation of initiatives, the development of imagination and creativity, as well as of interaction with others.

Keywords: non-verbal communication, art therapy, emotional disorders, child, teenager, beneficiary, creative process, image, form.

General considerations

According to Elliot V. Eisner [1] art celebrates diversity, providing the children with different solving problem solutions and multiple answers to their questions. Furthermore, it teaches them that there are several ways of seeing and interpreting the world and that people can gaze through multiple windows. This diversity of approaching and solving the issues represents the path to individuality. The practice of arts leads children in finding various solutions by adapting to the changes and to the circumstances and by discovering emerging opportunities. Therefore, the purpose of art in this context is not an exercise of the already acquired knowledge upon the artistic material, but a discovery of the yet unknown.

Our aim is to uncover these new perspectives and sources of inspiration in order to advance in defining the importance of resilience in personal development. The development and the maintenance of social abilities will thus be the necessary conditions of an improved adaptability and of the capacity of personal transformation.

The recent researches have proven that the traumatic experiences are stored in mind as images and that the practice of visual arts offers the beneficiaries a unique way of expressing them consciously without a traumatic effect and a worsened condition when confronting them. We try to promote creative education/Art Therapy within the dynamic of production. This implies a complex, indirect, subtle and sometimes even contradictory approach. Any planning whatsoever would impair the vitality of the creation. The whole process requires that the artist/art therapist should create together with the beneficiaries. As we have stated elsewhere – Emilia Chirilă [2]–, the application of ideas, meaning the creation of works of art, is a process of education – self-surpassing – research – knowledge – self-knowledge – invention – creation – execution, with which the

artists are well acquainted with; it cultivates the capacity to assume the unknown and it enhances the person's adaptability, objectives both of art in general and of Art Therapy, given that the former is the essential part of the couple.

"The multimedia technique, evolving towards eloquent visual representations, incorporates a knowledge that supports perception as well as cognition. Thereby, the experience of a child or teenager related to the visual perception through animation is both cognitive and affective. After the reign of television, the computer became the main medium, while by integrating computers in a network their communicational function has prevailed over that of data processing. Paradoxically, in time and space, the visual that is commonly subjected to the aggressive insertions of innovation – namely the violent tendencies of 3D graphic – makes room in animation for a reinsertion and a reinvention of the graphic gesture, even of music. Precisely this specific interaction between the cognitive and the sensorial processes produced by the technique of animation, leads to such a discovery of one's own feelings and thoughts. Emphasizing this experience can obviously have baneful consequences in regard to children, but under the appropriate coordination by a professor/art therapist, the beneficial effects override." (Diana Drăgan-Chirilă, teză de doctorat) [3]

Neuromarketing is a developing interdisciplinary field that uses the neuroimaging technology (like magnetic nuclear resonance and electroencephalography) for studying the way in which the brain is physiologically affected by the advertisement and marketing strategies. Neuroethics is applied to the activity of the companies that influence the quality of the media (consisting of advertising agencies, web designers, television, radio, magazine and digital media companies, product and packaging designers, film, radio and TV producers etc) in order to prevent the drastic altering of consumers' behavior. They are both intended to alleviate the negative impact of advertising on the consumers. [4]

In order to establish the objectives of art-therapy, we need to take into consideration that the resilience is influenced by three major factors related to the child's personality, to his abilities and to external factors. Tolerance to frustration, self esteem (related to self confidence), personal autonomy, optimism, empathy and emotional stability are thus cultivated by the people around. [5]

The focus point is the artistic expression of the beneficiary, meaning any aspect that may lead to new life possibilities by taking part in the artistic process with the objectives of advancing towards self fulfillment and of having a meaningful life, notwithstanding the degree of disability. [6]

The educational/art therapeutic undertakings focus on several objectives:

- practicing the abilities to express one's feelings, anxieties and experiences verbally and non-verbally
- the consolidation of self-respect and of confidence in one's abilities by engaging the positive aspects of the personality
- the training of empathy in interpersonal relationships
- the development of personal problem and conflict (both inter and intrapersonal) solving strategies
- the breaking through the emotional blockages
- the optimization of self knowledge and self acceptance capabilities
- the improvement of cognitive abilities
- the release of tension, anxieties, stress
-the removal of frustrations and negative feelings
-the perfecting of already acquired abilities (collage, painting, modeling etc)
-the development of social competences

Methods and Training Materials

1.1 Methods

Our training took place individually and in groups – group activities are useful in developing the communicational and relational abilities – and the aforementioned aspects were closely monitored.

On the other hand, Art Therapy concerns itself with the information that the images have to offer regarding their author. The making of art or the production of other crafts resembles a situations test.

The analysis of the products allows the beneficiaries to attain a certain level of introspection and to "work through" their problems in a constructive manner.

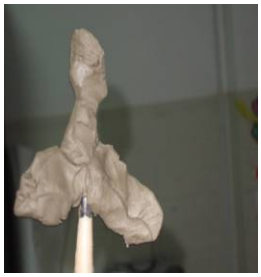
1.2 Materials and techniques

We use materials and techniques that are specific for visual arts (painting, sculpture, graphic, multimedia, photography, film, animation and digital media), but also traditional ones, specific to tridimensional arts, such as pottery wheels and sculptural modeling. They are all integrated into the artistic medium through collage, natural materials and even techniques of combined arts, for instance role playing (theatre) or confectioning ceramic musical instruments (whistle, bells) and playing them (melotherapy).

The group that we studied consisted of 20 children and teenagers, of both sexes, from various social backgrounds, with emotional disorders as their main diagnosis. We made use of the following techniques: ceramic, drawing, modeling, painting, assemblage of unconventional materials, multimedia techniques, animation. We evaluated their self-image and self-esteem by means of the following instruments:

The Self Esteem Scale
The Children's Attributional Style Questionnaire
The Child and Adolescent Scale of Irrationality
The Child Attitudes and Beliefs Scale

1.3 Case Studies


Group Therapy – The children cut pieces of clay with a wire, after which they reassemble the fragments. They apply their ideas upon the finished products that they present afterwards to their colleagues. The latter are supposed to guess what the finished form stands for and what it means, by talking to each other about the images.

For instance: R.R., male, 7 years of age, "Boat"; B.C., male, 13 years: "Cock"; L.A., male, 9 years, "Cave" and "Story with a Sheet of Paper" (a beneficiary diagnosed with the Asperger syndrome takes part in group therapy alongside children with behavioral, emotional and adaptability disorders).



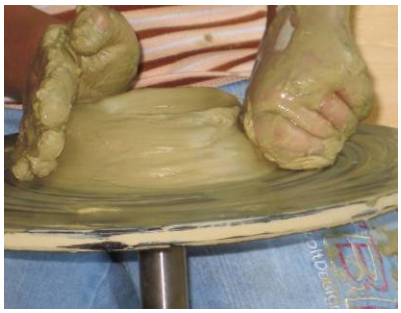
R.V., male, 6 years – diagnosed with emotional disorders, chromosomopathy, mental retardation with autistic accents. In therapy we used multimedia techniques, film and cartoons. During the viewing, we capture the images on the computer and we copy them in various artistic media: drawing, color and modeling. The child is properly assisted in his evolution of self consciousness and in developing his view of the medium and its functioning.



J.P., male, 11 years – diagnosed with emotional disorders, Pierre Robin syndrome, language disorders, medium/light retardation. The child is properly assisted in his evolution of self consciousness and in developing his view of the medium and its functioning. We begin with focus exercises on the small wheel, accompanied by exercises of coordination fine and gross motor skill. The whole body of the beneficiary is thus involved in the processes of form creation, decorating and painting. Therefore, they stimulate simultaneously the visual and the tactile, the spatialization and the space orientation. Results: the breaking through the emotional blockages, the overcome of inhibition by successes repeated on every level of production, the removal of frustrations and negative feelings leading to an increase of self-esteem.

M.A., male, 6 years – diagnosed with selective mutism. The child is stimulated in the problem-solving and the decision-makings strategies, in order to achieve formal diversifications. New abilities unknown by then emerge, leading to the structuring of a positive self image; the discovery of one's own abilities by means of art and the awareness of one's emotions and feelings thus attained opens new ways of non-verbal communication. The joyfulness of creating and the successes appreciated by the parents and by the people around diminish the conflicting traits of the child's living environment. The reconstructed self image and the now positive self esteem contribute towards surpassing the emotional disorders caused by the environment. For a better social interaction, we sometimes work in small groups (of 2 or 3 persons) in which each of the members execute separate phases of creation and production, according to each one's skills, in regards with a unique ceramic product. However, the common purpose of achieving the finite product is kept up throughout the activity.

M. D., female, 14 years – diagnosed with discordant syndrome, liminary intellect, low adaptability. The relief of tension and anxiety is achieved by exhibiting her drawings, alongside that of the other children of her age and by her being thus accepted by them. From her exhibited works, we can deduce an instilled state of calm and self-acceptance. In order to efficiently resolve conflicts and to optimize the abilities of self-knowledge and self-acceptance, we used a visual journal through which she expressed her feelings and thoughts. This way, she is able to both confront and censor herself successfully, developing her capacity to overcome psychic obstacles. For example, if before the therapy she posits the presence of an imaginary person: "I can't get Maili out of my mind" or "I can only speak with my friends about M., even if they can't stand it", afterwards, in her abstract works, he doesn't appear anymore, having remained at the Waldorf school.



Ş.S, male, 11 years – diagnosed with cerebral paralysis, left sided hemiplegia, slight retardation, mixed behavior and emotional disorders. The involvement of the whole in the creation process and the use of artistic techniques related to pottery (drawing, painting, sculptural modeling). By way of formal diversifications, we stimulate problem-solving and decision-making strategies and we discover new abilities, leading to the reconstruction of a positive self image and to the development of social skills. The motor acquisitions are in this case obvious also in the fact that after the therapy, he is able to ride the bicycle.

1.4 Results

While the premises of the therapeutic process were inhibition, anxiety, or depression, we achieved the following results:

- a decrease of anxiety
- diminished frustrations
- self acceptance alongside an increase of self esteem
- verbalization of activities
- improved interaction
- a progress in family and school adaptability

1.5 General Conclusion

Considering the diversity of the child`s non-verbal communication, Art Therapy is not a mere accessory method within the therapeutic process of the emotional disorders of children, but a mandatory condition of it.

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La resilience : entre structure constitutive et reaction comportementale une approche psychanalytique

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Abstract

After a short remember of the Freud's vision of the trauma's main changes, the author proposed a differentiation between a primary resilience, adequate to several psychic reactions due to the more or less accidental traumas,a secondary resilience,adequate to symptoms characterising different psychic structures of all the human subjects, whose trauma seems to be constitutional,and a third resilience,which replaces the missing symptom, adequate especially to psychosis.He finished his text with some details concerning some clinical consequences of such a taxonomie.

Key word : resilience, trauma, neurosis, psychosis, replacement

Les débats modernes et contemporains sur le statut de la maladie « mentale » ont traversé presque tous les cas de figures, en commençant avec la distinction moderne entre la normalité et, donc, la santé, et l'anormalité et, donc, la maladie – c'est le début même de la psychiatrie, qui a conduit à la création des premiers asiles – et en finissant avec l'effacement de cette même distinction, mesure « démocratique » réclamée par le mouvement antipsychiatrique contemporain – rappelons-nous l'exigence politique de « libérer » les malades des hôpitaux psychiatriques afin de les « intégrer » dans la société. Nous nous confrontons – aujourd'hui encore – avec des prises de position « *soft* » plus ou moins proches de cette « mise en question » de la psychiatrie. Pensons, par exemple, au statut – tout à fait secondaire – du psychiatre dans le déroulement d'un procès qui soulève des questions sur la responsabilité du présumé coupable et, par la suite, sur sa santé « mentale ». Car, en France en tout cas, ce n'est pas le spécialiste qui en décide, mais le juge... Bien sûr, le juge peut toujours demander l'avis d'un psychiatre, mais la responsabilité de la décision lui appartient en exclusivité. Situation assez délicate, voire difficile, car elle suppose que, avant de se prononcer sur un tel cas, le juge a été lui-même « jugé » du point de vue psychiatrique – par quelqu'un d'autre, bien évidemment (un juge ou un psychiatre ? – nous laissons la question « ouverte ») – pour que des éléments « particuliers » de sa vie personnelle ne soient pas en mesure d'influencer sa décision. Difficulté de principe et récurrente, y compris dans le domaine de la psychanalyse où la même question se pose : par « qui » doit être analysé le « premier » analyste ?

Aussi, le défit théorique et pratique d'une différenciation « claire et distincte » entre santé et maladie reste-t-il au cœur de notre société, soucieuse d'assurer et, surtout, de dédommager tout accident initial – fût-il génotypique – ou de parcours – fût-il phénotypique. Plus encore, nous faisons aujourd'hui beaucoup d'efforts pour « régler » notre propre accident final, à la fois génotypique et phénotypique, qui est la mort. Dans ce contexte complexe, voire confus, la psychanalyse a avancé une vision méthodologique inattendue parce qu'originale par rapport aux deux attitudes extrêmes, évoquées ci-dessus. Elle nous propose, en effet, une sorte de « synthèse dialectique » entre l'attitude moderne – qui insiste sur une nette et ferme différenciation entre santé et maladie – et celle contemporaine – qui tend à effacer cette différence – en renversant, finalement, toutes les deux grâce à une nouvelle perspective, plus compréhensive. En effet, la psychanalyse affirme que nous ne pourrons jamais vraiment connaître la « normalité » psychique sans une analyse attentive de ses éléments constitutifs, qui, d'une manière paradoxale, se révèlent à nous justement à travers les maladies « mentales » et, plus précisément, dans les psychoses [1]. Ce qui reste caché – et, donc, non analysé – dans le *mixtum compositum* des actes propres aux « névrosés moyens » que nous sommes nous – c'est la dénomination psychanalytique de ceux que, plus inspiré encore, Victor von Weizsäcker a désignés par un oxymore : les « normopathes » [2] – se présente séparément et, donc, analysable dans les psychoses. Le paradoxe logique se convertit ainsi dans un oxymore linguistique. Bref, la psychopathologie des psychoses fonctionne comme un véritable spectrographe pour la grande masse des névroses. Ou, inversement, ce qui est complexe et caché dans les névroses devient simple et manifeste dans les psychoses. À l'intérieur de l'histoire de la psychanalyse, ce

changement de méthode coïncide avec le passage de Freud à Lacan. Ce qui suppose aussi un autre déplacement – avec des conséquences cliniques tout aussi importantes –, car, contrairement au scepticisme initial de Freud (qui doutait qu'il y ait un effet bénéfique de l'analyse sur l'évolution des psychoses), il exige de la part des psychanalystes – et non seulement – une réponse « claire et distincte » quant à la « question préliminaire à tout traitement de la psychose » [3]. Voilà, donc, le vrai défi : y a-t-il une résilience dans les psychoses ? Ou, plus généralement, quelles sont les bénéfices et les limites de la résilience même ?

La résilience primaire

Il est évident que la réponse à toutes ces questions dépend de la façon dont on définit le trauma. Or, de ce point de vue, la conception de Freud a sensiblement changé. Il y a eu un premier moment où Freud hésitait encore à bien différencier l'inconscient, d'une part – instance psychique qui survient au même moment que la conscience mais qui n'a jamais été et ne sera jamais réductible à la conscience – et le subconscient, d'autre part – qui se réduit, lui, à une simple expérience consciente déroulée dans le passé – fût-elle traumatique –, dont le sujet ne se souvient plus. C'est la fameuse hypothèse de la *Neurotica* [4]. En tant qu'événement traumatique et, par conséquent, insuffisamment « classifiée », cette expérience passée « hante » le présent du sujet – incapable parfois de se rappeler son propre trauma (qui lui est devenue, ainsi, impropre) – en revenant – tel un « fantôme » – pour provoquer finalement la réaction hystérique du sujet. Autrement dit, l'hystérique souffre de réminiscences « réelles », c'est-à-dire « réellement » passées. Aussi, le travail d'anamnèse – très long et délicat – que l'analyste initie – y compris sous hypnose – est-il censé justement donner un « sens » – univoque, si possible – à ce passé impropre, pour que le sujet puisse se l'approprie et, par analogie, pour que l'unité temporelle entre son passé et son présent soit finalement « refaite ». Dans ce cas, la résilience serait la conséquence d'un travail d'appropriation du passé par un présent – assisté par l'analyste – qui devrait être renforcé par un « sens » lui-même appropriant parce qu'univoque. Cependant, dans un deuxième moment, Freud a pu observer que le même événement qui provoquait – dans le passé – un trauma pour tel sujet n'avait pas le même effet – traumatique – pour un autre. Un constat empirique simple à faire, mais tout à fait essentiel du point de vue clinique. Car, maintenant, la « cause » de la réaction hystérique n'est pas l'impropre d'un passé qui « hante » le présent « déstabilisé » du sujet mais plutôt leur relation subjective ou, plus précisément, la perception *post*-traumatique que le sujet lui-même – censé être dans le présent – se fait de son passé [5, *Lettre* 69]. Cela veut dire que le rapport entre le passé et le présent n'est pas automatiquement « assuré » – ni même par l'analyste – et que, en plus, le « sens » qui devrait être « récupéré » par le même analyste – afin de « guérir », pour ainsi dire, l'hystérique – n'est pas non plus univoque. Finalement, c'est justement l'analysant qui devra l'assigner à *sa* relation à lui. Car le « sens » – y compris celui de la succession du temps – est toujours équivoque. En somme, l'hystérique souffre de représentations « imaginaires », c'est-à-dire « imaginairement » présentes. Dans ce cas, la résilience serait la conséquence d'un travail de restitution du « sens » que le sujet lui-même devrait trouver – assisté bien sûr par l'analyste, mais jamais à sa place – à une relation entre le passé et le présent, relation qui lui a provoqué des difficultés. L'accent – et, par la suite, le centre – de la cure se déplace de l'analyste vers l'analysant.

La résilience seconde

Une question assez troublante se pose alors : où est-il l'analysant au moment même où il refait la relation entre son présent et un passé qui devrait devenir, lui aussi, le sien ? Quel est le statut « topique » de l'anamnèse ? Le sujet, serait-il dans le passé ? Non, car, dans ce cas, le passé se confondrait tout simplement avec le présent. Est-il alors dans le présent ? Non plus, car dans ce cas, il n'y aurait plus d'anamnèse. Le lieu temporel de l'anamnèse n'est donc ni dans le passé, ni dans le présent : il est suspendu « quelque part » entre les deux, dans un véritable « non-lieu ». C'est dire aussi que la « topique » du sens propre à la succession temporelle – fût-il déjà connu par l'analysant ou, dans le cas échant (celui de l'hystérique), non encore connu par lui – est, à son tour, un « non-lieu » à la fois propre et impropre de la condition de possibilité même de toute relation temporelle. Lacan dirait qu'il relève non pas d'une topique primaire mais d'une topologie. Or, la condition de possibilité topologique de toute succession temporelle topique est, pour ainsi dire, plus « ancienne » que tout passé déjà présentifié car le possible précède toute actualisation, fût-elle déjà consommée, comme c'est le cas du passé. C'est pourquoi, si le passé propre des réminiscences relève encore de la mémoire, le « passé » impropre du sens relève, lui, d'une sorte d'« immémorial ». C'est à cet « immémorial » – appelé aussi « préhistorique », ou « inoubliable » (instance purement symbolique que Lacan avait « située » au-delà du « réel » du passé comme de l'« imaginaire » de sa perception dans le présent) – que Freud fait allusion dans sa célèbre *Lettre* 52 [5] qu'il avait adressée à son ami Fliess. Autrement dit, l'hystérique souffre finalement de réminiscences « mythiques » (et non pas temporelles) qu'il voudrait rendre encore présentes. Les phénoménologues ont développé cette hypothèse en stricte liaison avec le concept d'institution originaire – *Urstiftung* –, événement survenu dans un passé « transcendantal » [6]. En ce sens, la formule roumaine d'introduction aux mythes (ou, si nous le

préférons, aux comptes de fées) est plus conforme et, par la suite, plus précise que les autres car elle dit, en effet, « il était une fois comme *jamais* ». Ce qui a été « perdu » dans le présent de l'hystérique (et non seulement !) n'a jamais été *effectivement* dans un passé temporellement vécu (comme initialement présent). Ce n'est donc pas la réalité d'un passé temporel qu'il réclame, mais un passé inoubliable – préhistorique et immémorial – « situé » quelque part « avant » tout passé oublié et, donc, historique. L'hystérique a le pressentiment préhistorique d'avoir perdu ce qui, de fait, il n'a jamais eu… Personne ne pourrait le lui « restituer », ni même l'analyste. Dans ce cas, la résilience serait la conséquence d'un difficile « déplacement » du sujet hystérique par rapport à son propre mythe, impropre (qui devrait rester ainsi un simple « mythe » : ni moins ni plus). Dans un langage psychanalytique, l'hystérique n'est pas suffisamment castré par rapport au véritable mythe, impropre. Selon Lacan, son « immémorial » reste et restera un simple mythe « individuel » [3].

Nous sommes ainsi arrivés au moment central de notre exposé car nous devrions maintenant faire la distinction entre une simple réaction hystérique – fût-elle liée à un passé traumatique ou à la perception dans le présent d'un trauma passé – et une structure hystérique – qui n'a plus de liaison directe avec le temps et, par conséquent, relève d'un « trauma » constitutif « atemporel » parce qu'« immémorial », une structure à la fois propre et impropre pour tout sujet humain « normopathe », que la psychanalyse appelle « névrose moyenne ». Cette structure qui, nous le voyons bien, n'a rien de figé car elle relève tout simplement de la « condition de possibilité » de tout sujet humain qui vient au monde (les phénoménologues l'appelleraient « transcendantale ») – est liée à l'impacte du langage – véhicule de tout sens humain « immémorial » – sur le sujet humain. Un impacte qui peut être traumatique. Finalement, c'est un trauma valable pour tout Monsieur Jourdain. Si l'être humain dépasse la condition naturelle de l'animal c'est justement parce qu'il parle, parce qu'il véhicule des sens – Lacan dirait des « signifiants » – qui, à leur tour, le dépassent. C'est un constat qui, bien évidemment, n'est pas exclusivement psychanalytique puisqu'il avait fait l'objet de nombreux et importants développements bien avant Freud et Lacan, entre autres dans la philosophie moderne allemande ou dans la linguistique contemporaine française. Comment donc comprendre tout ça ? Il faudrait, tout d'abord, constater que chaque mot est fondamentalement équivoque : si nous allons chercher son sens dans les dictionnaires, nous trouverons une liste toujours incomplète de significations. Une liste qui se confond en fait avec l'histoire même de l'humanité et de sa connaissance. Qu'est ce que l'« espace », par exemple ? Mais quel « espace », plus précisément ? Celui d'Euclide ? Celui de Newton ? Celui d'Einstein ? Le mot « espace » se révèle être un simple phonème qui désigne un concept, un signifiant dont le sens « ultime » nous échappe et nous échappera toujours. Nous n'aurons jamais une compréhension complète de « nos propres » mots. C'est dire aussi que les mots ne sont pas vraiment « les nôtres », qu'ils nous viennent d'un « non-lieu » – appelé par Lacan « le trésor des signifiants » – auquel nous n'avons pas accès direct. Nous ne saurons jamais la définition de la « Femme parfaite ». En plus, nous ne la verrons jamais « en chair et en os ». Il n'y a donc pas d'accès direct à l'idée de la « Femme parfaite », ni à l'objet « Femme parfaite ». Et pourtant, nous sentons que nous l'avons « perdue ». La « preuve » c'est qu'elle nous manque vraiment. Sa perte est donc « immémoriale ». Le premier des modernes qui nous a avertis quant aux limites de la connaissance humaine a été Kant [7, « La dialectique transcendantale »] : ceux qui croient avoir accès à une idée transcendantale souffrent d'une illusion transcendantale, ceux qui croient avoir accès à un objet transcendantal souffrent d'une apparence transcendantale. Le destin de l'être humain se joue ainsi entre ces deux extrêmes que Lacan désigne par S(A barré) et, respectivement, par objet *a* [3, « Subversion du sujet et dialectique du désir »].

Voilà donc en quoi consiste le trauma initial – « préhistorique » et « inoubliable » – que l'impacte du langage sur l'être humain produit dès le début de sa vie subjective. Dès lors, sa pulsion sera toujours articulée par le langage. Elle lui parviendra d'un « en-deçà » inaccessible – *i.e.* impensable – par rapport à ce monde – le trésor des signifiants – pour le faire sortir vers un « au-delà » tout aussi inaccessible – *i.e.* irreprésentable – par rapport à ce monde – l'objet *a*. C'est le sens même du « désir », mot d'origine latine dont l'étymon est *desiderare*. Or, en latin, *sidera* est un pluriel qui désigne les astres qui habitent le ciel infini. Aussi, « désirer » veut-il donc dire « avoir perdu son astre », ce qui revient, finalement, à un « désastre ». Il s'ensuit que le trauma coïncide avec ce désastre, à savoir avec la perte d'un monde immémorial qui dépasse tout entendement et toute imagination, le seul digne d'être vraiment désiré par l'être humain. C'est ainsi que l'homme et la femme deviennent des êtres « aliénés » au langage et, par la suite, des « normopathes ». Il s'agit d'une maladie et – dans le cas échant – d'une pulsion de mort car c'est seulement par la mort que nous pourrions sortir de ce monde afin d'« atteindre », en fin, les astres et, à la limite, leur origine – le *Big Bang*. Mais quelle serait alors la preuve de cette perte de l'origine que la psychanalyse appelle « refoulement originaire » ? Pour rester encore dans les limites de notre analogie cosmo-logique, nous dirions que le refoulement qui est survenu simultanément avec le *Big Bang* nous a pourtant renvoyé sa propre « trace » – la radiation rémanente, le « reste » de cette ouverture originaire, qui correspondrait chez Freud à la *Bejahung*. Il y a donc des réminiscences qui animent, en tant que restes, notre propre présent – les restes de l'origine même. Autrement dit, l'implosion de l'origine produit quelques effets secondaires, c'est-à-dire un retour de ce qui a été refoulé. C'est la grande découverte que Freud avait faite quant à l'économie – propre et impropre – du psychisme humain. Car il existe, en effet, non seulement des phénomènes primaires – des pensées de l'entendement, des représentations de l'imagination ou des

perceptions de la sensibilité – mais aussi des phénomènes secondaires – des quasi-pensées, des quasi-représentations et des quasi-perceptions – qui nous adviennent à l'esprit sans aucun effort de notre part – *i.e.* d'une manière automatique – et qui, même s'ils arrivent parfois à se fixer dans des pensées, des représentations ou des perceptions, ne cessent jamais de « pulser » dehors (pour les psychotiques) et dedans (pour les « normopathes ») par rapport aux premiers. Au delà des nos facultés de connaissances, le retour de ce qui a été originairement refoulé se manifeste également dans notre « propre » conscience, censée être toujours « en état de veille », car non seulement notre conscience est scandée – et, donc, trouée – par le sommeil et par ses rêves – avec leurs propres formations métaphoriques : les condensations ou métonymiques : les déplacements –, mais elle est trouée même à l'état de veille par de telles métaphores et métonymies.

Comment comprendre ces automatismes – dont celui « mental » a été défini pour la première fois par de Clérambault [8] – à travers lesquels le retour du refoulé s'inscrit dans notre économie psychique ? Ce sont – cette fois-ci – les phénoménologues qui ont essayé de l'expliquer [9]. Si l'origine du langage relève d'un mythe préhistorique et inoubliable il faudrait alors rappeler quel « était une fois comme *jamais* » le statut du langage mythique. Or, toutes les grandes traditions précisent que, dans l'immémorial, il y a une sorte d'« identité entre l'être et la pensée » (et, par la suite, la parole), pour reprendre un célèbre adage parménidien. Quand Yahvé prononce un « mot » – fût-il « *Fiat lux* » –, il crée d'une manière automatique la réalité sous-entendue, à savoir la lumière même. Le « désastre » du désir humain n'est donc pas vraiment complet car le fait même que notre pensée, par exemple – et notre voix, d'ailleurs – est toujours accompagnée – d'une manière automatique – par des quasi-pensées – et des quasi-voix – s'avère être une sorte de résilience du sujet humain par rapport au mythe réel dont il est déchu. Sauf que ces quasi-voix automatiques ne se convertissent en réalité – comme dans le cas du Verbe divin – que dans le cas des psychoses où cette « réalité » se confond avec un délire hallucinatoire [1]. Cela ne les exclut pas du tout de l'économie psychique des « normopathes » car tout névrotique moyen les entend, même si, selon Lacan, il « ne prend pas au sérieux la plus grande part de son discours intérieur » [1]. Nous retrouvons ici l'originalité de la psychanalyse quant au « dépassement » de la différence entre la maladie et la santé « mentale » par leur « synthèse dialectique ». En effet, il n'y a pas de structure psychique – fût-elle celle de la névrose moyenne – qui ne soit pas « en résilience ». Car, par définition, le sujet humain reste « divisé » par rapport à la vraie normalité, qui reste toujours vraiment mythique. Les quasi-voix que les névrosés entendent et qui leur adviennent à l'esprit d'une manière automatique représentent ainsi le « reste » de l'automatisme qui « était une fois comme *jamais* » propre au Langage divin. La résilience n'est donc pas une particularité survenue dans le parcours – plus ou moins accidenté et, par conséquent, accidentel – d'un sujet quelconque : elle est constitutive à tout être humain. En ce sens, la fonction structurale de la résilience est même automatique. En d'autres mots, quand il est question de l'être humain, le problème théorique et clinique de la résilience se pose automatiquement. Aristote avait déjà défini l'être humain en tant qu'« animal inachevé », c'est-à-dire « non-terminé ». Il anticipe ainsi la définition psychanalytique du nouveau-né, qui est, par principe, un prématuré [3, « Le stade du miroir »] incapable de se nourrir, de se déplacer, etc. Or, c'est justement cette in-(dé)termination et, « finalement », cette in-finitude qui – grâce aux trous (*i.e.* aux non-lieux) qu'elles créent en lui – rend possible l'inscription des restes de ce qui gît « éternellement » en-deçà – S(A barré) – et au-delà – l'objet *a* – de ce monde.

Qu'en est-il alors des psychoses ? Si les quasi-pensées qui accompagnent toujours le discours d'un névrotique sont inscrites « quelque part » dans les trous de son discours (par principe discontinu) d'une manière imperceptible et sans susciter un intérêt particulier de la part du sujet, elles prennent, par contre, le devant de la scène pendant le délire psychotique. Nous comprenons mieux maintenant en quoi la psychose rend manifeste ce qui reste caché dans la névrose et pourquoi Lacan considère que, de ce point de vue (purement méthodologique, c'est vrai), la névrose devrait être analysée comme un « cas limite » de la psychose. La conversion des quasi-voix dans des voix étranges – voire étrangères – devient possible justement parce que le sujet psychotique n'assume pas vraiment l'ouverture originaire – la *Bejahung* – de l'au-delà propre au trésor des signifiants, y compris à son « Locuteur » ou, selon le même Lacan, au « Grand Autre ». Aussi, le fait de tourner la face devant la face de Dieu implique-t-il une certaine forclusion du Nom du Père – qui désigne ce « Grand Autre » –, le seul Nom Propre authentique et, de ce fait, inconnu et imprononçable pour les êtres humains. Car tous nos « noms propres » sont, en fait, de simples noms communs écrits en majuscules. Cependant, grâce à la grande découverte de Freud, nous savons maintenant – et toute la clinique des psychoses le confirme – que même si le sujet peut refuser sa *Bejahung* par rapport au « Grand Autre », il ne peut pas refuser le retour de son refoulement originaire. (D'ailleurs, c'est justement grâce au refoulement de l'origine qu'un sujet humain peut exister.) Car, même si, par souci de proférer un discours univoque (*i.e.* réduit à sa propre voix), le psychotique essaie de bloquer – pour un certain temps – la résilience secondaire des quasi-voix qui compensent, en tant que reste, la perte originaire, il ne peut pas les bloquer indéfiniment. Aussi, retournent-elles en tant que délire hallucinatoire, dont l'automatisme frise la « réalité ». Si les quasi-voix initiales – qui, dans les cas de névrose, ne sont pas forcloses – représentent la preuve d'une sorte de résilience seconde « normopathe », leur retour intempestif en tant que délire hallucinatoire représenterait ainsi une résilience seconde morbide – mais résilience quand même – par laquelle le sujet essaie de compenser automatiquement ce qu'il avait initialement déni. Dans un langage psychanalytique, cela signifie

que le délire devient lui-même une tentative (inconsciente) de guérison de la part du sujet psychotique, ce qui a bien sûr d'importantes conséquences cliniques pour la conduite thérapeutique du patient pendant son hospitalisation et, ensuite, si c'est possible, durant sa cure. Nous sommes bien conscients qu'affirmer – comme Freud – que le délire hallucinatoire du psychotique est une tentative de guérison [10] peut scandaliser certains professionnels de la déontologique médicale, mais, pour mieux comprendre la position analytique, il faudrait constater que cette vision audacieuse suppose finalement que la force de la résilience est beaucoup plus grande qu'on ne le pense. Plus importante qu'admettraient peut-être certains de ses propres adeptes. Car elle survient – d'une manière seconde – même dans la crise psychotique…

La résilience tierce

Il nous semble clair maintenant qu'il faudrait faire une distinction nette entre ces deux types de résilience analysés ci-dessus. La résilience primaire relève ainsi d'une simple réaction survenue plus ou moins accidentellement dans la vie du sujet. Parfois, elle a besoin d'un simple soutien externe afin de réintégrer le passé, celui d'une expérience traumatique, par exemple. À la limite, nous pourrions dire que si nous sommes vraiment énervés, il y a beaucoup de chances pour développer une réaction « paranoïaque », si nous sommes vraiment déçus, nous pourrions développer aussi une réaction « hystérique » et si nous avons, enfin, un objet qui nous a été expressément et longuement interdit, nous développerions peut-être une réaction « perverse ». Le plus souvent, ce type de réactions pourrait être dépassé sans l'aide spécialisé d'un psychothérapeute ou avec un petit soutien de quelques bons amis samaritains. Par contre, la résilience seconde fait partie de la phénoménologie propre à des structures psychiques bien répertoriées. Dans ce contexte précis, « résilience » et « décompensation » sont presque synonymes. Il va de soi que ce type – second – de résilience est « douloureux » – pour la psychanalytique, il s'agit, en fait, d'un symptôme – dont la liaison avec le concept même de résilience peut facilement échapper. Plus précisément, le fait même que le symptôme représente déjà une résilience – fût-elle « douloureuse » – peut rester souvent caché à cause de la réaction de « contre-transfert » que l'analysant peut développer face à l'intention du psychothérapeute – le bon samaritain – de lui « offrir » – plus ou moins directement – une « vraie » résilience. Aussi, pourrions-nous définir cette « résilience » offerte par le psychothérapeute – non seulement maladroite mais aussi inopportune – comme une « résilience de la résilience ». Or, ce que nous constatons dans beaucoup de cas de ce type c'est que l'analysant refuse les soi-disant « aides » ou « procédures » proposées par le psychothérapeute. Pir encore – et c'est un constat déjà fait par Freud – il s'avère que, souvent, l'analysant aime son symptôme comme lui-même. Autrement dit, il préfère sa propre souffrance symptomatique au lieu de « guérir » sagement. Nous n'avons pas le temps et l'espace de développer ici et maintenant l'explication que la psychanalyse donne à cet apparemment inexplicable – par ce qu'« irrationnel » – choix du patient. Nous pourrions pourtant anticiper qu'il s'agit d'une certaine jouissance que le patient ressent par rapport à son propre symptôme : la jouissance d'une « inhibition » de type paralytique chez un hystérique ou celle d'une « exhibition » langagière chez un maniaque, par exemple. Car, nous le savons bien, le maniaque est très « heureux » durant sa crise. Et, même s'il est difficile d'accepter, l'hystérique aussi, dans sa paralysie. Aucun moyen cognitif de persuasion n'est efficace dans ces cas-là et, par conséquent, aucune autre résilience – à part le symptôme – n'est envisageable. Pour surmonter cette situation sans issue, il faudrait trouver une petite fissure dans la structure du sujet, un déplacement dans la manière dont s'inscrit son symptôme pour qu'un travail analytique puisse être entamé. Ce qui suppose, toujours, un certain engagement éthique de sa part. De toute façon, il est clair que la « résilience de la résilience » thérapeutique est, le plus souvent, une mauvaise stratégie et que la seule résilience qui puisse fonctionner quand il s'agit de structures psychiques serait celle que le patient lui-même aurait finalement trouvée. En ce sens, les cas les plus spectaculaires restent toujours ceux des psychotiques. Nommons ici celui de Jammes Joyce, analysé par Lacan dans son séminaire sur *Le sinthôme* [11]. En deux mots : le génial romancier irlandais avait trouvé dans sa propre création le moyen de se procurer un nom – le non de l'artiste célèbre qu'il était – afin de suppléer la carence du Nom du Père de sa propre structure, psychotique. Il est assez extraordinaire de constater la manière dont les psychotiques inventent toute sorte de « symptômes » afin de suppléer la forclusion du Nom du « Grand Autre ». Nous avons nous-mêmes remarqué plusieurs cas de psychoses dans lesquels les patients avaient développé un « symptôme » obsessionnel, par exemple, un symptôme qui était censé, bien sur, les lier à d'autres personnes... Aussi, dans tous ces cas, la différence entre structure et suppléance est-elle vraiment essentielle car la destruction de la suppléance même – avec l'argument qu'on devrait guérir d'abord l'obsession avant de s'attaquer à la psychose – peut basculer le malade dans la pire des crises [12]. En ce sens, la suppléance des psychotiques serait une résilience tierce.

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Self-care and resilience in the context of chronic disease. A qualitative study

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Abstract

The chronic disease represents a major concern of health care systems due to the permanent and progressive nature of the disease, the high costs of care and the problems related to the patient's quality of life. The article presents and argues the importance of the self-management programs as a development strategy for assisted resilience and for supporting the empowerment of the chronically ill who are redefining their condition in terms of identifying and capitalizing their resources in order to regain control over their lives.

Keywords: resilience, empowerment, chronic illness

Introduction

The issue of health behavior is recognized, articulated and formalized as a major problem of public health programs; the new understanding of the term is related to the description of the autonomous individuals that can chose to act as a response to the illness or as to maintain their health (health behavior) [1]. "Chronic illness is, by definition, a long-term, and perhaps permanent, event in a person's life. In the classical functionalist framework, illness is characterized by dependency, regression and, through encounters with qualified practitioners, hopefully recovery. In chronic illness these features are often only partially characteristic of experience, overlaid as they are with poor or limited recovery prospects. The time-scale involved makes it important to bring into the picture a view of the illness in terms of both the stages it passes through and their interaction with the individual's age and position in the life course" [2].

Chronic illness and its challenges

The chronic illness is facing the patients with a large spectrum of needs that changes their lifestyle and, usually, constrains them into engaging in behaviors that promote physical and psychological well-being, asking them to change their relationship with health services providers, to join the medical prescriptions, to monitor their health condition, to take care related decisions, to manage the impact of the disease on their physical, psychological and social functioning [3]. Because the chronic illness requires continuous medical care, it can raise the issue of the effectiveness of care and the balance between the involvement of the medics and the involvement of the patients in the therapeutic process [4]. The participation of the professionals and of the patients in the care process represents, on the one hand, the willingness of the patients of taking responsibility of their own care [5], but it also requires the support of the care providers in informing the patients and sustaining their efforts of becoming autonomous, and also a collaborative process for optimizing their results on the long term [6]. The current approach to chronic disease care implies a complex evaluation, not only of the biomedical aspects of the disease, but also the understanding of the psychological, social and cultural aspects of health and the suffering associated with the disease [7] The sociological studies published in the U.S. starting in the 70's, years marked by the famous work of Anselm Strauss in 1973: *America: in sickness and in health*, have tried to bring to light the complex implications of chronic disease through qualitative studies conducted on chronic patients. Strauss, although does not recognize the importance of the professionals in caring for the chronic patients, considers that living with the disease has the most important dimension related to daily tasks that need to be performed, and which require managing the medical crises, the treatment, controlling the symptoms, organizing the time, preventing social isolation or managing it, adapting to the disease's trajectory, evaluating and mobilizing resources [8]. Burry talks about the chronic pain of the patient as a "biographical disruption" [9], a discontinuity or a "critical situation" in the life of the individual, that blows into the air all his assumptions about himself, about his body and about the world he lives in [10].

The occurrence of the chronic disease is accompanied by various attempts to manage and reduce its impact on the patient's life, actions labeled as "normalization, coping" or strategic management [11]. *Normalization* relates to two types of processes: on the one hand, the attempt of preserving as much of the identity and lifestyle from the period before the disease, masking or minimizing the symptoms of the disease or, on the other hand, incorporating the suffering into a new way of life that involved a different level of social functionality [11]. The strategic management of suffering refers to "skillful manipulation of social settings and appearances to minimize the impact of illness (…) but also the attempt to mobilize resources to advantage, and the setting of realistic goals in order to maintain everyday life" [1]. Different from Burry, who sets the accent on "biographical disruption", other authors emphasize the dimension of *biographical flow*, *biographical continuity* or *biographical confirmation* of the disease management [10] [12]. These authors consider the continuity as a characteristic of people's responses to chronic disease, particularly when it was installed at young ages, becoming "normal illness" [12]. Some authors consider that the most important dimension of chronic suffering is the corporal body related dimension: "At the very epicenter of the coping experience and from which other social coping processes flow, is the management of the physical problems which the chronic illness generates. The physical aspects of living such as eating, bathing, or going to the toilet are the prime focus of the experience of chronic illness, because above all else coping with chronic illness involves coping with bodies - not just for people who are chronically ill themselves but also for their families (...)" [13]. Because actions that were once automated (especially those requiring mobility, dexterity) now require an active engagement and planning, chronic disease-related physical limitations lead awareness about the socio-cultural body related performance requirements.

In the qualitative studies conducted by Strauss and Corbin, the self-care management in chronic disease conditions is described around three important dimensions [14]: (a) The medical dimension (*illness work*) refers to the effort that the patient is making in order to identify the illness's symptoms, to prevent and manage crises, to adhere to different treatments or diets, to use some medical tools etc.; (b) The *role* dimension of the management refers to all the *everyday efforts* (*everyday life work*) of coexisting with the disease, to the daily tasks of self-care and caring or the children and the other members of the family, to the efforts of fulfilling professional tasks or of rebuilding the roles – professional and familial, under the physical and social constrains imposed by the disease; (c) The *biographical and identity related dimension of the disease management (biographical work)* is often more discrete and less visible and refers to the disease associated emotions management, but also to intern efforts of redefining the identity and purpose of life of the chronically ill. The health sociology studies talk about the presence of an identity labor imposed by the chronic disease.

The self-management programs – strategies of developing assisted resilience

The self-management is a term used in the area of health education and it is associated to health promotion programs and of patient education, and refers to the strategies that a person could take in order to tackle the disease [15]. Integrating the self-management into the overall health care system is considered essential in the context of chronic disease care, because the chronic disease is incurable, and daily management of the health condition is necessary for the rest of the patient's life, it can only be realized by the patient and those in his proximity: family, friends, relatives [16]. In addition, the education for the self-management of chronic disease can majorly improve the patient's health condition and can significantly reduce the costs of care. Whatever the patient's attitude is related to his health status, even if he ignores the disease and decides to completely ignore the medical prescriptions, or he will carefully listen to his body and the symptoms and will integrate the medical prescriptions into his daily life, both of these situations are different styles of health management. Using the term health management refers to the "activities people undertake to create order, discipline and control in their lives" [17]. The engagement of a chronically ill patient in self-care practices depends on a number of factors: the type of the disease, time passed since the disease occurred, the gender, age, socio-economic status of the patient, the level of self-efficacy, the social networks of support etc. [18] [19]. The self-management notion can be studied in the context of the chronically ill adapting to the new health condition, describing "the ways that people incorporate the consequences of illness into their lives" [17] The self-management is considered fundamental in the process of positive adaptation to the disease. A series of authors [17] [20] assimilate the positive adaptation to the chronic condition with the transformation which occurs when "the burden of illness is replaced by the perception that it has enhanced the quality and meaning of life, by enabling people to experience life in a way that was previously inaccessible" (p.260). Although similar with the term coping [17] that refers to being a state of tolerating, minimizing, accepting or ignoring things that cannot be mastered, the self-management term emphasizes the area of activities that the chronically ill initiate in order to gain control over their lives, affected by suffering.

Knowing the definitions and representations that patients have on their own experience of self-care is very important because it can be valorized and incorporated into clinical nursing intervention, increasing its role of consolidating the patient's resilience and improving the quality of their lives [20].

The literature emphasizes the fact that the medical staff and the patients relate themselves to the self-management of the disease in different terms: if the professionals that represent the medical professions talk about health self-management in terms of structured education around certain dimensions considered important, the chronically ill patients relate themselves to the experience of self-care as to a "process initiated to bring about order in their lives" [17].

The patients consider the chronic disease self-management a complex process, multifaceted and nonlinear that faces fluctuations, moments of crisis and calm and is characterized firstly by its dynamic nature, of its active learning process and the exploration of the disease imposed limits. This process is described as a set of activities built around several important dimensions: Recognizing and monitoring the borders and the limitations configured by the disease, often accompanied by pain; Mobilizing material, psychological, physical and compartmental resources in order to improve the quality of life; Reconstructing the identity generated by learning to coexist with the disease; Balancing, planning and prioritizing all aspects of everyday life (which drastically diminishes the spontaneity element). The idea of self-management programs is linked to the name of Kate Lorig who considers that the patients are not only *consumers* of health care, but can also become producers of health care [8]. Although there is no consensus about what constitutes a self-management program, such the content and the methods of such programs, they are popular in the U.K., Australia, U.S., and are built around several principles [19]. Even though the needs of self-care can be very different depending on the specific chronic disease, there is a common set of needs, derived from the common symptoms and consequences of the various chronic conditions. The common philosophy of these programs is built around the idea that, despite the variation related to the effects or the impairment created by the disease, many chronically ill are capable of becoming active agents in managing their tasks, in order to diminish the negative effects of the disease and to maximize the quality of life [22]. Secondly, the idea that patients are active actors and partners in the process of disease management is promoted, ant the diverse patterns of comportment can configure diverse styles of self-management. Although the representative of the medical profession are continuously providing support in the disease treatment, the patient is the only one that can manage his health condition in the long term, and for this, it is necessary for him to acquire some skills and competencies.

The self-management program that is mostly talked about in the literature is the "Arthritis Self-Management Programme", which is a course developed by Lorig et al. [15] at Stanford University. This program is based on the concept of self-efficacy and the compartmental change, and takes place as a course during six weeks and, although used initially for arthritis ill, it is considered applicable and generalisable to a large spectrum of chronic diseases [17] [23]. Another self-management program which aims to achieve the empowerment of the chronically ill, implemented in the U.K., is the "Expert Patient Programme", which starts from the premise that, although the chronically ill is not an expert in the disease per se, he could become an expert in his own illness and in managing his own condition. Although the technical and biomedical aspects of the disease cannot be accessible for him, the management of the psycho-emotional, medical, social aspects of his disease can be learned, such as he can improve his degree of autonomy related to the medical system and to improve his quality of life.

Conclusions

The self-management of chronic disease remains a major concern of the health systems, and the way this will reconfigure the relationship between the medic and the patient remains an important topic of reflection and empirical research. The self-management programs could represent an important component of the health systems because of their potential to increase the resilience of the chronically ill and to bring important decreases in the cost of care in the health services.

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Effets proximaux d'une intervention auprès d'enfants endeuillés par le suicide d'un parent. En seront-ils plus résilients?

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Abstract

The evaluation of an interventional program for the children griefing a parent's suicide allows to explain different proximal effects which could be observed at different levels :1) Basic security; 2) Realistic comprehensions and useful knowledges;3) Inadequate behaviours; 4) Physical symptoms, nightmares, defiant dreams;5) Psychological symptoms (depressive humour, anxiety, etc) ;6) Communications children-parents, children-children;7) Capacity of social and emotional reinvestment; 8) Actualisation of new models for self and for the world;9) Self-esteem;10) Call for help behaviours, using already known techniques ;11) Cognitive skills and words, writing, drawing; 12) Cognitive discordancies, ambivalences, antagonisms;13) Breaking the isolation. Most of this proximal effects should be better validated and documented, but the teoretic model developed leed to predict, on a longer term, an effect on the resilience.

Key words: parent's suicide, interventional program, resilience.

Introduction

Les enfants endeuillés par suicide vivent plus de colère, d'anxiété et de honte que les autres enfants vivant un tel contact avec la mort. Ils risquent aussi d'avoir plus de problèmes comportementaux et plus de symptômes reliés au comportement ou à l'anxiété [1]. Ils peuvent également développer des idéations suicidaires [2]. La plupart des enfants ayant subi la mort d'un parent par suicide auront besoin un jour ou l'autre d'une aide extérieure spécialisée. En fait, l'enfant aura besoin d'aide car il n'aurait pas atteint un stade de développement suffisant pour lui permettre de traverser seul l'épreuve du deuil par suicide [3]. C'est à l'occasion de l'évaluation d'un tel programme d'intervention auprès d'enfants endeuillés par suicide, que nous avons pu développer un modèle théorique du changement qui explicite les différents effets attendus suite à la participation à celui-ci.

Description du programme évalué

La *Thérapie de groupe pour enfants endeuillés par suicide* a été mise sur pied à Laval, dans la région de Montréal, au Québec (Canada). Cette aide dite « thérapeutique » a pour but d'aider les enfants et leurs parents à surmonter les difficultés qui inhibent le processus normal de deuil chez leurs enfants. Le programme est structuré en fonction d'objectifs thérapeutiques bien précis et documentés dans un manuel [4]. Ce n'est donc pas un groupe de rencontre, d'entraide ou de soutien, comme il en existe chez certains adultes endeuillés.

Le programme est offert uniquement à des enfants endeuillés par suicide et âgés entre 6 et 12 ans. Il est animé conjointement par deux professionnels du domaine psychosocial (psychologue, travailleur social) et, idéalement, de sexes différents. Les enfants sont préalablement évalués et sélectionnés, notamment pour être redirigés vers des interventions individuelles si leur problématique relève plus du syndrome de stress post-traumatique. Le programme de groupe dure 12 sessions (de deux heures chacune) et il accueille entre 6 et 9 enfants (tous du même groupe depuis la première rencontre). Les sessions sont hebdomadaires, sauf pour les deux dernières qui sont espacées de deux semaines afin de faciliter la séparation progressive d'avec le groupe. Comme la participation des parents est vitale, ceux-ci (les survivants au suicide) doivent se joindre au groupe pour la dernière demi-heure de chaque soirée.

Le manuel du programme décrit les objectifs poursuivis, le matériel spécifique à être utilisé et la démarche à suivre. Parmi les activités prévues dans ce programme, lesquelles varient d'un soir à l'autre, on retrouve : 1) le contrat de non-suicide, 2) le jeu questionnaire *Capitaine moi-même* (un jeu sur table où le tir d'un dé détermine l'avancement d'une case à l'autre, ces cases déterminant l'accès à une carte-question), 3) le *Carnaval des animaux* (l'enregistrement d'une pièce musicale et d'une histoire), 4) l'*Île Bon débarras* (une valise où des dessins représentant des émotions très lourdes sont abandonnés), 5) l'histoire de *Chiboukayo* (une aventure tragique racontée aux enfants pour qu'ils s'identifient à des personnages), 6) des journaux de bord individuels, 7) une boîte à questions et 8) des albums souvenirs individuels. Quant au jeu du *Capitaine moi-même*, qui donne parfois involontairement son nom à tout le programme, il fournit aux enfants des occasions multiples d'expression du vécu et des émotions, en parallèle avec des moments plus légers où, fort judicieusement, les enfants sont même appelés à faire des jeux plus physiques (sautiller, courir…). La présentation graphique de ce jeu est d'une grande qualité et son aspect relativement spectaculaire a été remarqué tant par les enfants endeuillés (qui s'y précipitent) que par les participants des colloques et congrès où il a été présenté.

Méthodologie

Les fondements théoriques du programme ont été précisés, à l'occasion d'un exercice d'évaluation, et ceci à partir des écrits cliniques et scientifiques pertinents, de la documentation déjà disponible pour le programme (incluant le manuel), des rencontres avec les intervenants et les gestionnaires, des consultations auprès de collègues et d'une validation formelle auprès d'un comité d'experts. À l'intérieur de cette modélisation portant sur le programme, deux types de modèles théoriques ont été explicités : la théorie du processus d'intervention et la théorie du changement attendu chez les enfants (Fig. 1) à laquelle nous nous intéressons ici.

Résultats

Pour ce qui est du modèle théorique du changement attendu chez les enfants, l'évaluation du programme d'intervention auprès d'enfants endeuillés par suicide a donc permis d'expliciter différents effets proximaux observables chez eux et ceci à différents niveaux : 1) Sécurité de base; 2) Compréhensions réalistes et connaissances utiles; 3) Comportements inappropriés; 4) Symptômes physiques, cauchemars, rêves importuns; 5) Symptômes psychologiques (humeur dépressive, anxiété, etc.); 6) Communications enfants-parents, enfants-enfants; 7) Capacité de réinvestir socialement et affectivement; 8) Actualisation de nouveaux modèles de soi et du monde; 9) Estime de soi; 10) Outils connus/utilisés dont les comportements de demande d'aide; 11) Habiletés cognitives et parole, écriture et dessin; 12) Dissonances cognitives, ambivalences, antagonismes; 13) Bris de l'isolement. Ces éléments peuvent être identifiables peu de temps après les interventions thérapeutiques réalisées, mais d'autres éléments plus diffus pourraient apparaître plus tard. À la Fig.1, ces éléments (numérotés de I à VII, à la droite de la figure) vont du goût à la vie (espoir) jusqu'à la résilience.

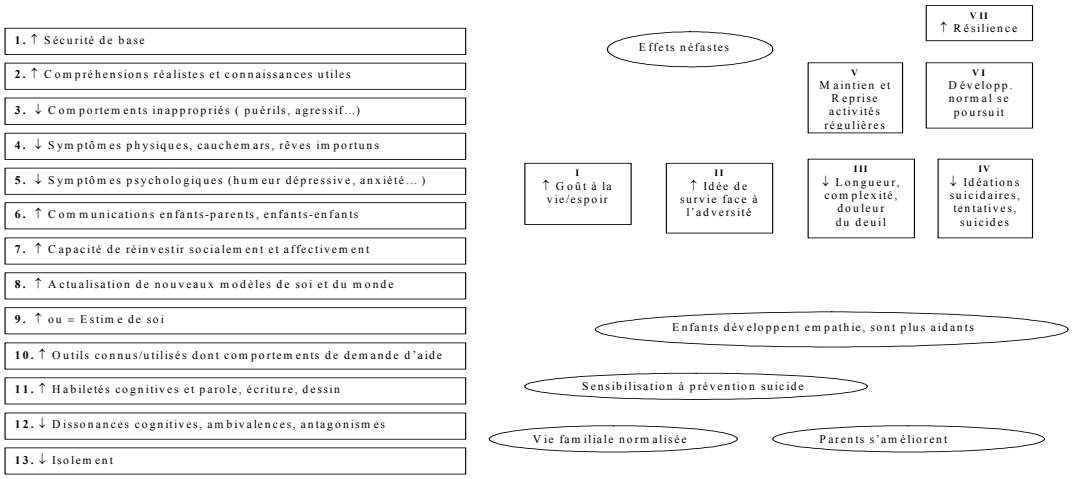

Figure 1. Modèle théorique du changement

Conclusion

Le modèle développé ici n'a pas été validé sous tous ses aspects. Ainsi, le lien menant à une possible augmentation de la résilience n'est pas nécessairement démontré. Le modèle permet cependant d'alimenter la réflexion clinique et scientifique sur tous les enjeux entourant l'intervention auprès des enfants ayant vécu un événement aussi traumatisant que le suicide d'un proche parent.

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Presentation du dispositif “Theatre de la resilience”

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Abstract

Inspired by the work of Augusto Boal, the popular education and the researches on the resilience, the « Theatre of the resilience », is an assisted resilience device type, a theatral mediation.

Evaluated in 2004 (C.Fauché, 2004 [1]) then in 2007 (C. Fauché, 2007 [2]) this device revealed itself as a protection factor for the “at risk” teenagers and in situation of vulnerability.

It was implemened as ’1h30 to 2h weekly workshops,including specific exercises combining theatre and psychology .

During our communication we will present the main characteristics of this technique: Frame of intervention, operating rules, constitution of the groups, internal frame for practitioners,coanimation and exercices.

We were refering to work on assisted resilience (S. Ionescu et al [3]) but also on Zimmerman, Brenner et Masten[4] work on teenagers résilience and observed that this activity proposed a compensatory model, fournishing supplimentary (interns and externs) ressources, but equally an ensemble of protection factors, proposing to participants a way of meeting chalanges

Keywords:Assisted resilience, protection factors, teenagers, risk, vulnerability, prevention, sanogen effect, theatre, mediations, pro-social activities.

Introduction

Cette communication a pour objet de rendre compte d'un dispositif appelé “Théâtre de la résilience”.

Cette expérience, débutée en 2003 a fait l'objet de deux recherches, l'une à court terme et l'autre à T+2 ans après l'arrêt de l'activité (Fauché, 2004[1]; Fauché, 2007[2]). Elle fait actuellement l'objet d'une recherche longitudinale regroupant 12 ateliers sur une période de 6 ans.

Depuis plusieurs années nous avons travaillé à l'élaboration de cette technique prenant en compte plusieurs dimensions telles que les ressources internes, les forces des individus et celles de leurs contextes afin de les aider à développer, en cas de cumul de facteurs de vulnérabilité (M.Rutter, 1976 [5]), un ensemble de stratégies d'adaptation, d'atouts et de ressources afin d'être moins vulnérables à l'exposition aux risques.

Se situant à la jonction entre le théâtre et la psychologie, le théâtre de la résilience se définit par rapport à son efficience et à ses objectifs.

Ni art-thérapie, ni psychodrame, ce dispositif, bien que pouvant, par certains aspects, ressembler au théâtre de conscientisation ou à l'éducation populaire, ne se situe pas non plus dans l'axe uniquement éducatif ou artistique du théâtre tel qu'il est pratiqué professionnellement ou pour le loisir.

Au cours des 10 dernières années, nous avons mis en application une méthode d'intervention basée sur l'éducation à la résilience et sur le renforcement à la fois des compétences mais aussi du soutien social et de sa perception en considérant les dimensions bio-psycho-sociales des particpants et en tenant compte de l'évolution sociale liée au développement des nouvelles technologies.

Contexte théorique

Inspiré des travaux d'Augusto Boal sur le Théâtre-Forum, de la méthode de l'Actor studio (M. Chekhov [6]), du psychodrame (Kaes[7]), de l'art thérapie (J.L. Sudres[8]) mais également des travaux de Boris Cyrulnik [9] sur la résilience, et les protocoles de résilience assistée ainsi que les mécanismes de défense (Ionescu & al. 2001[10], 2011[3]), ce dispositif tente d'offrir des facteurs de protection/ compensation à des adolescents présentant de nombreux facteurs de vulnérabilité pouvant impacter leur exposition aux risque présents à l'adolescence dans un contexte socio-économique et urbain contribuant à produire des effets néfastes sur leur développement.

De nombreuses recherches ont permis de mettre en évidence l'impact de la pauvreté et de la violence environnementale sur les adolescents. Certaines ont présenté un état des lieux des études relatives à la résilience à l'adolescence (Brenner et Zimmerman, 2013[11]) et ont montré comment l'investissement dans une activité pro-sociale, l'appartenance à un groupe ainsi que la présence de mentors adultes bienveillants extérieurs à la famille et présents sur le quartier pouvaient constituer des facteurs de protection/compensation permettant l'amorce de processus résilients.

Présentation de la technique du théatre de la résilience

Débutant par la constitution d'un groupe marginal mais non déviant, composé de jeunes ayant entre 11 et 19 ans et d'adultes - animateur et co-animateur - proposant un encadrement non-autoritaire, le dispositif théâtre de la résilience se compose d'ateliers hebdomadaires d'une heure trente à 2 heure au sein desquels les participants sont accueillis avec une règle fondatrice: la règle de confidentialité.

Cette règle est, lors de la construction du groupe, la seule contrainte imposée aux participants. La transgression de cette règle est le seul critère valable pour en exclure l'un des membres.

Cette règle posée en tout début d'atelier est explicitée et chacun y adhère individuellement face au groupe en déclarant s'engager à la respecter.

C'est à partir de cette règle que le groupe co-construira avec les animateurs le cadre (horaires, présence, respect, etc…). Elle permettra, entre autres, de garantir à chacun le respect de sa parole et d'établir un lien de confiance entre les participants.

1.1 Cadre d'intervention

Les ateliers se déroulent en plusieurs phases incluant des temps d'action et des temps de réflexion.

La séance est subdivisée en trois grandes parties : la première est consacrée à la vie du groupe, à l'échange verbal et aux propositions d'activités pro-sociales, la deuxième est un temps « d'échauffement émotionnel » constitué de la pratique d'exercices spécifiques du théâtre de la résilience, et la troisième partie est consacrée à la créativité des participants s'exprimant par les créations artistiques et improvisations sur scène.

1.1.1 Constitution des groupes :

1.1.1.1Chaque groupe se constitue par auto et/ou entre-orientation.

Les participants peuvent s'ils pensent cela pertinent, proposer à certains de leur pairs de les accompagner à l'atelier pour essayer.

Les partenaires peuvent également orienter les jeunes vers les différents ateliers pour constituer les groupes. Dans ce contexte, le type de lien entretenu entre l'adolescent et la personne qui l'oriente est crucial dans la réussite de l'orientation car le jeune investira l'atelier différemment en fonction de qui l'oriente.

1.1.1.2 Critères d'inclusion et d'exclusion :

Cet atelier est particulièrement indiqué pour :

- des adolescents âgés de 11 à 19 ans, la plus grande efficacité ayant été observée sur la tranche d'âge 12-15 ans.
- vivant au sein d'un contexte de difficultés familiales (divorce des parents, conflits et violences conjugales, nombreuse fratrie et conditions de vie difficiles, décès d'un parent, violences éducatives, défaillance de l'un ou des deux parents (alcoolisme, addiction, conduites à risque…), abandon de l'un ou des deux parents, relations difficiles et tendues au domicile entre parents et adolescent.
- Exposés à un environnement violent et à risques de type quartier défavorisé.
- Présentant des comportements auto et/ou hétéro-agressifs
- Présentant des problèmes liés au non-respect du cadre et de l'autorité
- En échec scolaire
- Vivant une situation d'adversité chronique pour des raisons économiques

Critères d'exclusion :

- Orientation contrainte vers l'atelier
- Enfants scolarisés en école primaire
- Majeurs de plus de 20 ans

1.1.2 Fonctionnement de la technique :

Les bases techniques du théâtre de la résilience reposent, entre autres, sur la division de l'espace en deux parties afin de pratiquer l'activité : Le quotidien et l'extraquotidien, délimités par une ligne imaginaire définie par l'animateur en début de séance.

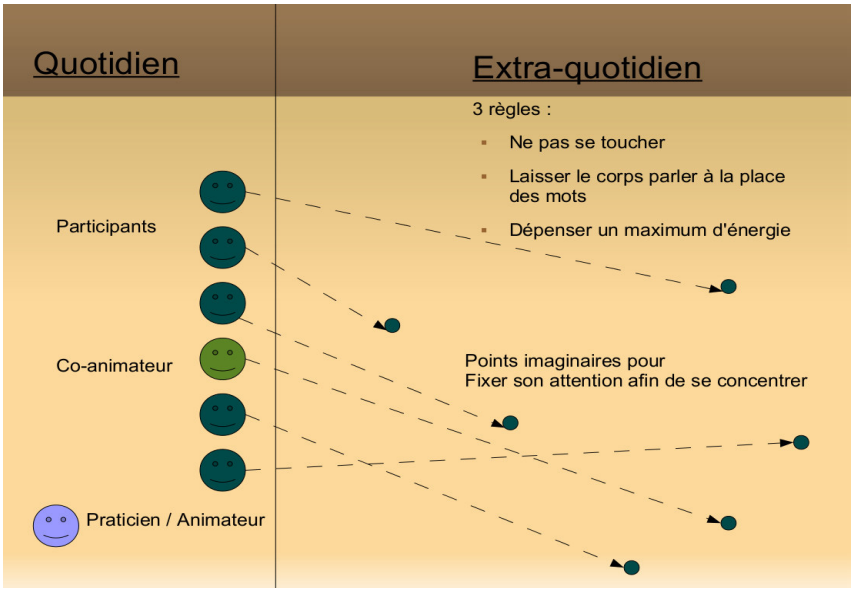

Fig.1- Illustration de la distribution symbolique de l'espace dans la pratique du théâtre de la résilience

Ces deux espaces symbolisent deux mondes différents qui sont expliqués aux participants.

Le quotidien, est l'espace de « la vie de tous les jours » où l'on s'exprime peu avec le corps et où on peut toucher les autres, c'est également un espace au sein duquel, en général on dépense peu d'énergie, dans des contextes le plus souvent scolaires - le corps est prisonnier de la sédentarité imposée par le cadre des apprentissages – ou lors des temps libres face aux divers écrans.

Par opposition, l'extra-quotidien est un espace ayant 3 règles principales de fonctionnement :

On dépense un maximum d'énergie, les participants ne se touchent pas et on ne parle pas à moins que la consigne ne le permette.

Dans l'espace de l'extra-quotidien qui représente la scène, l'imaginaire prend le relais du réel et permet l'expression dans une forme différente de celle à laquelle sont habitués les participants.

Cette technique compte plus de 150 exercices, se déclinant sous forme de jeux individuels, en binômes, en petits groupes, en demi-groupe ou en groupe complet en fonction de l'objectif de la séance. Au cours d'une même séance il est possible de transiter par plusieurs formes d'exercices qui vont s'articuler pour répondre au besoin de la séance.

1.1.3 Déroulement des séances

Les séances ne se déroulent pas selon un plan unique avec un scénario définit a l'avance mais se préparent autour de **plusieurs scénarii possibles en fonction de là ou en sont les participants** et de la où en est le groupe. Il est important d'être en **capacité de s'adapter** et pour cela de connaître et de maîtriser parfaitement les exercices mais aussi d'être en capacité d'en créer de nouveaux pour s'adapter aux besoins, voire de modifier certains exercices pour les adapter aux particularités d'un groupe.

Les exercices se décomposent en plusieurs catégories ayant chacune une ou plusieurs fonction(s) générales:

Les **exercices individuels sur scène** devant les autres participants permettent à la fois une valorisation narcissique mais aussi constituent un rite de passage permettant à chacun de se dépasser et de prendre confiance en soi.

Les exercices collectifs visant à développer l'écoute, la complicité, la solidarité ou l'harmonie au sein du groupe et travailler sur la vie du groupe.

Les **histoires et anecdotes** sur lesquelles peut réfléchir le groupe lorsqu'il est prêt afin de percevoir les différences individuelles et ne pas rester dans l'illusion du bon groupe. Mais également pour que les participants osent un positionnement non conforme aux attentes du groupe afin de revendiquer leur propre pensée et leurs propres opinions tout en étant protégés par la règle de confidentialité et les adultes référents de l'atelier

Les **exercices articulant le collectif à l'individuel** qui permettent de développer son autonomie au sein du groupe tout en se sentant soutenu par la présence des autres membres.

Les **exercices par 2** permettant de créer ou de développer des interractions privilégiés en "couple" (Au sein du collectif ou sur scène)

Les **exercices par petits groupes**, permettant de structurer du lien moins diffus qu'en grand groupe.(improvisation avec groupe choisi en fonction des affinités et du sujet qui intéresse les participants)

Les **exercices dans la division du groupe en deux** avec réunion des deux groupes ensuite pour se stimuler et s'encourager mutuellement à progresser. (effet miroir)

La **règle de confidentialité** étant le ciment du groupe, elle permet également à chacun d'oser des actions non envisagées hors de ce contexte et d'exprimer des ressentis tus habituellement.

Résultats :

Au cours d'années de pratique clinique avec des adolescents issus de tous milieux socio-culturels, nous avons pu constater la permanence de l'importance de l'engagement et de l'implication du thérapeute afin de permettre au groupe de fonctionner. Le cadre interne du praticien permettant de servir, jusqu'à la constitution du groupe et le mieux-être des participants, de « prothèse », protégeant les participants de l'angoisse du chaos qui ne manque jamais d'apparaitre lorsque le cadre interne des intervenants n'est pas suffisamment solide.

Les techniques utilisées englobent certains aspects psychopédagogiques permettant la mise en lien avec les apprentissages effectués en milieux scolaires. La place de l'école et la motivation sont requestionnée par le paiement symbolique des séances d'atelier. Les adolescents payant l'atelier en bonnes notes. Est considérée comme telle toute note, quelle que soit la matière (Dessin, mathématiques, gymnastique, français, comportement...) qui représente une amélioration par rapport à l'ordinaire de l'adolescent. Evidemment, pour les adolescents en décrochage scolaire et jeunes trop en difficulté nous trouvons d'autres paiements symboliques convenus entre le jeune et les animateurs.

Afin d'illustrer ce propos nous citerons la situation d'une adolescente se tailladant les poignets régulièrement, la réduction du nombre de marques par semaine a été une forme de paiement. Nous avions déjà expérimenté cette situation et l'engagement des participants fut tel qu'ils cessèrent les conduites les mettant en danger en l'espace de quelques mois et prévinrent l'animatrice à chaque fois qu'il firent une rechute au cours de l'année.

Les résultats principalement observés sont :

La reprise de confiance en soi, l'évolution scolaire positive, l'implication dans des activités pro-sociales, le développement de l'empathie, la réduction des conduites d'agression et de passages à l'acte violents, le développement de la créativité

L'analyse de nos résultats nous permet de confirmer l'hypothèse qu'une éducation à la résilience est possible grâce à un travail sur le développement de stratégies d'adaptation et de nouvelles compétences.

Ce dispositif a également mis en évidence un ensemble de facteurs leviers d'influence en vue de développer des protocoles d'éducation à la résilience pour adolescents à partir d'autres types de médiation. Les 3 principaux leviers identifiés comme en permettant l'efficience avec les adolescents sont :

- la constitution libre d'un groupe marginal non déviant et solidaire avec ses propres codes et ses propres rituels de passage.
- La présence d'un leadership contenant et disponible non-autoritaire et bienveillant composé d'un animateur et d'un co-animateur.
- L'utilisation d'exercices adaptés et d'une technique non-stigmatisante permettant la valorisation et la mise en réussite de chaque participant.

Conclusion

L'expérimentation de la technique du théâtre de la résilience nous a permis de conclure à une amélioration des réactions des adolescents face à des conditions d'adversité.

L'habituation, en groupe, de la prise de risque mesurée dans un contexte d'expérimentation sécure, a permis aux participants de s'affirmer et, à défaut de parvenir à mieux maîtriser leur environnement, à mieux le comprendre pour mieux se protéger.

Les activités pro-sociales qui ont émergé à partir de l'atelier ont permis aux participants de prendre une place d'acteurs valorisés dans le quartier et leur confère une reconnaissance auprès des adultes et de leurs pairs qui les croisent lorsqu'ils mènent une action.

Plusieurs types d'action pro-sociales ont vu le jour depuis la création des ateliers en 2004.

Nous en citerons ici brièvement quelques unes comme :

- La participation active aux fêtes de quartier, les jeunes maquillant les enfants et pratiquant la scupture sur ballons,
- L'organisation de concerts-spectacles « talents en fête » ayant pour but de faire découvrir les jeunes talents du quartier mais également de lever des fonds pour aider une association qui oeuvre pour la scolarisation des jeunes filles au Népal,
- l'orgnisation du colloque « violence ordinaire et résilience dans les systèmes familiaux » journée de rencontre interprofessionnelle, jouée sous forme de « conférence-gesticulée » par les adolescents et incluant les interventions de professionnels (psychologues, juge, chercheurs,...) appelés à intervenir en tant qu'experts.

L'aide et le soutien des animateurs pour la création de telles actions sont nécessaires car leur motivation et leurs compétences servent de locomotive dans un premier temps à l'investissement du groupe pour des causes qui tiennent à cœur aux adolescents.

Par la suite les adolescents développent de nouvelles compétences et s'autonomisent, créant leurs propres actions, individuellement ou en groupe, n'ayant plus besoin du tuteur de résilience provisoire que constituait momentanément l'atelier dans une période sensible de leur développement.

La fin de l'atelier n'est jamais décidée à l'avance pour les participants, c'est lorsque le jeune se rend compte qu'il a pris dans l'atelier ce dont il avait besoin, qu'il décide qu'il est temps d'arrêter. Evidemment le groupe est toujours là pour l'accueillir s'il change d'avis, comme une base arrière de sécurité, solide et rassurante, sa porte reste toujours ouverte.

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Familles migrantes et handicap de l'enfant : favoriser la resilience par le recit de vie

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Abstract

The aim of this paper is to present the results of an extant research in progress. The research focuses on the question of potential resilience within the migrating family unit that comprises also a handicapped child. The research data is of seminal importance for facilitating in the assistance of these families through the pertinent institutions and services available in the French speaking area of Switzerland.

The applied methodology accesses and supports the 'life story" as a buttressing factor for the family's potential resilience: through a programme called "Family journal" families meet in order to exchange the narratives of their experience with migration and handicap and in order to note of their journey's story in a diary format. This setting creates an opportunity of space-time for these families who are now able to reclaim their narratives and to become consciously aware of the resources they developed along the way. And the realization that a novel platform of transformation through learning and emancipation is accessible to them. Through further discussions we will explore some of the possible risks of the life story process such as the premature obstruction of the resilience process as well as the retreat into the unutterable.

Key terms: handicap, migration, family, resilience, life story

Introduction

Depuis plusieurs années, je travaille sur le thème des familles migrantes ayant un enfant en situation de handicap, dans le contexte de la Suisse romande [18]. Ayant d'abord privilégié une approche anthropologique (représentations culturelles du handicap), sociologique (facteurs en lien avec la migration et le handicap influençant la situation des familles) et socio-psychologique (comment les familles s'adaptent à ces situations), je m'intéresse depuis quelques temps aux parcours de vie de ces familles et à l'influence de ce dernier sur leur adaptation au handicap et à la migration. Ayant suivi une formation en recueil de récits de vie, j'ai eu l'occasion d'approfondir la question de l'utilisation des récits de vie en contexte migratoire et les liens entre récit de vie et résilience. Cette formation s'est réalisée en parallèle avec la mise en œuvre d'un projet de recherche-action visant à favoriser la résilience de familles migrantes ayant un enfant en situation de handicap, tout en apportant des connaissances sur la collaboration de ces familles avec les services et institutions en lien avec le handicap, dans le contexte de la Suisse romande. Dans cette communication, je présenterai la réflexion qui a conduit à l'élaboration de ce projet ainsi que les débuts de sa mise en œuvre. Elle sera structurée en deux temps : une première partie consacrée aux liens entre récit de vie et résilience dans les situations de migration et de handicap, et une deuxième partie qui présentera la recherche-action.

Récit de vie et résilience en situation de migration et de handicap

Pour aborder ce thème, j'envisagerai d'abord l'utilisation du récit de vie dans les situations de migration et de handicap, puis les liens entre récit de vie et résilience.

1.1 Le récit de vie en situation de migration et de handicap

En travail social, l'intervention par le récit de vie constitue une réponse à la perte de sens et de repères que peuvent vivre les individus dans un environnement social de plus en plus complexe et contradictoire [6]. Il est notamment mobilisé dans la recherche-intervention auprès de familles migrantes, dans le but de favoriser l'identification des forces et stratégies familiales, contribuant ainsi à faire émerger un sentiment de continuité entre les périodes prémigratoires et postmigratoires [15]. Dans ce type de projets, différents supports narratifs visuels sont proposés (récits, génogrammes, photos, dessins, poèmes etc.). Le récit narratif s'articule autour des

moments significatifs de la trajectoire familiale (*ibid.*). Selon Aline Gohard-Radenkovic et Lilyane Rachédi , le sens du récit est multiple : espace de création d'identités nouvelles et de transformations (des identités linguistiques, des stratégies d'adaptation, des appartenances, des valeurs culturelles), il permet aussi de négocier « les tensions entre un souci de cohésion de soi et la fragmentation d'une société » (*ibid.*, p. 10). En ce sens, il peut être appréhendé comme un espace de médiation entre soi et l'autre et entre soi et soi. Ses formes sont également multiples : récits de langues (autobiographies langagières), histoires de vie, journaux de séjours et d'apprentissage, romans familiaux, autobiographies romancées etc. Elles s'inscrivent dans des contextes spécifiques, à la fois sociopolitiques et institutionnels (formation, professions, associations etc.).

Pour la personne migrante, le récit de vie peut procéder de la renégociation de soi avec l'autre, qu'il soit migrant lui aussi, même s'il est porteur d'une langue et d'une culture différentes, ou non migrant ; le récit permet de transmettre sa propre expérience de migration [3]. Il peut aussi constituer un espace de réparation et de projection de soi [10], en s'inscrivant dans une dynamique de projet dans laquelle s'articulent les projets individuels, familiaux et sociaux. Cette fonction de réparation peut être particulièrement importante lorsque la trajectoire de migration est fragmentée, par exemple dans les situations de migration contrainte [15]

Dans l'évolution historique des histoires de vie, l'Ecole de Chicago, au début du 20^{e} siècle, envisageait déjà la migration comme un phénomène emblématique des ruptures et déséquilibres sociétaux nécessitant des réajustements à la fois individuels et collectifs [7].Dans cette perspective, le recueil de récits de vie s'intéresse à la façon dont les individus perçoivent les événements de leur vie, aux réponses qu'ils donnent à ces événements, à la façon dont ils gèrent les rapports interindividuels et collectifs et aux représentations et valeurs qu'ils construisent par rapport au monde. A l'instar de l'ethnométhodologie, le récit de vie permet d'appréhender les situations de vie telles qu'elles sont vécues et définies par les personnes [7].Cependant, il va au-delà de ce que propose l'ethnométhodologie, analyse de la vie quotidienne, en rendant également compte de la façon dont la personne interprète cette analyse et la relie aux choix qu'elle a faits (Pineau et Le Grand, 2007). Cette recherche de sens favorise l'émancipation de la personne vis-à-vis de son parcours : « Elle correspond mieux, à notre avis, à l'accès des sujets à un nouveau **savoir-pouvoir vivre** plus lucide opéré par ces activités de décentration et d'intégration » [7]

1.2 Récits de vie et résilience

Nous considérons ici la résilience en tant que « processus biologique, psychoaffectif, social et culturel qui permet un nouveau développement après un traumatisme psychique » [4]. Elle est conceptualisée en tant que résultat de l'interaction entre des facteurs de risque et des facteurs de protection (Anaut, 2012 ; Terrisse *et al.,* 2007 ; Lecompte, 2004). Les facteurs de risque peuvent être définis en tant qu'éléments individuels ou environnementaux qui ont une influence dans l'apparition d'une maladie, d'un traumatisme ou qui portent atteinte à l'intégrité ou au développement organique. Les facteurs de protection sont des caractéristiques ou des conditions qui sont à même de minimiser l'impact des facteurs de risque ou de renforcer la résistance à ces derniers. Il est à noter que la résilience ne peut être définie en tant que simple résultat per se du jeu entre ces différents facteurs ; l'individu ne représente pas seulement le terrain dans lequel s'effectue cette dynamique, il y joue un rôle actif primordial [2].

Dans un ouvrage collectif consacré aux liens entre récit de vie et résilience, Laurence Ossipow propose une différenciation les notions d'*empowerment* et de résilience : « A l'inverse de la notion d'*empowerment*, qui se centre plutôt sur la (ré)appropriation de l'autonomie pour un individu libéré de certaines dépendances, contrôles ou contraintes, l'analyse du processus de résilience rend attentif à la place qu'occupe l'altérité dans l'expérience d'un individu. Sans négliger les dimensions de la personnalité ou le contexte des traumatismes, il s'agit de se pencher sur les autruis qui apparaissent dans les propos d'un(e) résilient(e). » [20].La nuance se situe donc dans la perspective des rencontres qui ont eu lieu dans l'histoire de vie des personnes vulnérables, rencontres qui les ont aidées à faire face à l'adversité. Dans le même ouvrage, Catherine Schmutz-Brun établit un lien entre le récit de vie et la résilience à travers ce processus de reconstruction des souvenirs qui permet à la personne de se reconstruire elle-même. Nous sommes là au cœur du défi que le chercheur doit relever, à savoir de faire émerger les éléments positifs, les forces de la personne au lieu de se centrer sur les obstacles et les souffrances qu'elle a rencontrés [22].

Ninacs [16] distingue l'*empowerment* individuel et l'*empowerment* organisationnel. Le premier correspond au processus par lequel une personne s'approprie un pouvoir lui conférant une certaine marge de manœuvre dans une situation de vie contraignante. Cette appropriation implique le développement de compétences, des opportunités de participation sociale ainsi qu'une conscience critique vis-à-vis de la situation de vie (désir de changer). L'*empowerment* organisationnel se réfère au pouvoir d'agir des collectivités. Il s'appuie sur la mise en commun des compétences individuelles pour faire évoluer une situation collective contraignante. De ces deux perspectives, il ressort que la résilience s'apparente à l'*empowerment* individuel. La résilience apparaît davantage comme le résultat d'une transformation, tandis que l'*empowerment* décrit cette transformation. Mais dans les deux cas, l'interaction entre les forces de la personne et les ressources de l'environnement est indispensable.

La mobilisation du récit de vie dans une recherche s'intéressant aux familles migrantes ayant un enfant en situation de handicap conduit à un changement de perspective épistémologique: l'objectif n'est plus ici de repérer les caractéristiques des trajectoires des familles, mais de comprendre **ce qu'elles en font**, comment elles leur donnent un sens qui peut soutenir leur résilience.

Une recherche-action pour soutenir la résilience des familles migrantes ayant un enfant en situation de handicap

Dans cette partie, je présenterai la problématique de la recherche, le projet actuellement mis en œuvre et les enjeux qu'il soulève en lien avec la question de la résilience.

1.1 Problématique

L'articulation entre migration et handicap pose un double défi aux familles concernées, parce qu'il touche leur rapport aux institutions en même temps que leur rapport à leur propre histoire. Certaines familles préfèrent ne pas dire leur histoire car elles la perçoivent comme une source potentielle de stigmatisation, notamment s'il y a eu de la torture. Cette réalité renvoie à la notion de «non-dicible» proposée par Martine Lani-Bayle [12] et Boris Cyrulnik [5]. Martine Lani-Bayle distingue deux catégories de ce qu'elle appelle le « non-dicible »

- ce qui ne peut être dit car ne pouvant être compris, entendu, soit au niveau individuel, soit au niveau sociétal. Dans son ouvrage biographique « Sauve-toi, la vie t'appelle », Boris Cyrulnik (2012b) explicite cette impossibilité qu'il a rencontrée de raconter son histoire, celle-ci ne pouvant être entendue par son entourage. Ce non-dicible englobe également le refoulé, qui s'exprime parfois autrement, par la créativité ;
- ce qui n'est simplement pas encore dit, parce que l'occasion de dire ne s'est pas présentée : « La proportion de ce qui est dit ou sera dit un jour est minime, infime, par rapport au potentiel de tout ce qui pourrait l'être. Alors ce n'est pas parce que quelque chose n'a pas été dit à un moment donné, que cela signifie qu'il y a blocage ou impossibilité à le dire. C'est d'ailleurs essentiellement à ce niveau qu'intervient tout l'intérêt, voir le dit « effet émancipateur » (selon l'expression de Jürgen Habermas), des histoires et récits de vie. » [12]

Du côté des institutions, les familles sont fréquemment amenées à dire leur histoire, parfois de façon contrainte, tant auprès des instances en lien avec la migration (notamment lorsque les familles demandent l'asile) qu'auprès de celles du handicap (corps médical, prestataires de services etc.). Cela renvoie à la notion de «récit nécessaire» développée par Catherine Schmutz-Brun [21]: les cadres institutionnels impliquent des récits médicaux, psychopathologiques, défectologiques, sociaux, qui sont parfois (souvent) obligatoires. Le handicap et la migration enferment les familles dans ces réseaux de récits nécessaires, parfois même contraints: anamnèses médicales, justification de la demande d'asile etc. Paradoxalement, l'histoire des familles a peu de place au cœur des institutions, soit par manque de temps (l'intervention est surtout centrée sur les prestations à fournir à l'enfant) soit par manque d'intérêt [8].

Le récit de vie peut remplir une fonction émancipatrice vis-à-vis des contraintes liées à un parcours de migration, d'autant plus lorsque celui-ci est marqué par la survenue d'un handicap. Il a donc du sens dans un contexte de recherche-action visant à soutenir la résilience des familles concernées. Mais le recueil de récit doit se garder d'être imposé, dans un contexte où le quotidien des familles est jalonné de « récits nécessaires » autour de la migration et du développement des enfants. Le recueil du récit se doit de respecter les différentes temporalités en jeu, celle de la disponibilité (des familles et de l'institution), celle du moment du récit et celle de la mémoire familiale qui se voit proposer ici un espace-temps pour se dire, ou simplement envisager qu'elle peut se dire. Catherine Schmutz-Brun parle d'« espaces protégés ouverts à l'hétérogénéité des publics, des générations, des appartenances intersocioculturelles, des modalités narratives croisant et élargissant les champs disciplinaires pour une approche du sujet dans sa globalité » [22] Cet espace-temps peut ainsi légitimer la transmission d'une histoire lorsque celle-ci est marquée par la souffrance. La créativité que permet le Journal de famille propose aussi un autre langage lorsque la langue, la mise en mots posent problème.

1.2 Projet

Ce projet se déroule en partenariat avec un service éducatif itinérant, dont la mission est d'accompagner des enfants de 0 à 7 ans présentant un handicap ou un retard de développement. Depuis quelques temps, ce service s'interroge sur la façon d'améliorer son partenariat avec les familles migrantes, car différents défis se posent à l'intervention : isolement de certaines familles, incompréhension du diagnostic et, de là, du sens de l'intervention, difficultés de communication liées à la langue etc.

Le projet élaboré ensemble s'appuie sur la mise en place d'ateliers « Journal de famille » : développée par Michèle Vatz Laaroussi et Roch Hurtubise au Québec [24], cette approche sous forme de recherche-action offre à des familles la possibilité de se rencontrer à intervalles réguliers pour échanger avec d'autres familles tout en créant leur propre journal, qui raconte leur histoire et leur quotidien. Les supports sont multiples et ne s'appuient pas uniquement sur l'écrit, ce qui rend la production du récit plus accessible. Cette méthode s'appuie sur le concept de « Nous familial » développé par Michèle Vatz Laaroussi [24], qui a complètement repensé la façon d'appréhender les familles migrantes (il s'agit d'adopter une vision dynamique et évolutive de la façon dont les familles se réapproprient leur histoire de migration, en tenant compte de leur insertion dans des réseaux sociaux et affectifs, leurs trajectoires familiales de migration, leur mémoire familiale et leurs relations avec les institutions).

Les intervenantes du service ont participé à la sollicitation des familles (par leur savoir expérientiel, elles sont le mieux à même de savoir pour quelles familles c'est le « bon moment »). A l'heure actuelle, quatre familles de milieux socio-culturels divers participent au programme, qui se déroule en quatre rencontres thématiques :

- Premier atelier : Notre famille, c'est…
- Deuxième atelier : Notre famille au quotidien
- Troisième atelier : Des moments importants de l'histoire de notre famille
- Quatrième atelier : Nos racines, nos ami-e-s et les personnes qui nous aident

Ces différents thèmes permettent d'identifier les composantes du Nous familial (insertion dans des réseaux sociaux et affectifs, trajectoires de migration, mémoire familiale et relations avec les institutions) ainsi que de comprendre comment les familles donnent du sens à ces composantes. Toute la famille est conviée à participer aux ateliers. Ceux-ci se déroulent en deux temps : un temps d'échange entre les familles et un temps d'activité pour les membres de chaque famille entre eux. Ces deux temps permettent aux familles de prendre conscience des ressources qu'elles développent ; ils offrent aussi l'opportunité de rencontrer d'autres familles, qui deviendront peut-être des autruis significatifs tuteurs de résilience, en particulier pour les familles plus isolées. Les activités proposées permettent aux familles d'explorer différentes temporalités : la temporalité historique de leur parcours, qui s'inscrit dans Histoire des sociétés, et le temps du quotidien, avec les défis qu'il comporte, notamment lorsqu'il y a un handicap. Les familles repartent des ateliers avec leur Journal, qui permet aussi la transmission intergénérationnelle de l'histoire familiale. Enfin, ces ateliers permettent d'aborder, sous des formes d'expression symboliques, les traumatismes potentiellement liés à la migration et à la survenue du handicap.

1.3 Les enjeux

Il a été très difficile de trouver des familles acceptant de participer à la recherche. Cette difficulté peut s'expliquer par différents enjeux, à savoir l'injonction à être résilient et l'écueil du non-dicible. Dans le cadre d'un échange avec Boris Cyrulnik au sujet de ce projet, ce dernier m'a fait remarquer le paradoxe suivant : si les parents se taisent, ils transmettent de l'angoisse à leurs enfants. Mais s'ils parlent, ils transmettent de la souffrance, et les enfants ne savent pas qu'en faire. La mise en place d'un recueil de récit de vie en contexte institutionnel soulève différentes questions :

- Le « jardin secret » : lorsque le récit est collectivisé dans un cadre institutionnel, quelle place est laissée à l'intime, à ce que la personne ne souhaite pas dire ? Il s'agit d'être vigilant avec l'aspect d'injonction à dire que peut contenir un projet institutionnel.
- La « porte d'entrée » : dans une institution, il faut trouver la porte d'entrée, l'activité, la personne-clé qui permettra d'atteindre les participants potentiels au recueil. L'idée sous-jacente à cette porte d'entrée, ce levier est de créer la confiance qui rend le récit possible. Ceci est d'autant plus important qu'en contexte institutionnel le « récit nécessaire » est souvent très présent.
- Le besoin : comment le besoin de faire son récit de vie émerge-t-il ? Les acteurs institutionnels (professionnels, bénévoles) sont généralement enthousiastes à l'idée du recueil de récit (c'est le cas des intervenantes de notre service partenaire) ; par contre les « bénéficiaires » de l'institution n'en voient pas nécessairement l'utilité. Entre « intercepter » et « susciter » le besoin, le défi est de taille…
- Le récit de vie, un outil vers la réflexivité : finalement, ce n'est pas le produit « récit » qui est important, mais la réflexivité qui se met en marche lorsque le récit s'élabore. Comment rendre compte de ce processus réflexif ?

Le programme Journal de famille offre un espace-temps dans lequel la souffrance peut être déposée. Il mobilise la créativité des participants, par des canaux qui peuvent être différents de celui de la parole, favorisant ainsi l'émergence du non-dicible. Mais surtout, il permet la transmission de l'histoire de l'enfant : comme le souligne la responsable du service, certains enfants rencontrent des difficultés précisément parce que leur histoire, associée à une trop grande souffrance, est gardée sous silence. Évidemment, ce n'est pas nécessairement

dans le cadre des ateliers que des événements douloureux seront évoqués en famille ; mais la participation au programme peut constituer un déclencheur du désir de transmettre. Car, autre avantage du programme, relevé d'ailleurs par les intervenantes du service, il n'y a pas d'obligation de dire : la famille choisit ce qu'elle révèle.

Conclusion

Il aura fallu beaucoup de temps pour mettre en place ce projet, en le construisant avec les partenaires du service et en rencontrant individuellement chaque famille intéressée pour créer ce premier lien qui allait rendre la suite possible. Les défis rencontrés illustrent bien la difficulté à travailler sur le thème de la résilience dans un cadre doublement institutionnalisé qui est celui d'une recherche-action au sein d'un service. Néanmoins, le projet offre le potentiel de cet espace protégé permettant au processus de résilience d'émerger ou d'être conscientisé par les familles, grâce à la rencontre avec d'autres et à un travail symbolique sur les situations de souffrance. Si les précautions sont prises pour éviter les postures injonctives, ce minuscule espace-temps offert au sein de la société d'accueil peut être intégré aux facteurs de protection qui soutiendront la résilience des familles.

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Augmenter la resilience des eleves ayant une deficience intellectuelle lors de la transition de l'ecole a la vie active

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Abstract

The transition from school to working life is a critical period for all students, particularly those with an intellectual disability [1]. At the end of schooling, students with intellectual disabilities live new experiences, sudden changes, a decrease of benefits received, and a difficult access to an active lifestyle. In this study, the transition from school to working life is discussed based on the theory of resilience. The theory of resilience is focused on the risk factors and the development of individual factors, familial and environmental protection to support the person during critical periods of its development. [2] Among the risk factors include the characteristics of mental retardation, lack of information for families about the process of transition and the role that they can play, despite limited resources, to facilitate the social and professional integration. According with chosen theoretical framework, is presented a review of scientific literature on protective factors that facilitate the transition from school to working life. It focuses on the participation of students with intellectual disabilities and their involvement in the transition process. Recommendations for the transition are exposed.

Keywords: developmental disabilities, transition, working life, social and professional integration, resilience, risk factors, protective factors, ecosystem response

Introduction

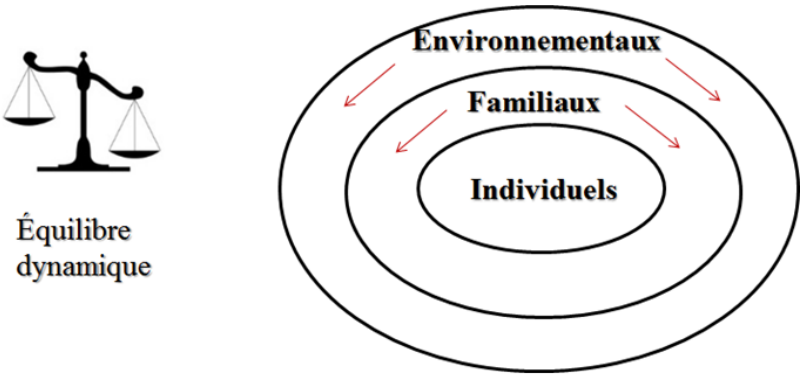
Au plan international, la prévalence de la déficience intellectuelle représente 1 % de la population [3]. La déficience intellectuelle est caractérisée par des limitations significatives du fonctionnement intellectuel et du comportement adaptatif qui se manifestent dans les habiletés conceptuelles, sociales et pratiques. Elle apparait avant 18 ans [4]. Au Québec, les élèves qui ont une déficience intellectuelle peuvent être scolarisés jusqu'à 21 ans. La période de la transition de l'école à la vie active est critique dans l'adaptation de ces élèves [5,6]. Il s'agit d'un tournant entre la fin de l'adolescence et le début de l'âge adulte où se succèdent le départ de l'école, les changements relatifs à l'emploi du temps et aux amitiés et les changements de statut social et vocationnel [7]. Une recension des écrits sur les facteurs de protection qui favorisent la participation active des élèves ayant une déficience intellectuelle à leur processus de transition est présentée. Le modèle d'intervention écosystémique axée sur la résilience est d'abord expliqué pour ensuite en venir aux facteurs de protection à développer chez les jeunes qui ont une déficience intellectuelle au moment de la transition vers la vie active. La vie active correspond ici à une participation et une contribution sociales optimales comprenant un travail à temps plein ou à temps partiel, rémunéré ou subventionné en partie, des activités de bénévolat, des activités communautaires ou toute autre occupation permettant une participation active à la société.

Modèle d'intervention écosystémique axée sur la résilience

En déficience intellectuelle, la résilience consiste à présenter le meilleur développement possible face aux adversités particulières rencontrées dans la vie afin de viser le bien-être et l'intégration sociale [8]. Elle implique le fait de « rebondir » après avoir vécu des difficultés, de persévérer et d'être en mesure de se projeter dans l'avenir avec confiance. Un élément crucial du processus de résilience en déficience intellectuelle est qu'il ne peut avoir lieu en dehors des interactions avec des tuteurs de résilience [9], le plus souvent des personnes de la famille ou de l'entourage immédiat. Pour faciliter la période de transition de l'école à la vie active des élèves ayant une déficience intellectuelle, la mise en place de facteurs de protection personnels, familiaux et environnementaux permet de soutenir le développement de la résilience. Il est ainsi possible de créer un équilibre

dynamique entre les facteurs de risque présents et les facteurs de protection à mettre en valeur pour renforcer la résilience. La figure suivante (Fig. 1) illustre cette dynamique au sein du modèle d'intervention écosystémique.

Fig. 1 Modèle d'intervention écosystémique axée sur la résilience : facteurs de risque et facteurs de protection (Inspiré de Jourdan-Ionescu, 2001 [2])



Recension des écrits

Les facteurs de protection les plus importants à développer lors de la transition de l'école à la vie active, recensés dans les écrits, sont présentés dans les paragraphes suivants.

Au plan individuel, l'intervention personnalisée visant chez l'élève la connaissance de soi (intérêts, préférences, forces, habiletés, capacités) ainsi que son engagement et son implication active dans le processus de transition est incontournable [10]. Il est recommandé de commencer tôt la planification de la transition, vers 14 ans, et de l'intégrer au programme éducatif et au plan d'intervention scolaire de l'élève [11] en favorisant la présence de tous les intervenants impliqués [12]. Le développement des habiletés personnelles, telles que les habiletés de la vie quotidienne et les habiletés sociales, est également important. Les habiletés d'autodétermination, par exemple s'affirmer, faire des choix et résoudre des problèmes, apparaissent cruciales [13,14] et peuvent être développées par l'enseignement de compétences explicites auxquelles doivent s'ajouter des expériences à l'école, à la maison et dans la collectivité. Il convient aussi de se soucier des aspects psychologiques comme le bien-être de l'élève et d'élargir ses conceptions du travail au-delà d'une source de revenu et d'un moyen d'éviter la solitude [15]. Les expériences positives et significatives pendant la scolarisation (emplois d'été, stages, bénévolat, activités parascolaires, etc.) aident le jeune à construire son identité sociale et de travail. Elles lui permettent également de connaître les occasions de participation sociale disponibles dans sa communauté, de clarifier ses intérêts et d'intégrer l'ensemble de ces informations dans un portfolio [14,16].

Au plan familial, l'implication de la famille dans le processus de transition est essentielle [7,14,16], notamment par le soutien tangible offert, les encouragements et la croyance au potentiel des jeunes. Toutefois, les parents ont aussi besoin de soutien et d'information sur le processus de transition, sur le rôle qu'ils peuvent jouer et sur les choix offerts [7]. Les valeurs du milieu familial exercent aussi une grande influence sur l'élève tout au long de son développement en lui inculquant la croyance que le travail est une attente de la vie adulte [17]. Les parents contribuent en ayant des attentes élevées à l'égard de leur enfant, en aidant à développer l'affirmation de soi, la responsabilisation, l'autonomie et la motivation du jeune [18]. Notons que la fratrie peut également offrir des occasions de participation sociale [7].

Au plan environnemental, le développement du réseau de soutien social par la création de liens interpersonnels en dehors de la famille et la participation à des activités sociales et de loisirs dans la communauté est très aidant [18]. La croyance au potentiel des élèves, la considération positive et la sensibilisation aux préjugés de tous les intervenants (éducateurs, professionnels, parents et employeurs) ainsi que de l'ensemble de la société sont incontournables pour favoriser la participation des élèves et leur intégration socioprofessionnelle [10,18]. Cela peut se faire en donnant aux élèves accès à des activités de développement de carrière à l'école [19]. La collaboration entre tous les acteurs impliqués pour la coordination de la transition est également essentielle [12,14,16]. Il est ainsi possible de regrouper toutes les informations disponibles sur le jeune et en d'assurer un suivi approprié entre les services destinés aux jeunes et ceux destinés aux adultes, de manière à faciliter la participation des élèves dans un contexte favorable.

Conclusion

L'étude, comme point de départ d'une thèse de doctorat, mise sur l'apport du modèle d'intervention écosystémique axée sur la résilience dans la transition de l'école à la vie active des élèves ayant une déficience intellectuelle. Ces élèves susceptibles d'être confrontés à de l'adversité chronique en raison de leur condition, pourront grâce à la mise en place de facteurs de protection, accéder au bien-être et à une pleine intégration sociale dans leur collectivité. Parmi les pratiques de transition, la participation de l'élève et le développement de l'autodétermination apparaissent centraux [13,14]. Or, peu d'études portent sur la participation active des élèves à leur processus de transition [20,21], et la participation réelle est peu favorisée [20,21,22,23,24,25]. Boisvert et Guillemette remarquent que l'hétéronomie, soit le « pouvoir des autres sur soi », se substitue souvent à l'autonomie des personnes ayant une déficience intellectuelle, de sorte que ces dernières ont davantage le pouvoir d'entériner une décision prise par les autres à la fin du processus que le réel pouvoir de décider de leur propre vie [26]. Pour remédier à cela, les recommandations ayant trait au développement des compétences personnelles des élèves, ainsi que de leurs habiletés de communication et d'autodétermination, le fait de favoriser leur engagement et leur place réelle dans le processus de transition en fonction de leurs goûts et intérêts, leur considération positive et la participation à différentes expériences reliées au travail sont à prioriser. Enfin, le développement du réseau de soutien social et la présence de tuteurs de résilience restent primordiaux pour augmenter la résilience des élèves ayant une déficience intellectuelle lors de la transition vers la vie active.

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Pratiques chamaniques et resilience assistee

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Abstract

We observed after several decades a return to shamanic practices in Occident. It was facilitated by the work of anthropologist Mickael Harner (1980), who, as a result of his investigations, extracts certain invariants consisting in what he proposed to call "the fundamental shamanism". The fundamental shamanism shouldnt be considered the neoshamanism,but it incorporates the main traditional techniques with the goal consisting in studying, transmission and conservation of those ancient practices.

In the frame of this communication we proposed to present this ancestral practice, with the main healing techniques in a shamanic and psychologic view.Serching the literature with a revue of the researchers focused on the psychoterapeutic impact concerning occidental subjects, and the meeting between numerous shamanic practitioners ,we tried to emphasise which way a different assisted resilience form can be integrated into occidental psychoterapeutic devices.

Keywords :assisted resilience, shamanism, psychotherapy, ritual practice,release.

Pratiques chamaniques et résilience assistée

1.1 Introduction

Nous constatons depuis quelques décennies un retour aux pratiques chamaniques en Occident [1]. Ce retour a été facilité par les travaux de l'anthropologue Harner [2, 3, 4] qui, après avoir été formé à des pratiques chamaniques, a étudié dans divers continents comment les chamanes exercent. De ses expériences multiples, Harner en a extrait certains invariants qui constituent ce qu'il a proposé de nommer le « core shamanism » ou chamanisme fondamental. De plus en plus d'occidentaux recourent en effet à des praticiens formés à ces pratiques non conventionnelles. D'ailleurs, 60 à 80% de la population occidentale recourt régulièrement aux pratiques thérapeutiques dites alternatives [5]. La maladie est en effet souvent vécue comme une crise existentielle à laquelle la médecine ne parvient pas à répondre. Cette nécessité de mettre du sens et les impasses thérapeutiques de la médecine qui ne s'attarde souvent qu'aux symptômes amènent beaucoup d'individus à se tourner vers des guérisseurs ou parfois des chamanes afin de cheminer dans une évolution personnelle, un réaménagement qui sera à même de faciliter une transformation des sujets. Se trouvent ici confrontées au fond deux logiques, une logique rationnelle et objectivante dont la médecine classique constitue un référent et d'autre part, une logique symbolique où la polysémie parle le langage de l'inconscient et des mythes.

C'est à partir de ce double constat, à savoir un retour à la pratique chamanique en Occident et le recours de plus en plus fréquent aux approches dites alternatives, que nous en sommes venus à nous intéresser à la fois aux soins chamaniques et aux remaniements identitaires lors des initiations chamaniques. Notre objet d'étude articule à la fois nos connaissances actuelles en psychologie et la vision chamanique, sans privilégier sur un plan épistémologique l'une ou l'autre vision. Il ne s'agit pas de comprendre le chamanisme au regard d'une grille psychologique mais de respecter au mieux ces deux univers. Notre positionnement épistémologique se situe donc dans l'entre-d'eux sans prendre position pour l'un ou l'autre des modèles explicatifs. Rien ne prouve en effet que les réalités non-ordinaires décrites par le chamanisme n'existent pas. Rien ne vient s'opposer à l'hypothèse de l'existence des esprits. D'un autre coté, rien ne la prouve également. Aussi, le respect de ces univers symboliques vieux de plusieurs dizaines de milliers d'années s'impose car il s'agit d'une approche ancestrale basée exclusivement sur l'expérience, sur l'expérimentation et sur leurs effets. Son ancienneté témoigne d'une certaine efficacité approuvée par ceux qui y adhèrent et recourent. Le second volet de notre recherche se propose d'appréhender ce qui a été thérapeutique au cours de/ou des soins chamaniques avec à la fois, nous le rappelons, une lecture chamanique et psychologique. Enfin, l'objectif final vise à s'interroger sur

l'intérêt des pratiques chamaniques dans notre société et la possibilité d'intégrer ces dispositifs dans nos prises en charges occidentales.

D'une manière générale, s'intéresser aux pratiques chamaniques implique le développement de ce que Harner [3] nomme un « relativisme cognitif », en ce sens que le chercheur se doit de garder à l'esprit la relativité de sa conception de la réalité, la relativité de sa cosmologie, la relativité de ses modèles épistémologiques qui l'aident à penser et faire science. Sortir de son égocentrisme théorique et éviter coute que coute d'adhérer à un « racisme épistémologique » [6] constitue un risque scientifique et le gage d'une ouverture propice à de nouvelles découvertes heuristiques.

1.2 Qu'est-ce que le chamanisme ?

Le terme de chamane est d'origine russe, plus particulièrement de la Sibérie (peuple Toungouse appelé aujourd'hui Evenk). Les anthropologues ont usité ce terme pour qualifier un ensemble de thérapeutes traditionnels (sorciers, homme-médecine, magicien, etc.) de cultures diverses. Classiquement, dans sa définition restreinte, le chamane est une personne qui s'agite jusqu'à l'épuisement et la perte de conscience. Cette altération de la conscience facilite des visions et amène le chamane à recueillir des informations provenant d'autres réalités. Cette expérience visionnaire est envisagée comme un voyage chamanique dans un autre monde que l'altération de la conscience («l' Etat de Conscience Chamanique », ECC, [3, 4]) permet de rendre visible. Le chamane est avant tout un praticien des états modifiés de conscience à même d'effectuer un travail spirituel en vue de maintenir un équilibre entre les diverses réalités. Une seconde caractéristique est le contact avec les esprits et la nature. Chaque chose qui existe dans notre réalité est esprit, ou plus précisément, chaque chose qui existe dans notre réalité est esprit dans une autre réalité que l'ECC permet de rencontrer. Le chamanisme est donc une pratique animiste qui vise à travailler avec les esprits, à les contrôler pour aboutir à une fin qui se veut généralement thérapeutique.

Harner a constaté au travers de ses investigations, que les chamanes décrivent plus ou moins «trois mondes » au sein de la « réalité non ordinaire », trois mondes ayant chacun des caractéristiques propres et ce, quelque soit les cultures : Le « monde d'en bas » est un monde transcendantal des énergies naturelles non soumis aux lois de l'espace et du temps. Les chamanes y décrivent de grands espaces naturels. Les esprits y sont représentés le plus souvent par des animaux sauvages et parfois par des chamanes décédés qui peuvent divulguer un enseignement. C'est classiquement le monde où vivent les animaux de pouvoir dont nous reparlerons. Le « monde du milieu » représente quant à lui l'aspect non ordinaire de notre environnement physique. Les énergies y sont nombreuses et donc les blocages sources de désagrément fréquents. Nous retrouvons dans ce monde toutes sortes d'esprits positifs ou négatifs (esprits des éléments, des arbres, des plantes, etc.). C'est un « monde de business » [7], en ce sens que les esprits doivent être payés au travers d'offrandes par exemple pour bénéficier de leurs services ou pour éviter leur colère. La sorcellerie se joue précisément dans cette réalité intermédiaire. Enfin, le « monde d'en haut » est éthérique et non soumis aux lois de l'espace et du temps ; les esprits sont généralement des guides spirituels qui peuvent donner des soins au chamane, lui apporter un enseignement spirituel et répondre à des questionnements existentiels. Ce monde contient aussi celui des morts en attente d'incarnation selon certaines traditions chamaniques.

En ECC, le praticien chamanique a la possibilité de se rendre dans ces différents mondes pour y effectuer un travail spirituel. Pour permettre de vivre l'ECC, le chamane a recourt à des plantes hallucinogènes (ayahuasca, iboga, mescaline, etc., [1, 8]), le chant, le tambour, ou d'autres types de percussions. Dans le chamanisme fondamental, le tambour constitue le « véhicule » qui ouvre la porte sur les autres mondes. Le tambour est en effet un outil stable qui permet de facilement court-circuiter la part rationnelle et de favoriser un lâcher-prise. Le tambour agit sur les fréquences cérébrales [3] et facilite un état de conscience modifié. Le second avantage du tambour est qu'il est plus facile de scander le rituel, le chamane n'étant pas soumis aux effets d'une plante hallucinogène qui peuvent durer plusieurs heures. Un tempo de 205 à 220 frappes par minutes permet généralement d'atteindre l'ECC et de faciliter le voyage.

Classiquement, les voyages, soins ou autres tâches chamaniques s'effectuent avec un « animal de pouvoir » ainsi que des « esprits alliées ». Ces esprits propres au monde d'en bas prennent l'apparence d'un animal, deviennent au fil du temps et de la pratique de véritables partenaires, et constituent le « pouvoir chamanique ». Des liens affectifs sont fréquemment décrits par les praticiens. Ainsi, un chamane qui a des pouvoirs chamaniques est un chamane qui travaille fréquemment avec de nombreux esprits : « Sans esprit gardien, il est virtuellement impossible d'être un chamane, car celui-ci doit posséder cette source de pouvoir à la fois vive et fondamentale pour surmonter et maîtriser les puissances spirituelles ou non ordinaires dont l'existence et les actions sont normalement cachées aux humains. L'esprit gardien est souvent un animal de pouvoir, un être spirituel qui non seulement protège et sert le chamane, mais devient son alter ego ou une autre identité pour lui » ([9], p. 84). Le chamane, aidé de son animal de pouvoir, se trouve donc protégé dans la réalité ordinaire et dans les autres mondes. Pour la pratique des soins, le chamane demande à celui-ci de lui signifier l'origine du trouble à traiter et comment y remédier. La véritable initiation est donc faite traditionnellement par les esprits. Ce travail peut être aussi effectué avec des esprits des deux autres mondes.

1.3 Etiologie chamanique des troubles et soins

Universellement, l'étiologie des maladies repose sur deux représentations fondamentales [5]: un excès de quelque chose ou un défaut de quelque chose. Nous retrouvons cette même idée dans le chamanisme. Classiquement, l'origine des maladies et autres difficultés est liée à la perte du pouvoir, la perte d'un bout d'âme, des intrusions nuisibles ou des âmes errantes (défunts) qui ne parviennent pas à quitter le monde du milieu. Le but du chamanisme est de renforcer l'âme, la force du sujet pour aboutir à un équilibre salutaire. Une relation étroite avec son animal de pouvoir garantit en partie cet équilibre. Aussi, si un animal de pouvoir quitte un individu, cela entraine une fragilisation progressive, puis la maladie [10]. Cela peut engendrer des problèmes de santé chronique, des refroidissements (grippes, etc.), des troubles dépressifs, de la malchance. Le soin consiste alors en un recouvrement de l'animal de pouvoir. Il s'agit de ramener dans la personne un animal de pouvoir. Un décès, des situations traumatiques ou des actes de sorcellerie peuvent entraîner une perte d'âme partielle. Le sujet perd une partie de lui-même et du coup se trouve incomplet, fragilisé. L'âme n'est plus intacte ou plus totalement dans le corps du sujet, d'où l'expression « perdre son âme ». Les bouts d'âmes perdus peuvent se retrouver dans les trois mondes décrits précédemment. Sur un plan psychologique, nous retrouvons les signes cliniques suivants : aspects dissociatifs, troubles dépressifs, addictions, ressenti d'un vide intérieur à combler, impression de ne plus être soi-même (troubles identitaires). Ajoutons qu'une perte total de l'âme se manifeste au travers d'un coma. Le soin consiste alors en un recouvrement d'âme où le chamane va aller rechercher le bout d'âme perdu pour le remettre chez le sujet. Enfin, une énergie nuisible peut profiter d'une fragilisation de l'âme pour polluer le sujet. Il s'agit d'une intrusion qu'il est nécessaire d'extraire. Selon Harner [3], sur un plan clinique, nous pouvons observer des douleurs corporelles, de la température, des signes d'infections, des maladies contagieuses, des tumeurs, etc. Le chamane, aidé d'un esprit allié, va donc extraire, souvent avec la bouche, ce qui est nuisible.

Lors du voyage chamanique, le chamane expose généralement à ses esprits alliés la problématique du consultant et demande conseils sur le type de soin à réaliser. La pratique chamanique attache beaucoup d'attention à l'intention qui vectorise en quelque sorte le travail. Nous retrouvons cela dans de nombreuses psychothérapies comme l'hypnothérapie [11, 12] ou l'EMDR [13]. Ceci sera abordé plus en avant dans nos réflexions sur les opérateurs thérapeutiques mis en jeux. Les principaux soins chamaniques envisagés dans le chamanisme fondamental sont donc : le recouvrement d'animal de pouvoir ou de bout d'âme, les extractions et le travail de psychopompe. Cette liste est loin d'être exhaustive car les esprits peuvent proposer tous types de procédures : travail avec des plantes, avec les éléments, les esprits du monde du milieu (arbres, esprits des lieux, etc.).

Traditionnellement, et c'est également le cas dans le chamanisme fondamental élaboré par Harner [4], ce n'est pas le chamane qui est à l'origine du soin et des effets de celui-ci. Les résultats sont imputables aux interventions des esprits qui sont le plus souvent de par leur nature des entités sensibles à la souffrance des humains et toujours prêts à aider à partir du moment où cela leur ai demandé. Le chamane joue donc le rôle d'un intermédiaire entre les mondes et consulte ses alliés pour connaître l'origine de la souffrance du sujet. Ses esprits lui font ensuite savoir quel type de soin est à procéder, soin qui peut être réalisé par le chamane (toujours aidé et guidé par ses alliés), réalisé directement par les esprits ou parfois par le consultant lui-même à qui il est demandé de procéder à tel action rituelle afin de favoriser un retour à l'équilibre.

1.4 Les opérateurs psychothérapeutiques mis en jeu

Le soin chamanique peut être envisagé comme un dispositif thérapeutique composé de praxies (gestes, mouvements, attitudes, savoir-faire) qui visent une transformation effective de l'individu au travers de contraintes procédurales spécifiques codifiées. Cette pratique rituelle est également codifiée comme une technologie qui encadre généralement une pratique de la transe. La transe constitue en effet un acte traditionnel qui opère un changement. Certains de ces états modifiés de la conscience peuvent être socialement définis et reconnus alors que d'autres sont spontanés et indépendants des normes sociales et culturelles [14]. Les modes d'induction très variés ainsi que les contextes socio-culturels participent à une multiplicité des expériences subjectives et des comportements observables.

Les praticiens du chamanisme au tambour décrivent des états de conscience divers, plus ou moins profonds ou légers, permettant d'accéder aux visions des autres réalités. Il est possible également de penser que le contexte culturel joue un rôle structurant qui peut renforcer l'efficacité de la pratique et plus ou moins organiser la transe ou son intensité. Selon le pays où le chaman exerce, des typologies propres à la niche culturelle, des pratiques, des univers symboliques plus ou moins ésotériques participent au rituel.

Cette organisation facilite un accès sécurisé à des « mondes inconnus ». Ce passage dans l'autre réalité engendre un ébranlement identitaire qui peut dans les cas les plus extrêmes aller jusqu'à la déstructuration du sujet, voire la décompensation psychotique. C'est pour éviter ou contrôler au mieux ce risque que le rituel, codifié comme une technicité, se doit d'être scrupuleusement respecté. Le rituel doit être structuré en étapes consciencieusement élaborées et pensées afin de guider au mieux le praticien dans l'exploration des mondes

invisibles, le monde des esprits. Les chants et musiques rythmées sont généralement utilisés en ce sens. L'importance de ces contraintes procédurales et de leur respect rend le dispositif efficace et favorise une réorganisation du sujet sur trois plans : organique, psychologique et culturel.

Le but du voyage chamanique est donc d'amener l'individu à recouvrer une harmonie avec son environnement ; en ce sens, c'est une démarche thérapeutique qui vise à rétablir l'intégrité du sujet en renouant avec le monde naturel dont nous sommes issus. Pour ce faire, la transe permet d'accéder à des informations provenant d'autres mondes constitués d'esprits. Le praticien vise une transformation de son existence qui va passer par une meilleure connaissance de ce qui le constitue en tant qu'être humain relié au monde naturel et « supra-naturel ». Il ne s'agit pas, comme nous pourrions le penser de prime abord, d'une simple transformation psychologique ou d'une simple réduction de la souffrance que peut endurer le sujet dans son quotidien. Le dessein est beaucoup plus large et radical : il est recherché une métamorphose de l'individu au point de faire partie intégrante de cette nouvelle réalité qu'il découvre. Les coordonnées personnelles et le cadre de référence du sujet s'en trouvent radicalement modifiés. Cette métamorphose s'apparente à une « mort symbolique », autre constante de tout rituel efficace, au cours de laquelle des facettes identitaires disparaissent au profit d'un remaniement autre.

Le consultant se trouve donc pris dans un rituel où il va s'imprégner de l'univers symbolique qui constitue la trame de fond du dispositif. La cérémonie chamanique assure en quelque sorte une communication entre l'homme et la nature, entre l'homme qui est souvent déraciné, séparé de sa part animale et ce qui constitue en fait son essence, cette même part d'animalité. Le consultant est donc invité à s'abandonner à l'expérience pour effectuer ce passage transformateur. Il est invité à se laisser porter par le travail des esprits dont le chamane joue le représentant. Il est invité à lâcher-prise.

1.5 Lâcher-prise et mouvement thérapeutique

S'abandonner à l'expérience tout en espérant une amélioration de ses maux implique d'abandonner la lutte. Le consultant doit abandonner toute lutte contre soi-même. Il doit interrompre toutes les stratégies mises en place jusqu'à aujourd'hui pour aller mieux, stratégies qui le plus souvent ne font qu'entretenir la souffrance. Il s'agit pour Roustang [15] d'introduire le sujet dans une autre forme de vigilance propice à une réorganisation de l'existence du consultant. Le dispositif de soin avec tout l'univers symbolique véhiculé amène le sujet à passer d'une perception dite « restreinte » (vigilance habituelle s'appuyant sur des repères coutumiers dualistes soumis à la conscience, à l'espace et au temps) à une autre perception plus élargie d'ordre holistique (sensorialité immédiate avec indétermination des modalités sensorielles). La première perception est discontinue et partielle, nécessitant pour fonctionner de séparer l'objet perçu de son contexte. C'est par le biais de cette différenciation que l'individu appréhende son environnement mais aussi son propre fonctionnement physique ou mental (exemples : « j'ai conscience d'une douleur dans le genou », « je suis malheureux depuis le décès de mon père »). L'autre perception que le dispositif permet d'appréhender est davantage implicite. Il correspond au premier mode perceptif que l'enfant vit dès sa naissance, une sensorialité antérieure à l'entendement. Comme le précise Stern [16], auquel on peut rattacher la notion de « conscience primaire », il s'agit d'une mode perceptif en lien avec une conscience primitive qui permet une appréhension globale de l'environnement extérieur et corporel de l'enfant au point où le bébé en vient à goûter une odeur, entendre une couleur, etc. (indétermination des modalités sensorielles). Cet abandon de soi passerait notamment par le corps à corps entre le chamane et le consultant, l'effacement de la parole, ainsi qu'un espace de dégagement de l'obligation de contrôle de soi.

Lâcher-prise nécessite de faire taire son besoin naturel de contrôle et s'autoriser à plonger dans un vécu inconnu malgré l'angoisse, la peur et la confusion. Nous comprenons cette dynamique comme une participation active du sujet à un vécu holistique, tout en se maintenant en position d'observateur sans souci de contrôle de cette même expérience. Ce processus dynamique est d'ordre dissociatif et fournit l'occasion d'une possible réassociation. La possibilité de devenir observateur de sa propre expérience, de s'autoriser à accueillir ce qui émerge de l'intérieur de soi, d'accepter ce que l'on repousse continuellement, constitue une possibilité d'intégrer, de se réorganiser et de s'apaiser. Pour ce faire, dans la pratique chamanique, le chamane doit être suffisamment présent, sécurisant, pour guider et éviter toute déstructuration psychologique. Le rapport à l'autre préserve de la folie grâce à un ancrage commun. Le lâcher-prise est souvent vécu dans l'angoisse car s'abandonner, se laisser envahir, c'est prendre un risque, celui de ne pouvoir se protéger de ce qui émerge de soi, d'où le rôle important de celui qui est déjà initié.

La question de la confiance est ici clairement posée. Pour qu'une thérapeutique soit efficace, le praticien se doit d'avoir confiance en sa technique pour amener son patient à avoir également confiance. Il est en outre nécessaire qu'il y ait un consensus autour de la technique pratiquée. Le dispositif doit être connu et reconnu ; il doit exister dans des revues spécialisée et/ou scientifiques et être pratiqué. Ainsi, faire possiblement parti du monde de ceux qui ont été initiés, voire guéris, forme un vecteur thérapeutique implicite mais puissant. Formulé différemment, les discours qui entourent la pratique se doivent de dire une vérité ou de faire office de vérité.

La confiance en la réalisation du processus de guérison s'appuie sur la nécessité de s'en remettre à quelque chose d'indicible. En participant au rituel de guérison chamanique, nous invoquons un tiers, une

nouvelle intentionnalité qui échappe à notre volonté. Nous invitons le patient à s'en remettre à quelque chose d'inconnu interne (inconscient, apprentissages, ressources psychiques, etc.) ou externe (pouvoir attribué au thérapeute / chamane ou aux esprits). La confiance tire donc son énergie d'une région de soi-même inaccessible autrement, une part de la psyché ou du corps où des potentialités peuvent se déployer. Tout comme le chamane, le psychothérapeute insuffle au profane un mouvement propice au changement. Le sujet s'autorise à se laisser porter par le champ de forces proposé. Cette dynamique est le plus souvent implicite et vise la construction d'une nouvelle réalité chez l'impétrant, voire un remaniement identitaire qui peut être thérapeutique.

Conclusion et réflexions épistémologiques

La culture occidentale donne une place essentielle à la raison, à ce qui est objectivable. Du coup, la pratique chamanique vient quelque peu ébranler nos certitudes, notre vision de la réalité et notre représentation du soin. Le relativisme cognitif, cher à Harner [13], amène le clinicien chercheur à se confronter à l'anomalité [17]. La pratique de la science s'appuie en effet sur une vision de la réalité, sur un consensus général qui définit ce qui apparaît comme une « science normale ». Les expériences chamaniques constituent des anomalies dans ce mouvement en ce sens que les phénomènes observés ne peuvent être totalement expliqués par nos modèles actuels et notre vision restrictive du monde. Une expérience anomale est du coup une expérience non ordinaire, qui ne fait pas partie de la liste culturelle de ce qui est admis et pensable. Pour Huguelit [18], chamane, ce qui est objectif, c'est ce qui est perçu, et ce qui est vrai, c'est ce qui fonctionne. Aussi, les chamanismes qui remontent à plus de 30000 ans selon de nombreux anthropologues [6] témoignent d'une certaine efficacité puisque de nos jours encore, de nombreuses personnes et beaucoup d'occidentaux d'ailleurs traversent l'océan atlantique pour s'initier aux mystères de la nature ou pour se soigner à l'aide des plantes chamaniques. Cette pratique anomale qu'est le chamanisme invite donc à penser un nouveau paradigme avec une nouvelle vision de la réalité et du soin. Cela implique pour le chercheur d'assouplir ses propres croyances, de s'autoriser à prendre des risques, en particulier celui de ne pas être compris ou d'être rejeté par ses pairs scientifiques. Ce changement dans les croyances de ce qui est vrai ou faux doit se baser sur les faits, et seulement les faits, ce qui constitue le principe même de ce qui fait science car comme le souligne l'anthropologue Narby [6], « la pratique est la forme la plus avancée de la théorie ».

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Reflections on the relationship between psihotrauma (pt) and assisted resilience

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Psihotrauma, an aggressor which cannot be completely deciphered by an external observer

Introduction

Given the absence of a widely accepted definition in the field of resilience (Manciaux- 2001, Lighezzolo şi Tuchey -2004, Ionescu -2011), psihotrauma and some notions that gravitate around them, we will be working with operational formulae which are indispensable to a coherent approach to field of such complexity. Thus, we consider that:

a – Psihotrauma (PT) can be defined as: a negative psychical feeling which generates disorders and is created through a subjective processing of the external or internal reality, present or future, and perceived as a source of a prejudice seen as inevitable and unacceptable (Milea - 2014). It is not just about feelings which are obviously brutal, intense, dramatic and unexpected, as it is usually considered, but it is also about a huge number of feelings that, although apparently modest, distinguish themselves through persistence in time, repetitive character, cumulative action, the capacity to associate with and emphasize or use vulnerabilities, critical stages of development or unfavorable conjectural situations. It is Kahn's merit (1963 quoted by Fischer and Riedeser -1998/2001) to have introduced the concept of cumulative trauma.
So defined, PT brings forward the delimitation of two distinct terms: psihopatogen factors and psihotraumatogen factors.

b- Psihopatogen factors, respectively psychic distressors, include everything that causes neurobiological dysfunctions through psychological mechanisms. We are not using the term psychical disorders because, on one hand these are at the bottom of these factors, and on the other hand, psychical disorders are associated to other types of dysfunctions which cannot be ignored.

c- **Factors with psihotraumatogen potential** (not psihopatogen factors). This is a new term we propose in order to distinguish between those external or internal environmental factors which aren't pathogens automatically or directly but become so only once they have gone through the individual's filter of subjectivity and only if he turns them into PT. Different from one individual to another, subjectivity is the one which, following the processing and evaluating the external or internal reality, assigns some of its components a PT status. That means that the subjectivity of the individual is the one which identifies the factors with psihotraumatogen potential. It selects first from the wide range of psihopatogen factors. In addition to that, as the individual's subjectivity can often be wrong and see dangers where there aren't any (children offer numerous examples of this kind), the psihotraumatogen factors include situations which by nature, do not have an adverse character. As such, the range of **factors with psihotraumatogen potential** is far wider than that of the psihopatogen factors.

d- In turns, generally speaking, **natural resilience** is the process of using its own sanogen resources and those of the external environment by the subject and the capitalization of the confrontation with adverse life conditions. It is about the capitalization of the confrontation with the factors with psihotraumatogen potential and not just a simple overcoming which means that the individual emerges strengthened with what Tomkiewicz (2001) named an enrichment of their personality and Pourtois and col. (2011) called positive neodevelopment.

There are seven particularities of PT with special relevance from the point of view of assisted resilience.

They make PT a specific agressor. The definition of PT as given above emphasizes that:

1.1 PT is an outcome of the individual's subjectivity.

It is the subjectivity that assigns to some of the factors of the external or internal environment the significance of dangers or obstacles, present or future, with inevitable and inacceptable consequences. The same subjectivity is the one that can "see" a bigger threat than there really is or "invent" one without any reasonable basis thus transforming into PT what, for other individuals, is not considered as such. The other way around, subjectivity is the one that decreases significations, ignores real dangers or conscientiously accepts risks based for instance, on certain convictions or on the hope of some advantages, may they be in the afterlife. The involvement of subjectivity is by far the most significant particularity of PT because it marks anything it is related to it. That means that, no matter the nature of the internal or external factors that confront the subject, they do not become PT as long as the individual's subjectivity does not assign them such a significance.

1.2 Psihotrauma is a subjective structure with a distinct character.

The subjective nature of PT derives from the fact that it is a product of subjectivity and, as such, it is a feeling.

It has a distinct character because, on one hand, it is not the event itself the individual confronts himself with but what the individual's subjectivity appreciates it is, following its processing and the evaluation of the capacity to deal with it. On the other hand, it is the direct cause of disorders as in the succession event - psihotrauma- disorder, it has the last word. This means that PT should not be mistaken for the factors with psihotraumatogen potential that initiated it or for those it can handle or even less, for psihotraumatogen factors in general.

1.3 PT has a strictly personalized character.

It is the consequence of the fact that subjectivity is different from one person to the other. Therefore, what is a drama to an individual may well be an unfortunate event to another, a funny or even beneficial happening. This situation is a serious obstacle to the clinician, researcher, therapist or the close ones who are trying to understand and evaluate the situation, to anticipate its evolution and offer support. Even more difficult is the issue of identifying and evaluating psihotraumas in children and adolescents who not only have different needs, operational instruments and responses but are also in constant change.

1.4 The involvement of a socio-cultural dimension.

The same subjectivity causes that in the confrontation with the external or internal factors the individual involves not only the present and its whole personality but also its life experience, the quality of the attachment relationship, the moral standards and the social values it subscribes to. To all these are added the opinions of the people around, the offer or the lack of support of the community, the legislation, the feelings of guilt and shame as well as social inequity.

1.5 The involvement of thinking, memory and affectivity.

This aspect as well, differentiates PT from all the other types of aggressors. The thinking, the emotional load which accompanied its past experiences may they be traumatic or not, and their remembrance contributes directly to sorting out the present happenings and their consequences. With the help of all the above are chosen available solutions and it is evaluated their capacity to handle the situation. Actually, there is a lot of scientific literature which underlines the involvement of memory, anxiety and some possible thinking distortions that contribute to diversifying and individualizing the way in which reality is processed by subjectivity. For their importance we will mention the concept of cumulative trauma described by Masud Kahn (1963) and that of sequential trauma identified by Keilson (1979), authors quoted by Fischer and Riedeser (2001/1998).

1.6 Temporal disparity between the moment of the presence of the potentially psihotraumatogen factor, the moment of the constitution of the psihotrauma and the beginning of its action.

We here consider:

a) **The phenomenon of temporization of the transformation of the potentially psihotraumatogen factors into PT and the debut of the disorders.** Of course, the existence of an incubation period is a common phenomenon in medicine. Still, this time two situations specific to psihotraumatology should be mentioned.First of all, there is the case of the potentially psihotraumatogen factors whose harmfulness , due to various reasons – age, intellectual disabilities, education, conjectural factors etc.- is not

acknowledged, recognized or accepted by the individual for a longer or shorter period of time. Let's take for example the sexual abuse and the hyperprotective education of minors. The second mechanism which triggers the temporization of the harmful effect of PT is represented by the well known process of protection through repression, respectively, what Sillamy (1996) calls "un unconscious psychological mechanism of ego protection, through which the memories and the impressions which are unpleasant ore in disagreement with the social person are kept outside the consciousness".

b) **The remnant character**, respectively the extension of the pathogen activity of the PT long after the factors that initiated it ceased to exist. This does not only have to do with the usual confrontation with the direct negative effects of the already overcome drama. This time, there are a lot of complex conscious and unconscious mechanisms of self maintaining and psychological reactivation which can sometimes be present all life through. Memory, thinking, the emotional and the moral laws are firstly involved. Once the aggression has consumed, everything that surrounds and keeps alive the memory of the events, the reencounter with people, objects, places, words, gestures or similar events mentioned by others, the memories that generate tormenting intrusive reliving and even the protective care with which the victim id often surrounded keep the suffering alive. To these are added the dreams that can turn into nightmares and the anxious-depressive background which is part of the usual consequences of any psihotraumatogen experience.

c) **The anticipative character**. This one is a peculiar aspect, specific to psihotraumatology. It covers both the pathologic area and that of normality. It is known that the individual's subjectivity, based on the prospective character of thinking, on the self defense instinct and memory is capable of predicting dangers and the ability to face them as well as to adopt defense behaviour. It is just that such a predictive capacity is a two way street. On one hand, it has a protective factor of major importance as it offers the necessary time to prepare a certain behaviour marked by caution and the identification of defense strategies. On the other hand, the evaluation of both the risks waiting for us and that of the ability to control them is not always adequate. Therefore, there are many situations in which the danger is overestimated and the capacity to handle it underestimated which means that the individual's subjectivity may exaggerate and may confer a very dramatic connotation to a perfectly manageable circumstance or a very unlikely situation. Thus, for fear of failure exaggerated or unreasonable measures can be taken, actions whose risk would be worth taking can be blocked as well as behaviour designed to acquire various abilities or to test the ability to overcome obstacles or to self assert. All these things are very important to be taken into account by the person who offers counseling.

1.7 The involvement of specific autogenetic mechanisms meant to constitute psihotraumas.

This aspect is not singular in medicine and in this respect, the autoinmune pathology is an example. Yet, in our case we are dealing with very specific mechanisms. One very active mechanism is the already mentioned one. It refers to the fact that the individual's subjectivity can be wrong and can confer a PT status to totally controllable present or future realities.

A second mechanism involves the complex field of unsolved intrapsychic conflicts. At the origin of some of these conflicts lies the typical human ability of judging not only other people but itself as well and to start a conflict with both parties mentioned. In addition to that, the psychoanalytic conception talks about the opposition between the different instances of personality , between the conscious and the repressed component of the unconscious as well as the existence of wishes, motivations and impulses totally or partially incompatible, inacceptable or unbearable.

Comments

All the above allow us to identify within the assisted resilience a distinct field reserved to psuhotraumatology directly subordinated to the mentioned particularities specific to psihotrauma. Therefore, in this case, within the assisted resilience the following are called for:

a) A particular focus on the individual's subjectivity and not on the adverse situation.
This is due to the fact that in the case of assisted resilience the subjectivity is the one that decides not only on which of the elements of the internal or external reality are adverse but also on whether they can be faced honorably. Thus, in this case, the therapist can only act through and in accordance to the subjectivity of each individual. In this way there is room left to confrontation, training, practice and the experimentation of success and failure which are trials of an authentic resilience.

b) A strict individualization of each and every case.

c) The attention should also be moved from psihopatogen factors to the factors we called psihotraumatogen.

This should be done as the latter are, on one hand, essential for psihotraumatology, and on the other hand, are different from the psihopatogen factors. They sum up not only the psihopatogen factors that the subjectivity inherent to any individual recognizes as harmful but also those factors described as self constituted. As mentioned before these are represented by: factors which, although not harmful, considered so by the individual's subjectivity and future events considered, realistically or not, a source of inevitable and inacceptable prejudice.

d) The necessity to take into account that:

- It is not always easy to identify and, more importantly, to understand from the outside the full complexity of what makes the individual suffer and especially why he gives such importance to situations that do not seem very significant;
- It is important to keep in mind the involvement of thinking, memory and affectivity.In this case, the drama does not have only objective references. To these ones, important subjective, socio cultural, family and economic dimensions are added.

e) A special attention given to the phenomena of temporization, remanence, anticipation and autogenesis.

If the phenomenon of temporization offers time to counseling for instance, the remanence forces the resort to long term action. The anticipation and autogenesis phenomena call for a careful approach and a good knowledge of the subjectivity of the assisted ones.

Of course that, in effect, in the confrontation with the PT, the resilient procedure has to interact tightly with all the other preventive measures. Yet, the latter, more direct and, at first sight, more natural, commonly substitute the mechanisms of resilience. It is thus left aside the fact that what the individual itself accomplishes (the essence of assisted resilience) has a more effective character, more profound and more enduring than anything one could get through protective support.

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Artistic languages as an educative tool to promote resilience

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Abstract

This paper presents research for improving the wellbeing of children aged between 8 and 11 living in a vulnerable social situation, who, due to the same, regularly attend *Centres Oberts, S*ocial Service Centers. The research takes place in Barcelona, Catalonia, and has two phases: the design of an educational proposal based on a preview stage and a pilot experience of the design. In this paper, we'll see output related to the second and third phase. The methodology used to develop the research is cooperative, as the participants are both the informers and impulsors of change. The aim of the research is to encourage the children's resilience through educational work using artistic methodologies as an educative tool and to unlock personal expression. The methodologies used are musical expression, artwork, drama and the spoken word. In a vulnerable environment, an artistic tool enables an immediate emotional connection, allowing them to speak about difficult and painful matters in a more constructive and way and more quickly. At the same time, it enhances the wellbeing of the children focusing on working through personal potential and capabilities rather than deficits.

In conclusion, this research is about emotional expression in vulnerable children through the medium of artistic expression. It allows easy communication to people's private areas and promotes resilience through an educational proposal. In this sense, it is important to emphasize that the educational process is more important than any aesthetical final result. Summing up, the experience confirms that an artistic methodologies approach to education working from a resilience perspective encourages personal development.

Keywords: Artistic languages, Personal expression, Creativity, Communication, Resilience, Socioeducative intervention, children at social risk, Centre Obert.

Introduction

In this article we present the results of research based on artistic methodologies as strategies that promote resilience.

The article came into being due to research developed in Barcelona with the objective of improving the wellbeing of children living in a vulnerable social situation, promoting their resilience through emotional expression through the arts. Art was a mediator in the socio-educative process of these children and had no predominantly aesthetical end.

Pain and adversity expression, together with creativity are two resilience pillars [1] [2]. In this sense, encouraging resilience means promoting this way of personal expression through the medium of art, because it allows for the interpretation of past experiences, present challenges and future hopes in a creative and imaginative way. So, it enables the communication of people who can't or don't normally communicate.

Different research has proven that creative activity promotes resilience, giving the possibility of fostering the resilience of people who live adverse situations. Social exclusion is an adversity and art can provide a symbolic re-enactment of life. Art allows people to rewrite the past, review the present and construct the future, imagining themselves in different ways and giving themselves the opportunity for change [3]. Also, when one has to confront adverse situations, speaking can often be very difficult. However, artistic expression allows them to express painful matters in a more accessible and indirect way. Resilience in the socio-educational sphere offers the possibility of communication without verbalization.

Methodology

1.1 Objectives of the research

The objectives of the research are two:

- Offer an educative proposal of emotional expression through artistic methodologies that foster resilience
- Pilot the designed educational proposal

1.2 Methodological Perspective

The methodological perspective of the research is *cooperative,* as this is highly effective in educational projects involving an intervention in a specific context and not trying to generalize. The research is a study for the transformation of socio-educational action in which the participants become active subjects for the same [4], [5]. A process for change and a transforming strategy for action.

1.3 Phases of the study

The study addresses artistic expression in the socio-educational sphere as an active promoter of resilience to improve children's welfare. This Project has two phases, the first one diagnostical and the second designing and piloting an educational proposal through a participative process of cooperative action.

1.4 Participants

The participants targeted in the research are children who live in vulnerable social conditions due to poverty and social/family marginalization, characterized by external factors of risk such as neighborhood social isolation, poor social environment and family, illiteracy, poor educational level of the progenitors, absenteeism at school or who have experienced neglect at home.

These children go to Open Centers. These are Social Services centers where children in a situation of social vulnerability go after school hours to perform activities that stimulate and foster their personal and social development.

The professionals who teach these children also participate in research, providing information on them and also on the contributions the artistic activities make as socio-educational action.

1.5 Instruments to collect information

The study uses qualitative research, collecting information via focus groups and participant observation giving all participants, children and social workers, the chance to express their views.

All the instruments formed the basis of the study in addressing how artistic languages could help children express their emotions and understand their personal perception and evaluation of the situation during the process.

1.6 Procedure

During the period of 2012-2014, we have accumulated 1 experience in 1 *Centre Obert, Grup Unió*, 2 focus groups (1 with social workers and 1 with children), and 1 participant observation (information collected in a working diary).

The experience was made more specific by putting into practice different practice sessions of 1 hour and 15 minutes a week to design an educational proposal. In each of these sessions educational activities were undertaken to identify and express emotions. They have used different artistic methodologies as socio-educational tools: artistic expression, dramatic, musical, body language, linguistic with a specific educational sequence based on:

- An introduction
- A creative activity (each week the creative activity has used a different means of artistic
- expression)
- A relaxing activity
- A summary of what has happened in the session.

1.7 Data analysis

All the information recorded was transcribed and an exhaustive process of content analysis was carried out to define categories and subcategories.

Bottom-up content analysis was applied: the first stage of analysis was textual, selecting paragraphs, fragments and significant quotes from the transcription papers. The second stage was conceptual, to identify categories and subcategories which could be inter-related. Both stages were carried out and subjected to peer review and categories and subcategories were defined when data reached saturation. The software *Atlas.ti* 6.2 was used for the qualitative data processing. A Hermeneutic Unit Editor was created in which the literal

transcriptions of the focus group (*primary documents*) were included, each category and subcategory was given a code (*code*) and textual notes were also included (*memos*).

A conceptual network (*network*) was created to analyze the data as a basis for the connections established between the codes of the hermeneutic unit and the research on artistic languages in the resilience process.

The study codes distinguish between the following themes:

a) **Emotional contents**: 1. Emotional dimension (intrapersonal communication and self-knowledge); 2. Cognitive dimension (to identify personal emotions and to think about them); 3.Behavioral dimension (educative values such as respect, collaboration or empathy as well as developing and putting into practice some social skills).
b) **Artistic strategies:** 1. Planning and contextualizing activities; 2. Having institutional support; 3. Having educational resources to create a secure space to develop and express the emotions
c) **Social worker profile**: 1. Having confidence in artistic methodologies as an educative tool; 2. Respect and confidentiality for the children's emotional work; 3. Dynamic personality; 4. Have the ability to perceive the cognitive level of the children and adjust the activities accordingly.

Results

1.1 Emotional contents:

1.1.1 Emotional dimension

The professional participants in the investigation consider that the emotional work through artistic methodologies provide the children with a wide variety of possible ways to communicate.

I believe that artistic strategies bring multiple registers to working on the emotions. Therefore, the more registers there are, the more options there are for them to express themselves and more ways to do so (Group discussion professionals).

The data confirms artistic methodologies as a beneficial mediator for working with children on Self Esteem*, the Concept of Self, Security and Confidence in Oneself*, *as well as facilitating the expression and identification of the emotions.*

*The artistic methodologies bring an injection and a first step to being able to work with the "Who am I, where am I going, what do I feel, how do I deal with things and relate to people" line of questioning (*Group discussion professionals).

1.1.2 Cognitive dimension

The **cognitive dimension** addresses the content of the emotions through the capacity to identify one's own emotions and those of others, recognize one's own potential and limitations and also be able to reflect on them all.

*Providing a space to be able to work on and think about what emotions we feel. This type of thing is very good at helping the children reflect on these things (*Group discussion professionals).

1.1.3 Behavioral dimension

The **behavioral dimension** agglutinates the way people act. In the data of the study this dimension is specified by the capacity to regulate behavior and encourage the socialization of the children with the aim of being able to change the ways of behaving which do not bring about wellbeing.

*The behavioral effects are more related to the putting into practice of artistic activity: having to collect the material used, the idea of community space, between others (*Group discussion professionals)

1.2 Artistic strategies:

1.2.1 Plan and contextualize activities, having institutional support

It is very important to have a clear idea before going in, of the overall plan of intervention, in terms of the number of sessions, their length, the length of each activity in each session, the objectives they pursue and the rules that set them out, to ensure good development. Also, the number and teaching sequence of each session

should be coherent with the objectives and the way of dealing with the emotional work of the institution one works from.

*Integrating the work within the dynamic of the centre and its educational proposal is important to be able to guarantee the maintenance of the work done and the progress made with the children (*Group discussion professionals).

1.2.2 Create a secure and safe space to develop and express personal emotions

It is important to do the sessions in a safe place, welcoming and trust inspiring, with natural light, materials available and a generous amount of space.

The number of activities planned per session should not exceed four and should follow a clear and didactic sequence coherent with the physical and emotional state of the children. The materials employed should correspond to the practice of a socio-educational intervention through artistic activities.

In relation to the space, we confirm the idea that preparing it is fundamental for developing the session. Today we have played with a new element which is reducing this space. The result has been very positive because it allows the children to establish a limit for the space, which metaphorically, implies a psychological limit. I am under the impression that this gives them more freedom, as it is culled from a smaller and specified space (Field Diary).

1.3 Social worker profile:

1.3.1 Have confidence in artistic methodologies as an educative tool;

One of the keys to the success of the methodology used is to increase confidence and security in the use of these methodologies amongst the professionals who apply them so they can transmit them to the children. One way to ensure this is specific training that acquaints them with the benefits of artistic languages as strategies of socio-educational action.

I felt highly insecure before starting*, I didn't really see or trust in where it was all going...*(Group discussion professionals).

1.3.2 Respect and confidentiality in the children's emotional work;

The children must feel that the educator is unconditionally on their side, showing love, empathy and consideration, whatever those children might be going through emotionally.

1.3.3 Dynamic attitude;

The professional should dynamically implicate herself in the activities to motivate the participants to get involved too. She cannot be a mere reporter who explains how the activities work, but must have a dynamic and stimulating attitude.

It is also important that the motivator of the activity commits 100% to it so helping boost the children's participation (Field Diary).

1.3.4 Have the ability to perceive the cognitive level of the children and adjust the activities accordingly

It has been noted how important it is that the educator be able to create alternatives to be able to adapt what was planned to the current cognitive level of the children. She should be prepared to be flexible, understanding that forecasting and planning are a starting point for what will really end up happening in the praxis.

The cognitive level of the group is low. Therefore, one must be conscious that the activities should be somewhat directed and organized. We also recommend doing simple activities. If we want to give theoretical explanations we should accordingly adjust them to the children's own language, culture and environment (Field Diary).

Conclusions and discussion

The general purpose pursued by the research was to be able to contribute to the improvement of the welfare of the children who go to the open centers working with emotional content through different activities that use artistic methodologies.

The results of the research highlight that artistic languages permit a non verbal communication which makes it easier to express certain adverse experiences. This facet is considered crucial when working with people who live in a situation of social vulnerability, especially in children. The main advantage is determined by the contribution to the emotional and personal development that contributes to the growth of the children. Nuñez and Romero [6] and Ruiz de Velasco [7] coincide with their data when they consider that artistic languages have become vital vehicles for working on emotional development.

Resilience is promoted when the expression of the emotions derived from the unfavorable social situation is facilitated, giving the opportunity to speak and express themselves to those who have not always been able to do so. Other educational values such as empathy or the frustrations connected to the work at hand are worked on at the same time as the opportunities for expression increase.

The research has allowed us to understand that artistic strategies mean benefits to the Open Centers, as well as also demonstrating that there are a series of things that should be considered to be put into practice.

An educational action directed at children between 8 and 12 will be successful according to the attitude and motivation of the professional who dynamises the interventions. It has now been grasped that the people who act in the artistic proposals with emotional content are key elements in the good development of those emotions. Marchan [8] agrees with these aspects of the attitude of the motivator, while adding the need for them to be patient with certain attitudes of the children and to know their emotions so as not to act them out.

The fact of connecting the emotions with the benefits of artistic languages to promote an improvement in the welfare of the children is of great importance, as the results of various research studies support the need to continue research on the lines of unifying pedagogy, artistic languages and emotional education to be able to support the results found up to now (Cruz, Caballero and Ruiz , 2013 [9]).

The lack of research so far focused on dealing with this theme underlies the importance of this research. Even so, in depth research should be continued to verify if the challenge of transformation and social change in this specified context area has really been achieved.

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A process – systemic oriented working model in trauma psychotherapy

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Abstract

The presentation is focused on explaining the main features of a process – systemic oriented working model in the psychotherapy of traumatic experiences. Developed on a humanistic - experiential background, the model assimilates and integrates a series of theoretical and methodological perspectives developed in various approaches in psychotherapy and also trans-generational systemic perspective on family. The model was empirically developed, based on the analysis and conceptualization of a large number of clinical cases and aims to stimulate both resilience and posttraumatic growth. Highlights regarding the subsequent theories on trauma and resilience and its use in psychotherapy are presented. The main theoretical ideas highlighting the understanding of traumatic experiences and resilience are the dissociation model ([1], [2]) and the distinction between pre-conscious and conscious periods in experiential processing ([3], [4], [5], [6]). The intervention model emphasise on: developing the working alliance from a client centred perspective ([7], [8]), use of the constructivist / information processing perspective ([9],[10]), working with the incorporated experience and the felt sense [11], working with the dissociated parts ([1], [2]) and approaching the trans-generational transmitted patterns ([12], [1], [2]).

Keywords: trauma, psychotherapy, integration, working model

The process-systemic oriented working model

The process – systemic oriented working model (PSM) is an integrative therapeutic model, aiming to be free from theoretical loyalties but fully loyal to the person of the client. It is not about proposing a new theory of psychotherapy, but rather a practical way to work synergistically with ideas already postulated separately by the most relevant schools of psychotherapy. The theoretical and practical model that we propose is submitted to the integration movement, being designed to overcome the limits imposed by loyalty towards a psychotherapy approach or other. The *process orientation* refers to the internal dynamic processes of the human being - if activated and sustained, they may lead to therapeutic change. The s*ystemic orientation* refers to: a) the view on human being as an integrated system of different facets that interact and influence each other permanently - all these aspects should be taken into account in order to better understand the human being, and for the client to better understand himself; b) to understand the human as part of a wider system, the extended family which invariably includes several generations - the consequences of previous generations` actions / traumas are reflected upon the person, and part of his current difficulties may have trans-generational causes.

PSM aims the psychic reconstruction of the individual, being concerned not only with the pathological process that determined certain psychic consequences but also with the manner by which the person can change his inner state and his future psychological path. It offers a theoretical model of understanding maladaptive emotions and an applicative model of psychotherapy. It was built through the *assimilative integration* model. The initial starting points were the Rogersian perspective of self-actualization and client-centering [1] and the Gestalt model of introjection, projection and transference [14], both as an explanation for the emergence and manifestation of maladaptive emotions and as a basis for the therapeutic intervention. The models of psychological trauma, respectively the process of psychic traumatization [15] and traumatic fragmentation [1] provided in the context a strong enough explanation of the etiology of neurotic emotionality and provided further clarifications required both on the concept of introjection and on the therapeutic goals. Concepts of conditioning ([16], [17]) and anchoring [18] were integrated into the model in order to explain how the projective mechanism and, consequently the maladaptive emotional experiences are triggered. The concepts of re-experiencing tendency [19], respectively the defense mechanisms ([20]), were included to illustrate the dynamics of the inner conflicts underlying the maladaptive emotional experiences. The family systemic perspective ([12], [21], [22])

more precisely the trans-generational transmission of some psychological vulnerabilities, complete the etiological perspective and opens new possibilities for intervention. Finally, the assisted resilience model ([23], [24]) is applied to examine the emergence of mental disorders through the complex interactions between vulnerability factors, risk factors, resilience factors and protective factors of the person - only combined they can offer a complete and comprehensive picture of the psychological functioning and methods of recovery /healing. Thus, on a humanistic-experiential basis, there were assimilated elements of psychodynamic analysis, cognitive-behavioral therapy, NLP, psychodrama, Ericksonian hypnotherapy, systemic family constellations and psycho-traumatology.

1.1. Theoretical framework of the process-systemic therapeutic model

The theoretical part of PSM aims to explore the ontology and etiology of the mechanisms and internal processes that generate the present experience of maladaptive emotions. The model is based on two assumptions sustained by other approaches (e.g. psychoanalytic and experiential): the existence of some etiological mechanisms – a personal vulnerability and its structuring processes; the existence of a phenomenological model of occurrence and manifestation of the maladaptive emotions in the present subjective experience. We identify two distinct periods for structuring an emotional vulnerability. Preconscious stage (conception – 3/5 years) is one in which the non-specific emotional vulnerability is structured and emotional symptomatic patterns are introjected, as consequences of traumatic experiences. If a child going through traumatic events will develop maladaptive emotions as an adult, depends on other factors as well: mechanisms of resilience, posttraumatic growth and relevant experiences from conscious. The key to understand the emotional vulnerability is the concept of trauma [15]. The conscious stage (3 years – 18/20 years) is one in which stable personality traits and personal preferences or existential themes are crystallized. Briefly, emotional models from the pre-conscious stage will make the person more vulnerable to the action of events occurring in the conscious stage and they will give direction to the primary, nonspecific vulnerability, emerged in the pre-conscious stage. Events from the conscious stage are the ones guiding the adult towards a neurotic type symptomatology. In the absence of a primary emotional vulnerability dating from the pre-conscious period, the action of stress or traumatic factors occurring in the conscious period will not lead to symptomatology, but rather will structure an enhanced vulnerability to stress, without involving a neurotic psychopathological component [5].

The trauma model of Ruppert [1] explains the internal subjective experience of the person affected by psychological trauma, regardless if it occurs during conscious or pre-conscious period. A person undergoing a strong emotional traumatic experience, which exceeds its capacity to adapt, has only options to survive the internal freezing or fragmentation, in which subcomponents of the personality are dissociated from the integrative instance of the ego: the traumatized part – containing the traumatic pain and energy; the surviving part – developed to prevent contact with the trauma and the associated emotions, respectively with the traumatized part and; the healthy part – unaffected by the trauma that contains the resources of growth and development and constitutes the foundation of the therapeutic intervention. Each instance is expressed in the actual inner experience of the client in a certain way and the therapist can recognize the markers of these processes. The aim is to reintegrate the dissociated parts into the client's personality for a genuine and proper functioning.

PSM states that there are three categories of etiologic factors of maladaptive emotions. The trauma suffered at early ages creates a primary emotional vulnerability, non-specific and non-differential, translated at a phenomenological level as a high availability of a person to emotionally respond in a certain manner to the intervention of environment variables. This vulnerability acquires a specific character in the conscious stage through the association with specific emotional experiences (fear, anxiety and depression). The mechanism of creating this vulnerability is the introjection. Through the projection mechanism, the person reaching adulthood brings introjections in present time and assigns them to situations /people in reality. Anchors make possible the manifestation of projections in the present. Through the defense mechanisms against overwhelming emotions, the person will avoid threatening situations, will become hyper-vigilant and will seek to anticipate them. Due to the increasingly higher difficulties to interact with reality as it is, the negative projections and expectations can become generalized. The maintaining factors of these emotional experiences are equally important and can be defined in three categories: adverse circumstances, primary (direct) and secondary (indirect, self-image related) benefits related to symptom.

Sometimes, it becomes obvious in psychotherapy that there are additional causes for the psychological disorders beyond the client's personal life and biography. A series of theories stated that trans-generational aspects may be incriminated for a part of the client`s current emotional experiences: the concept of family unconscious [25]; systemic family constellations ([12], [26]); psycho-genealogy ([27], [21], [22]). All of them postulate the following: the existence of psychological effects on the individual and on his mental health /pathology coming from the family system; the existence of trans-generational transmission processes of psychological contents. The family system is characterized by a fundamental system of emotional relationships, based on attachment relationships, which are organized in patterns; these patterns tend to be perpetuated in the

family system, on intergenerational level, based on family unconscious processes. The transmission mechanisms of these patterns are unconscious processes – the family loyalty and identification.

Application of the process-systemic model in trauma psychotherapy

PSM addresses the full range of neurotic disorders, which involve a core component related with maladaptive emotions, especially anxiety and depression. The applicative part of PSM will not try to eliminate maladaptive emotions of the client but, on the contrary will try to make him face, explore and clarify them as a "givens of existence". According to the therapeutic model that we present and apply in our clinical practice, the client, whom others consider ill or mentally disturbed, is approached as a person in a certain moment of his personal development (self-actualization) in which he feels stuck and needs support and guidance to continue.

A special application of PSM regards the therapeutic interventions on traumas, based on the conceptualizations offered by Fischer & Rieddesser [15] and Ruppert [1]. We follow the assumption that psychic wounds caused by traumatic events can be ”seen” (as in the PTSD symptoms) or ”hidden” (under certain emotional, relational or behavioral patterns, especially if trauma occurred in early development stages). The latter category requests special attention from the therapists especially when the client presents other neurotic symptoms, apparently unrelated to any traumatic events. The main therapeutic focus is on the traumatization process and the interventions are adapted to the current emotional state of the client and considering the age when the trauma happened.

1.1. The general framework of process-systemic oriented working model

The applied PSM incorporates the assumptions of the common factors model in psychotherapy. Therefore, the general framework of PSM aims to activate and use the scientifically proven factors of therapeutic change ([28], [29], [30]). We illustrate here only two of them: the role of the therapeutic relationship and the activation of the inner mechanisms that promote therapeutic change.

Using the therapeutic relationship. In trauma therapy, the therapeutic relationship activates the re-bonding process of the client – rebuilding the relationships destroyed by the trauma. It is the one that facilitates understanding of the traumatic effects and sustains the trauma perlaboration. Specifically, PSM uses the therapeutic relationship as follows: as a corrective emotional experience for the past relational and emotional patterns ([31], [32], [33], [34]); as a manifestation of the transference and countertransference, both psychoanalytically and Gestalt conceptualized ([35], [14]) – these will be used for a deeper understanding of the traumatic experience; as a new attachment relationship that provides a new secure base for the client [3] – used especially with regard to symbiotic traumas; as a frame for experiential and emotional processing, where the therapist serves as a model of acceptance and valuing the emotional experience [8]; as a fundamental framework for enabling self-reflection, consciousness expansion and client experience [36]; as a profound existential "encounter" between two people with growth and individuation effects [7]; as a way to activate client’s personality resources through identification with the personality of the therapist as a model (congruence, authenticity, presence, responsibility, respect, spontaneity, creativity, etc.) [37].

The internal mechanisms of change – are those that have been promoted by all therapeutic approaches in different terms. *The awareness* is the main therapeutic mechanism and the key inner process of the client. The process-systemic model integrates by assimilation multiple objectives of awareness (e.g. awareness on emotional and behavioral patterns created by traumatic events and on their effects in the present life; on the contact between the self and the world and on the interruptions of contact). Other mechanisms considered for promoting therapeutic change are: *emotional and experiential processing* - to articulate and symbolize the experience at a conscious level in order to identify its meanings and to create new ones; *breaking the patterns* – to create new, more flexible ways of organizing the behavior that, in turn, release the rigid ways of experiencing; *catharsis* – an essential curative factor that releases the psychic energy previously blocked in the effort to suppress the rejected parts of the self and that can, later be invested in a consciously, adult manner, in the development of new skills and in the experiential reprocessing; *interpretation* of the psychological dynamics of the client – usually used indirectly, by choosing the therapeutic tasks for the client; *activating client’s fundamental resources* – the *spontaneity / creativity* as childhood’s authentic motivational resources and the *self-observation / self-reflection (*as a main adult resources); *activating cognitive mechanisms* – to restructure the maladaptive thoughts and information processing errors, to change the client`s expectations of self-efficacy and to activate self-control; *behavioral learning processes* - to maintain the change initiated during therapy, to learn new skills and behaviors and to learn relaxation; *re-decision* - as an inner process able to create new inner experience and consecutively, a new ”life script” and thus, enhancing the personal responsibility for his own existence and experience. Their activation depends on the *experiential diagnosis* of the client and targets the moving forward of the therapeutic process.

1.2. Therapeutic strategy in processing the traumatic experience

If therapeutic intervention occurs in the immediate posttraumatic moment (crisis intervention), the therapeutic objectives covered are: to provide physical and especially, emotional safety and to facilitate the elaboration process of the traumatic experience in order to prevent it from falling into helpless emotional overwhelm, freezing or internal dissociation. In this case, ego defense mechanisms are respected and seen as absolutely neccesary attempts of the person to protect his self.

The process-systemic model aims to approach traumas on a long-term and at a deeper level. This implies combined therapeutic objectives and specific therapeutic interventions. Briefly, these are:

a. *Focusing on the ongoing experience of the client and on the experiential process*. Primary, we focus on the client's experiential diagnosis and not on the person`s diagnosis. The center of the therapeutic process is the inner emotional experience of the client, from this point of view the therapeutic general purpose being to enhance the clients' experience by introducing additional information in the representations field. Thus, the foundation of the therapeutic process-systemic model is the current experiential approach ([11], [38], [9], [10]).

   The analysis of client language is a continuous therapeutic task throughout the whole process. The therapist calibrates the specific expressive markers for different internal processes of clients and their inner difficulties and thus, can guide the exploration of the client and the optimal moments to introduce therapeutic interventions for change. As examples, the therapist should calibrate: traumatization markers; markers for unresolved feelings towards a significant person; markers for the ambivalence of the decision between different alternatives; corporal markers of emotions; markers of avoiding self-contact or responsibility; markers of trans-generational issues. The therapist uses a therapeutic language that recreates emotional stimuli in the consciousness of the clients and helps them to symbolize, regulate and express the experience. Within the process, we use several therapeutic questions to explore the client's inner experience; we pay attention to how the client speaks of himself in order to capture those statements that indicate emotional problems or inner processes. The therapeutic process aims to evoke the emotional reactions of clients in order to help them identify the impact of events, to symbolize their reactions, to discover the needs, goals and action tendencies, associated to emotional responses. Thus, clients can become aware of the connections between the external environment, inner experience and their behavior.

   Orientation of the therapeutic process to *explore the maladaptive emotions and their sources* (traumatic events); *increasing awareness* of the tendency to re-experience the maladaptive emotions*; identifying relationship and perception patterns* that interfere with the person's ability to function at the highest level of adaptation and; *creating emotional-corrective experiences for the clients* – are joined aims of the therapeutic process of traumatic experience.

   The therapeutic process is further oriented towards *deepening the experience* of the clients so that, in time, they become aware of the *maladaptive emotions and their sources*, also of their *emotional re-experiencing tendency*. The process takes place by creating experiences of deep connection with the self, of increasing the self-awareness. The process develops from the present towards the past, from current experiences towards increasing awareness and deepening it regarding all aspects of the inner experience (sensations, emotions, beliefs, behaviors, needs, etc.) and the contexts of its occurrence.

   The therapeutic strategy follows the course of the internal processes of the client until the moment when the secondary and primary emotional vulnerability were structured. Every stage (conscious and pre-conscious) is critical regarding the etiology of maladaptive emotions and raises specific issues for the therapeutic process: building different therapeutic strategies to address each period, and choosing different therapeutic techniques with curative intent. For *the conscious period*, we rely on the constructivist/information processing perspective ([9], [10]) according to which people have experiences that they have not properly processed. This is due either to too much emotional loading (e.g. the client felt so anxious at a certain moment, that he failed to process that experience), or to too much information loading. In both cases, some parts of the initial situation will be left outside the client's representation about his own experience and so there will be inadequate, incomplete representations that further will filter the experience and guide the behavior. From this point of view, the purpose of therapy is to reconstruct the meaning of experience through elaborating a more specific meaning for it. The idea is to make the client aware of his relational, emotional or behavioral patterns and their personal meanings (why they were formed, what was the meaning of their occurrence and persistence, what is missing from this inner construction, why the tendency to re-experience appears). Thus, the understanding of the experience is extended and the experience can be changed. The basic assumption is that the way in which clients symbolize the experiences determines how they feel them.

   If the client's inner process goes beyond the conscious period and moves towards the *pre-conscious* one, then in the therapeutic approach we rely on *the incorporated experience* and *felt sense* [11]. If the client

becomes aware of these corporal, pre-conceptual significances, then they become available to consciousness and therefore to reflection. Therapeutic change means changing the direction of the client's inner experience as a result of the adequate representation of these inner felt senses. The therapeutic goal is to eliminate the automatic nature of the maladaptive emotional responses that cause processing errors of the current information and, consequently the pathological functioning.

b. *Intra-psychic conflict resolution and integration of the dissociated parties due to trauma*. The therapeutic process is focused on the work with the dissociated parts of the person, based on Ruppert's model [1]. The therapeutic interventions aim at: overcoming the resistances due to the defense mechanisms; conscientiously reconnecting to the traumatized parties and to the associated suffering; re-experiencing / recalling the traumatic situations from the perspective of the present healthy resources; reintegrating all parts at the self-level.

c. *Accessing the client's internal adaptive and growth resources.* Strengthening the client`s Ego is a continuous therapeutic concern. The main strategy is re-empowering [39] the person– first, by demolishing the pathological significance of the traumatic reactions. Activating the client`s internal mechanisms will be made only in fine tuning with the client's ego capacity to "contain" and support painful inner processes. Therefore, we focus on the resilience factors – those personal resources remained unaltered by the pathological process. In the same time, there is a continuous exploration of the risks factors of the individual which may indicate intervention possibilities.

d. *Addressing the trans-generational aspects.* The next therapeutic step addresses the approach of family patterns trans-generationally transmitted, which occur in the internal emotional experience of the client and are expressed through his verbal and nonverbal language. The therapists who work with this method should be aware of the markers of these processes. Therapeutic interventions aim at raising awareness to implicit relational patterns, unconscious, existing in the family system level, followed by a phase of practicing new ways.

e. *Development of posttraumatic growth.* Even if the therapy is effective, the transformation of the traumatic inner experience is an ongoing life-time experience for the person. There can be others current events that may re-activate old patterns. Therefore, the final therapeutic goals are to make the client aware of this, to initiate the process of deliniating past from present and to promote personal growth. It regards the following aspects: the development of personal autonomy; the continuous engagement in sustaining the changes; development of new personality characteristcs (e.g. honesty, integrity, interest for spiritual values, etc.); maintaing the adult role able to enjoy his own existence and trasforming the trauma into a launching pad for a new meaningful life.

Psychotherapeutic techniques used in the process-systemic model are applied according to the therapist's objects at a specific moment of the client's internal process - an eclectic approach. The therapist can use the most effective interventions, or he can creatively, spontaneously build them but the choice has to be made according to the client's evolving experience, to the dynamic of the therapeutic process and to the evolving working alliance. The techniques are chosen to meet the client's situation and to produce him a new experience which can engage him as fully as possible.

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The promotion of resiliency by counseling

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Abstract

Defined in developmental psychology, resilience is a dynamic process whose propensity is toward a positive adaptation in conditions of adversities. The resilience draws over the importance of protective factors depending on individual on even more on his environment. A part of protective factors, especially those belonging to the individual can be consciously developed later, during life time with some outside support, e.g. by counseling through a learning semi-directive process. For estimation of quality of resilience of somebody it is necessary a global assessment of his problems, his vulnerabilities and his defending means. Departing from vulnerabilities, there may be identified the protective factors belonging to improvement of emotions management, of problem-solving, of conflict resolutions and many others. As a result of their assimilation, the counseled person will have a better efficacy, a higher self-esteem, more adaptative means. It should be reduced the impact of adversities and the risk for mental disorders. The counseling is one of the most valuable therapeutic methods addressed to those in difficulty. It offers a positive, constructivist perspective, it draw attention on the individual life with possible positive aspects. It offers the empowerment for actions and creates success opportunities. The subjects are oriented toward aspects from the realm of mental health, far from disorder. The resiliency is a concept that surpasses the developmental problems creating new perspectives in psychotherapy for all ages.

Key words: resiliency, protective factors, counseling, learning process, mental health,

Defined in developmental psychology, resilience is a dynamic process through which is achieved a positive adaptation in condition of adversities and the process of personal development is going on [1]. Through resilience there are rediscovered a state of balance, a subjective state of good, of positive adaptation, unaffected by events with whom the person is confronted. It materializes a positive perspective on human being [2]. It is promoted also the view that the resilience can be systematically build, especially in childhood, an innovative concept generator of interventions, nominated as assisted resilience [3].

Resilience is a synthesizing concept through which are assorted a succession of psychological, positive, protective factors, apparently scattered which are related by this term. Through resilience are related actions dependent from individual with that provided by its medium, which confers to interactions a plus of meaning.

The concept is born from studies on large groups of children, living in extreme condition [4] or in psychosocial risks [5] in the beginning stage of life. It was shown that the maltreatments of the children result in multiple biological and psychological deviances, which generate long-term vulnerabilities and risk of psychopathology, but these are not valuable for all. Garmezy [6] showed that a part of children maintain some qualities belonging to resilience, depending in great measure of the quality of supportive relations. The qualities are placed in zone of self-systems, in self-confidence, depending also from a relative reserve in interpersonal relations and in a rational attitude in front of problems [7].

Resilience was analyzed in life cycle, from the growing perspective, resulting in a gain, a more successful adaptation. In a larger perspective, resilience can be used in approaching of life problems, which includes psychotraumas, changes, transformations, in fact all are provocations. Resilience supposes successful utilization of personal resources in a process of surpassing the provocations. After experiencing of a difficult period it is possible, returning to the previous structure or reinstatement of a positive acting on new coordinates, what is in fact a developmental process through resilience [8, 9]. There were identified two patterns of development: the posttraumatic [10] and associated to stress [11]. On biological side resilience corresponds to neuroplasticity.

From the results of the studies about resilience, there were defined preventive approaches in defense of mental health, with targeted interventions, having a formative-educational character, materialized in many

programs centered of children and adolescents, at the optimum ages for resiliency development. They involve always a large support from outside, from the family, school and community.

Only recently, resilience was analyzed at the adulthood [12] in the case of posttraumatic stress disorders, of those living in extreme poverty, civil wars, of those whose childhood was marked by parental mental illnesses, of schizophrenia with favorable evolution and even for stimulation of a successful ageing. It was tried to introduce of the concept into life cycle, so it was considered that at any age there is some potential for growing which can be stimulated.

There were identified [13] a range of attributes which ensures a degree of resistance to pathology, as functional resilience: a close relationship with competent and caring adults in the family and community, self-regulations abilities, positive self-image, motivation to be effective in the environment (self-efficacy, self-determination), friendship and romance in peers, problem solving skills, foresight in planning, active, positive coping strategies, the capacities to confront fears directly, minimizing denial, disengagement and avoidant coping [14]. Moreover are important optimism, positive emotionality, perceiving stress in less threatening ways, ability of reframe adverse experiencing, spirituality, capacity to find a meaning in what is happening.

Very few were discussed about the use of resiliency in the therapeutic process, after psychotherapeutic model, in curative aim. There are important differences [3] because in psychotherapeutic approaches of the person, are explored in its psychopathology, drawing in evidence failures, psychological insufficiencies which will be, after that, treated through different models of intervention, psychoanalytic, cognitive behavioral, interpersonal. In the resiliency model, that of strengths, in first plane there are the individual resources and the extent to which they are put into value. For estimation of somebody quality of resilience it is necessary a global evaluation of his problems, his challenges, of the adversities, of vulnerabilities and of means of defense, the accent being placed on strengths.

In the counseling model [15], there is a preliminary stage in which the patients are accompanied for releasing from the negative affect through empathic listening. In this stage, the disturbing emotional state there are defined and assimilated. The emotional balancing and learning the management of fear, anger or other emotions represent one of the targets. In the counseling process it is developed trust, is created an interpersonal relationship which will facilitate the therapeutic process. During this time, on pass to approach of the life problems, which will conceptualized, possible with counselor support. Often there is a need for an important stage for processing of thinking and the use of reflections, interpretations and confrontations.

Finally, the subjects must be aware about his unsolved problems and about the disabilities which last behind them. The rationalization problems represent an important step forward on the way toward defining an intervention. It is followed by finding of solutions and decisions. In the majority of cases the solutions are centered on change in life. Milner and O'Byrne (2004) underline the facilitation of change as fundamental constituent of counseling [16].

The counseling is a therapeutic method which come in play with vulnerabilities, through identification of the factors which can maintain an adaptation problem in somebody life and the establishment of the procedures by which they can be removed. There are taken into consideration the positive factors, the strength, present in individual psychology which should be developed and also those which are missing and must be assimilate. In concurrence with the subject it will established the modality of growing of resilience, with the improvement of protective factors, with precise objectives as emotions management, finding a fit coping, the qualifying of the conduct with different skills as problem-solving, conflict resolution and many others. Their assimilation can be done through a semi-directive learning process with many similitudes with behavioral-cognitive therapy.

As follows, the counseled person will have a better efficacy, a higher self-esteem, more successful adaptations means, there will be reduced influence of the adversities and she will be more immune in front of obstacles. The counseling is one of the valuable methods directed to those being in an adaptations difficulty, in deadlock, even they are not in extreme situation, but in some danger as in the drug abuse. The counseling can be used only to those which address themselves, voluntarily, to a mental health professional; it cannot be applied for large group of subjects. Otherwise, the need of change is born at first in the inner space of the person. It exert a somewhat pressure toward resolution and create the interest for finding of an outside support.

The counseling offers a positive, constructivist perspective, which direct the attention toward the existence, toward adapted means. It offers the trust, the empowerment to act in reality and creates opportunities for success. The subjects are leaded to topics belonging to mental health, far from pathology. The aspects which are different from the model of assisted resilience are the approach on the emotional content, the problems clarification and the development of the means, inclusive of the strength, through qualified intervention.

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Measures for assisted resilience for a group of institutionalized teenagers from Romania

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Abstract

There are many teenagers in Romania who hardly find solutions for their professional and social future. Many entered some orphanages, institutionalized care representing their best option for the time being.

The authors tried to understand whether there is a significant difference between the institutionalized teenagers and those non-institutionalized, concerning self-esteem; whether the institutionalized ones have positive, negative or average self-esteem. We considered that self-esteem is linked to neuroticism, due to the background of the individuals.

We studied institutionalized teenagers of both sexes, aged between 16-18 years (from the "Life and Light" Orphanage) and non-institutionalized youngsters. We used three psychometric instruments: Berger, Eysenck and Berkeley tests. Self-acceptance, neuroticism and self-esteem were measured, on the five dimensions of personality.

When processing the data we collected, it became obvious there were significant differences between the two groups concerning self-esteem, neuroticism and other dimensions of personality: institutionalized teenagers have the lowest level for three of these scale. There is a strong connection between self-esteem and neuroticism for the institutionalized teenagers, negatively correlated for a 0.50 level and for those non-institutionalized w had a positive correlation of 0.37. Also, institutionalized teenagers present lower levels for self-acceptance, high level of neuroticism and low self-esteem for work, emotional and intellectual styles.

Following these evaluations, the solution might consist of efficient psychotherapy techniques to be used in order to help the institutionalized teenagers.

Keywords: self-esteem, neuroticism, self-acceptance

Introduction

Our study aims at emphasizing the importance of social background in developing the personality, at investigating the repercussions of institutionalized background on the structure of personality of the teenager and on his/her self-esteem.

Adolescence is a "bridge" between the child and the adult. Defining the concepts we deal with in this study, we need to point out some aspects:

Self-image, as revealed by Cristea D. (1999)[1], represents the subjective form through which we acknowledge and represent ourselves (as a system of abilities, relations and psycho-social qualities that give the social identity of the individual), an ensemble of traits and relations with the natural and social background. Self-image is constituted reflexively on the ground of some identity feeling and continuity of the self, prevalently lived as a state of the psychological present: "I am, I do, I have."

Self-esteem, as Duclos G. (2006)[2] states, represents the way each person evaluates himself/herself as compared to his/her own expectances and to the others and it is directly related to the awareness of his/her value.

Self-confidence is realistic and predictable, as it rests on concrete results, obtained in the past, on the real experiences a person has lived and that allow that person to predict the results he/she expects to have in the future [3]

Identity is an active process, emotional and cognitive, that helps representing oneself in a social circle, associated with the subjective feeling of permanence, allowing the person to acknowledge life as an experience with continuity and unity, thus making that person act accordingly (Doron, R., 1999)[4].

Personality represents the specific way of organizing the psycho-physical and psycho-social traits and abilities of a person. Personality has the characteristics of an axiologically and ideologically vectored structure, the trinomial entity values – attitudes – ideals being the main functional core that mediates the development of social conducts [5].

Methodology

The main objective of our study is to observe the impact of background on teenagers from orphanages, the impact on their personality the way this background influences self-image, as compared to the teenagers who live a normal life.

In addition, we want to find out if institutionalized adolescents have a negative self-esteem on all 5 dimensions (traits) of personality or only on some of them: Expressive-Self, Interpersonal-Self, Interpersonal Work-Self, Emotional-Self and Intellectual-Self.

Another objective is to find out if there is a relation between the level of neuroticism and self-esteem. We consider that a positive self-esteem helps development on all levels, the subject being prepared for the future, for adjustment to social life.

For the above reasons, we try to detect the institutionalized adolescents who developed a "negative self-image", in order to have them under specialized therapy, under the care of specialists.

The hypotheses of our study are the following:

It is possible to have a statistically significant difference between the levels of self-esteem presented by the institutionalized adolescents, as compared to the ones who live with their families.

We expect a significant difference between the levels of neuroticism showed by the two groups of adolescents.

We appreciate that the institutionalized adolescents have lower self-esteem than the ones living with their families, for the dimensions: Expressive-Self, Interpersonal-Self, Interpersonal Work-Self, Emotional-Self and Intellectual-Self.

We appreciate that there is a connection between neuroticism and self-esteem for the institutionalized adolescents as compared to the ones living with their families. The lower the level of neuroticism, the higher the level of self-esteem is and the higher the neuroticism, the lower the self-esteem is.

The model of the study

In our study, the independent variable is represented by the institutionalized adolescents, since we considered that they had to adjust to an adverse background in order to develop a positive self-esteem.

As compared to the independent variable, the dependent variable in our study is represented by the measured trait of personality, which is self-esteem.

Another variable, which is not in direct relation with the independent variable, is neuroticism.

Concepts in operation

1.1 Self-acceptance

One of the first scales for self-acceptance was given by the psychologist Emanuel Berger. According to him, there are 3 types of self-acceptance:

- *Low self-acceptance (low scores, 0-110);* Those with low scores for this scale have a low level of self-acceptance. Such a score could be interpreted as reflecting a negative opinion on himself/herself and such people also believe that others have a negative opinion about them.
- *Average self-acceptance (average scores, 111-150).* It describes the way most people are, sometimes boasting and sometimes condemning themselves. For most of the people it is a good enough reflection of their abilities and desire to get better.
- *High self-acceptance (high scores, 151-180).* Such a person trusts his abilities and considers himself a valuable person. This individual is confident he can solve any problem or challenge that might come his way and he has great vitality.

The groups of study

The study was conducted on a group of 60 institutionalized teenagers and a group of high-school students who lives with their families, all aged between 16 and 18 years. The adolescents were randomly selected from the "Viata si lumina" Orphanage in Bucharest, and from "Mircea Vulcanescu" High-school, 11th grade, Bucharest.

The group of students from "Mircea Vulcanescu" High school consisted of 30 subjects (14 boys and 16 girls), aged between 16 and 18 years. Most of the subjects in this group have a normal family life, 2 of them live with a divorced father or mother and one had only one parent due to the fact that one parent had died.

The group of subjects from the "Viata si lumina" Orphanage in Bucharest numbers 30 subjects, 18 boys and 12 girls, aged between 16 and 18 years.

Investigating methods

In order to measure self-esteem we used Emanuel M. Berger's "Scale for self-acceptance", to measure neuroticism we used the "H. J. Eysenck Inventory of Personality", only the Form A, to measure neuroticism owed to background (the phenotype), and not the genetic neuroticism (genotype) and to measure self-esteem for the 5 dimensions of personality we used the Berkeley Test, realized by Keith Harray (Institute of Advanced Psychology, San Francisco) and Eillen Donah (University of California, Berckley).

Conclusions

Following the collection and statistical processing of the data, we have noted that:

For **self-acceptance**: it is obvious that institutionalized adolescents have low scores for the scale we used to measure this variable. The low value of the score is between 0-110 and the average value they obtained, for the entire population, is 100.20. This indicates that the adolescents from the "Viata si lumina" Orphanage have low self-acceptance, well under the average for the entire population, which is 129.

As for **neuroticism**, it is obvious the fact that institutionalized adolescents have a higher level of neuroticism than the average value of the scale we used. The high score of the scale is between 16-22 (meaning neuroticism) and the average they obtained is 17, above the average of the entire population, which is 11 (stability) – and this means the institutionalized adolescents are neurotic. Those from the second group (adolescents living with their families) had an average of 3.97, well under the average of the entire population (10.48, meaning stability), an indicator of the fact that they have stability.

The results of our study showed that, at least for the characteristics we measured, the institutionalized adolescents do not form a single population, but they represent distinct populations.

The same conclusion was reached in previous studies. In order to obtain better results for the real growth of self-esteem, it is more important that the individual has success, positive results in the domains he is interested in; conditions should be created to make them get involved in different activities; to separate children from adolescents (to create smaller groups or find foster families) and to work individually with them.

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Side by side

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Abstract

Based on personal experiences with his parents, a child develops an "internal working pattern for relationships", pattern that shall be, during his life, transferred to other persons [5]. The Type II trauma described by L. Terr addresses long lasting and repetitive weakness, helplessness and over-demand [6].

The present paper aims to highlight the role of the therapeutic relationship in the accompaniment of an adult, lacking self confidence and trust in the world. For a child who became an adult, the childhood family factors (instability of parental couple, emotional disregard, disorganised attachement to mother), produced a Type II trauma and, as a result, a resilient avoiding behaviour as protective reaction to situations perceived as traumatizing.

The anamnesis and the observation of the client, a single 32 years old man with university degree, managing his own business, revealed an avoiding personality without showing any criteria for a diagnostic of disturbed personality.The feelings of inadequacy accompanied by guilt are reactivated by a struggling couple relationship.

The main goal of therapy was centered on developing the feeling of safety as a significant part of this process during the therapeutic relationship. This approach allowed the client to rediscover himself and it was the beginning of an assisted resilience process. Working on the traumatical memories was possible after the evaluation of the existing resources and after building new resources.

The therapeutic attitude increased the client's confidence in change and facilitated a new relational dynamic.

Keywords: disorganised atachement, trauma, therapeutic relationship assisted resilience.

Theoretical assumptions

The attachement theory explains the uneven development of resilient and mentally healthy personalities, as well as the one of the predisposed to anxiety and depression,or predisposed to develop a false ego, or presenting vulnerability to psychical afflictions [5]. The attachment develops into a multilateral adaptation process. For the child, the emotional attachment to his mother is needed for survival [4], and the way the parents treat him establishes the directions in his development [5]. The relations of the child with the adults have great importance because the attachment relationship is maintained requesting an adaptation form despite its disfuncti,onality. The studies on child development show the constance in pattern of the parents-child attachment even for the relationships of the child with other persons[4]. The child rejection by his mother inflicts an attachment trauma. According to the classification system of L. Terr, Type II refers to repeatedly traumatized persons. The Type II persons are overwhelmed by multiple traumas in such a degree that they are incapable of separating an traumatic event from another [3]. The anxious-avoiding attachment is developing in the conditions in which the child does not have any certitude that he will get a positive answer to his attention and care demands but, on the contrary, he is expecting rejection. Once developed, the attachment pattern aims to persist. While the child is growing, the attachment patern becomes a self feature, which means that it imposes as it is or as another related form in any social relationship developed. The model of himself, that is built, reflects the parents images of himself , images that are communicated not only through the way each of them is treating him, but also through what each of them is telling him. These models of a parent and of one self, in interaction, come to function at the level of the personal subconscious[5].

If the human potential allows vulnerability in front of adverse events, then it also allows positive influences, fact that opens the possibility for assisted resilience.

1.1 Case description

The client requested an appointment in January 2012, reasoning difficulties in the couple relationship. I underline that he is still in therapy. The conflicts in the couple relationship, the ambivalence of the partner and her demands expressed as expectations have reactivated in the client the feeling of inadequacy accompanied by guilt.

The anamnesis underlined the following information: the first borne between brothers, the age of the mother at birth 35, the age of the father 63. He grew in an hermetic and extended family, conservative, with a physically absent father due to his occupation, with a housewife mother emotionally instable, with a one year younger sister and with a mother side puissant grandmother that took over the role of the leader ,

The father, uninvolved and emotionally unavailable for the education of the children, was never considered the head of the family and he was never involved in taking major decisions

The mother, full of resentment and anxieties, was almost unaware of the client's needs and when she was receiving his signals she was answering either late or unapropiate.. "Since i was a Little boy, my mother made me feel like an Antichrist. She was telling me I was guilty even for the car engine stoping. I was guilty for everything bad that was happening, thus I was not present. " Being convinced that he is the "bad one", he became trustful that his parents will change their attitude if he becomes "good". Lacking the marks for what being "good" means, his tries without a positive answer led him to social isolation.

The absence of the father and the incapacity to understand the unpredictable behaviour of his mother, generated incapability, desorientation, culpability and fear. The inadequacy of parental attitude, the incoherence of the strategies for maintaining discipline, the lack of support, all led to the affectation of the attachment processes, to the development of anxiety, accompanied by lack of concentration and decrease of performance in school activities. His way of interior development remained marked by lack of trust and by rejection. The weak comprehensive function of the mother, of the father and maternal grandmother, led to the development of an disorganized attachmet, expressed through behaviors such as blocking, interrupting or retreat in the relationships, on the background of an emotional load marked by generalized anxiety.. The unclarities and the role confusions made the child's feelings of insecurity grow. The first major family crisis they faced, in which they were threaten to loose their house, appeared when the client was 16 years old. This lasted 10 years. At 22 he looses his mother and at 23 his father is passing away. For evading the confusión of feelings (disapointed love, anger, incapability, guilt, shame), in order to cover the traumatic experiences, to fight and repress the symptoms of somnolence and fear and to escape insensitivity and the feeling of inner void, starting with the age of 24 he began alcohol and Ecstasy consumption. In his attempt to deny the trauma he had developed behaviours that were creating him the sensation of control over his own life. The fear of criticism and disapproval were activating the draw back mechanism that was learned and consciously used as a defence reaction in the situations percepted as being traumatizing.

The emotional conflict of the client was proven to be the lack of trust in himself and in the world as well.

1.2 Therapeutic intervention

The tharapeutic intervention was specially adapted to the client's needs. The technique of not applying any technique or clinical evaluation instrument was proven to be the best technique..

A first therapeutic goal was to build a feeling of trust based on a mature and safe therapeutic relationship and to clarify the kind of unsolved conflict. Approaching the traumatic memories became a secondary stage. Anamnesys was centered on discovering the client's resources and mechanisms of defence for creating more options. Not being receptive to techniques, teaching theory proved to be useful to the client. Starting with the major influence the mother has in the child's development reframing the ""inner maternal model" was necesarry, through understanding the mother's life context, her experiences and personal history that determined her to adopt the caring maternal style she practiced. The lack of emotional support she needed herself when she became a mother, the lack of maternal care that herself experienced during her childhood, diminished the resentment, the feelings of anger and incapability felt by the client in the relation with his mother.. The interruption of the verbal and emotional "flux" of the client and the reframing of the events made the rupture from the past and the anchorage in the present possible. Admitting the fact that the traumatic events ended and strengthening the" here and now" reality, diminished the anxiety feeling of the client.. The accessing of the functional resources(home safety, financial Independence), of the physical resources(the capacity to maintain ones health) and of the psychological resources(inteligence, sense of humor, creativity, intrinsic motivation for change,and avoidance mechanism) made the implementation of polarity opposing avoidance in the social relations of the client possible. This offered him alternatives, balance and avoidance control through maintaining the ability to realize it when proven useful.

1.3 Results

The process of assisted resilience allowed the client to center and rediscover himself, to find a new way of life, to act in a non-selfdestructive manner and to try out opening up to others.. Accessing the feeling of love for the parents is still painful, because it remained without an answer during childhood, but, what makes the interruption of suffering possible is the compasión feeling that involves a change in attitude towards reality, source for a positive self transformation of the client. The client gave up alcohol and Ecstasy consumption, has stimulated his self analyzing capacity and generated behaviour and emotional changes that had an echo in his professional life, in the social relationships and in the couple's relationship.

Conclusions

The capacity of the client to survive, to develop in an unfavorable environment, and to get oriented in disorganized life conditions are the proof of a resilience natural process that was enriched by an assisted resilience..

The therapeutic attitude of unconditional acceptance, the compliance with the client's rhythm and the trust in his potential for change stimulated the confidence in himself and in the world and his capacity to initiate and maintain authentic interpersonal relationships.

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L'importance des tuteurs de resilience pour les victimes d'inceste

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Abstract

Our paper presents the results of a research study following the victims of incest undertaken in France. The main aim was to better understand the victims assuming a responsive becoming, in particular in concerning their relating to their own parenting. The results point to the inference that the determining factor in their becoming was their encounter with a significant other who proved to have an influential and formative sway as far as the victims ability to surmount their psychological wounds.

While some professional and/or institutional aid is said to have augmented at times their suffering, it was really the attendance and significant role of a transitional adult, an authentic resilience-tutor figure, who is often invoked as the seminal influence in their process of psychological remedial. These results confirm the conclusion that it is favourable to provide for a caring significant other beyond the legal dictates, in order to allow them to reclaim their worth through a humane interaction. The significant other is presumed to be a person who listens well, with no interruptions, expressions of shock or judgmental remarks.

Key words: incest, transitional adult, post-traumatic disorder, resilience

Contexte

1.1 De la complexité de l'inceste

1.1.1 Définition

Il n'existe pas « un » inceste mais une multitude de situations d'inceste, chacune étant singulière, liée à un processus de déstructuration psychique, sexuelle, filiale et engageant des enjeux particulièrement complexes selon le profil de l'auteur ; âge et sexe de l'enfant victime et ses ressources antérieures ; place dans la fratrie ; type et durée des abus; positionnement de la mère au sujet de ces violences ; capacité de l'enfant à révéler ; mesures de protection mise en place ; reconnaissance de la gravité des faits par le père comme par la mère ; etc.

1.1.2 Devenir des victimes quand elles révèlent

Les victimes peuvent ne pas révéler (par peur, par honte, par culpabilité, par incapacité à se dégager de l'emprise de l'auteur et à se penser victime, par perte de toute confiance en autre). Certaines qui y parviennent ne sont pas nécessairement crues et protégées. Lorsque la situation est judiciarisée, différents dispositifs peuvent être mis en œuvre qui font intervenir une multitude de professionnels différents (éducateurs, psy, juges, avocat, assistants-sociaux, experts, etc.). Il peut s'agir de mesure d'accompagnement en milieu ouvert (AEMO) ; de placement en établissements de l'Aide Sociale à l'Enfance : foyers, familles d'accueil ; en établissement spécialisé pour les filles victimes d'inceste Maison d'accueil Jean Bru (Agen).

Conséquences post-traumatiques

1.1 Croyances et méconnaissance des conséquences de l'inceste

Si de multiples progrès ont été faits dans la connaissance de la maltraitance, il reste une croyance selon laquelle les enfants maltraités se plaignent, s'effondrent et *doivent* inévitablement présenter des troubles majeurs

en immédiat. Or la pratique clinique amène à constater que bon nombre d'enfants victimes n'expriment pas de façon massive leur souffrance : ils ne se plaignent jamais directement mais le plus souvent à travers leur corps, véritable médiateur de leur souffrance psychique. Cette modalité particulière d'expression traumatique fait que beaucoup d'adultes ne la repèrent pas pour ce qu'elle est. Certains, par un processus de clivage post-traumatique, parviennent à survivre sans trouble apparent mais sont susceptibles de s'effondrer psychiquement des années plus tard : l'adolescence, le temps de la grossesse, la naissance de leur enfant sont des périodes propices aux reviviscences, tout comme celle correspondant à l'âge atteint par leur enfant au moment des abus. Cette méconnaissance de l'expressivité post-traumatique conduit à de multiples croyances selon lesquelles si l'enfant ne manifeste rien, c'est qu'il ne souffre pas ou qu'il n'a rien subi ; que passé la période de l'enfance l'oubli s'imposerait (particulièrement pour les enfants les plus jeunes) ; que cela ne servirait pas à grand-chose de les informer des procédures car « ils n'y comprennent rien » ; qu'il faut attendre « l'élaboration d'une demande » pour que le travail thérapeutique puisse se faire ; que le placement et la séparation matérielle protégeraient l'enfant (alors que l'abus sexuel est un poison psychique qui continue d'agir même quand l'auteur n'agit plus etc. Les réactions habituelles des proches et de certains professionnels peu habitués à la clinique du psychotraumatisme chez l'enfant, sont ainsi bien souvent de banaliser, voire de dénier les troubles. L'enfant se retrouve alors seul, sans personne pour panser ce vécu traumatique.

1.2 Incidence des troubles psychotraumatiques sur le devenir des victimes

L'effraction psychique et corporelle que représente l'inceste a de multiples conséquences : somatique, Intra-psychique, intersubjectives, scolaires, familiales, sociales.

1.3 Mieux comprendre les ressources des victimes d'inceste

1.3.1 Initiative de cette recherche

De 2010 à 2013, le laboratoire PsyNCA, EA 4700 de l'Université de Rouen a été chargé par l'association des Docteurs Bru (ADB - promoteur de l'étude) d'étudier les représentations de la parentalité chez des jeunes filles victimes d'inceste, en les mettant en regard des aides reçues.

1.4 Méthodologie

Il a été décidé de rencontrer des jeunes femmes victimes d'inceste (âgées de 20 à 38 ans) et de leur demander de parler de leurs représentations de la parentalité et de son évolution depuis leur enfance ; ceci, en cherchant à repérer l'impact que les aides reçues ont eu sur ces représentations. Cette étude a été menée auprès de trois groupes de jeunes femmes, dans le respect des règles éthiques et déontologiques des recherches (recrutement par appel à participation).

1.5 Outils utilisés

Questionnaire à questions ouvertes permettant d'organiser les trois cohortes ; **deux entretiens de recherche clinique,** visant à repérer les représentations de la parentalité imaginée, fantasmée dans l'enfance et l'adolescence, éventuellement dans l'expérience parentale à l'âge adulte ou dans le refus de faire cette expérience, ceci, dans leurs liens avec les prises en charge; un **test projectif** (dessin de famille de Corman) pour repérer d'éventuels décalages entre discours manifeste et discours latent ; une **échelle diagnostique** (la MINI).(*Mini International Neuropsychiatric Interview. La version française du M.I.N.I. a été développée par Lecrubier et ses collaborateurs en 1998.)*

1.6 Résultats

1.6.1 Participation importante

132 personnes ont spontanément fait part de leur volonté de participer à cette recherche ; de nombreuses autres ont indiqué l'importance de mener cette recherche, tout en ne souhaitant pas y participer. Parmi ces 132 jeunes femmes 71 ont renvoyé le questionnaire initial.

- 23 ont participé aux deux entretiens, parmi ces répondantes
- 10 jeunes femmes n'ayant pas été placées
- jeunes femmes ayant été placées par décision judiciaire, en foyer généraliste ASE, dans un contexte d'inceste
- 9 jeunes femmes placées, par décision judiciaire, à la MAJB

1.7 Spécificités de l'impact sur la parentalité

Si toutes ces femmes ont un désir d'enfant, certaines expliquent ne pas souhaiter devenir mère en raison des abus subis. Toutes décrivent les incidences de l'inceste sur leur représentation de la parentalité. Celles devenues mères témoignent des conséquences de l'inceste dans leur façon d'être maman, qu'il s'agisse des soins de nursing, comme du portage psychique de leur enfant.

1.8 Importances des conséquences post-traumatiques

Cette étude rappelle que l'impact de ces souffrances post-traumatiques est majeur et se manifeste depuis l'enfance avec des modalités différentes : 100 % des femmes interrogées présentent ou, ont présenté, au moins un trouble au *MINI*

13 % ont présenté et 87 % présentent actuellement un PTSD
39 % ont présenté et 21 % présentent actuellement des troubles dépressifs
35 % présentent des troubles anxieux
15 % ont présenté et 8 % présentent actuellement des troubles de dépendance à l'alcool
8 % ont présenté et 4 % présentent actuellement des troubles de dépendance à des drogues
8 % ont présenté et 4 % présentent actuellement des troubles de la conduite alimentaire
65 % ont présenté et 49 % présentent actuellement une phobie sociale
60 % ont présenté et 61 % présentent actuellement des troubles suicidaires

1.9 Facteurs de survictimisation et de résilience

1.9.1 Facteurs de survictimisation

Les femmes indiquent différents facteurs d'aggravation de leur souffrance que nous citerons dans l'ordre d'importance :

- absence de reconnaissance de ce qu'elles subissaient : déni, banalisation ou évitement des proches de confiance (fratrie, parent non mis en cause) et/ou des professionnels.
- positionnement ambivalente ou déprivante de la mère à leur égard
- fonctionnement judiciaire (lenteur des procédures, expertises multiples, logique pénale axée sur les auteurs)
- multiplicité des ruptures de leur cadre de vie (familial, social, scolaire)
- psychiatrisation de leur vécu (hospitalisation contrainte, traitements et thérapies imposées)
- stigmatisation à l'âge adulte : crainte de solliciter de l'aide à des moments importants (grossesse, maternité) ; stigmatisation négative à leur passé de victimes d'incestes dès que les professionnels en sont informés

1.9.2 Facteurs de protection

- ressources antérieures aux abus ayant permis à la jeune fille de se construire une confiance en l'autre et une estime de soi-même suffisamment positive
- rencontre et reconnaissance de leur vécu par **un** adulte « transitionnel » :
  - enfant : fratrie, pair, enseignant, infirmière scolaire, médecin, éducateur
  - adulte : proche, conjoint, professionnel
- positionnement du parent non mis en cause de façon protectrice et sans ambivalence
- reconnaissance des faits par l'auteur
- reconnaissance sociale de leur vécu de victime d'inceste et de leur souffrance sans stigmatisation
- apport d'un soutien et une protection d'abord au sein de la famille (père, mère et frère et sœur et famille élargie)
- Capacité à se penser victime sans se figer dans cet état
- Devenir mère (12 femmes parmi 16 femmes devenues mères, soit 75 %.)

Conclusions et perspectives concernant la parentalité

1 Pas de facteur prédictif

Aucune variable évoquée (type inceste, durée, modalité de prise en charge, révélation ou non) n'est, à elle seule, prédictive d'un devenir positif pour ces victimes, en particulier au regard d'une parentalité plus ou moins « sereine ».

2 Importance d'un adulte transitionnel comme facteur de résilience

Cette étude montre que les jeunes femmes témoignent bien davantage de **l'importance positive et restauratrice psychiquement, d'une personne** dans leur parcours de vie (enseignant, pair, proche, médecin, infirmier scolaire etc.), que d'une modalité de prise en charge (placement, AEMO, thérapie)

3 Absence de répétition inéluctable

Avoir été victime d'inceste ne condamne pas ces femmes à répéter les violences subies et n'implique pas un destin de « mauvaise mère ». Le processus de parentalité et la façon dont elles peuvent se penser « mère » (même si elles ne le deviennent pas dans la réalité), participe, dans un certain contexte spécifique, à leur restauration psychique.

4 Importance des troubles post-traumatiques tout au long de la vie

Troubles présents tout au long de la vie, avec des modalités d'expression variables.

1.1 Parentalité

Si devenir mère peut avoir un effet positif, toutefois, ce statut réveille des blessures anciennes. Ce qui conduit à pointer l'Importance pour les femmes de rencontrer au cours de la grossesse, lors de l'accouchement et en périnatalité, des adultes qui puissent les aider. La confrontation à leur enfant, à son devenir déclencher des mouvements d'identifications et de projection source d'une grande souffrance pour la mère et faisant courir de grand risque à l'enfant (difficulté d'attachement, liens insécures) Le devenir mère réveille aussi la nécessité pour ces mères la faille laissée par des conflits familiaux non résolus (importance du lien à la mère.)

1.2 Perspectives

1.2.1 Mieux comprendre les victimes en connaissant mieux l'impact de l'inceste sur le vécu de la parentalité

Nécessité d'évaluer, <u>à tous les âges de la vie</u>, les troubles somatiques et psychiques des victimes d'inceste et leurs incidences dans leur devenir adulte et sur les liens avec leur enfant (meilleure formation des pédiatres, des gynécologues, des sage-femmes de l'impact de l'inceste sur le vécu de la grossesse, de l'accouchement et des premiers liens à l'enfant)

Concevoir des dispositifs de prise en charge qui ne se fondent pas exclusivement sur la notion de « protection matérielle » de la victime et prennent davantage en compte les dimensions psychiques de l'inceste et ses conséquences.

Adopter une approche contextuelle et systémique avec les notions de facteurs de vulnérabilité et de facteur de protection. Cela permettrait de restaurer un tiers de confiance (proche non mis en cause, pair, professionnel) pour que l'enfant victime, comme l'adulte qu'il deviendra, puisse trouver des tuteurs de résilience en capacité de l'entendre et de le soutenir sans le condamner.

Limiter les intervenants et les ruptures successives imposées à l'enfant qui ne font que l'insécuriser davantage et le culpabiliser.

Information et formation des professionnels Prendre en charge des enfants victimes d'inceste nécessite, des **compétences spécifiques** et des moyens adaptés à cette problématique ; en particulier cela suppose d'ajuster les dispositifs d'aide aux différents temps du vécu traumatique.

Reconnaître sans condamner

Ces jeunes femmes témoignent de l'importance d'être reconnu à un moment de leur vie, ne serait-ce que par une personne, dans ce qu'elles ont subi. De cette reconnaissance, viendra l'inscription possible de cette enfance traumatisée dans leur histoire et la mise en récit de ce qu'elles ont pu subir. Il s'agit d'un véritablement engagement éthique à l'égard de ces enfants (filles et garçons), lien humanisant indispensable pour qu'ils puissent vivre, grandir, construire leur vie d'adulte et devenir sujet de leur histoire.

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Art therapy an effective means in the psychological resilience

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Abstract

Art therapy is a modern way to approach *resilience* and its beneficial effects in supporting and strengthening the individual's personality, were first observed and subsequently experienced since the 1940s. Since then, art therapy has become an established therapeutic intervention with unexpected positive effects, on the various dimensions of personality. This paper will present the modalities of art therapy as a means of *resilience,* presents also *the principles* that guides it and the psychological effects in relation to resilience.

If we want to mention some of the issues that respond to the art therapy resilience we can remember: ego support, stimulating the individual development/maturation, better mental organization, ability to withstand the stress, improve self-image and self-confidence, developing intercommunication and overcome anxiety, gain cognitive skills, prevent/improve speech and speech disorders.

Art therapy can address *all stages* of age and persons at risk, such as substance abusers, the marginalized and the elderly. Art therapy involves more communication, self expression and connection. Can be put into action in more forms of art: painting, theater, dance, collage, modeling or photography, creative lyrics, stories and role playing.

Being part - more or less – of the whole of means of resilience, art therapy aims to relieve stress or traumatic events, opening to a world of harmony, beauty and balance, contributing to personal development. Education for solving *expression-repression* conflict is essential in art therapy.

Keywords: *resilience, art therapy, anxiety, creation.*

Introduction

The effects of psychological trauma on individuals are very different, and that attracted the interest of researchers on the factors influencing these differences. The general ability to overcome various tasks, difficult or painful events, is the result of a natural resilience process that takes place without the help of mental health professionals.

Thanks to the research conducted for half a century, it is now possible to use intervention strategies that facilitate the development of resilience also to the persons at risk of developing mental disorders due to life situations which. In this case, we speak of an **assisted resilience**, which is achieved with the help of specialists. Assisted resilience is devoted to a new clinical approach and proposes techniques and programs that can be used in many situations, including: child abuse, unemployment, natural disasters or genocide.

Resilience - the factors that influence and also define it:

Some concepts are proving to be essential in defining the phenomenon of resilience. Some of them are as follows:

a. Adaptability.

Smith and his collaborators (2000)[8] proposed a classification of adaptability of a person, depending on the response he/she has toward change: **passive adaptation**, **reactive** or **anticipatory adaptation** (Smit, Burton, Klein & Wandel, 2000)[8]. Developing the positive coping skills throughout life involves developing resilience (Martin-Breen & Anderies, M., 2011)[4].

b. Positive deviance

Positive deviance emphasizes that within any group of people there are some individuals who "function" better than their peers (also called "positive deviants"). If the strategies used by these individuals could be isolated, meaning to check exactly which strategy is useful in a particular situation, other individuals may benefit from specialized training to successfully surpass difficult situations.

Differentiation toward the normal resilience seems insignificant in such circumstances. However, *positive deviance* outline its conclusions from normative approach (Spreitzer & Sonenshein, 2004)[9]. Looking at the situation from the perspective of theories of resilience, we notice that reporting is done individually.

c. Emotional Intelligence.

Resilience represents a *meta-competence* that highlights the environmental opportunities and individual factors toward a situation perceived as problematical, in order to restore balance (Tusaie & Dyer, 2004)[10]. With the aim of using the individual and social best factors to the problem, the person must first make judgments about the complexity of the problem, on the emotions he/she feels. Therefore, in the absence of an acceptable level of emotional inteligence, we can not talk about resilience.

d. Coping strategies.

Coping is the function that acquires a cognitive structure when it is intended to shape the emotional state. Constant use of the adaptive, coping strategies is a predictor for the manifestation of the process of resilience (Martin- Breen & Anderies, M., 2004)[4].

Art therapy - an effective means in the psychological resilience.

Art therapy is an alternative therapy that is addressing specifically to children and adolescents reluctant to traditional methods. This method, however, can be applied to adults who manage to overcome personal problems, knowing themselves better, having more self confidence and overcoming some limitations of communication. Art therapy is recommended also to addicts, marginalized people and elders.

This type of therapy involves the participation of many art forms: painting, theater, dance, collage, modeling or photography, with a beneficial effect on people. The purpose of art therapy is to remove the stress and trauma experienced by a person, opening to a different universe (the harmony, beauty, uninhibited expression) leading to his personal development. Through this therapy, a person becomes more human, simply because no longer repress his feelings and emotions.

Art therapy involves more communication, self expression and connection. Art is at the same time a source of liberation which helps overcome certain problems and personality transformation.

Finally, art therapy supports the creation and development of the creative spirit in all of us. Even if you don't have a specific medical condition or have been through trauma, art therapy can be a way of self-discovery, offering wellbeing and comfort. This therapy is a new type of approach to physical and mental disorders, which although appeared in antiquity, began to be practiced only in the 1930s in England and the United States (K. Machover, 1949)[3].

The experiences of the past and the dreams for a different future, can be expressed by art therapy. The images created by a patient through art reveals his true personality. American researcher Loretta Pickford (2013)[6] considered that the artistic productions can help patients to express and utilize unconscious aggression, and also to sublimate sexuality. Works of art can enable a patient to integrate the fragmented aspects of his previously own personality, which makes possible to "restore" the unity and harmony that creates the ego. The fact of watching (to question or admire, to evaluate or criticize) a work of art helps a distinct focus, and at the same time, gives a detachment from personal problems considered serious and insurmountable.

Art has been used since antiquity and the first "therapists" who have implemented this method were Plato, Aristotle, Plutarch and Pythagoras recommending art as a therapeutic tool. Patients are advised to paint in nature, developing their creativity and experience of positive emotions. But not any art form can be applied anyway. Depending on the condition of each patient, he/she will be directed to a specific art form.

It can be said that the art therapy comprises two different sides (Rubin, 1984)[7]:

1) individual therapy - ***creating art***, which involves the use of imagination and introspection client/patient and
2) the therapeutic effect generated by the contact with ***authentic art*** (well-known artistic creations - paintings, famous songs, great choreography, movies, etc.). However, some artworks may have less pleasant effects. For example, contemplation of Leonardo Da Vinci's famous painting *Gioconda,* produce unsettling effects and should be avoided by agitated people. Instead, the works of painters Jacques-Louis David, Poussin, Manet and Renoir have a positive therapeutic effect.

One of the most popular art therapies is **painting**. Whether if there is an intensive program (are visited museums, taking contact with great works of art), whether it addresses a painting course, this is still one of the most successful therapy in treating certain psychosomatic disorders and also, the anxiety states. When you go to a course in art therapy you don't have to be a specialist in art. You just have to be passionate about beauty and have a desire to express yourself freely. So, we can choose many forms of art: drawing, sculpture, theater, dance, stories, music, puppets and masks.

Artistic forms such as theater and dance set the body in motion and acts as a valve. These art forms help to remove anguishes and fears. Art helps the patient to take distance and see things more objectively. ***Music*** helps develop communication and creativity, and puppets theater reveal the hidden emotions and removes inhibitions.

In summary, we can say (Machover, 1949, Naumburg, 1953)[3] that during art therapy sessions, the subject :

- has the opportunity to express himself and to low the psychical tension;
- establish relations with the group (into the dynamics of the group) and psychotherapist;
- reshapes his attitude towards himself and towards others;
- the child learns in an attractive and funny way about/and how to handle different life situations. The therapist is always careful to provide challenging tasks that foster learning but do not overwhelm the child. There are used motor and sensory games and activities that seek to stimulate initiative, looking for a solution, for expression of desires, and acquiring awareness of his own body. An important principle is to promote the winning independence, helping the child to overcome passivity.

Art therapy gives the opportunity to:

- support ego,
- stimulate development,
- facilitate maturation generally,
- contribute to the physical organization, such as being able to operate in conditions of stress without being affected.

Particularly interesting are the effects of art therapy on children (J.H. DiLeo, 1973, M.T. Levick, 1983)[1], that can lead to:

• improve mood by modeling self-image and self-esteem;
• developing intercommunication (with colleagues and peers in general);
• overcome anxiety;
• provide a sense of comfort with these activities;
• building the capacity to react appropriately in different circumstances of everyday life;
• employment skills;
• education and cognitive capacity;
• development and training of general and good motor skills;
• prevent/improve speech and speech disorders;
• developing and training the sense of form, color and artistic expressiveness.

Art-therapist role is to:

- recognize and respond to the manifest and hidden aspects of the child's productions;
- help him to create emotionally expressive materials;
- facilitate the development of children's creativity.

Conclusions:

Art therapy is another way to remove trauma, frustrations and problems of life of a patient, whether child or adult. As a way of resilience, art therapy is an effective aid, support and method of solving internal conflicts.

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Sports as a protective factor in adaptation to disability.

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Abstract

The article represents the results of a pilot study involving Polish disabled athletes that succeeded either as amateurs or professionals. The purpose of the research project was to examine the role which sports play in the process of individual adaptation to disability. The value of sports in the life of disabled athletes was investigated in such categories as: motivation to practise sports and the effects of participation in sports. Positive adaptation to disability was measured with such variables as: satisfaction with life, resilience, personal values and courage.

The project involved a study group of 30 disabled athletes (M = 26.5 years of age) and a control group consisting of 30 healthy young adults (M= 25.9 years of age). The measurement tools included: the Resilience Scale for Adults by Friborg et al.; Satisfaction with Life Scale by Diener, Emmons, Larson, Griffin; Personal Values List by Juczyński and Courage Scale by Sikorska.

As regards the courage factor, disabled athletes demonstrated a significantly higher level of endurance (t = 2.1921, df=58, p=0.0324). As highly assessed values, respondents would often choose the following: being useful to others (z=2,74, p,=0,00061), courage and firmness (z=2.26, p=0.0239). The reason they most frequently provided for taking up a sport was "encouragement from colleagues" and "a desire to be fit". Adventure, making new friends and better self-esteem were in turn identified as the most frequent effects of engaging in sporting activities.

Key words: disability, sports, adaptation, resilience

Introduction

1.1 Adaptation to disability

Physical disability carries a number of emotional implications resulting from damage to an individual's body. Psychologists of rehabilitation emphasise the importance of the transition period between disease and disability. They suggest that the period directly following treatment, when a person involved in it is neither a patient (not any more) nor someone meeting all the criteria for disability (not yet), should be called a moratorium. This period is characterised by increased anxiety about the prospect of continuing one's life and adapting to disability[1,2,3]. The challenges involved in the process of adaptation include three crises described by W. Wolfensberger [4,1]. First, persons with disabilities experience the novelty crisis, which emerges when their plans and expectations about their future lives collapse. The second crisis affects their personal values. This manifests with a conflict between their refusal to accept their own disability and their striving to maintain a positive image of themselves. The last challenge that follows, namely the reality crisis, emerges as a response to the existing social and economic conditions in which persons with disabilities have to function.

Resilient reintegration, namely the acceptance of the limitations brought about by disability and further development that results from it, is regarded as a form of reintegration that is most conducive to adaptation after losing one's fitness. It is regarded as a sign of both resilience and the ability to positively cope with crises that persons with disabilities have to face in their lives [5,6].

1.2 Sports as a protective factor

Numerous researches demonstrate a correlation between physical fitness and motor activity, and on the one hand, growing self-esteem and self-agency and the improvement in the perception of oneself and one's physical capabilities, and on the other, a decrease in one's anxiety, stress and depression levels (7,8,9). Physical ability correlates positively with mental health, self-esteem and well-being. Team sports, since they increase

one's resilience, are particularly believed to reduce the risk of the incidence of depression. Participation in sports enhances resilience and facilitates the process of adaptation to one's disability [1,2,1]. As regards the process whereby disabled persons redefine their own identity, we may assume that they do so, as it were, by regaining their resilience assets. This assumption allows us to draw upon the existing models of external and internal assets in the resilience developing process [11].

The first external asset includes supportive and caring relationships with one's own environment. When doing sports with other people, persons with disabilities may face interest, care and support from their coaches and team-mates, which in turn may help them to develop the following interpersonal skills: collaboration and communication, empathy and the ability to solve problems. The bond that thus develops stimulates one's interpersonal skills.

Goals and efforts to achieve them are inherent in sports. Coaches that demand a lot and team-mates that expect just as much from the team set a standard that disabled athletes will aspire to. The fact that people from their direct sporting environment show belief in their strengths and capabilities becomes a motivating factor conducive to coping with their fatigue or self-doubt. Requirements instil in them a sense of personal strength and identity and a sense of agency and self-awareness.

Last but not least, they also instil in them a sense of belonging, and a sense of participation in major events raises their optimism levels and makes them perceive their lives as coherent and meaningful. By taking part in sports competitions and by meeting other athletes both home and abroad, they confirm their value in the eyes of other people, which facilitates the process of their social affiliation and participation in society.

As regards self-discipline, which is part and parcel of anyone's striving for mastery in sports, we may safely argue that it shapes their character: it develops their endurance, helps them overcome their weaknesses and becomes the way to develop themselves [1, 12].

Method

The project involved young athletes with disabilities, 30 participants in total, including 21 men and 9 women (M = 26.5 years of age). 77% of participants had been disabled for more than 10 years. As regards their type of disability, 40% of participants had spinal cord damage, 30% had paralyses and pareses, 27% had limb deficiency and 3% partially lost their eyesight. 80% of respondents practised sports on a competitive level and took part in competitions. The sports they did included: skiing (10 people), cycling (9 people), swimming and fencing (4 people), basketball (3 people) and other sports, including rugby (5 people). Several respondents practised more than one discipline. The control group consisted of 30 people, healthy and young (M= 25, 9 years of age), 90% of whom practised sports as leisure.

The research project aimed to answer the following question: Do athletes with disabilities differ from young and healthy adults in terms of resilience, life satisfaction, courage and values they uphold?

The measurement tools included: the You and Your Life Questionnaire by Jelonkiewicz, Kuhn-Dymecka and Zwoliński [13], the Polish adaptation of the Resilience Scale for Adults by Friborg et al.,[14]; the Satisfaction with Life Scale by Diener, Emmons, Larson, Griffin,[15]; Personal Values List by Juczyński [16] and Courage Scale by Sikorska [17].

As a tool designed to study resilience, the You and Your Life Questionnaire consists of twenty items and covers six factors, such as self-perception, the perception of one's future, personal strength, structured style, social skills and resilience. A respondent takes a stance by choosing an answer on a five-point scale ranging from utterly positive (with expressions such as “always” and “well” that give five points) to utterly negative (with expressions such as “never” and “unclear” that give one point).

The Personal Values List includes two sub-scales, one of which refers to the symbols of happiness (e.g. a large circle of friends, good economic conditions) and the other refers to values (e.g. love, wisdom). A respondent ranks five items selected out of ten according to the level of their importance, ranging from the most important (five points) to the least important (one point).

The Courage Scale in its pilot version consisted of sixteen statements comprising four sub-scales such as endurance, authenticity, optimism and courage. A study involving 105 people (both healthy and disabled) was used to calculate the reliability of the scale, and Cronbach's alpha for the test amounted to 0.77. Possible answers on a point-five scale ranged from “completely agree” (5 points) to “completely disagree” (1 point). The tool's preliminary statistical analyses demonstrated that the scale required further improvements.

Respondents were asked to complete tests and questionnaires and send them back by e-mail. The project was carried out in the winter of 2013.

Results

The most frequent *reason* why disabled persons began doing sports was their desire to keep fit and continue their previous and healthy lifestyle (43%), encouragement from their disabled colleagues (40%),

information available at treatment centres and encouragement from parents or teachers (13%) as well as information in the media (10%). Several respondents provided more than just one reason. The *effects* of doing sports, from respondents' subjective point of view, included: the opportunity to make new friends (90%), growing self-confidence (90%0, the opportunity to do something adventurous (90%), a form of rehabilitation (80%), social recognition (33%). Several respondents mentioned more than just one effect..

The groups involved in the study do not differ in terms of their *life satisfaction* levels. The median in both groups gives an average result (in the standard ten scale: disabled athletes M = 6.4, young adults M = 6.8).

The statistically relevant difference can be identified with regard to *resilience*, concerning the *structured style* factor (two-tailed test, $t = 2.3088$, $df = 58$, $p<0.05$).

With regard to *courage*, disabled athletes achieved results indicating a significantly higher level of the *endurance* factor ($t = 2.1921$, $df = 58$, $p = 0.0324$).

With regard to *personal values*, athletes attached a significantly higher importance to the symbol of happiness *useful to others* ($z = 2.74$, $p = 0.00061$) and the symbol of value *courage and firmness* ($z = 2.26$, $p = 0.0239$).

Conclusions

1. The factor that explains the significant similarity between the two study groups with regard to their life satisfaction is that are in their early adulthood, that is, a period in their development that brings natural optimism and hope for a better future. The fact that disabled persons, too, were happy with their lives demonstrates that they coped well in the process of adaptation to disability. Moreover, sports as a stimulating factor conducive to happiness were present in both study groups. They also had a regulating effect and acted as a diary (competition and training camp dates) for disabled athletes.

2. Competitive sports entail the necessity to discipline and control oneself and to keep one's rhythm of life in order, which manifests itself through the results that illustrate a higher level of structured style and endurance in disabled athletes. Sports as a factor that organises the lives of people involved in the study may have influenced areas such as making plans, overcoming one's own limitations, courage and endurance.

3. Disabled athletes attach more importance to such values as being useful to others, which may demonstrate that they recognise the importance of social interaction in the process of adaptation to disability. The necessity to overcome the disability-related external and internal limitations of one's own may have helped them recognise such values as courage and firmness.

The results achieved by disabled athletes demonstrate that they have a number of personal qualities typical of resilience. Striving to achieve one's goals, regardless of obstacles, is undoubtedly one of them. These persons in particular that did sports before acquiring disability show the desire to continue doing sports despite the completely altered circumstances of their lives. The qualities of a resilient person include: the ability to regain equilibrium after the critical event they have experienced and the ability to grow and develop as a person [18,19]. The study group demonstrates a high level of the following resilience qualities: life satisfaction, optimism, endurance and social focus.

The results achieved by disabled athletes should also be interpreted in the light of positive psychology. which lays particular emphasis on individual resources, strengths and values conducive to development. Of particular relevance in this context is Barbara Fredrickson’s concept of positive emotions and their broadening effect. Fredrickson claims that resilient persons demonstrate a positive attitude and experience more positive emotions in comparison to their less resilient counterparts [20] Consequently, such emotions as enthusiasm and optimism enhance their health assets and are conducive to overcoming obstacles. We should mention that respondents also demonstrate a high level of individual assets described by positive psychology, such as courage and endurance. Such assets help individuals, both healthy and disabled, to develop and actualise themselves. Positive psychology propounds that every person has the ability to strive for and achieve a sense of life satisfaction and happiness [21].

The task of psychological support for persons facing the consequences of health and fitness deficiency is to accompany these persons in the process of adaptation to a new life. Dobrzańska-Socha draws upon Hoff to claim that “people cannot live in perpetual crisis, as the resulting anxiety is too painful and a person experiencing it must take action to find one way or another to resolve it”[3]. It seems that, for persons that adapt themselves to disability and must therefore redefine their own identity, sports may become a factor conducive to overcoming their mental crisis. Sporting activities that make life meaningful again, new social experiences and new emotions may act as a factor that develops and enhances resilience.

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"Treasures of the winning couple" program for young children in Israel: body-mind coping skills for stress reduction and enhancing resilience

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Abstract

Life is comprised of positive experiences and stressful situations. Exposure to the latter frequently leaves us overwhelmed and traumatized. In Israel, constant security-related threats increase the need for the development of coping skills and strengthening of innate resilience, particularly for children and the adults in their lives.

We developed 'Treasures of the Winning Couple: Mr. Body and Ms. Awareness' for this purpose. It is based on Tal-Margalit's STREAM model (Somatic Therapies, Resilience Enhancement, Awareness & Movement) which combines the Somatic Experiencing ® trauma healing approach with Dance/Movement Therapy [1].

Our program presents practical body-mind tools designed to help children acquire the competence and life-skills needed for building resilience. Children, teachers and parents gain self-regulation skills together while developing a common language to cope with life's pressures.

The 'Treasures' in the program trigger the senses through various channels. Each is presented by an original poem, a unique illustration and a movement expression while naming the treasure. Imagination, metaphors with which children can identify, together with movement exercises, connect children to their natural resilience. Furthermore, use of mindfulness, developing self-regulation, improving coping skills and self-management create an integrated presence for them, individually and within their environment. Children use movement and awareness of physical sensations as natural resources; natural 'treasures' that help them feel better. A survey accompanies the program allowing evaluation of its efficacy. Results from a pilot sample will be presented.

Keywords: movement & mindfulness for children, Child Resilience program, Winning Couple, Stress reduction, STREAM model, EFS.

Background

Scaer [2] claims that young children are often less resilient due to their experience of "little traumas". Understanding the neurophysiological dynamics of these experiences on children is vital.

In Israel, children contend with a security situation that exposes them to significant stress. Research points to the effects of prenatal, maternal-infant bonding, and infant attunement on the lifelong capacity of the infant to modulate arousal and promote homeostasis [2]. This is particularly relevant when developing an intervention program for promoting resilience for children at risk. Children, especially today need to acquire skills to cope and be prepared for future challenges quite early in life. More than ever, resilience is critical for success. [3]

Theoretical Basis for the Program

Our scope of practice emphasizes the neuropsychology of trauma and resilience. Levine and Kline (2007) [4] refer to children's body/mind reactions when faced with threatening experiences and the use of Somatic Experiencing trauma therapy in strengthening resilience (Levine and Kline, 2007 and Ross, 2008) [4], [5]. Imprinting of neurological patterns in children is heightened by traumatic events. Intelligence, emotional resilience, and ability to self-regulate develop in the context of the face-to-face relationship between child and caregiver, i.e., 'neurobiology of attachment' [6].

The theoretical constructs linking body-mind integration and resilience are varied and support the diverse elements of the program. Knowledge acquired by researchers in neuropsychology and by therapists, together with Dance Movement Therapy, theory and practice, is foundational for the development of STREAM, which is the basis for the "Winning Couple" [1], [7], [8]. Motor movement, dance and music all influence brain development and stimulate neurogenesis, leading to improved learning, emotional balance and self-regulation in children [9], [10], [11]. In addition, studies have demonstrated that creative dance instruction can be an effective intervention for teaching self-regulation skills. Thus, yoga, martial arts and creative dance have proven to be useful ways to strengthen and teach self-regulation to children (Hart-Booth, 2012) [12]. Plummer (2012) [13] remarked on the connection between mindfulness play, stress reduction and self-regulation. Mindfulness training in schools contributes a to a positive association between individual practice outside the classroom and an increased sense of well-being [14].

The BASIC PH model [15] is important for identifying coping strategies and resilience building. We recognized that embodying faith and spirituality resources within an intervention program provided an integrated body-mind-spirit experience for participants and improved their coping [7]. This approach serves as the basis for techniques integrating the belief systems of children to promote coping.

The STREAM Model, as described above, incorporates Dance Movement Therapy (DMT) and Somatic Experiencing® (SE) in a group setting. It is an integrated body-mind psychotherapy model for relieving stress, healing trauma and enhancing resilience.

The theoretical foundation for the "Winning Couple" program is the same as that for the STREAM model, which incorporated findings from contemporary neuroscience, and features a psycho-physiological perspective of trauma and resilience as well as theories of body-oriented psychotherapy and Dance/Movement Therapy. The "Upside of Trauma" concept [1], is based on Positive Psychology [16], the BASIC PH model of coping resources [15], and Post Traumatic Growth (PTG).

Therapists and researchers [17], [18], [19] maintain that body-oriented treatment models that "speak the language" of the primitive parts of the brain via sensation, perceptual experience, somatic responses are essential in building resilience. Working with bodily sensations and with the "felt sense" [20] is crucial to arriving at self-regulation and integration. Tal-Margalit adds the use of movement with motoric and somatic discharge using "Riding the Wave" [8] within the "Window of Tolerance" [21] to ensure self-regulation.

STREAM research identified six body-mind resilience characteristics [1]: 1. body-mind integration; 2. self-regulation and relaxation; 3. vitality and aliveness; 4. empowerment; 5. sensing body self-boundaries; 6. using coping resources.

"Treasures of the Winning Couple" Program

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1.1 A Salutogenic Approach

Using neuropsychology and body/mind reciprocity in building resilience, our approach reaches diverse child populations. Focusing on the vitality and innate resilience that children universally possess enables them to rebound from being overwhelmed; movement, a child's natural resource, is a central element of resilience. In its essence, the program is both culture- and religion-sensitive. A key element is its employment of embodied faith and spirituality, the EFS model, for encouraging their use as coping resources for children [7].

Goals of the program for children and their parents and teachers:

- To learn about the potential of the body-mind connection in life
- To acquire new understanding about stress coping and resilience
- To develop the ability to identify ongoing situations of stress and trauma, and their effects
- To acquire useful coping tools for stressful situations, skills for self-regulation, and life skills
- To discharge survival energy stored in the body as a result of living through threatening experiences

1.2 Population

The program serves elementary school children. Some live in a "war zone" in the south of Israel and others are at risk living in maladaptive families. Together with their parents and teachers, they have an opportunity to experience the joy of movement while discharging tension and building resilience.

1.3 The Program in Practice

The children learn stress reducing body-mind tools to help them acquire life-skills and coping tools for enhancing resilience. The program consists of 12 meetings with children, parents and homeroom teachers. Through enjoyable activities, they learn to help themselves under stressful situations and acquire more regulated nervous systems. The abstract concept of body-mind connection is a difficult one for children to comprehend. Puppets and illustrations of Mr. Body and Ms. Awareness (mind) depict this combination.

The body-mind experience is actualized through mindful movement and movement games with various stimuli. The body's resources, i.e., the treasures of the "Winning Couple", serve as self-help tools for self-regulation and coping. The children experience the 'Treasures' in the form of movement and games, and deepen their experience through other senses and creativity. Via poetic and colorful illustrative treasures, imagination and metaphors, the children identify and clarify abstract concepts.

Workshops include sharing verbally within the group and processing what transpires during and between sessions. Examples of real life situations where they have used the treasures, are shared. They are encouraged to use the treasures at home and in school. Suggestions for applying the treasures for daily life are given to the teachers after each session, facilitating assimilation of the concepts and treasures as coping skills in everyday life.

1.4 Structure of the Program

During each session one or more treasures are introduced. A session begins and ends with the movement ritual and new parts are added weekly. Psycho-education about stress and its impact on bodily sensations is included, as well as raising awareness of pleasant sensations while in movement, at play, or verbal sharing. The movement ritual becomes an important self-regulating tool and a cohesive experience individually and as a group.

Summary

By providing skills to improve positive coping and resiliency of children, their ability to cope can be improved (Gurwitch and Messenbaugh, 2005) [22]. This is the goal of the "Treasures of the Winning Couple". We have begun research to evaluate the program's effectiveness for helping children to be more resilient. Longitudinal research will be conducted to assess its sustainability.

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Resilience indicators in psychotherapy

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Abstract

Resilience is a concept that is hard to define, this being the reason for the lack of a definition widely accepted. Still, specialists have agreed on two essential points: the resilience characteristic to persons who have lived and continue to live traumatic events and have a good adaptability and reliance and the resilience as consequence of interaction between the person, his/her family and the social environment.

In psychotherapy resilience represents a subject that is approached through the studies of researchers and practitioners as Bohart and Tallman (2010), Hubble (2010), Seligman (2002), Delage (2002, 2004) etc.

Resilience indicators in psychotherapy are those products of client activity, which represent starting points for the therapeutic process. Such indicators are observed by the psychotherapist in the dialogue with the client about past and present events. Resilience indicators are the expression of the client's strong points and the intervention based on these strong points is considered essential in therapy and prevention (Seligman, 2002). As examples of resilience indicators we can mention: products of art-therapy (drawings, paintings and schemas), poetry and journals. The following can also be considered resilience indicators: activities, which in the past brought success and recognition; the client's valuing (for example: sports activities with medals or the participation as member of a national sports team). In therapy another indicator of resilience is considered to be the client's safe attachment, but not all clients present such an attachment, the therapist's task being to build together with the client such an attachment through the therapeutic relation.

In conclusion, resilience indicators may be considered common factors in psychotherapy and an inexhaustible resource of study for psychotherapists and more

Keywords: resilience, resilience indicators, common factors in psychotherapy

Introduction

The study field of resilience has been developed in the research plan and in the clinical practice plan and the bio-psychology layer has become the most clear one [2]. Bonanno (2004) has defined resilience as the ability to maintain a state of normal equilibrium in the face of extremely unfavourable circumstances. Thus to develop resilience, the person must have an understanding of its determinants. Various factors such as beliefs, attitudes, coping strategies, behaviours and psychosocial cohesion as suggested as favorable in offering protection or endorsing resilience in the face of trauma. People who are considered resilient show insight, initiative, humour, creativity and independence. All these qualities are gathered in the dynamic category. There may be discontinuities in resilience as people, situations, opportunities and environment change. [5] the field of resliences has known development in the research domain and in the clinical one, and its bio-psychosocial branch has become the most studied one.

The concept of resilience has also been used in psychotherapy and has been correlated to the client's self-healing potential. The psychotherapeutic change is the therapists and the client's task and begins with the updating of the self-healing potential. This may be updated in difficult situations in the life of persons without specialized help [3]. Thus the question of demanding help from specialized persons doesn't determine the client's stigmatization in the social domain, but there is also another category of clients that cannot benefit from psychotherapy.

Persons that prove to be resilient need the help of another person, from his family of from a close environment called resilience tutor [1].

The ability to change is developed and practices by the client in the psychotherapy office under the guidance of a psychotherapist. Thus art-therapy has found use in meeting the concept of resilience. The products of art-therapy determine the stimulation of the client's creativity, an increase of self-esteem, the connecting to other persons and the creative process which are in a close relation [4].

The indicators of resilience represent, from the psychotherapy perspective, products of the client's activity, for example, products of art therapy, writings, journals, drawings or other artistic creation. In the same category of resilience indicators we can also include the results of activities from the client's past.

During clinical practice, it was noticed that the true anchors in the updating of the client's potential comes from the client's professional development, medals obtained in different professional or sports competitions.

Psychotherapy based on the client's strong points, also has consequences in the building of the person's resilience. One of the founders of psychotherapy based on strong points, with an origin in positive psychotherapy [5], Norine Jonson, uses interventions based on competencies. From a methodological point of view, in order to collect information the following instruments are used [4]:

- A questionnaire for parents regarding the teenager's strong points;
- A questionnaire for the teenager regarding his strong points;
- A questionnaire of parental practices, which starts with a question regarding the positive parental attributes of his mother and father.

Resilience has been classified in natural resilience and assited resilience. Natural resilience starts from individual characteristics, inter-familial interactions and interactions with the subject's environment. The study of resilience, of knowing the factors involved and the subadiacent processes allow the construction of assisted resilience. In psychotherapy, the client and the therapist both know assisted resilience.

An exemple of this kind of resilience will be presented in a case study.

Methodology

As it has been mentioned, not all clients have the possibility to activate their potential of self-healing and need specialized for the construction of assisted resilience. The study case presented is a reflection of addiction and resilience. Addiction refers to a lack in control, a repetition of behaviour, dependency and all its delirious effects. Resilience refers to overcoming life situations, traumas and surviving the life's challenges.

In the following rows, there are five sessions of psychotherapy presented, the client still being under therapy.

A young man aged 23 presented to the psychological office 2 months after giving up drug consumption (cannabis). He began to consume drugs around the age of 12 while being a member of the gymnastics national group. It can also be said that he was national vice-champion in gymnastics. At the age of 13 he was sent home. A period of 10 years followed when he started to consume cannabis, he gave us high school, started stealing money from home to procure drugs and he frequented a group, where his friends were criminals, killed themselves or went to jail. The client is aware of the consequence of drug consumption and he decided to become clean, having support from his family. Thus, he refused to come out of his room for six weeks, during the withdrawal period, with panic attacks, agitations, deliration. At night he couldn't sleep alone in the room. After six weeks we came to psychotherapy accompanied by his uncle.

During the first session he was agitated, pale, with his eyes in tears, speaking about his panic attacks. We kept on repeating "Who I was and who I am". He was preoccupied in bringing his friends to therapy. A motivation to heal was observed, but also the potential to self-heal. The success from the past was considered resource for psychotherapy and the client's strong points. He lived with his grandmother and with his uncle, his mother being in Spain for work. During the withdrawal period, his mother was home and he decided to stay with him until the problem is solved. His father left time, when he was a little child.

The therapeutic objectives were established during the first therapy session:

- The creation of a safe attachment;
- The access to internal sources;
- The strengthening of the self.

The first session also represented the construction of a therapeutic relation with the respect of the client's needs. The client was reinsured about confidentiality, of the support he will receive and that he won't be alone. The worry regarding his friends and the manner in which these will be helped was not eliminated, but it underlined the importance of helping the client.

During the second session the client's resources were discussed by remembering his past success. Thus began the construction of the assisted resilience with the client through:

- The development in a psychological plan, despite the long period of drug consumption;
- The development of abilities to adapt and "rebirth" from withdrawal;

The client was encouraged to restart practices and to identify the manner in which he could go back to school. He was also remembered that there are times in which he will fell ok and times with difficult situations.

In this context resilience may be considered an adaptive result, without the presence of mental disorders, even if there are proper situations for the development of such disorders.

At the third session the client had a good general state and had a backpack with his sports equipment. He followed my advice and contacted his former trainer, being received for practices. The same trainer helped him in continuing his high school studies starting with the nest year at a sports high school.

During the fourth session, the client gained in weight 500 grams, the purpose being that next year he will be able to compete. He expressed even a desire to participate in the national competition "You will soon seem me on TV". As during after every session the client was created realist expectations and trainings were a means for him to renter the world, not necessarily do performance. At a certain moment, the client showed a registration on his cell phone of him executing a jump and his trainer congratulated him. The recording was considered an indicator of resilience and the need to go back to consuming may be left behind just by watching the video.

During the fifth session, the therapeutic relation was strong enough to work on an exercise of muscle relaxation, called "favorite spot". The client learnt to relax and to suggest practicing the exercise every day. The client was satisfied with the progress realized and to come regularly to therapeutic sessions.

Conclusions

Regarding the connection between resilience and addition, there modalities of interpretation were identified [4]:

- Addiction perceived as a failure of the resilience process, the client didn't find the necessary resources to overcome unfavorable events. For example, some women who were sexually abused may become addicted while others not (are resilient);
- Addiction as a paradox form of resilience, often a point of support to more forward through life's difficult situations;
- Clients that gave us additions, during the first stage consumed substances to adapt to the reality, after years he wants to give up and finally he has to readapt to the environment.

During this therapeutic process emotions were used and resilience indicators were considered to be: restarting his practice, the trainer's encouragement and his colleagues' and the video. The therapist suggested a correlation of indicators of resilience mentioned with the living of positive emotions. For addicted persons there are two variants in the case of remission: a total abstinence or a regress to substances consumption.

The client was encouraged to fix realist objectives and he learnt to accept himself, to consider the 10 years a life experience and to value himself in the readapting process to the familial, sportive and social environments. During the discussions with the client he was valued for his effort and he learnt to see his realizations, no matter how small these were. The therapist insisted on establishing realist goals in his professional life. The therapeutic relation was the basis on which therapeutic goals were reached.

The therapeutic process had as starting point the client's strong points. An update of his potential was made to suggest the restart of trainings and visits to the gymnastics team physician. An acceptance and understanding of his trainers and colleagues determined him to change. The client wasn't stigmatized and had the understanding of his team for a gradual dosing of his effort. After 4 weeks of practice he was proposed to go to winter cantonment. The family was instructed not to remember him about his past experiences with drug consumption and to strengthen any positive change.

The therapist must identify any event of situation from the past and present that reflects the client's potential and to encourage him in a positive manner. Anchoring in the reality is a process realized with the support of the group and of his family. Resilience indicators are realist anchors for a functional adapting of clients and may be considered common factors of counseling and psychotherapy. The resilience indicators belong to the client and are discovered by the therapist during the therapeutic process through a therapeutic relation.

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Using the „six part story-making" model to increase resilience in children from divorced families

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Abstract

In the present article, we wish to point out how Mooli Lahad's method of the Six Part Story-Making can be used in order to activate inner resources, and to help the child differentiate himself from his conflicting parents. We started from the central idea that, through creating a personal story as method of assessment and therapeutic intervention, we can understand the types of resources and coping styles of children.

The first part of the paper will present the results of a comparative study between the type of resources identified in the stories of 20 children coming from recently divorced families, and the stories of 20 children coming from intact families. The second part of the paper will present two case studies in which we were able to set the therapeutic objectives starting from the Six Part Story-Making Method.

Keywords: divorce, children, resilience; basic ph coping model, 6 PSM method

Introduction

How the child will respond to the traumatic event of his parents' divorce depends not only on the personal risk factors, but also on the coping strategies. The factor with the highest risk is holding the child in the parental conflict and creating alliances of a parent with the child, against the other parent.[1] [2] [3]

Our practical experience with such cases, along with other various existing publications [1] [4] pointed out that there are several factors that can reduce the negative effects of divorce and increase the child's resilience, such as: the intensity and duration of the parental conflict, the quality of parental practices, the parent-child relationship, as well as the individual characteristics of the child (temperament, self-esteem, level of development, coping strategies).

Stimulating the positive individual traits is essential to the field of resilience factors. The child's resilience can be developed and perfected through the adult's protective and positive action and by reducing risk factors.[5] Moreover, special attention needs to be paid to the manner in which the child's resilience and the individual coping style can be increased during the divorce period and afterwards .[4]

Basic Ph Coping Model was created by Dr.Mooli Lahad and can serve as meta-model for understanding coping and resilience.[6] The model suggests that there are 6 characteristics or dimensions at the heart of one's personal coping style: belief, affect, social, imagination, cognitive, physiological. Every person has the innate ability to use each dimension as part of his coping style, yet most people tend to rely only the comfortable coping methods they developed across time.

Although The Six Part Story-Making is a projective method frequently used by many therapists, it was not validated as a method to determine one's coping strategies. [7]. Lahad's shows how Basic Ph can serve as meta-model for understanding coping and resilience [6].

Methodology

In this study, we wanted to identify the types of coping strategies present in children from recently divorced families.

For this study 40 children with ages between 7 and 11 were tested using The Six Part Story-Making model. The subjects were divided in two groups, as follows:

The control group was made up of 20 children (13 boys and 7 girls) aged between 7 and 11, without a history of divorce.

The second group was made up of 20 children (14 boys and 6 girls) aged between 7 and 11, all with a recent history of divorce. All children had a normal cognitive development and did not have any psychiatric or neurological problems.

They have been tested by The Six Parts Story Making model. Only the results found in both assessments were taken into account in the statistical analysis.

The dimensions under examination in the children's stories were as follows: Belief and values, Affect, Social, Imagination, Cognitive, Physiological; coping resources, thematic level and conflicts areas. [6].

Results

All results obtained after scoring the stories created by both subject groups were worked through with the SPSS program. Frequencies for each of the dimensions were compared across groups using T-test analyses of variance to determine if children with a history of divorce could be differentiated from children without history of divorce. According to the descriptive statistical analysis and to the T Test applied in order to compare the two groups, significant differences ($p < 0,01$/ $p < 0,05$) were registered between the groups for several scores.

Discussions

The statistical analysis of results showed that there is no statistically significant difference between the two groups of children, regarding the use of the following coping modes: Affect, Social, Belief, Physiological, Physiological (-). There is a difference however in the Cognitive coping mode and the Affect (-) coping mode, between the two groups, but these differences are not statistically significant. Statistically significant differences resulted in Social (-) coping mode and Imagination.

For children without a history of divorce, the themes that were most frequently emphasized throughout the study were the one concerning social relations and assuming social roles in life, respectively, the need to relate and communicate with the others (high scores in Social coping mode).

They registered few minus scores, which were statistically insignificant, for Social and Physiological coping modes. This might indicate that these children do not feel difficulties in their relationships with the others and experience positive feelings of confidence in themselves and their families. They express their emotions in an adequate manner that does not involve any aggressive emotions towards themselves or of general destruction, as it occurs in children with a history of divorce. For the Cognition dimension, the control group of children obtained significantly higher scores comparative to the group of children with a recent history of divorce.

Children coming from recently divorced families, often appeal to imagination as a coping method. Additionally, they got statistically significant more minus scores compared to the control group, for the Social, Affect and Physiological dimensions. This result suggests that they experience feelings of social isolation, conflicts and inner tension.

The minus score in Affect coping mode obtained only by the group of children with a history of divorce, coupled with the minus score in the Social coping mode, suggests the fact that they do not possess good emotional self-regulation, and that they have unrealistic expectations, given their own life experience.

Correlating these minus scores with the dramatic overall atmosphere of the stories, the frequency of conflicts and of themes (the theme of the saviour, the confrontation between the forces of good and evil), which were identified in the stories of children with a history of divorce, emphasizes once again the fact that they experience the feeling of being responsible for their parents' divorce and that they take on an essential role in restoring the parental couple.

Identifying the coping modes configuration, the relevant themes and conflicts which cause difficulties, aids therapists in establishing intervention programs for children who experience divorce. Starting off from their stories, through dramatization, children can be helped to develop more efficient coping strategies, to activate those inner resources that help them differentiate from their parents, to become more assertive, and to increase their self esteem. The final objective is that of helping them develop resilient personalities. [6]

Clinical examples

1.1 Boy, Michael, 10 years old

Parents had divorced 6 months before. Michael and his 15 years old sister were entrusted to their mother and now live with her. There was a long period of fighting between the parents. The husband did not wish for a divorce, and even threatened her with suicide. Michael sometimes visits his father, although he would not want that sometimes. When he returns from his visits to his father, Michael rejects his mother and sister. He

refuses to speak to his mother about his father. He says he is his father's only friend, because his father tells him so. Michael is impressed by the fact that his father lives alone and does not want to see him upset. The boy does not accept his parents' divorce, and he holds his mother responsible for this. He does not know which parent to believe and during those moments he feels sad and upset.

1.1.1 The Six Part Story

The hero is the Man-Dog, Ham Man. (I) He is playful. He helps you when you get bored or when you have nothing to do. (S, A) His mission is to cheer me up or entertain me when I do not know what to do, (S, A) when I am upset or sad and go to my room (A). When my sister scolds me (S-) I get sad (A) and Ham Man appears and we play video games together.(I). His help is a bone, Osman.(I) It has feet and hands and it is always creative. (I) Ham Man can hold it in his mouth to ease his help. (C) It also has glasses so that he is not discovered. (I) It has a wig, too. (Ph) The obstacle is Cubineg. (I) Neg comes from negative. (C) It's a cube I used to play with when I was little and threw it against the walls, (Ph) or at anything, and the cube did not like that (A) and wanted to take revenge. (I) Action: Cubineg tries to prevent him and throws a bag of meat at him, to make him go to it and not come to me. (C, I)

In the end, Ham Man arrives and makes me cheerful and makes me be no longer upset (I, A) Osman and agent Fly come to his help. (S) The agent flies to the meat (Ph) and takes it.(C) Ham Man goes to the helicopter (Ph) and the helicopter brings him to me. (C)

The analysis of his story according to the Basic PH model led to the following coping style: Imagination (9) Affect (6) Cognitive (5) Physiological (4) Social (3) Social - (1) Belief (0)

Michael uses imagination and expression of emotions as main coping modalities, which are mostly dysphoric. He is very focused on himself and his need to be helped to face solitude and sadness. He experiences conflicting states at the level of relationships.

The objectives we followed in our therapeutic program were gaining better self awareness, strengthening the self and differentiation, stepping out of his loyalty to his father, accepting the divorce. We initially used his coping modalities, through exercises of visualization, metaphorical expression through drawings, stories, dramatization. We then approached aspects of relationships.

Throughout the therapy, which lasted for eight months, Michael gained more confidence in self-expression and developed a better ability of self awareness. He learned to be more responsible for himself and less responsible for those in his family.

1.2 Girl, Adina, 9 years old

Adina's parents are on trial for child custody. She has a 6 year-old brother. Adina watched the conflicts between her parents, at the present moment being caught between two reference systems, in which each parental figure tries to communicate that he or she is the most suitable for taking care of her raising and education. Adina finds herself in alliance with her mother and holds father guilty for the divorce, projecting on him her mother's discontents and not her own. Although she would like to spend more time with her father, Adina chooses not to answer his requests in order not to upset her mother.

1.2.1 The Six Part Story

The hero is a girl (C) from a village, daughter of an ex carpenter(C). He was not able to work anymore (Ph). The girl had a gift, (B) she would weave very beautifully (Ph) and so she worked instead of her father (S).She would weave cloths. (C.) Her mission was to help her father (S). No one helped her. Afrodita, the goddess of beauty (I) also knew how to weave beautifully (Ph) and when she saw how neatly Corina would weave, (C), the goddess (I) took it as a challenge (S-).

The goddess (I) comes on a golden cloud and tells (C) that, if she dared her, now it was her time to dare her on a kind of a fight (S-): Who weaves most beautifully? (Ph). The goddess (I) got angry (A-) that the girl was the one to weave more beautifully, (Ph) and transformed her into (I) a spider that would weave (Ph) its web all its life without receiving any admiration ever (S-).

The analysis of her story according to the Basic PH model led to the following coping style: Physiological (6), Cognitive (5), Imagination (5), Social (2), Social – (3), Affect – (1) , Belief (1)

Adina uses as main coping modalities action and physiological satisfactions (compulsive eating), coupled with imagination and cognitive abilities. She experiences very intense conflicts at the relationships and affective levels. If she finds herself behaviourally in an alliance with her mother against her father, the analysis of her story theme points out to the need of helping her father and the threat she perceives in relation to the competing maternal figure.

The objectives to be followed through therapeutic program are improving her ability to express emotions, strengthening the self, and stepping out the alliance with her mother against her father.

Conclusions

The study using Mooli Lahad's "Six Part Story" Method emphasized the existence of significant differences between coping styles and thematic levels in children coming from divorced families and children coming from intact families.

Identifying the blocked resources in children with a history of divorce offers the therapist suggestions for shaping intervention programs suitable to the child's individual needs. Dramatization on the basis of the stories they create, enhances the children's abilities to differentiate from their parents and facilitates their detachment from parental conflicts.

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Integrative treatment of depression and its impact on quality of life and resilience in cancer patients

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"Success is going from failure to failure without losing enthusiasm." Winston Churchill This is easier said than done. How do you maintain enthusiasm when you are exhausted, discouraged, frustrated, or completely alone? How can you do this?

Abstract

Introduction

The aim of the study was to reveal the impact of the integrative treatment of depression on different domains of life quality in cancer patients, due to the increasing body of studies concerning the domains of the quality of life and resilience factors.

Methods

In the study were included 130 cancer patients with a comorbid depressive disorder, which followed for 6 months several therapeutic options: 76 subjects (58,5%) only antidepressants and 54 subjects (41,5%) antidepressants plus different support psychotherapies. For the evaluation we used Hamilton Depression Rating Scale (HAM-D) and WHOQOL World Health Organization Quality of Life Scale. Statistical processing of data included the T-test (Student) for dependent samples, Kolmogorov-Smirnov test and Kruskall-Wallis ANOVA. The results were considered statistically significant for $p<0.05$, which corresponds to a 95% confidence intervals.

Results and discussions

After 6 months of integrative treatment the level of depression decreased from severe (54,6%) and moderate (38,5%) to mild depression in the majority of patients (59,2%), with a complete simptomatic remission in 11,6% patients. Concerning the quality of life, all the differences had strongly statistic significances ($p<0,01$,) the most important enhancements being in the domains of the psychological health (86%) and physical health (73%).

Conclusions

Cancer associated emotional distress conduct to an important decline in all the domains of the quality of life. Integrated therapeutic interventions contributes to the enhancement in quality of life as a whole, especially in the domain of psychological well-being, recommending it as a valuable approach to increase patients resilience too.

Key words: cancer, depression, integrative treatment, quality of life, resilience

Introduction

It is an increasing body of studies concerning the quality of life (QoL) and resilience factors in depressed cancer patients subjects of integrated psycho-social and pharmacological treatment .A review of Galway 2012 on 3309 studies concerning psychosocial interventions to improve quality of life and emotional wellbeing for recently diagnosed cancer patients revealed that psychosocial interventions comprising information combined with supportive attention may have a beneficial impact on mood and QoL in an undifferentiated population of newly diagnosed cancer patients.(1)The World Health Organization (WHO) defines quality of life as a subjective perception that an individual has of his position in life, in a cultural setting and in a set of values in which he lives, in relation to his goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's: physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (2).

Resilience was defined within the developmental psychology as a variety of psychological resources providing power of resistance when a person faces critical life situations or demands(3) . More specifically Werner (1995) distinguished three contexts for protective factors:1. personal attributes, including outgoing,

bright, and positive self-concepts;2.the family, such as having close bonds with at least one family member or an emotionally stable parent; 3.and the community, such as receiving support or counsel from peers. (4). Latter, Rutter began to argue that resilience was a process, not a trait, and it is created when the protective factors initiate certain processes in an individual, like: building a positive self-image, reducing the effect of the risk factors and breaking a negative cycle so as to open up new opportunities for the individual. And as a process which changes through time, researchers should use qualifiers such as "relative" and "variable" to describe resilience (as in his definition above), rather than any term that might imply absoluteness (5). In his more recent reviews of the literature, Rutter defined resilience as relative resistance to psychosocial risk experiences (6,7). This approach focuses on a range of outcomes, not just positive ones; it does not necessary expect that protection lies in positive experience and does not assume that the answer lies in what the individual does about the negative experience at the time (how he or she copes with it (7).

In the field of psycho-oncology resilience is among variables that improves personal feelings in cancer patients and helps them to be inclined to try to stay alive and also leads to a better understanding of the factors promoting well-being (8). For instance, a study done by Gotay et al. on patients with breast, stomach and lung cancer showed that resilience is related to better quality of life and low levels of depression(9).

Another study examined pain in cancer patients who were undergoing radiotherapy and the results showed that resiliency is a strong predictor of quality of life and adoptability in patients (10).

Resilience was not usually measured yet in patients with neoplasms; but depression is a frequent occurrence, recognized and treated by physicians. Treatment of depression relays mostly on medication, but various studies (including the one presented below) have relayed the importance and positive impact of psychotherapies in the treatment of depression. Psychotherapy has been shown also to increase several aspects of life quality. Therefore, it could be surmised that interventions meant to reduce depression , results also in the improvement of the protective factors which strongly connects with resilience and enhancement in quality of life domains.

Methods

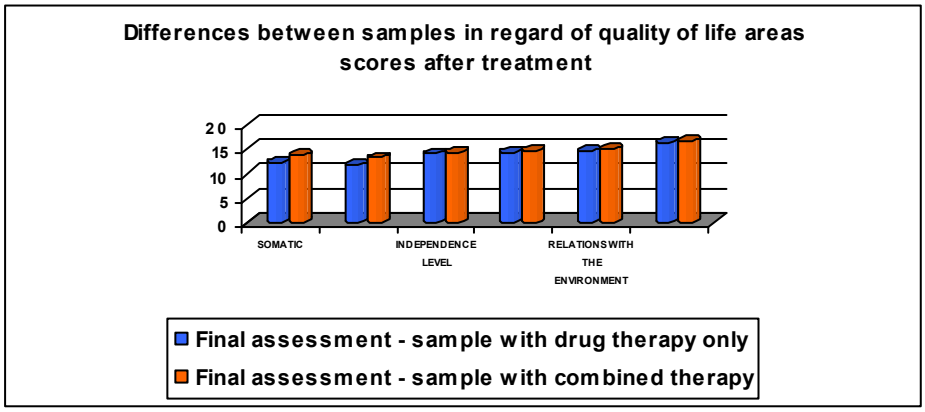
Below is presented a study carried out in Timisoara City Hospital on 130 cancer patients with a comorbid depressive disorder, which followed for 6 months several therapeutic options: 76 subjects (58,5%) only antidepressants and 54 subjects (41,5%) antidepressants plus different support psychotherapies (Cognitive-Behavioral Therapy -13 patients 10%, Family Systemic Therapy -13 patients-10% and Group therapy - 28 patients-21,5%). *The cognitive-behavioral intervention adapted to cancer consisted in:* explanations concerning emotional reactions generated by cancer; clarifying the informations connected to diagnostic and therapeutic procedures ; cognitive restructuring techniques; monitoring and replacement of negative thoughts, with rational explanations; stress management; relaxation techniques followed by guided imagery or autohipnosis.The family systemic therapy adapted to cancer used an approach based on structural (Minuchin)(13) , transgenerational (Bowen, and Onnis)(12,14,15), and systemic (Mara Selvini-Pallazoli)(16) models. Group therapy consisted of an open group with an educational, coping abilities training and social-emotional supportive prophile, with all members participating at at least two meetings /month for a minimum 12 weeks. Instruments used for the evaluation were: Hamilton Depression Rating Scale (HAMD) with 17 items and WHO Quality of Life The World Health Organization Quality of Life assessment (WHOQOL-100) with 6 domains: physical, psychological, social relationships, independence level, environment and spirituality. It also includes 1 facet examining overall quality of life and general health perceptions . Statistical processing of data included Shapiro-Wilk's test and Student t-test.The paired *t*-test was used to assess the responsiveness to clinical change of scores on the WHOQOL-100 at baseline and post-treatment in the different groups.(11)

Results and discussions

Neoplasms are generally associated with emotional distress that ranges between normal feelings of vulnerability, sadness and fear to psychopathological symptoms with life-impairing intensity, like depression, anxiety, panic, somatization, paranoid ideas, social isolation and existential and spiritual crises. The emotional distress associated with neoplasms impacts on the quality of life of the patients, especially in the psychological and general well-being area.

In regard of the quality of life, the results of the study has also shown that combined treatment (drug plus psychotherapy) has better results than drug treatment alone.

Figure no. 1. Differences between samples in regard of quality of life areas scores after treatment



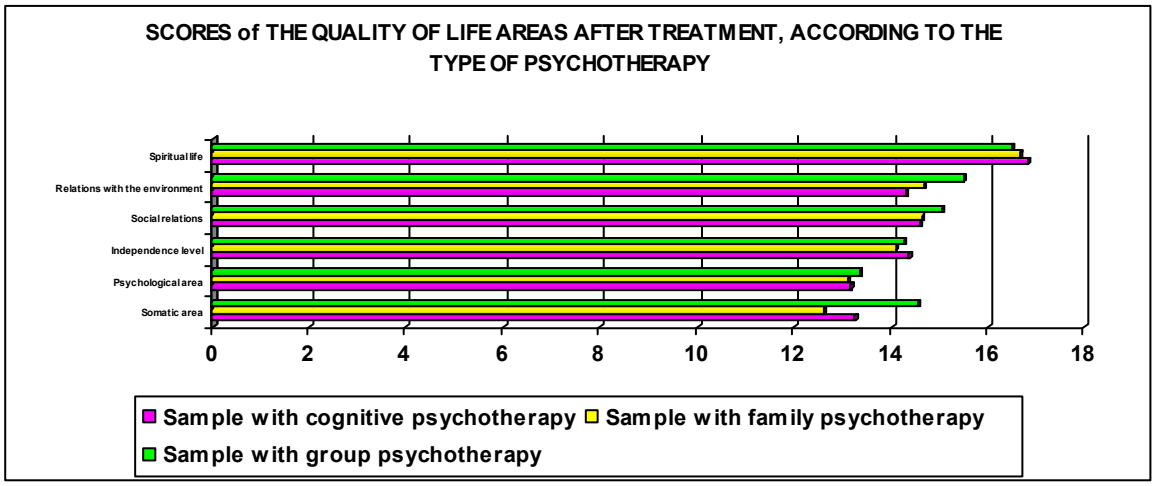
The study has also examined the results of the various combinations of drug and psychotherapy, according to the type of psychotherapy.

Improvements in the domains of Qol , based on beneficial efects of interventions on protective factors, may also seem, according to the modern opinions that , resilience as a process mai facilitate the adaptation to the cancer distress . The results are presented below.

Table no. 1. ANOVA results – comparison of after treatment scores for the samples on types of psychotherapy

QoL Scale Areas	Average score after treatment			Rank differences (H, 2, N = 54))	Statistical significance
	Cognitive psychotherapy	Family psychotherapy	Group psychoterapy		
Somatic	13.25	12.61	14.56	H = 15.61	p = 0.000
Psychological	13.17	13.12	13.36	H = 0.71	p = 0.70
Independence level	14.37	14.09	14.27	H = 4.33	p = 0.11
Social relations	14.60	14.65	15.06	H = 0.39	p = 0.82
Relations with the environment	14.31	14.69	15.49	H = 9.31	p = 0.009 Statistically significant
Spiritual life	16.81	16.66	16.48	H = 3.48	p = 0.17

Figure no. 2. After treatment scores on QoL areas, for the samples, according to the type of psychotherapy



The results of the study realized in Timişoara City Hospital has shown that the Quality of Life in the psychological area has better improved in patients with cancer following a combined treatment for depression: medication and psychotherapy, as compared with patients with cancer following only drug treatment (86% versus 46%). The areas of life quality better responding to this combined therapy were somatic health and social relations. Especially behavioural-cognitive therapy (in association with drug therapy for depression) has shown a significant improvement of psychological and somatic state of patients, and a significant (but by a lesser degree) improvement of patients' relations with the environment and their spiritual life. Family psychotherapy (in association with psychothropic drugs) has managed to promote the reduction of depression and anxiety's intensity in all patients and significant improvements in the psychological and somatic areas and relations within the patients' families. Also, group psychotherapy has helped half of the patients to improve their relations with the external environment and a third of the patients have reported an improvement in the level of their spiritual life, from average to good.

A large systematic rewiew and meta-analysis to date on the effects of psycho-social interventions including individual psychotherapy, group therapy, psychoeducation and relaxation training on emotional distress and QoL in cancer patients demonstrates that these interventions produce small to medium effects on emotional distress, anxiety, depression and health related QoL, the response being more important as the therapies were prolonged more than 6 month (17) .It was found that in the group with less than 12 months awareness of cancer, there was positive relationship between resilience and quality of life in emotional dimension. In other words, by the growth of the cancer, changes in emotional aspects of quality of life are not the same as in the first year; and in this regard, it does not show a meaningful relationship with resilience. Perhaps, this is due to the fact that the patient gradually finds out that dealing emotionally with this problem cannot help him/her (18).The majority of studies that examine cancer and resilience are cross-sectional which limits causal inferences, thus is not clear whether resilience makes peoples less distressed or less distress makes peoples more resilient in face of adversities. Another limitation of previous studies is that they have relied on measures, such as hope and optimism, which are proxy to resilience rather that measures that were developed to assess resilience (19) Other studies done on cancer patients show that high levels of resilience help patients in useing positive feelings and emotions to pass unfavorable experiences and return to favorable condition and quality of life(20). Social support was found to be related to mental health in cancer patients and to act as a buffer to cancer distress and cancer related worries (21). Recently it has been hypothesized that social support might be related to resilience and that the relationship between social support and distress may be mediated by resilience (22,23). A study of Jung Ah min et all (2013) suggests that psychological resilience may independently contribute to low emotional distress in cancer patients. The relationship between resilience and emotional distress was also significant in the subgroup of metastatic cancer patients. Psychosocial interventions to enhance resilience might provide useful approaches to overcome cancer-related emotional distress(24). Independent studies and systematic reviews emphasize that psychologically-distressing problems created or exacerbated by cancer can be effectively addressed by psychosocial and peer support interventions (17, 25).In our study psychosocial intervention significantly improved QoL especially in the domain of psychological and somatic state.

Further studies are required in order to clearly determine the role and action of the various combinations of drugs and psychotherapy, but the results support the importance of implementing psychotherapeutic interventions in oncology patients.

Conclusions

Though few studies have been conducted in Romania on the problem of resilience and cancer, there are studies and programs aimed at reducing depression and increasing the quality of life in patients with neoplasms. Even if we call resilience a *process,* initiated when the protective factors (personal attributes, the family and the supportive community) are mobilized to reduce the adverse factors like cancer and to open new opportunities for the individual, or a *mediator* between social support and cancer related emotional distress, integrative psycho-oncological interventions succeed to reduce the distress and to increase the resilience and quality of life in cancer patients.

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Intervention de type resilience assistee ecosystemique

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Résumé

Après avoir fait une distinction entre les concepts de résilience et de résilience assistée, la présente communication visera à définir les principes d'élaboration d'une intervention écosystémique axée sur la résilience, notamment par le développement de facteurs de protection trans-adversité. Une étude de cas permettra d'illustrer comment partir des résultats d'une évaluation mixte de la personne (questionnaires et méthodes projectives) pour élaborer et mettre en place une telle intervention. Les résultats obtenus à l'*Échelle de résilience* (Wagnild et Young, 1993), aux *Échelles de facteurs de risque et de protection* (Jourdan-Ionescu et al., 2010), à la *Ligne de vie* (Jourdan-Ionescu, 2006) et à l'*Exercice de résilience* (Strümpfer, 2003) permettront de sélectionner les cibles de l'intervention écosystémique axée sur la résilience, de la co-construire et de superviser sa mise en place. La co-construction d'une intervention de résilience assistée basée sur les résultats d'une évaluation mixte est applicable dans tous les milieux et peut être intégrée aux programmes de perspectives théoriques différentes.

Mots-clés : Résilience, Modèle écosystémique, Intervention, Résilience assistée

Quelques précisions sur la résilience

La résilience est « Le processus qui fait que, face à l'adversité, face au traumatisme ou face au stress, des individus, des familles, des groupes d'humains s'en sortent, ne présentent pas de troubles psychiques, continuent à vivre comme avant (ou presque) et peuvent même présenter un fonctionnement psychique meilleur qu'auparavant » [1]. Parmi les exemples d'adversités, nous pouvons citer : une situation de maltraitance, une maladie, un accident, un deuil, une perte d'emploi, etc. Si, au départ, la résilience ne concernait que les individus et leurs caractéristiques personnelles (comme l'estime de soi, la flexibilité cognitive, la régulation émotionnelle et l'humour), la résilience concerne maintenant aussi les familles et des groupes d'humains comme un groupe de travailleurs d'une usine ou les habitants d'une commune ou d'un pays. Le résultat inattendu auquel la balance dynamique entre les facteurs de risque et de protection (individuels, familiaux et environnementaux) aboutit est que la personne ne présente pas de trouble psychopathologique diagnostiqué, s'adapte et reprend son développement et même dépasse les attentes (voir la trajectoire de résilience proposée par Richardson, *Fig. 1*).

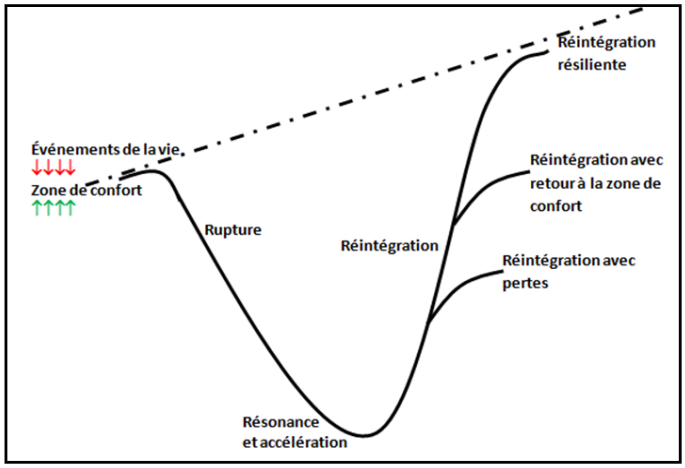

Fig. 1 Évolution après un traumatisme (d'après [2], traduction libre de Hamelin et Jourdan-Ionescu)

Passage de la résilience naturelle à la résilience assistée

La résilience naturelle, telle que nous venons de la redéfinir, se déroule sans l'intervention de professionnels de la santé mentale [3]. Par contre, la résilience assistée se caractérise [4, 5] par :

- la mise en évidence et le développement des potentialités des personnes à risque;
- le dépistage des ressources existantes dans l'entourage de la personne;
- la mise sur pied de programmes de prévention en partenariat;
- la mise en œuvre d'une stratégie d'intervention de type maïeutique.

Comment faire pencher la balance dynamique du côté de la résilience?

Pour cela, il faut viser à diminuer l'impact des facteurs de risque tout en augmentant l'action des facteurs de protection présents afin de développer les potentialités [6, 7]. De plus, il faut ajouter des facteurs de protection trans-adversités [8]. On appelle facteurs de protection trans-adversités des facteurs de protection qui s'avèrent efficaces envers plusieurs adversités à condition de les adapter, de les moduler à la spécificité de ces situations (par exemple, pour une situation de maltraitance affectant un jeune enfant, une personne venant d'apprendre qu'elle a une maladie grave ou une autre confrontée à l'Alzheimer de son parent).

Citons quelques exemples de facteurs de protection trans-adversité :

- une bonne estime de soi, l'emploi de l'humour dans le but s'affilier avec autrui (facteurs individuels);
- le soutien des parents, l'intérêt des parents envers les résultats scolaires de l'enfant, une bonne ambiance familiale (facteurs familiaux);
- un bon réseau de soutien social, la présence d'un mentor ou d'un tuteur de résilience (facteurs environnementaux).

Le modèle de développement d'interventions de résilience assistée (voir la *Fig. 2*) implique tout d'abord d'évaluer les facteurs de risque et de protection de la personne dans une perspective écosystémique et son niveau de résilience naturelle. Pour cela, différents instruments peuvent être employés : échelles de résilience, de facteurs de risque et de protection, grille de réseau social, méthodes projectives, etc. Une fois la résilience naturelle évaluée, il faut choisir les cibles d'intervention en partenariat avec la personne. On visera à diminuer les facteurs de risque (évidemment, ceux qui sont modifiables) les plus dérangeants pour la personne et on augmentera les facteurs de protection qui peuvent l'être. Si possible, on aidera la personne à découvrir d'autres facteurs de protection favorisant sa résilience. L'intervention écosystémique est toujours co-construite en partenariat avec la personne qui oriente l'intervention en fonction de ses besoins et préférences. En ce sens, elle ne peut être qu'individualisée et doit toujours s'appuyer sur tous les systèmes de vie de la personne (facteurs individuels, familiaux et de ses environnements scolaire ou professionnel, services de santé, loisirs, regroupements associatifs et communautaires). L'intervention de résilience visant à assister ou à développer la résilience de la personne peut alors être mise en place et supervisée. Ceci permettra à la personne de continuer le processus de résilience de manière autonome et d'aider des personnes à risque de son entourage à s'engager dans ce processus (diffusion).

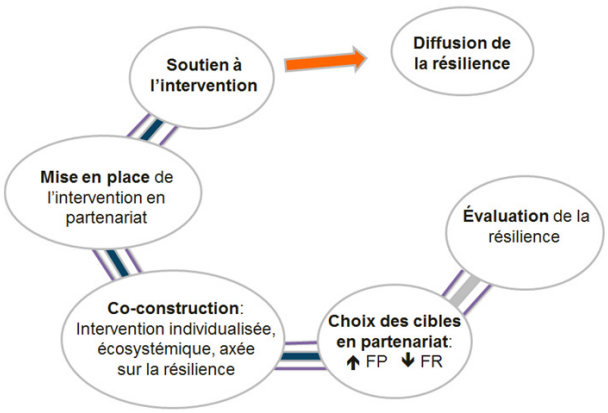

Fig. 2 Modèle de développement d'interventions de résilience assistée [9]

Nous illustrerons l'application de ce modèle à partir des résultats de l'évaluation d'un jeune homme, Victor.

Vignette clinique

Victor a 21 ans et deux mois et est étudiant en sciences. Il est en couple depuis bientôt trois ans, mais il vient d'emménager en appartement avec sa copine. Il fait une demande car il est anxieux (il dort mal, n'a plus d'appétit, se demande comment l'avenir va se passer).

L'évaluation de la résilience naturelle de Victor est réalisée à l'aide de trois échelles (*Échelle de résilience* [10], *Échelle de facteurs de risque* [11], *Échelle de facteurs de protection* [12]), d'une *Grille de réseau social* [13], et de deux méthodes projectives (*Ligne de vie* [14] et *Exercice de résilience* [15]).

Résultats

Le score de Victor à l'*Échelle de résilience* (134) le situe dans la moyenne des étudiants de son âge. Ses résultats à l'*Échelle de facteurs de risque* montrent qu'il rapporte peu de facteurs de risque (4, alors que la moyenne des répondants est le double), mais il faut noter que ce sont principalement des facteurs de risque familiaux. En ce qui concerne l'*Échelle de facteurs de protection*, il obtient un score total inférieur à la moyenne (21), surtout en raison du faible nombre de facteurs familiaux.

La *Ligne de vie* représentée par Victor (*Fig. 3*) met en évidence un événement marquant dans son enfance, le décès de sa maman. Il avait seulement sept ans lorsqu'elle est morte après avoir été longtemps malade. Suite à cet événement, il a été mis en pension par son père. Il inscrit ces deux premiers événements du côté négatif. Son frère (plus âgé de quatre ans) est resté à la maison avec son père. Heureusement, comme son père adorait le sport, il l'avait inscrit auparavant dans une équipe de football, ce qui a favorisé son développement physique et moteur, lui a permis de rencontrer des amis et un entraîneur soutenant, ainsi que de se valoriser par le sport.

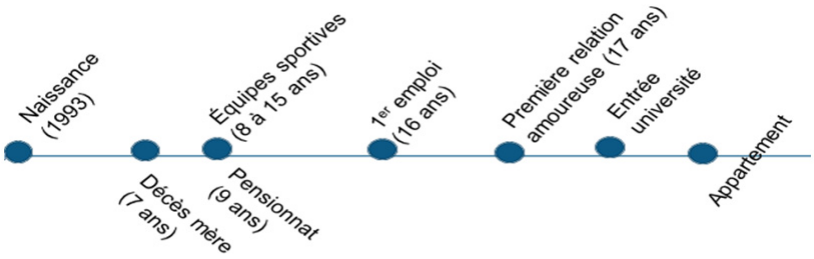

Fig. 3 Ligne de vie de Victor

Victor passe ensuite rapidement à d'autres événements positifs, d'abord son premier emploi (occasion de gagner de l'argent et de se révéler fiable) et sa première relation amoureuse. Il met ainsi en valeur son accès au monde adulte. Puis, il inscrit son entrée à l'université et finalement, il hésite pour son installation en appartement et place cet évènement à cheval sur la ligne (comme pour le mettre à la fois entre le positif et le négatif).

Victor affirme que son réseau social lui procure satisfaction, mais dans sa *Grille de réseau de soutien social* (*Tableau 1*), son père et son frère apparaissent très peu présents. Sa conjointe se révèle essentielle (pour l'écoute, la résolution concrète des problèmes et les activités plaisantes). Ses amis sont aussi importants, tout comme ses grands-parents paternels.

Tableau 1 Grille d'évaluation du réseau de soutien social de Victor [13]

	Se confier	Aide concrète	Activités agréable
Père	-	1	-
Mère			
Fratrie	-	1	-
Copine	**3**	**3**	**3**
Amis	2	3	3
Grands-parents maternels	2	2	1
Intervenants	-	-	-
Enseignants	-	-	-
Autres, précisez :	-	-	-

L'*Exercice de résilience* [15] – qui explore les réponses face à des mises en situation d'adversité – révèle que Victor recherche la résolution du conflit, fait preuve de mentalisation, favorise l'apprentissage à partir des erreurs, l'intégration de l'adversité et qu'il cherche à retirer du positif des situations.

Par exemple, face à la mise en situation « Ron vient d'être mis à pied », Victor répond aux questions :

- *Que pense et que ressent la personne? Que veut-elle?*
  « Ben, tout dépendant du type de personne que Ron est… eee… faudrait qu'il fasse le bilan de pourquoi il a été mis à la porte et de ce qui a mené à ça… mais… pis de tirer… de tirer l'positif de son passage là et essayer de voir ce qu'est-ce que le négatif était. »
- *Que va-t-il se passer? Quelle sera l'issue?*
  « Il va chercher un nouvel emploi… eee.. en tenant compte de tout ça »
- *Plus tard, en y repensant, qu'est-ce que la personne pourrait penser de ce qui s'est passé? Que signifiera pour elle l'expérience qu'elle a vécue?*
  « Il va être content, car… eee… il gagnera plus dans son nouvel emploi, ça l'a obligé à se dépasser ».

Suite à l'évaluation réalisée…

Actuellement, on peut conclure que Victor présente un niveau moyen de résilience naturelle. Même s'il a vécu une enfance difficile (décès de sa mère et pension très jeune), il a comblé les manques par de très bons résultats scolaires et la pratique de plusieurs sports. Il fonctionne bien, a une conjointe et poursuit des études universitaires tout en travaillant pour les payer. Son score à l'*Échelle de résilience* le situe dans la moyenne par rapport aux jeunes de son âge. Ses facteurs de risque familiaux – tout comme l'absence de facteurs de protection familiaux – s'expliquent par la coupure qui s'est produite entre lui et son père et son frère qui ont vécu ensemble alors qu'il était en pension durant toute sa scolarité. Son père et son frère sont très proches, alors que lui vit toujours coupé d'eux. Il est très autonome, fier de ses réalisations et déterminé. Lors de l'*Exercice de résilience*, on constate qu'il emploie des stratégies qui l'amènent à retirer du positif des situations d'adversité. Il affirme être satisfait de son réseau de soutien social.

Par contre, Victor exprime qu'il ressent de l'anxiété dans sa demande. Ceci se confirme, à la fin de sa *Ligne de vie*, quand il parle de son installation en appartement avec sa copine. Il révèle alors que s'il est content d'avoir emménagé avec elle, il se questionne beaucoup sur l'avenir, sur sa capacité à faire face à ce qui va suivre… et notamment le fait d'envisager d'avoir des enfants.

Élaboration d'un plan d'intervention de résilience assistée écosystémique et individualisée

Victor a participé à l'élaboration de son plan d'intervention de résilience assistée en ciblant les facteurs de protection qui lui semblaient les plus importants : abaisser son niveau d'anxiété et avoir une image rassurante de père. Nous avons co-construit une intervention écosystémique favorisant l'action de facteurs de protection individuels (1, 2), familiaux (3, 4) et environnementaux (5, 6):

1. accroître sa capacité d'expression des émotions, renforcer son estime de soi, augmenter sa capacité d'identification au rôle de conjoint et de père; facteurs à développer grâce à un suivi psychologique permettant à Victor d'explorer l'impact du deuil de sa mère et de la séparation d'avec son père et son frère, ainsi que son angoisse face à l'avenir.
2. augmenter sa capacité de contrôle et diminuer son niveau d'anxiété en réalisant des activités de relaxation avec sa conjointe, notamment pour améliorer son sommeil. De plus, le fait de partager cette activité avec sa copine lui permettra de le faire dans un contexte agréable et d'avoir du soutien pour intégrer cette activité dans sa vie quotidienne.
3. se réconcilier avec son père et bénéficier de sa présence comme soutien. Pour cela, il pourrait aller le voir pour regarder avec lui des matchs de football, puis souper ensemble.
4. se rapprocher de son frère qu'il connaît à peine en réalisant régulièrement des activités agréables avec lui qui a aussi dû faire le deuil de sa mère jeune.
5. afin de diversifier son réseau social, Victor peut faire davantage de sports collectifs, pour rencontrer des nouvelles personnes comme lorsqu'il était jeune. Actuellement, il fait du cyclisme l'été dès qu'il a du temps et de la raquette l'hiver avec sa conjointe. Il ne fait plus partie d'une équipe sportive, ce qui lui avait permis de s'en sortir quand il était jeune.
6. enfin, il devrait tenter de se trouver un mentor (homme, père de famille) soit dans le cadre de ses études (un professionnel de la profession qu'il désire exercer) soit dans le sport (un entraîneur, par exemple) qui pourrait lui servir de modèle d'identification paternel, mais qui pourrait aussi le soutenir pour le rendre plus confiant face à l'avenir.

Telle que présentée, la co-construction d'une intervention de résilience assistée basée sur les résultats d'une évaluation mixte est applicable dans tous les milieux et peut être intégrée aux programmes de perspectives théoriques différentes.

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Therapie comportementale dialectique et resilience chez l'adolescent suicidaire, l'experience quebecoise en milieu psychiatrique

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Abstract

PROBLEM: One of the best therapeutic practice that support resilience in adolescents with suicidal attempt and severe mental disorders is dialectical behavior therapy. OBJECTIVES: To measure the implementation of this therapy and assess its impact in young people with suicidal behavior. METHODS: The implementation of the program is evaluated by two independent evaluators. The structure of the program implementation, the intervention protocols proposed and matter products are used as indicators. The impact of the treatment is evaluated in 28 teens (M = 15.9 years, SD = 1.26) receiving therapy in Quebec psychiatric setting. The research design is based on a pre-test and post-test group without control group. Measures are taken before and after a 20 week program with an assessment of life skills, suicidal behavior, self-mutilation and symptoms of borderline personality. RESULTS: A high rate of agreement between evaluators (program structure = 90.1%, kappa = 0.78; intervention protocols = 93.8%, kappa 0.82 and matter product = 90%, kappa = 0.64) was found between Quebec and U.S. programs. Correlation analysis showed a significant relationship between the decrease symptoms of borderline personality and improving mindfulness (r = -0.43), emotional control (r = 0.55) and distress tolerance (r = 0.73). The linear regression analysis shows that the distress tolerance contributes significantly reduce the symptoms of borderline personality disorder (β = -0.67, p = 0.001). The hierarchical regression analysis indicates that the reduction of the symptoms of borderline personality is related to an improvement of the first mindfulness (β = 0.67, p = 0.01), then emotional regulation (β = 0 , 75, p = 0.01) and finally, the distress tolerance (β = -0.67, p = 0.01). The model explains 56% of the variance. CONCLUSIONS: The results indicate that this therapy has been well applied in Montreal and had an impact on reducing the symptoms of borderline personality enhancing life skills. The order in which these skills are taught is important.

Keywords: adolescent; suicidal behavior; self-harm; borderline personality; Dialectical Behavior Therapy; life skills; implantation; impact.

Introduction

Le suicide constitue la deuxième cause de mortalité chez les 15 à 19 ans au Québec [1]. Pour chaque suicide à l'adolescence, il y aurait environ 100 à 200 tentatives de suicide [2]. L'adolescent présente aussi des comportements d'automutilation. Même si ces comportements ne sont pas accompagnés d'une intention de mourir, certains d'entre eux sont associés à une dangerosité et à des décès possibles. Ils sont estimés à 18 % chez les adolescents américains [3]. Diverses études ont mis en évidence la cooccurrence de troubles mentaux chez les adolescents morts par suicide [4-7]. Selon Jacobs du *Harvard Medical School*, les individus présentant des comportements suicidaires et d'automutilation peuvent être partagés en deux groupes, l'un présentant des troubles dépressifs, l'autre présentant des troubles complexes associés habituellement à des symptômes de personnalité borderline [8]. Une des meilleures pratiques thérapeutiques soutenant la résilience chez les jeunes appartenant au deuxième groupe est la thérapie comportementale dialectique [9]. Cette prise en charge de l'adolescent et de ses parents vise essentiellement l'acquisition de compétences afin de faire face à l'adversité de la vie [10]. La présente étude québécoise rend compte de l'implantation et de l'évaluation de la thérapie

comportementale dialectique chez des adolescents qui présentent des comportements suicidaires et d'automutilation avec des symptômes de personnalité borderline.

Description du programme implanté et évalué

La thérapie comportementale dialectique, développée par Marsha Linehan de l'Université de Washington, est un programme d'intervention indiquée s'adressant aux individus présentant des comportements suicidaires et d'automutilation avec des symptômes de personnalité borderline. Ce programme s'inscrit dans la troisième vague des thérapies cognitivo-comportementales puisqu'il met l'accent sur l'utilisation des stratégies d'acceptation et l'enseignement de la mindfulness. La mindfulness est généralement définie comme étant la capacité de maintenir volontairement et de façon soutenue son attention sur l'expérience du moment présent, et ceci, sans juger cette expérience. Dans ce programme, les comportements suicidaires et d'automutilation sont conceptualisés comme une conséquence d'un dysfonctionnement de la régulation des émotions. Ce dysfonctionnement est expliqué par une vulnérabilité émotionnelle sur le plan du tempérament qui est exacerbé par un environnement nuisant à l'apprentissage de l'autorégulation des émotions. Pour diminuer le dysfonctionnement de la régulation des émotions, ce programme cible l'apprentissage de compétences psychosociales permettant à l'individu de mieux réguler ses émotions. Dans un premier temps, les compétences sont apprises grâce à une intervention de groupe. Dans un deuxième temps, cet apprentissage est réalisé grâce à une thérapie individuelle visant l'intégration et l'application de ces compétences dans la vie quotidienne. Dans un troisième temps, cet apprentissage est effectué par un soutien téléphonique visant la généralisation de ces compétences dans la vie quotidienne de l'individu. Dans un quatrième temps, une supervision d'équipe hebdomadaire obligatoire est mise en place pour assurer la qualité des interventions de groupe, individuelles et téléphoniques.

Dans la présente recherche, le programme est offert à des adolescents de 14 et 17 ans en milieu psychiatrique québécois présentant des comportements suicidaires et d'automutilation avec des symptômes de personnalité borderline. Le programme offert s'échelonne sur 20 semaines et est dispensé par une équipe de professionnel en santé mentale. Durant cette période, les adolescents assistent chaque semaine à une rencontre de groupe de deux heures pour l'entrainement aux compétences. Ces groupes sont fermés et composés uniquement de filles. Ces rencontres sont animées par quatre cliniciens, dont deux sont responsables des adolescentes et deux sont responsables des parents. Durant cette rencontre, les adolescentes apprennent et pratiquent les compétences proposées. Le contenu du groupe de compétences est divisé en quatre modules et chaque module porte sur une compétence précise : la mindfulness, la tolérance à la détresse, la régulation émotionnelle et l'efficacité interpersonnelle. Les adolescentes assistent également chaque semaine à une rencontre de thérapie individuelle d'une durée de 50 minutes avec leur thérapeute primaire. De plus, le thérapeute offre une aide d'urgence par des disponibilités téléphoniques durant les jours de la semaine.

Méthodologie

Cette étude a reçu l'approbation du Comité d'éthique à la recherche et comprend deux volets.

1.1 Volet implantation

Est-ce que l'analyse des critères de succès confirme l'implantation de la thérapie? Un devis de recherche descriptif pour évaluer l'implantation du programme en milieu psychiatrique est utilisé. L'implantation du programme est réalisée par six intervenants. Cette évaluation touche l'intégrité du programme (structure, protocole et matériel). Des observations systématiques et participantes sont réalisées et l'examen de ces observations est basé sur des critères de succès. Ces critères permettent d'évaluer avec un taux d'accord inter-juge de deux évaluateurs les retombées de l'implantation du programme.

1.2 Volet évaluatif

Est-ce qu'une diminution des symptômes de la personnalité borderline et une amélioration des compétences sont observées après la thérapie? Et, est-ce que l'amélioration et l'utilisation des compétences est associée à une diminution des symptômes de la personnalité borderline après la thérapie? Un devis de recherche avec pré-test et post-test sans groupe contrôle avec 28 adolescents qui ont reçu le programme est retenu. Le diagnostic est émis à partir de l'entrevue clinique du psychiatrique, de l'entrevue au Kiddie-Sads-PL de Kaufman et al. (1997) et de l'entrevue structurée du DSM-IV pour l'axe-II de Frist et al. (1996). Les comportements suicidaires, d'automutilation et de symptômes de personnalité borderline sont évalués à partir du *Borderline Symptom List* de Bohus et al. (2009). Deux approches sont proposées pour évaluer les compétences psychosociales. La première suggère l'évaluation globale de l'utilisation des compétences à l'aide du *DBT Ways*

of Coping Checklist de Neacsiu et al. (2010). La deuxième approche suggère de mesurer chaque groupe de compétences du programme pour identifier la contribution individuelle des compétences psychosociales sur le dysfonctionnement de la régulation des émotions. Les questionnaires retenus sont : le *Five Facet Mindfulness Questionnaire* de Baer et al. (2006), le *Distress Tolerance Scale* de Simon et Gaher (2005), le *Difficulty in Emotion Regulation Scale* de Gratz et Romer (2004) et l'*Inventory of Interpersonal Problems* de Barham et al. (1996).

Résultats

1.1 Volet implantation

Les résultats indiquent que le programme implanté respecte le programme original dans une proportion de 90,1 % ; un accord inter-juge avec un kappa de 0,78 est obtenu entre les deux évaluateurs. Les résultats montrent que le protocole de traitement respecte les étapes du protocole général dans une proportion de 93,8 % ; un accord inter-juge avec un kappa de 0,82 est obtenu entre les deux évaluateurs. Les résultats révèlent que le matériel québécois respecte le programme américain dans une proportion de 90 % ; un accord inter-juge avec un kappa de 0,64 est obtenu entre les deux évaluateurs.

1.2 Volet évaluatif

Les résultats révèlent que l'amélioration de la mindfulness, de la régulation des émotions et de la tolérance à la détresse sont associées à la diminution des symptômes de personnalité borderline chez les adolescents (Tableau 1). De plus, une régression hiérarchique suggère que l'ordre d'enseignement de ces compétences joue un rôle dans les gains thérapeutiques observés. La séquence d'enseignement des compétences trouvée confirme que pour optimiser l'impact du programme, la mindfulness devrait être enseignée en premier, que la régulation devrait être enseignée en deuxième et que la tolérance à la détresse devrait être enseignée en dernier. Le modèle explique 56 % de la variance (Fig. 1).

Tableau 1 Corrélation entre les valeurs résiduelles obtenues aux variables dépendantes (n = 28)

Variables	Prétest		Posttest				
	M	*ET*	*M*	*ET*	*t(27)*	*p*	*d*
Compétences de *mindfulness*	99,4	19,0	121,9	21,1	7,04	<,000	1,33
Compétences de tolérance à la détresse	2,1	0,8	2,8	0,9	3,07	,001	0,66
Difficultés de régulation émotionnelle	127,2	21,7	98,8	29,9	-5,92	<,000	1,12
Difficultés interpersonnelles	60,9	17,6	51,6	24,2	-2,70	,012	0,51
Utilisation des compétences	1,1	0,6	1,7	0,5	5,97	<,000	1,17
Symptômes de la personnalité limite	2,2	1,0	1,7	1,0	-2,22	,035	0,42
Comportements autodestructeurs	5,8	5,4	3,6	3,5	-2,62	,028	0,41

Effet de petite taille $d = 0,20$, effet de taille moyenne $d = 0,50$, effet de grande taille $d = 0,80$.

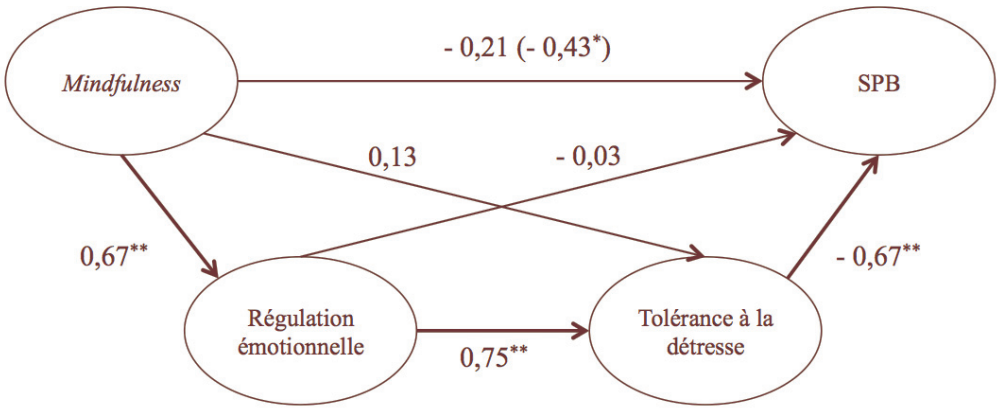

Fig. 1 Modèle de la relation entre les améliorations des compétences et la diminution des symptômes de la personnalité borderline selon les coefficients standardisés (β).

*** p < ,01, * p < ,05 (bilatéral)*

Conclusion

Ces travaux témoignent de la complexité de mener une recherche d'implantation et d'évaluation en milieu psychiatrique québécois chez des adolescents difficiles à traiter et à haut risque de comportements dangereux. Malgré ces défis, la présente étude a contribué à l'implantation de la thérapie comportementale dialectique auprès de ce groupe. Par ailleurs, cette étude s'inscrit dans un désir d'évaluer les interventions psychologiques et de mettre de l'avant une pratique clinique qui repose sur des données probantes. L'ensemble de ces efforts a permis la réalisation d'une recherche novatrice permettant l'avancement des connaissances. En effet, le résultat principal de cette étude est la mise en relief du lien existant entre l'apprentissage des compétences psychosociales enseignées et les gains thérapeutiques observés chez les adolescents après ce programme. Cette étude permet de mieux comprendre comment certaines notions intégrées aux thérapies cognitico-comportementales de troisième vague, comme la mindfulness, le non-jugement et l'acceptation, semblent jouer un rôle important dans le rétablissement d'adolescents qui présentent des comportements suicidaires et d'automutilation avec des symptômes de personnalité borderline. Ces résultats sont ainsi porteurs d'espoir pour l'intervention axée sur la résilience de jeunes qui étaient jusqu'à récemment considérés réfractaires aux traitements psychologiques. Il demeure que cette étude est basée sur un devis de recherche sans groupe contrôle qui utilise un protocole d'évaluation constitué uniquement de mesures auto-rapportées et qui comprend exclusivement des filles.

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Construire la resilience dans les situations de crise, l'experience libanaise du centre d'accueil de l'enfant de la guerre et de sa famille

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Abstract

Following the shelling of Qana (April 1996) which killed 104 people including 39 children and 24 women, and medical centers for psychological counseling for children victims of war and their families were established in Beirut and South Lebanon (Tyre, Nabatieh). These centers were designed on the same base like centers of medical and psychological consultations operating in France. Children and adolescents are treated with outpatient psychotherapeutic support. A multidisciplinary team of psychiatrists, psychologists and social workers support children who visit the centers. Since December 1996 until February 2014, 3,730 children and adolescents were followed-up which represents 27,000 consultations. Of these, 3730 were directly exposed to stress.

Key words: children victims of war, psychotherapeutic support, resilience construction

Evénement traumatique et travail de mentalisation

Un cas clinique, le cas de Hassan illustre les situations rencontrées dans le cadre de ma pratique.

En juillet 2006, lors des bombardements israéliens, Hassan âgé de 4 ans se trouve à Cana. L'immeuble où il s'était réfugié avec ses parents et sa sœur Zeinab s'écroule. Rabab la mère de Hassan réussit à sortir de sous les décombres son mari handicapé Fadi, son fils Hassan. Pendant qu'elle était à la recherche de sa fille Zeinab, elle confia Hasssan qui dormait dans ses bras à un voisin. Celui-ci croyant que Hassan était mort l'emmena dans une maison isolée où se trouvaient toutes les personnes décédées lors du bombardement. Cinq heures plus tard l'enfant se réveilla. Il était entouré de cadavres autour desquels les chats et les chiens rodaient. Il se mit à hurler, pensant que sa mère et son père l'avaient abandonné. Un jeune homme l'entendit. Il l'emmena chez sa mère. L'enfant saignait. Il était gravement atteint à la tête. Rabab la mère de Hassan, blessée au bras marcha seule avec son fils durant deux heures sous les bombardements israéliens. Arrivés au premier poste des Forces de Sécurité, la Croix Rouge transporta Hassan et sa mère à l'hôpital où ils reçurent les soins nécessaires.

Quinze jours après la tragédie qui a coûté la vie à Zeinab, la sœur de Hassan, j'ai rencontré l'enfant et ses parents. Durant l'entretien, Hassan s'exprime facilement. Il coopère, affirme bien dormir, ne jamais être triste. Il lui arrive rarement de pleurer. Hassan dessine une maison, des tanks israéliens, des hommes de la résistance libanaise qui tuent les Israéliens. Selon lui, sa sœur Zeinab est au paradis et il ne souhaite qu'une seule chose « mourir pour la rejoindre le plus rapidement possible ». Il ne présente aucun symptôme sur le plan clinique.

Interrogée à l'école trois mois après la tragédie, son enseignante affirme qu'il s'agit d'un excellent élève et tient le discours suivant :

« Je n'ai pas constaté que la guerre avait des effets négatifs sur le fonctionnement psychique des enfants… J'ai constaté que les élèves étaient très fiers des martyrs de la résistance …Il y a même énormément d'élèves qui sont fiers d'avoir eu leur maison détruite ou d'avoir perdu un de leur proche… Beaucoup d'entre eux souhaiteraient s'entraîner dans les camps militaires pour affronter Israël… ».

Cet enfant que j'avais rencontré en 2006, m'avait poussée à réfléchir et à me poser les questions suivantes : S'agit-il d'un enfant résilient ? Sera-t-il confronté à la désorganisation psychique ? Qu'adviendra-t-il si plus tard Hassan décide de ne plus être attaché au même idéal politique et religieux ?

Il y a 2 ans, Hassan et sa mère sont venus me voir au CMP à Tyr. Hassan se plaint de douleurs abdominales importantes sans aucune cause organique. Durant la consultation, Hassan qui a 7 ans ne peut pas rester assis plus de quelques minutes. Il se lève souvent, marche, déchire les dessins des enfants accrochés au mur puis s'assied pour se lever de nouveau peu de temps après. Hassan évoque ses peurs : peur d'être seul, peur

qu'on tue ses parents comme on a tué sa soeur. Il me raconte qu'il aime se défouler en cassant les objets, se décrit comme agité à l'école.

La mère quant à elle présente une angoisse de séparation importante associée à des symptômes dépressifs.

Je suis amenée à leur proposer une thérapie mère-enfant pour leur permettre de verbaliser leurs angoisses. Par ailleurs, Hassan bénéficie dans le cadre scolaire de séances d'art- thérapie.

Cette vignette clinique illustre bien le fonctionnement psychique des patients traumatisés. La décharge dans l'action constitue une particularité du fonctionnement de Hassan. Elle masque un éprouvé trop violent, source de maux dangereux et permet d'évacuer hors du psychisme une réalité impensable.

Le déni chez cet enfant ne pouvait se maintenir qu'accompagné d'une fuite motrice pour lutter contre la douleur mentale insupportable**.** Joyce McDougall [1] affirme que les patients qui présentent des somatisations et des agirs comportementaux ont besoin de rechercher dans la réalité externe « une nourriture perceptive adéquate ». Les perceptions venues de l'extérieur agissent ainsi comme des interprétations calmantes venues du dehors. Le surinvestissement du factuel constitue un contre-investissement anti-traumatique. Les solutions par l'agir, auxquelles peuvent être assimilées les manifestations psychosomatiques renvoient à une faille dans le processus de symbolisation. « Elles recèlent toutefois » précise McDougall « une lutte pour la vie, et notamment pour la survie psychique de l'être ».

La thérapie a permis à la mère et à l'enfant d'entreprendre le deuil de Zeinab. J'ai été amenée six mois après le début de la prise en charge à travailler avec le père. Le père dans son récit a évoqué plusieurs événements *séparés dans le temps.* La forme narrative du récit a permis que puissent se retisser des liens entre ce qu'ils étaient avant le décès de Zeinab et ce qu'ils sont devenus par la suite. Les capacités de mobilisation psychique du père, c'est-à-dire les instances de transformation et de médiation, ce que Kaës [2] appelle l'intermédiaire, en tant qu'il assure une fonction de « reprise sur une rupture maintenue » ont joué un rôle important dans l'évolution psychique de la mère et de l'enfant. Elles ont favorisé le travail de l'histoire et ont empêché l'évènement de s'inscrire en traumatisme.

Caractéristiques de la prise en charge des enfants de la guerre

Dans nos différents centres la clinique de la violence et du traumatisme se donne à voir dans sa richesse et sa diversité. Le psychologue est souvent confronté non seulement aux conséquences de la violence de la guerre mais aussi à la violence des parents à l'égard des enfants, violence des professionnels dans les institutions à l'égard des enfants, violence des enfants entre eux, violence de la société à l'égard de nos patients.

Violence et mentalisation nourrissent donc la réflexion des thérapeutes qui travaillent au Centre d'accueil de l'enfant de la guerre.

Le chemin que j'ai parcouru avec mes patients m'amène à m'interroger sur les spécificités de la prise en charge psychologique des enfants de la guerre et de leur famille. Comme dans tout suivi psychologique, la rencontre avec le patient est singulière. Chaque intervenant se présente comme un élément d'étayage possible prêt à se laisser utiliser comme objet contenant pour tout ce qui est difficile à supporter pour les familles. Le souci de l'autre est prédominant. L'autre avec ses valeurs, avec sa culture nous impose des rythmes qui ne sont pas les nôtres et qui entravent nos désirs. Ce n'est qu'à condition de reconnaître l'altérité, que le penser avec sera plausible et que le travail dans l'entre-deux du lien pourra être possible.

Dans le cadre de cette rencontre, le dispositif offert va renforcer les structures et les processus qui sont à l'interface entre le psychique et le social et qui aident à l'autoconservation aussi bien qu'à l'adaptation, renforcer l'aire transitionnelle de Winnicott. Il s'agit donc d'une relation qui laisse la place à la créativité et à la symbolisation. Elle confronte le soignant à des affects violents de colère, de honte et de culpabilité. Dans ces situations, comme le précise Winnicott [3], le thérapeute doit être un témoin compréhensif de la détresse de l'enfant. Sa reconnaissance non angoissée de la période difficile dans laquelle se trouve l'enfant-ce que Winnicott appelle « la compréhension favorable » est en soi-même une intervention

Mais souvent lorsque le patient est en danger le thérapeute ne pourra se contenter de l'intervention classique. Il faudra nécessairement impliquer l'environnement des patients et concevoir des actions pour transformer les environnements. C'est ici que notre travail devient difficile. Je pense ici essentiellement aux enfants carencés affectivement placés dans les institutions.

Pour permettre à ces sujets traumatisés de se reconstruire, les pratiques d'accompagnement comprennent nécessairement un travail de co-pensée avec nos partenaires. Il faut donc solliciter les différents acteurs qui entourent l'enfant et leur faire prendre conscience de l'importance d'un itinéraire de résilience.

Dans le traité de résilience assistée qui vient de paraître, Jean-Pierre Pourtois et Huguette Desmets [4] , Professeurs à l'Université de Mons fixent les critères qui permettent de distinguer les institutions de résilience : l'autorisation de la créativité, le respect de la temporalité du sujet, et le questionnement des procédures que l'institution produit. Il est important que les procédures ne fassent jamais l'objet d'une application routinière

comme c'est le cas dans les structures sociales d'aide traditionnelles. Dans celles-ci la force des habitudes et la contrainte des normes laissent peu de place à l'initiative personnelle du sujet.

Ce travail de co-pensée se révèle fructueux dans notre partenariat avec certaines institutions où les professionnels saisissent l'importance pour les patients d'établir un lien positif avec leur environnement proche et d'être accompagnées dans un développement résilient si celui-ci est possible.

Toutefois le bât blesse lorsque le lien social n'est plus possible, lorsque comme le dit André Green le rôle structurant et organisateur de l'autre se perd.

C'est le cas de beaucoup de nos patients n'ayant connu que des situations traumatisantes, suivis dans notre association pour la plupart depuis 15 ans, en situation de grande souffrance parce que vivant dans un contexte qui les disqualifie socialement. Il règne chez ces sujets une impression profonde d'inaccomplissement au sein de la communauté humaine et la conviction continue de ne plus pouvoir s'intégrer au sein de la société. La haine à l'égard de la culture envahit le champ psychique.

Je pense aujourd'hui en particulier à Odette, Elissar, Khalil, Georgette et à beaucoup d'autres. Georgette répète à chaque séance les propos suivants :

« Je déteste ce pays. Il ne te donne rien lorsque ta famille est inexistante. Il ne m'apporte rien, ne laisse aucune place à la différence. J'étouffe physiquement, psychiquement. Les libanais ne peuvent vivre que dans la guerre. Ils sont en guerre avec eux-mêmes, en guerre avec la société. Je veux partir. C'est une société qui absorbe. Soit tu te noies, soit tu te quittes. Ce pays ne connaît pas l'intermédiaire. Je veux partir et ceux qui ont choisi de rester, qu'ils se débrouillent, qu'ils assument leur choix ».

Se pose ici tout le problème de la déliaison sociale. Comment fortifier le moi de ces sujets lorsque l'étayage par et dans le socius est impossible ? Comment promouvoir la résilience de ces patients, leur permettre de tisser un lien identificatoire à l'ensemble humain lorsque les tuteurs de résilience et les réseaux de soutien sont absents ?

Conclusion

Je voudrai postuler ici l'existence d'un système anti-traumatique chez les enfants résilients. Dans ce système interviennent des facteurs individuels comme la constitution du sujet mais également des facteurs liés à l'environnement familial et social de l'enfant. Le développement précoce satisfaisant constitue la pierre angulaire de ce système.

Par ailleurs, dans les situations de guerre, les stratégies d'intervention que met en place le psychologue contribuent á renforcer la résilience des patients. Le thérapeute par sa capacité de penser doit parvenir à contenir ce qui est exprimé de l'angoisse des patients et à le leur restituer sous une forme assimilable qui puisse donner lieu à une transformation de leur psychisme. La liaison consistera en cette activité de transformation. Mais parfois, malgré le travail thérapeutique, la violence du destin continuera à agir à l'intérieur de soi en ne trouvant aucune transformation, aucune transaction, aucun déplacement possible. La réalité externe avec son effet de discontinuité nocif dominera la scène. L'entourage ne pourra pas jouer son rôle de pare-excitations. Seule ici le travail de la culture sera décisif pour la continuité de la vie psychique, travail de culture qui tentera de trouver les mots pour décrire l'expulsion hors du monde civilisé, la barbarie des actes. Il permettra à certains sujets d'assumer leur mémoire pour qu'elle devienne une mémoire dynamique pour l'avenir.

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Assisted resilience in emotional therapy and art therapy

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Abstract

The paper presents the evaluation process of the projects financed by MOL and by the „Foundation for Community", *a MOL Program for Children's Health"*. The program has been implemented for 5 years, during which 7357 children and adolescents had the chance to benefit from art therapy and emotional therapy. The beneficiaries of the project were children and adolescents under 18 years who had different deficiencies, chronic disorders, children recovering after severe disorders or children with permanent severe disorders (for example tumours, psychiatric disorders, lymphatic, endocrinologic, respiratory, digestive, motor disorders etc.). The evaluation of the projects submitted is a complex process, having very strict evaluation criteria. The evaluation team is formed by experienced specialists in the fields of psychology and special psycho-pedagogy. The criteria used for the scoring of the projects are presented (the formal and professional requests). The main objective is a proper, efficient evaluation of a project, in order to select the best projects, so that as many children and adolescents as possible can benefit by emotional and art therapies, leading to resilience and psychological and physical wellness.

Introduction

The paper has the purpose to present a health program with a significant national impact, regarding the emotional and art therapies for children with disabilities, chronic disorders and at risk for different problems. At the national level, the objective of this program is to promote the alternative therapies, such as emotional therapy and art therapy, complementary to the medical, social, psychological, psycho-pedagogical and educational services. It is not easy to define what can be included in emotional and art therapy, because the majority of the therapies influence the emotional experiences and these experiences can be expresses in a variety of artistic ways.

Our experience shows that many therapeutic activities are able to improve the physical and psychological states and to help building resilience in the persons being at risk. Art therapy can be related to the concept of resilience. Some authors stress the possibility of discovering indicators of resilience in the artistic performances of the patients who had suffered a trauma and were involved in a program of art therapy [4]. The processes and mechanisms through which art therapy contributes to the development of resilience are related to creativity, to the ability of creating something new and special, leading to a positive effect on the self-esteem. The making of an artistic product or the simple process of artistic experience gives the person the opportunity to express his intimate feelings which, in some cases, especially in children, cannot be easily verbalized. Resilience is more than just an adaptation to adverse conditions or just surviving them. A person is not resilient besides the adverse conditions, he is resilient due to these conditions. The experience of extreme stress can help the person to discover the strength which he might not have been aware of, to do things he did not think he was able to do. *The MOL Program for Children's Health* finances the projects that involve art therapy and emotional therapy. These methods are the best for discovering and developing resources and hidden talents and for learning new techniques and approaches for problem solving.

1.1 Art Therapy

This form of therapy teaches children, adolescents and even adults to freely express their feelings, thoughts and preoccupations. It facilitates creativity and confidence in one's own capacities. All these are possible through the guidance of specialists, in the process of assisted resilience. Art therapy is a strong

"instrument" used in the therapy of children suffering from cancer [1]. It enables emotional expression, imagination and it is indicated for the ill children and in the strengthening of resilience [6].

1.2 Emotional Therapy

The emotional therapy must not be confused with the Emotion-Focused Therapies (EFT) or with Rational Emotive Psychotherapies (REPT), where the focus is on the emotional experiences, the patients being helped in identifying, expressing, exploiting, transforming and managing emotions. In the case of children and adolescents, the mechanism through which emotions are controlled or influenced is different than the one used in the emotion-focused therapies. The mechanism is an indirect one, implying therapeutic activities which offer the opportunity to process the emotions connected to the illness or disability.

1.3 Art Therapy, Emotional Therapy and Resilience

Group art therapy and emotional therapy gives the children and adolescents the opportunity to meet other persons dealing with the same or similar situation and to approach problems in a secure environment, where other people (children, adolescents, adults) can understand the difficulties related to different traumatic situations. This fact is very important for building resilience. In all therapies, not only art therapy, the therapist is the mentor of resilience.

1.4 Strengthening the resilient factors through the MOL Program for Children's Health

The research shows that certain school, family and environmental factors can modify, alter or even reverse the expected negative consequences of some situations experienced by the children and that these children can develop resilience in this risk situations [2,3]. The program aims to enable all the factors that can have a role in the development and strengthening of the beneficiaries' resilience, involving as many persons as possible in this process: family, caregivers, specialists from different domains. It does not focus only on the problem and the child, but on the whole environment of the child, promoting a systemic approach.

Methodology

The project does not consist in a simple intervention, on a specific target group. It has a broad approach, thus the methodology is a complex one, implying a variety of interventions designed for different target groups.

1.1 The target group

The target group is formed by children and adolescents under 18 years, who suffer from a disability or a chronic disorder, children recovering from a severe disorder, children having a permanent severe disorder or children at a high risk for developing a somatic or mental disorder (children with a psychiatric disorder, children passing through a mourning process, children who suffered emotional/physical trauma, adolescents with addiction problems or children form fostering centres). The target group is not a specific one, including a variety of disorders and difficulties. During the 5 years (2009-2013) of the *MOL Program for Children's Health* development, 90 projects were financed and 7357 children were included in these projects.

1.2 Selection of the participants/beneficiaries

During time, there are more and more associations and specialists who aim to support the families of children with special needs and at risk. Thus, the number of art-therapists and specialists in the domain of mental health, psychology and special education who use this type of therapies has also grown. We will present the target groups from different years, according to applications and funding. Considering the various types of disabilities and chronic illnesses, they were grouped in the following way:

1.2.1 The target groups in 2012

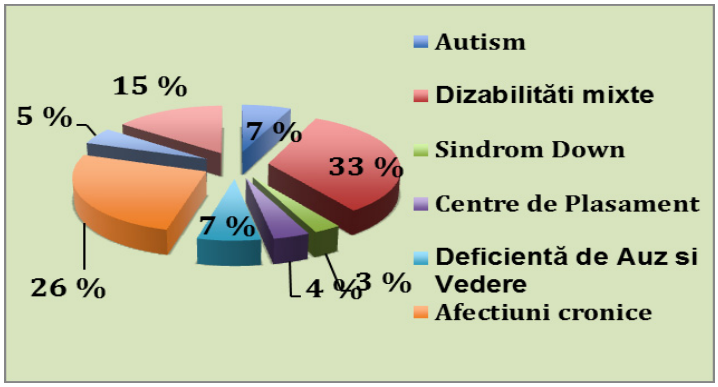

Figura 1. *The distribution of the target groups of the applicants (Funding for Children's Health, 2012), N=3994*

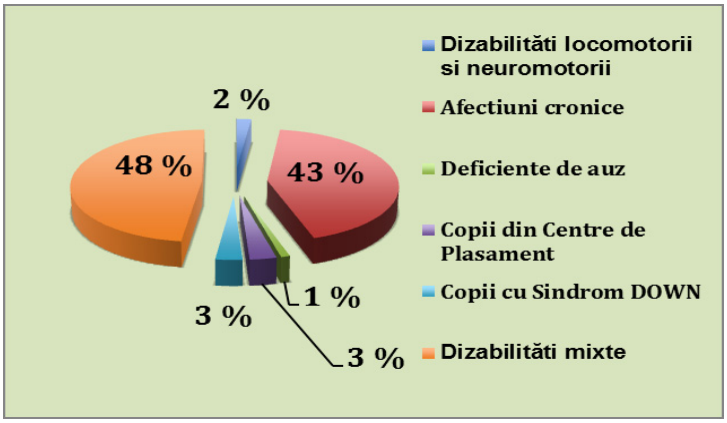

Figura 2. *The distribution of the children who benefited from MOL funding in 2012 (N = 778)*

In 2012, the majority of the projects had as target groups children with Down Syndrome, children with different disabilities and children and adolescents with chronic disorders (Table 1). In this year, out of 12 projects applying and targeting children with autism, none received funding. The most frequent target groups which were financed were the mixed groups.

Tabel 1. *The number of applications, financed projects and type of disabilities (2012).*

	ASD	Down S.	Mixed	FC	Sight and Hearing deficiency	Chronic disorders	Locomotor and neuromotor disorders	Others
Applications	12	6	49	6	6	25	1	3
Financed projects	0	1	9	1	1	6	1	0
					Total of projects receiving funding			19
					Total applications			108
					Rejected projects			2

ASD – Autism Spectrum Disorders
FC – Fostering Centers
Others: emotional and behavioural disorders, speech and language disorders, respiratory disorders

Target groups in 2013

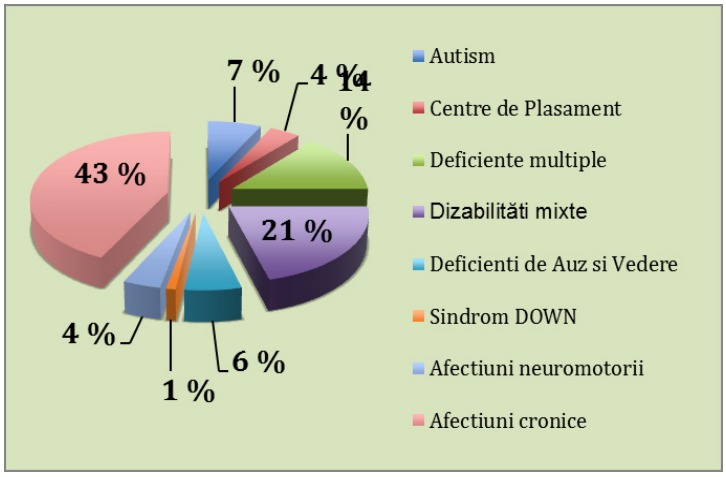

Figura 3. *The distribution of the target groups of the applicants (Funding for Children's Health, 2012),N= 4527*

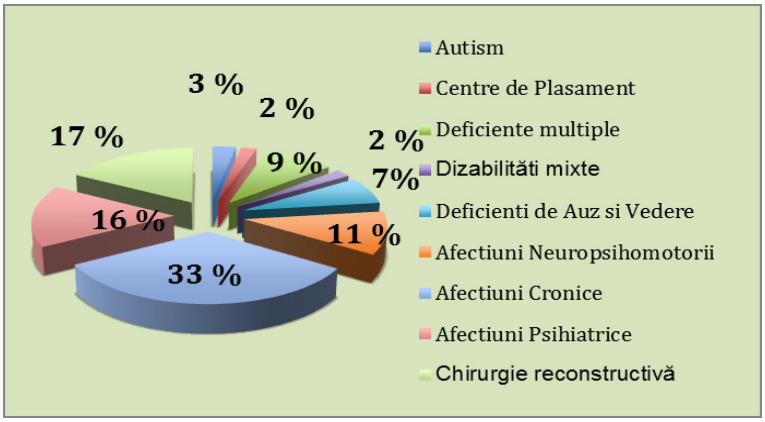

Figura 4. *The distribution of the children who benefited from MOL funding in 2013 (N = 590)*

In 2013, the majority of the projects had as a target group the children with mixed disabilities and chronic disorders. When comparing the target groups from 2012 and 2013, we can observe a significant rise in the number of the target groups with chronic disorders. In 2013, the projects targeting the Down syndrome and mixed disabilities did not receive funding. We need to mention the fact that the classification of different disorders is not one hundred percent precise. Tables 1 and 2 show that the target groups of children with Down Syndrome was much smaller in 2013 than in 2012, but this is also due to the fact that we formed a new target group, the one including children with multiple disabilities, where we can include the Down Syndrome as well.

Table 2. *The number of applications, financed projects and type of disabilities (2013)*

	ASD	Down S.	Mixed	Multiple	FC	Sight and Hearing deficiencies	Chronic disorders	Locomotor and neuromotor disorders	Others
Applications	12	3	30	25	7	7	41	6	2
Financed projects	1	0	1	2	1	2	7	3	1

Total of projects receiving funding	18
Total applications	150
Rejected projects or projects without a specific target group	17

ASD – Autism Spectrum Disorders
FC – Fostering Centers
Others: two types of therapies (reconstructive and plastic surgery), respiratory and speech deficiencies.

1.1 The formal base of the project

Currently, there are 150 projects, out of which 18 winning projects need to be selected. In comparison with the preceding years (2009-2013), the number of projects is significantly higher. There are even more projects than in Hungary. This is a proof of a high interest in children and adolescents' physical and mental health. Each applicant aims to offer social and psychological support for the ill children, adolescents and their families, proving, in most of the cases, seriousness, devotement and professionalism.

1.2 The evaluation of the projects

1.2.1 The evaluation process

The evaluation of the projects is a strict process, having different stages and involving many specialists. The evaluation has two phases. The first phase is the formal one, implying the consideration of formal requests and the second one consists in the professional evaluation. It involves two-four specialists from the fields of psychology and special psycho-pedagogy. A project can receive a maximum score of 100 points. The scoring is based on rigorous criteria, being only a landmark for the jury. It does not mean that the funding of a project is only decided based on the high score.

1.2.2 The evaluation criteria

1. The previous experience and results of the NGO regarding emotional and art therapy programs.
2. The selection of the target group and the evaluation of needs.
3. The project's feasibility and the achievement of the objectives.
4. The effects aimed by the project and the measurability of the results.
5. The project's framework, the methods used and the time management.
6. Originality and efficiency of the procedures used in the project.
7. The previous research experience of the project's leaders.
8. Evaluation of the financial planning, regarding the effects, costs and feasibility.
9. The congruence between the program announcement, formal requests and spreading of the information to a larger audience.

The majority of the criteria are published on the association's site www.pentrucomunitate.ro and they are part of the application form.

1.3 Methods for strengthening resilience

The most frequent used therapies in the projects focus on the combination of many techniques and therapies. This fact is easy to understand if we consider the different needs of children having different disorders, For example, combing family therapy with play therapy is considered an efficient combination for strengthening children's resilience [5,7]. Other types of therapies which were financed were the therapies with animals (dogs, horses), meloptherapy, therapy based on photography, painting, drawing, dance, sport, multi sensory therapy (Ayres) combined with art therapy, pottery, therapy based on movie-making, emotional therapy+art therapy, adapted to different diseases (for example cancer), hydrotherapy, narrative therapy, play therapy, psychodrama, theatre, eurythymia, occupational therapy, experiential therapy.

1.4 Results evaluation

The evaluation of the result is made by each Association, using individual evaluation methods. In most of the cases, the questionnaires are common. They are adapted to the program, to the children's needs and types of disorders. They evaluate not only the effect on the children, but also the satisfaction and the effect on the professionals (for example, in the case of paediatric oncology – the doctors, the nurses) and on the caregivers involved in the projects. The global evaluation of the entire project is based on a questionnaire regarding resilience. The data are in the analysis phase.

Conclusions

Usually, this kind of therapies is used for a longer period of time (except for the camps), leading to the development of resilience. The children and their families are passing through a long process, having enough time and space to build a therapeutic relationship. We consider this relationship the base on which resilience can develop.

Besides a formal, professional evaluation, in order to score a project, the role of the evaluators consists mostly in the observation of some invisible, but relevant aspects of the projects. These aspects are difficult to score and to be evaluated formally.

In the evaluation process, a cornerstone is the efficiency of the therapies and their attunement to the children and adolescents' needs, the ability of approaching new techniques in a creative and efficient way. We also consider of great importance the building of physical, professional and technical conditions for the development of this kind of programs in different regions of the country. The evaluation needs to be as efficient as possible, leading to the selection of the best projects, the final purpose being the physical and psychological wellbeing and the development of resilience of the children involved in the projects.

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Promoting the resilient process for deaf children by play and drama therapy

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Abstract

Deaf children having an impairement in hearing and speach are considered at risk to have difficulties in language, communication and relationships across the life span. Confronted with trauma of implantation and wearing hearing devices (that make them also dependent on technique in perception and interactions with their environment) those children need an early systemic approach to promote resilience processes.

The research – action project called "The play breaks the silence mask" targeting deaf children with cochlear implant or hearing aids, aged between 3 and 18 years. It was designed by the "Audiosofia Association" and funded in 2014 by "Community Foundation" and MOL Romania. The activities were coordinated by seven professionals volunteers (psychologists, speech therapists and teachers) in Bucharest in a residential kindergarten and a private medical clinic. The paper presents the partial results obtained from group therapy play sessions, attended by a total of 77 children aged between 3 and 7 years (12 deaf children interacting with peers - the 65 hearing children, most of them having emotional, language and learning difficulties). Through the play and drama therapy, children in this project have had the opportunity to express themselves freely in a safe therapeutic place.

The 15 therapeutic meetings were divided in rhythmic and physical activities (embodiment), activities of painting, drawing and modeling (projection) and storytelling dramatization (role), aiming at paradigm embodiment - projection - role (EPR). At the final drama representation, in the end of the program, each child (choosing his role in the play,) proved to be valuable in the group interactions and capable actor in front of parents, friends, teachers and specialists. The results are discussed in terms of the assisted resilience concept.

Key words: cochlear implant, hearing aids, assisted resilience, play therapy, drama therapy, embodiment-projection-role (EPR)

Introduction

"Increasing numbers of deaf children receive most of their education in general education classrooms. These students may not have easy accesses to peers and adults with whom they can communicate; consequently professionals have expressed fears that these students will be socially isolated and lack opportunities to develop the social competence for success.

The dynamics at play between various factors in a deaf child's development are complex, multiply determined, and subject to influences that cannot be predicted. Risk, protective factors, and resilience can be seen as independent, though related, constructs. Children experience different levels of risk. Some children with limited internal resources and born into impoverished families struggling with mental health issues may be at very high risk; those with great internal resources born into families that are well supported and capable may experience less risk.

Deaf children have long been considered a population at risk for difficulties in developing social competence because of the negative effects of hearing loss on language and communication development. This is particularly true for deaf children of hearing parents.

More recently, researchers studying the development of Theory of Mind suggest that language focuses children's attention on mental explanations of behavior and provides them with a vocabulary for abstract concepts such as thoughts and feelings (Schick, de Viliers & Hoffmeister, 2007). Such a vocabulary, in turn, plays an important role in understanding the feelings, motivation and actions of others that is essential to the development of social relations. The lack of full accessibility to language and communication therefore can negatively influence deaf children's social development.

Although the literature in deafness is limited, there are a number of factors that are important in helping deaf children to achive a variety of kinds of successful outcomes. Rogers, Murir and Everson (2003) have provided an excellent review of the literature in deafness and resilience. There exist only a few studies and most of these are theory-based or use a case study approach. However, these authors identified 13 factors that they grouped into three general categories of "assets". These are:

a. Interpersonal Assets, which include a good sense of humor, caring, responsible and committed to worthy goals, a strong sense of social bonds, emotionally self-perceptive, awareness of strengths and comfort with solitude.
b. Environmental, which include quality time caring mentors in school, positive learning partnerships with peers in college, supportive family environment and rich opportunities for participation in the community
c. Behavioral Assets, including self-advocacy, self-reliant, goal-directed behaviors and persistent solving, and authentic presentation of self." [6]

Goals

"The play breaks the silence mask" aims to increase the resilience factors of deaf children. It especially addresses to children with hearing loss (with cochlear implant or hearing aids) aged between 3 and 18 years through a program of play and drama therapy. Involving the professionals volunteers (psychologists, teachers, speech therapists) in this project gives him a strong character for research - action, both being achieved simultaneously.

From the perspective of the concept of assisted resilience the project proposed by the team of professionals, to introduce the appropriate therapeutic elements, for identifying resources for all children participating in the project and their potentiation.

Through two kinds of techniques, play and drama therapy, children are able to externalize emotions, to express themselves, to access their inner feelings, ensuring a preventative mental health character for project. The aim is to improve the quality of life of deaf children in the hearing children community, their valorization, increased self-esteem, stimulating nonverbal communication skills and awareness of the needs of these deaf children by families and communities. Participants in group therapy are both deaf children and hearing children. The rationale for the project was designed in this manner is to succeed in reaching another very important purpose: normalization and acceptance of deaf children hearer community.

Hypothesis

The way for the deaf and hearing children communicate without barriers is play and body movement. Play and drama therapy offers this opportunity. So they can find common language of nonverbal communication, which will come out the affinities than the barriers that separate them.

Methodology

On the first project's step an intensive program was planned for 77 children (5 with cochlear implant, 7 with hearing aids and 65 with normal hearing) aged between 3 and 7. A lot of children with normal hearing have behavioural, emotional, learning and language difficulties.

No. Group	No. Deaf children	No. Hearing children	Age (years)	Total number of children
1	2	16	3-5	18
2	2	16	3-5	18
3	3	16	5-7	19
4	2	16	5-7	18
5	3	1	3-5	4
TOTAL	**12**	**65**		**77**

All the 15 sessions were divided in physical and rhythmic activities (embodiment), painting and modeling (projection) and drama and stories (role), based on the EPR developmental paradigm (embodiment-projection-role) [4].

Each therapy group received 15 sessions (one per week for 60 minutes). During the period 22nd January to 30thApril were operating in the 5 therapy groups, and during the period first of May to15th August to run the activities of other two groups. Interlace will be held two national cochlear implant summer camp, for two weeks during in August 2014.

Working techniques used in the project were specific to play and drama therapy: drawing, painting, modeling in clay and plasticine, play with miniatures, handling puppets, play with sand, multisensory stimulation, making and painting masks, role play, storytelling, theater techniques, improvisation techniques. . Each therapy session was divided into three essential parts:

-1) beginning and heating activities (15 min)
-2) the activities for the specific theme (30 min)
-3) closing activities (15 min)

At the beginning of the first session were agreed rules of the group, who were reminded at each meeting in order to ensure a secure space for all participants in the group. This manner of conducting sessions used to children with a predictable framework meant to provide confidence. The end of the meeting was marked each time specifically to facilitate exit from the play activity or of the dramatic reality.

Results

Preliminary results were obtained after completion of the first phase of the project. On the first step were attended 12 deaf children and 65 hearing children. Activities of five therapy groups were held in two different locations: Section 6 Recovery audio- verbal disabled children (residential kindergarten) belonging to IFACF - ORL "Prof. Dr. Dorin Hociota" and private medical clinic "Otomed Medical Center" from Bucharest. The five therapy groups were coordinated by a team of six volunteers (psychologists, speech therapists and teachers) supervised by the project coordinator.

The results indicate that the initial objectives in terms of increasing resiliency factors were achieved.

- Since the first meeting was a significant improvement the communication strategies of the deaf and hearing children also
- We have improved the difficulties regarding the possibilities of expression by removing the many barriers of communication
- Ritual-risk evaluation sheets indicate a getting the balance right, meaning that a significant progress in terms of taking initiatives anxious children
- Degree of acceptance and tolerance towards those with hearing children increased, participating equally to all proposed activities
- Every child has made a contribution to group activities, strengthening the sense of belonging to the group
- Introverted and anxious children being able to fully unfold before the group and with it, they become less inhibited
- Extroverts and hyperkinetic children's manifestations have adjusted so as to accept the group.
- Specific embodiment, projection and role play have removed some barriers, supporting the development and strengthening weak sides are the most striking
- Children participated with great pleasure and medical meetings as the process advanced, became more open, more creative and uninhibited
- A sense of humor is one of the important resilience factors, and it has appeared at every meeting
- Through the theater every child had the opportunity to show off his strengths to the group, parents and community
- Parents feedback were positive assessments regarding the immediate effects of therapy on children
- Parents have realized the need for children to express themselves in various ways, not only through the language
- The professional team has undergone training and practice constructive play and drama therapy techniques, providing the quality of assisted resilience
- Nature of the research project, action and volunteer training is done simultaneously, a process underway

Comments

Strategies and techniques of play and drama therapy is an appropriate way to approach deaf children. They had the opportunity to develop communication skills other than speaking, had the opportunity to meet in

play the hearing children, to be appreciated in group, had learned the importance of teamwork. They had the joy of their contribution into the group and learned how to observe certain rules. Internal resources of the children were stimulated and encouraged by group, thus preventing certain exacerbated or inhibited events to expression of emotions. Were given the opportunity of sharing common experiences, and their senses were stimulated in various ways. They experienced new situations and have learned that it's normal and natural to make mistakes in a space and safe environment, surrounded by trust people. The professional team was prepared to manage and contain the emotions whatsoever they were.

Deaf children's thinking in general is very concrete, their mental structures are very accurate, which reduces the possibility of the creative, inventive and artistic side. By participating in this play and drama therapy project they had the opportunity to explore and experiment this side also, resting left. Given the considerations mentioned, deaf children with speech and language difficulties, are ideal candidates for this therapeutic approaches styles.

Conclusions

Partial results indicate the positive effects on the resilience factors of all children who participated in therapy groups. In Romania are becoming more and more deaf children receiving cochlear implants or hearing aids. They are integrated into regular schools and their needs are major in terms of communication by any means. Through play and drama therapy can be provided the assisted resilience of these children. Given these issues, it's proposed to continue this project in the future.

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Group resilience, community support and associative behavior – lessons learned from a grant scheme program

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Abstract

Associative behavior is largely related to both increased group and individual resilience. Associative behavior is linked with other behavioral and emotional variables that are linked to increased personal and group resilience - togetherness, helping others, sharing hope and other positive future oriented feelings. One might consider that reciprocal positive modeling is one of the main factors that shape both individuals and groups to be resilient. The paper discusses from a qualitative point of view the resilience factors that were involved in groups that attended a small grant scheme of the "For the Community Foundation", where the authors are member of the grant-awarding jury. In depth qualitative interviews were performed with winners of the grants (two subgroups – multiple winners and single winners) and were contrasted with groups that were rejected (multiple rejections, several years in a raw and single rejecters). Quantitative analysis reveals a strong increase in context-oriented resilience-related behaviors for multiple winners, but also some counterintuitive mobilization of individual resilience factors in the multiple rejection groups. There were no medium and long-term modification in the single winners or rejected groups. In the discussion part, the authors imply a link between community support and group resilience and the urgency of the development of small-grant schemes in the Romanian NGO environment from a resilience point of view.

Introduction, conceptual issues

Nowadays, positive psychology and the resilience movement have moved the focus of study in the well being of children from psychopathology oriented variables towards the exploration of critical issues connected to health promotion and prevention. If sometimes variables such as the child behavior, unconscious processes and thoughts can contribute, along with the attachment patterns, to maladaptive behaviors and poor emotional health, wouldn't we expect to conclude that similar combinations of factors can contribute to positive and adaptive behaviors?

Resilience can be considered an essential topic of positive psychology, defined as "the ability to thrive, mature, and increase competence in the face of adverse circumstances or obstacles" [4]. One can sustain the necessity of a broader perspective, which implies an explicit negative and adverse context that opposes the individual – form this point of view, resilience is a "process, [a] capacity or outcome of successful adaptation despite challenges or threatening circumstances... good outcomes despite high risk status, sustained competence under threat and recovery from trauma" [8]

Short and simple, resilience can be defined as a *dynamic process encompassing positive adaptation within the context of significant adversity [7]*. Historically, the concept was initially brought into discussion linked with the study of surviving severe mental illness (both in the study of afflicted individuals and their children [2][3].Emmy Werner's studies encouraged further research on resilience to include multiple conditions such as socioeconomic disadvantages, parental mental illness, maltreatment, poverty, chronic illness and catastrophic life events, in a systematic search for protective forces that could differentiate the children with healthy and resilient adaptation profiles from those who were less well adjusted.

One of the main issues that emerged, as research was progressing, was that of internal vs. external factors that influence resilience. Subsequent research yielded three sets of factors important to the development of resilience (1) characteristics of the children themselves, (2) aspects of their families, and (3) characteristics of their wider social environments [9]. In the last quarter of a century, the focus of empirical research shifted away from the identification of protective factors towards their conceptualization and understanding. Instead of

understanding with child, family or environment may contribute to positive outcomes, the focus is nowadays on how such factors can contribute to positive outcomes (Luthar,1999).

The Romanian context

Romania as a micro- and macro-context (family and community level) is an appropriate target for studying resilience issues. Socio-economic inequalities, family distress, poverty, poor mental and medical quality of care, at least in comparison with other member countries of the EU, are a basis for identifying a *context of significant adversity* for a large proportion of the young population. Specific cultural issues (the existence of two Romanias – a urban, cosmopolite one and a rural or small-town disempowered Romania, significant marginalization or stigmatization of Roma people, people from the LGBT subculture or people with mental health problems) bring together a very specific context of adversity.

Living in Romania is a matter of overcoming negative narratives regarding hope and disempowerment, especially at the rural marginalized end [1]. Romanian children are occasionally subject of resilience studies, especially adopted children [5], for example, but there is no coherent line of study of resilience factors involved, either to compare them to large scale studies, or to attempt to identify specific cultural context-related variables.

The Romanian macro-context is, for the moment, one of the most ignored variable – one legitimate research question is if the manipulation of community or societal variables could lead to increase in resilience resources accessible to children or youngsters. Analyzing such hypothesis is quite spurious, since there are a lot of possible mitigating variables. Therefore, the results of our inquiry is more heuristic than definitive, but it could lead to some interesting speculation about supporting communities in becoming more resilient.

Associative behavior & community support in Romania

Four decades of communist regime potentially destroyed the candid associative structure of Romanian communities. Associative traditions of the Romanian rural society or of the urban ones (related mainly to Hungarian, German or Jewish communities, more representative for the urban communities, even if urban civilization got a boost for Romanians between the two world-wars) got lost or become either obsolete or perverted. Romanian associative life got a new (and one might say fresh) start after the fall of the Communism in 1989. NGO's and civil society – as potential hope sharers and bearers – became slowly a growing partner of the resilient child.

Large organizations, inspired or powered by their international counterparts (as Save the Children Romania or Romanian Angel Appeal) have already more than two decades of programs for children and adolescents, and their programs had several locally and internationally acclaimed successes. These large NGO's, however, sustain a top-down approach and sometimes participate more to alleviating distress at the beneficiary level (children especially) and not directly supporting resilience empowering measures – at least, from a subjective point of view of the authors, there is no covert focus on resilience in the programs of the large NGO's, and a lot of the activities of these organization is focused on the funding that is available – Romanian Angel Appeal, for example, started as an NGO focused on the well-being of Romanian HIV positive children and has now a large focus on youth and children and on autism developing policies, Save the Children started with the endorsement of the Children Rights Bill, and has now several programs focused on internet safety, prevention of violence and child trafficking, but also in mental health prevention and parenting.

Large funding for projects in behalf of marginal communities, of children in distress or for specific issues is available at the moment, especially through the instrument of the European Funds. These schemes of funding risk, however, to leave a lot of blind spots at local level, since only large scale NGO's or local administrative structures, usually at county level, have the manpower and knowledge to access and administrate these funds. Community-level programs and local initiatives are still scarce, and micro funding (either provided by local charities, by the local administration or by other funding agencies) is seldom and inconstant.

Taking into account all the above-mentioned features, small grant scheme programs and micro funding is one of the missing links that could account for a boost in community solidarity and possible increased resilience. Small grants are, at least in theory, more suited for mobilizing both formal and informal resources and to encourage proactive initiatives at the direct beneficiares level. Continuity in micro-funding is also a premise that the targeted population, through an increased level of awarness of existing support, is more involved in searching for further resources and is a good hope-instilling initiative.

The programs of the "For the Community Foundation" – an NGO supported by MOL (MOL Group is a integrated oil and gas company from Hungary, operating in more than 40 countries) are in line with the logic of micro-funding and with the supporting of small initiatives at the community level. The program of the foundation called "MOL Program for Childrens Health" started in 2009, offering micro-funding with a maximum of 20.000 Romanian Lei per application, the rough equivalent of 6.250 USD. This program is one of

the very few offering micro-funding for projects that aim the childrens well-being in Romania, and it is the only that is offering such financial support on a constant basis nation-wide.

In the last five years, the program had a constant growth in the number of application, even if the total amount of funding was the same, around 90.000 USD, accounting for a maximum of 20 integral or partially funded projects. In 2013, more than 150 applicants competed and 18 of the projects were funded. As members of the jury, the authors of the present paper inquired how this project could foster community growth and increase resilience both at community and individual level.

A qualitative study

Taking into account that the project is already in its fifth year of activity, the authors had the possibility to inquire about its impact at community level. Both winners and apllicants that were rejected were approached by the research team and asked to answer a survey.

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Adventure and art therapy programmes for chronically ill children. The mol child healing programme.

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Abstract

The MOL Child Healing Program is aimed for NGOs organising adventure and arts therapy activities for promoting psycho-social rehabilitation of chronically ill children.

In case of chronically ill children the programs offer a possibility to better struggle mental and physical stress caused by the hospital residence period. The development for mentally and physically handicapped children is a daily need lifelong and can raise the life quality for themselves so as for their families. For them these special development therapies become more motivating than routine exercises. The adventure and arts therapy programs are part of the primer prevention in case of children and youngsters considered as risk group from the point of view of mental hygiene.

MOL Child Healing Program has become a regional support program offering financial support since 2006 in Hungary having granted already more than 280 projects.

Keywords: adventure therapy, art therapy, chronically ill children, psychosocial rehabilitation, resilience

Introduction

MOL Child Healing Programme is aimed to support non-profit organizations providing adventure and art therapy programmes to promote the psycho-social rehabilitation of chronically ill or physically or mentally handicapped children as well as the children and youth considered to be a risk group concerning mental health. The MOL Child Healing Programme has been providing support for more than 280 rehabilitation programmes since 2006.

When children are fighting chronic illnesses the rate of success also depends on how vulnerable and sensitive they are to risk factors, whether they have a kind of capability for flexible resistance, or resiliency. A number of different protective factors can give a chance for the person affected by a risk to avoid the unfavourable outcome. The assumed protective effect of the MOL Child Healing Programmes can also be interpreted or examined on the basis of the models defined by Garmezy and his associates [1], the compensation model, the challenge model and the immunization model.

The intervention methods supporting the adaptive fight types of the MOL Child Healing rehabilitation programmes show a strong similarity with a lot of key notions of resiliency, such as insight, endurance, self-reliance, establishing relationships, taking initiatives, creativity, moral sense and sense of humour [2].

Two sample projects are introduced below in detail.

Relationship therapy between children and parent with psychodynamic movement and dance therapy

In a central Children's Clinic of Budapest (Heim Pál Hospital) a pioneering project the elements of psycho-dynamic movement and dance therapy were introduced by the Ladder Foundation in a series of sessions for parents and their children to foster relationships therapy. At the beginning of each section both the children and their parents participate in the block of movement therapy exercises, then the children and the parents proceed with the therapy in separate groups. The therapy with the children includes movement, and expressions of the self through drawing and painting, while the work with the parents is carried out verbally.

The programme is aimed at working with the children not in an isolated, but with the therapeutic involvement of the parents, which makes the process more efficient. With the families where the child's problem has developed as a result of the corrupted child-parent relationship, this method is especially effective. Concerning diagnosis the combination of the groups is quite varied as the groups integrate children with different difficulties at different levels, but fighting with different conformity, integration, behavioural and emotional disorders is a problem for nearly each of them.

The process develops in 8 executive weeks, each daily session takes 1.5 hours, and in the middle of the course there is a one-day intensive consolidation programme. The framework of the process is rendered by a starting and a final interview with a parent. The group sessions are held under the joint leadership of a psychologist and a dance and movement therapist. The parent group is led by a psychologist and psychotherapist pair.

As a result of the group sessions most of the children become free of their earlier symptoms, or they have to cope with fewer symptoms. There is also often feedback from the parents if they have also undergone changes as a result of the sessions, which makes changes for the children also easier. One of the main changes they experience in their everyday lives: They understand each-other easier, carrying out the tasks become „smoother". As a result they can spend more quality time together, which against makes their relationship stronger. Many people are unable to express their love or affection nonverbally, in the language of touches. However, through the exercises during the movement therapy they have to touch each-other, which also brings their souls closer, makes intimacy deeper, and opens up new channels of communication. The group leaders often experience that the parents explore a new side of their children.

The psychodynamic movement and dance-therapy is a self-recognition and therapy method approved and accredited by the Hungarian Council of Psychotherapy, where movement, feeling and experiencing the body are in the focus of the correction process. If people move, they sense and accept their body in a new way, it may contribute to looking at their life-history in a different way, too. While realizing and making aware ourselves of our own feelings the global sensations become more varied and diverse, which helps us differentiate and realize our feelings and open up a way for self-reflexion on a physical (body) level. The movement exercises are structured, planned and themed well enough to bring the members into a psychological work situation; at the same time they are flexible and free enough to let their relationship dynamics evolve and their individual solutions break through. Falling out of their usual patterns and roles they can experiment with new points of views which can help them to utilize this skill in their everyday lives as well [3].

Summer camp program for children living with spine curvature

Vertebra Foundation was created to support those living with spine curvature. The Foundation strives to reduce the psychological burdens of the young people having undergone an operation or those suffering from the permanent wearing of corset by providing them proper information, organising community and relationship-building activities and by offering community experience events. By revealing the joyful side of a life in corset, the most important aim is to get the children to participate in a long-term cooperation after they have had positive experiences even though they were wearing their corsets, and the 23-hour corset-wearing should become reality even for those who had had problems with wearing it earlier [4]. To achieve this goal the motivating force of the community, the peer-impact and the combined power of the positive experiences are unified.

Our summer camp called „Scoli camp" has been organized for 10 years, and since 2010 winter camps have been added to the programme as well.

The bigger part of the camp activities include special physiotherapy mixed with different games, competitions, various sports activities and self-knowledge sessions all led with the conscious application of therapeutic recreation methods.

An important asset in the camp is the helpers or specialists (special needs teachers, physiotherapists, as well as orthopaedic specialists and mechanics) and the great number of the task leaders, the adults who earlier used to wear a corset themselves.

During the last 10 years a total of 850 persons experienced the adventures of the camp and the number of the children and the youth participating in the programmes throughout the year amounts approximately 150.

The most important result of this period is to show the people, to make the society aware of the conservative way of treatment of the spine curvature, i.e. the corset. This is closely related to the effect mechanism of resilience: if the person concerned knows what is to come, what to expect, it will not affect them as a shock, and on the other hand they do not have to face too many negative reactions coming from outside, therefore the trauma caused may be much less as well. As a result during the long years of treatments the psychical resources of the individual do not have to be wasted on self-pity, or resolving the problems of self-esteem, but the person can see himself/herself, the illness and its treatment from a different perspective. What earlier seemed to be such an enormous sacrifice and trauma what the individual was unable to come to terms with can become also an advantage as a result of the camps (among others). The young person can overcome

their own limits, finds in it a new challenge, a positive potential. They are motivated not only by healing, but also by the challenge, whether they can do it. For an adolescent it is a big achievement to look back at the end of the way and to be able to say: I did not believe I'd be able to do it, but I have done it! I have overcome myself! Such a trial of strength provides immense energy, confidence and healthy self-evaluation, and such experience for the challenges later in life that the person can safely reach back and rely on them

Children's cooperation in the treatment is also an achievement, that in spite of all the difficulties and failures they persevere, they chose the more difficult way instead of simple rejection and resistance, and later, even if medically there is no justified improvement, they can regard themselves as „hero's", winners, as they have overcome obstacles that many adults would not have been able to do. The child in corset knows their power, can fight, and knows what it means not to give up. Such a serious tour de force brings about positive changes in the personality of the child as well: they become more mature, more determined.

Conclusion

The psycho-social rehabilitation programmes of MOL Child Healing Programme can be interpreted as a protective device for the persons participating in it, as an intervention to promote the individual's flexible resistance.

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Romani mobilities as resilience strategies: trans-atlantic expectations, lives and journeys

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Abstract

Recently, the labels 'Gypsy' and 'Nomad' have resurfaced in politician appearances, newspaper and journal articles, literary oeuvres, and other discourse pieces. Once again an avalanche of mediatic attention, centered on human trafficking, poverty migration, deportation, squatting and criminality, has relied on generalizing representations that mask the complex realities of Romani groups and their movements. The proposed paper's objective is to revise current approaches and state the need of a theoretical stance that can encompass, and not reduce, the diverse mobile strategies that can be revealed by means of biographical narratives. The argumentation picks up on the recent scholarships that focus on 'migration', 'mobilities', 'nomadism' and other related conceptual terms, with the aim of linking daily practices and experiences with 'global' trends, 'mobility regimes' and geopolitics.

The paper has been divided into three parts. The first section briefly recreates the genealogy of the "Gypsy" and the "nomad" idealized figures in academic discourse, followed by a description of recent trends in the study of the movements of Romani groups. The second section presents an excerpt of the author's fieldwork following trans-Atlantic Romani mobilities, concentrating on family dispersions and personal journeys. Descriptions are based on ethnographic tracing using documentary evidence, participant-observation, 'go-along's' and biographical interviews. Finally, the conclusion argues for fresh perspectives, a debate that allows discussions beyond binary terminologies and disciplinary divides that impede dialogue. Thus, move beyond a sedentary/mobile simplification; account for resiliences and adaptations that are part of the history of Romani groups in the form of mobile practices, connections, exchanges, and displacements.

Keywords: Mobilities, mobile ethnography, Roma, nomadism, trans-Atlantic migration, resilience processes.

Introduction

Recently, the labels 'Gypsy' and 'Nomad' have resurfaced in politician appearances, newspaper articles, literature pieces, journal papers and other discourse pieces. Certain physical traits or lifestyles, such as being 'nomad', 'homeless', 'black haired' or 'skinned', 'dirty', and 'criminal', keep being associated with social and moral hierarchies, homogenizing diverse populations around the globe. The movement of Romani groups has been consistently simplified as either 'nomadism', 'labor or poverty migration', 'welfare tourism' and sometimes 'diaspora'; especially now when last year's so called 'summer of hate' evidenced the power that these universalist constructs hold to sway public opinion, guiding policies and actions.

This paper's first section is concerned then with the role of these categories in public and academic grounds. It describes contemporary trends in the study of population movement among Romani groups, elucidating a possible way to not only de-construct the consequences of these assumptions and analyze critically both meanings, practices and politics involved [1]; but see these diverse mobilities as part of social capital [2], as a field of possibilities that can be translated into strategies that have concrete effects on life courses and community formation. For this purpose, the second and main part explores the lives and journeys evident in case studies of Trans-Atlantic movements. Given the complexity of the concept of resilience, this paper relies on it as an analytical tool that allows us to underline a "systems' capability to effectively absorb, respond, and recover from an internally or externally induced set of extraordinary demands" [3]. I use 'system' with complete conscience that it refers to sentient groups or individuals with their own expectations and agency. In this light, the conclusion argues that the extreme cases analyzed are examples of the complexity and diversity of mobilities of Romani groups beyond fixed categories, crucial to comprehend their trans-national dispersion, their endurance and their creative adaptiveness.

The 'racialization of mobility' among Romani groups

Given the short amount of time given for this presentation, I have chosen not to go through the categories used to label Romani groups and other itinerant populations according to alleged mobile practices or lifestyles. Previous works [4] [5] [6] have underlined the importance of the contents of these 'universal' metaphors and the practices of exclusion and racialization that arise from their enmeshment in daily life. Paloma Gay y Blasco calls this the "gendered and racialised", "exoticising and orientalising", "thematic repertoire" [7] elaborated around the 'Gypsy' category. This discursive weapon, quickly reworked to justify spatial segregation, is strongly tied to the idea of 'whiteness' as the top of a social (and spatial) hierarchy that is actively reproduced and contested in daily relations [8] [9].

Academia has not been exempt of reproducing, shaping and transforming the existence of the 'Gypsy-Nomad' tropes. Several works that concern populations stigmatized as such have announced the deep relation between academic texts and these generalizing trends [10] [11] [12]. Most of the historical documents available have been gathered by institutions that helped to create the 'Gypsy' "stigma", resulting in the burial of the intrinsic diversity of Romani groups under "definitions used by authorities" (e.g. *Travellers; nomades; ambulants; bohémiens; Landfahrer; woonwagenbewoners)* that came mostly from western European countries [11]. Early works in 'Gypsy' studies seems to recreate a "unique ethnographical sketch" [11], similar in some ways to the "thematic repertoire" discussed earlier.

Struggling with the presence of racial categories, only until the 1970's did critical accounts of spatial practices of Romani groups stated the need to separate cultural forms apprehended by a "nomadic-economic community" from the analysis of group formation of an "ethnic community" [13]. These first arguments were based in the existence of an "economic nomad" "who turn[s] their mobility into a form of asset", taking advantage of market variations [13], that is not necessarily equated with all populations under the 'Gypsy' label. Past dichotomies ("mobility" and "sedentism"; endogamy and exogamy, etc.) are then considered "rather as continua which strategies are adopted to successfully cope with constraints which are also not entirely rigid" [14]. After the final decade of the XXth century, analytical differentiations became more complex. The simultaneous consolidation of "Gypsy politics" cultivated a fertile ground for a critical revision of the 'nomad' label as part of claims of a "sedentary mode of existence" as an inevitable development that leads to civilization and the birth of the modern nation-state [15].

Following the spatial and mobility turns, latest works on how diverse Romani groups move and connect have delved into different theoretical frameworks and perspectives to transcend this limitations. To finish this section, I would like to mention what I call the three basic lines that have developed their own terms and themes for empirical analysis: (i) Focusing on Roma migration, the first line emphasizes long histories of being linked to a particular place for generations as well as questions of displacement [16] [17] [18] [19] [20]; (ii) the second line, coming from Diaspora Studies, states the need to account for "diasporic modalities": particular way[s] of conceiving ´the Gitanos, Gypsies/Roma´ or `the Gitano/Gypsy/Roma people´ […] as a community as well as a distinctive pattern of sociopolitical relations" [21]; (iii) finally, the most recent line concentrates on the diversity of what they call "nomadism" [22], "ambulant lifestyles" [23], "itinerant lifestyles" [24], etc., and has picked up both on the 'mobility turn' and 'neo-nomadism' [25].

A trans-Atlantic picture of Romani mobilities in three case studies:

The following case overviews are short excerpts of biographical narratives gathered through multi-sited ethnography during the last year, 2013, both in Toronto (Canada) and Bogota (Colombia). Their richness allows to consider how 'mobile' ethnographic methods and critical accounts of the "mobility turn" terminology can continue fueling the debates I described earlier by motivating dialogue between stances.

1.1 The Cristo family, Colombian survivors of the Holocaust…

Tosa and I have known each other for more than six years, but it took us that much time to sit down and talk about his family's history. "The parents of my mom had arrived in Germany, leaving the [Greek] island of Corfú. […] Then, mi mom was eight or nine years old and my father was five or six years old. […] my mom [had] traveled with her parents to visit some [her] grandparents" "As time passed, two or three years later, the war started and my father's family was killed, I don't know if in a gas chamber or in those camps that Hitler built to kill all the people". "The kids were placed in a railway carriage […]" "When they had to stop, they had to get off and they gave them a portion of bread or some bit of soup. They didn't give them anything else. […] that way they endured cold, endured hunger, and they suffered a lot and cried. But they had a lot of panic too, much fear […]

"They met other gypsies and they formed a big group and they managed to escape. But they weren't elders […]" Among confusing memories he tells me how his father's cousins manage to get into a boat heading to the Caribbean; exactly when and how he does not know. Some of his father's 'cousins', he says, were not his

immediate family, but Roma from other places. After several tribulations they land in the port of Barranquilla, where they found members of the *Mighai* vitsa: "[…] they arrived from Cuba. They settled down in Barranquilla and had installed business. […] they spoke Spanish perfectly, while my father's group, Soviets, imagine with whom could they talk?" There they started a new life, learning language and ways from the newfound 'cubanos'. His brothers were born next and his father began an itinerant career as smith, boilermaker, welder, livestock trader, among other skills. Not wanting their children to experience such kind of suffering again, her mother kept her grief to herself, trying not to tranmsit that sadness to her children. Paradoxically, in the Americas, even though their dispersion goes from Argentina to the United States (not everyone stayed in Colombia in the years that followed), connections are still strong, and some of the members of the *Ruso* or *Russaiko vitsa* are now leading activists, pastors and businessmen.

1.2 Crossing the Ocean during the Cold War:

O. always greeted me in Spanish, with a smile. *Ame sam Lovara Rom*, he says proudly. "So my father got anyway the conscription. My mother died in the first bombing […] by the allied forces. […] so we have no choice, father don't want to leave us alone and to grow up as you say, orphans. Therefore we had to run, we went to Slovakia. […] From Slovakia when the situation was heat up, we went anyway to Croatia, Yugoslavia. […] When the situation was bad they went to Romania. From Romania, when it come the liberation from the Russian army they moved back to Hungary." Then came the after-war period: "We had to move [from] one road to the other […] even one province to the other to make business. […] Selling, buying horses and other kind of livestock […]". "You have to do everything on your own, if not you die. […] In my life, my time, I had no childhood. […] a child has to use adult mentality in order to survive." Later, while working as a mechanic, the Hungarian Revolution brought the fears of fascism back. O. and his cousins crossed the Austrian border and jumped from one refugee camp to another until they reached the Netherlands.

There he learned English, while he worked in other factories, and prepared to embark in his first Trans-Atlantic voyage, from Rotterdam to Canada. After receiving ´landed immigrant status', given his application as a political refugee, O. was taken by train first to Calgary, but continued his travels always looking for a better job. After living in Montreal for 25 years, he decided to try his luck in the United States and even reached Mexico. "No more USA, forget it, it was anyway delusion of grandeur, dreaming". My conversations with other activists who knew him, told me about his role as a Roma intellectual in Montreal, given his educated background. O. is now a respected elder among the Hungarian Lovara in Toronto, renewed by the recent wave of asylum seekers that arrived from Central and Eastern Europe. His talent with languages and intellectual curiosity has not only helped new arrivals to find a place, but been a crucial part of the Canadian activist scene.

1.3 From Hungary to Canada: the beginning of the XXIst century

A. and his family all joined the conversation around the table. His life started in the late seventies in a small Hungarian village. His father's family used to peddle from market to market. Eight years later his mother claimed custody and he moved to the city. "[…] a world just opened up and I knew a lot of different things […]". His mother worked in factories in socialist times, "she was the one that encouraged us, me and my brothers, that we need to learn, that we need to be educated." Still, even though his fondness of reading, school was not an easy place. "[…] I didn't know what is racism. My mother didn't want to tell me these things. I felt they didn't like me somehow, and I didn't know the reason [small laugh]". "Socialism ended when I was fourteen".

"I met my wife" he said later; "Junior happened", said her with a refreshing laugh. A. stepped out of school to be responsible, and joined the factories: "[…] it was always a short time. […] I was sure at that time because I am a Roma […] as soon as they had to fire somebody, I was the first." "[…]we had to move all the time.[…] We were always trying to find a better place to live, because most of the times we had these racist neighbors that just cannot stand Roma." A. later worked in retail and even in fast food chains. Finally he found a niche in the Roma self-government but "I had to stop working there because of serious attacks […] it happened three times […] my family was near, they saw everything." The situation became unbearable. After his brother left for Belgium, another attack happened, "[…] they just beat us, even my children". The family did not think twice, and followed him to Brussels. It took almost a day by car. Not being eligible for asylum inside the EU, several months later A. decided they will follow his brother, again, to Canada. After the long flight they were question by an immigration officer, "[…] he remembered him saying 'damn it, one more refugee family'". A.'s fortune smiled later, he was able to get help from lawyers provided by Toronto's Roma Community Center, where he became an active member. A couple of months later, one of his messages greeted us on Facebook, "Our family was accepted on Humanitarian ground just this morning!"

Conclusions:

The American continent, for centuries, has acted as a shelter for populations that seek for new chances. Perhaps this is one of the reasons that Trans-Atlantic voyages of Romani people throughout the twentieth century can give us insights not only on the situations that forced or encouraged the decision to take such extreme measures, but on their abilities to endure, adapt, and thrive through mobile strategies. This paper's argument comprises two parts, given that experiences are better comprehended both in terms of an individual sense of identity and located within labels that shape their experiences and journeys. Expectations and aspirations encounter power relations and structures. Through the narratives, this text brings an "*interactive* concept in which the presence of resilience has to be *inferred* from individual variations" [26], reinforcing the importance of diverse mobilities as turning points or assets during traumatic events.

In the three narratives we can find past relations with mobile economic strategies that can be labelled as nomadic or itinerant, considered part of Roma life, even if the business and experiences themselves differed in nature. Later, even though in the three cases there is persecution, violence and fleeing, only A.'s story is officially classified as 'Roma asylum seeking'. Tosa's family did not have access to this resource, and O. had luck when he was received asylum as a 'political refugee'. In the three cases, though, persecution is felt deeply as part of being Roma, and crossing the Atlantic means stepping out of its grasp.

There are indeed other movements evident in the narratives that cannot be classified so easily. Boat travel goes from unregistered arrival to the Caribbean, to finding a job as a waiter on board. Job-seeking spans from finding business as craftsmen to looking for jobs in factories and other possibilities. Border crossings occur in different moments in life, and have very different connotations, both for the protagonists and onlookers and controllers. To link the first and second part of this argument, these movements become Roma (in this case 'Gypsy', or 'Cigane', or 'Gitano') only when the discursive 'thematic repertoire' feeds particular quotidian or extraordinary actions.

Finally, these movements themselves, even the ones in the direst circumstances, generate spaces of creation, transformation and renewal of ties. In Brubaker's words, they create moments of "groupness" [27] where expectations brought from their previous lives meet a new context. The Cristo family and O. found, even after such traumatic experiences, their place among the kinship and business ties that other Roma groups had established in the Americas. O. and A. find, in activism, a way to reinvent themselves as part of both their economic strategies and their belonging, now as part of the educated lot that can guide political claims. Moreover, it is through these diverse mobile strategies that families or individuals not only leave or shift a space where social boundaries and power relations cause danger and fear, but create opportunities and belonging. As the life-stories evidence, generalizations or reductions of Roma movement to culturally specific perceived practices are not useful. In shifting realities, resilience can very well mean the capacity of starting anew.

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A gypsy and traveller journey through foster care: emotional resilience versus the experience of being shamed

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Abstract

Over the last five years, social care departments in Britain have attempted to transform the way in which fostering services are delivered. Arguably, the most important development is to promote opportunities for children to live with friends or family members. However, whilst this recommendation has been implemented with a diverse range of children, the placement of Gypsy and Traveller children with Gypsy and Traveller carers has not always been realised.

Guided by the philosophical assumptions of interpretative phenomenological analysis, this paper reports on the experiences of 6 Gypsy and Traveller women who lived in foster care as children. Based on the testimonies provided, it reveals how the experience of growing up in foster care, away from the Gypsy and Traveller community, can be inextricably linked to a resilient experience of cultural isolation which is not always contained within childhood.

Keywords: Gypsies and Travellers, Looked after Children, Resilience, Lived Experience, Friends and Family Foster Care

Introduction

One of the most important aspects of social care practice relates to the support of children and young people who live in the foster care [1]. In addition to the complex roles and responsibilities which accompany this task more generally, there is a requirement that where a child is unable to live with a birth parent, then in the first instance consideration must be given to them living with a family member or friend [2]. Although the legal frameworks are different in each country in Britain, they all allow for children to be placed directly from home, and require local authorities to provide appropriate support according to the circumstances of the case so that cultural and biological links to families can be maintained [3 & 4]. However, for all the good intentions of these directives, it is reported that this duty rarely extends to include Gypsy and Traveller communities [5].

Before moving on to explore this matter further, it is important to note that people who are frequently referred to as "Gypsies" or "Travellers" in Britain actually constitute a rich and diverse group of communities who each go under different names, and often distinguish themselves sharply from one another. Although a fuller exploration of these differences might be useful, any additional detail is beyond the scope of this paper. For readers new to this topic, the book *'Social Work with Gypsy, Roma and Traveller Children'* [6] provides an accessible foundation from which to better understand the unique challenges experienced by Romani Gypsies, Roma, Irish Travellers, Scottish Gypsies and Travellers, Welsh Gypsies, New Travellers, Showmen, Circus People and Boat People within a British context.

Understanding why these communities may not be included in friends and family placement planning is complicated. One potential reason is located within a stereotypical perspective that has emerged from a general ignorance, or projected racism within the population at large. Frequently characterised as being "socially deviant" within the media, it is argued that this representation has become manifest in social care practice [5]. In 2013, statistics in England revealed that Gypsy and Traveller children were not only overrepresented within the fostering system, but that they were 3 times more likely than any other child to be taken into foster care [7]. Whilst there are broader issues to consider when interpreting these statistics, the concern remains that social care practitioners can often view Gypsy and Traveller communities and cultures as objects of concern. This level of concern, or general antipathy, is just one suggested reason why Gypsies and Travellers are not being considered as suitable foster cares [5]. However, whilst it could be argued that this perception could increase the risks associated with the cultural segregation of Gypsy and Traveller children living in foster care, it is also clear that,

for the most part, the experiences of these children have not been studied in any depth. As such, the allegation that social care practice might be institutionally prejudiced is contested [8]. In order to shed some light on the extent of this reported concern then, this paper summarises the experiences of Gypsies and Travellers who have lived in care as children.

The research

This paper reports on a larger study that utilised interpretive phenomenological analysis (IPA) [9] to uncover the lived experiences of Gypsies and Travellers who lived in care as children. Within the context of the current paper, the experiences of 6 women are described. 1 woman was a Romani Gypsy, 4 women were Irish Travellers, and 1 woman was a Showmen. Each lived in foster care in England between the 1980s and 2000s.

Each person was invited to describe their experiences in any way which suited them. 3 women chose talk about their experiences in a one to one interview, 2 people chose telephone interviews, and 1 person chose to describe her experiences through poetry. In line with the theoretical framework of IPA, the analysis presented in this paper is discrete in the sense that the interpretative account provided is a close reading of what people have said. Any editorial elision by the researcher is indicated by three dots (...) and significant pauses are indicated using bracketed numbers; for example, '(3)' would indicate a three-second pause.

1.1 Feeling and becoming different

Each person explained how their early childhood experiences of being a 'Gypsy' or a 'Traveller' had reinforced their cultural identity, and created an indelible imprint which cemented an understanding of how their customs and mores were unique. Each remembered how they were taught to be separate from, and suspicious of, wider non-Gypsy/Traveller influences.

'Growing up we soon learnt that [non-Gypsy] people hated us. They hated us and they hated our culture.'

Reflecting on these lessons, each person remembered that when they were removed from their families and placed with non-Gypsy/Traveller foster carers, their sense of vulnerability became acute. Instead of feeling safe, each person described the perceived need to conceal their Gypsy or Traveller identity so that any cultural difference did not make them targets of anti-Traveller racism:

'The kids at my new school picked on me because of my [Irish Traveller] accent. I told my foster family but they didn't care, so I thought oh well, I won't speak with an accent anymore that way no one will know I am a Traveller. I wanted to make the Traveller me invisible.'

1.2 A war against becoming settled

Despite attempting to conceal their identity, each person explained that they remained victims of racism and abuse. Over time, and as the perceived need to assimilate minimised, each person described how they began to feel guilty for abandoning their culture. In order overcome these feelings of guilt, each person described an obligation to maintain their Gypsy or Traveller identity:

'I got back [from school] to the foster house and watched telly. I remember having chewing gum in my hair from the girls at lunchtime, I saw Kyle Minogue on the telly, and I decided that I was going to be like her. I suppose I just wanted to feel normal and I went upstairs [and] cut my hair.... (3) (Laughing) fuckin idiot aren't I. Anyways it didn't work and [the girls at school] called me all the more. I had made a right job of my hair all sticking up all over the place but from that day, I decided that I am who I am and that's the way it is. A Traveller through and through (laughing) I found out that I fight good as well. Me da would have been proud.'

Within the limits of the power that was available, each person described how an ideological commitment to a Gypsy or Traveller identity reduced their preparedness to accept cultural change, and increased their resilience to undermine the conventions associated with their new experience. For 4 people, this confusion became manifest in aggressive behaviour:

'I didn't do anything that the carers wanted me to do. I feel bad about it now because I used to give them real trouble. I think that I must have been restrained every day. But I thought that if I did what they said, I would become like them.'

For 2 others, self-harm, emotional and social isolation became a coping mechanism:

'When it all got too much and I started to cut myself and I refused to speak, no one helped me…They didn't know the pain I felt in my heart from not knowing who I was, from being, from being (7) (sobbing) from being treated like animals, worse than animals. No one cared about me as a Traveller.'

In each instance, the individual attempts to maintain a Gypsy or Traveller identity were labelled with broader anti-Traveller stereotypes. Instead of responding to this behaviour with empathy, each person recalled how their carers attempted to achieve control and the assimilation in more extreme and abusive ways:

'You [felt] your life was nothing; you were nothing (8). They used to beat us (5).They became random acts of violent racism, physical violence, sexual violence, emotional and psychological violence. They thought they could beat our ethnicity and cultural identity out of us.'

1.3 Contaminated and shamed

Even though resilience enabled each women to survive their journey through care, they each explained that their ability to subvert the mores of the dominant society has gone unnoticed within their own communities. As adults, each person explained that they remain isolated by a community which views them as being contaminated by non-Gypsy/Traveller influences:

'When I left care, I tried to get back in with my family. My Uncle and Aunty took me on and let me live in their [caravan] for a while. When we went to fairs and that, all the boys would all look down at me and call me dirty. They knew that I had been in care and they all thought that I was like a [non-Gypsy] girl. That I had been having sex, that I had been to nightclubs and that I had taken drugs. You see, the [non-Gypsy] people look at us and see what they think are Gypsies. The same way the Gypsy boys looked at me and saw a [non-Gypsy] girl. Because what they have seen on the television, and that, they think that I am dirty, and because of this, no man in his right mind would marry me. If someone did, they would be outcast.'

Despite demonstrating great resilience to cultural assimilation as children, they remain, as adults, alienated and shamed by stereotypical assumptions about their childhood experiences. Despite remaining resilient towards the traumas of childhood, each explained that they have never been supported to overcome the feelings of complete cultural abandonment and isolation; a sense of loss and confusion which continues to haunt them to this day:

'In my soul there is a hole that nothing can quite fill.
I've searched across the miles, for me time has stood still.
I'm still that convoy member, Travellers across the land.
We have morals and we're Christian, our loyal moral band.
We believe in freedom, in love and light and hope.
Even though I keep searching, I cannot sit and mope.
I have these precious memories and future happy dreams.
So, one day I hope to find my kin, and then my life begins!'

Discussion

An introduction of the experiences of Gypsy and Traveller women who lived in care as children has enabled this paper to reveal how the experience of cultural isolation can have long lasting and harmful implications. Based on the testimonies provided above, it could be argued that social care professionals can easily become constrained by prejudice, thus substantiating the concerns of Cemlyn et al., [5]. Where this occurs, a lived experience of a life in foster care might be lost to wider racist generalisations; the same types of generalisations which are used to justify the decision to take Gypsy and Traveller children into care in the first place [6]. To overcome this challenge, it is clear that if a transition into, and out of care is to become safe and effective, cultural continuity must become a centralised feature of any care planning process. In other words, it is essential that Gypsy and Traveller children experience continued cultural inclusion. While effective placement planning for Gypsy and Traveller children might only be achieved through friends and family foster care [2], where this is not possible, there remains an urgent need for professionals to spend time with the child to listen and talk to them, as any reasonable parent should [3]. In all cases, this requires a shift in emphasis which sees Gypsies and Travellers less as objects of concern, and more as culturally proud and resilient children who might be losing their identity, their sense of cultural pride, their customs, and their distinctive way of life. As shown by research carried out in the Republic of Ireland [10], paying more respectful attention to the heritage and lived experience of Gypsy and Traveller children is the only way to promote resilience, protect transitions, and reduce the risk of cultural isolation.

Conclusion

The testimonies included in this paper hold out the hope for a developed understanding of the unique challenges faced by Gypsy and Traveller children living in foster care. Whilst it is hoped that the presentation of these experiences will prove useful in highlighting the role of resilience in the face of adversity and shame, it is recognised that unless a Gypsy and Traveller culture, identity and heritage is respected in Britain, sustainable opportunities for friends and family foster care may never be realised.

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Why Roma migrants leave or remain settlements? Different strategies of survival and adaptation among Roma in northern italy.

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Abstract

Since the 1990s, major political and economical transformations are modifying the distribution of Roma population within Europe. In particular, some Roma families chose to migrate to Western European countries, adopting transnational trajectories to improve their living conditions. Many of them do not enter the regular housing market and find a shelter in urban slums, in the suburbs, with very poor housing condition. Research on Roma migration from Eastern to Western Countries tends to emphasize the structuring role of slums. Literature stresses that slums make Roma visible, and tend to turn them into the main public problem for local politics, decreasing work opportunities and inclusion of Roma migrants.

Based on a research carried out between October 2009 and September 2012 inside slums in Turin (Italy) as well as in Romania and in Bosnia, this paper shows different strategies of survival and adaptation of Roma migrants living in settlements. Through ethnography as well as the reconstruction of life stories, I explored the mechanisms that explain why they remain in settlements, or why they leave them. The core of reflections is the analysis of different factors that Roma take actively into account when they strategically decide where to live.

Keywords: Roma camps, slums, housing careers, exit process, strategies.

Introduction

The presence of Romani population in Italy is estimated between 140,000 and 160,000 people [1], [2], representing a small percentage of the population (0,2%). Sinti and Roma groups have been settled since 15th century [3] and different migratory arrivals are crucial elements for the understanding of the diversity of this "minority groups galaxy" [4].

Scholars dealt with a variety of policies, regulations, and laws designed to face the Roma issue in Italy, focusing on the governmental constrains on nomadism. The emphasis is based on the effects of nomadism on the housing policies expressly aimed to Roma [5], [6], [7]. Thus the majority of researchers analyzed the space of camps which, created in the Eighties, were justified as a strategy both to protect nomad culture and to circumscribe the Roma population in specific areas. Scholars analyzed the role played by camps in preserving and reinforcing the spatial segregation and social marginalization, providing a refuge for people without rights [8].

The representation of Roma by media as a security problem was legitimated in 2008 by the Italian government which declared the Nomad State of Emergency. The main goals were: to intervening on hygienic, sanitary and social degradation of illegal settlements and authorized camps, promoting the rule of law, fostering suitable living conditions, safeguarding both public security of majority and people living in these settlements.

Focusing on the criticism addressed to the 'nomad camps' paradigm I argue that it produces a new polarized debate between housing solutions as an alternative to camps and - on the individual level – the exit pathways. The exit process played such an important role that eviction and closure of camps were recurring electoral issues as well as a favorite objective of the local agenda [9]. However, little attention has so far been paid to the exit process, and it seems to be a demonstration that leaving a Roma settlement is always better than living inside it, and is a normal process when housing offer grows up.

The aim of this paper is to stress on different strategies of survival and adaptation of Roma living in camps or slums. In particular I will focus on why and how people living in these settlements choose to leave or remain there. In order to develop these topics, the article starts from the housing condition of Roma living in the city of Turin. The questions will be answered by a part of the empirical findings of a Ph. D dissertation which was discussed in July 2013.

Methodologically it is a multi-sited ethnography research [10] carried out between October 2009 and September 2012 in Turin (Italy), Romania and Bosnia. Roma narratives explore the variegated world that circulates inside and around settlements, and the meaning of camps and slums for their inhabitants. The focus is on the analysis of their experiences, a concentration of ambitions and restrictions.

The presence of Roma groups in Turin

The 1960s arrival in Turin of the first Romani Yugoslavia as well as the second flux in the late 1970s required the intervention of the municipality to solve the security issues related to that population. The municipal Nomadism and Emergency Settlement Office was officially created in 1982, although the city of Turin had dealt with the presence of Roma since the 1970s. The municipality action was twofold: on one side new camps were created and equipped, on the other the presence of Roma and Sinti living in urban slums was tolerated by the regulation of these areas. According to the Regional law of 1993, during these years four camps were equipped: two of them for Sinti, and two for Roma coming from Balkan area. Nowadays the Sinti areas are still the same, while settlements for Balkans Roma have been dismantled and replaced elsewhere over the years.

Since the end of the 1990s and starting from 2000s Romanian Roma migrated to Turin. They settled down close to rivers because they could not afford the rental costs and all the municipality camps were already filled.

The main nationalities of Roma in Turin are Romanian, Bosnian and Serbian. In particular illegal slums are mostly inhabited by Romanian Roma while Bosnian and Serbian Roma are living in municipality camps. Besides the physical places where these two groups are living, another difference between Romanian and Balkans Roma is related to the juridical condition: many Roma coming from Balkan areas are still undocumented, while Romanian Roma are EU-citizens.

Camps and slums: magnetic areas or temporary places?

Each area -camp or slum- is an actively place [11] which combine a variety of political, social, Each area -camp or slum- is an active place [11] which combines a variety of political, social, institutional, and juridical features that structure the daily life of their inhabitants. During my research, I analyzed different settlements characterized by different institutional levels: equipped camp and illegal slums. I compared those different places sizing up the effects of these differences on the inner social organization and the daily life of their inhabitants. As scholars underlined, Roma settlements are often placed in marginal spaces, polluted, dangerous, and lacking all the essential services (water, electricity), where social exclusion and ethnocultural stigmatization is reinforced.

Through my ethnographic analysis came to light how is useful to specify the double aspect of segregation. Indeed spatial marginality of Roma serves the double purpose of spatial confinement and control by the social majority , but is also a strategic plan used by Roma for protecting themselves. Settlement inhabitants try to keep invisibility as a strategy to maintain social capital with the city, exploiting its resources [12]. Camouflage is important also because visibility produces strong effects on living conditions, such as evictions in case of illegal settlements.

Despite the condition of spatial and social marginalization, conflict and deprivation inside these areas, not everybody dreams of moving away. This lack of correlation depends on several factors: first of all a person who was born or has been living for years in these settlements reveals a difficulty to imagine himself elsewhere. According to Appadurai [13] the ability to aspire depends on the amount of significant experiences. Although settlements display physical features of temporariness and precariousness, for someone these areas take on a permanent meaning, while for others they are just a strategic place where spend some time saving money.

The equipped camp which I analyzed is an area thick of a strong network of relations, wherein everybody knows more or less everything about everybody, and wherein knots of relations are defined mainly but not exclusively by familial linkages. For some families a sense of security is provided by the support of moral or financial solidarities. The camp is perceived as a community of shared norms, values and interests. The settlement appears as a well acquainted place and many inhabitants perceive as distant the possibility to leave the camp. Even though for someone moving away is desirable, from a cost-benefit analysis it seems unattractive or not interesting enough. This because there are some adaptive mechanism, some strategic choices, some priorities which establish the degree of freedom within the people who are acting.

Living inside the equipped camp is often the result of a strategic propensity to stay close to the extended family. Space is easily changeable, fitting to the needs of new families: when a son gets married one can add a caravan for the new family. The camp is so wide that inhabitants can banquet all together without any restriction. Another important positive aspect is that socialization and social interaction is easier in the camp than in a flat. For these reasons leaving the camp produces the fear of loneliness and isolation. In addition inhabitants do not have significant external relations or friendship networks. Living there may be seen as a sign of community

strength and strong bonding social capital. Moreover for some Roma the settlement is a front for illegal trafficking: people excluded from the labor market take refuge in the informal economy.

Different is the situation of the slums which I analyzed. They are characterized by the same physical deprivation as the equipped camp. Nevertheless, slums are not a real community of inhabitants; for the Romanian Roma who are living in the slums I found that the proximity to the extended family is not so important. This difference is also reflected in the spatial organization within the settlements where slum-dwellers are not concentrated in the same area or even reside in different urban slums. Roma migrants who are living in the slums move independently and interact within the city, they construct and maintain networks of privileged relations with local population. If for Balkan Roma living inside the municipal camp the main resources are provided by exploiting known and established network of their own settlement, for Romanian Roma who are living inside slums survival depends almost exclusively on the ability to take advantage of the resources offered by the city.

Living inside the camp or the slums, allows to reduce rent price and save money; inhabitants do not have to pay any rental cost or consumption. Thereby staying there for long time increases the idea that cost of home management is a waste of money. As time goes by, investing money in a home is perceived as a useless cost. Many Roma migrants have left home for overseas and transnational behaviors such as the import of remittances justify a temporary and precarious accommodation in a slum.

Another characteristic of both camp and slums is the constant presence of several actors: municipal offices of Nomadism and Emergency Settlements Office, policemen of the Nomad Patrols, social workers, educators and volunteers of different NGOs. All these actors transmit information, facilitate services and allow a connection to the social networks. They provide support and constitute a relationship capital. Cultural mediators facilitate access the health care, enroll children at school, convey a whole range of information that would be unknown. The negative effects produced by the presence of all these actors are the increasing of dependence on assistance [14], [15].

In addition to desires and strategies there are also different structural constrains: for many inhabitants living there is the only alternative imposed by juridical or economical conditions. Several institutional limitations are linked to the possibility to move away: many Yugoslavian Roma living in Turin are undocumented. This condition contributes to further exclusion by restricting access to the services and opportunities which authorities grant for integration; obviously they cannot rent a flat or buy a piece of land. Individual motivation of exit are linked to all these elements. In the cases of slum-dwellers emerged that, despite their EU citizenship, not everyone has the option of renting an apartment, because they lack the necessary guarantee of a employment contract or because of economic vulnerability.

Conclusion

Through the analysis of housing career of Roma migrants leaving the settlement I moved the attention from the physical space of the camp to the frame of the agency of the social actors.

Starting from the perception of what the settlement represents for its inhabitants the analysis shows how a slum is a temporary area while a municipal camp is often perceived as a definitive one. This difference highlights the disadvantage elements of the equipped camp compared with the slums: a more structured situation of dependence.

An important remark is that the time spent inside a settlement – as stressed by the homelessness literature – produces a progressive adaptation to deprivation and consequently a loss of resources and capability [16]. The motivational resource to move away is progressively replaced by passivity and resignation; the time frame is limited to the present. For these reasons, the availability of economical capital is not sufficient to determine the exit process that requires both a strong motivation, and the capacity of autonomy and long-range planning.

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A few steps away: two schools, two different worlds. The capacity of resilience in the calòn identity building

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Abstract

The paper aims to show the role of hidden curriculum in the construction of the "Calón identities" in two schools of a Brazilian neighborhood, through the analysis of the standard curriculum organization and the interactions among school directors, teachers and parents (particularly the semi-itinerant workers).

Key words: Brazilian Calòn, schooling, multiculturalism, *hidden curriculum*

Theoretical framework

This paper intends to explore the identity attribution processes currently developing in two Brazilian schools placed in the same neighborhood, regarding the residing Calòn families. The job of many of the Calòn families requires a semi-itinerant living on the federal territory; therefore the education of their children often is marked by absenteeism, learning gaps, missed learning goals, failures. Facing this issue, the two schools tested different ways to consider and involve the Calòn families. Different were also the effects, and afterwards we'll have a look on how and why resilience processes were activated, or weren't.

We refer here to a theoretical background based on three main approaches. First of all we refer to the literature about the presence and the effects of the *hidden curriculum* (e.g. [1], [2]). We consider the school not only for the didactic contents but also for all those material and immaterial elements it's build by such as spaces, times, bureaucracy, school year, meeting with parents, symbols etc. According to the theories and further development of critical pedagogy (e.g. [3], [4], [5], [6]), all those elements act as a *pedagogical device* (e.g. [7], [8]) producing meaning, practices of *subjectivation* (e.g. [9]) and attributing identity at a tacit level. Within this theoretical choice we consider Romani, Sinti and Calón as active subjects: in dealing with the Institutions, they can have some influence on the social process that define their recognition as interlocutors. We'll also refer to those authors who consider education as *political action* (e.g. [10], [11], [12]) able to foster the democratic principles that define the need to safeguard the fundamental children's rights. From such a perspective, school as a democratic institution (e.g. [13]) should organize itself, in order to be able to guarantee the conditions for a positive schooling to each and every student.

Research methodology

This research is the result of a fieldwork realized between 2010 and 2013 in a neighborhood inhabited by a conspicuous Calòn community and by Gagé (non Calòn), in a town a few kilometers away from Goiana, capital city of the Goias State. Literature about Roma groups has repeatedly stressed the need to adopt a methodological approach able to guarantee tools for reading the particular contexts (e.g. [14], [15], [16]). Therefore we decided to follow an ethnographic method through long periods of participant observation both in the neighborhood and in the schools. In particular we chose to realize semi-structured interviews with the school directors, long-time teachers, a few semi-itinerant Calòn parents, and the local and state representative in charge for fostering the ethnic minorities' rights. For a fully developed analysis we took into account official acts issued by the two schools, but they're not going to be analyzed here. In our perspective a comparative analysis of the two schools can show to what extent the organizational culture of a school can affect both the identity attribution process (e.g. [20], [21]) and the schooling regarding some social, economic, and cultural specificities of the considered groups.

Two schools, two worlds. Data analysis

From being a sex market addressed zone, thanks to the dwellings that Calòn and *moradori* families has built on their own, and the small businesses they're running, the whole surrounding area turned into a residential district.

The first school building, enlarged in the course of time, keeps a simple and warm appearance. Most of the educational team has been working together in the same school for several years, some of them since its opening.

The issue of itinerant students begins now to concern the teaching staff. Those students leave the Montero school, stay in Santa Caterina for several months, and don't apply for other schools there. That causes evident gaps that need to be filled. At first it looks like there's no answer to that: enrolling students at schools in Santa Caterina is a parents due, Montero school can't directly deal with that. On the other hand teachers can't simply pass them, overlooking their major learning gaps. Back to the earlier years, to face this issue the school got in contact with a leader of the Calòn families. Later the direction, in agreement with the teaching staff, decides not to deal with Calòn community as a whole. Actually there are Calòn students that attend classes the whole school year. Slowly the school and the itinerant families starts to know and to speak to each other. A meeting is set, with the involvement and participation of the *Subsecretaria.* (Local Education Agency at a district level). The aim is to exchange views in order to find feasible solutions, according to the current regulations, the teaching plans, and the families' working needs.

Every teacher takes charge of setting up ahead the educational material required to complete the annual teaching plan of the subject. During their absence, the itinerant students can thus do their homework and send it by mail to Montero school. It has not been immediate to succeed and get the envelops with the homework done. It has been rather an aim to pursue, as people interviewed told us.

> *Now the families tell us in advance when they're supposed to leave and they ask whether we could* "liberar fulano" *(set the kid free). According to the time left to the end of the school term, and to the missing evaluations, we suggest a leaving date so that it fits to their working season and to the student's success. (Interview realized with the A. Manoel school headmistress. Brazil, June 2012)*

The teaching staff cooperates, and establishes the tests dates right in the beginning, so that students can be not overcharged at the end of the school term, and teachers can evaluate them adequately. In the same way, parents who can't afford a person for tutoring their sons prefer to postpone their departure. Some of them are illiterate indeed, and can't provide a proper help with homework.

The itinerant students issue is taken into account as well by the staff of the adult education evening classes (EJA - *Educação Jovem e Adulto*) (Interview realized with an EJA teacher from Montero school – June 2012) given in the same building: the teaching program is intensified during the months they're not away. By doing that, once the school term is over and evaluations are done, youths are free to go to work and come back to school for the following term.

The trustworthy relationship that has grown over the years between school and families led to encounters, mutual support, requests for help or collaboration, even beyond the school institutional function (e.g., the school tableware loan for Calòn celebrations in the neighborhood).

In spite of a federal legislation and the recent resolution of 17 May 2012 that ensures norms and protection specifically to the right to education for itinerant minors and minorities in the country, the course of action of the Montero school isn't bound to general guidelines. It rather follows a course of action named *jeitinho brasileiro*,(That's an expression for the way of doing things pragmatically by circumventing rules and social conventions.) that is, "Brazilian knack".

Let's have a look now to our case study's second school, the Abram Manoel.

The outer space is wide and the concrete building is slightly larger than Montero's. As in the latter, students here wear neat and color uniforms. The headmistress who welcomes us has been having tenure for 13 years, and she's been teacher, and daytime and evening teaching coordinator. Regarding the cohabitation of Calòn and Gagé she maintains that there are not major problems. There 's been only an isolated case of a future student whose parents refused to enroll her for the presence of Calòn students in the school.

She says about Calòn:

> *Missed school days and fickleness are the main problems. They often miss classes, don't keep up with the school rhythm, barely can stay four hour in the classroom, and their parents are very protective. If a child doesn't turn up, parents say he's been ill in order to cover him […] Here the law sets as bare minimum 200 school days, but sometimes they don't even attend the half of them. […] They already miss the end of the school term, and come back after two months from the next term beginning. Nonetheless they miss further classes. It happens to get medical certificates from time to time, but they look to be in such poor health in their justifications... […]. Sometimes we either phone up, turn up at home, or summon the parents, and we should fail the students, but in the end we take pity on them and nevertheless pass them. They tell us that*

south, where they go, they get discriminated and their children enrollment is often denied by schools. We don't know whether it's true, and whether they even tried. […] That's why we always support who's worthy, set the tests and close the school term in advance. For we have pity on them. […] (Interview realized with the A. Manoel school headmistress. Brazil, June 2012.)

Among the many disparities between the two schools, one stands in the relationship established with the families. In both cases, school professionals highlight the parents participation. Parents concern themselves with their children schooling: they do participate at meetings, show up at parent-teacher interviews, ask their relatives to replace them when they are busy. Nonetheless, this same kind of relationship leads to opposite effects. In the former case the ongoing exchange let the respective needs emerge, so that the two sides can find common answers, and build a trustworthy relationship even beyond the school institutional functions. In the latter case the headmistress perceives the parents' concern as solipsistic, *with no openness to face and solve problems*. She said:

If they were the 70% the school should take it into account, and even modify its calendar, but they're few as opposed to the student body.

In her view these *problems* don't question *curriculum*, and neither the schooling organization, instead they affect specifically the families of Calòn students, a minority compared to the whole student body.

Abramo Manoel and Montero schools are about five hundred meters distant, but one has the impression to get in parallel universes. Let's proceed in an orderly fashion. Two school cultures, divergent and multifaceted, come to light with different manners to face the "Calòn issue". It is difficult to assess to what extent the respective histories of the two institutions has affected their course of action, not only towards *ciganos*. A first hypothesis: Montero school, born as an outpost in what was then a marginal context, struggling for its very existence, had to develop a more flexible organizational culture, able to overcome hurdles by spotting creative solutions. To the contrary Abram school has been historically present in the neighborhood. It is never had the need to devise itself anew, establishing through the years its own operating methods. Second, most of the Montero's teaching staff is part of it since the school birth, was present and active in the positive change of the area: thus they can rely on a strong team spirit and on strong bonds with the local families. That is not the case for the other school. Last but not least, a few teachers set up home in or next to the neighborhood, living personally the history of the approach between *Calòn* and *moradori*.

Unlike Montero school, the Abram did not develop specific strategy to face the learning problems of Calòn students, bound to their families' itinerant work. The solution against this clear critical state has been lowering the required level in terms of learning goals. The reason of this choice is the will to "help" Calòn students, without considering, on the medium and long term, the side effects not only on individuals, but also on the whole school community. Lowering expectations leads to an even lower output. What is missing here, is the very concept of schooling: it is a duty, just as it is a right to safeguard, and the parents' profession can not be an excuse for not doing it.

In the needs assessment of the students the particular profession of Calòn parents is not taken into account as a major element, so that the school could take on a new organization to foster everybody's attendance. On the contrary, that is seen as an insurmountable hurdle to deal with only through makeshift actions, following the "lesser evil" logic.

Conclusions

The question to raise at this point is: are the school professionals, with their imagery and consideration about Calòn families, still trustworthy as peer interlocutors? The same situations recur in the speeches of the teachers from the two schools, but for the former, e.g., a celebration in the neighborhood is a good chance for sharing time beyond their professional role, for the Abram's colleagues that's *"a bloody mess that ends up with some fightings"*. The intervention tested by the Montero school is neither the only nor the best way to overcome the observed problems but it's the outcome of a process that deserves our attention. First of all the recognized critical state is not unilaterally ascribed to the Calòn parents: their profession, although different from the most common kinds of job, is taken into consideration in its economic and social prominence for the families and the neighborhood life. The school perceives itself as part of the problem and possible driving force for a solution. The skilled the teaching staff can look beyond abstract rules, with no practical solutions, and on one hand they speak directly with the families, on the other hand they bring back the issue on an institutional level. Involving the Education Agency turn out to be crucial because it implies the statement that the duty/right to education is a responsibility of the families as it is of the State. If Calòn children don't go to school and don't learn that is not merely their problem, but it concern their parents, their teachers, their classmates, and the institutions. The spotted solution is kind of radical: both the right to take up an itinerant profession, and the achievement of learning goals have the same dignity. The terms for mediating are crystal-clear and that fosters the imagination of feasible alternatives: they may not be totally successful, but they do lead to further chances to succeed.

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Beyond bereavement: exploring resilience in gypsy and traveller families following bereavement

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Abstract

There are an estimated 3000,000 Gypsies and Travellers in Britain. Despite Romany Gypsies, Irish Travellers and Scottish Gypsy-Travellers being recognised as distinct ethnic groups, in recent decades these communities have faced increasing challenges to retaining their culture and traditional nomadic lifestyle with significant impacts on their health and wellbeing. In addition to facing inequality and discrimination Gypsies and Travellers experience significant health inequalities and have a life expectancy which is considerably less than surrounding populations.

Bereavement is a significant health concern for Gypsies and Travellers with considerably higher levels of suicide, maternal and infant mortality, miscarriage and stillbirth than in wider society. Multiple bereavements can result in long term health implications including depression, anxiety, and increased risk taking behaviours, including alcohol and substance misuse and complicated grief reactions in adults. In addition the close knit nature of Gypsy and Traveller communities means that the death of a relative is felt with great intensity articulated by some research participants as an event with which they "never come to terms". The significance of bereavement and loss within these groups can therefore result in a continuum of loss and complicated grief throughout the lifespan.

However, the effects on children of significant loss, or living with carers who are experiencing bereavement remain largely unrecognised, despite the increasing research evidence which explores the connection between early childhood experiences and later life chances.

This paper presents emerging findings from my on-going PhD studies exploring the bereavement experiences of Gypsies and Traveller families, and considers resilience in relation to the bereavement experiences of this marginalised ethnic group.

Key words: Gypsy, Traveller, Bereavement, Resilience.

Introduction

'What doesn't kill you makes you stronger' (Irish Traveller woman in her late fifties Roger's unpublished data).

The statement above made by a participant in my on-going bereavement research reflects the stoic nature and resilient attitude found within Gypsy and Traveller families and communities experiencing hardship. Moreover, it summaries acceptance of life-long challenges and adversity faced by Gypsy and Travellers living a marginalised lifestyle within mainstream society.

Living on the edge of mainstream society British Gypsies and Travellers (the standard terminology used in the UK to refer to members of the ethnic group included in European policy documents as 'Roma' communities, see further: Council of Europe (2012) [1] remain largely hidden or invisible. Whilst there is limited space in this paper to detail all the risk factors faced by these communities, they are vulnerable across all aspects of the life-course. Including experiencing high rates of premature death. Hence bereavement and complicated and long-term unresolved grief underpins high levels of mental illness (depression and anxiety) in Gypsy and Traveller communities.[2,3] However despite the challenges faced Gypsies and Travellers, community members, and particularly women have been found to have a very stoic attitude towards life [4,5] as illustrated in the opening quotation. However this paper sets out to question whether when faced with repeat bereavement, communities are behaving stoically or exhibiting psychological and social resilience?

Resilience relates to an individual's capacity to recover from adverse life experiences including trauma and high levels of stress [6].The complex lifestyles led Gypsies and Travellers (i.e. often experiencing poverty and homelessness or insecure accommodation) typically involves experiencing high levels of trauma and stress,

both on an individual level and also collectively as members of a marginalised ethnic group. Thus Gypsies and Travellers have been identified as being vulnerable to both individual and 'cultural trauma' through their communal experience of membership of a group whose traditional ways of life is increasingly criminalised and stigmatised in sedentary post-modern society. Individual vulnerability is therefore exacerbated by collective cultural trauma which impacts on social dynamics, emotions, spirituality and the resilience of those involved and additionally, can have intergenerational impacts on coping mechanisms leading to increased emotional vulnerability. [7]

This paper explores research participants' capacity for resilience by considering the risks and protective factors faced by Gypsy and Traveller families. In order to set the scene it is important to clarify who are Included within this definition

Who are Gypsies and Travellers?

In Britain, 'Gypsies and Travellers' is a generic term used to identify members of ethnic groups who are traditionally nomadic. Defining who is a Gypsy and Traveller is however relatively complex, with different formulations found in planning law, which is based on nomadism (as still practised by a considerable number of Gypsy/Travellers in the UK) and under the Race Relations Acts which provides protection for individuals who are members of ethnic groups. It is important to recognise that there are a number of distinct groups commonly included within the generic term Gypsies/Travellers, e.g. English Romany Gypsies, Welsh Gypsies, Scottish and Irish Travellers, Show People, (Fairground Travellers) Bargees (barge or boat dwellers) European Roma and New Travellers [8]. For the purpose of this paper the term 'Gypsies and Travellers' is used to refer simply to English Romany Gypsies and Irish Travellers the largest of these populations in Britain.

Despite estimates that there are approximately 300,000 Gypsies and Travellers in the UK, [9] they remain a largely hidden community in mainstream consciousness. In part this invisibility is used as a protective strategy by the communities, to maintain their distinct cultures and heritage and also to prevent assimilation into the sedentary society.[10]. However, invisibility also keeps them marginalised and misunderstood by the wider population, creating a dichotomy of views, from the historic and romanticised notion of glamorous beauties leading a nomadic lifestyle with horse drawn wagons in country lanes, juxtaposed against the more recent stereotypical view of 'dirty' and 'dishonest' people living in illegally parked caravans. [5,11] The reality is in fact more complex as may be expected of a marginalised community who have experienced a long history of prejudice and discrimination dating back to the Sixteenth century when they were first identified as present in the UK.

The separateness and lifestyle choices favoured by many Gypsies and Travellers, which is often at odds with mainstream sedentary society, has resulted in a complex and difficult relationship between Gypsies, Travellers and the state. [9,10,12]. Consequently increasingly repressive laws and social and economic exclusion has led to Gypsies and Travellers having the poorest life chances of any ethnic group in the UK [14,15], Furthermore the marginal physical places occupied by many Gypsies and Travellers often adds to the high levels of exclusion they experience, increasing their vulnerability across all aspects of life, in particular in relation to accommodation, heath, education and employment risk [16]. This is particularly evident when considering the poor health status and rates of premature mortality found within Gypsies and Traveller communities when they are compared to mainstream populations, including individuals with low socio-economic status. [2]When this multi-factorial exclusion is added to a high rate of multi-generational premature bereavement from accidents or preventable deaths etc, it means that the individual and socio- cultural significance of death remains at the forefront of Gypsies and Travellers experience.

The impact of bereavement on Gypsy & Traveller communities.

Although death and grief are universal, the place of the dead in society, mourning rituals and the manifestations of grief vary greatly across cultures.[7,17] Thus culture, societal traditions and beliefs create understandings about death, and provide a framework for bereavement behaviours through determining the influence that the dead have on the lives of the living. [18, 19, 20]

Whilst death remains central to shaping the behaviours of Gypsies and Travellers, often played out through strong cultural traditions and religious beliefs; within the community there also appear to be explicitly contradictory models of bereavement behaviours, with overt expressions of loss, lavish funerals and complex death rituals, whilst the experience of 'grief' (defined as the emotional response to bereavement and loss that has both physical and psychological consequences that may impact on health[21,18] itself stays firmly hidden and is often unresolved for many years. [5.,3] In order to understand the phenomenon of long-term complicated grief it is necessary to understand the close knit nature of the Gypsy and Traveller families who are typically defined through a collective culture with each person's well-being and identity connected to membership of their family and kinship group rather than primarily operating as an autonomous individual.

The close-knit nature of Gypsy and Traveller life (which in many ways remains unchanged from the models found in pre-industrial rural societies) means that following a death, public displays of grief, and open recognition of the enormity of loss both to private individuals and the community at large, are central to both demonstrating the value of that person and acknowledging the ways in which life is changed forever by the loss of a community member. Failure to respect these social norms is almost unthinkable for the vast majority of Gypsies and Travellers, with individuals often travelling for many hundreds of miles to 'show respect' and support a recently bereaved family. Not uncommonly a funeral – regardless of the age of the deceased person, or the circumstances of their death – might attract several hundred mourners. Moreover should a breach of 'respect' such as sending flowers or attendance at the funeral or at the 'sitting up' with the family the night before occur, (even if social breaches may have existed in the past between families), individuals would behave in such a way report that they would feel both personally diminished and risk of social ostracisation.

So why does this central focus on death and appropriate behaviours remain so crucial to Gypsy and Traveller identities? Firstly, the relatively unchanging family structures and 'traditional' values common to the overwhelming majority of Gypsies and Travellers means that there is an exceptionally high level of contact between kin groups on a daily basis. This is in complete contrast to the majority of 'Western' communities where families tend to be smaller, more disparate and geographically dispersed. Thus, an individual might spend their entire life living alongside their parents and siblings, on a caravan site, with their own children growing up, marrying and having their own family whilst living either at the same location or geographically nearby. Hence almost by definition, living in an extended family unit, the repercussions of birth and death are likely to have a greater impact and deeper resonance than for individuals who are unable to live in such close proximity to their wider family. The close kin-ship structure of Gypsy and Traveller communities means that the death of a relative is felt with great intensity, articulated by some research participants as an event with which they "never come to terms". The significance of bereavement and loss within these groups can therefore for some people result in a continuum of loss and grief throughout the lifespan, particularly (as touched upon below) there are cultural factors which preclude seeking external psychological help with unresolved grief, leaving sufferers with no option but to 'cope' stoically, or resort to 'self-medication' such as alcohol or drugs to numb the pain of loss.

Resilience factors within Gypsy and Traveller communities.

Having outlined the factors which lead to increased grief reactions, amongst Gypsies and Travellers it is time to consider the strong protective factors which aid resilience and survival for individuals experiencing repeated trauma. Many of these resilience factors, like those which exacerbate risk of unresolved grief, are embedded within their close family networks. Rutter 1981[22] identifies a number of domains (both personal and environmental) by which individual capacities for resilience can be measured against the dominance of risk and protective factors within each person's life. Personal domains include personality traits and gender, capacity to cope with stress factors and change and family influences, whilst environmental factors include living conditions. It is impossible to separate personal and environmental factors where Gypsies and Travellers are concerned, as their nomadic traditions are increasingly compromised and an insecure living environment may be a significant cause of stress, with fear of eviction, prejudice and persecution common concerns amongst research participants. In addition, poor and dangerous living environments account for a number of intergenerational sudden unexpected deaths such as those associated with traffic accidents or poor environmental health. Negative family circumstance can also result from accommodation change with families being 'broken up' and unable to live in the close proximity that they are used to. In addition, bereavement will also have a significant effect on family with changing roles and responsibilities. [3] Thus, whilst the closeness of family is a strong protective factor associated with resilience, changes in circumstances such as those outlined above can also create additional stress factors. Rutter's (1981) consideration of personality traits and gender roles is particularly pertinent to Gypsy and Traveller families as he highlights psycho –social stressors in male patients, particularly those linked to family discord, proposing that males are more vulnerable and less resilient than females to stress. Evidence of male responses to family bereavement stressors within Gypsy and Traveller families in my research (and earlier literature), repeatedly note high incidences of risk taking behaviours and bereavement-related suicide; supporting Rutter's proposition of increased male vulnerability. In contrast Gypsy and Traveller women are often responsible for keeping the family together and demonstrate a stoic or resilient attitude of ' just getting on with it' (Irish Traveller woman aged 45, Roger's unpublished data)

Overall, whilst positively correlated resilience markers are clearly found within Gypsy and Traveller culture and traditional family structures: predominantly secure emotional attachments, strong relationships; the availability of emotional support; security, and a structured family environment with clear and consistent boundaries. [22,6] all of which were noted by respondents as fundamental to Gypsy and Traveller values; the overriding cultural need articulated by interviewees to "protect family at all cost" may, as normatively practised, be detrimental to developing personal support and resilience. Thus, my current research findings strongly suggest that the desire of Gypsy and Traveller respondents to protect family members through not talking about

the deceased person, ignoring others' pain and simply 'getting on with it' may be detrimental to individual emotional resilience; as grief is internalised. Hence the desire to alleviate grief, and culturally accepted way of protecting family members from pain by avoiding the subject of death and loss is so strong that it seems to create personal vulnerability rather than increased emotional protection for some vulnerable individuals.

This protective attitude is summarised by this interview extract,

'If it's a member of your own family, your brother or sister, you can't show your feelings you can't because you are afraid to hurt them, you have to keep a brave face on it' Irish Traveller woman, aged 36, (Roger's unpublished data).

Conclusion.

The role that family and community play in supporting health and wellbeing is highlighted in Marmot's (2010) [23] discussion of social capital, where he suggests that close relationships between individuals promote resilience and provide barriers to exacerbated health risk. In contrast, I suggest however that a lack of inter-generational resilience and learnt responses to grief and bereavement as enacted in the current case, is likely to result in the high levels of grief related mental health problems experienced by Gypsies and Travellers.

In conclusion the challenges and complexities of Gypsy and Traveller culture outlined above, means that they live with high levels of risk and vulnerability when compared to majority cultures. Whilst, the strong family attachments that should provide the balance in their lives, and which in many ways help them to develop resilience to the hardships of life are important in supporting them through physical and practical struggles, resilience in the face of bereavement (something which is difficult for anyone to cope with) appears to be compromised by the overriding need to protect Gypsy and Traveller family members by asserting stoicism, and in doing so, risking ignoring the cost of individual emotional health and wellbeing with intergenerational impacts.

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'Putting the last first'- how participatory action research can turn things around for Roma communities

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Abstract

In the academic field of Romani Studies and also from national and European governments and NGOs, there are calls for researchers and policy makers to engage more directly and meaningfully with Romani communities. There is the implicit hope that participation of Roma people in both research and policy setting on issues that affect their lives can overcome some of the major development challenges faced by Roma in Eastern Europe, specifically in terms of housing, education, employment and healthcare.

This paper agrees with the principle but argues that 'the devil is in the detail'. Far from being a quick fix, it argues, taking a participatory approach to working with communities where Roma people live needs to be based on a sound theoretical and methodological framework, and requires long term investment in allowing both Roma and non-Roma people to engage with and own research that they can then use to make changes in their communities.

The theoretical framework proposed here brings together philosophical hermeneutics, critical race theory and feminist thinking and applies it to contemporary thinking about Roma and non-Roma communities living in close proximity. Methodologically, the paper proposes, participatory action research is a logical choice that flows from this theoretical background, but also an ethically sounder approach than non-participatory methods, allowing communities to have power over research and its outcomes.

In practical terms, participatory action research has been shown to provide unique perspectives on the resilience and strategies for social change employed by communities that are not easily accessible to policy makers. Even more importantly, participatory action research has emerged as a key tool for emancipation and liberation of people living on the margins. This paper will provide examples of how participatory action research can contribute to Roma communities moving beyond mere survival and resilience to become agents of change.

Keywords: participation, racism, feminism, hermeneutics

Participatory approaches and Romani Studies

Romani Studies is by now an established field, with one of the oldest academic organization, the Gypsy Lore Society, established in 1888. Other organisations such as the Open Society Institute or the Central European University also regularly hold conferences and publish research about Roma people and communities. In this academic context, the question of who represents Roma views is at the forefront of research and policy making.

1.1 Who are the Roma?

'Roma' and 'Romani' (as opposed to Gypsy) are political terms that have a particular history attached to them, being first used by the "Komiteto Lumniako Romano organisers in 1971 of the First World Romani Congress [7]. But who are the Roma? It is a difficult question for a group of people whose very self-identification is problematic and can be imposed by outsiders [8]. Scholars such as Michael Stewart [31:12] argue that for many reasons Roma identity does not fit neatly into patterns of ethnicity as devised by nation states.

Much of the seminal work in Romani Studies has been anthropological in character [30], [27]. In response to this rich ethnography and taking issue with what is sometimes seen as its tendency to reify a certain

view of the 'true Gypsy', Romani Studies academics are increasingly calling for the field to move beyond this limited understanding of Romani identity [32].

Importantly and in spite of their differences, academics and policy makers agree that Romani people in Eastern and Central Europe are subjected to severe discrimination that is often but not always acknowledged and named as racism [18]; [23]; [6].

Again, Romani scholars such as Angela Kóczé [22] go deeper and further than non-Romani academics, linking 'Romani subalterity' to neo-colonialism and borrowing the term 'infra-humanity' from Paul Gilroy [14] to describe how Roma are invisible 'as humans within European discursive and social fabrics, from history books to everyday workplaces'.

However, while anti-Roma racism is openly acknowledged and discussed, strategies to overcome it are seen as highly problematic, with criticism levelled at all actors engaged in this effort, from NGOs such as the Open Society Institute [22], to national governments [6] and to the EU itself [34].

How this less rigid, more complex and more emancipatory story of Roma identity is to be told is perhaps one of the most salient questions in Romani Studies at the current moment.

1.2 Participatory approaches in Romani Studies

Following on from these arguments, a growing strand of Romani scholarship and activism today is grappling with the realisation that neither academics nor practitioners can easily understand or engage with Roma people from the point of view of external observers. The question of 'who speaks for the Roma?' in current political and academic debates crops up most insistently [24]. The question is tacit in the EU's call for 'dialogue with and participation of the Roma' [9] or in efforts by Romani activists of coming together to make their voices heard (such as in the Fourth International Conference of Roma Women, held in Helsinki between 16-17 September 2013).

The more difficult matter, particularly highlighted by [24], is that the opportunity and right to speak on behalf of Roma is so far limited to elite Roma individuals and a number of international and national organisations that are more or less in touch with the needs and interests of grassroots communities. However without hearing the voices of the grassroots, it is difficult to imagine Roma who are politically engaged and can speak for themselves with authority. To remedy this we need more 'participation of Romani people in research that focuses on them' [33].

It is this gap in participatory approaches to Romani Studies that the present paper aims to address. First, it looks to hermeneutics and critical race theory, as well as on contemporary thinking around identity to make the case for a deeper, historically rooted and politically engaged understanding of Roma identity as a precursor for participatory approaches to research.

Second, drawing on the considerable experience with participatory action research methodology in other settings the research sets out to give a flavour of how far it is possible to journey in the as yet little explored realms of dialogical inquiry with 'ordinary' Roma and non-Roma people in the role of researchers.

Hermeneutics and Romani Studies

Philosophical hermeneutics as an ontological discipline was developed to its fullest by Hans Georg Gadamer [13]. Gadamer's theory of hermeneutics points the way to a 'powerful ontological mode of being-in-the-world-with-others' and a way of understanding 'things' and people very different from ourselves [29].

Hermeneutic understanding has been described as a three-fold process: in order to understand a something, including people and their identity, one must be able to intellectually 'grasp' that thing [17: 36-45] one must be to operate with it, in the same way as an artisan operates with or wields the tools of her trade; and one must find a way to articulate it so that the thing becomes illuminated by language, a fundamental dimension of hermeneutics [17].

Importantly, in any act of understanding 'history is always at work'. Gadamer's concept of 'effective history' proposes the idea that we 'read' people in the same way as we read texts, bringing to the encounter all of our history, their history and the historical processes that have led to that encounter [10]. In hermeneutics, history both limits what can be understood and creates the conditions for testing that understanding.

Other corollaries of Gadamer's hermeneutics are [29]:

1. understanding is only possible from a certain historical vantage point and from within 'effective history', which then creates a horizon of meaning,
2. people seeking to come towards each other enter into a dialogue based on their historically constructed prejudices, and it is necessary to make these explicit to be able to progress in our understanding
3. a provocation arises in any encounter in which people are brought up against each other's prejudices and attempt to gain new meaning from each other
4. finally, this effort of understanding can lead to a fusion of horizons.

It is possible to apply hermeneutic thinking to research on identity (such as Roma identity) by designing an inquiry as a 'hermeneutic dialogue' between for example Roma and non-Roma people. However, this is not merely a matter of 'cultural exchange'. The effort of undoing a history of discrimination requires a 'confrontation and fusion of lifeworlds', it needs to go beyond superficial dialogue or positive discrimination to engage with effective history and the meanings, truths and relevance of that to people to are separated by the 'gulfs of effective history' [28]. Hermeneutics teaches that careful and thoughtful reflection on what does and doesn't make sense in any given situation is key to accurate understanding [35].

The work of critical race theorists such as Homi Bhabha [1:2] points to the the interstitial space where cultures are formed. Indeed, it is 'these 'in-between' spaces' that become 'the terrain for elaborating strategies of selfhood' and give rise to 'innovative sites of collaboration, and contestation' [1:2].

In practical terms, to gain understanding of what happens in the in-between space where Roma and non-Roma people meet, research approaches are needed that allow both 'sides' needs to go through a process of understanding their identity: theoretically by learning what their identities mean for them; practically by becoming able to operationalize those identities; and dialogically by learning to articulate Roma and non-Roma identity to oneself and to others. This is where participatory action research emerges as a crucial tool of inquiry.

The potential of participatory action research for Romani Studies

Participatory action research has deep and wide roots [3] in the field of liberation pedagogy. However, the meaning of participation itself has changed over the years from participation at the local level in rural contexts [4] to a more recent focus on participation connected to citizenship and structural change [26].

It is clearly difficult to create a situation in which participation actually gives real power to a community and there are many challenges and risks in promoting this approach. Big questions arise over who sets the agenda and whether research is truly participatory or just tokenistic. The critics of participation state that the approach has been high-jacked by an instrumentalist ethos that 'hides and at the same time perpetuates certain sets of power relations' [5:11]. However, even they recognize that participation is a valid concept when applied to political activism and challenges to oppression. Thus, it is important when setting into motion participatory processes, that the assumptions and beliefs of those who hold the power in the relationship are equally challenged and examined as the assumptions and beliefs of those who hold less power.

Any research happening with Roma will need to first openly acknowledge and describe the fact that it is situated in a historical of oppression [23]. Thus, building also on feminist thinking [12]; [21], the necessity emerges for those who hold the power in any given encounter to also critically examine their role in creating an unequal situation. In Romani Studies, it is important that research looks not just at the situation of the Roma but also at the way in which non-Roma have contributed to the status quo and how their identities have been shaped by that dynamic of oppression.

In this situation, action or even inaction by subordinated groups (such as the Roma) can be conceptualised as resistance, which 'redefines the causes and meaning of oppositional behaviour' by understanding it as a core element of political action [15]. Participatory action research can use these facts as opportunities, by helping to uncover existing oppressive structures, patterns of resistance and examine how this resistance engenders intentional political action, but may also contribute to it. Kemmis [20] shows how critical participatory action research in particular has the capacity to take 'resistance' further, in the sense that it can empower the oppressed to become 'critical' and reflect upon how their own ways of seeing the world, combined with the historically created social structures that surround them and the practices embraced by their group and others produce 'untoward effects'. Research thus becomes a tool for opening up communicative space, a 'process of facilitating public discourse in the public sphere' and of exploring a shared reality and praxis. In this way, research is ultimately aimed at emancipation; knowledge has the potential to become emancipatory and produce social change and action becomes an intrinsic and necessary companion to socially committed research. Embracing such a paradigm has a major influence on the methodology used, since it asks that the subject of the research has some control in how the research is conducted, with the researcher playing the role of advocate for the oppressed [23].

Beyond this, wider opportunities are also at stake when embracing a participation action research approach, all of which come with their own perils that the researcher has to skillfully navigate. One of these is a new way of giving rigour and validity to the research. Brydon-Miller [2:202] describes this as an extended, deeper and more complicated set of principles for research ethics, specific to action research and to settings where there are pre-existing close relationships between researchers and the local community [36].

For example, participatory action research demands that members of the community have a say in defining which issues are to be addressed by the research and thus can decide whether this is ultimately beneficial to their lives or not; it is possible to create a 'community review board' for the research, as a means of engaging Roma people with it while at the same time testing risks and benefits of it happening in their midst; and

community members can be asked to participate in decisions regarding 'the application of the research findings, and the generation, ownership, and dissemination of knowledge based on the research' [2].

Conclusion

In the context of Roma studies, participatory action research is particularly pertinent, given the centuries during which outsiders have spoken for and represented Roma people. In the UK, there has been work using participatory approaches with Gypsy, Roma and Traveller communities [16], but in Eastern Europe the approach is largely absent. The fact at present is that most of the research 'on' Roma people has not included them [33] and that this could be a reason for the identified lack of engagement of Roma communities with policies of integration proposed by national governments in Central and Eastern Europe [9].

By contrast, other marginalised groups have had opportunities to engage with and try out participatory approaches to finding their own solutions for many years and have been involved in finding out for themselves 'identifiable patterns which point to a way of providing assistance that supports the agency of those who have suffered the gravest forms of deprivation and prejudice' [26: 8].

The learning from many years of working with participatory approaches is that communities can and do engage with research but they do so gradually, and only when considerable resources and attention are focused on how research is conceptualised, carried out and disseminated, with 'mutual trust built up over the years' [26: 60].

Thus, without embracing participation, the picture painted by current research on Roma communities is incomplete and doesn't allow them to show themselves in the ways that they choose to do, while the voice of the outside researcher comes through loud and clear. But without a thorough theoretical and practical grounding in how participation can achieve its full potential, it can become another lost opportunity or antagonise the communities that it 'targets'.

This paper has sought to show that philosophical hermeneutics, critical race theory and feminism can provide such a theoretical basis for research that leads to a useful, productive and historically relevant dialogue between Roma and non-Roma communities. Using the utmost care and awareness of the complex relationships between both Roma and non-Roma research participants, it is possible to gradually bring them together into a research collective that works collaboratively over the long term. This carefully laid groundwork affords the possibility to overcome some of the most pressing political and social challenges that face Roma and non-Roma communities in Europe.

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L'evaluation de la resilience de l'adolescent

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Abstract

In order to have a tool for measuring protective factors among adolescents, with a view to resilience research, we implemented the development and validation of an instrument (IFR-40 Bekaert et al. 2011). The IFR-40 was developed from a literature review identifying the set of protective factors reported in the papers. An exploratory factor analysis with oblique rotation allowed to highlight a three-dimensional structure (personal, familial and extrafamilial), composed of 40 items. A Likert five-point scale is used to determine the level of agreement of the adolescent with each statement (0: "Totally disagree" and 4 "Strongly agree").The positive correlations with measurement scale of the manifestations of psychological well-being of Massé et al. (1998) and the scale of life satisfaction by Diener et al. (1985) demonstrate the validity of the IFR-40. The results also demonstrate excellent internal consistency. regards the temporal stability of the instrument, it proves to be very satisfactory. These preliminary results need to be reinforced and updated through a confirmatory data analysis. In addition, the study of divergent validity is still necessary to complete the evaluation of the IFR-40. Thus, this writing presents data obtained from designed to assess the properties of the tool. The results suggest that the IFR-40 has psychometric properties and provides prompt and adequate evaluation of FP contributing to resilience among french adolescents.

Key words: Questionnaire, trauma, resilience, protective factors, youth

Introduction

Bien que certains adolescents soient exposés à un événement traumatique au cours de leur vie, les travaux épidémiologiques montrent que seulement certains d'entre eux manifestent un syndrôme de stress post-traumatique [1-2], suggérant que certains adolescents ne manifestent pas de pathologie ou d'altération du développement. On évoque alors le terme de « résilients » pour les désigner.
Le concept de résilience est multidimensionnel et dépend des caractéristiques intrinsèques et extrinsèques à l'individu. Lecomte (2002) a donné une définition assez consensuelle de la résilience, décrite comme « un processus dynamique consistant à bien se développer malgré des conditions de vie difficiles ou des événements traumatiques, basé sur l'interaction de potentialités internes à l'individu et de soutien environnementaux […]. » [3]. L'importance de la résilience a été mis en évidence dans la littérature du développement de l'enfant et de l'adolescent depuis plusieurs années, avec plus récemment des travaux se focalisant sur la prise en compte des critères internes et externes favorisant la résilience [4-5]. Ainsi, les études portant sur la résilience visent non seulement le repérage des facteurs de protection mis en jeu mais également la compréhension des différences intra et inter-individuelles. La résilience est souvent définie en fonction des facteurs de protection liés à l'individu lui-même et à son environnement. On parle alors de variables protectrices ayant trait au domaine personnel, familial et social conformément au modèle de Garmezy & Masten (1991) [6] pour désigner les facteurs concourant à la résilience [11-12]. La résilience a été prouvée comme étant quantifiable au travers d'échelles telles que le CD-RISC de Connor et Davidson (2003) [7], le RS de Wagnild et Young (1993) [8], l'ARS d'Oshio, Nakaya, Kaneko et Nagamine (2002) [9], la resiliency scale de Jew (1991) [10] ou encore le READ de Hjemdal, Friborg, Stiles, Martinussen et Rosenvinge (2006) [11]. On recense, ainsi, cinq instruments de mesure de la résilience chez les adolescents [12]. Cependant certains d'entre eux ont été conçus pour répondre uniquement à l'évaluation des variables individuelles (CD-RISC, RS, ARS) et ne prennent pas en compte les différents types de facteurs tels que définis par Garmezy et al. (1991) [6]. D'autres ne satisfont pas aux critères psychométriques nécessaires [13]. Bien que le READ se distingue des outils actuels puisqu'évaluant la cohésion familiale et les ressources sociales à l'instar des autres instruments, il présente de nombreuses limites [12]. Parmi celles-ci, citons que l'échelle a été testée uniquement sur des adolescents norvégiens avec une tranche d'âge restreinte aux 13-15 ans. Aucune analyse factorielle exploratoire n'a été conduite sur l'échantillon et l'analyse confirmatoire comptabilisait moins de six observations pour chacun des items, ce qui peut représenter une limite à la présente échelle [14]. Ahern, Ark et Byers (2008) rapportaient que des analyses supplémentaires ayant trait

aux qualités psychométriques de l'outil telles que la validité et la fiabilité s'avéraient nécessaires [15]. Une récente étude s'adressant non pas à des adolescents mais à de jeunes adultes norvégiens âgés de 18 à 20 ans n'a pas permis de mettre à jour la structure initiale de l'échelle. Il ressort de ces analyses une version modifiée du READ composée de 23 items. La fidélité test-retest de cette nouvelle version n'a pas fait l'objet d'une appréciation. Il est à noter également que la dimension nommée style structuré compte dorénavant trois items et que les auteurs envisagent d'y inclure des items supplémentaires en vue d'asseoir la consistance interne de l'échelle [14]. Malgré la prise en compte des dimensions sociales et familiales, certaines variables protectrices relevées au sein de la littérature n'apparaissent pas au sein de ces deux dimensions du READ. L'importance de la qualité relationnelle de l'adolescent avec ses parents, la disponibilité des parents, le sentiment de sécurité procuré par la relation ou le soutien social émanant des adultes extérieurs au cercle familial sont autant de facteurs de protection qui ne sont pas évalués par cet outil psychométrique. Nous avons, ainsi, souhaité développer un outil psychométrique permettant de palier aux différentes limites relevées dans l'évaluation de la résilience et intégrant, de fait, les différents domaines constitutifs de ce concept tout en satisfaisant aux critères psychométriques nécessaires.

Développement de l'échelle et analyses préliminaires

Cette étude décrit les étapes du développement de l'I.F.R-40 et évalue, auprès d'adolescents, la structure factorielle, la cohérence interne, la qualité de ses items et la validité convergente. On y présente également des données normatives (moyennes et écarts types), selon le sexe des participants de cet échantillon.

1.1 Méthode

1.1.1 Élaboration et sélection des items de l'instrument

Le développement de l'instrument a été effectué en plusieurs étapes, similaires à celles utilisées dans plusieurs autres échelles telles que le READ et l'ARS. Tout d'abord, les caractéristiques propres aux personnes résilientes relevées dans les nombreux travaux issus de la littérature ont permis de dégager un ensemble exhaustif de facteurs de protection et de générer des items permettant d'évaluer la résilience. Cette première étape a permis de créer 100 items évaluant les différents types de facteurs de protection (personnels, familiaux et extrafamiliaux) présents chez les individus résilients en référence au modèle de Garmezy et al. (1991) [6]. Certains items ont été, ainsi, générés afin d'évaluer les facteurs de protection personnels (e.g. « Je m'adapte facilement aux situations lorsque des changements arrivent. ») alors que d'autres ont été générés pour représenter les facteurs de protection familiaux (e.g. « L'un de mes parents est disponible quand j'en ai besoin. ») et les facteurs de protection extrafamiliaux (e.g. « Il y a quelqu'un avec qui je peux discuter de décisions importantes qui concernent ma vie. »). L'ensemble des items a par la suite été évalués par un comité de cliniciens et chercheurs spécialisés en clinique infanto-juvénile (clinique du traumatisme, développement de l'enfant) en fonction de sa correspondance sur chacun des trois facteurs (personnel, familial ou extrafamilial). 40 items ayant la meilleure validité ont été retenus et soumis à un échantillon de 20 participants afin de confirmer leur intelligibilité et ainsi, d'évaluer leur validité de contenu. Une échelle de format Likert en 5 points, similaire à celle utilisée dans plusieurs autres outils tels que le READ et le CD-RISC, a été retenue afin de répondre à chacun des items (de 0 : « Pas du tout d'accord » à 4 : « Tout à fait d'accord »). Ainsi, les scores obtenus sur l'échelle varient de 0 à 160.

1.1.2 Participants et procédures

L'I.F.R-40 a été administré à un échantillon de 299 adolescents volontaires issus de la population générale, similaire à celui utilisé dans d'autres échelles comme le CD-RISC [7]. L'échantillon était composé de 161 filles (âge moyen = 15,43 ; ET = 3,01) et de 130 garçons (âge moyen = 15,26 ; ET = 2,97). Huit personnes ont omis de mentionner leur sexe. L'âge des participants pour l'échantillon total varie entre 11 et 19 ans (âge moyen = 15,03 ; ET = 3,76). Il est à noter que les données concernant l'âge étaient manquantes pour 7 adolescents et pour 4 adolescents en ce qui concerne le niveau d'étude. Ceux-ci ont été recrutés auprès de divers collèges, lycées et universités. La passation des instruments a été effectuée pendant le temps de classe. Aucune compensation ou incitatif n'a été remis aux adolescents pour leur participation.

1.1.3 Instruments

Un questionnaire d'informations générales évaluant les caractéristiques personnelles des répondants, soit l'âge, le sexe et le cycle d'études a été administré avec l'I.F.R-40. La version française de l'I.F.R-40 a été développée pour évaluer les différents domaines constitutifs de la résilience. Plus précisément, ce questionnaire de 40 items explore les variables protectrices dont dispose l'adolescent au niveau personnel, familial et social.

Les questionnaires suivants ont également été administrés :

- L'échelle de satisfaction de la vie développée par Diener, Emmons, Larsen et Griffin (1985) [16], se compose de 5 items de type (« Je suis satisfait(e) de ma vie. ») qui incitent l'adolescent à porter une évaluation globale sur sa vie. Pour chaque énoncé, le répondant dispose d'une échelle de Likert en 7 points allant de 1 pour « fortement en désaccord » à 7 pour « fortement en accord ».
- L'échelle de mesure des manifestations du bien-être psychologique (EMMBEP) de Massé, Poulin, Dassa, Lambert, Bélair et Battaglini (1998) [17] mesure le niveau de santé psychologique à partir de la fréquence d'occurrence d'une liste de manifestations (1 : « jamais » ; 5 : « presque toujours »). Cet instrument repose sur 25 items mesurant l'estime de soi, l'équilibre, l'engagement social, la sociabilité, le contrôle de soi et le bonheur (exemple d'item : « J'étais bien dans ma peau, en paix avec moi-même. »).

Résultats

1.1 Structure factorielle de l'I.F.R-40

Compte tenu des limites citées au sein de la littérature à l'encontre de certains des outils mesurant la résilience, notamment celle ayant trait à l'analyse factorielle avec rotation orthogonale [18]**,** nous avons choisi de réaliser une analyse factorielle avec rotation oblique qui semblait plus en adéquation [18] puisque présupposant l'interrelation des dimensions de l'échelle. Ainsi, nous avons soumis l'ensemble des données à une analyse factorielle en composantes principales (ACP, avec le logiciel SPSS 17.0) avec rotation oblique dans laquelle nous avons demandé une solution en trois facteurs conformément au modèle de Garmezy et al. (1991) [6]. L'indice d'adéquation de l'échantillon à la factorisation est très satisfaisant (KMO = 0.890). Le test de sphéricité de Bartlett est significatif (p = .00). L'examen de la solution factorielle fait ressortir une structure en trois facteurs composée de 40 items. Les saturations factorielles sur chacun des items se situent entre 0.31 et 0.84 (Fig.1). Les trois facteurs dégagés expliquent 43,46% de la variance et s'élève respectivement pour chacune des échelles à 25,77%, 9,98% et 7,71%.

Le facteur 1 regroupe des items évaluant les facteurs de protection familiaux. Ce facteur comprend 14 items qui mesurent la dimension familiale, notamment les caractéristiques ayant trait aux parents, à la relation parent-adolescent et à l'ensemble de la famille nucléaire. Le facteur 2 composé de 14 items rassemble les items évaluant la dimension personnelle, plus spécifiquement les caractéristiques individuelles de l'adolescent (la croyance en soi et en ses capacités ; la confiance en soi ; le sentiment d'utilité ; l'adaptabilité ; l'autonomie ; la recherche d'informations et la capacité à découvrir un sens ; la capacité à planifier et à s'organiser dans la vie de tous les jours ; le sens du contrôle interne ; la capacité à résoudre les problèmes ; l'optimisme ; la détermination et la spiritualité) alors que le facteur 3 comprenant 12 items réfère à la dimension sociale et rassemble des items traduisant les contacts sociaux, le soutien provenant des pairs, d'une relation amoureuse, de professionnels, de personnes extérieures au cercle familial ou d'un groupe.

1.2 La fidélité : cohérence interne de l'I.F.R-40 et la qualité des items

Un coefficient alpha de Cronbach a ensuite été calculé à partir des résultats obtenus à chacun des items afin d'évaluer la cohérence interne du questionnaire et d'avoir un estimé de sa fidélité. Le coefficient obtenu pour l'ensemble des items s'élève à 0, 91 pour l'échantillon total. Les corrélations item-total (Fig.2) oscillent entre 0.21 (item 19) et 0.58 (item 8) et se situent au-dessus du seuil critique de 0.20 [19-20]. Seul l'item 22 présente une corrélation item-total inférieure à 0.20, cependant, le retrait de cet item n'augmente en rien la cohérence interne. Le coefficient alpha de Cronbach obtenu pour le facteur 1 est de 0.91, pour le facteur 2 de 0.88 et pour le facteur 3 de 0.77.

Fig.1 : Structure factorielle de la version de l'I.F.R-40 et saturations factorielles.

Item	Facteur I	Facteur II	Facteur III	M	ET
9	.841			3.48	.816
33	.801			3.55	.811
34	.758			3.59	.760
36	.743			3.36	.957
31	.716			3.47	.917
15	.711			3.31	1.007
25	.692			2.96	1.238
8	.688			3.21	1.020
12	.680			3.23	.965
3	.583			2.52	1.238
32	.560			3.45	.871
10	.498			3.09	1.086
39	.451			2.85	1.437
2	.379			2.61	1.406
18		.773		2.49	1.177
29		.698		2.74	1.075
17		.670		2.96	.956
7		.661		2.81	.868
4		.650		2.65	.966
11		.618		2.72	.837
6		.590		3.03	.798
13		.589		2.88	.823
5		.585		2.72	1.021
21		.535		2.61	1.008
1		.525		2.67	.917
23		.507		2.82	1.003
35		.497		1.68	1.536
16		.478		3.03	.972
27			.701	3.11	1.116
40			.692	3.30	1.008
24			.565	2.91	1.419
28			.553	3.57	.776
30			.542	3.32	.999
37			.528	3.08	1.060
38			.395	2.93	1.164
19			.365	1.84	1.478
26			.360	1.97	1.437
20			.339	1.90	1.572
22			.334	2.07	1.817
14			.312	2.68	1.220

1.3 La validité convergente de l'I.F.R-40

Afin d'évaluer la validité convergente de l'I.F.R-40 une corrélation a été établie entre les résultats au questionnaire et ceux obtenus à l'échelle de mesure des manifestations du bien être psychologique. 15 participants parmi les 299 ont présenté des données manquantes à l'EMMBEP. Une autre corrélation a également été calculée entre l'I.F.R-40 et l'échelle de satisfaction de la vie afin d'obtenir des indices supplémentaires de la validité convergente de l'instrument. 14 adolescents parmi les 299 ont présenté des données manquantes sur l'échelle de satisfaction de la vie. Rappelons que dans certains études, des associations positives ont été trouvées entre la résilience et la bonne santé [8], le bien être [21] et la satisfaction de la vie [22] et des associations négatives entre la résilience et la dépression [8]. Une corrélation de 0,61 est observée entre l'I.F.R-40 et l'échelle de satisfaction de la vie et une corrélation de 0,72 a été obtenue entre l'I.F.R-40 et la mesure des manifestations du bien être psychologique. La figure 3 présente les corrélations obtenues entre les différentes mesures de l'étude.

Fig.2 : Les corrélations item-total.

Items	Corrélation item-total	Alpha de Cronbach*
1	.317	.908
2	.486	.906
3	.573	.904
4	.551	.905
5	.536	.905
6	.326	.908
7	.545	.906
8	.585	.905
9	.506	.906
10	.531	.905
11	.559	.905
12	.553	.905
13	.417	.907
14	.407	.907
15	.578	.905
16	.411	.907
17	.492	.906
18	.443	.906
19	.217	.910
20	.267	.910
21	.506	.906
22	.137	.914
23	.469	.906
24	.277	.909
25	.552	.905
26	.421	.907
27	.453	.906
28	.435	.907
29	.454	.906
30	.379	.907
31	.533	.906
32	.446	.906
33	.541	.906
34	.507	.906
35	.406	.907
36	.553	.905
37	.310	.908
38	.415	.907
39	.476	.906
40	.406	.907

**Alpha de Cronbach total lorsque l'item est supprimé*

1.4 La stabilité temporelle

L'évaluation de la validité temporelle de l'I.F.R-40 a été réalisée à l'aide de deux passations séparées par un intervalle temporel de 4 semaines. Des adolescents de niveau ont participé à cette étude (N = 73). L'échantillon est composé de 62 filles et 11 garçons, ayant une moyenne d'âge de 17.84 ans (ET=0.49). Tous les participants ont été informés de la double passation. Les moyennes obtenus à l'I.F.R-40 lors de la première et la deuxième complétion sont de 109.75 (ET = 20.18) et 112.21 (ET= 20.96) respectivement. Afin d'évaluer la stabilité temporelle des réponses à l'instrument, une corrélation pour échantillon appariés a été calculée entre les résultats à la première administration et les résultats à la deuxième administration. Les résultats obtenus indiquent un coefficient de constance tout à fait satisfaisant de 0.92 (p = 0.01).

Fig. 3 : Corrélations entre l'I.F.R-40 et les différentes mesures.

Mesures	I.F.R-40	EMMBEP	SATISF
I.F.R-40	1.00	.721*	.616*
EMMBEP		1.00	.660*
SATISF			1.00

EMMBEP : Echelle de mesure des manifestations du bien être psychologique ; SATISF : Echelle de satisfaction de la vie ; IFR-40 : Inventaire des Facteurs de Résilience.

* corrélation significative à 0.01

Discussion

Cette première étude visait à évaluer les propriétés psychométriques de la version française de l'I.F.R-40 Les résultats obtenus attestent que ce nouvel outil évalue de façon adéquate et rigoureuse les différents facteurs constitutifs de la résilience. Par ailleurs, les résultats de l'analyse factorielle appuient une structure à trois dimensions et montrent que l'IF.R-40 corrèle fortement avec les variables pour lesquelles un lien fort a été observé dans la littérature. Ce dernier élément permet d'établir la validité convergente de l'outil. La consistance interne de chaque sous-échelle (alphas) ainsi que leur fidélité (passation test-retest) indiquent que l'outil présente également des qualités psychométriques satisfaisantes. Effectivement, le coefficient de stabilité temporelle lequel permet d'obtenir un indice de son utilité pour évaluer les changements en contexte d'intervention psychologique indique une bonne fidélité propre à l'ensemble de l'échelle. Il s'avère toutefois nécessaire d'envisager de futures analyses pour mettre à jour ces résultats au moyen d'une analyse factorielle confirmatoire. Bien que la population de validation (échantillon d'adolescents issus de la population générale) soit justifiée pour une première opération de validation, il semble utile de mettre à l'épreuve cet outil auprès de population d'adolescents ayant été confrontés à un traumatisme afin de compléter la validation de cet outil. Outre cet impératif de poursuivre et de finaliser la procédure de validation, ces recherches doivent également permettre d'étudier la validité divergente. A cet égard, des associations négatives étant relevées entre la dépression et la résilience [8], il s'avérerait judicieux d'envisager la complétion d'une échelle de dépression s'adressant aux adolescents telle que l'échelle composite de dépression (MDI-C) de Berndt et Kaiser (1999) [23] conjointement à l'I.F.R-40 dans le but d'asseoir la validité divergente. Ainsi, d'autres recherches visant à évaluer les propriétés psychométriques de l'I.F.R-40 demeurent nécessaires afin de confirmer les données obtenues et de maximiser la généralisation des propriétés de l'instrument. Les résultats préliminaires de cette recherche suggèrent, par conséquent, que cet instrument soit valide, fiable et puisse être utile aux professionnels de la santé, cliniciens et chercheurs, désirant procéder à l'évaluation des facteurs de protection chez les adolescents. L'I.F.R-40, dans cette perspective, offre l'opportunité de disposer d'un outil standardisé apte à distinguer de manière multidimensionnelle les adolescents au regard de leurs caractéristiques.

Conclusion

Les facteurs de protection jouent un rôle important dans le processus de résilience chez les individus ayant été confrontés à un traumatisme. Ils constituent, selon plusieurs chercheurs, des variables protectrices qui se déclinent selon trois grandes dimensions (personnelles, familiales et sociales) et qui permettent de moduler l'effet du traumatisme. A l'heure actuelle, seul le READ de Hjemdal, Friborg, Stiles, Martinussen et Rosenvinge (2006) [11] permettait d'évaluer ces dimensions avec plusieurs limites. Le but du présent article était de présenter les résultats visant à développer et valider un nouvel outil permettant de palier aux différentes limites énoncées. D'autres études demeurent toutefois nécessaires afin de compléter l'évaluation des propriétés psychométriques de l'I.F.R-40 telle que l'étude de la validité divergente. Il importe également de valider cet outil à l'aide d'une analyse confirmatoire. Des traductions, comme celle effectuée en langue anglaise pourront par ailleurs permettre d'augmenter l'accessibilité au questionnaire.

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The management of resilience in organisations

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Abstract

The awareness of the utility and training of approaches for diagnosing and management of resilience in organizations, at individual and group level, leads to organizational behavior efficiency, through the development of specific skills and abilities of employees and the involvement of specialists in prevention and intervention programs. This article aims to present current research and studies (from romanian organisational experience) on diagnosing and intervention strategies on resilience and its correlated factors in organizations, in order to provide resources for the development of management/ intervention programs and optimization at individual and organizational level.

Keywords: resilience, intervention strategies, individual and organisational level

Introduction

A step towards an adaptive approach to ensure an operational management during crises – based on building organizational resilience potential – requires the resources and the ability to measure and manage resilience in different occupational and organizational settings. *Resilience* is developed in the process of coping with day-to-day developmentally specific stressful social, occupational and organisational situations. The trait of *resilience* can be considered the outcome of an adaptation process and from a developmental perspective, the trait of *resilience* can be an outcome of integrating past positive and negative coping experiences into individuals *sense of self*; thus, it is possible that this trait influences individuals initial attitude toward stressful situations more than it influences their coping process [7]. The stability of *resilience* seems to be the key to explore the direction of influence between itself and stress: if *resilience* is stable, its stability resists the influence of stress on individuals (can be used to explain a negative *stress-resilience* correlation), on the other hand, if *resilience* is not stable, it can not resist the influence of stress on individuals (the appropriate explanation for a negative correlation between stress and resilience**)** [7]. A recent meta-analytic study [6] investigated the relationship between psychological *resilience* and its relevant variables: the results indicated that the largest effect on *resilience* was found to stem from the protective factors (life satisfaction, optimism, positive affect, self-efficacy, self-esteem, social support: positive association), a medium effect from risk factors (anxiety, depression, negative affect, perceived stress, PTSD: negative association) and the smallest effect from demographic factors (age, gender) [6].

Objective

The objective of this this article is to present current research and case studies (from romanian organisational experience) on diagnosing and intervention strategies on resilience and its correlated factors in organizations, in order to provide resources for the development of management/ intervention programs and optimization at individual and organizational level.

Organisational studies on resilience: examples of diagnosis and intervention strategies

The psychological effects of daily stress affects concentration, attention to detail, productivity and behavior [5], so developing resilience to create a healthy working environment reduces absenteeism, improve teamwork and increase team morale [11]. A resource for emotional resilience is optimism: increased employee optimism can lead to increased performance, which is a challenge for all managers. Developing an optimistic/ resilient organizational culture at work can increase the well being of employees and also to increase optimism and performance [8].

In the following, we will describe 2 examples (studies) from romanian organisational experience/ culture, of diagnosing and proposing/ implementing specific intervention strategies.

Example 1

A recent case study in an romanian organisation [12] has investigated the mechanisms that intervene in the relationship between *resilience, organization commitment* (attachment to the organization), *supervisory support and loneliness at the workplace* (LW) for the employees in a medical unit. After completing the instruments, the demographic questionnaire and the interview, that examined the relationship with the supervisory support, the objective was to identify whether resilience and organization commitment are predictors for *loneliness at workplace* (LW) and to examine differences in loneliness scores reported by employees who feel supported by their supervisors and those who do not feel supported. The *results* show that *resilience* and the attachment to the organization are predictors for loneliness at work, also the employees who receive good support of superiors have lower LW scores than those who lack the support offered by superiors. The findings have suggested specific strategies of the medical unit for improving organisational decisions and for the development of intervention.

The psychologist can build training programs for developing emotional resilience and health professionals in these programs to train nurses with seniority in the organization to support newcomers. If supported by experienced nurses, new employees can develop the necessary skills to identify negative triggers and stressful situations at work which causes distress and poor coping mechanisms. Newly employed nurses can develop their commitment to the organization and reduce the sense of isolation, can identify their own values and common and can learn to appreciate and work the other members of the team. New employees so supported can learn to appreciate and respect the needs and values of others, to form the necessary skills to communicate effectively with others, to improve their relationship with patients and colleagues, and to be more attentive to the work environment and decrease the number of 'incidents' [11], caused by stressfull events.

All major types of interventions were included (in accordance with [3]):

- stimulating and training social skills;
- providing social support;
- developing opportunities for social interaction;
- addressing maladaptive social cognition.

Specific strategies at group and individual level, for stimulating resilience in relationship with loneliness at work were also proposed for implementation:

- Colleagues who feel lonely can be helped if they are involved in discussions, ask whether information about a project, or are invited to a coffee break. It seems that coffee breaks and discussions taking place in the workplace can foster team unity and to grow return to work (according also to [13]);
- Managers should ensure that their teams and team members have corect and good interpersonal relationships with each other and that they are connected to each other (according also to [4]);
- The person who feels alone is hypervigilant to social threat, which exerts a strong influence on perception, cognition and behavior; in this context loneliness can be reduced by modifying/ eliminating incorrect cognitions and irrational or counterproductive perceptions, that favors predominantly focus attention on negative social issues, that occur in the environment (for ex . with rational- emotive techniques, according also to [3]);
- Training the support of superiors is a resource that can increase the feeling of attachment to the organization and reduces loneliness at work (LW);

In conclusion, (emotional) resilience, organizational commitment and support are resources that may decrease the risk of LW and help senior professional and new entrants employees to build a strong team and/ or reduce the feeling of loneliness felt engaging in a new job.

Example 2

Another recent case study [2] investigates the perception of resilience associated with occupational stress indicators, for romanian employees, from an administrative-public service institution: specific stressors, individual differences, coping strategies and specific effects, based on a comprehensive model for diagnosing occupational stress, at individual and organizational level. The participants have completed the Pressure Management Indicator and a biographical questionnaire. The results present and focus on significant associations between the dimension of *resilience* and specific indicators of social and professional pressure sources, of individual differences, of coping strategies and the measurable effects of occupational stress:

- *Resilience* is significantly positive corelated with specific effects of the occupational stress process, especially with state of mind and job satisfaction: the ability to 'bounce back' from setbacks or problems of the participants (employees) is more effective if it is associated with how satisfied they feel about their

state of mind, the satisfaction that they feel about the type of work they are involved, in terms of tasks and functions, but also about their organisation and commitement, of feeling calm, less tired.

- The analysis of the relationship between socio -professional pressure sources and resilience (as an effect variable to stress) reveals the folllowing significant associations: the higher pressures exprienced by the participants with workload, work- family balance and daily hassless is asociated with lower levels of **resilience**; a lower merit recognition is associated with a low level of job satisfaction with work, satisfaction , security and organizational commitment , mental state and **resilience**;
- The analysis of the relationships between individual differences and resilience show the following significant associations: Impatience is positively associated with **resilience,** that means that *the higher pace of life and the ability to cope with the need for urgency makes employees capable of 'bouncing back' from setbacks or problems*; Control and personal influence are positively associated with **resilience**: *higher levels of the ability to influence and control events (control) and to exercise discretion in the job (personal Influence) are associated to resilience resources*; regarding the relationship of coping strategies - effects of stress: as there is a greater *focus on the problem and a better* work- life balance*, the participants report higher levels of* ***optimism/ resilience*** ;

This results offer the diagnosis tool to the organization (management level and human resource department), from which to initiate an intervention programmme or specific intervention/ management strategies, for strengthening/ stimulating organisational decisions/ interventions/ changes, or eliminating/ lowering/ managing organisational stressors at group and individual level.

The management of resilience at individual and organisational level

Resilience is a key concept for these days of postmodern life and for the future. Regarding the process of maintaining well being and sanity for the person and the organisation, of adapting well in front of a threat, a difficult situation, a stressor, aggression, adversity, tragedy, trauma, disaster - resilience involves behaviours, cognitions, emotions, actions, strategies that can be learned and developed.

We consider that the main processes of managing resilience in organizations are :

- Prevention and control (monitoring) ;
- Diagnosis / auditing (specific tools) ;
- Intervention and management (programs and techniques at the individual and organizational).

A systemic comprehensive approach for the stimulation and intervention of resilient organizational strategies should include the following levels of management :

- Primary : identifying, eliminating or reducing / minimizing stress (stressors);
- Secondary: education and training of employees, by practicing strategies / techniques and stimulating resource management (the control of consequences / effects at the individual and organizational level);
- Tertiary : treating symptoms of employees who become victims of exposure to organizational stress or aggression (counseling, medical services).

Resources/ qualities for building resilience *at individual level* (psychological fitness) should include:

- The ability to make realistic plans and take stages to carry them out;
- Confidence in personal abilities and a positive self-view;
- Good communication skills and problem-solving abilities;
- Having caring and supportive relationships;
- Being able to control and manage emotions and impulses;

What can we say and learn about resourcefull characteristics and culture required to build a resilient organisation? We can reduce the impact of stressors on our working lives, by designing efficient and tested management strategies / standards/ procedures, to help ensure that organisations address key aspects of 'risk factors' (including demands, control, support, relationships, role, change), with a operational description of what should be happening in the organisation or 'states to be achieved', or regulation to be met. While these possible management standards provide a foundation for stress reduction, there are other *interventions* at *organizational level* (see also [1]), that should be considered, in order to increase resilience:

- Managing organisational climate and culture;
- Improving the perception of control over work / job;
- Managing the stress of job demands and shiftwork;
- Stress Control related to career management;
- Commitment to stress mangement and appropriate management style;
- Appropriate recruitement, selection and evaluation processes, based on efficient job analysis;

- Stress awareness and stress management training;
- Mediation and negotiation strategies.

Murphy [9] consider three elements as necessary interventions at the organizational level to be successful:

- employee involvement;
- the commitment of managers;
- supportive organizational culture.

If these items listed above are missing, the best intervention project will be doomed to failure. In the future, studies should incorporate these elements into the design of organizational level stress interventions.

A meta-analysis [10] on the effectiveness of organizational stress management interventions in the work environment revealed that the type of intervention (cognitive-behavioral, relaxation, organizational, multimodal or alternative) has a moderating role; in addition, cognitive -behavioral programs are most effective, if accompanied by other components of additional treatment, relaxation-type interventions were most commonly used and the organizational studies continues to be rare (studies on organizational type interventions reflects the fact that such interventions are complex and difficult to assess and design, than individual stress management programs).

Future research and intervention programs are needed, for testing efficient strategies and obtaining significant data on stimulating resilience resources at organisational level.

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The perception of resilience and indicators of occupational stress

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Abstract

The study investigates the perception of resilience associated with occupational stress indicators, for romanian employees, from an administrative-public service institution: specific stressors, individual differences, coping strategies and specific effects, based on a comprehensive model for diagnosing occupational stress, at individual and organizational level. The participants have completed the Pressure Management Indicator (PMI, [7]; IMP-RO, [1]) and a biographical questionnaire. The results present and focus on significant associations between the dimension of resilience and specific indicators of social and professional pressure sources, of individual differences, of coping strategies and the measurable effects of occupational stress. The implications of the study are discussed and future research directions on resilience in organisations are proposed.

Keywords: resilience, occupational stress, sources of socioprofessional pressures, individual differences, coping strategies, effects of occupational stress.

Introduction

Resilience at individual or organizational level is demonstrated after an event or crisis has occurred. The concept of organizational resilience has been studied in and applied to a number of different organizational settings, including the health system, business and industry.

In organizational theory, *resilience* is often defined in terms of the the ability of the organization or the person to simply 'bounce back' [7] from a distinctive event that creates vulnerability and requires a response [4]. It was also described as the ability to 'absorb' strain or change with a minimum of disruption [6] or, as the capacity to cope with unanticipated dangers after they have become manifest [5], which operationalise resilience into a reaction to a crisis situation. Some authors define resilience in terms of building it by maximizing the capacity of the organization to adapt to complex situations, identifying potential risks and taking proactive steps, to ensure that an organization thrives in the face of adversity and can cope/ manage (with) specific occupational/ organizational pressures [5].

The impact of specific stressors (of different intensity, frequency or type) and the perception of the these effects to occupational stress is moderated or mediated by *individual differences* (personality dimensions, emotions and coping strategies), which could be also crucial in developing, applying or improving stress management and intervention strategies [2].

Objective

The *objective* of this study is to identify significant interactions of the measured variables of resilience (operationalised as an effect to occupational stress) and specific individual differences, coping strategies, stressors (socioprofessional pressures) and effects. Using a comprehensive model of diagnosis and management of occupational/ organizational stress ([1], [2]), this paper presents a part of the results of the larger study on diagnosing and intervention in occupational stress for Romanian employees, from different socioprofessional categories.

Method / Procedure

1.1 Participants

The participants were 311 employees from an romanian organization with administrative and services activities. We have selected the following demographic characteristics, derived from a comprehensive biographic data inventory:

- Age m = 37.29 years, std. dev. = 10.44, min = 18 years - max = 59 years
- N1m = 148 male subjects (47.6%);
- N1f = 163 female subjects (52.4%);
- Experience in organization: M = 10.11 years, std. dev. = 8.70;
- 32.8% report a major event in the last three months;
- 12.9% say they have suffered or are suffering from a major illness in the last three months;
- 75.6% report that their health is good at the moment;
- 28.3% say that they are subject to socio-professional pressures;
- 27% do not practice physical exercise;
- 44.1% smoked on average 11.08 cigarettes / day (females 8.8 and males 13.25);
- 31.2% consumed alcohol on average 18.02 units / week (women 7.71, men 28,33);
- On a performance selfevaluation scale from 0-100: m = 81.74, std. dev. 12.54;

1.2 The Instrument

The Pressure Management Indicator (PMI [7], translated and adapted for Romanian subjects by the autor: PMI-RO [1] is a 120 item self-report questionnaire developed from the Occupational Stress Indicator (OSI). The instrument contains a biographic questionnaire and provides an integrated multidimensional diagnosis of the major dimensions of occupational stress, witch measure the stressors' level, coping strategies, individual differences and stress effects.

1.3 Procedure

The Romanian version of the *Pressure Management Indicator* was distributed to several participants (for diagnosing stress in romanian organisations, as part of a larger study), from which a sample of N=311 employees, from an organization with administrative and services activities was selected for this study. At the time of completition, participants were informed about the objectives of the study and give their consent to participate to the study. The data were computed with specific statistical programs.

1.4 Variables Description

The amount of pressure a person feels as a result of (Less/More pressure) - independent/ predictor variables (Low Score/High Score):

- *Workload* (PW): operationalised by the amount or difficulty of work they have to deal with;
- *Relationships* (PR): How well they get on with the people around them, particularly those at work;
- *Recognition* (PC): The extent to which people feel they need to have their achievements recognized
- *Organisational Climate* (PO)*:* The 'feel' or 'atmosphere' within the place of work;
- *Personal Responsibility* (PP): Taking responsibility for their actions and decisions;
- *Managerial Role* (PM)*:* Being responsible for managing and supervising other people;
- *Home / Work Balance* (PH): 'Switching off' from the pressure of work when at home, and vice versa;
- *Daily Hassles* (PD): The day-to-day irritants and aggravations in the workplace;

Individual differences and coping strategies - mediator variables (Low Score/High Score):

- *Drive* (TD)**:** The desire to succeed and achieve results (Less/More drive);
- *Impatience* (TI): A person's pace of life and ability to cope with their need for urgency (More patient);
- *Control* (LC): How much you feel able to influence and control events (Not much/More influence and control);
- *Personal Influence* (LI)*:* The extent to which someone is able to exercise discretion in their job (Not much/More influence and discretion);
- *Problem Focus* (CO)*:* The extent to which people plan ahead and manage their time to deal with problems (Less/More use of problem focusing);
- *Life / Work Balance* (CD)*:* The extent to which a person is able to separate home from work and not let things get to them (Less/More use of life work balance);

- *Social Support* (SS)*:* The help people get by discussing problems or situations with other people (Less/More use of social support);

Effects of organisational stress - dependent/ criteria variables (Low Score/High Score):

- *Job satisfaction* (JI), operationalised by how satisfied someone feels about the type of work they are involved in, in terms of tasks and functions (Little/A lot of satisfaction from the job);
- *Organisational Satisfaction* (JO)*:* How satisfied someone feels about the way an organisation is structured and the way it works (Little/A lot of satisfaction from the organisation);
- *Organisational Security* (OS)*:* How secure someone feels about the stability of their organisation and level of job security (Very insecure/secure);
- *Organisational Commitment* (OC)*:* How committed a person is to their organisation and the extent to which they feel that work improves the quality of their life (Not/Very committed to the organisation);
- *State of Mind* (MA)*:* How satisfied an individual feels about their state of mind (Feels anxious/ content);
- ***Resilience*** (MR)***:*** The ability to 'bounce back' from setbacks or problems (Poor/Good at 'bouncing back');
- *Confidence Level* (MW)*:* The extent to which someone feels settled or worried (Feels worried/ settled);
- *Physical Symptoms* (PA)*:* How calm a person feels in terms of physical tension or other uncomfortable sensations (Some feeling of physical discomfort/ Feels calm);
- *Energy Level* (PE)*:* The amount of energy and vitality someone has before they feel tired and worn out (Less energy and feels more tired/ More energy and feels less tired);

Results

If we analyse the intercorrelations between the criterion variables (dependent), represented by the effects of stress, shown in „Table 1", it can be seen that most of them are significantly positively associated with each other. *Resilience* is significantly positive corelated with the effects variables of stress, especially with state of mind and job satisfaction, with the exceptions: organisational security and confidence level. In other words, the ability to 'bounce back' from setbacks or problems of the participants (employees) is more effective if it is associated with how satisfied they feel about theyr state of mind, the satisfaction that they feel about the type of work they are involved, in terms of tasks and functions, about theyr organisation and commitement, of feeling calm, less tired.

Table 1. Intercorelations between the variables that measure the effects of occupational stress

Subscale EFFECTS	1	2	3	4	5	6	7	8	9
1. Job satisfaction	1								
2. Organisational Satisfaction	.62**	1							
3. Organisational Security	.28**	.28**	1						
4. Organisational Commitment	.63**	.44**	.19**	1					
5. State of Mind	.26**	.22**	.23**	.18**	1				
6. **Resilience**	**.30****	**.17****	**.03**	**.18****	**.36****	1			
7. Confidence Level	.03	.008	.22**	-.07	.45**	**.05**	1		
8. Physical Symptoms	.07	.04	.16**	.11*	.31**	**.20****	.19**	1	
9. Energy Level	.30**	.15**	.27**	.27**	.45**	**.28****	.27**	.52**	1

*Legend: * Corelation is significant p<.05 ; ** Corelation is significant p<.01*

The analysis of the relationship between socio -professional pressure sources and effects for the N = 311 participants (**„**Table 2**"**) reveals that there is generally a negative significant relationship, between the stressor and effect variables. We will focus only on the significant associations of resilience:

- The higher level of workload exprienced by the participants is associated with lower energy level , mental status , organizational security , job satisfaction , organizational commitment and **resilience** ;
- The higher pressures caused by work- family balance and daily hassless is asociated with lower levels of the organizational security , mental status , **resilience** and energy levels , in addition, increased work-family balance influences the higher satisfaction level with the organization , and a low level of daily harassment is associated with higher levels of job satisfaction and confidence , lack of negative physical symptoms;
- A lower merit recognition is associated with a low level of job satisfaction with work, satisfaction , security and organizational commitment , mental state and **resilience**;

Table 2. The Intercorelations Between the Stressors and the Outcome Variables Scales

Stressors Variables Subscales / Outcome Variables Subscales	Workload (PW)	Relationships (PR)	Recognition (PC)	Organisational Climate (PO)	Personal Responsibility (PR)	Managerial Role (PM)	Home - Work Balance (PH)	Daily Hassles (PD)
Job satisfaction (JI)	-.11*		-.18*	-.14*				-.14*
Organisational satisfation (JO)	-.14*	-.21**	-.26**	-.15**		-.15**	-.12*	
Organisational security (OS)	-.20**	-.18**	-.23**	-.34**	-.23**	-.18**	-.20**	-.23**
Organisational commitment (OC)	-.13*		-.12*					
State of mind (MA)	-.24**		-.17**	-.20**		-.12*	-.25**	-.25**
Resilience (MR)	**-.14***		**-.13***				**-.16****	**-.17****
Confidence level (MW)						-.19**		-.12*
Physical symptoms (PA)								-.18**
Energy levels (PE)	-.30**			-.17**	-.19**	-.17**	-.17**	-.20**

*Legend: * Corelation is significant p<.05 ; ** Corelation is significant p<.01*

The analysis of the relationships between individual differences and effects variables, especially resilience („Table 3") show the following significant associations:

- Impatience is negatively associated with organizational satisfaction, energy levels and positively with **resilience,** that means that *the higher pace of life and the ability to cope with the need for urgency makes employees capable of 'bouncing back' from setbacks or problems*;
- Control is positively associated with most of the effects of pressure -professional sources , while personal influence is positively associated with job satisfaction, organizational security and commitment, mental health and **resilience**: *higher levels of the ability to influence and control events (control) and to exercise discretion in their job (personal Influence) are associated to resilience resources*;
- Regarding the relationship of stress management strategies - effects of stress: as there is a greater *focus on the problem, the participants report higher levels of job and organisational satisfaction, organizational commitment, mental health and* ***optimism / resilience*** ; also work- life balance is positively associated with **resilience**, with psychological and physical comfort;

Table 3. The Intercorelations Between the Individual Differences and the Outcome Variables Scales

Subscale Individual Differences / Outcome Variables Subscales	Drive (Type A)	Impatience	Control	Personal Influence	Problem Focus	Life / Work Balance	Social Support
Job satisfaction (JI)			.27**	.34**	.21**		
Organisational satisfation (JO)		-.16**	.29**	.27**	.20**		.14*
Organisational security (OS)			.36**	.24**			
Organisational commitment (OC)				.37**	.27**		
State of mind (MA)	.21**		.29**	.12*	.16**	.20**	
Resilience (MR)		**.14***	**.12***	**.27****	**.23****	**.33****	
Confidence level (MW)	.18**		.18*			.14*	
Physical symptoms (PA)			.20**			.14*	-.22**
Energy levels (PE)		-.20**	.29**			.26**	-.13*

*Legend: * Corelation is significant p<.05 ; ** Corelation is significant p<.01*

Conclusion

The results led us to the conclusion that the stressors variables have generally a negative impact on the outcome variables (effects) and that specific individual differences and coping strategies are significantly

associated with resilience, for the romanian participants. This study, conducted on Romanian employees led us to results, that are similar mostly and in accordance with findings and research tendencies on stress and resilience in organisations ([3], [5], [7]).

As implications and applications of the study, the findings offer a starting diagnosis base for the specific organisational audit process, for developing intervention programs, at individual and organisational level and for stimulating/ managing resilience resources. Future research should focus on organisational and individual predictors of resilience and the moderating/ mediating role of resilience in the stress process.

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Family functioning – resilience factor for children and adolescents with psychopathological disorders

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Abstract

Hypothesis: High scores obtained applying psychological test and scales for family functioning are statistically significant for the risk / protection and resilience in the development of psychopathological conditions in children and adolescents.

Material and method : psychological tests and scales for family functioning and psychopathological conditions were applied to indoor patients of Child and Adolescent Psychiatric Compartment of Psychiatry Hospital Titan « Constantin Gorgos » and to a control group of scholars assumed from families with normal functioning.

Used scales were: Kid- SCID, Raven, ASEBA, SDQ, FAD, ADHD –RS, M_CHAT.

Inclusion criteria:

- indoor patients - complete battery of tests and scales for diagnosis and family functioning; psychological assessment; normal cognitive development
- control group – the same battery of tests and scales were applied

Results:

The retrospective study of observational charts of referrals from the 1st of February 2012 –the 15th of December 2013 grouped the patients into demographical variables; the same criteria were used for the control group. The tests results were statistical interpreted.

Highly significant scores were obtained in ASEBA scales applied to parents and adolescents.

Conclusions:

Dysfunctional family environment with a lack of encouragement and support as parental style, disorganized attachment, unclear familial roles and high emotional expression offer the frame for developing psychopathological conditions in children and adolescent and do not offer the resilience needed for an adequate psycho-social-emotional development.

Further studies are necessary for a better correlation between psychopathology and familial variables.

Keywords: resilience, family functioning, psychopathological disorders, children, CBSL, YSR, FAD

Family functioning as resilience factor

Resilience, as a psychological term refers to a special bio-psycho-social process permitting individuals, families and groups to pass over difficult, traumatic events without psychopathological issues and to live like before the stressful event.

As a universal process, resilience is not a characteristic only of the most powerful individual, and this process could not be understood without social interactions, without mentors, tutors and social networking.(5)

Despite the lack of a unique definition, there is an agreement: resilience is a characteristic for a person living a chronically adverse event, even traumatic and adapting well after it and this adapting process is interconnected– person-family-environment.(4)

As a complex process, resilience is conditioned by the interpersonal interaction models. M. Rutter has given the following considerations about the resilience as a process:

- As in all psychiatric developments, multiple factors are implicated in resilience – risk and protection factors with cumulative effect. The effect of one factor is wicker than the cumulative effect of multiple risk factors.

- The way children react in chronically adverse situations is different, this being a vulnerability model to respond to variable risk factors. This vulnerability model is related to genetic factors, individual characteristics, environment, but also past individual experience. Individual differences come from the different position and role of children in family dynamics.
- Family factors – chronically conflicts and tension – have different effects on children living in the same family. The factors stressing on one child could be more important than those stressing the whole family. When home environment is lacking confidence, cooperation, children tend to look for support outside the family.
- Chain reactions influence the duration of adversity effects. Early stress and adverse events could cause by such reactions psychopathological effects.
- Decreasing negative chain reactions and increasing positive ones could cause a decrease of adversity span.
- New events and situations could determine breakdowns in these circuits of adverse events and more, in psychopathological developments.
- Positive events don't have much protective effect, but they could be useful for neutralizing risk factors. Risk and protective factors could be found in family, in peer groups and in community.
- Cognitive and affective assessment of the living trauma – offering a sense – is the core of resilience.(7)

Mrazek &Mrazek (1987) proposed the cognitive evaluation theory as resilience development – the individual ability to analyze and to give a meaning to adverse situation accordingly to his own conceptualizing system. (5)

These authors established a list of abilities and characteristics of resilient persons:

- Rapid stress reaction
- Early maturity of the child
- Ability to stay away from intense affects
- Seeking information (environmental risks)
- Ability to develop connections and to use them in crisis
- Positive projective anticipation (ability to see in the future his own life without actual difficulties)
- Decision making ability even when implying risks
- Conviction to be loved and to deserve to be loved
- Positive reevaluation of the harmful event (the traumatic event becomes more acceptable)
- Ability to identify oneself with some aspects related to aggressor competences
- Selflessness
- Optimism and hope

Accordingly to this theoretical concept, resilience is a dynamic process thus the individual is using a sum of convictions in order to develop and use competences for adapting more efficient to stress situations.

For children and adolescents living traumatic events the resilience development as a dynamic process is closely related to family functioning. Rutter stated affective and secure relations as core protective factor in resilience process. (7)

Social responsiveness and positive affective response from family members, availability to participate and cope, engagement and good humor, solving problems skills, assuming responsibility could stand for assessing potential resilience.

We focused on the positive effect of familial environment named familial coherence and on the negative effect on resilience of somatic and psychiatric disorders of the parents, divorce and death of one parents.

It is well known that family atmosphere will generate later adapting skills for children and adolescents. Observing the parents' roles and the way they are solving problems, children will manage to develop their own ways to cope in different situations.

When living in calm, supporting, encouraging atmosphere, with parents that praise child's creativity and initiative when exploring environment, a child will grow knowing that he/she is capable and has courage to confront various events. The connections developed during this independent exploration will stand for future net support. More than this, on these connections and observations, the child will build his own values and its orientation.

Different authors studying resilience in various scales focus on three important categories of protective factors: positive traits and individual resources, coherent, supportive and stable familial environment and social network increasing individual adaptative efforts.

Family coherence and family functioning as protective factors in resilience development were mentioned in following features: problem solving, communication, assigning roles, affective responsiveness and involvement, behavioral control.

Problem solving assesses the family ability to solve problems and maintain family functioning.

Communication assesses whether the verbal message exchanged between family members is clear and direct.

Assigning roles means that the family is organized in order to insure provision of resources, nurture and support for personal development and, in the same time, whether the roles are carried out responsibly.

Affective responsiveness and involvement assess the degree in which family members express appropriate affect, are interested and take value in other members' concern.

Behavioral control assesses the way in which the family standards of behavioral are maintained within the family system. (6)

Somatic and psychiatric disorders- risk factors in family functioning

When focusing on risk factors we look for somatic and psychiatric disorders of the parents, divorce and death of a parent as negative factors, one by one, or by accumulation in resilience process. The impact of a disorder is closely related to the degree of impairment.

A disorder could appear suddenly or insidiously; could affect parts of the body, seen or unseen, or the entire organism; could determine fatigue, pain, lose weight, failure in job functioning; could have a lethal evolution or not and thus necessitate hospitalization – frequently or on long term; a disorder will necessitate treatment, any treatment has secondary effects and could stigmatize the person.

The individual response to a disorder is related to age, gender, personality, previous health state, tolerance to suffering and relation with religious convictions. Mirroring these, other family members –especially children will develop special skills to adapt using the parent's model.

The sick parent could refuse to cooperate, feel anxiety or be compliant to the treatment, be defiant, aggressive, look for secondary benefits, regress to a infantile behavior and isolate in social environment.

From the parent's affective behavior, mood, cognitions, body image and motivation, a sum of abilities will develop in children that have to cope with this adverse event – having a chronically sick parent.

Protective factors for this situation could be noticed – good nurture and good physical shape of the child, high self esteem, low alcohol and cigarettes consume, responsibility, good judgment, good understanding for abstract concepts (illness, suffering, cause-effect relations), secure attachment, solid information about the disorder, good management of previous difficulties and the ability to pass over them, the feeling of control and spiritual convictions, in school - good peer and teachers relation, the presence of grandparents, social active networking for support and encouragement, adequate internet using- social network, serious information about the disease, normal intellectual status of the parents, good financial outcome of the family, ability of the parent to encourage children. (5)

From the risk factors we mention: low self esteem, victimization, anxious attachment, low suffering tolerance, feelings of unfairness, discrimination, pressure from the school, lack of understanding from the networking – peers and teachers, limited social interests, for this, adolescence time being by itself a risk factor; from the parent – pressure, lack of understanding, low economical status, low intellectual status of the parent, high expectations from the child, tension in couple relationship,

The situation to have a close relative with a mental illness is common, considering the large family, too. One study of the European Union mentions that three million children have a parent with a diagnosed mental disorder. (5)

Living and developing with this condition could rise the question of how important is the negative outcome for these children, even if children and adolescent with one parent with a diagnosed psychiatric disorder are not always in the direct concern of social services.

Very often, children learn to raise silence over the parent's diagnosis, knowing the stigma and having few persons and friends to talk to about their concern about the parent. Silence is good for not being judged, but also strengthens the loneliness and social isolation.

We consider that genetic vulnerability when having a parent with a mental disorder should be taken into account for the children.

We should mention also, as risk factors for developing resilience, for children: helplessness as they could not always understand the parent's symptoms, guilt, fear and separation anxiety when the parent goes to the hospital, disorientation. Some children act as an adult – parentification of the child – and thus they suffer and live away from their childhood. (5)

Concerning the adult's point of view, a parent with a mental disorder is not always able to develop a secure attachment, by having an impulsive way to behave, going often to the hospital and thus modifying the way to communicate and support the child in his particular and special needs: an anxious attachment and sometimes a disorganized one, lack of emotional reciprocity, a negative emotional tone, disruptive mood, poor educational abilities, especially when it's hard for the parent to understand the developmental stages of the child and not being able to respond in a adequate way to the child's needs.

All these various factors have different consequences: neglect, abuse, psychiatric disorders development in children and from these depression, conduct disorders, attention deficit, mood disorders and academic delay are more common.

Not all the children living with a mental ill parent will develop ineffective adjust abilities. Rutter introduces the "rule of thirds" – one third developed psychiatric disorders stabile in time, another third developed a temporarily disorder and the other third never developed a psychiatric disorder. This means that some protective factors play an important role in becoming resilient: a good friend or a supportive adult away from the family, a secure attachment with an adult with good mental status, having information about the psychiatric disorder.

Divorce

The specific situation of our society, with more separation and divorces, raised the question about the welfare of children after the parents' separation. Many studies and analysis state that most of the children from divorced families have no problems.

The parental conflict is for sure an important stress factor. This conflict could start long before the divorce and persist after.

Sometimes, after the divorce the child is standing between the parents in their conflict – this having an important risk outcome for an emotional impairment of the child. The conflictual relation of the divorced parents with various subjects – visiting hours, financial resources, child's residence – creates a low parental ability to emotionally respond to child's needs. Thus, children of a divorced parent could develop externalization disorders – ADHD, conduct disorder, oppositional defiant disorder, but also adapting problems seen in academicals difficulties, problems in school with peers, low scholar results, spending more time with TV and computer playing, low motivation for homework. Poor parental control could be a risk factor for all these. (5)

It's important to mention that divorce do not condemn child to suffer. There are studies that mention that children of divorced parents are resilient. The protective factors could be: financial support from the parent that is not living with the child, low parental conflict after the divorce, living with the most emotional competent parent, family coherence – emotional support, worm as family atmosphere, adequate parental control by both parents, a structured and persistent educational model in both families, mostly when children live with both parents, support and attention in school and from other significant adults – in extended family or in religious community. In accessible connectivity, children will develop resources for their needs.

Death of one parent

Death of one parent is one of the most important stress factors for children and adolescents. It is not only the loss of the caregiver, traumatic by itself, but the consequent changes in the child's life – changes for a long time, implying school, friends, home and changes that could contribute to psychiatric disorders development – social withdrawal, depression, conduct disorders. (5)

There are in this particular situation protective and risk factors for child's resilience.

The death of one parent will bring a diminished financial outcome for the family and this stresses all, the living parent could not be able to offer the necessary worm and emotional implication, because of the mourning or a developing psychiatric disorder. The child instead has his own difficulties – inhibited affect expression, low self esteem, his poor capacity to explain the event, sometimes considering his fault the death of the parent, psychiatric disorders of the child.

There are still resilient children, and for those the protective factors could be: the warmth brought by the living parent, adequate parental control, adequate emotional reciprocity of the parent, good coping from the child by efficient effort to adapt to daily stress, good evaluation of the negative event, supportive social network from family, friends, spirituality.(5)

Child and adolescent resilience in special condition – small research

1.1 Hypothesis

High scores obtained applying psychological test and scales for family functioning are clinically and statistically significant for the risk / protection and resilience in the development of psychopathological conditions in children and adolescents.

1.2 Material and method

Psychological tests and scales for family functioning and psychopathological conditions diagnosis were applied to indoor patients of Child and Adolescent Psychiatric Compartment of Psychiatry Hospital Titan « Constantin Gorgos » and to a control group of scholars assumed from families with normal functioning.

Used scales and questioners were: Kid- SCID, Raven, ASEBA, SDQ, FAD, ADHD –RS, M_CHAT.

We used the following inclusion criteria:

- indoor patients - complete battery of tests, questioners and scales for diagnosis and family functioning; psychological assessment; normal cognitive development
- control group – the same battery of tests and scales were applied

1.3 Results

The retrospective study of observational charts of referrals from the 1st of February 2012 –the 15th of December 2013 grouped the patients into demographical variables; the same criteria were used for the control group. The tests results were statistical interpreted.

Highly significant scores were obtained in ASEBA scales applied to parents and adolescents.

Tabel 1 Distribution of average T scores YSR depending on diagnosis

Diagnosis	*Media standard T scores YSR*			
	Scale measures what YSR syndromes			
		Internalizing	*Outsourcing*	*General*
	Internalizing	*66,25*	*54,84*	*62,81*
	Externalizing	*55,31*	*59,73*	*57,42*

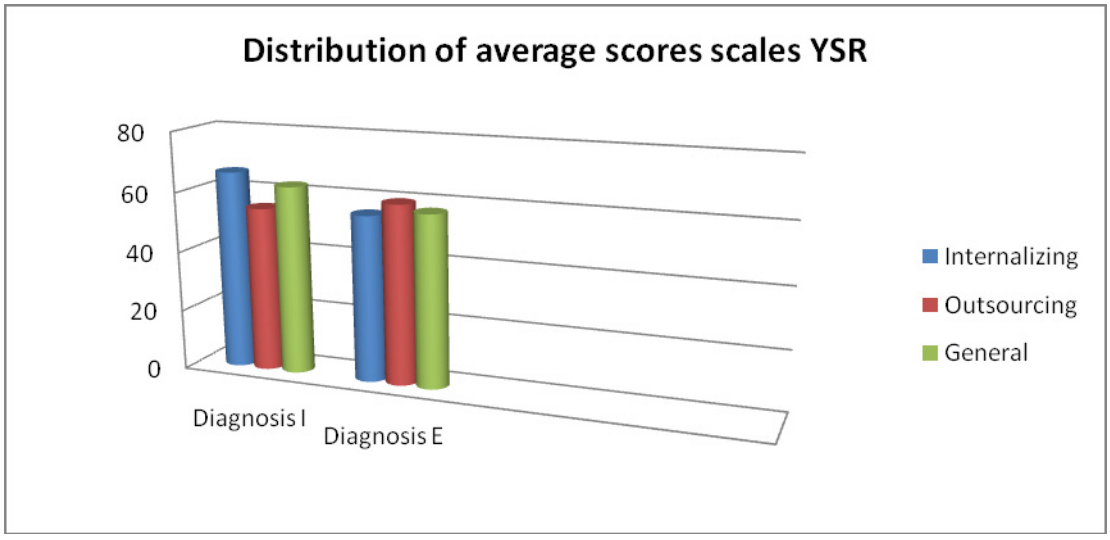

Fig. 1

Tabel 2 Distribution of the average scores of CBCL scales depending on the diagnosis

Diagnosis	*Media standard scores CBCL*			
	CBCL scales that measure pain syndromes			
		Internalizing	*Outsourcing*	*General*
	Internalizing	*66,25*	*54,84*	*62,81*
	Outsourcing	*55,31*	*59,73*	*57,42*

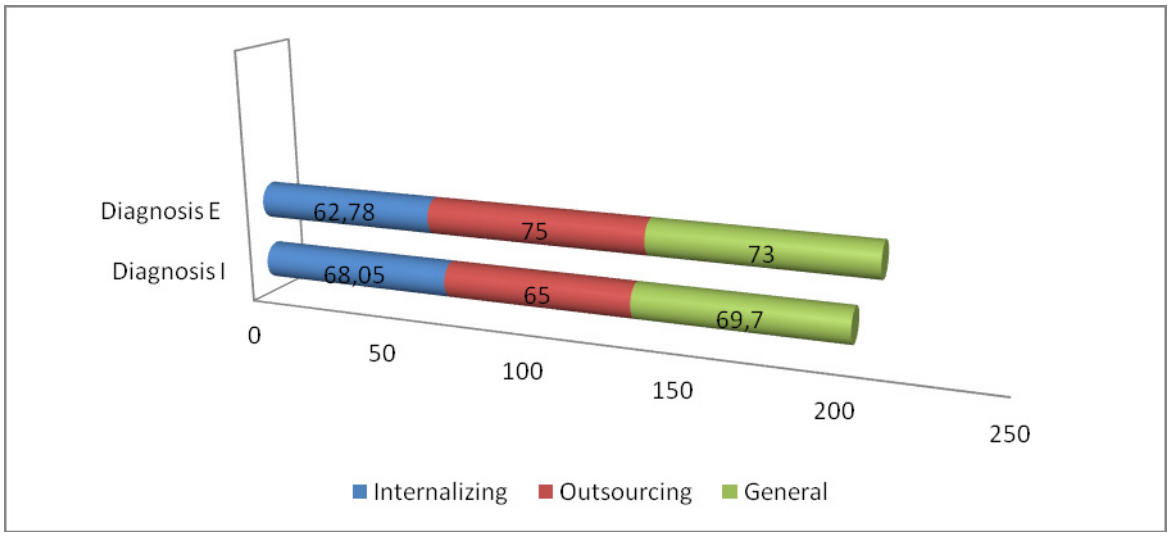

Fig. 2 Significant scores – clinically and statistically were obtained in FAD application.

Tabel 3 Distribution of average scores scales Family Assessment Device depending on the diagnosis

		Media standard Family Assessment Device scores					
Diagnosis	Problem Solving	Communication	Roles	Affective Responsiveness	Affective involvement	Behavior control	Family functioning
Internalizing	3,58	1,74	1,70	2,46	1,39	3,58	2,85
Outsourcing	3,41	1,62	1,57	2,29	1,30	3,41	2,42

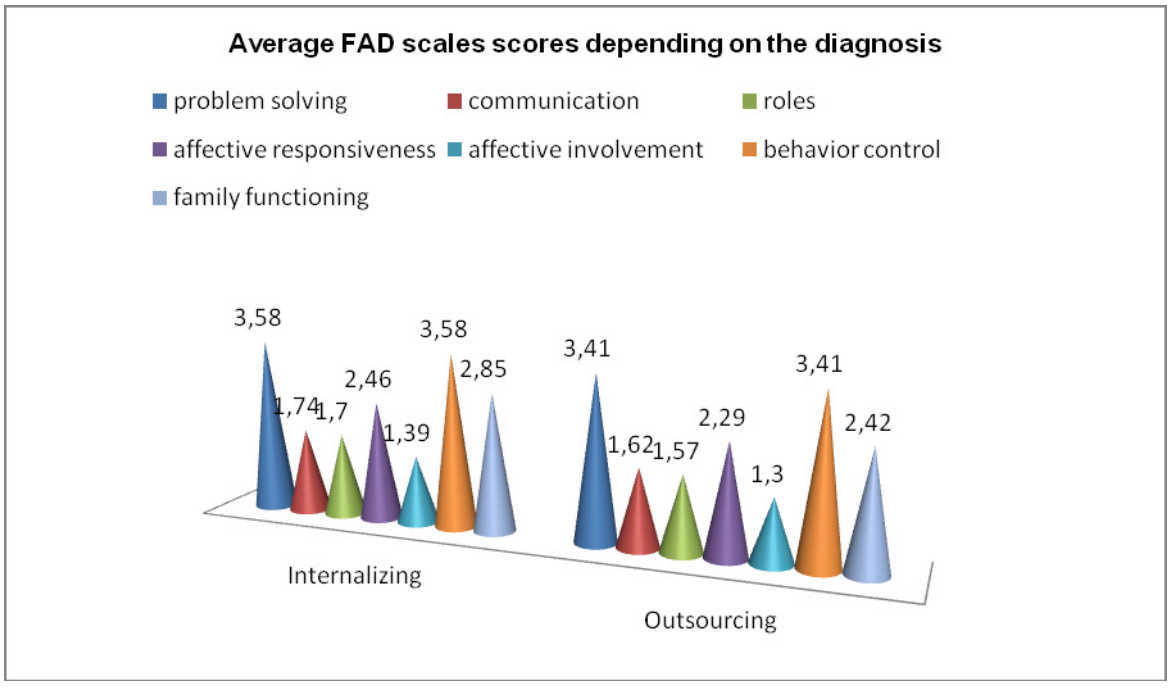

Fig. 3

- Note: Scales scores FAD that fit in the interval 0-2 require an operation parameters and the scores range between 2-4, involve clinical/pathological range.

Tabel 4 Distribution after sex, the environment, education, family structure, economic situation, family medical problems-resilience factors

		The Average scores %
Sex	Male	35
	Female	65
Environment	Village	5
	City	95
Education	Primary	14
	Secondary	54
	Higher	32
Family structure	Nuclear	66
	Mono parental	22
	Reorganized	12
Family medical problems	Chronic somatic diseases	32
	Somatic diseases debilitating	21
	Mental illness	44
	Suicide and 1st degree relatives	3
Economic situation	Poverty	22
	Middle income	64
	High income	14

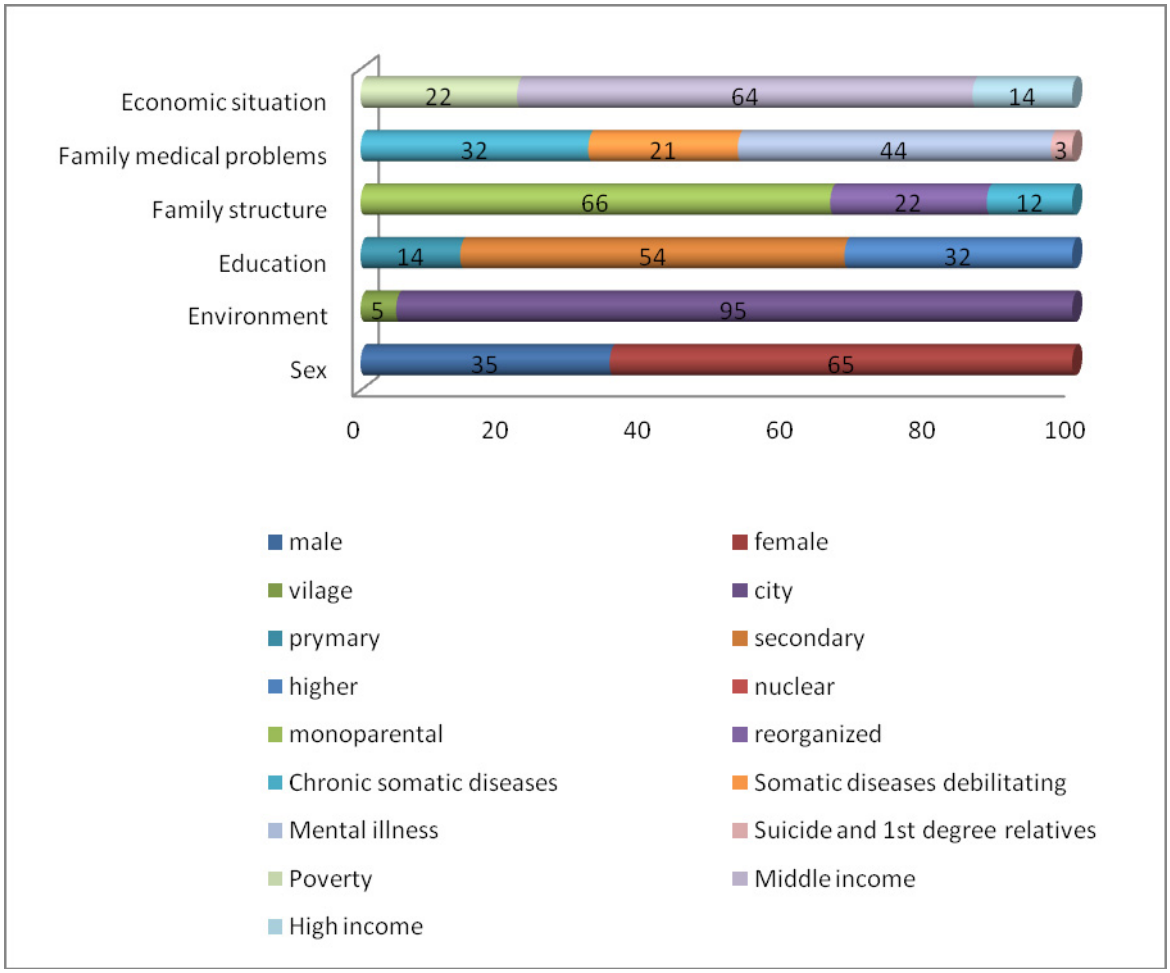

Fig. 4

Tabel 5 Correlation FAD scores depending of the Family structure, education level of children/adolescents

Resilience factors	Items	Correlation scales scores FAD		
		Problem Solving	Communication	Roles
Education	Primary	9,3	11,44	11,3
	Secondary	55,9	65,68	61,4
	Higher	34,8	22,88	27,3
Family structure	Nuclear	62,8	65,7	64,4
	Mono parental	20,9	22,1	23,9
	Reorganized	16,3	12,2	11,7

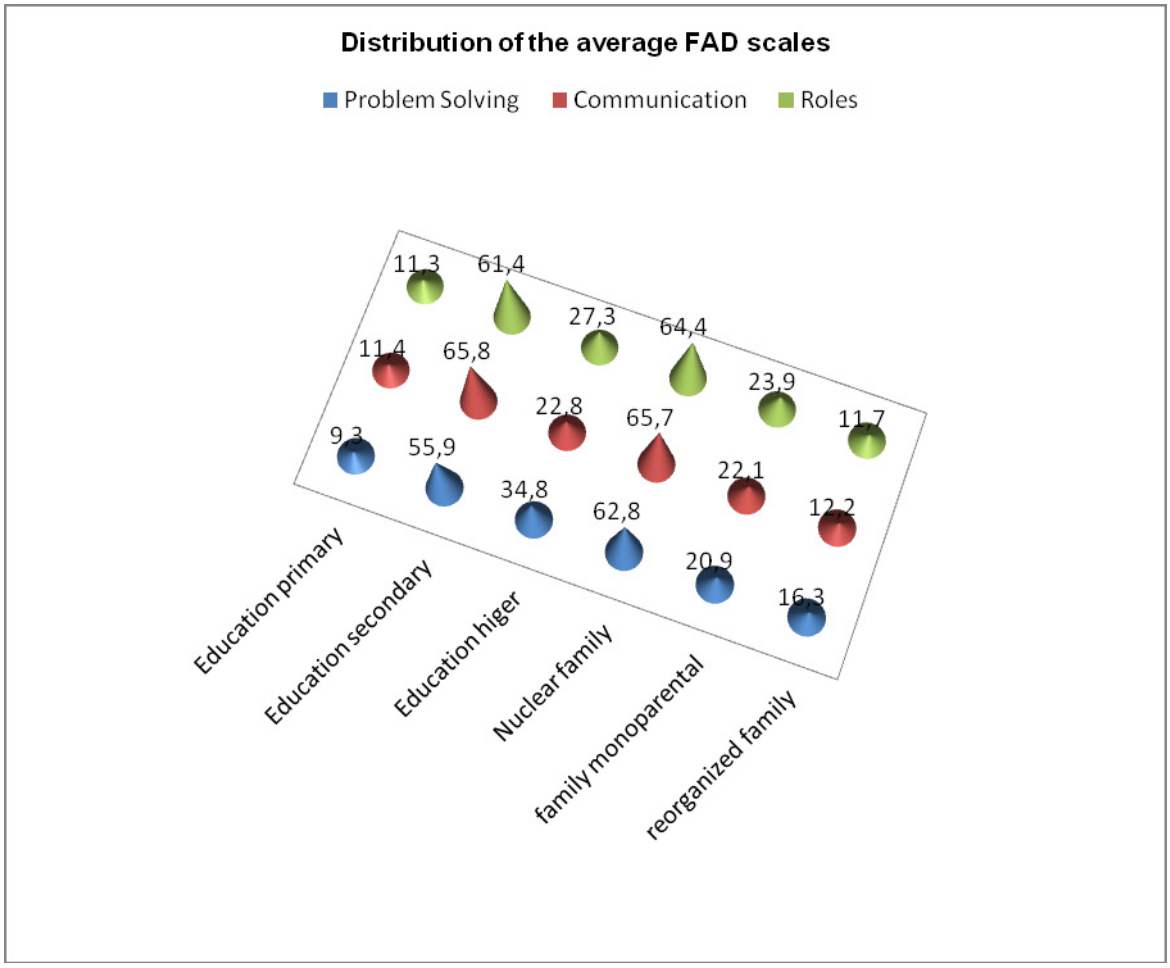

Fig.5

Tabel 6 Correlation on FAD scores with resilience factors

		Correlations FAD scores		
Resilience factors		Affective Responsiveness (%)	Affective involvement (%)	Family functioning (%)
Family medical problems	Chronic somatic diseases	15	29	31,36
	Somatic diseases debilitating	24	22	24,62
	Mental illness	36	41	41,12
	Suicide at 1st degree relatives	25	8	2,9
Economic situation	Poverty	17	12	9
	Middle income	62	65	31
	High income	21	23	18

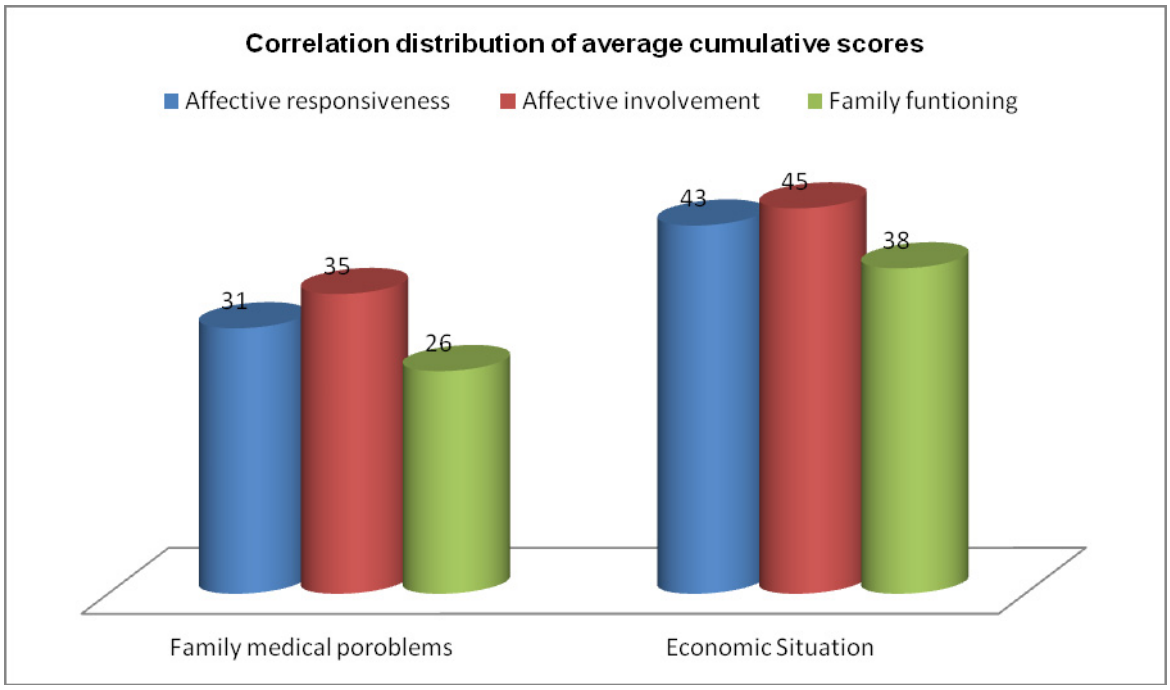

Fig. 6

Note: Correlations distribution of average cumulative scores report highlight the functionality of the family according to resilience factors, clinical range fits between 0-50.

Conclusions

Dysfunctional family environment with a lack of encouragement and support as parental style, disorganized attachment, unclear familial roles and high emotional expression offer the frame for developing psychopathological conditions in children and adolescent and do not offer the resilience needed for an adequate psycho-social-emotional development.

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Having a parent with a psychiatric disorder: the development of resilience

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Abstract

The psychiatric disorder of the parent is considered a risk factor for the offspring. Under what circumstances can these persons develop resilience? The study explores the experiences of 13 persons having a parent diagnosed with a psychiatric illness. It aims to highlight the resilient processes, but also the difficulties and costs of resilience, by means of in-depth interviews. The data was analysed using qualitative methods. Common themes emerged from the autobiographical narratives of the subjects. The presence of significant persons and relationships, the ability of analyzing and reframing negative events, individual qualities of the person, positive parenting styles were identified as contributors to the development of resilience. The research in this domain can have theoretical and practical implications for intervention and prevention in mental health.

Keywords: resilience, parental psychiatric disorder, offspring, qualitative research

Background

Resilience is not a linear, constant process, nor a single quality of a person. It is a dynamic process, influenced by the interactions between the individual and his environment [1],[2],[3]. This makes it difficult to study the resilience, especially when analyzing it from the life-cycle perspective. Besides the normal vulnerable moments which characterize different phases of a person's development, the presence of a psychiatric disorder in the family is and additional stressor. The parental illness is considered a risk factor for the child [4],[5], which in some cases increases his vulnerability. However, in others cases, it can lead to the development of resilience, having a "steeling" effect [6].

Considering the complexity of these processes, qualitative research in the domain of resilience gives the opportunity to deeply explore and understand various phenomena, to conceptualize the psychiatric cases from different points of view and to develop strategies for intervention and prevention [7], [8].

Objectives

The study aims to explore the experience of having a parent with a psychiatric disorder through the autobiographical narrations of the subjects. It focuses on the development of resilience, but also on the difficulties and costs of this process.

Materials and Methods

1.1 Participants

We selected a purposive sample of 30 subjects who have one parent diagnosed with a psychiatric disorder, either admitted in the Psychiatric Clinic in Timisoara or from the outpatient centres. The inclusion criteria for the participation in the study were: the subject's age at the onset of their parent's disorder under 16, their current age over 18 and an evolution of the parent's disorder of at least 5 years. The subjects and their

parents were informed about the purpose of the research. Out of 30 subjects, 13 gave their consent to participate in the study and an individual meeting with each of them was scheduled.

1.2 Instruments

The following instruments were used: a sheet with socio-demographical and clinical data of the subjects and parents (Table 1), audio-taped interviews with the subjects and the EMBU scale for the assessment of the parenting style.

Table 1. Data of the subjects

Mean age of subjects (years)	**29**	
Mean age of parents (years)	55	
Age of subjects at the onset of parental disorder (years)	0-3 4-11 12-16	5 4 4
Gender of the subjects	Male 2	Female 11
Gender of the parent	Male 2	Female 2
Education	Highschool University	6 7
Professional status	Employed Studying	10 3
Marital Status	Married Stable relationship Single	4 7 2
Siblings	Yes No	5 8
Diagnosis of the parent according to ICD-10 criteria.	Schizophrenia Schizo-affective Disorder Persistent Delusional Disorder Recurrent Depressive Disorder	7 1 4 1

The interview consisted in open questions which included a short history of the parent's disorder as it is remembered by the offspring, a short family history and questions about the impact of the disorder on the child's life, the difficult moments, the changes in their families, the ways in which they dealt with them, their resources. The interview was designed by the first author, based on the research literature. It was reviewed by the other authors, until a consensus was reached. The order of the questions was sometimes changed during the interviews, certain questions were discussed in greater detail, according to the course of the interview and the subject's interest in the topic and additional questions were included if necessary. The interviews were conducted by the first author. The verbal consent for the recording of the interviews was obtained. The average duration of the interviews was 1 hour.

The interviews were transcribed and analyzed separately by the authors. Data was analyzed during data collection and also after finishing all the interviews. Categories and themes were identified and context analyzed.

The EMBU (My Memories of Upbringing) scale [9] measures the memories of parental rearing behaviour, for mothers and fathers separately. It consists in 81 items in 15 subscales rated on a 4-point Likert-type scale. It evaluates the following parenting styles: abusive, depriving, punitive, shaming, rejecting, overprotective, overinvolved, tolerant, affectionate, performance-oriented, guilt-engendering, stimulating, favoured siblings, and favoured subject.

Results

All the participants in the study are employed or still in the educational system. 10 subjects have their own family or a stable relationship.

Most of them consider themselves satisfied with their lives and believe that they succeeded in taking the best out of a difficult situation and that they became more capable of dealing with other stressful life events.

Every participant had an unique experience of the situation we studied. In each case, multiple risk and protective factors were involved. Despite the numerous differences, common themes were identified in their narratives, based on which resilient processes could be explored.

The subjects' perception of the disorder was influenced by their age at the onset of the parent's illness. More than half of the subjects were very young at that point of time. Still, they can recall moments or periods of

time connected to the parent's symptoms (fights, violence, unusual behaviours, mood changes, affective inversion towards them) and events related to the disorder (the admissions in the hospital, the parent leaving home, the behaviours of the other family members). The emotional reactions regarding those situations were mostly characterized by confusion ("I could not understand what was happening"), fear, ignorance or difficulty in accepting that it is a disorder ("It was a kind of ignorance of the situation. I did not want to believe she is sick. It was easier this way, as a child"). In most of the cases, the child received no explanation or very few information about the disorder. The moment they realized that their parent had a psychiatric disorder was placed by the subjects somewhere between 12 and 15 years of age. It was also considered the moment that changed the way they conceptualized the situation. This age also corresponds to the adolescence phase, which is characterized by an increase in the autonomy and independence of the person, by a development of the cognitive functions and by higher emotional and communicational needs. 7 out of 13 subjects reported that they would have wanted to communicate more with their parent during that period. Other feelings related to the disorder during time were shame and guilt. Almost all of the subjects reported the fear of the possibility of inheriting the disorder.

Making a difference between the person and the disorder was a common way of perceiving the situation ("My mom was doing all those things because she was ill. But, in fact, she is a very good and caring person"). The perception of the disorder and the impact on the child were also influenced by the diagnosis, duration of the illness, the severity of the symptoms and the manifestation of the disorder between the episodes.

The current perception of the parent's illness, as adults, is a consequence of the ability of the person to accept and integrate the experience in his own life. In the majority of the cases, we consider that the subjects were able to do this and the others are working and trying to achieve this purpose.

7 of the subjects come from organized families, the other parent being a significant support of the family. In 2 cases, the family environment was characterized by verbal and physical abuse (by the father), in 3 families, the subject did not have a relationship with the father after the parents' divorce and 3 subjects maintain a relationship with the parent who left home after divorce, but without him being a real support.

Most of the subjects reported family changes due to the disorder. Only 3 of them did not consider that there were any changes when asked directly. However, during the interview, different aspects related to this theme emerged.

For some of the subjects, the parent's disorder was the normal reference system, because they did not know their parent in a different way. Thus, they experienced fewer changes in their families and relationships.

Some changes can be considered as directly related to the presence of the disorder, others need to be placed in a larger context and in relation to other events as well. The most common aspects reported by the subjects were parentification and the redistribution of various responsibilities in the family. They felt responsible for protecting the parent, they had to do chores in the house or became a balance factor in the family. The exceptions were the cases in which the father was the patient or where other family members took the role of the parent when needed (for example, grandparents). Responsibility at a young age was sometimes seen as overwhelming. Still, almost all the subjects believe that this also made them more mature, independent and strong.

Most of the subjects recall a good relationship with the parent in the childhood. We also observed a tendency to ambivalent feelings towards the parent during time or an idealization of the parental figure.

8 subjects reported no change or a positive one in the relationship with their parent (a closer relationship, more support) and the others think that the change was in a negative way (more conflicts, distance, loss of trust).

The most common parenting styles, explored by the EMBU scale, were: affectionate, overinvolved, stimulating and performance-oriented. 11 out of 13 subjects had the highest 3 scores in these domains for both parents. In only 2 cases there were major differences between the parenting styles of the two parents. These parenting styles can be analysed from different perspectives. The subject's perception of positive parenting can be viewed as contributors to resilience. On the other side, they could be related to the need for idealization the parent in some of the cases. The overinvolved parenting style can be a compensatory mechanism used by the parent.

All the subjects mentioned the importance of significant persons in their lives: the other parent, grandparents, siblings, other relatives, husband/wife, children, friends or teachers. They describe them as strong, supportive, trustful persons. Some of the subjects felt a real support in their parent as well, despite the disorder.

By analysing the long-time experience of the subjects, we tried to identify the phases of the process they followed. The first phase can be characterized by denial, anger, shock or confusion. In a second phase, the subjects started to understand and accept the situation. An important phase is the one of reframing the negative events and giving significance to the situation, in order to finally succeed to integrate the experience, regain balance and work towards personal growth. These phases were not clearly delimitated, nor were they exactly the same in all the cases, but the main themes can provide a framework to a better understanding of the resilient processes.

The common individual features described by the offspring as being helpful in difficult situations were: optimism, humour, positive thinking, ambition, patience, empathy, sociability, ability to analyze things, involvement in activities.

These themes could not be interpreted separate from the larger context, all of them being strongly interconnected.

Discussions

We can consider that the participants in the study somehow self-selected themselves. The fact that they accepted to talk about their experience can be considered part of the process of resilience. It is a proof of acceptance and integration of the experience in their lives or at least a step forward in this direction. Even if it was not an easy task, the participants were able to discuss openly about the themes related to their parents' disorder and almost all of them said that it was not the first time to think about them. As expected, their perception of the situation changed over time during a long process characterized by mixed positive and negative feelings.

Many of the participants related that they succeeded to integrate the experience and feel satisfied with their lives. Still, the whole process was a long, difficult one. The past and present relationships with significant persons were considered as highly relevant for their success. These persons are called tutors of resilience [10]. On the contrary, very few received professional support. This fact makes us approach the situation from the perspective of assisted resilience [11] and highlight the need for early assistance of the children having a parent with a psychiatric disorder. Further research in this field should also rely on this important aspect.

The ability of a person to develop resilient mechanisms is also related to the attachment style [12], [13]. Persons with a secure attachment are more likely to pass through the phases we described earlier and become resilient. An avoidant attachment style could lead to the blockage of the person in the denial phase, an ambivalent or anxious attachment could lead to persistent feelings of anger and fear. Hence, the assessment of the attachment style in the study of resilience can provide a better understanding of the subject's experience and can be a resource for an effective intervention.

The use of interviews as assessment instruments gave the subjects the opportunity to narrate the stories of their experience in a different framework. They reconstructed their memories in an organized way, they could make better sense of some events. From this point of view, the discussion was therapeutic [14],. Most of them considered it helpful. The evaluation of the interview's impact on the subjects might be useful for future research.

Being a qualitative research, the findings cannot be generalized. Still, they are in accordance with the literature in the field [15], [16]. [17].

The study is part of a larger project. Therefore, further research in this field will be conducted, including larger samples of participants (with the inclusion of other family members as well) and additional methodology (focus-groups).

Conclusions

Having a parent with a psychiatric disorder is a challenge for the child. The development of resilience is a complex, ongoing process. The study of the relationships between the various internal and external factors that can influence this process is a difficult, yet very important task for theory and practice. It can provide a different perspective of the psychiatric cases and can have essential implications in the development of psycho-educational and preventive programs in mental health.

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Psycho-social cognition of elders' quality of life and assisted resilience measures

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Abstract

Even if old age is generally considered an age stage and not a disease, objectifying the inter-individual differences represents, especially for the 3rd age a well acknowledged reality.

We tried to identify the necessary measures for assisted resilience intervention (direct or indirect), in order to observe the differences in recognizing the quality of life, by evaluating the cognitive impairment, of self-esteem and of the influence of the background of the individuals. We studied two groups of old people, both sexes, aged between 65 and 85 years (M=76.4; SD=20.41) from Bucharest (33 individuals) and Galati County). The instruments we used were: Rosenberg Scale, MMSE and ICVPA. For the original instrument ICVPA alpha Cronback the results were .82.

Confirmation of our hypotheses was supported by the correlation analysis. Significant associations were registered between the self-esteem scores and cognitive impairment ($r=.57$; $p<.05$; $r=.64$; $p<.05$; $r=.59$; $p<.05$).

Our results, though they could not be extrapolated, showed a significant relation between the presence of cognitive impairment, low self-esteem and, per total, the quality of life being considered poor – for the investigated participants.

The changes specific for old age needed some experiments with new models of group adherence, of special measures to solve problems, measures that were previously unsupported. The volunteers and the psychologists from different centers offered psychological counseling, thus stimulating some conjoint domestic activities, all included in the program "Grand-parents' Club" (GERON). It was a perfect opportunity to observe the increase in sociability and a more flexible communication of the elders.

Keywords: old age, resilience factors, prayers, painting classes

Introduction

The concept of resilience found its place with great difficulty, among the numerous psychological and medical studies and approaches on human traumas, violence, stress, aging associated with dysfunctions and diseases, as it has been approached in a completely different way and it has been classified and introduced in the field of our existence often as a result of individual or group sufferings.

In the civil life, be it at an early stage or in old age, either inside the familial background - only formally harmonious, in fact undermined by stressing emotions, conflicts, deviations – or in the military area, that is the core itself of rigid rules and hierarchy that has to be observed, discipline and frequent tense situations, violent psycho-physical experiences, waivers, dangers, etc., resilience found a place that is not only empirical but mainly scientific. While in the families with minors we could find problems and compensated approaches for resilience, we could also accept the idea that for old age we need resilience measures for old people who can and sometimes must be helped actively "to age in a decent manner".

Even if the necessary resilience measures in everyday life are studied and accepted nowadays, for individuals, as well as for groups of people, we cannot overlook the efforts made by Aaron Antonovsky (1987)[1], who tried to come up with a scientific approach of the factors and components of resilience, in the context of his theory of health and illness, which he named „the salutogenesis model", still considered more comprehensive than the one offered by OMS [2]. The author, by identifying the elements of one's style life, concentrates the content of the concept by giving the first place to „the sense of coherence" or to the generalized resources of resilience [3].

In the light of a systemic approach, Serban Ionescu [3] addresses the process of resilience as a social pattern, where we find different internal or external situations that shape the individual, as well as a person weakened due to various reasons, on an evolutionary scale, from birth to death.

The result of an interactive process between the individual and his family and the environment, resilience is specific for a person who experienced or experiences a traumatic or chronic event and who proves to be well adjusted, according to his/her age and the socio-cultural context [3].

Ionescu Serban [3] segmented resilience into natural and assisted resilience, and he decodes the latter as being achieved together with the specialists in mental health who help the subject – and in the end the subject can knowingly decide how to act. Transiting psychological orientations and currents, the same Serban Ionescu opens a psycho-analytic Pandora box, by insisting on the need for the specialists' interventions in critical situations (in fact, it means training the subject for diagnose) but without keeping the neutral position, by becoming relatively objective, especially towards the persons who are more or less unable to judge, to reason, due to certain distress (including a moral distress).

Objectives and hypotheses

The objectives and hypotheses of our study, in full agreement with the results of the studies and researches coordinated by Serban Ionescu [3], led us not only to a professional effort to understand and acknowledge the problems of old people in two different parts of our country, but also to a reorganization of the empirical-theoretical apparatus for interventions in such cases. Therefore, fully understanding that our subjects need to accept their conditions of life, that they should be encouraged, guided, in order to learn how to forgive and in order to be able to accept that they had made mistakes in their lives, we created the experimental design by adding some elements that would help us monitor (in a 6 to 12 months period) the elders ability to manage with efficiency some life situations. By means of a set of activities created in a differentiated way and applied to the subjects of the 2 groups we studied, we tried and hope to have succeeded to observe the personality traits described as specific to the resilient subject, in the literature on the matter.

Methodology

We studied two groups of old people, both genders, aged between 65 and 85 years (M=76.4; SD=20.41) from Bucharest - 33 individuals - and Galati County). The instruments we used were: Rosenberg Scale, MMSE and ICVPA. For the original instrument ICVPA alpha Cronback the results were .82. Confirmation of our hypotheses was supported by the correlation analysis. Significant associations were registered between the self-esteem scores and cognitive impairment ($r=.57$; $p<.05$; $r=.64$; $p<.05$; $r=.59$; $p<.05$).

Our subjects participated to expositions, conferences, excursions, dance evenings and our team (doctors, psychologists, medical assistant, social assistant) could observe directly and indirectly (mainly after 3-4 weeks of activities conducted in common) some elements of optimism, acceptance of their situation described as "wellbeing", as compared to the situation of their friends who did not take part in group activities, as well as a desire to socially help their colleagues in difficult situations.

This fact supports the idea that our efforts helped the preservation of the internal positive structure of our subjects, as well as their lasting strength to transform the losses (moral, emotional, material) into some objectives to be approached together with the therapists, therefore benefiting from the experience of our specialists, in order to overcome the inevitable moments of crisis, by validating their own feelings and emotions.

Besides the result of our research on the level of clinical psychology and the notes from the social background, presented from the statistically-mathematical point of view, we studied some elements of assisted resilience in the two areas: Bucharest, GERON Center and Galati.

By considering assisted resilience as a complex way of evaluating and predicting the ability to adjustment for normal circumstances, as well as for adverse situations, we created a differentiated program, personalized at the same time, for our subjects. Therefore, even if the results cannot be generalized or extrapolated for a large population – for the whole country or even for all old people in the two areas we conducted our research (urban/rural) – these results refer to a type of action that truly helped the participants to acquire some more flexible communication and interrelations skills. We made some lists of topics for conferences, with the help of several specialists, including important names in medicine, psychology, sociology (mainly in Bucharest).

Previous discussions with the 15-20 subjects who took part constantly to the activities helped us to give shape to our plans. The subjects stated that they were interested in group socialization – to integrate and learn how to manage the stress determined by "making two ends meet" and living another day. We consider that the conferences (around 15 for each urban/rural center) influenced their abilities to perceive the alter-ego, opened new perspectives of self-appreciation and appreciation of their group colleagues, the personal acceptance of their "wellbeing".

Topics like "life and stress", "acceptance of our age and inherent dysfunctions", "dangers of smoking and alcohol addiction", "the refuge in disease – a solution for the elder?", were followed by discussions with people working in the centers and the speakers who answered the participants' questions.

Also following the suggestions of our respondents we organized some paintings exhibitions – since some of our participants wanted to try "this superior modality of relaxation" – and they were encouraged by arts specialists as well as by psychologists. Their statements were: "I am greatly satisfied", "I am glad I tried, regardless of the results", "even if my paintings have no true artistic value, at least they represent me", etc.

Our frequent discussions with the respondents before and after the group event (conferences, painting classes, etc.) revealed their need to listen to good music "since they were young" and even to dance. Therefore, we organized 4 such meetings, when we selected the music they decided upon, and the conference hall was transformed, for 90 minutes, into a "dance floor".

They started to trust us more and more, and they expressed the desire to take part in prayers, at church and to visit some monasteries. It was exemplary the openness of the priests from Biserica tuturor sfintilor romani, in Bucharest, Salaj Street, who showed exemplary empathy and tolerance in communication with our subjects all the time, as well as during the great Orthodox celebrations (Easter, Rusaliile, Sfanta Maria, Christmas).

Our sponsors also made possible 2 trips (one day each) to Cernica Monastery (near Bucharest) and Sfintii Arhangheli METOC Monastery (Galati).

The most frequent events consisting of a program previously announced were the ones proposed by our respondents, who wanted to have their birth days or name days celebrated with the group of colleagues – and we supported them both morally and materially.

Even if such events cannot be truly statistically processed, the qualitative presentation remains a proof of the need for assisted resilience for the elders, and we noted many differences on multiple levels: urban/rural, the socio-professional level, social status, as well as those generated by the way they managed traumas, their past, revenge, dissatisfactions, loss of family, etc.

Results

Resilience, be it a complex process or personality trait, with numerous sub-structures and emotional and cognitive-volitional elements in an adverse situation [4], has become not only an object of study for different socio-humane disciplines but also a type of social strategy generically necessary for any human being who wants to expand the adjustment abilities, regardless of the age, gender, culture, traumas, etc.

Old people, more than other categories of subjects, tend to re-live the previous traumas, to contemplate their negative emotions, sometimes even the positive ones. For these reasons we created a program of cooperation in our center – to be learned and used by them at home, implying an active participation in different daily activities, with the support of their relatives or their friends. They learned, during their meetings with the psychologist and the social assistant, a set of beliefs (religious beliefs) that induced positive thinking, a more realistic model of approaching the daily problems, actions that have a tendency to become group activities, in order to help them face their fears, inside an efficient social network.

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Resilience through the Christian Religion inside the communist prisons in Romania

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Abstract

The present paper briefly analyses the way, during the communist dictatorship, some of the political prisoners became resilient through the Christian religion. They discovered and developed specific resilient features, used strategies similar to those of the orthodox monks and managed to confront the extreme adversity they experienced. The result was an important improvement of their personality.

The natural resilient prisoners assisted other prisoners to become resilient.

Severely deprived of elementary needs (Maslow's Pyramid), they managed to fulfill other important needs (social communion, knowledge and in particular, spiritual needs).

Keywords: resilience, Christian faith, communist prisons

The Martyrs of the communist prisons

"They believed that the soul can be destroyed by destroying the body, because they were materialistic. They believed that the soul, tortured beyond human limits of endurance, would be destroyed and they could do whatever they wish with it. But it's not like that. If a stick is broken it's hard to mend it. But the soul, if it's "broken", I tell you it will renew. The soul puts out buds in the same way a tree or a branch you've broken does. Bit by bit we've rebuilt ourselves. And without any doubt, we got better afterwards." [1]

The aim of this paper is to briefly analyse what happened inside the communist prisons in Romania, how some of the prisoners managed to discover and to develop resilient features on their own by means of the Christian religion. They used strategies to confront the atrocious adversity they had experienced. As many of them confessed afterwards, the result of this experience was an improvement of their personality.

The communist dictatorship was based on materialism and atheism. They tried to replace the spiritual values of the society with materialistic ones; they wanted to build a man without God - a "new man".

Most of the political prisoners were punished for their Christian beliefs and their liberty of conscience.

"What was our purpose in prison, what was the goal of our fight? It was not political, it was the moral goal. We were full of idealistic dreams, knights of the Christian cross, exponents of honour and dignity; we were confronting in fact the whole world. We identified communism with antichrist and denied any pact with him" [2].

Some of those prisoners became resilient through culture, but most of them (especially the educated ones - teachers, priests) became resilient trough the Christian religion. They discovered or deepened their Christian faith in detention and found it as a new way of life, deep and full of meaning. These resilient prisoners helped many of their companions (simple, uneducated people, who suffered in the same way) to became resilient.

We can say it was a paradoxical phenomenon. On one hand the torturers did "re-educate" some of the prisoners to become torturers themselves (victims turned into aggressors) and on the other hand the natural resilient prisoners assisted others to become resilient (assisted resilience).

" They (Valeriu Gafencu and Costache Oprisan) did this miracle inside the cell, they changed our heart (…) they turned our heart from revenge or even hate, towards God and love; and all these changes worked in our heart, and our body changed itself through the prayers they did, or the gifts they spread around them. And that's how we managed to survive. In all other cells people died because they had mentally disabled among them as well." [2].

In this situation we can make the difference between the mere resistance to trauma and resilience, the last implying inner metamorphosis (improvement of the personality).

They are probably natural resilience models, witnesses of their own complex process of neo-development with profound spiritual values in which the second itinerary gives way to new liberating and germinating perspectives [3].

"It's like my mind cleared up. I perceive the beauty of Christianity with all intensity (…) I'm so enthusiastic, it's a moment of true spiritual rebirth (…) On the frontispiece of this prison cell should lay in letters of fire " in this tomb a man is born". I never had before such a moment of inner growth, I feel profoundly another man, changed." [4]

Paradoxically, although these prisoners were deprived of the elementary needs of Maslow's Pyramid (physiological needs, security needs), they were able to reach unexpected profoundness in other levels. Needs of social communion were met by improving their capacity of loving the people next to them with such intensity they even sacrificed their personal needs for them. Needs of belonging and recognition, needs of knowledge (they shared within the group cultural and theological knowledge), aesthetical needs (through Christian poetry) were also met - but they especially excelled in the last level of Maslow's Pyramid - the spiritual one. At this stage the person realizes its own place and meaning in the world and can give a supreme goal of his own existence. Therefore the person is no more bound by the limits of material existence, but feels free in spirit and closer to God [1].

Some of the prisoners had characteristic features "upright soul, intelligent, honest, faithful, with a great capacity of loving" (Costica Dumitrescu – who became monk after his release from prison), "a great capacity of loving, emotionally balanced, discreet" (Marin Naidim) [1]. They applied specific strategies – turned the adverse prison conditions into optimal conditions for spiritual accomplishment resembling the monks isolated in their monastic cells. They also discovered techniques mentioned by the Orthodox Saints such as: the fight with the negative thoughts (avoiding to transform these thoughts into passions and negative acts), the continuous prayers, the communion with other prisoners. The result was improving themselves through resilience.

"Incarceration creates special conditions for the prisoner. The prison cell becomes a monastic cell inducing prayer, the lack of food is an occasion of asceticism, isolation and giving away the goods of life – occasion of living in simplicity and chastity (monastic values), the unknown – occasion of confidence in God's will and care (…). Who didn't understand this divine intention was mentally tortured by thoughts about confinement, hunger and terror, anxious about the family situation. Who understood this gained great spiritual gifts." [5]

Father Gh. Calciu- Dumitreasa (former prisoner who emigrated in USA) confessed about the fulfilment of the needs of social communion by means of the Christian love. He said about Valeriu Gafencu (named "The Saint of the prison"): " The people (prisoners) received from him a message of love and prayer, without the need for him to theorize (…) his mere presence and appearance brought peace into the soul and heart and gave birth to devotement towards him" [6].

Therefore, these people had and continued to develop many of the traits and abilities that define a resilient person - through the Christian religion, as authors like Rutter and Mrazek and Mrazek describe in their works [3]:

- **Positive re-evaluation of painful events** by rethinking them as a reason chosen by God for them to affirm their Christian faith. The model was Christ himself who suffered on Earth.
  "When I left prison, I dedicated all my suffering to God (Priest Vasile Patrascu)." [7]
  Mother Mina says [8]: "There weren't days of pain and darkness only. There were days of spiritual joy in being close to God. In those moments we knew God was with us."
- **The ability and will to create and make use of support relations** with those having either the same or a different religion, a community based on Christian love and human solidarity. These people were taking part together, though sometimes isolated in separate cells, in religious services (transmitted through Morse code), they were confessing to a priest (also a prisoner) by Morse code and were celebrating together in an extraordinary spiritual fellowship the great Christian feasts (Christmas and Easter).
  "Because we were not understood, we loved each other, in the meaning of a real Heaven. Thus the sufferance didn't matter anymore; it was like a soothing plaster. You could perceive the results of suffering […] we were all having the same secret ideal that would keep us together (Father Arsenie Papacioc)." [7]
- **Altruism** as far as personal sacrifice for the other suffering people by giving their own food and even drugs. Relevant examples of such people are Mircea Vulcanescu, Valeriu Gafencu, Nicolae Steinhardt, Costache Oprisan and others.
- **The capability of making decisions** by affirming their religion in spite of risk of torture.
  "Not only I was refusing their "reeducation", but I was also facing them. This represented an assumed risk in order to maintain my inner balance. They have tried many ways to persuade me to give up, but God gave me strength so I succeeded in finishing what I had decided (Mother Mina)" [7].
  There was also the example of Dumitru Balasa, an orthodox priest, imprisoned in Balta Brailei, who was called by the authorities in front of 2600 people, in order to declare that he was ready to give up being religious. He was meant to be a" model of re-education". Instead of satisfying the communists, he proved

an enormous courage by preaching in front of all those people, knowing he could be shot in any moment. He said it was the most beautiful sermon in all his life, finished by a moving collective prayer of 2600 people.

- **The belief that they are loved and chosen by God**
  "You realize that Jesus took a bit of His own sufferance and gave it to you. That means your own cross, not letting him carry it anymore on his back, but let you to carry it instead. Therefore you become happy that you are the son of God. (Aspazia Otel-Petrescu)" [9]
- **The capability to keep distance from strong negative feelings** ("the fear existed in the hearts of those who were guarding us", said one of the martyrs who finally became a priest [7]) and the capability to set instead an extraordinary love for their fellow men. All these martyrs shared the same special feeling of forgiveness, the capability of having no resentment against those who caused them so much sufferance". The sufferance has to be transformed by means of acceptance. You have to find a reason for it and then you are saved, because you have accepted. From that moment the sufferance becomes a joy, it becomes an honour." [9]
  Father Calciu Dumitreasa said about Costache Oprisan that he „never complained he was ill, never accused anyone for being tortured. He had forgiven everyone and he was always telling us about forgiveness and love".
  "The treasure of soul and mind is to love for being able to forgive", said priest Vasile Patrascu.
- **Positive anticipation of the future** (the soul redemption signifying the final aim of any Christian person).
  "We were ready to lose a deceptive life in order to find the real one, that was the meaning of defeating death through death" (Priest Dumitru Staniloaie) [1]

After liberation, the Christian surviving martyrs of communist prisons gave new dimensions to their own existence, became improved persons; they adjusted themselves to living in society often by choosing other professions than the prior ones; many of them became priests, some of them built their own families, but all of them kept all the great values that would define their new personalities: **faith**, **forgiveness** and **love**.

Conclusions

Studying the confessions of the Christian martyrs of the communist prisons we concluded that they experienced a process of resilience.

They used and developed resilient abilities to confront the adversity.

The means by which they succeeded to become resilient and to assist their companions was the practice of the Christian religion.

We noticed that in their case the deprivation of basic needs leaded to fulfilment of the superior, spiritual needs. They transformed, like the monks, the terms of deprivation in optimal conditions for spiritual perfection.

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Researching resilience: the need for networked methods

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Abstract

This paper stands from the idea that resilience might be better understood by using Social Network Analysis (SNA). This theoretical and methodological approach allows us to see how individual actors are connected with one another, and to explore different representations of their social worlds and get narratives about it.

Both "resilience" and "networks" have been extensively used in a wide range of disciplines. However, the term "network resilience" has been paradoxically coined in the field of computer engineering as an ability to tolerate (resist and autonomically recover from) sever impacts on the network. In this paper we advocate for the use of this concept in education, taking into account that just how at risk a child really is, cannot be easily discerned without understanding him/her in context. We want to demonstrate social network approach value to deeply analyse young people's contexts and their motivation to seek well-being. It is at this intersection (individual motivation and environment) where youth hidden resilience lies [1]. To do so, we direct our attention to some points which may help us to examine how resilient youth might be upon the analysis of their networks: this is how networks function and how the loss of ties may negatively impact resilience development. Finally, we discuss some strategies to improve network resilience and, as a consequence, decrease vulnerability.

Keywords: Resilience, social network analysis, network resilience, vulnerability

What about resilience and networks?

Briefly, the concept of resilience has been understood and interpreted through different theoretical frameworks: some more focused on a personal or individual level, and others on a social level, with intermediate positions in between. Consequently, there are definitions of resilience as an individual skill or ability based on a set of personal characteristics [2] [3] [4]; others which explain resilience as a result [5] [6] [7] and others that envisions resilience as a force that intertwines individual and contextual characteristics from the beginning to the end of the process [8] [9] [10] [1].

In this continuum of viewpoints, we might find Vanistendael [4] who distinguished two components in resilience: on the one hand, the resistance against destruction such as the ability to protect the integrity itself under pressure (somehow being resistant); and, on the other hand, the ability to form a positive vital behaviour despite facing harsh circumstances.

Meanwhile, other authors have defined resilience taking the expected result as a centre of their explanation. This is the case of Garmezy [5] which describes this phenomenon as the power to recover or the ability to return back to the patterns of adaptation which characterized the individual before the stressful period had taken place. Similarly, in the field of physical sciences and engineering, resilience has also been understood as the ability for an entity to tolerate, resist and autonomically recover from severe impacts.

However, although the origins of resilience date back to the 50s and there are plenty of studies across fields which centre their main attention to resilience, this construct has remained conceptually fuzzy with little consistency in how the term is operationalized [11] [3], both cited in [12]).

From our point of view, resilience is much more than returning to the previous state. Actually, in social sciences seems rather difficult that an individual can have the capacity to face and overcome a situation without being both him/her and the situation transformed. Just as the individual is not alone in society, the context plays a key role, and even more on youth when relationships hold a special place.

The relationships we develop, when linked with others, form social networks which are undoubtedly present in everyday life. People are connected to others, and the networks in which they are embedded can help them achieve what they could not accomplish in isolation. That is the reason why networks cause a powerful

effect on individuals' behaviours and outcomes, and the reason why in this paper, far from justifying the complexity of resilience process, we attempt to demonstrate the value of the social network approach to deeply analyse young people's contexts and their motivation to seek well-being.

A network point of view on resilience may help us move away from an attributive approach to take into consideration the structures and functionality of the links (i.e. more emotional support received) that persons establish with others, groups, associations, etc. [12]. Our connections affect every aspect of our daily lives; they are always there, exerting both subtle and dramatic influence over our choices, attitudes, actions, desires or thoughts, among others. And, what is more important, our connections do not end with the people we know [13].

Examining resilience thorough SNA

Ironically, we can't study resilience without studying risk [14]. Then, as studying resilience requires that the researcher assesses the level of risk posed to the person, methods such as social network analysis (SNA) can easily contribute to get a real photograph of their networks so as to evaluate their exposure to vulnerability, because sometimes the way we think and talk about who we know does not accurately reflect the social context.

Through life, one is always susceptible to random failures; network composition is indeed unstable since many people enter and leave the network. The following are the personal networks of two women –mother (Fig. 2) and daughter (Fig. 1)– which we will use as examples to explain the convenience of using SNA. Data has been collected using the free software EgoNet.

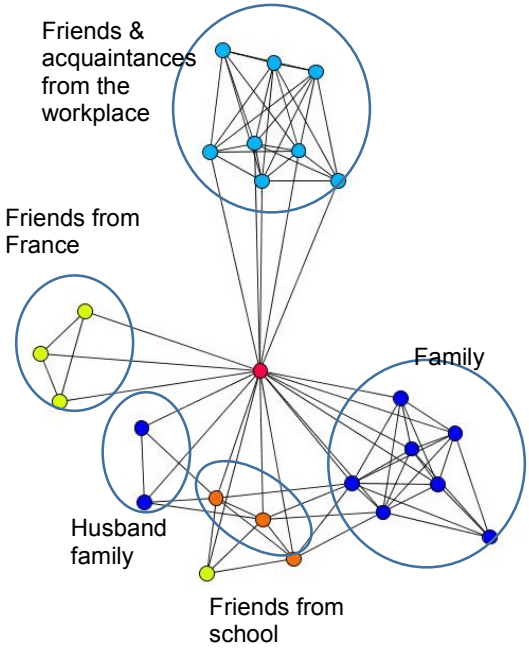

Figure 1. *Personal network of a 33-year-old woman*

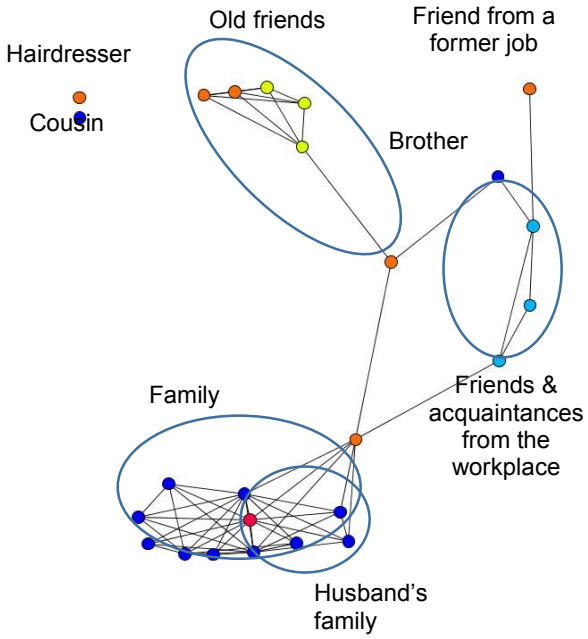

Figure 2. *Personal network of a 55-year-old woman*

The way one uses the visualization will be guided by the research question or one's interest. If one is interested in examining social support, the interpretation approach of the graph will be different than if one is interested in how people use their personal network to recover from a critical incident such as an abuse, racism, violence, poverty, etc.

If a link fails it will also disconnect network nodes. This might be easily seen in Fig. 2. In this sense, each node has a role: some are peripheral and, if lost, the impact to the network is not significant. Others, however, are central and the connections to other nodes depend heavily on them. See what happens if hypothetically, the 55-year-old woman had lost two nodes (Fig. 3). The same might have occurred to her daughter's personal network.

In the field of engineering, the loss of nodes implies that the network itself is not robust enough because its redundancy is weak. Redundancy refers to the amount of wasted space used to transmit certain data. In other words, the network has many nodes which are not connected to all others, so the paths to exchange information, support, etc. are lengthened. Everything depends on what happens when a node fails. It could be that just a node fails, but all the other nodes are unaffected or it can have a cascading effect and provoke the opposite effect.

Therefore, networks are vulnerable. Here we have referred to one kind of loss, which is node percolation, but one might have lost edges as well, so nodes losing the ability to communicate with one another (edge percolation). In one case or another, it is advisable to think of the changes in path lengths, because specific information, or supports might be located in only few nodes.

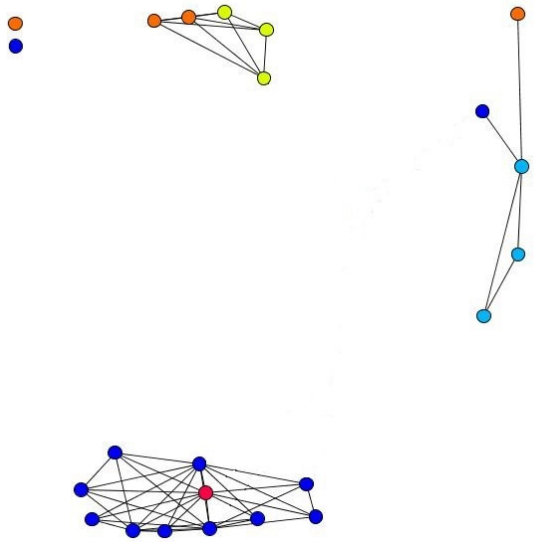

Figure 3. *Impact of the loss of two nodes*

It is also useful to notice that new vertices can attach to any of the old ones, but the higher the degree of an old node, the higher the probability of attracting a new one. Occasionally, less connected nodes will receive new links, but most of the time hubs will be much more attractive [15].

Up to this point, we have referred to the power of visualisation in SNA using a couple of examples. There are plenty of other analyses that might be done in order to understand how networks function (in this sense, see [16] [17]).

However, the network visualization also allows the conversion of quantitative and qualitative information, thus it is possible to show the structural features of social networks to informants and to gather qualitative information or narratives through an informal interview (Fig. 4). The type of information we collect from the visualisation will also depend on the researcher's focus. (For a detailed description of the use of interviews in SNA using a specific software such as EgoNet see [19].)

Research phases	**Data Analysis**
Data Collection	Visual typologies (graphs)
	Narratives

Figure 4. *SNA as a mixed method*

This appears to be especially significant, since the study of resilience is increasingly moving beyond the study of individuals to consider individuals in interaction with their environments and the adaptive qualities of both [14] [18]. And SNA is both a theoretical and methodological approach which allows us to do so.

Strategies to improve network resilience

Through this paper, we have seen that SNA is an effective method to visualize people's connections and explore relational dynamics. And in regards to resilience, networks may help us identify risks, challenges, but also potentialities. What follows are some strategies that can be used to increase resilience.

Firstly, networks might help us adventure risky situations and, as a consequence, reduce the impact of them on a child or teenager. If we realize that there are some components in his/her network that might lead to problems, we can design interventions which create opportunities. Sometimes gang behaviours, far from being bad, are resolving some tensions teenagers live which might be caused by marginalization process [20]. Networks give clear clues about how powerless or isolated a person might be.

Secondly, examining networks not only opens the possibility of studying strengths from the environment, but also the possibility to carefully analyse abilities and individual attributes, so it is an opportunity to address capacity rather than risk. The exploration of personal stories through network visualisations might be considered as a rich source of identifying and building positive aspects of the self that in turn might become central to overcome vulnerability.

Thirdly, although we have focused on the benefits of networks, and contexts, social networks can have a negative impact in people's life. People's contexts have the capacity to help the individual overcome an adversity, but at the same time are responsible for breakdowns and disorders. SNA can help us diagnose non-beneficial environments. As a response to this situation, we suggest that it is necessary to help the individual to build new relationships (add new nodes) and design interventions to cultivate support systems. Moreover, it is also necessary to help people cope with their struggles with adversity.

Finally, they might be seen as an opportunity to link personal characteristics and the environments in which people live. Improving compatibility between individual and environmental factors can shape resilience.

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