



Theoretical article

АГРЕСИЯ И НАСИЛИЕ СРЕД НЕПЪЛНОЛЕТНИ ЛИЦА

AGGRESSION AND VIOLENCE AMONG MINORS

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Резюме

Агресията е форма на девиантно поведение. То е характерно за периода на юношеството, който обхваща възрастовия диапазон на непълнолетните лица. Тогава се изгражда самоличност чрез социални взаимоотношения, което е предпоставка за възникването на конфликти. От своя страна пък те водят до насилие. Насилието представлява крайна форма на агресия, чрез която се цели конфликтите да бъдат разрешени.

Ключови думи: агресия, насилие, девиантно поведение, делинквентно поведение.

Abstract

Aggression is a form of deviant behavior. It is characteristic of the period of adolescence, which covers the age range of minors. Then identity is built through social relationships, which is a prerequisite for the emergence of conflicts. In turn, they lead to violence. Violence is an extreme form of aggression, through which conflicts are aimed to be resolved.

Key words: aggression, violence, deviant behavior, delinquent behavior.

Въведение

Социално-икономическата ситуация и духовната криза в България, както и промяната в ценностната система поставят много деца и семейства в риск от извършване на противообществени прояви и престъпления. Факторите влияещи върху антисоциалното поведение са свързани с ниския жизнен стандарт, негативно отношение към нормите в обществото, незапълване на свободното време с полезни дейности, травмираща семейна среда, личностни характеристики, както и липса на образование, при лица подлежащи на задължително такова. (Krumova M., 2009)

Предвид това е необходима превантивна работа с малолетните и непълнолетните лица. Тя е насочена към възпитание, с цел елиминиране на предпоставките за извършване на деянието. Според полския криминолог А. Круковски превенцията е предделиктна – да не се извърши престъпление от лице, което до момента не е извършило такова и постделиктна за предотвратяване на рецидив. Използват се различни форми на възпитание, където е важно детето да е в центъра на работа, като се

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зачита достойнството му, подобряват се взаимоотношенията със семейството и при необходимост се осъществява междуинституционална работа. (Osman M., 2020) Б. Скинър създава модел, наречен модификация на поведението и при който чрез поощрение на социално желателно поведение може да се промени нежелателното поведение. (Mavrodiev S., 2015)

Непълнолетни лица

Непълнолетните лица са на възраст от 14 до 18 години, обхващаща периода на юношеството. Биват наказателноотговорни и наказателнонеотговорни. За да могат да отговарят наказателно, е необходимо непълнолетните да са достигнали минимална степен на физическа, социална и умствена зрялост, като психическата подлежи на допълнително изследване. Техните правонарушения се регистрират и разглеждат от комисия за борба с противообществените прояви на малолетни и непълнолетни, с изключение на случаите, в които са осъдени по съдебен ред. (Krumova M., 2009; Mancheva R., 2017)

Пробацията е мярка, която се прилага при лица с условна присъда и такива, които са условно освободени предсрочно. Като наказателна мярка съдържа допълнителни правоограничения, служи си с методи на възпитание и при нарушението ѝ, следва по-тежко наказание. Основно се прилага при непълнолетни лица, предвид благоразположеност от обществеността към тази група и възможност за алтернативно решение от законодателството. (Colova M., 2021; Golosmanova K., 2005; Petkova I., 2005) Съществуват определени предпоставки, при които прокурорът може да прекрати предварително производство, а съда да реши да не бъде предаван непълнолетния за съдене или да не бъде осъден. Непълнолетните извършители на тежки престъпления, изтърпяват присъда лишаване от свобода в редуциран размер. (Krumova M., 2009)

„Юношеството, там където се сливат два залеза, началото на мъжа / жената и краят на детето”. – Виктор Юго (цит. по Vichkova S., Stancheva M., 2020) Така писателя, показва периода между пубертета и ранната зрялост. Според стадия на формалните операции от когнитивната възрастова периодизация на Жан Пиаже, хората в юношеска възраст започват да мислят като възрастни. (Mytafova M., 2015) Психосоциалната възрастова периодизация на Ерик Ериксън, гласи, че успешното преминаване през периода на юношеството изгражда успешна Аз-идентичност, докато тези, които не успеят, са объркани за това кои са и какво да направят със своя живот.

Юношите са в риск от проблеми, можещи да попречат на развитието им като хранителни разстройства, депресия, употреба на психоактивни вещества. Анорексията се среща най-много във възрастта между 15 и 19 години. Изследвания в САЩ, са установили, че 8,3 % от юношите са с депресия. Втората водеща причина за смърт сред тийнейджърите в Америка е самоубийството. (Sturnburg R. Yilyams Y., 2014)

Агресия

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Агресията е резултат от влиянието на семейната среда, връстниците и от масовата информация. Фрустрацията и провокацията са важни фактори на агресия. Междупличностните особености на агресора и характеристиките на обекта на агресия, като пол, раса също са от особено значение.

Психоактивните вещества – алкохол, наркотици, оказват влияние върху агресивността. (Mytafova M, 2007) Алкохолът нарушава етичните норми, улеснява решителността и агресивността, което е предпоставка за престъпно поведение. (Stankyshev T., 1964) Установено е, че алкохолът е спомогнал за 22% сексуални престъпления, 29% за нанесени побои, 58% от пожари, които са причинени с умисъл и 64% от извършването на убийство. (Kasankova P., Yankov S.)

Наблюдава се нарастваща тенденция относно злоупотребата на алкохол сред децата и юношите. (Stancheva-Popkostadinova V., 2004) Стресът и личностови особености като тревожност, депресивност, емоционална неустойчивост са рисковите фактори предразполагащи появата на алкохолизъм. (Stancheva-Popkostadinova V., 2004; Ladevig D., 2000)

➤ Видове агресия

Агресията може да се разглежда и като да вървиш към целта, но под нея се разбира всяко поведение, носещо вреда на друго същество. Агресивността е устойчиво враждебно поведение. За Зигмунд Фройд, агресията е влечение към разрушението. Тя бива ориентирана навътре, чрез самонаказание, суицид или навън под формата на открита враждебност и сублимация.

Конрад Лоренц, смята, че агресията е вградена в психиката и се проявява дори без заплаха, спонтанно, с цел възстановяване на вътрешното равновесие. (Yankylova I., 2016)

Агресията е поведение, което цели да причини вреда на друг човек. Според А. Бъс, тя бива физическа и вербална, активна или пасивна и директна и индиректна. Физическата са всички действия и заплахите, които са свързани с физическа вреда, като блъскане, ритане, удряне и други. Вербалната от своя страна е свързана с обиди, подиграване, осмиване. Според Легерспец и Бърковиц индиректната агресия е социална манипулация, при която се манипулират другите, които да атакуват жертвата, вместо агресорът. През последните години силно нараства, киберагресията сред юношите, която представлява нанасяне на вреда чрез електронните средства и социалните мрежи. (Kalchev P., 2012)

Според П. Калчев тормозът представлява враждебна, злонамерена агресия, прилагана систематично от един индивид или група върху друг, използвайки сила. Често срещан е в училищна среда. (Dimitrova E., 2007)

Автоагресията се характеризира с поведение, което е себеувреждащо и може да стигне до суицид. (Eyubova S., 2020) Основните симптоми за автоагресия могат да бъдат заекване, тикове, нощна напикаване, трихотиломания, гризане на нокти, в тийнейджърска възраст – блъскане на главата в стената, рязане по тялото, хранителни разстройства. (Manova M., 2023)

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➤ Агресията – форма на девиантното поведение

Девиантното поведение е характерно в периода на социална идентификация, а именно юношеството, където по-сложните социални взаимоотношения са предпоставка за възникването на конфликти. То е стереотип на поведение и не води до наказателна отговорност с изключение на делинквентността. Г. Петков структурира стъпаловидно отклоненията в поведението:

-Аморално поведение – представлява несъответствие между обществените изисквания и поведението на лицето. Свързано е с емоционални прояви и суициди.

-Асоциално поведение – свързано е с опозиция и демонстрация, касаеща незначителни на законовите норми, като обикновено са под влияние на групата и рискът е осъзнат.

-Противообществено поведение – нарушения на правните норми, членувайки в криминализирани групи и спазвайки строги изисквания. Биват хулиганство, побоища, кражби.

-Делинквентно поведение – представлява престъпно поведение, характерно за юношите, които имат рецидивирани противообществени прояви и са напълно осъзнати.

За децата над 13 годишна възраст са характерни хулиганските и вандалски прояви, физическо насилие, употреба и разпространение на психоактивни вещества, както и убийства или суициди. Обикновено лицата, извършващи престъпления, имат регистрация на правонарушители, като малолетни или непълнолетни. (Mancheva R., 2017)

Насилие

Личностните особености са от значение за прибегването към насилие, а именно наличието на невротични или психопатни личностни черти. (Stoichev N., 2016) Изследвания при извършители на насилствени престъпления сочат, че за формиране на личността особено влияние оказва семейната среда в детските години. Емпирични изследвания показват, че извършителите на убийства са повлияни от преживяване на емоционално отхвърляне и физическо малтретиране в детството. (Stoichev N., 2005)

С. Форуърд и Кр. Бък определят общо пет семейни модели, които травмират и нарушават личностното развитие на детето, а именно: неадекватни и властни родители, алкохолици, словесни, физически и сексуални насилници. Неадекватните родители са насочени към себе си и прехвърлят отговорностите на детето, като ролята родител-дете се разменят, което води до липса на сигурност при детето. Властните родители контролират живота на детето си, чрез манипулация, като ги правят зависими, по този начин у детето се формира неустойчив Аз-образ, ниска самооценка, ревност и враждебност. Родителите алкохолици саморазрушават себе си чрез алкохола, като детето е бремене за тях и го negliжират. Като резултат от липсата на обич и модела, който наблюдава, пораствайки детето става плахо и неуверено, намира партньор, като родителя и е потенциална жертва. Родителите, които системно обиждат децата си, развиват в тях ниско самочувствие, което ги кара да преследват успеха на всяка цена. Физическите насилници, като родители формират у децата агресивна нагласа, те имитират модела на

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поведение и са импулсивни. Сексуалното насилие от родител, прави детето срамежливо, формира хронично депресивно настроение и чувство за вина. (Stoichev N., 2016)

Голямо влияние върху непълнолетните, оказват неформалните групи и общуването с криминално проявени лица. (Colova M., 2021)

➤ Акцентуации на характера, предпоставка за криминално поведение

-Хистерична личност – характеризира се с емоционална лабилност, използва манипулация, конкурира се и търси възможност да удовлетвори желанията си. Избухват внезапно и могат да бъдат отмъстителни.

-Нарцистична личност – липсва чувствителност към другите, в центъра е собствената личност, те са силно егоцентрирани и желаят възхищение, стремят се към власт.

-Параноидна личност – силно подозрителна и недоверчива, чувствителна по отношение на критика, биват потайни. При заплахата, са агресивни.

-Шизоидна личност – самодостатъчна, липсва емпатия, силна ревност, общуват чрез агресия. (Stoichev N., 2016)

➤ Видове насилствени престъпления

Ханс фон Хетинг пръв изследва вандализма, като според него тази проява е стремеж за безсмислено унищожение. При вандалските прояви на юношите, според Фройд лежи нагонът за разрушение. Те се стремят, чрез тях да привлекат внимание или да се утвърдят в дадена група. (Dimitrova E., 2007)

Кражбите и грабежите са най-разпространи сред непълнолетните. Грабежите се извършват от хора на възраст между 17 и 23 години, проявяващи склонност да решат конфликтите си с насилие. (Stoichev N., 2005)

От престъпленията против личността са характерни блудствени действия и изнасилвания. (Andonova G., Vasileva N., 2018) Сексуалните престъпления имат социален характер, като чрез агресия, пренебрегваща достойнството на жертвата, извършителят утвърждава своята личност и достойнство. Насилникът пренебрегва страданията на насилвания и последствията от своето деяние. (Trifonova K., 2006) Характерно е установяването на тотален контрол над жертвите, чрез заплахи, побой, внушаване на страх. (Stoichev N., 2016)

Чрез извършването на убийство, личността се чувства силна и утвърдена. Наблюдава се силна враждебност към другите, в следствие на ниска самооценка. Често убиецът е бил жертва на насилие в детството си. (Stoichev N., 2016)

➤ Жертви

Жертвите най-общо се делят на виктимизирани и виктимизиращи, като виктимизираните са плахи и неуверени, а виктимизиращите, са упражнявали агресия върху насилника и предизвикват поведението му.

Жертвата, като фактор, който влияе на престъплението, от Бафия е диференцирана на: пасивно податлива жертва – при която личностните качества на жертвата подтикват насилника; резултат от конфликт – жертвата предизвиква чрез поведението си;

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зависимост между насилник и жертва – жертвата е фрустратор, наблюдава се при ревниви съпрузи или парични сделки; предизвикващи дадено поведение от насилени – склоняване към престъпление, изнудване.

В зависимост от степента на рисковност биват: ниско, умерено и високо рискови жертви. Ниско рисковите са голямата част от населението, които не са криминално застрашени. Умерено рисковите обикновено с поведението си се поставят в риск, като работят на смени, живеят сами и така нататък. Високо рисковите жертви изцяло живеят в криминогенна среда.

Криминалната практика, сочи, че извършителят е асоциирал жертвата, като стресов фактор. (Stoichev N., 2005)

Някои жертви могат да развият посттравматичното стресово разстройство, като отговор на минало събитие, което е причинило дълбок дистрес. Преживява се под формата на сънища и кошмари, напомнящи случилото се. Може да се отключи при хора, при които е нарушено чувството за безопасност. (Radoslavova M., 2005)

Заключение

Агресията и насилието при непълнолетни лица се наблюдават, под различни форми – тормоз, вандализъм, кражби, сексуално насилие, убийство и други. Предвид това, са разработени модели за превенция и корекция. Основно с непълнолетните извършители на престъпления се ангажира комисията за противообществени прояви на малолетни и непълнолетни, които прилагат различни мерки за възпитание и наказание. По отношение на тази възрастова група, правосъдието е благосклонно, с изключение на крайни и тежки престъпления, в които е необходимо да се приложи осъдителна присъда от съда, която обикновено е по-краткотрайна, в сравнение с пълнолетните лица.

Актовете на агресия или насилственото поведение в тази възраст са резултат от ниска самооценка и невъзможност за успешна идентификация. Личностните характеристики, също са предпоставка за насилие. Стресът и тревожността са основополагащ фактор за проява на гнева, в следствие, на който е агресивното поведение. Силно влияние оказва средата, в която личността е отгледана като дете, както и обкръжаващият я приятелски кръг.

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Theoretical article

МОТИВАЦИЯ И ИНТЕГРИТЕТ НА РАБОТНОТО МЯСТО – СЪВРЕМЕННИ МЕТОДИ ЗА ИЗСЛЕДВАНЕ

MOTIVATION AND INTEGRITY IN THE WORKPLACE – MODERN RESEARCH METHODS

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Резюме

В настоящата публикация се обръща внимание на влиянието на глобалните кризи върху поведението, мотивацията и лоялността на служителите в различните организации. Представени са основни теории за мотивацията и потребностите, след което се поставя акцент върху съвременните техники, свързани с детекцията на измамното поведение, използвани както от частните компании, така и от държавните институции при изследване лоялността и интегритета на своите служители и кандидати.

Ключови думи: *Мотивация, интегритет, лоялност, EyeDetect+, полиграф.*

ABSTRACT

This publication focuses on the impact of global crises on the behavior, motivation and loyalty of employees in different organizations. Basic theories of motivation and needs are presented, followed by an emphasis on modern techniques related to the detection of fraudulent behavior used by both private companies and government institutions in investigating the loyalty and integrity of their employees and job candidates.

Key words: *Motivation, integrity, loyalty, EyeDetect +, polygraph.*

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С настъпването на коронавирусната пандемия през 2020 година, светът навлезе в серия от прогресивни кризи, които доведоха до необратими последици както за икономическия статут на държавите, така и за живота, прехраната и психо-емоционалното състояние на хората. Като начало, икономическите последици от кризата с COVID 19, принуди много собственици на малък и среден бизнес да обявят фалит и да затворят своите компании. Това доведе до масова несигурност в препитанието и начина на живот. В същото време, големите корпорации претърпяха съществени „трусове“ и бяха изправени пред неочаквани предизвикателства в справянето с проблеми, възникнали в различни области на тяхната работа.

Сфери като здравеопазване, енергетика, производство, търговия, туризъм, ресторантьорство и др., пострадаха и много служители напуснаха своите работни места поради изменения в трудовото възнаграждение, трудовият капацитет, напрежение, промяна в организационната динамика, а други бяха освободени от длъжност. Конкретен пример за това е здравната система, която не беше подготвена за мащабите и сериозността на вирусната вълна. Това доведе до паника за живота и здравето както на заболелите, така и на служителите на първа линия. Приоритетите и мотивацията на служителите се измениха и на дневен ред възникнаха основополагащи за ситуацията, въпроси, които ще бъдат разгледани по-нататък в публикацията.

По данни на Националния статистически институт (НСИ) (*Unemployed persons and unemployment rates - national level; statistical areas, 2023*)), коефициентът на безработица за четвъртото тримесечие на 2022 г. е 3.9% или 128.3 хил. човека, от които безработни между 15 и 64 годишна възраст са 125.5 хил., които включват:

- хора с придобита професионална квалификация – 36.9 хиляди;
- хора със средно образование – 65.7 хиляди;
- хора с висше образование – 18.7 хиляди.

Следващата криза, която настъпи бе свързана с конфликта в Украйна. Последиците за целият свят са необратими, като тежката инфлация, която засегна най-тежко слабо икономически развитите страни като България. Последваха бежанските вълни от различни части на Близкия Изток, опустошителните земетресения, които оставиха много хора без домове и без близки. Всички тези вълни от кризи преориентираха хората по отношение важността на техните потребности. Докато преди

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средностатистическият човек със задоволени базови потребности се стремеше към кариерно развитие в йерархичен порядък или подобряване на социалния си статус, то сега фокусът е в посока задоволяване на базовите потребности, които носят сигурност и материално-битова стабилност.

За да се разбере динамиката на психиката в конкретната ситуация, Ейбрахам Маслоу (Maslow, 1987) и неговата теория за йерархията на потребностите или т.н. пирамида на потребностите, ще даде известна яснота.

Ейбрахам Маслоу е американски психолог, който изучава мотивите на човека в неговият живот. Теорията на потребностите се разглежда в много области, включително и за мотивацията за работа. Пирамидата на Маслоу се състои от пет етапа, които се разделят на два мотива (Maslow, 1987):

- за спестяване
- за растеж

Първите три етапа – физиологични нужди, сигурност и принадлежност или както Маслоу ги нарича „потребности на дефицита“, спадат към мотива за спестяване. Този мотив работи за попълване на определени липси от жизнено значение, като храна, вода, сън, здраве, подслон, безопасност, обезпеченост, любов и семейство. Когато човек подсигури всичките тази компоненти, теорията предполага, че човек спира да мисли и да се тревожи за тях и може да започне своя растеж в йерархията към следващите два етапа – увереност и самоусъвършенстване, където мотивът е растеж (Maslow, 1965).

Като се разгледат споменатите кризи и техните последици, може много ясно да се види как първите три етапа от пирамидата на Маслоу са разрушени или силно разклатени:

- Кризата с COVID 19 засегна здравето на хората и взе много жертви, остави много хора без работа;
- Войната в Украйна остави много хора без подслон и семейство, спомогна покачването на инфлацията и енергийната криза, това доведе до невъзможност за някои хора да си подсигурят достатъчно храна и топлина;
- Земетресенията в Турция оставиха хиляди хора без домове и без семейство.

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Както бе споменато по-горе, когато базовите потребности не са задоволени, човек не мисли за израстване и усъвършенстване, а за спестяване и попълване на липси. Как се мотивират хората да работят, да останат на работа, да бъдат лоялни и продуктивни? Какъв би бил техният мотив?

Има много теории за мотивация на хората за труд, като например теорията на Дейв Маккелелънд (McClelland, 1961). Тя има допирни точки с теорията на потребностите на Маслоу с разликата, че при него ключовите мотиви са три – потребност от постижения; потребност от власт и потребност от принадлежност. За да оцени мотивационните потребности и направи „мотивационен профил“, Маккелелънд използва Тематичния аперцептивен тест (ТАТ). Извадката, която ползва Маккелелънд, за да докаже теорията си, в по-голямата си част е дала резултат за мотивация към постиженията. Хората с такава мотивация не са ефективни в групови дейности и екипна работа, те са по-добри в индивидуалните проекти и постигане на цели. В същото време, хора със силна потребност от принадлежност са много по-ефективни в екипната работа – да са част от цялото. А тези които не искат да са част от цялото, да ръководят, са със силна потребност от власт. Изследванията показват, че хора на ръководни позиции, като мениджъри, управители, директори, са със силна потребност от власт. Благодарение на тази теория се разработват различни стратегии за съчетаване на „мотивационните профили“ при различните служители, така че те да бъдат поставени в най-подходящата за тях среда.

Теориите на Маслоу и Маккелелънд имат сходства и са ориентирани към вътрешната мотивация на човека за постигането на работни успехи. Теорията за подкреплението, обаче, е с външен мотив. Тя гласи, че поведението на служителя е мотивирано от последствията от неговата работа. Подкрепленията се разделят на три – положителни подкрепители, които са обусловени от положителни реакции, похвали, парични бонуси, ваучери. Отрицателните подкрепители засилват мотивацията да се изпълнява желателното поведение с цел да се избегнат негативни последици, като санкции или наказание. Наказанието се прилага към поведения, които се смятат за неподходящи, като превенция от тяхното повторение. Теорията приема, че подкреплението е много по-добра мотивационна техника от наказанието, защото едното спира нежелано поведение, докато другото подкрепя мотивацията за изпълнение на особено желателно поведение (Riggio, 2015).

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Докато фокусът на теориите за потребностите е в различията за задоволяване на вътрешните типове потребности при детерминирането на мотивацията, то при поведенчески базираните теории, като теорията за подкреплението и др., фокусът е към външните награди и резултати.

Глобалните кризи могат да изменят фокуса на мотивация за работа у хората, тъй като би следвало да се стремят да подсигурят базовите си потребности, а не да израстват в йерархията. Какво се случва когато хората се чувстват недооценени или чувстват, че всичко което се случва с тях е несправедливо? Може ли да се говори за интегритет на служителите при такива условия и неудовлетвореност?

Дж. Стейси Адамс (Adams, 1965) предлага теорията за справедливостта, която гласи, че служителите са мотивирани от това да бъдат третирани справедливо и равнопоставено. В случай че служителите получават справедливо отношение, може да се очакват положителни и стабилни резултати. Обратното, ако чувстват, че с тях се отнасят несправедливо мотивацията им ще породи стратегии за справяне с несправедливостта. Това усещане идва от факта, че служителите влагат знания, умения, време, старание и енергия в работата си и очакват да имат добри резултати, като похвала, награда, парично увеличение, уважение, признание и т.н. Тъй като тази теория се базира на възприятията на хората за справедливост/несправедливост, в някои случаи служител може да „види“ несправедливост, а нея да я няма, но това не подлага на съмнение валидността на теорията. Служителите, които чувстват несправедливо отношение към себе си, се случва обикновено когато, вложеният труд е повече от очаквания резултат. Теорията гласи, че в повечето случаи служителите изпитват несправедливостта на ниското заплащане и биха се опитали да балансират ситуацията, като: понижат вложенията; увеличат резултатите, напускане на ситуацията и др. Тези мерки биха били оптимални, но има служители, които биха предприели и други мерки за балансиране на несправедливостта и те са лишени от всякакъв интегритет (Riggio, 2015).

Когато говорим за мотивация и интегритет на работното място, няма как да не обърнем внимание на проблема за удовлетвореността. Удовлетвореността от труда е един от най-важните фактори за ефективна трудова дейност в организацията (Zaimova-Tsaneva, 2017). Наличието на висока удовлетвореност може да се разглежда като съществен фактор за намаляване на текучеството в организацията и увеличаване на

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принадлежността към нея. Удовлетвореността от труда има значима стойност и в контекста на баланса между семейството и работата (Nikolov & Zaimova-Tsaneva, 2016).

Към настоящия момент собственици на фирми, мениджъри в сферата на човешките ресурси, специалисти в подбора на персонал и психолози, насочват усилията си в нелеката задача да мотивират служителите си да работят, да са лоялни и вложеният в тях ресурс да бъде подплатен с продуктивна работа и добри резултати. Организационните психолози продължават в изследванията си по темата, внасят иновативни и проактивни методи за мотивация, организират специализирани обучения с цел удовлетвореност и за двете страни. Въпреки усилията, които се полагат в най-ценния ресурс на корпорациите – човешкият фактор, собствениците срещат много затруднения в превенцията при назначаването на своите бъдещи служители.

В помощ на работодателите идват тестовете за интегритет, които представляват инструменти за подбор на персонал, чиято основна функция е преодоляване на нечестността или контрапродуктивността (Camara & Schneider, 1994). Тези тестове включват айтеми, предназначени да оценят фактическа информация за извършени кражби, криминално минало и други „нежелани“ поведения у кандидати за определени работни позиции и/или да оценят отношението на кандидата към различни поведения, свързани с „честност-почтеност“, както и проследява за връзки с някои целеви групи като затворници или престъпници (Barret, 2001). През последното десетилетие тестването за почтеност се увеличава значително и се превърща в основна практика за подбор за голямо разнообразие от работни места, при които служителите имат достъп до пари или стоки или изпълняват функции по сигурността (Goldberg et al., 1991).

В България често използван инструмент в практиката е тестовата методика HCS Integrity Check - тест за оценка на професионалната лоялност. Това е обективен тест, който измерва индивидуалните нагласи на изследваните лица за спазване на различни социални, морални или фирмени правила. Тестът е в състояние да идентифицира кандидати за работа или служители, склонни да извършват по-дребни или големи нарушения на нормите и дисциплината. Въпросникът се базира върху теорията за моралното развитие на Л. Колбърг (Colby et al., 1983) и позволява да се правят определени връзки между контрапродуктивното поведение в работата и нивото на морална зрялост на служителя.

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Друг инструмент, предназначен за оценка на мотивацията, е АМІ – тест за изследване както на служители, така и на кандидати за изпълнителски и ръководни позиции в компании. АМІ (Achievement Motivation Inventory) е въпросник, който измерва мотивацията при начина на изпълнение на различни работни задачи. Обхваща 17 области, така наречените „ориентации към постижения“: Допълнителни усилия, Конкурентност, Увереност в успеха, Оказване на влияние, Желание за учене, Ангажираност, Кураж, Адаптивност, Съсредоточеност, Дългосрочни планове, Независимост, Отговорност, Постоянство, Предпочитание към трудни задачи, Продуктивност, Самодисциплина и Стремех към статус (АМІ – Achievement Motivation Inventory, 2023).

Повечето организации имат обучени специалисти, които внимателно подбират кандидатите за определени работни позиции със специфични критерии, но има теми, за които кандидатите по една или друга причина не желаят да дадат информация, тъй като се опитват да се представят благоприятно в подборната процедура и разгръщат различни користолюбиви стратегии на социално желателно поведение. Поради тази причина все повече като инструмент за детекция на измамното поведение се прилага полифизиографският метод. Основа цел на метода е да се установи наличието на евентуални нелоялни практики, злоупотреба на предходни работни места, скриване на релевантна информация, която може да се окаже противоположна за заемане на конкретната длъжност. Чрез полиграфското изследване могат да се изследват разнородни теми. Чрез специално формулирани въпроси, отговарящи на потребностите на организациите, бъдещите служители преминават полиграфско изследване в рамките на около час. Изготвените доклади дават изчерпателна информация, чрез която заявителите могат да вземат адекватно информирано решение за това дали да назначат конкретния кандидат на работа (Vladimirova & Todorov, 2020).

Използването на полиграфския метод в рамките на подборната процедура спестява много време и финансови средства на компаниите, особено днес в условията на комплексните социално-икономически кризи.

В последно време все по-голяма популярност набира най-съвременният метод за детекция на лъжата – EyeDetect+. Създаден от Converus през 2014 година, а през 2020 г. д-р Кършър започва да прави проучвания и разработва нова технология, протокол за

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изследване, който съчетава анализа на движенията на очите с данни, които се отчитат при полиграфското изследване. През 2021 г. Converus реализира първият в света автоматизиран полиграф – EyeDetect+. Широката възможност за приложение на метода създава благоприятни предпоставки за прилагането му в разнородни сфери като охранителни компании, правителства, частни организации, разследващи служби и други (Converus, 2022).

Заклучение

Проблемът за изследването на мотивацията и интегритета на кандидатите за работа и служителите е актуален и се задълбочава с оглед на разгледаните социално-икономически кризи. Използването на различни методи в превенцията на нелоялните практики на работното място, е подходяща стратегия в краткосрочен и дългосрочен план и създава условия за извършване на периодични проверки и изследвания на персонала.

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Theoretical article

ДУХОВНОСТ И ПСИХИЧНО ЗДРАВЕ. ПОДХОДИ КЪМ КОНСУЛТИРАНЕТО НА ВЯРВАЩИ ХРИСТИЯНИ.

SPIRITUALITY AND MENTAL HEALTH. APPROACHES TO COUNSELING CHRISTIAN BELIEVERS.

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Резюме:

В публикацията се прави преглед на религиозността и духовността, и връзката с психичното здраве. Подробно са разгледани положителните и отрицателните влияния на религиозната вяра и практики върху психичното и духовно здраве. Особено внимание е обърнато на значимостта на връзката грях-болест, която може да провокира развитието на Обсесивно-компулсивно разстройство с религиозност и скрупулност или религиозна невротичност, обозначена в тази статия като духовна хипохондрия. Дадени са подробни сведения за специфичния религиозен контекст на православното християнство, но веровите принципи са общовалидни за повечето християнски конфесии. Представените описания целят да се подобри познанието за влиянията и възможността да се направи подходяща оценка на клиентите и духовния им светоглед. Дадени са насоки за работа с вярващите клиенти и отношението към религиозно-духовните ресурси в консултативния процес.

Ключови думи: *духовност, религиозност, психично здраве, грях-болест, религиозна скрупулност, религиозна невротичност, религиозна хипохондрия.*

Abstract: *The publication reviews religiosity and spirituality, and the relationship to mental health. The positive and negative influences of religious belief and practice on mental and spiritual health are discussed in detail. Particular attention is given to the importance of the sin-sickness relationship, which can provoke the development of Obsessive Compulsive Disorder with religiosity and scrupulosity, or religious neuroticism, labeled in this article as spiritual hypochondria. Details are given of the specific religious context of Orthodox Christianity, but the religious principles are general to most Christian denominations. The descriptions presented are intended to*

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enhance knowledge of influences and the ability to appropriately assess clients and their spiritual worldview. Guidelines are given for working with faith clients and the treatment of religious-spiritual resources in the counseling process.

Keywords: *spirituality, religiosity, mental health, sin-sickness, religious scrupulosity, religious neuroticism, religious hypochondria.*

Въведение

Религиозната вяра в голяма степен определя начина на живот на много хора по света и е съществена част от най-значимите екзистенциални преживявания на личността. Религиозните вярвания в съчетание с религиозните традиции формират цялостен, духовен мироглед и специфичен подход към самия процес на живота. Религиозността и духовността се радват на подновен интерес в научното пространство на психологията и психотерапията, като много християнски и религиозни практики намират място в научните изследвания или практически приложения. Въпреки това, може да се твърди, че особеностите на християнската духовност и практическото проявление на вярата, остават слабо познати от практикуващите психолози и клиницисти. Не е погрешно да се каже, че негативното мнение на Фройд и ранните психолози относно религията все още витае като ехо и се поддържа от много практики. Преброяването на населението през 2021 показва, че преобладаваща част от населението на България се самоопределят като православни християни – 2382912 души. Дори и да се допусне, че малка част от тях са активно вярващи и практикуващи своята вяра със съзнателност, пак става въпрос за огромен брой хора. Броя на вярващите християни може да се увеличи, ако към тях се добавят изповядващите римо-католицизъм и други християнски деноминации. Всички те, макар и да имат своите различия помежду си, имат и базисни верови сходства. Най-малкото всички вярващи, независимо спецификите на религиозната традиция, биха се срещнали с непознаване на веровете им убеждения от страна на част от практикуващите психолози. Тази публикация има за цел да покаже връзката на духовността и религиозните практики с психичното здраве, да изложи негативните и вредни религиозни прояви, като обръща особено внимание на психопатологичните прояви и религиозната обсебесия. Друга идея вплетена в този труд е да запознае практикуващите с централните и основополагащи вярвания на християнството, често срещаните духовни

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практики, основни верови нагласи, както и да покаже възможните решения за специфични религиозни проблеми, чрез съвместна интердисциплинарна работа и сътрудничество със специалисти теолози или духовници. Съвместното сътрудничество в терапията е много известен подход в помагането на хора с духовно-религиозни затруднения. Тъй като темата е широко обхватна не преследва пълна изчерпателност на засегнатите теми.

Духовност и религиозност

С оглед по-доброто разбиране проявленията на религиозната вяра се налага, да се направи концептуално разграничение в понятията духовност и религиозност. Научната литература по въпроса ги разглежда като свързани понятия, касаещи взаимоотношенията на човек с Бог или трансцедентната реалност, но различни в своята смислова, идейна и поведенческа изразеност. Християнската традиция на православиято припознава като съответни на богопочитанието термините вяра и духовност, които съдържат идеята за съкровено преживяване и вътрешно преобразяващ процес. Терминът религиозност в християнството се разбира, като повърхностен, лишен от смисъл, ритуално усложнен начин за изразяване на някакъв култ.

Pargament обобщава следните психологически аспекти в дефинирането на духовността и религиозността:

Религиозността се свързва с институционална организираност и формирани идеологически параметри

Духовността отразява субективното, динамично преживяване на веровете принципи (Pargament, 1999).

Ivtzan и съавтори считат, че духовността отразява емоционалното преживяване на личната връзка с Бог и е мотивирана от необходимостта за емоционална свързаност. Духовността изразява вътрешния копнеж за прояви на любов, състрадателност, намиране на смисъл и др. Според авторите религиозността включва както обредовите изрази на вярата, така и доктриналните идеи, и предписания за осъществяване на връзката с Бог, валидни за различни епохи и общества (Ivtzan, Chan, Gardner & Prashar, 2011).

Според Emmons религиозността и духовността в своите значения изразяват различни цели или човешки стремежи, имащи отношение с благополучието или смисъла на живота. Авторът е на мнение, че духовността се отнася за конкретните начини на

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субективно осъзнаване и преживяване на смисъла, и предназначението на човешкия живот. Религиозността пък предлага стратегии и насоки за постигането им. (Emmons, 2005)

Въпреки че духовността е в основата на религиозния опит Pargament (1999) и Hood, Hill & Spilka (2009) са на мнение, че в съвременето може да има духовност без религиозност и религиозност без духовност. Като цяло подържам мнението на Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, (2000), че не всички прояви на духовност или религиозност могат да бъдат полезни, но могат и да бъдат вредни за психичното или физично здраве.

Отношение на духовността и религиозността към психичното здраве

Духовните преживявания могат дълбоко да засегнат човека и да повлияят на живота му както положително, така и отрицателно.

Положителни влияния.

Здравословни поведения. Много религиозни учения, в това число и православно християнство, насърчават специфична дисциплина на хранене и умереност. Огромна част от духовните учения на християнството са насочени към осъзнаване на персоналната отговорност в социален план. Религиозната нравственост обръща особено внимание към употребата на забранени вещества и рискови поведения (Oman & Thoresen, 2005)

Психологични състояния. Религиозните преживявания могат силно да провокират емоции, като: радост, надежда, благодарност, възхита, чрез които вярващите да се освобождават от емоциите на гняв, тъга, вина или състояния на стрес (Oman & Thoresen, 2005).

Локус на контрол. Много християнски учения внушават идеите за особени дарования, дадени на човека, както и наличието на морална и духовна сила за осъществяване на контрол върху събитията от живота. Sethi & Seligman установяват, че придържането към някои фундаментални вярвания и ценности подсилват оптимизма при неблагоприятни събития, чрез придаването на духовни значения на трудните моменти (Sethi & Seligman, 1993).

Духовни емоции. Прощката, алтруизма и любовта, надеждата и благодарността се свързват със значителни ползи за физичното здраве, защото повлияват на имунния отговор при стрес. А духовни занимания, като молитва, прошка, съзерцания и духовни

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размишления въздействат на вегетативната нервна система, намаляват възбудата и общото психично напрежение (Maselko, 2013).

Смисъл на живота. Духовността и вярата имат недвусмислена връзка с намирането на смисъл и цел на живота, и чрез тях могат да се намерят отговори на редица екзистенциални въпроси (Galek, Flannelly, Ellison, Silton & Jankowsky, 2015), Ivtzan, Chan, Gardner & Prashar, (2011). Както е известно наличието на житейски смисъл и осъзнаване целта на живота стоят в основата на психичното благополучие.

Духовна и социална интеграция. Всяка духовно-религиозна традиция чрез своите учения създава свои културни, духовни и морални ценности, свои символи, традиции и духовни йерархии, които се отразяват на всеки член на духовното общество. Затова Seybold & Hill са на мнение, че религиозната вяра и духовност засилват чувството за принадлежност и съпричастност към религиозната, и социална група, във връзка с което се проявяват и характерните поведения на добротворство, съпричастност, алтруизъм и др. (Seybold & Hill, 2001)

Религиозен копинг. Pargament е на мнение, че духовността в своята смислово, практическа цялост представлява механизъм за справяне със стресорите и неблагоприятията в живота (Pargament, 2003). Така вярата в Бог насърчава не отрицание на житейските несгоди, а придаване на ново значение на събитията, като урок или в съответствие с по-грандиозен божествен план за човешкото спасение и блажен живот.

Hill, Hood & Spilka описват следните форми на духовно справяне:

Справяне със самонасърчаване: „Аз трябва да го направя, не Бог“.

Съвместно справяне: „Бог помага на онези, които си помагат сами“.

Отлагане на справянето: „Всичко е в Божиите ръце“.

Справяне с молитва: „Моля те, Господи, помогни ми“.

Преоценка на намерението: „Бог ми дава изпитания, за да ме изпита“.

Осмисляне на собствената отговорност: „Съгреших и страдам заслужено“.

Прехвърляне вината на дявола: „Това е дело на дявола“.

Преоценка на Божията сила: „Бог всичко знае и ще помогне“.

Търсене на Божествена подкрепа: „Уверен съм, че мога да разчитам на Божията закрила“.

Надежда в подкрепата на църквата: „Знам, че другите се молят за мен и ако имам нужда ще ми помогнат“.

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Преосмисляне на страха от смъртта: „За вярващият смъртта не е край на живота, защото е обещан вечен живот“.

Преосмисляне на страха от самотата: „Бог е винаги с мен, не съм сам“ (Hill, Hood & Spilka, 2009).

Удовлетвореност и субективно благополучие. Духовността и религиозността са едни от най-значимите нематериални фактори, допринасящи за преживяване на субективно благополучие. Според Myers & Diener начин на живот в съответствие с вярата, може да генерира близки връзки между хората, да стимулира грижата, да създава привързаност, както и да създава генерален смисъл на живота, да дарява надежда в трудни моменти, което прави духовността едно от най-силните влияния за изпитване на щастие (Myers & Diener, 1995)

Отрицателни влияния.

Някои духовно-религиозни прояви могат да саботират социалното функциониране, да бъдат увреждащи здравето и дори застрашаващи живота.

Негативен религиозен копинг. Weber & Pargament посочват, че някои духовни учения могат да стимулират пасивност при взимане на решения и оправдаване на собственото бездействие с Божествена намеса (Weber & Pargament, 2014)

Религиозен невротизъм. Много тревожни състояния могат да бъдат генерирани от религиозни вярвания, внушаващи виновност, страх, срам и Божествено отмъщение (Saroglou, 2014). Някои вярвания могат да усилват тревожността. Такива могат да бъдат прекаленото фокусиране върху греховността, личното недостойнство, обреченост на вечни мъки, вечното отмъщение на Бог, увереност, че всяка болест е свръхестествено наказание и др.

Религиозни предразсъдьци. Някои духовни системи изискват сляпо послушание, безпрекословно следване на религиозните доктрини и твърд догматизъм, при който всичко външно на религиозната система може да се отхвърля. Така може да се проявява верска нетърпимост към външни на религиозната група хора, агресия, фундаментализъм по отношение на научни факти, отрицание на животоспасяващи медицински процедури и др. (Pargament, 2003).

Генерализирано тревожно разстройство. В Генерализираното тревожно разстройство много негативни и катастрофални интерпретации на житейските несгоди могат да бъдат

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натоварени с религиозен смисъл. Подсилването на генерализираната тревожност може да се случва чрез фокусиране върху едностранчиви негативни интерпретации за предопределеност на страданията, внушаващи безнадеждност и обреченост на човека.

Обсесивно-компулсивно разстройство. В литературата и практиката са известни варианти на обсесивно-компулсивно разстройство, които засягат духовните вярвания и занимания. Макар да не е обособено като различен вид, то се класифицира като ОКР с религиозност и скрупулност. Hood, Hill & Spilka го описват като непрекъснато безпокойство относно религиозни идеи и въпроси, съпроводени с компулсивни принуди, ритуали, извършвани с цел снемане на тревогата. К. Foss обобщава следните често срещани мании при религиозната обсеция:

Прекомерен страх да не е накърнена вярата и религиозните предписания

Повтарящи се мисли за извършени грехове

Опасения за извършване на богохулство

Прекомерен фокус върху съвършеното изпълнение на моралните и етични предписания

Страхове от обреченост на вечни мъки или проклятие

Богохулни мисли или представи

Смушаващи сексуални мисли и представи за секс със свещени фигури, Бог или представители на духовенството

Често срещани компулсии могат да включват:

Прекомерно изповядване пред свещеници или близки

Търсене на потвърждение или опровергаване на мислите и поведенията

Ритуализирано повтаряне на молитви, библейски пасажии или символни религиозни знаци, като кръстене, поклони и др.

Избягване на ситуации и места, които провокират появата на мание за духовна чистота

Ритуализирано прехвърляне на вината при богохулни мисли към дявола, сатаната и др.

Прекомерно добротворство или поведения за доказване, че страдащият е почтен и отдаден (Foss, 2013).

Според Miller & Kelley степента на фундаменталност на вярванията и ригидното отношение към обредите се отразяват на честотата на проявата на симптоматиката на ОКР. Може да се допълни, че доколкото личността има здрави вярвания и положителна привързаност към Бог ще има незначителни или никакви прояви на религиозни мании и обсеции. Авторите Miller & Kelley са на мнение, че религиозните компулсии са по-чести

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при по-ритуални религиозни традиции. Така например религиозното ОКР в изповядващи ислям или юдаизъм е по-често на изток и по-рядко в същите изповедания в западни общества (Miller & Kelley, 2005)

Сложността за установяване на религиозно ОКР налага то да се постави в контекста на религиозната традиция. Повтарянето на някоя молитва определен брой пъти може да изглежда като компулсивно поведение, но всъщност да е предписана от религиозната традиция духовна практика. Но е възможно дадена религиозна практика, например прекръстване, да се превърне в компулсивно поведение, субективно употребявано не в религиозен контекст, а за да се снее напрежението.

Биполарно разстройство. Религиозно-духовните практики могат да окажат негативно въздействие върху пациенти с биполарно разстройство, особено във фазата на маниакалност, но в ремисия религиозната вяра може да е оздравителна и полезна. Miller & Kelley са на мнение, че при дебютиране на дадено психично разстройство религиозната вяра може да влоши състоянието, но същевременно може да е благотворна като механизъм за справяне със симптомите по време на протичане или възстановяване (Miller & Kelley, 2005).

Депресия. Според съдържанията и степента на вярванията, духовността и религиозността може да имат положително или отрицателно въздействие. Особено това важи за преживяването на чувство за вина. Някои вярвания могат да подсилят чувството за вина, но други вярвания и практики могат да бъдат лечебни за снемането на чувството за вина (Martinez-Pilkington, 2007).

Разстройства от шизофрениния спектър. При тях религиозните идеации имат по-голям дял в проявите на симптоматиката. Такива обикновено са: ирационалното магическо мислене, духовни халюцинации, мании за величие, месианизъм и реформаторство, преследване от сатаната или идентифициране с библейски личности. Религиозните заблуди при шизофренично разстройство се поддържат по-силно от други заблуди (Miller & Kelley, 2005).

Насоки за разбиране и оценка на духовния контекст

Християнството, както всяка друга религиозна традиция има свои специфични вярвания и практики, чието познаване в най-общия им вид може да бъде в полза на специалистите работещи с клиенти, изповядващи християнството и в частност православието.

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Вярвания. Християнските вярвания за Бог и връзката с него се базират на Библията и апостолските предания. В най-сбита форма те могат да бъдат намерени в т. нар. „Символ на вярата“, представляващ вероизповедна формула, редовно употребявана в общите богослужения.

Отношения на привързаност към Бог. Основно християнско вярване е, че Иисус се въплътил, станал човек, но запазвайки абсолютността на своята божественост. Това базисно вярване е съпроводено с дълбокото убеждение, че делото на въплъщението е висша проява на любов към човека от страна на Бог. Поради тази причина отдадените вярващи биха демонстрирали отношения на доверие и привързаност към Бог, с убеждението, че са обичани негови чедра. В свои трудове Kirkpatrick показва, че някои вярващи преживяват своята връзка с Бог като форма на сигурна привързаност, подобна на привързаността към родителите (Kirkpatrick, 2005). Трябва да се отбележи, че липсата на убеждение, че вярващият е обичан не е форма на религиозна девиация, а е сигнал за сериозни вътрешни борби, съмнения и страхове. В такава ситуация вярващият освен съмнения в обичта на Бог, би проявявал и други психични смущения или страдания. Възстановяването на оптималното психично функциониране и психично благополучие трябва да включва корекция на подобни дисфункционални вярвания. Най-подходящо е вярващите клиенти да се стимулират, да сверят правилността и валидността на своите убеждения с писанията или да потърсят мнението на изявени духовници от своята общност.

Грях и опрощение. Важен момент, характеризиращ отношението на човек към Бог в християнството е съзнанието за грях и опрощение, и съответно преживяване на чувство за вина или благодарност. Според християнските учения страданията на кръста и смъртта на Иисус даряват спасение на вярващите и измиват човешката вина. Учението за прощението на греховете върви паралелно с идеята, че света „лежи в зло“ и всяка неправда ще получи възмездие. Учението за човешката греховност няма за цел да унижава или отчайва вярващите, но да внушава съзнанието за достойнство и отговорност на постъпките, в съответствие с възвишените учения на вярата. Съзнанието за вина, грях, срам, опрощение и отговорност могат да породят сложни чувства в цялостното религиозно преживяване. Така те могат да се преживяват като изкупване, оправдание, достойнство и отговорност или като обреченост, безнадеждност, виновност, срам и осъждане.

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Martinez-Pilkington (2007) прави много сериозен анализ на понятията срам и вина в светлината на християнското разбиране. Според автора чувството за вина съдържа убеждението: „аз извърших нещо недостойно“, докато при срама то е трансформирано в: „аз съм самото недостойнство“. Според Martinez-Pilkington едно от най-адекватните облекчения на чувството за вина, може да се получи в тайнството на покаянието и изповедта, а срамът като проблем, може да бъде предмет на психологическа намеса.

Грях и болести. В християнството се вижда пряка връзка между греха и болестите. Счита се, че грехът предизвиква деформация на духовната връзка между човек и Бог, което се отразява на цялостната човешка същност – дух, душа и тяло. В този ред на мисли болестите се разглеждат като последица от човешката падналост. В ученията на християнството лечението на болестите започва с осъзнаване на греховете, но цялостното опрощение се получава от възстановяване на връзката чрез покаянието и вярата в божественото изкупление. Връзката грях-болест може да бъде погрешно интерпретирана, което може да я направи особено увреждаща духовното и психично благополучие. Back & Naugen предоставят данни от изследване на възприятието за причините за болест в различни религиозни системи и показват, че християните са по-склонни да морализират своите заболявания спрямо вярващи евреи (Back & Naugen, 2013). В практиката често се забелязва вярващите да персонализират вината, което им дава възможност да осмислят боледуването. В такъв тип мислене следва причинно-следствената връзка грях-болест. Болестта често се разглежда като позволена от Бога, за да послужи за вразумяване, т. е. имаща цел и смисъл, но доста често срещана интерпретация е, че боледуването е наказание и отмъщение от Бог. В перспективата на наказанието често липсва идеята за изкупление, катарзис и смисъл, а се разбира като проклятие от Бог. Не е изключено вярването, че болестта е причинена от дяволско вмешателство. Втъпяване, че страдащите непременно са заслужили своето страдание е псевдо-религиозно учение. Погрешно е разбирането, че вярващите и праведните не страдат, и не боледуват. В негативните възприятия за връзка грях-болест, репрезентациите на Божията личност са като отмъстител, наказващ, преследващ и убиващ. Болестното преживяване на личната греховност и недостойнство могат да са унищожителни и инвалидизиращи функционирането на личността, но по-любопитното е, че са погрешни и несъответни на християнската духовност. Болестта разгледана по този начин винаги е проблем на морала.

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Естествено липсва противоположна интерпретация за връзка между добродетелност и благополучие. Друг специфичен проблем, възникващ като следствие от погрешното разбиране на връзката грях-болест, е религиозната хипохондрия. При нея, подобно на състоянието хипохондрия, като тревожност за наличие на болест, стои тревожността за здравето духовното състояние. Желанието за добродетелност и достоен живот нямат общо с религиозната тревожност от извършените прегрешения. При духовната хипохондрия вярващите са вманиачени да се себеизследват за всевъзможни грехове и простъпки срещу вярата. Самите грехове се разглеждат като симптоми за нарушено духовно здраве. И тук, както и при религиозното ОКР мисленето е черно-бяло и насочено към постигане на възвишен, но нереалистичен Аз-образ. Свръх ангажираният със своите грехове вярващ е концентриран само върху собствената си личност. Често срещани поведения, освен мислене за собствените грехове, са свръх ангажиране с религиозно-култови мероприятия, постоянно търсене в духовна литература описания на грехове, в които се идентифицира собствения живот, засилени религиозни практики за духовна чистота, като изповед или постене, например. Подобно на страдащи от болестна тревожност, страдащите от духовна хипохондрия не се задоволяват с обяснения на духовници, че нямат духовен проблем и не са необходими подобни ритуални практики. Търсят се мнения от други духовници, от налична литература, от интернет. Така вярващият по никакъв начин не преживява възвишените духовни емоции на вярата, надеждата, любовта и радостта, а изпитва постоянно безпокойство и отчаяние. Такъв тип вярвания изискват непременно корекция от страна на практикуващите специалисти и духовните представители. В практиката много добре са показани чисто духовни методи, които дават най-бърз и дълготраен резултат в подобрието. Духовните методи включват конфронтиране на убежденията за връзка между персонален грях и болест; идентифициране на пасажите от Библията и духовната литература, представляващи контртвердения, противоречащи на погрешните убеждения; насочване към по-продуктивни и спасителни вярвания; търсене на смисъл на болестта; насърчаване към приемане със смирение и търпение; насърчаване към участие в други полезни духовни занимания, ако се налага, дори и намаляване на свръх ангажираността с религиозни занимания, духовни ограничения и др.

Борба със силите на злото. Един централен мотив в християнската литература и писанията, очертаващ духовен възход или падение е противостоенето на злото и демоните. За отдадените вярващи съществуването на зли сили е духовна реалност,

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изискваща упование в Бог и добродетелен живот. Вярва се, че упованието и добродетелите предпазват вярващите от силите на сатаната и човешкото падение. Въпреки че борбата със злото се проповядва като духовна реалност, християните са насърчавани да подхождат трезво и с разум по отношение представите за духовни борби или демонични проявления. Борбата със злите сили изисква не екстатични преживявания, а прояви на вяра, упование, търпение, смирение и общение с Бог. Всяка друга представа за духовна борба, от вида на: разговори със сатаната или ангели, трансцедентни пътувания, самоизмъчване, богоизбраност и месианизъм, посещения на рая се считат като проява на налудности и болна мистика.

Мистични преживявания и видения. Християнството е изключително мистично по своя характер и насоченост към преживяване на единение с Бог. Въпреки това винаги се е отнасяло критично към мистичните преживявания. Тази критичност е свързана с чисто богословски предпоставки, описани в посланията на Йоан и Павел, да се прави разлика в духовете с цел, избягване на духовната заблуда. В този смисъл видения от всякакъв вид – гласове, звуци, образи, фигури на Христос, Богородица, ангели или светци се приемат като проява на патология или нездрава мистика. Такъв вид духовен опит и преживявания не се препоръчват. В противоположност на това вярващите са стимулирани да наблюдават и преживяват ефектите на своята вяра, и отдаденост – любов, мир, радост, кротост, въздържание, благост и др. (Галатяни 5: 22-26).

Религиозна активност и участие в богослуженията. Участието в общите богослужения и тайнства е строго характерно за православното християнство. Много често те представляват символни действия, чрез които се актуализират основни евангелски събития, напомнят се добродетели и морални принципи. В съчетание с църковното поетично, музикално и изобразително изкуство, вярващите са вдъхновявани да направят значими и действени в своя живот вярата, добродетелите и отношенията към другите, и света. Освен това наличието на собствени културни особености и специфики, собствен календарен и празничен цикъл, може сериозно да повлияе на духовно-екзистенциалното благополучие. Трябва да се отбележи, че в този си вид православната духовност не рядко бива изкривявана в обредно-култова форма, лишена от смисъл и духовност, а много от специфичните обреди могат да се превърнат в компулсивни ритуали. Както беше отбелязано чест израз на религиозно ОКР може да се прояви в прекомерна изповед,

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постене, четене на молитви определен брой пъти, кръстене и др. Има три основни характеристики, които отличават нормалната духовна практика от компулсията. Първо, духовната практика има цел да създава връзка с Бог, а не е самоцел. Втори характерен момент е, че в религиозното ОКР фокусът на човека е към себе си, а не към другите хора или Бог. На практика религиозно-обсесивните хора са заети единствено със себе си и своя Аз-образ. Третата характеристика е, че всичко, което се прави е насочено към снемане на тревогата. В религиозното преживяване и духовна отдаденост обаче, вярващият трябва да има мир и радост, а не ужас и страх. Този вид ОКР изисква намеса както от специалисти по психично здраве, така и от компетентни духовници. В този процес важно е да се възстанови здравата духовна връзка, да се избегне формалния компулсивен ритуализъм и не на последно място страдащият да се изправи срещу своите страхове, без да прибегва към използваните принуди.

Вярващите в кабинета на психолога

Разглеждането на психичните проблеми и субективните преживявания на активно вярващи не са лесна работа в терапевтичния процес. Още по-голяма трудност са веровите проблеми. От една страна вярващите пренасят своите духовни виждания за болестите и разстройствата в терапевтичния процес. От друга страна дълбоко религиозни клиенти биха очаквали по-духовен подход към техните проблеми. Също така е възможно клиницистите да не познават тези нагласи и потребности на своите религиозни клиенти. Всъщност, в кабинета на специалиста по психично здраве може пряко да се наблюдава полярност между наука и вяра, в смисъл, че специалистът консултант би използвал научната основа и фактологичност, а вярващият би се позовавал на ценности и верови убеждения, извън научната рамка. Например, някои религиозни практики като общуване със светиите или мъртвите, може да изглеждат като психопатологични прояви според науката, но да се съвсем нормални като религиозна дейност сред латиноамериканските християни (Miller & Kelley, 2005). Затова не е изключено някои терапевтични подходи и стратегии да са в противоречие с ценностната система на клиентите, при което вярващите клиенти може да проявяват съпротива към някои предписания на специалистите. Miller & Kelley в свои изследвания показват, че вярващи клиенти повече биха се съобразили с напътствие от своите духовни водачи или с предписанията на своята религиозна система, отколкото от предписания на лекар или психолог (Miller & Kelley, 2005). Засягането на психични въпроси и обсъждането на духовни проблеми, може също така да конфронтира

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образа на психолога с образа на духовния наставник. Като цяло психичните проблеми се разбират от религиозните клиенти като проблем на духовността, справянето с които се разбира като част от религиозния опит, а не като психичен проблем. Затова са интерпретирани по споменатия начин грях-болест. Друг съществен проблем в процеса на консултирането и терапията е конфронтацията на вярванията от страна на някои специалисти. Много вярващи споделят, че са смутени и огорчени от своите терапевти, заради критики на вярата или религиозната традиция, която се изповядва. Walker, Gorsuch & Tan препоръчват на консултиращите психолози, да осъзнават собствените си духовни предразсъдъци и пристрастия, а духовно-религиозните ценности да бъдат включени деликатно в терапевтичния процес (Walker, Gorsuch & Tan, 2004). Някои вярвания, както беше изяснено, може да са несъответни на духовната традиция или да са негативно повлияващи психичното здраве, но начинът, по който реагира консултиращият психолог е от съществено значение. За да се подобри процеса на психологическа работа с вярващи, Shafranske предлага, да се направи предварителна оценка на изразеност на веровите убеждения, светогледа на клиента, доколко здравословни са религиозните практики и дали могат да бъдат използвани като терапевтичен ресурс. Авторът е на мнение, че консултацията с представители на духовенството може да подобри и улесни разбирането особеностите на психичните преживявания на вярващите клиенти (Shafranske, 2005). Правилния подход към вярващи клиенти и духовните ценности на клиентите, като цяло са много важни. Но безразборната употреба на духовно-религиозни ресурси от страна на някои консултиращи психолози е повече от притеснителна, защото нарушава религиозния контекст, където е възникнала съответната практика и защото излиза извън научната-психологическа основа, върху която се надгражда психотерапевтичното взаимодействие.

Заклучение

Представените тенденции в духовността и религиозността показват обширни положителни и отрицателни влияния върху цялостното психично функциониране и благополучие. Тъй като проявите на религиозната вяра в живота на човека е от съществена важност за много хора, то и разбирането на влиянията е особено важно за практикуващите специалисти. Познаването на културния и религиозен контекст, също може да допринесе за оформянето на подход при работата с вярващи християни, който

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адекватно да разглежда специфичните духовни корелати на психичните страдания. Предложените идеи могат да бъдат полезни и към вярващи от нехристиянски конфесии. Тъй като консултиращите психолози е невъзможно да познават детайлно всеки верови аспект, в предложената тема се разглежда по-важни детайли от християнската духовност и практика, с които може да се срещне психологът, и се застъпва необходимостта от компетентно сътрудничество между психолози и богослови или духовници. Не са малко психолозите изследователи или клиницисти, които виждат възможност много от полезните религиозни принципи и практики да бъдат използвани като ресурс и за нерелигиозни клиенти. Това, естествено, трябва да се построява на базата на общовалидни човешки ценности, които да внушават, подобно на религиозните системи, по-духовен подход към психичното здраве и самото съществуване, но без да се смесват като подходи.

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Theoretical article

СТРЕС И ТРЕВОЖНОСТ ПРИ НЕПЪЛНОЛЕТНИ ЛИЦА

STRESS AND ANXIETY IN MINORS

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Резюме

Стресът представлява защитна реакция на организма, резултат от стимулите на външната среда. Той може да послужи като мотиватор или да навреди. При непълнолетните лица, най-често училището е институцията, която поставя задачи, в следствие, на което може да възникне стрес. Семейната среда при децата, оказва силно влияние върху формирането на тревожността, която може да бъде моментна или постоянна. В периода на юношество, тревожността се свързва най-вече с формирането на идентичност.

Ключови думи: стрес, тревожност, непълнолетни лица

Abstract

Stress is a protective reaction of the body resulting from the stimuli of the external environment. It can serve as motivation or harm. For minors, the school is most often the institution that sets tasks, as a result of which stress can occur. The family environment in children has a strong influence on the formation of anxiety, which can be momentary or permanent. In the period of adolescence, anxiety is mostly related to the formation of identity.

Key words: stress, anxiety, minors

Въведение

Стресът е резултат от невъзможност да се отговори на изискванията на средата. Индивидуалните различия, влияят не само за определянето на определена ситуация като стресогенна, но и за начина, по който се реагира на нея. (Nikolov P., Aleksandrova N., Krustev L., 2007) Тревожността е свързана с очакване да се случи нещо неприятно. Може да бъде генерализирана, постоянна или ситуативна. (Manova M., 2023) Тревожността според различните теории е резултат от отглеждането в семейството и невъзможността за успешно изграждане на идентичност, което е основна задача на непълнолетните лица. (Mavrodiev S., 2015; Manova M., 2023; Mytafova M., 20017; Stamatov R., 2000)

Развитие на концепцията за стреса

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Концепцията за стреса се прилага за първи път върху хората от изследователя Уолтър Кенън, който се е занимавал със влиянието на стресови фактори от околната среда върху организмите. Той установява, че еднократните и слабо въздействащите стресори могат да бъдат издържани, докато продължителните и силно въздействащи стресори разрушават биологичните системи. Ханс Селие задълбочено разработва концепцията на Кенън за стреса като отговор. Той описва стреса като реакция на организма, която чрез физиологичните си системи предпазва тялото от предизвикателствата, които външната среда му поставя или така нареченият общ синдром на адаптация. Тази реакция към външните стресори включва следните действия, които се характеризират с цикличност:

- Уплаха – реакция, която въздейства на стресиращия стимул;
- Мобилизация – активиране на физическите ресурси, които има организма, с цел да успее да издържи на стресовите въздействия;
- Изтощение – изразходват се най-дълбоките ресурси на организма, които не могат да бъдат възстановени. (Angelova N.,2019) Загубата на енергийните ресурси води до умора. (Seligman H.,1982)

Селие въвежда термините „еустрес“ и „дистрес“. Според него, еустресът оказва ползотворно влияние върху емоционалното и физиологично здраве на хората, трае кратко и мотивира. (Angelova N., 2019) Дистресът представлява увреждащият или неприятен стрес. (Seligman H., 1982)

Съществуват четири подхода при изучаването на стреса:

- Първи – като реакция, която има индивидът, спрямо определен стимул;
- Втори – дефинира се като междинна променлива между дразнителя и реакцията;
- Трети – като взаимодействие на човека със всичко, което го заобикаля;
- Четвърти – като събитие, стимул или ситуация, предизвикващи стресов отговор.

Elliot и Eisdorfer изследват факторите, които могат да предизвикат стрес. Те са четири вида:

- Остър (ограничен) във времето стресор – свързан е с преживяването на краткотраен стрес. Например посещение при лекар.
- Поредица от неблагоприятни фактори – развод, загуба на работа;
- Периодично повтарящи се стресови събития – изпити при студенти, контролни при ученици;
- Хронично стресиращ фактор – продължително брачно неразбирателство, инвалидизиращо заболяване.

Според Elliot и Eisdorfer, когато стимулът води до емоционално напрежение, психологичен дистрес или физическо увреждане, тогава се определя като стресор. Те се базират на научната работа на Джералд Каплан и Ерик Линдеман, които са сред първите, които въвеждат психологичния ракурс на стреса, докато Селие представя физиологичната гледна точка. Те подчертават, че психологичният стрес не е непременно плод на дълбоко вкоренени личностни смущения, а че може да възникне като отговор на конфронтация, съдържаща особено стресиращи събития.

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Теорията за субективно възприемане на стресорите се базира на индивидуалните различия при оценяване на стресови събития. Спилбъргър предполага, че стресиращите събития могат да бъдат тези, които застрашават физическото аз или за психичната цялост, тоест физически или его-заплахи. Според него реакциите на различните личности на физическите заплахи са приблизително идентични, а на его-заплахите се определят от личностните им черти.

Спилбъргър и Сарасон създават подход от три части, който представлява концептуален модел за изследователите на стреса. Той включва: оценката, познатите заплахи от околната среда и личностните черти. (Angelova N., 2019)

Различните индивиди притежават различна устойчивост на стрес, като първоначално е острата стресова реакция, а ако тя продължи за дълъг период, преминава към невротично състояние или към постравматично стресово разстройство. То се отключва при стресогенни и тежки житейски събития, засягащи сигурността на човек и се проявява под формата на кошмари, оживяващи сцени, които пресъздават случилото се. (Angelova N., 2019; Radoslavova M., 2005)

Съществуват няколко основни вида стрес:

- Ежедневен стрес – при него се преживяват негативни събития, които са свързани с ежедневно неудовлетворение, напрежение, тревожност и т.н. Свързани са с общуване с хората от ежедневието.
- Кумулативен стрес – получава се, когато се натрупат поредица от негативни събития или едно продължава прекалено дълго. Той е свързан с реакцията на организма по време на фазата на изтощение, наричано още „изпепеление“.
- Травматичен стрес – той е резултат от единично, внезапно и силно въздействащо събитие, което има увреждащ или застрашаващ индивида ефект. (Angelova N., 2019)

Психологичните реакции на стресовия стимул се класифицират в следните категории:

- Емоционални – преживяване на страх, тревожност, напрежение, агресивност, гняв, възбуда, обърканост, раздразнителност и други; (Angelova N., 2019; Ganchevski B., Gaidarov K., Sramenkova N., Zanev S., 1996)
- Познавателни – проблеми с паметта, трудности в концентрацията на вниманието и вземане на решения, объркани мисли и други;
- Поведенчески – проблеми в социалните контакти, злоупотреба с алкохол, цигари, наркотични и лекарствени вещества, импулсивност, неконтролируемост и други. полицейска психология

Изследвания показват, че съществува и личностна предразположеност към повишен стрес. Личностен тип А се характеризира с по-агресивно отношение към околните, увлеченост в работата и чувство за недостиг на време, докато тип Б притежава чувство за личен контрол върху средата и възможност за развитие. (Angelova N., 2019) Поведението на тип А е със склонност за поставяне на нереалистични срокове, да не почиват, да получат одобрение от висшестоящите, с цел да са първи, като за готови на това на всяка цена. (Ganchevski B., Gaidarov K., Sramenkova N., Zanev S., 1996)

През периода на юношеството в училищната среда се наблюдава склонност към агресия, трудна адаптация и риск от употреба на психоактивни вещества, като резултат от повишени нива на стрес, в следствие на негативният социален климат и

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неудовлетвореността от справянето с учебните задължения. (Vasileva L, Dimitrova E., 2011)

Тревожността, според различните гледни точки

Фройд разглежда тревожността, като конфликт между инстанциите на личността. Според Карен Хорни, тя е социално обусловена. Дефиницията, която използва за „базисна тревожност“ е чувство на детето, при което е безпомощно във враждебен свят и е резултат от начина, по който родителите го отглеждат. Налице е страх от изоставяне и в този случай, детето прибегва към поведение, в което се жертва за другите. Когато родителите са безразлични към детето си и то не се чувства привързано към тях, развива „базисна враждебност“, в резултат на фрустрация и агресивно поведение. (Mavrodiiev S., 2015) Физически малтретираните деца от своите родители, стават тревожни. (Manova M., 2023) Важно е да се отбележи, че невротичите са с повишени нива на тревога и за да бъдат в безопасност, те упорито следват стремежите си, според Хорни. (Mavrodiiev S., 2015).

Фройд, също определя тревожността, като резултат и израз на протест, в следствие от заплахата за разрушаване на връзката между майката и детето. За Хари Съливан, тази емоция се проявява при фрустрирането на тази връзка. Възниква от преживяване на загуба на сигурност, любов и се усеща безнадеждност. Според Ерик Ериксън тревожността представлява страх, свързан със загуба на идентичност. Може да се появи в следствие на преживявания на раздяла или е свързана с любовта. Те влияят на самооценката, като тревожността може да стане устойчиво преживяване. (Stamatov R., 2000)

Тревожността, комбинирана с други симптоми, може да се диагностицира като определено тревожно разстройство. (Dimitrova-Trifonova P., 2014)

Непълнолетните лица

Периодът на юношеството обхваща възрастта включваща тази на непълнолетните лица, а именно от 14 до 18 години. (Mancheva R., 2017) Характеризира със стабилизиране на сексуалната принадлежност и изграждане на характер, воля, социални способности, самостоятелност. В зависимост от това се формират модели на поведение при юношите:

- Жизнен, усмихнат, неуморим – има лидерски способности, позитивен, със самочувствие, склонен да влиза в конфликтни ситуации, с цел да запази своето мнение.
- Песимистичен – с негативно настроение, самотен, в риск от суицид, нуждае се от човек, който да стабилизира състоянието му.
- Емоционално лабилен – характеризира се с ниска самооценка, зависимост към други лица, лесно се привързва, може да стане жертва.
- Поведенчески неустойчив – конфликтен, силно емоционален с нисък самоконтрол, слаба воля, склонен към хазартна зависимост и злоупотреба с психоактивни вещества.
- Самотник и чуждак – самостоятелен, независим, контактува при необходимост, чрез интернет бяга от реалността, създавайки фантазен свят.

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- Взривоопасен – силно агресивен, избухлив, гневлив, пази границите си, обикновено тренира боен спорт, склонен към употреба на алкохол и да проявява актове на агресия.
- Актьор – артистичен, лесно печели одобрение, непоседователен, мечтател демонстративен, до толкова, че може да злоупотреби с психоактивни вещества, да бяга от вкъщи.
- Конформен – съобразява се с околните, безинициативен, изпитва трудност при изграждане на собствената идентичност, тъй като следва авторитети, в риск от попадане в неподходящи компании. (Boncheva I., 2013)

Етапа на юношеството е свързан с изграждането на идентичност, според теорията за психосоциалното развитие на Ерик Ериксън. За успешното преминаване на етапа, юношите влизат в различни роли, с цел да разберат кои са и какво е важно за тях. През юношеството се определя смисъла на живота, избора на професия, участва се в романтични връзки. Тези които не успеят да се справят със задачите на периода са объркани и неподготвени за следващите в зряла възраст. Постигнатата идентичност се характеризира със самостоятелност и отговорност в избора на решения. (Lazarova P., 2022; Mytafova M., 2007; Sturnburg R. Yilyams Y., 2014) Според Гордън Олпорт този период е критичен, тъй като юношата е необходимо да има собствена цел, за да намери своята идентичност, експериментирайки чрез различни роли и въпреки влиянието на семейната и социална среда. (Schultz D., 2004)

Идентичността, може да бъде основана на забрани, когато юношите следват не собствените, а изборите и целите на други хора, обикновено това са на родителите им и по този начин приемат наготово, влагайки малко усилия. Като резултат на неуспешни лични избори, юношите могат да бъдат раздвоени между желанията, които имат и действителността, в резултат на което възниква дифузна идентичност, при която се предприемат действия без конкретна насоченост. Времето, през което юношите експериментират, за да определят своите избори се нарича мораториум, който се счита за здравословен. (Yankylova I., 2016)

Заклучение

Стресът представлява защитна реакция на организма. Селие го разделя на еустрес, който има благоприятно влияние и може да бъде мотиватор и дистрес, който оказва негативно влияние върху индивида. В периода на юношеството може да доведе до неблагоприятни избори, като злоупотреба с психоактивни вещества, спад в успеха, агресивно поведение. Влияе се от външната среда и зависи от индивидуалните качества на индивида, като всеки човек има различна устойчивост на стрес. На непълнолетните лица силно влияние оказва негативния социален климат, както и неудовлетвореността от постигнатото.

В основата на тревожността е бъдещето. При нея се наблюдава очакване да се случи нещо негативно. За развитието ѝ, главна роля играе семейната среда и отношенията родител-дете. На непълнолетните тревожността влияе върху формирането на идентичност, което е основна задача за тази възраст.

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Theoretical article

НАГЛАСИ, ЦЕННОСТИ И ЕТИКА НА РАБОТНОТО МЯСТО

ATTITUDES, VALUES AND ETHICS IN THE WORKPLACE

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Резюме:

Разбирането на трудовите нагласи и начините, по които те се формират дава възможност чрез организационната култура да се управляват промените в тези нагласи. Удовлетворението от работата и отдадеността на организацията са важни трудови нагласи и следва да се насърчават чрез участие и подкрепа. Етичното поведение на работното място е повлияно от индивидуални и организационни фактори. Познаването за индивидуалните различия в ценностните системи, локуса на контрола, макиавелизма и когнитивното нравствено развитие обясняват разнообразните гледни точки за етичното поведение и дават насоки за начините, по които организационната култура може да влияе върху тези различия, така че да ги превърне в конкурентно предимство за организацията.

Ключови думи: *емоции, нагласи, отдаденост на организацията, удовлетворение от работата, ценности*

Abstract:

Work attitudes understanding and the ways in which they are formed makes it possible to manage changes in these attitudes through organizational culture. Job satisfaction and commitment to the organization are important work attitudes and should be encouraged through participation and support. Ethical behavior in the workplace is influenced by the individual and organizational factors. Knowledge of individual differences in value systems, locus of control, Machiavellianism, and cognitive moral development explains the diverse perspectives on ethical behavior and provides guidance on the ways in which organizational culture can influence these differences so that to turn them into a competitive advantage for the organization.

Keywords: *emotions, attitudes, commitment to the organization, job satisfaction, values*

Въведение

Етичното поведение в организациите е едно от предизвикателствата, с които трябва да се справят, за да бъдат по-конкурентноспособни. Фирмите с добра репутация могат да привличат повече кандидати за работа, повече млади таланти, да задържат по-висококачествени служители, както и да имат добро име в обществото. Неуспехът на организацията да се справи със ситуациите по етичен начин, може да доведе до финансови загуби, дългосрочни щети за репутацията и дори до организационна смърт.

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Начинът, по който мениджърите се справят с етичните предизвикателства оформя поведението на служителите. Развитието на глобална умствена нагласа у служителите разширява техния светоглед и поставя конкуренцията в по-голям мащаб. Знанието, че разнообразието се цени и че различията са активи, кара служителите да обмислят своето поведение преди да се ангажират в дискриминационни поведения. Изпращането на послание, че неетичното поведение не се толерира, дава ясен знак, че вършенето на правилните действия се отплаща, а организационната култура влияе върху промяната на нагласите и поведението на служителите, а оттам и върху конкурентоспособността на компанията.

Днешната изключително интензивна бизнес среда прави по-важно от всякога компаниите да имат силна програма по отношение на етиката. Едно от най-трудните предизвикателства е подравняването на идеала за етично поведение с реалността на съвременните бизнес практики. Нарушенията на общественото доверие са скъпи, а корпоративната социална отговорност е задължението на организацията да се държи по етичен начин в социалната среда, в която функционира.

Етичните въпроси, пред които се изправят хората на работното си място, са сложни. Най-често срещаните неетични дела са лъгането на висшестоящи, лъгането в доклади или фалшифицирането на данни, кражбите, междуличностно малтретиране (сексуалният тормоз, расизъм, емоционално малтретиране), конфликт на интереси и купуване на влияние, измами, криене срещу разгласяване на информация, неуспех в защита срещу лична или фирмена информация, личен упадък - поставяне на по-ниски цели от гледна точка на трудовото изпълнение – небрежна или немарлива работа, организационна злоупотреба: организационни практики, които злоупотребяват с членовете – несправедливо заплащане, злоупотреба с власт; нарушения на правилата в организацията; съучастие в неетични действия – знаене за неетично поведение, но недокладването му; етични дилеми – избиране измежду две еднакво желани или нежелани възможности.

Етичното поведение в организацията е повлияно от две основни категории фактори: индивидуални характеристики и организационни фактори.

Индивидуални характеристики на етичното поведение - ценности, макиавелизъм и когнитивно-нравствено развитие

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Важен източник на индивидуални различия в етичното поведение са ценностите. Използваме ги, за да оценяваме собственото и чуждото поведение. Ценностите са трайното убеждение, че конкретен начин на поведение или крайно състояние на съществуването са лично или социално за предпочитане пред противоположния начин на поведение или крайно състояние на съществуването. Културите, обществата и организациите оформят ценностите. Тъй като са общи убеждения за правилно и погрешно, ценностите формират основата на етичното поведение. Рокич разграничава два типа ценности: инструментални и крайни. Инструменталните ценности отразяват средствата за постигане на целите и представляват приемливите поведения, които трябва да се използват за постигането на някакво крайно състояние – амбиция, честност, самостоятелност и смелост. Крайните ценности, обратното, представляват целите, които трябва да се постигнат, или крайните състояния на съществуването – щастие, любов, удоволствие, самоуважение и свобода.

Трудовите ценности влияят на начина, по който хората се държат на работното си място, от гледна точка на това, което е правилно и погрешно (Rokeach, M., Ball-Rokeach, S.J., 1989). Четири релевантни трудови ценности са: постиженията, загрижеността за другите, честността и справедливостта (Eisner, S. P., 2005). Постигания са загриженост за напредването в собствената кариера, видно от поведения като усилена работа и търсене на възможности за развитие на нови умения. Загрижеността за другите се демонстрира чрез грижовни, състрадателни поведения като насърчаване или подпомагане на другите служители да работят върху трудни задачи. Загрижеността за другите е форма на гражданско поведение. Честността е осигуряване на точна информация и отказ другите да бъдат подвеждани в името на личната полза. Справедливостта подчертава безпристрастността и признаването на различни гледни точки. Хората подреждат тези ценности от гледна точка на значението им в техния трудов живот. Макар че ценностните системи на хората се различават, споделянето на сходни ценности на работното място води до положителни резултати. Служителите, които споделят ценностите на ръководителя си, са по-удовлетворени от работата си и са по-отдадени на организацията (Meglino, B.M., Ravlin, E.C., Adkins, C.L., 1989). Ценностите имат силно влияние и върху избора на работно място. Традиционно, заплащането и потенциалът за напредване в работата имат най-силно влияние върху решенията за избор на работа. Провежданите изследвания установяват, че три други

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трудова ценности: постижения, загриженост за другите и справедливост, упражняват по-голямо влияние върху избора на работа. (Judge, T.A., Bretz, R.D., 1992).

Това означава, че организациите, набиращи кандидати за работа, трябва да обръщат голямо внимание на ценностите на хората и на посланията, които организацията изпраща за своите ценности.

Друго индивидуално различие, което влияе на етичното поведение, е локусът на контрола. Хората с вътрешен локус на контрола вярват, че контролират събитията в живота си и са отговорни за това, което им се случва. Обратното, хората с външен локус на контрола вярват, че външни сили, например съдба, късмет или други хора, контролират това, което им се случва.

Хората с вътрешен локус на контрола е по-вероятно в сравнение с тези с външен локус на контрола да поемат лична отговорност за последиците от своето етично или неетично поведение. Хората с външен локус на контрола са по-склонни да вярват, че външни сили причиняват тяхното етично или неетично поведение. (Trevino, L.K., Youngblood, S.A., 1990). Изследванията показват, че тези с вътрешен локус на контрола вземат по-етични решения в сравнение с хората с външен локус на контрола. Лицата с вътрешен локус се съпротивляват повече на социалния натиск и са по-малко готови да навредят на друг човек, дори и ако авторитетна/властна фигура им нарежда да го направят (Lefcourt, H.M., 1982).

Друго индивидуално различие, което влияе върху етичното поведение, е макиавелизмът – личностна характеристика, сочеща готовност за постигане на власт чрез манипулирането на другите. Макиавелианците обикновено използват измама във взаимоотношенията, имат цинично становище за човешката природа и не се интересуват от традиционните идеи за правилно и погрешно. (Christie, R. and Geis, F.L., 1970). Те са умели манипулатори и разчитат на способността си да убеждават и вярват, че манипулирането на другите е оправдано, ако помага да се оправдава целта. Следователно, тези хора е по-вероятно да се ангажират в съмнително етично поведение (Knouse, S. B., Giacalone, R.A., 1992). Хората с ниски резултати по макиавелизъм, обратното, ценят лоялността и взаимоотношенията. Те не са готови за манипулират другите в името на личната полза и се интересуват от мнението им. Служителите могат да противодействат на макиавелистки настроените лица, като се фокусират върху

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екипната работа, а не върху индивидуалните взаимоотношения, където тези с високи резултати ще имат надмощие.

Когнитивно нравствено развитие

Нивото на когнитивно-нравствено развитие на човека влияе също върху етичното поведение. Психологът Лоурънс Колбърг смята, че докато хората съзряват, се придвижват през поредица от шест етапа на нравственото развитие. (Kohlberg, L., 1969). На всеки следващ етап те стават все по-малко зависими от мненията на другите хора за правилно и погрешно, и по-малко егоцентрични. На по-високите нива на нравствено развитие хората се интересуват от широките принципи на справедливостта и от избраните от тях етични принципи. Моделът на Колбърг се фокусира върху процеса на вземане на решения и как хората обосновават етичните решения. Този модел е когнитивна теория за развитието за начина, по който хората мислят за правилното и погрешното, и как процесът на вземане на решения се променя чрез взаимодействието с другите хора и със средата.

Когато хората съзряват нравствено, тяхното нравствено развитие преминава през тези етапи в необратима последователност. Хората на по-високите етапи на развитието е по-малко вероятно да мамят (Malinowski, C.I., Smith, C.P., 1985), по-вероятно е да се ангажират в сигнализирането на нередности (Brabeck, M., 1984) и да вземат етични бизнес-решения (Penn, W.Y., Collier, B.D., 1985).

Трудови нагласи

Нагласите на работното място са важни, защото пряко или непряко влияят върху трудовото поведение. Основното сред нещата, които влияят отрицателно на трудовите нагласи на служителите, са изискващите големи умения и усилия работни места, комбинирани с липсата на контрол от страна на служителя. Положителният психологически климат на работното място от друга страна, може да води до положителни нагласи и добро изпълнение.

Удовлетворението от работата. Повечето от нас вярват, че работата трябва да е положително преживяване. Удовлетворението от работата е приятно или позитивно емоционално състояние, възникващо в резултат от оценката на собствената работа или трудовите преживявания. То е обща нагласа и удовлетворение от пет конкретни измерения на работата: заплащане, самата работа, възможности за издигане, ръководство и колеги. Съгласно проведени изследвания, предизвикателната работа, ценените награди,

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възможностите за напредване, компетентното ръководство и подкрепящите колеги са измерения на работата, които могат да водят до удовлетворение. Заплащането е само маргинално свързано с удовлетворението от работата. Добре платените хора са само незначимо по-удовлетворени от относително зле платените.

Удовлетворението от работата е свързано с редица други важни лични и организационни резултати, например организационно гражданско поведение, т. е. доброволно поведение, което надскача формалните трудови задължения. Удовлетворените служители е по-вероятно да правят положителни коментари за компанията, да се въздържат да се оплакват, когато нещата не вървят добре, и да помагат на колегите си (Bettencourt, L.A., Gwinncr, K.P., Meuter, M.L., 2001). Надскачането на задълженията е особено важно в организациите, които използват екипи, за да вършат работата. Служителите зависят от допълнителната помощ един от друг, за да постигнат целите на организацията. Удовлетворените работници е по-вероятно да искат да върнат нещо на организацията, защото желаят да се отплатят за положителните си преживявания. (Organ, D.W., 1988).

Отклоняващото се поведение на работното място – контрапродуктивно поведение, което нарушава организационните норми и причинява вреда на другите или на организацията, е друг резултат от нагласите към работата. Девиантността привлича вниманието заради отрицателните събития в света на бизнеса като съкращаване на служители, технологична несигурност и други предизвикателства, пред които се изправят редица организации. Съкращенията например може да карат служителите да развият отрицателни нагласи, да са гневни и враждебни към организацията и да се впускат в отмъщение. Дори когато служителят запазва работата си, но вярва, че процедурите, използвани за прекратяване на трудовите договори на колегите му, са несправедливи, отклоняващо се поведение на работното място като клеветене на работодателя или отмъщение на мениджъра може да се появят (Heilman, M.E., Block, C.J., Stathatos, P., 1997). Неуспехът на компанията да се справи със ситуациите по етичен начин, може да й струва скъпо. Служителите, които са съкращавани или уволнявани, силно се интересуват от качеството на отношението, което получават. Честността и откритото обясняване на причините за уволнението, и зачитането на достойнството на служителите ще намали вероятността те да предявят иск срещу компанията. (Lind, E. A.,

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Greenberg, J., Scott, K.S., Welchans, T. D., 2000). Несправедливостта на работното място е основна причина за девиантност, саботаж и отмъщение.

Положителните нагласи към работната среда обикновено водят до намаляване на девиантността. Предотвратяването и управлението на отклоняващото се поведение на работното място са важни, защото те вредят на представянето на организацията и на отдела, в който се появяват.

Афективна отдаденост на организацията. Силата на идентификацията на човека с организацията е известна като отдаденост на организацията. Афективната отдаденост е намерението на служителя да остане в организацията заради силно желание да го направи. Тя се състои от три фактора – вяра в целите и ценностите на организацията; готовност да се вложат усилия в името на организацията; желание човекът да остане член на организацията. Афективната отдаденост обхваща лоялността, но и дълбок интерес към добруването на организацията.

Афективната отдаденост се увеличава и когато организацията и служителите споделят едни и същи ценности, и когато организацията подчертава ценности като нравствен интегритет, справедливост, креативност и откритост (Finegan, J.E., 2000). Отрицателните преживявания на работното място, като например дискриминацията, могат без съмнение да намалят афективната отдаденост.

Повечето хора са податливи на външни влияния и не действат като независими етични субекти. Вместо това те наблюдават другите служители, както и начина чрез който се подкрепят и следят организацията за насока, която да насърчава етичното поведение чрез кодекси на поведение, етични комисии, етични комуникационни системи, обучение, норми, моделиране и награди и наказания.

Организационната култура може да има дълбоки ефекти върху етичното поведение на членовете на организацията. Организациите, в които ръководителите и топ мениджърите са ролеви модели на етичното поведение и които се характеризират с откритост в обсъждането на етичните проблеми, имат по-малко инциденти с неетично поведение (Navran, F., 1992). Когато културата на компанията подпомага етичните норми, хората се държат по съответния начин. Мениджърите могат да въведат философията, че етичното поведение има бизнес смисъл и подравнява компанията по ценностите на по-голямото общество (Labich, K., 1992). Лидерите могат да използват

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историите като инструмент за изграждане на етична култура и за създаване на чувство за идентификация с членовете на организацията с по-висша цел на организацията.

Доверието е друг ключ към ефективното управление на етичното поведение, особено в култури, които насърчават подаването на сигнали за нередности. Служителите трябва да вярват, че съобщаващите за нередности служители ще бъдат защитени, че използваните процедури за разследване на етичните проблеми ще са справедливи и че мениджмънтът ще предприеме действия за решаването на проблемите, които са открити.

Организациите, които искат да насърчават етичното поведение, могат да го правят, като използват своята организационна култура. Етичната корпоративна култура може ясно да комуникира границите на етичното поведение, да подбира служители, които да подкрепят етичната култура, да награждава членовете на организацията, които демонстрират етично поведение, и последователно да наказва тези, които се ангажират в неетично поведение.

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Theoretical article

MANAGING SCHOOL RELATED STRESS IN CHILDREN WITH LEARNING DISABILITIES

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Abstract:

Students with learning disabilities because of their difficulties at school are prone to experience stress and anxiety during assessment, fear of failure, fear of negative evaluation, high levels of achievement motivation, unfavourable attitudes towards the school context, as well as symptoms of antisocial behavior. A part of students with learning problems attend mainstream schools, resulting in an even higher level of stress for both examinations and their progress in the classroom. Strategies for coping with and managing stress are necessary both in the preparation of the student for the examination process by the teacher as a learning-educational process in the school context, and in the general coping with stress, as a future personality, in later life. The parents and teachers could have important roles in helping to manage school related stress in students with learning disabilities.

KEYWORDS: *anxiety, coping, learning disabilities, stress*

Introduction

Learning Difficulties constitute the largest category of special educational needs as about 50% of students with disabilities have a diagnosis of Learning Difficulties mainly related to reading difficulties (Kavale & Forness, 2000).

Some references to the difficulties that some children and adults have in learning, their possible causes, and their contribution to individual differences, have appeared since ancient Greece (Mann, 1979). However, in 1963 the term "Learning Disabilities" as such learning difficulties that cannot be explained by the cognitive potential of students was popularized by the psychologist and special educator Samuel Kirk, at a conference of parents of children with learning difficulties (called previously "perceptually handicapped children", "brian injured" or "with minimal brain dysfunction") and special education professionals (Kirk, 2014, p.126).

The Etiology of Learning Difficulties

In the early periods of the study of Learning Disabilities, research into their etiology revolved around the neurological theory (Hermann, 1959; Hinshelwood, 1917). Brain lesions of minimal extent, which could not be detected by traditional imaging methods, were implicated (Hermann, 1959; Hinshelwood, 1917). Visual and auditory perceptual-motor deficits, genetic causes, and problems in specific brain parts, such as the cerebellum, were then considered as causative factors (Hermann, 1959; Hinshelwood, 1917).

The problems in language processing, deficits in phonological awareness, knowledge and use of the phonemes of language are considered the most important predictor of the major

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type of Learning Disabilities - reading difficulties (Wagner, & Torgesen, 1987; Wagner et al., 1994). The hypothesis is that deficient phonological awareness leads to difficulties in storing and/or recalling and processing words as unified sets and discrete spelling representations, so there is difficulty in making links between written and spoken word representations and therefore a lack of comfort and fluency in decoding (Snowling, 2000; Vellutino et al., 2004).

The definition of Learning Difficulties

Throughout the historical development of the scientific field of Learning Disabilities many definitions have been developed in an attempt to highlight the nature of Learning Disabilities. Scholars' quests, both research and theoretical, have led to a significant number of definitions, which are under constant critical analysis and adaptation (Ysseldyke, 2005).

A study of the most widely accepted definition (Hammill, 1990) reveals some elements that differentiate students with Learning Difficulties from their typical peers or from students with other problems:

- Learning Difficulties manifest themselves with a range of difficulties and characteristics that are not, however, common to the whole population. This results in the impossibility of constructing a central profile and consequently the difficulty of proposing a teaching intervention that is effective and appropriate for all pupils in this group.
- Learning Difficulties have an organic etiology that is endogenous to the student. Although the causal factors, nor the mechanism of their functioning have not been fully elucidated, it has become clear that they are rooted in central nervous system dysfunctions. This assumption excludes the development of Learning Difficulties after the student enters school and due to teaching or other factors.
- Learning disabilities are differentiated from other conditions of disadvantage, such as sensory impairments or mental retardation and the learning problems that characterize them. This differentiation can serve as a "compass" for the differential diagnosis of Learning Disabilities.
- Learning Difficulties are characterized by an unexpected discrepancy between a student's cognitive potential and academic performance. The use of the criterion of discrepancy for many years has been the almost exclusive way of diagnosing Learning Difficulties. This criterion, set to "quantify" the failure of children in this group, has been translated into either a deviation of the IQ from performance on weighted academic-type tests, or a deviation of the verbal IQ from the practical IQ (Hammill, 1990).

Finally, it should be stressed that the definition of Learning Disabilities not only defines the conceptual content of the term and its etiology, but also indirectly determines the way in which they are assessed and diagnosed. The criterion of discrepancy used for many years was initially viewed positively, because it was considered to ensure the differentiation of Learning Difficulties from other forms of failure and therefore ensure appropriate educational support and the appropriate identification of the type of special education structure for the student's attendance (Meyer & Felton, 1999), but it is viewed with skepticism by contemporary researchers (Lyon et al., 2002; Vellutino et al., 1998).

The role of family with a child with Learning Disabilities

The family is a system of relationships between its members, but also part of other wider systems. Thus, everything that happens in a family, the way the family reacts and the consequences of its reaction are a synthesis of variables where interactions are constantly active. Moreover, each family tries to adapt to the particular environment in which it lives through the interaction of its cultural values, its goals, and the specific characteristics of the environment. The needs of the family and the parents are not always the same but are shaped

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according to the family's stage of development, as well as in relation to the awareness of the existence of Learning Difficulties in their child. Although parents go through certain stages when they discover their child's problem, the passage through the stages is not the same for everyone. Each family has its own characteristics, interactions, functions and development, and it is therefore unique.

When a child with Learning Difficulties belongs to a family, the most critical moment is the recognition and diagnosis of the Learning Difficulties problem, which usually comes after the start of school. At this point, parents may feel anger, frustration, or experience physical problems, discovering that their previously perfectly normal child is experiencing a serious problem. Seeking other specialists to reject or confirm the diagnosis is also a very common reaction of parents. Particularly in the area of Learning Disabilities where diagnosis is difficult at an early age, it is perhaps expected and acceptable for parents to seek "a second opinion". As far as the development of defense mechanisms is concerned, this may be functional in the first instance and give the parents the opportunity to adapt. Otherwise, the parents may react by conflict with their partner, by constantly changing experts and seeking a new diagnosis, or by developing a range of defense mechanisms such as denial (Gallagher, 1995).

After the initial adjustment (effective or not), the parents try to understand the cause and look for possible treatments. The parents seek the cause to find appropriate treatment. In the realm of emotional response, the parents may be led to accept or reject their child with Learning Disabilities. In the case of acceptance, the parents focus on the positives and progress and do not dwell on the failures. In contrast, in the case of rejection, some parents may make unrealistic demands that hinder the child's maximum development or overprotect the child by overly reducing their demands or even try to cover up rejection with overly positive comments. At this point, the role of the teacher is extremely important. Providing objective information and discreet but firm support can make it easier for parents to choose appropriate services and make sound educational decisions.

In the field of Learning Disabilities, the important role and influence of parents has been evident from the very beginning to the extent that parents have been actively involved in identifying Learning Disabilities as a category of special educational needs. Today, this role is intensifying, based on some specific developments:

- there is legislation to ensure that parents are involved in educational decisions for their child. By law, the parents are the ones who make the final decision about their child's education and special education placement. Furthermore, the parents are considered important in the development of the Individualized Education Program.
- the parents shape policy and administrative decisions on the education of pupils with learning disabilities through the activation of parents' groups and associations at local, national and international level;
- their role is enhanced by the emphasis on early detection and intervention to address Learning Difficulties. Furthermore, the role and importance of families of children with Learning Disabilities has been documented with substantial research evidence both in understanding the problems that arise (Toro et al., 1990) and in the support that families can provide (Eiserman et al., 1995; Miedel & Reynolds, 2000; Temple et al., 2000). In particular, it has been shown that increasing the frequency of teacher-parent contact increases the positive attitudes of one group toward the other and that school interventions are more effective if they are accompanied by parental support at home (Michael et al., 1992).

The role of teachers in case of Learning disabilities

MANAGING SCHOOL RELATED STRESS IN CHILDREN WITH LEARNING DISABILITIES

Despite the general recognition of the importance of the family in the education of students with Learning Disabilities, some significant problems often arise in the collaboration between teachers and parents. The parents may have negative attitudes and distrust of teachers, while the teachers may have negative attitudes towards parents. Often teachers' and parents' views on children's abilities and mistakes differ, resulting in conflicts. The teacher makes judgements based on her/his knowledge of the student's performance in relation to other students, the student's age and the teacher's knowledge of and attitude towards Learning Difficulties. On the other hand, the parent judges on the basis of his/her experience with the child, the child's development since birth, his/her effort, his/her knowledge of Learning Difficulties and accordingly his/her attitude towards them. Particularly in the case of parents of students with Learning Difficulties, the parents may be ashamed or may not even want to hear negative comments about their child.

Furthermore, a problem can be created by the different educational level between the teacher and the parent. Involving parents in their children's education and working with the school requires a cultural capital that many parents may not have. Particularly in the last ten years, the cultural composition of the school population in Greece has also changed. Today, schools are attended by children from families with different languages, traditions, religions and values, creating a new set of demands. Depending on the different perceptions that each culture carries, school failure or other behaviors may be interpreted negatively.

In addition, depending on cultural values, Learning Difficulties will be understood as a permanent or reversible problem, to be dealt with by the individual or the extended family, to be resolved by the state or the close family context. In the same vein, the values in relation to the role of the state and education as a whole will influence the way parents deal with the existence of Learning Difficulties in their children, their attendance at school and thus their communication with teachers. The importance of the socio-economic factor, particularly increasing poverty, should also be noted, which affects the family's health, productivity, physical living environment, emotional health and daily interactions (Park et al., 2002).

If the parent expresses criticism or anger towards the teacher, Jones and Jones (1995) suggest that the teacher should remain polite and calm, avoid being defensive but listen actively, ask the parent what the goal is, ask if the student knows the problem, be clear using factual data, and tell the parent what s/he intends to do to solve the problem. Particularly important is the first meeting, which must be very well prepared by the teacher, since good preparation ensures its success (Jordan et al., 1998). It is important that the teacher has a representative sample of the student's work, that parents can ask questions, that the teacher can answer them, that there is enough time, and that the teacher can explain what kind of intervention s/he is proposing (Simpson, 1990).

The teacher must recognize the wealth of information that parents possess and in a structured and systematic way use it both in developing the programme and supporting the student and in communicating with the parent in order to create a climate of mutual respect and recognition. For example, the teacher may prepare a protocol for observing significant behaviors at home, thus inviting the parent to assess and understand the child's problems. The teacher can also guide the parent in supporting the child the most of time at home. For example, provide a schedule where for five days the student notes what he or she does at home. This will form the basis for organizing and reallocating the time available for each activity. Teachers can greatly assist parents through providing systematic, easy-to-use and correct information about materials, agencies, parent associations, etc. Furthermore, teachers collectively or individually can act as educators for parents on issues of interest to them.

Managing stress in students with learning difficulties

The threat of assessment can lead to high levels of stress and anxiety among students with learning disabilities experiencing significant problems such as difficulty concentrating, frustration, developing clinical symptoms and memory problems. There is a need to reduce the stress levels of students with learning disabilities in order to achieve an optimal academic result. The educational institutions should offer extra help to students, especially to those with learning disabilities, to cope with exam stress in the form of provision of extra time for exams and some direct intervention strategies.

Anxiety and stress could be treated with medication or psychotherapy. Another method that has been useful in reducing stress in students is physical exercise (Garber, 2017). Physical exercise has been shown to reduce symptoms of anxiety and depression through a variety of physiological mechanisms and through its effect on sleep, social affect, and sense of belonging. In general, an exercise program of at least 10 weeks, with relatively vigorous physical activity for at least 20 to 30 minutes and at a frequency of 3 to 4 times per week, has been shown to be effective in treating anxiety disorders (Garber, 2017). Physical exercise as a treatment is sometimes superior to control interventions in various studies, and sometimes comparable to treatments such as cognitive-behavioral intervention and medication (Pelletier et al, 2017).

Mindfulness practices can help people calm their bodies and minds dealing with stress and anxiety disorders (Falsafi, 2016). They are easy to learn and when people learn them, they can even practice them at home, on their own (Falsafi, 2016).

Another method of dealing with anxiety is cognitive behavioral therapy that is an effective treatment for improving mental health by means of changing automatic thinking and self-criticism - behavioral patterns that often cause anxiety and depression (Asghari et al., 2016).

To deal with the difficulties of life there are various methods and strategic techniques of stress management. Some of the strategies we use only benefit us for a short time. Usually they concern ourselves: we try to change our feelings or we try to forget what concerns us (Blanch et al., 2008). However, the problem remains and continues to create unpleasant feelings and other negative consequences. Such strategies are taking medication, using alcohol or tobacco, overeating, avoiding stressful events or situations (Blanch et al., 2008).

However, there are strategies that help and benefit both immediately and in the long term. These strategies are directed towards the problem itself with the aim of dealing with it and freeing us from it and its consequences (Neuderth, 2009). The application of Problem solving technique is simple and requires only a little effort and is divided into several steps:

1. Defining the problem: We try to define exactly what is bothering or worrying us.
2. Enumeration of possible solutions: We try to find and record as many solutions as possible, for each side of the problem that concerns us. We do not hesitate to ask other people's advice.
3. Planning: In very specific terms, we decide how to implement the chosen solution.
4. Action: We implement the solution we gave.
5. Evaluation of results: If the solution was successful then we apply the method to other problems. If the solution did not work, we try to check and understand what we did not apply correctly.

Some techniques for coping with student stress focus on skill development for effective study (Neuderth, 2009). According to the empirical findings, students should be taught strategies for coping with demands, organizing their studies, planning at an early stage and

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realistic goal-setting to prevent exam stress and its effects (Neuderth, 2009). It is important to have preventive interventions to deal with exam stress, especially during the time transition from one school year to the next (Neuderth, 2009).

The teachers and the family cooperating could facilitate students with learning disabilities to cope with stress and anxiety improving their performance and self-confidence by means of offering different support for them as educational practices, emotional support, and change of lifestyle.

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Theoretical article

NAVIGATING PERSONALITY ADAPTATIONS: PARENTAL COPY BEHAVIORS IN RAISING CHILDREN WITH DEVELOPMENT DISABILITIES

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Abstract

In this article, we explore the intricate dynamics of “Parental Resilience and Adaptation: Understanding Copy Behaviors in the Context of Developmental Disabilities,” thus providing an extensive examination on how parents to children with developmental disabilities face their unique challenges. The study uses a comprehensive literature review to explore the complex aspects of parental stress, coping strategies, resilience as well as behavioral adaptations particularly focusing on personality’s contribution in these processes. It commences by highlighting the high levels of strain and psychological distress that parents undergo because of demands from caregiving, social stigma and financial constraints. This is followed by an evaluation of various ways used by these parents in dealing with their problems which underline the importance of both problem-focused and emotion – focused coping mechanisms. Resilience is underscored as being one of the important themes represented not as something that people are born with but it is shown like a result of individuals’ personality traits, social support systems and ability to derive meaning from during difficult experiences. Furthermore, this research explores behavioral mimicry concept when parents unconsciously adopt child-representative behaviors influenced greatly by their personal characteristics. Moreover, this paper discusses the impact that having a disabled child has on families looking at approaches to adapt such as the need for open communication and supporting family environments. Lastly, this paper emphasizes how complicated parenting can be in relation to developmental disabilities while it highlights that its adaptive processes are dynamic hence they call for interventions tailored to their specific needs as well as support systems.

Keywords: *behavioral adaptation, developmental disabilities, family dynamics, parental resilience, personality organization, psychological coping, stress management*

Introduction

Parenting a child with developmental disabilities is an intricate dynamic that involves several issues around personality organization and copy behaviors. It is a complicated journey involving emotional resilience, coping mechanisms and behavioural adaptations. Developmental disabilities are diverse and may include autism spectrum disorders, Down syndrome, cerebral palsy among others all of which have their own set of unique challenges to the families affected (American Psychiatric Association, 2013).

Understanding this dynamic requires a focus on personality organization in parents. Personality is not a static construct; it can be molded and shaped by the circumstances of life (Caspi & Roberts, 2001). Parents' personality traits play a significant role in determining their coping mechanisms and adaptation strategies when parenting children who have developmental disabilities such as autism (Hastings & Taunt, 2002). For instance, parents who are highly neurotic may experience more stress in comparison to those who are open-minded or resilient enough to handle the situation positively (Deater-Deckard, 2004).

The concept of 'copy behaviors' or behavioral mimicry is very crucial here. It becomes so through the parents' lives as they work hard to adjust their minds, goals and practices for the sake of supporting their child's needs (Hodapp & Urbano, 2007). In this regard, as Charlop-Christy & Carpenter (2000) indicate it is understandable that parents undergo this phenomenon due to the fact that they would easily pick up characteristics or emotions exhibited by their children without being aware of it.

Parenting children with developmental disabilities has been well documented concerning stress. Additionally, these parents also face societal barriers such as inadequate support system; stigma from society among other financial implications that exacerbate an already stressful situation for them (Olsson & Hwang, 2001; Woodman, 2014). Such pressure has dire consequences not just on mental health but also physical wellbeing of individuals like parents or family members (Miodrag & Hodapp, 2010).

Despite the hardships, many parents demonstrate incredible resilience. In this context, resilience means being able to do well in life and have good mental health despite facing difficult circumstances (Masten & Obradović, 2006). It is not a characteristic that exists within individuals but a process that depends on how persons interact with their environment (Luthar,

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Cicchetti, & Becker, 2000). One of the things required for resilience to develop is social support which has been found to reduce stress and improve outcomes for parents of children with developmental disabilities (Boyd, 2002).

Also, there are various coping strategies employed by parents to deal with stress related to their child's disability. These can be broken down into problem-focused coping strategies which address the issue directly and emotion-focused coping strategies which try to regulate one's emotions concerning the situation (Lazarus & Folkman, 1984). The personality traits of parents and the nature of the child's condition influence how effective these forms of coping may be (Gray, 2006).

In summary, parenting a child with developmental disabilities is a complex dynamic that alters parent's personality organization and behaviour structure. How parents adapt or manage these challenges rests largely on interplay between personality traits, resilience and coping mechanisms. With ongoing research in this area it becomes paramount to develop deeper understanding of these dynamics so as to assist families on this path better.

The Family System in the Context of Disabilities

Disabilities lead to significant changes in the family unit, which is a key component in the social and emotional development. This becomes more complex in families with developmental disabled children, since most of these conditions are lifelong and require constant attention. For effective intervention and support measures, it is important to understand how developmental disabilities impact on the family system.

Developmental disabilities, like autism spectrum disorders, cerebral palsy, and intellectual disability pose numerous challenges that affect both the individual and their family as a whole (American Psychiatric Association, 2013). These challenges include emotional, financial, social and practical aspects. Thus, one of the significant adaptations of the family to this situation lies within the concept of family systems theory which argue that individuals cannot be studied separately but rather as an integral part of their families (Minuchin, 1985).

The effect of such disorders on families often goes deep into emotions. At times parents face various emotions like guilt, grief or anxiety about their child's future (Hastings & Beck 2004). Siblings may also feel emotionally neglected or over-burdened due to increased focus on the disabled child (Stoneman 2005). It becomes necessary for these families to maintain adaptive coping strategies and resilience in order to keep good mental health.

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The other challenge is financial hardship and practical matters. Families may incur extra expenses related to medical care, therapy sessions or special education placing them under financial burden (Parish et al., 2008). Additionally, caregiving demands can reduce opportunities for parental employment and limit social interactions leading to loneliness as well as stress (Woodgate et al., 2008).

Socially there is much at stake for the families involved. Inadequate knowledge from society contributes to exclusion while navigating through services offered by different sectors leads to confusion (Gray, 2002). Families often report feeling unsupported by their communities and even by extended family members (Boyd, 2002).

However, despite the challenges that they face, many families display incredible strength and resilience. In this case, resilience means not simply being able to bear stressors but also the ability to rise above them and find meaning in life (Walsh, 2003). Family resilience requires effective coping mechanisms including those that involve seeking social support, open communication within the family and reliable information and resources (Bayat, 2007).

Developmental disabilities have profound impacts on families in multiple ways. Consequently there are emotional problems as well as financial issues that affect all aspects of life calling for changes in behavior as well as resilience. This knowledge is essential for professionals working with these families in order to create holistic interventions that take into account the needs of all family members.

Personality and Coping: Theoretical Insights

Personality and coping are intertwined concepts that play a critical role in how individuals, particularly parents of children with developmental disabilities, manage and respond to stress. Personality theories suggest that individual differences in coping strategies and psychological resilience are rooted in personality traits. These theoretical insights are important for providing appropriate support to these parents, who often face unique and enduring challenges.

According to personality theories like the five-factor model, such aspects as openness, conscientiousness, extraversion, agreeableness and neuroticism significantly determine how people perceive or deal with stress (Costa & McCrae, 1992). For example, people with high levels of neuroticism show more frequent and intense negative emotions which may affect their efforts to deal with stressful situations (Bolger & Zuckerman, 1995). In contrast, some traits

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like conscientiousness and extraversion could be linked with better management of stress including effective coping strategies (Carver & Connor-Smith, 2010).

The specific behavioral and psychological maneuvers through which individuals master/contain/limit stresses form part of coping strategies as proposed by Lazarus & Folkman (1984). Problem-focused coping is one type that includes all actions aimed at eliminating or decreasing the source of stress. On the other hand emotion-focused coping refers to actions that attempt to manage one's emotional response to a stressor. Parents of children with developmental disabilities tend to use a mix of these approaches when dealing with different demands placed upon them (Hastings & Brown, 2002).

This concept is also important because it relates to resilience: "the ability to bounce back from negative experiences," adapt during difficult circumstances, sustain adversity (Smith et al., 2008). Resilience is not an innate quality but rather an outcome of an ongoing process involving a complex interplay between personal characteristics and environmental factors (Luthar et al., 2000). For instance, parents whose children have developmental disabilities can find meanings in their caregiving duties and grow as a result (Bayat, 2007).

The research has also looked at personality's role in predicting the use of specific coping strategies. For example, neuroticism has been associated with less adaptive styles such as denial and behavioral disengagement while extraversion and conscientiousness have been associated with more adaptive styles like active coping and seeking social support (Connor-Smith & Flachsbart, 2007). These coping strategies affect how parents feel about themselves and the family generally.

In families that have children with developmental disabilities, whatever coping skills parents use are not just for them as individuals but also influence the overall family system (Hastings 2003). For instance, some positive coping mechanisms such as seeking social support and positive reinterpretation may lead to more positive family interactions and better adjustment outcomes for both parents and children (Gray, 2006).

To sum it up, there is no doubt that those traits play a huge role in shaping how these parents handle their specific challenges occasioned by having children with developmental disabilities. Thus, this theoretical perspective helps us to understand the way different parents respond to stress (Connor-Smith & Flachsbart, 2007). This knowledge is necessary for designing appropriate interventions aimed at offering effective support to these families.

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Parental Resilience and Behavioral Adaptation

Literature Review on Resilience and Coping Mechanisms

Parental resilience and behavioral adaptation are very important in making parents raise children with developmental disabilities. In this context, resilience refers to the ability of these parents to withstand, adapt to, and recover from the stressors and challenges they face. Behavioral adaptation is about the changes and strategies that parents use in order to be able to handle their situations well. Based on a comprehensive review of literature on these topics, it appears that the process of resilience development is influenced by different types of coping mechanisms used together with the parental well-being effects.

Resilience in parents of children with developmental disabilities is a dynamic process, influenced by various factors including individual characteristics, family dynamics, and external support systems. Recent studies have shown that resilience does not occur as a fixed intrinsic quality but as time dependent behaviors, thoughts or actions (Walsh, 2003). For example, optimistic mind set which helps them see things differently enables them to get through those trying moments. Also it is important for them not to worry too much about other people's opinions because it hinders their self improvement process. At the same time having supportive network involving friends, relatives and professional support figures- plays an integral part in encouraging resilience (Bayat, 2007).

Coping mechanisms employed by these parents can be categorized into problem-focused and emotion-focused strategies. Problem-focused coping entails actions and thoughts that address the source of stress like obtaining information or services for the child. Conversely emotion focused coping entails ways where one attempts at reducing emotional strain such as seeking emotional support or participating in relaxation exercises (Lazarus & Folkman 1984). It has been found out that adaptive coping which consists both problem-focused and emotion-focused strategies helps enhance better parental well-being (Hastings & Brown 2002).

Studies have also explored how parental resilience can influence the choice of coping strategies. For instance, resilient parents are more likely than those with lower levels of coping skills to engage in problem-focused coping (Pottie & Ingram, 2008). These parents are often positive about the challenges that their children's disabilities pose on them. They interpret these adversities as avenues for growth and development. This kind of reframing is among the keys to resilience and has been associated with psychological well-being (Greene, 2002).

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Again, the literature emphasizes the role of contextual variables in shaping parental resilience and coping. Most importantly, parents' perception of disability in relation to their cultural beliefs and values affects their capacity to cope with those difficulties (Keller & Honig, 2004). Moreover, resources such as respite care; educational programs available for parents also affect their effectiveness in dealing with this situation (Dunst et al., 2002).

In conclusion, parental resilience and coping are complex and multifaceted constructs that play a critical role in the lives of families raising children with developmental disabilities. According to the literature resilience can be built or strengthened through different factors including supportive relationships as well as positive ways of facing stressors. Professionals who work with such families need understand these concepts since it can help them come up with intervention measures or support systems that enhance resilience while promoting adaptive coping.

Parental Adaptation Strategies in Literature

There is a need to study how parents adapt to raising children with developmental disabilities, more so in terms of the strategies they use. This literature review will examine different approaches by parents in addressing these challenges, focusing on the adaptive processes and outcomes of such strategies.

In this context, adaptation refers to the modifications and changes that parents make in response to the demands and stressors associated with raising a child with developmental disability. These adaptations might include but are not limited to psychological, behavioral and emotional aspects, which are vital for parental well-being and family functioning. The literature has identified several key strategies, including seeking social support, information seeking, positive reframing, and advocacy.

Social support is a fundamental adaptive strategy. Studies have shown that parents who have robust support networks experience lower levels of stress and better overall well-being (Boyd, 2002). Besides providing emotional solace, social support can also be practical such as offering assistance with childcare which can significantly reduce pressures faced by parents on daily basis (Keller & Honig, 2004).

Information seeking is another critical strategy. Parents often engage in tireless efforts to acquire information about their child's condition as well as treatment options available and services provided. This proactive approach is linked to a sense of control and empowerment

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which is essential for coping with stress and uncertainty (Sloper, 2002). Moreover, it enables parents to make more effective decisions concerning the welfare of their children in regard to health care or education.

Positive reframing is a cognitive adaptation strategy where parents find positive meaning in their experiences. It could involve viewing the situation as an opportunity for personal growth or focusing on strengths rather than limitations of their child. Research shows that positive reframing is correlated with higher resilience and less psychological distress (Hastings & Taunt, 2002).

Advocacy also counts as an important adaptation strategy particularly when it comes to maneuvering through healthcare systems or education fields. Many times parents become their child's advocates who fight for the right to access services, placement in appropriate educational settings, and inclusion in life. This role can be empowering and contribute to a sense of purpose and efficacy (Ryan and Runswick-Cole, 2008).

However, the literature also recognizes that these adaptive strategies are not without challenges and complexities. Adaptation does not occur in straight line and it varies greatly based on individual, family, or contextual variables. For instance, cultural beliefs about disability can affect the types of adaptation approaches used (Keller & Honig, 2004). Additionally, the efficacy of such strategies is greatly influenced by availability and quality of resources such as specialized healthcare or education services (Dunst et al., 2007).

To sum up, parental adaptation to raising a child with developmental disabilities involves a range of strategies that are essential for managing stress and promoting family well-being. These strategies are dynamic because they are varied by social support; information; positive cognitive reframing; as well as advocacy. Understanding these adaptation strategies is crucial for professionals working with these families, as it provides insights into how best to support and empower them.

Examining Parental Copy Behaviors

Role of Personality in Behavioral Mimicry

Parental copy behaviors are a phenomenon that is very complex and yet one that interweaves issues of personality and behavioral mimicry, especially when raising children with developmental disabilities. Parents' personality traits significantly influence this behavior, which often manifests as parents adopting attitudes and behaviors reflecting their child's needs

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and conditions. This explains how different personality traits can influence the way parents react or adapt to their disabled children.

According to psychological research, personality represents a group of permanent characteristics that affect people's thoughts, feelings and actions in different situations. The Five-Factor Model (Costa & McCrae, 1992) describes this framework using five important dimensions: openness, conscientiousness, extraversion, agreeableness and neuroticism. Research indicates that these factors influence the ways through which parents respond to the challenges associated with bringing up children suffering from developmental disorders such as autism.

In this context, behavioral mimicry refers to unconscious adoption of behaviors, emotional states or attitudes that resemble those of the child. This theory is based on social learning that suggests humans learn from observing and imitating others especially those they have formed close attachments (Bandura, 1977). For example, parents might need to change how they talk or behave differently around their children.

The role personality plays in this process of mimicry is multiple. For instance, highly agreeable parents may be more empathetic towards their child's emotional states leading them into becoming mimics for purpose of emotional bonding (Graziano & Tobin, 2002). Similarly, those who score high on openness are more adaptable and willing to engage in new behaviors that promote interaction between them and their offspring.

On the contrary, those who scored higher on neuroticism were considered more likely to report greater anxiety levels about their child's condition leading them into becoming mimics for purposes of providing care (Deater-Deckard, 2004). In contrast with adaptive forms where a parent's emotional state is closely linked to their child's challenges, a less adaptive mimicry might arise from this response, which can potentially interfere with coping and management efficacy.

The other aspect of mimicry that research explores is how it helps parents develop understanding and empathy. For instance, Hastings and Taunt (2002) argued that behavioral mimicry often provides parents with deeper insight into the experiences and needs of their children thereby helping them to become better parents. Empathetic alignment through mimicking can be beneficial in navigating difficult emotional and behavioral dynamics surrounding developmental disabilities.

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However, literature also warns against the dangers of too much mimicry such as emotional enmeshment or loss of individual identity in the parental role. Therefore, striking a balance between empathetic alignment with their child's needs and ensuring that they take care of themselves and other family members is crucial for parents (Woodgate et al., 2008).

In conclusion, personality plays a complex role in parental copy behaviors as part of the broader parenting experience among individuals who bring up children affected by developmental issues. These personality traits greatly influence behavioral mimicry thus affecting the relationship between a parent and a child as well as other family members. Understanding these interactions helps in effective support for families so that parents may grow positively without compromising their well-being.

Comprehensive Review of Related Studies

Parenting children with developmental disabilities is one of the most important topics for psychologists and educators nowadays. Parents' adjustment to the situation and the unique challenges they endure on a daily basis are well captured in various studies that are reviewed here. Parental stress and coping mechanisms; how disability affects family dynamics and the approach adopted by parents in managing the day to day life as well as long term planning are some of the areas covered by this literature.

Stress among parents of children with developmental disabilities is one of the major themes looked into in this area of research. Hastings and Johnson (2001) conducted a study which showed that parents of such children have higher levels of stress and experiences mental health issues compared to those who have normally developing kids. Reasons for this increase in stress include increased caregiving demands, social stigma, financial burden associated with rearing a child with disability (Abbeduto et al., 2004).

Resilience along with coping mechanisms remains to be an important aspect as well. Gray's work (2006) explains how differently parents cope ranging from problem-focused approaches like seeking information or resources to emotion-focused strategies where they seek help from others or take care of themselves. The success rate or failure thereof depends on a number of factors including; level of disability, personality traits possessed by the parent(s), and availability of external support (Lloyd & Hastings, 2009).

Another domain that has been widely examined is family dynamics as affected by having a disabled child. Miodrag and Hodapp's research (2010) indicated that families with disabled children have different sibling relationships, lower marital satisfaction levels leading

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to dysfunctional families. Open communication skills, realistic expectations setting, and nurturing supportive families through thick and thin were identified as key adaptation strategies for overcoming these difficulties (Troy et al., 2007).

Apart from these findings, there is also a whole chapter devoted to how parents go about their day-to-day lives. This study by Boyd (2002) highlights how parents of such children adjust their communication style and routines to fit the needs of the child. The author emphasizes that it is important for parents to be flexible in order to enhance caregiver's practicality and meet the child's developmental requirements (Hodapp et al., 2005).

Additionally, there are numerous researches conducted on external support systems such as medical professionals, institutions of learning and community provisions. A study carried out by Esbensen and Seltzer (2011) sought to clarify this issue underscoring that services improve parent stress-relieving mechanism consequently promoting a better coping mechanism with parents. However, access and quality of these services tend to vary greatly thereby influencing families' general experiences (Stoneman, 2005).

In summary, literature on parenting behaviors and adaptations among developmentally disabled persons is vast and complex. It shows that difficulties faced by these families are not straightforward but rather multifarious hence they have different methods of handling them. This research also serves as a platform for creation of interventions which would target specific groups in need assistance from the society, thus providing insights for practitioners seeking to offer support and guidance.

Concluding Insights

Parental experiences in the context of raising children with developmental disabilities provide great insights on the intricacies and dynamics of this unique parenting journey. The conclusion section is a synthesis of various researches that provide an overview of the main findings on challenges faced by these parents and how they cope, adapt and remain resilient.

One of the most important findings in this area has been increased stress levels and psychological burden among parents of children with developmental disabilities. Various studies suggest that these parents have unique challenges like managing the child's care, dealing with social stigma and coping with financial difficulties (Hastings & Johnson, 2001; Abbeduto et al., 2004). This high stress can have negative effects on both their healths' meaning mental, physical, family dynamics as well as their disabled child's overall wellbeing.

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Parents develop different kinds of coping mechanisms to deal with such problems. The literature advocates for problem-focused coping strategies as well as emotional ones. Those who search for information about their situation gain more control over their own lives as compared to those who do not (Gray, 2006). Conversely, emotion focused strategies such as finding social support or taking care of themselves are needed in order to help manage the emotional impact involved in caregiving (Lloyd & Hastings, 2009).

Resilience is another significant theme in literature about disability. Parental resilience is not a static trait but rather it evolves over time and influenced by multiple factors. Resilient parents often possess certain personality traits such as optimism or flexibility and have strong support networks (Masten, 2001; Walsh, 2003). It allows them to adapt to their situations thus finding meaning out of it despite its hardships while maintaining positive attitudes.

Adaptation is a concept comprised by several behavioral patterns and techniques. Parents often need to change their expectations, ways through which they communicate and daily routines so that they can effectively meet the needs of their child with developmental disabilities (Boyd, 2002). This involves several factors such as the particular needs of the child, the parents' personality traits and external resources that are available to them (Dunst et al., 2007).

Additionally, literature brings out how families are affected by a child's disability. The presence of a developmental disability alters marital relationships, sibling interactions and overall family structure (Miodrag & Hodapp, 2010). Families that effectively deal with such problems have adopted open communication ways in addition to maintaining realistic objectives and developing a supportive inclusive environment within their families (Troy et al., 2007).

In summary, this body of literature on parental experiences in the context of developmental disabilities generates important insights into the challenges, coping mechanisms and resilience of these parents. It also emphasizes how complicated their experiences are and how they adapt to dynamic situations. Understanding this is essential for creating effective support systems and interventions that meet the specific needs of these families. By recognizing and addressing these unique challenges faced by these parents, it can improve their wellbeing as well as those of their children and families at large.

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Theoretical article

RESILIENCE AND ADAPTATION IN PARENTHOOD: NAVIGATING THE CHALLENGES OF RAISING CHILDREN WITH DEVELOPMENT DISABILITIES

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Abstract

This research provides a deep insight into what it takes to be a parent and raise a child with developmental disabilities. It examines the effects of personality organization, behavioral mimicry and coping strategies on parents of children with disabilities. The chapter begins by discussing some of the problems linked to such disabilities, pointing out the psychological and physiological stresses that parents go through. This paper looks at how different traits in Big Five model affect how parents cope with stress and build resilience. It explores some neuroscientific aspects of stress and coping, highlighting chronic stress' ramifications on brain function and the concept of allostatic load. The social learning theory based phenomenon, behavioral mimicry is used to provide an insight into why parents often behave as their children do and feel how they feel. Additionally, we look at parental attitudes towards persons with disabilities from perspectives of culture and society which show how cultural beliefs shape parents' reactions towards their disabled children. It ends by discussing some adaptive strategies with emphasis on social support, therapeutic interventions as well as resilience building programs. The report concludes by giving recommendations for research directions such as, personality traits: impact over long timescales; culturally sensitive research; parenting support initiatives appraisal among others.

This comprehensive review provides a multi-dimensional perspective on parents' experiences whose children have been diagnosed with developmental disabilities thereby deepening our knowledge about them.

Keywords: *developmental disabilities, parental stress, personality organization, behavioral mimicry, social learning theory, neuroscientific perspectives, cultural influences.*

Introduction

Parenting a child with developmental disabilities is an intricate and multifaceted process, which requires studying a number of psychological aspects. The focus of this paper is on how personality organization and copy behaviors work hand in hand in parents of children with developmental disabilities. For example, parenting in the context of the study refers to a journey through different psychological and environmental factors. This essay is aimed at explaining why parents behave the way they do by considering their personalities and its relationship to their coping strategies and adaptation mechanisms towards unique challenges.

Parents have to deal with several challenges when they have a child with autism spectrum disorders, cerebral palsy or intellectual disabilities. These include everyday care, financial constraints, emotional as well as social implications associated with having children with special needs (American Psychiatric Association, 2013). This has resulted in serious mental health issues including high levels of stress, anxiety and sometimes depression among these parents (Singer, 2006). In addition to this, the society's perception of these families has brought more problems because of stigma that is involved in it (Gray, 2002).

Parents' personality organization forms the basis for discussing parental roles. Personality traits as described by psychology are responsible for determining how one perceives or reacts to stressors. According to Costa & McCrae (1992), "The Five-Factor model" represents these qualities: openness, conscientiousness extraversion agreeableness neuroticism . For example, parents who exhibit high levels of neuroticism can experience more stress when faced with disability while those who are resilient may adapt better (Deater-Deckard, 2004).

Moreover, an interesting aspect about parental adjustment is copying behavior where parents unknowingly mimic their children's behavior or emotions. Within close familial relationships this copying behavior arises from social learning theory that suggests individuals learn or adopt behaviors through observation and imitation (Bandura, 1977). Specifically within developmental disabilities contexts spend much of their time with their children speaking and communicating with them in ways that match the unique needs of their children.

The role of social support is critical in this context. Parents who have a strong support system that includes family, friends, and professional organizations are better able to cope and have a higher psychological well-being (Boyd, 2002). Furthermore, parents find it helpful to

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have access to therapeutic interventions and educational programs as these resources help them manage the challenges associated with having disabled children (Dunst et al., 2007).

This study will delve into these issues comprehensively, providing an understanding of how parent personality comes into play with imitation behavior and broader familial trends when dealing with developmental disabilities. The aim of this essay is thus to offer knowledge on how parents respond to such phenomena, thereby calling for target programs as well as interventions required by such families.

Developmental Disabilities: A Multidimensional Overview

Developmental disabilities are a wide range of conditions that involve impairments in physical, learning, language or behavioural areas. They usually occur during childhood and continue over an individual's lifetime interfering with daily life and often requiring long-term assistance. In conclusion, this summary will present an overview of the developmental disorders such as their types, characteristics and its impact on individuals and families.

Examples of developmental disabilities include autism spectrum disorder (ASD) [autism spectrum disorders – ASD is the most common (American Psychiatric Association 2013)], cerebral palsy, Down syndrome, mental retardation among others. For instance, ASD has difficulties in social interaction, communication deficits, restricted interests, and repetitive behavior (APA, 2013). Cerebral palsy on the other hand involves a set of disorders that affect someone's ability to move and keep balance and posture which is generally due to injury to developing brain (Rosenbaum et al., 2007). Also Down syndrome is a genetic disorder caused by an extra copy of chromosome 21 that leads to moderate intellectual disability with distinctive physical features (Bull, 2020).

The effects of these disabilities on child development can be extensive. Developmental delay for children with developmental disabilities may influence milestones such as walking or talking which needs specialized healthcare provision, educational arrangements as well as support services (Boyle et al., 2011). Additionally, their needs may change over time requiring continuous adjustment of care and support strategies.

The diagnosis of developmental disability in a child affects family life significantly. Families face substantial emotional turmoil, financial hardship and social dislocation. Parents experience numerous feelings ranging from denial to acceptance or grief towards their child's

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condition (Hastings & Taunt, 2002). Additionally, they may have higher healthcare costs for therapy resulting in financial burdens while having to modify their work schedule or career path for child care duties (Parish et al., 2008).

Socially these disabilities are also significant. Many families report feelings of social isolation, stigma and lack of understanding from their communities (Gray, 2006). These challenges often make life more stressful for such families thus affecting their quality of life in general.

Further still developmental disabilities can bring about changes to family dynamics. Siblings of children with disabilities might experience various difficulties including feeling ignored, assuming greater caregiving responsibilities or feeling the pressure to excel (Stoneman, 2005). Additionally, marital relationships may suffer as parents frequently register higher stress levels and increased conflicts (Higgins et al., 2005).

Nevertheless, numerous families triumph against all odds. They change their ways, find new skills and grow as people due to these aspects (Bayat, 2007). To overcome the ensuing problems, families need help from extended family members, friends and professionals as well as access to resources and community based services (Dunst et al., 2007).

In summary, developmental disabilities are complex issues for individuals who suffer from them and their families. Understanding these conditions and the magnitude of impacts are key towards providing effective support systems that will aid in interventions. As research moves forward it is necessary to adopt a comprehensive approach taking into account physical; psychological; social; financial factors that constitute living with a developmental disability.

Personality Theories and Parental Psychology

The intersection of personality theories and parental psychology offers profound understanding of how parents of children with developmental disabilities navigate their unique challenges. This is because personality theories, which examine a person's continuous traits, offer explanations on how these characteristics influence the way parents behave, cope up with stress and their overall well-being.

Central to this discussion are the Big Five personality traits—openness, conscientiousness, extraversion, agreeableness, and neuroticism—proposed by Costa and McCrae (1992). These traits have been widely researched in relation to parenting behavior. In other words, many studies have indicated that highly neurotic parents often experience anxiety

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and stress when they care for a child with developmental disabilities (Deater-Deckard, 2004). On the other hand, extraversion and agreeableness are related to such positive parenting behaviors as warmth and responsiveness (Prinz et al., 2009).

Personality is also key to parental adaptation and resilience. For example, resilience is important for parents of children with developmental disabilities who are able to bounce back from stressors and adversities. According to some researches; some personality traits like optimism as well as flexibility are associated with high levels of resilience among parents especially those that have disabled children (Masten, 2001). This ability in them helps not only in adapting themselves to their child's needs but also managing stress effectively thus maintaining a favorable family environment.

Attachment theory is yet another significant perspective that is considered in parental psychology which identifies the importance of emotional bond between parents and their children. Bowlby (1982) argued that secure attachment during early childhood plays an important role in life-long emotional health/social functioning. As such secure attachment can be difficult for parents of children with development disabilities due to special needs and communication difficulties faced by such children. However, sensitive parenting behaviors that respond effectively to a child's signals can enable formation of a secure attachment which is good for a child's growth (Sroufe, 2005).

Parenting styles, as defined by Baumrind (1971), also play a critical role in shaping child outcomes. An authoritative parenting style is generally associated with positive developmental outcomes in children and involves warmth, structure, and high expectations. Parents of children with development disabilities may therefore wish to have an adaptive parenting style that incorporates the features of being authoritative while considering their child's special needs (Hastings & Brown, 2002).

Moreover, is Sameroff's transactional model of development (2009) which posits that both parents and children influence each other's upbringing in an interactive manner. It is from this viewpoint that we can understand how parents and children both adapt to one another within families whereby developmental disabilities exist as well as contacting the appropriate health care provisions.

In conclusion, personality theories provide valuable insights into parental psychology particularly within the context of developmental disabilities. Interventions aimed at assisting

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these families should recognize how personality traits influence parental behaviors and resilience or the parent-child relationships. By acknowledging the impact of personality on parental experiences, providers will be better placed to offer more personalized support suitable to such households.

Neuroscience of Stress and Coping in Parents

To comprehend their resilience and experiences, we rely heavily on how parents of children with developmental disabilities react to stress (especially through a neuroscience perspective). The mental stress associated with raising a disabled child affects the general health and different physical reactions regulated by complex brain processes.

The hypothalamic-pituitary-adrenal (HPA) axis is at the core of the stress response system that plays a crucial role in controlling body responses to stress. Stress experienced by a parent for instance, managing a challenging behavior from his or her child or navigating healthcare systems, leads to an activation of the HPA axis and subsequently results in cortisol release, which is considered as the most important stress hormone (Gunnar & Quevedo, 2007). This system can be chronically activated; it is often seen in parents of children with developmental disabilities and leads to numerous disorders such as anxiety, depression, and immune dysfunction (Taylor, Seltzer, & Floyd, 2008).

Recent advances in neuroimaging have helped understand how chronic stress affects brain structure and functions. For example, there are changes in areas like amygdala and prefrontal cortex areas of the brain that are responsible for emotional regulation and executive functioning when someone suffers prolonged high levels of cortisol (Lupien et al., 2009). These changes may affect coping with stress by parents as well as decision making processes they are involved in.

Therefore allostatic load is another way to understand how chronic stress impacts parents. Allostatic Load describes the cumulative wear and tear on body and brain due to repeated activation of the stress response (McEwen, 1998). Constant caregiving demands as well as emotional strain for parents involve high allostatic loads that have impacts on their mental health conditions besides their physical health.

These stresses require coping strategies. Parents utilize various tactics including problem-focused coping such as information seeking or support seeking while others resort to

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emotion-focused ones like mindfulness and relaxation techniques (Folkman & Moskowitz, 2004).

Another important factor is resilience which entails the ability to recover from stress. Neuroscientific studies have shown that resilience is partly determined by genetic factors and brain plasticity as they affect how people respond to stressors (Feder, Nestler, & Charney, 2009). Nonetheless, it has been found that resilience can be developed through social support, positive coping strategies and interventions such as cognitive-behavior therapy (Southwick et al., 2014).

Also, parent child interaction itself can alter levels of both stress and coping. Positive interactions involve affection and responsiveness which can protect both parents and children from the consequences of stress (Sroufe, 2005). Conversely negative interactions aggravate stress or increase physiological outcomes of it.

In conclusion, there are complex connections between physiological, psychological and social factors in the neuro science of parental stress and coping among parents having children with developmental disabilities. To help these parents effectively identify the right interventions that could help them cope up with their health impacts from chronic stresses thereby promoting their well being as well as their ability to withstand future adversities one must first familiarize with the underlying mechanisms.

Behavioral Mimicry: Understanding Through Social Learning

An idea of mimicking behaviors is at the heart of social learning theory, which helps elucidate how parents of children with developmental disorders adapt to these challenges. Social learning theory as conceptualized by Albert Bandura suggests that people learn new behaviors by observing and imitating others particularly those whom they either identify with or consider good models (Bandura, 1977). In the context of parenting, this theory provides a framework for understanding how parents may unconsciously adopt behaviors and emotional states that mirror those of their children, particularly in response to the unique challenges posed by developmental disabilities.

Different forms through which behavioural mimicry expressed itself in parents include; similar communication styles, emotional responses, or coping strategies. For example, parents of children with limited verbal abilities might simplify their language use or rely more on non-

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verbal cues, mirroring the communication patterns of their child (Charman, 2003). Similarly, parents might reflect the emotional state of their child, exhibiting heightened empathy and attunement to their needs (Hodapp & Ly, 2007).

Mimicry is mediated by the mirror neuron system in our brains which activates when we do something as well as when we see someone else doing it (Rizzolatti & Craighero, 2004). It is thought that this system plays an important role in understanding other's actions and intentions hence enhancing both social learning and empathy. The mirror neuron system could be crucial to empathetic understanding and deeper connection among parents of children with developmental disabilities.

Behavioral mimicry has both positive and negative effects on parents according to research findings. For instance, it can lead to more empathy as well as improved communication and stronger parent-child bonds (Field, 2007). By mirroring their child's behaviour for instance parents can get a better understanding of what the child is experiencing and needing therefore enabling them to become more supportive and effective caregivers.

Negative implications can also result from excessive mimicry. This includes emotional contagion whereby parents absorb and internalize their child's stress or negative emotions, thereby increasing their own stress levels and decreasing their ability to cope effectively (Hatfield, Cacioppo, & Rapson, 1994). This might be particularly difficult for parents of children with severe emotional or behavioral problems.

Parents also engage in anticipatory mimicry besides direct mimicry where they anticipate and adapt to their child's potential behaviors or needs. This kind of proactive adaptation is essential to managing the daily difficulties involved in parenting a child with developmental disabilities allowing for a more flexible and responsive caregiving environment (Sameroff & Fiese, 2000).

Moreover, parental mimicry is shaped by the wider social context. Cultural norms, societal expectations and support systems can all influence how parents perceive and respond to a child's disability which then affects their mimicking acts (Bronfenbrenner, 1979).

In summary, behavioural mimicry offers nuanced insights into parental adaptive responses among caregivers of children with developmental disabilities when viewed from the perspective of social learning theory. It increases empathy and improves parent-child interactions but it also poses challenges that need to be carefully addressed. Understanding

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these dynamics is essential for developing supportive interventions that assist parents in managing the complexities of their roles while maintaining their well-being.

Cultural and Societal Influences on Parenting Practices

Parenting practices are greatly influenced by cultural and societal factors, more with parents having children with developmental disabilities. Societal norms, cultural beliefs and community support systems are some of the influences that contribute to parents' attitudes about, response to and management of their child's disability.

The experiences and practices of parenting are deeply influenced by culture. Various cultures have diverse beliefs and perspectives towards developmental disorders which affect parental reactions to diagnosis and caregiving strategies they decide on. It is possible for a family in some societies to be shamed or deny that their child has a disability leading to limited engagement within the community or seeking external help (Skinner, Weisner, & Zoeren, 2007). In other cultures however, there could be collaborative caregiving methods whereby other family members play a huge role thus reducing pressure associated with stress among families (Keller & Greenfield, 2000).

In addition, how society views developmental disabilities is also critical. Societies that are more aware and accepting of these conditions will generally offer more comprehensive support systems including education, medical and psychological resources. This acceptance may encourage parents to get assistance because it reduces stigma thereby improving their well-being and capacity as effective care givers (Gray, 2002). Conversely in societies where this is not the case, parents may experience challenges such as social exclusion from others like them; limited access to facilities; increased psychological strain (Mandell & Novak, 2005).

Such societal structures as healthcare systems as well as educational establishments should also not be ignored. The availability of services such as early intervention programs; special education; therapy options among others has an impact on how the caregivers manage their child with DD. Parents in communities where these services are easily obtained and of high quality can provide better care for their children thus promoting their growth (Rosenbaum et al., 2007).

Further still, it is important not to forget about existing norms concerning parenting styles and family dynamics. For instance, there are cultures where authoritarian parenting is

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common leading to an impact on how parents discipline and communicate with children with disabilities (Chao, 2001). Alternatively, families may have different interaction patterns due to the values of authority or permissiveness.

Another factor that shapes societal attitude towards developmental disabilities is media and social networks. They influence how society sees disability based on their representations in media as well as stories shared through social networking sites. Consequently, these media factors shape the way parents perceive a child's disability (Wang, Barry, & Wan, 2023).

Consequently, cultural and societal influences have a major impact on parenting practices for children with developmental disabilities. Thus they affect such aspects as acceptance of the disorder and ways parents could cope or adapt to it. As such cultural context and socio-economic situations need proper understanding before intervening in any families' life.

Adaptive Strategies and Resilience Building

Parents who have children with developmental disabilities depend on adaptive strategies and resilience building to succeed in their lives. This suggests that these strategies support them to cope with everyday difficulties, as well as provide a base for long-term welfare and psychological resilience. Resilience has been used in this context to mean how parents of children with challenges manage their mind states during times of adversity.

Adaptive Strategies

In reference to the child's disability, adaptive strategies involve some different behaviors or approaches used by the parents to deal with such challenges. This involves problem-focused and emotion-focused strategies. Problem focused ones imply taking action aimed at altering or managing the situation, like obtaining information about your child's condition, advocating for services, or implementing specific interventions (Dunst et al., 2007). On the other hand, emotion-focused strategies are aimed at regulating one's emotions in response to this situation. These may include seeking emotional support, engaging in self-care activities, practicing mindfulness and relaxation techniques (Hastings & Brown, 2002).

The Role of Social Support

Social support is a key aspect of the adaptive strategies by parents here. It may be sourced from family members, friends, support groups or professional services among others. Research shows that social support is associated with better psychological well-being in parents

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of children with developmental disabilities and may serve as a buffer against stress (Boyd, 2002). In addition to providing emotional comfort, social support can offer practical help that can be invaluable in dealing with day-to-day tasks and reducing stress.

Parental Resilience

Resilience in parents of children with developmental disabilities includes being able to get back up after being knocked down by difficult times, adapt to tough circumstances and maintain or regain sanity. Also Maslen (2001) adds that this resilience is seen within the context of individual factors such as positive attitude towards life, good sense of humor among others which enhance it. Another important factor is family dynamics which is often seen in the form of a strong family unit that communicates effectively with each other.

Interventions for Building Resilience

Resilience-building interventions have been designed for parents. Coping skills enhancement, emotional support provisions and increased accessibility to resources are among many other things that these interventions concentrate on. Singer et al. (2007) inform that some therapeutic approaches such as cognitive-behavioral therapy (CBT) and mindfulness-based interventions can reduce stress and improve well-being in parents of children with developmental disabilities. Moreover, through parent-training programs aimed at managing child behavior, services navigation, there have also been reported cases of resilience building whereby parental self-efficacy is enhanced thus stress reduction (Neece et al., 2012).

Resilience as a Protective Factor

Resilient parents are not only good for themselves but for the entire family including the child with developmental disability. As a result, resiliently made parenting has a positive influence on child's development. Furthermore, if parents are resilient this will help their children mimic them in positive coping leading to fostering resilience among them (Yates et al., 2003).

In conclusion, it is important to understand and support adaptive strategies and resilience in parents of children with developmental disabilities since both the children and the parents themselves benefit from these concepts. These strategies and resilience do not only assist with dealing with immediate challenges but also have long-term positive impacts on everyone within the family.

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Conclusion and Future Research Directions

This paper has extensively explored the multifaceted experiences of parents raising children with developmental disabilities, exposing how complex their adaptive strategies and resilience building might be. This conclusion brings together major findings from the literature and proposes new research areas.

The synthesis of key findings

Parenting a disabled child is a journey full of challenges that vary across the spectrum including increase in stress as well as psychological burden. It has been shown that Big Five traits as represented by personality type play a significant role in determining how parents cope with these challenges, affecting their overall well-being and family dynamics (Costa & McCrae, 1992; Deater-Deckard, 2004).

The neuroscience of stress and coping shows physiological impacts brought about by parenting a special needs child. For instance, chronic stress affects brain structure and function thereby impacting on parental emotional regulation capacity (Lupien et al., 2009). On the other hand, the concept of allostatic load underlines the cumulative physiological effect of long-term stress, thus necessitating effective coping mechanisms for such stressful conditions (McEwen, 1998).

According to social learning theories based on behavioral mimicry parents often behave like their children when they try to understand what is going on inside them. However, this can also lead to emotional contagion (Bandura, 1977; Hatfield et al., 1994).

Parenting practices are shaped by cultural and societal influences. Parental experiences and support availability differ among various cultures due to varying perspectives towards development disability (Skinner et al., 2007).

Parents need adaptive strategies and resilience. Coping skills have been improved through social support networks as well as cognitive-behavioral interventions. These strategies can help reduce stress levels among parents having children with developmental disorders thereby improving their general welfare status (Boyd, 2002; Singer et al., 2007).

Recommendations for Future Studies

Future studies should aim to longitudinally investigate various personality traits' impact on parental stress and coping with time so as to have a better understanding of their dynamic nature.

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Neurobiological mechanisms underlying stress and resilience in parents need further scrutiny so as to develop more targeted interventions. Neuroimaging studies are also beneficial in identifying the specific brain regions and pathways involved in parental stress and coping.

The need for culturally sensitive research on parenting children with developmental disabilities from different cultural backgrounds is also advocated for. Such studies can help in defining support systems that are most suited to a particular culture.

Future research should also look at how effective these interventions are in promoting resilience among these parents. The evidence-based approach would be employed where randomized controlled trials (RCTs) would be conducted on mindfulness-based stress reduction, family therapy, and community support programs (Brady & Kendall, 2001).

Research needs to be done about the long-term effects of parent's behavioral mimicry on the child as well as the parent. They have identified a balance between empathic attunement and emotional contagion that can form a basis of healthy relationships between parents and children (Hoffman & Rosenthal, 1994; Insel & Fernald, 2004).

Finally, future studies should focus on exploring siblings' and other family members' perspectives to provide holistically understandings of family dynamics within households having children with developmental disabilities.

In conclusion, raising a child with developmental disability is not an easy task for any parent. Therefore further research is indispensable in this area for more effective support systems and interventions that will improve the wellbeing of both the offspring and their parents.

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Theoretical article

STRESS AND COPING IN THE CONTEXT OF DEVELOPMENTAL DISABILITIES: INSIGHTS, IMPLICATIONS AND FUTURE

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Abstract

The study presents a summary of the stress and coping research as it relates to developmental disabilities, highlighting key findings and recommendations for future studies and practices on the subject. People with developmental disabilities and their families are commonly confronted with unique challenges that include caregiving roles, navigating complex health care systems among others as well as societal discrimination. The very nature of stress is pervasive while there is a diversity of coping strategies used by these families thus indicating the synthesis from different studies have provided useful information on key issues. Coping ability relies heavily on individual resilience, family dynamics and access to support systems.

The findings highlight the need for targeted interventions, early support, enhancing resilience, inclusive policies and professional trainings among others. These measures can enhance the adaptive capacity of affected individuals and promote their overall well-being for individuals having developmental disabilities. Longitudinal studies, cultural differences exploration, building-resilience models, sibling-family dynamics and policy evaluations are among some of the recommendations.

Keywords: *Developmental Disabilities, Resilience, Interventions, Support Systems, Professional Training, Longitudinal Studies, Policy Evaluation.*

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Introduction

The particularity of parenting a child with developmental disabilities is that it influences parents' psychological well-being and even personality structures. Thus, this literature review will examine the complex ways in which parents adjust to such challenges by building their coping mechanisms.

Parenting a child with developmental disabilities is a journey that cannot be compared to other parental experiences. This typically means dealing with various challenges entailed in keeping the children happy while we assist them navigate medical and educational procedures (Hastings & Taunt, 2002). In essence, this alters their identity as parents thus necessitating an analysis of personality organization and coping behaviors.

Personality organization refers to the internal psychological structures and processes that develop within parents in response to their unique parenting experience. Psychodynamic theories, particularly those focusing on stress and coping, are pertinent in understanding these transformations. Lazarus and Folkman's (1984) stress and coping model offers insight into how parents view or handle stressors related to having a developmentally disabled child.

Parents of children with developmental disabilities adopt different coping strategies that are often complicated. These actions are not just responses to the immediate situation but also refer to continuous adaptation and building resilience. Gray (2006) conducted a study on these parents indicating that they employ diverse coping mechanisms like problem-focused coping and social support seeking.

Also, parenting children who have developmental disabilities is not uniform; instead it depends on various socio-cultural factors. Culture plays an important role in shaping parents' beliefs about disability (Landsman, 2009). An understanding of culture is crucial for appreciating why different groups of parents have varied experiences and ways of dealing with problems.

Developmental disability has implications beyond individual life by affecting family processes and relationships. In this context, siblings of children with disabilities face specific challenges which also impact family environment as a whole (Stoneman, 2005). Thus comprehension of these familial dynamics gives a wider scope on how developmental disabilities affect parents.

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Over the years, technology and social media have played a bigger role in these parents' lives. The whole idea of online communities and digital resources has allowed for new ways of coping with daily life (Clifford & Minnes, 2013).

There is a multiplicity of stresses and coping mechanisms that exist among such parents. Most often, the chronicity of stress experienced by these parents causes them to suffer from such psychological effects as anxiety, depression and burnout (Singer, 2006). Thus grasping these psychological impacts will help in coming up with sound interventions in support.

Resilience is an important topic regarding families with children suffering from developmental disabilities. A study has started focusing on what makes some people resilient and how parents can develop these characteristics further (Bayat, 2007). By doing this, researchers are offering a shift in perspectives that leans more towards the power rather than weakness in these parent's experiences.

To conclude, this literature review aims at summarizing existing knowledge on personality organization and coping behaviors among parents having children with developmental disabilities. It seeks to present a holistic picture of the challenges, strategies used for coping and points of resilience while highlighting diverse cultural variations caused by society.

Overview of Parental Challenges in Developmental Disabilities

Parenting a child with developmental disabilities is an intricate and multifaceted experience, characterized by a unique set of challenges that extend beyond typical child-rearing difficulties. For these parents, increased physical, emotional, financial demands as well as adaptation and continual learning are common.

Parents grappling with the initial phase of understanding and accepting their child's developmental disability undergo severe emotional upheavals. After all the denial, grief due to diagnosis of autism, Down syndrome, cerebral palsy and other developmental disorders can evoke various feelings like anxiety about the future (Maul & Singer, 2009). The chronic nature of these conditions complicated by everyday need for help or care fundamentally alters family dynamics and its vision on future.

Therefore, parents have daily practical obstacles in dealing with children having developmental disabilities. These are but not limited to; managing complex health care needs, negotiating special education systems and ensuring appropriate therapies (Pelchat et al., 2003).

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Caregiving intensity and frequency can result into physical fatigue or burnout in one's emotions hence many parents express more stress compared to those raising typical developing kids.

Financial strain is another significant challenge. Many families bear cost implications for medical treatment or therapy as well as special education among others (Parish et al., 2008). Therefore this calls for extra assistance such as decreased opportunities for paid employment where one of them has to reduce hours worked or resign totally in order to take care of these loved ones.

Social isolation is a common experience among parents of children with developmental disabilities. This often limits social interactions and leisure activities due to the demanding care routines thus leading to loneliness (Resch et al., 2010). Moreover, developmentally disabled people's stigma within society results in these families being marginalized even more thereby deepening this sense of isolation.

A parent also finds it hard accessing enough support services. They may find it difficult locating appropriate educational settings health care services or community resources that match the needs of their child (Turnbull et al., 2011). For parents looking for support, service systems' complexity and differences in availability and quality become a discouragement.

These challenges also have an impact on sibling relationships thereby affecting family dynamics. Siblings may experience feelings of neglect, jealousy, or pressure to compensate for their brother or sister's needs (Hodapp & Urbano, 2007). These relationship dynamics need to be addressed in order to maintain a healthy family.

Parents of children with developmental disabilities often display notable resilience and strength amidst all these challenges. They adopt flexible approaches, change positively and thrive within their parenting roles leading to a deep sense of meaning and fulfillment (Bayat, 2007). Such resilience is nurtured via social networks that help them to cope with frustration as well as coming up with positive explanations for their situations.

Therefore, it can be concluded that parents raising children with developmental disabilities face a series of complexities that necessitate significant adjustments, enhanced strengths and support. Consequently, the understanding of these issues is paramount in developing effective interventions as well as support systems aimed at assisting such families in their special parental expedition.

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Evolution of Concepts: From Early Theories to Contemporary Understandings

The understanding of developmental disabilities has undergone a significant transformation over the years, evolving from early misconceptions and stigmatizations to a more enlightened and empathetic approach. This evolution reflects broader changes in societal attitudes, medical understanding, and educational practices concerning individuals with developmental disabilities.

Eugenics theory was involved with understanding developmental disabilities during the first half of the 20th century (Trent, 1994). During this dark period, people did not know how to deal with or relate to disabled folks who in many cases were assumed to have done something wrong morally or been unlucky in their genetic composition.

The mid-20th century was characterized by a change in perception about developmental disabilities that was influenced by works of psychology and education pioneers. Psychologists like Leo Kanner and Hans Asperger introduced autism as an independent condition thus challenging earlier perceptions about developmental disabilities (Kanner, 1943; Asperger, 1944). Additionally, this epoch witnessed civil rights movements which inclusive of advocacy on behalf of disabled people.

The deinstitutionalization movement of the 70s was aimed at enabling individuals with developmental disabilities to live within communities rather than institutions (Braddock, 1999). The landmark legislations such as Education for All Handicapped Children Act passed in 1975 which offered free appropriate public education for every child having disability facilitated this transition.

Understanding neurobiology has significantly increased during the last years of the twentieth century until now. Investigations into genetic and neuroimaging aspects have helped to understand conditions including Down syndrome, autism spectrum disorders and cerebral palsy (Zoghbi & Bear, 2012). Apart from that, early intervention programs were initiated during this time with emphasis on early diagnosis leading to better outcomes for children with development disabilities (Guralnick, 2011).

Present day views on developmental disability are being heavily influenced by movement around neurodiversity arguing that brain differences should be seen as social categories like race, sex or sexual orientation (Armstrong, 2012). This perspective challenges traditional views of developmental disabilities as deficits, advocating for acceptance and accommodation of neurodiverse individuals in society.

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Moreover, this shift towards a social model rather than the medical model which perceives disability as an issue affecting the individual indicates a development in understanding developmental disabilities (Oliver, 1996). The change highlights societal barriers and attitudes as mediating factors that influence experiences of persons with disabilities.

To summarize the evolution of concepts surrounding developmental disabilities from early theories to contemporary understandings reflects a significant shift in societal attitudes and scientific knowledge. This transition from considering disabilities to be either moral weaknesses or health conditions to seeing them as part of human diversity underlines the need for more action, research and education in this field.

Key Personality Theories in Context

In order to understand how personality organization affects parenting children with developmental disabilities, one must examine several key theories of personality. These theories form a basis for understanding the psychological mechanisms that govern parental behaviors and coping strategies.

One of the foundational theories in Personality psychology is Sigmund Freud's psychoanalytic theory which emphasizes on unconscious processes and early childhood experiences as shaping personality (Freud, 1923). According to Freud, an individual's personality comprises of three major entities – id, ego and super ego. In the context of parenting, Freud points out that early childhood experiences can have profound effect on the parent as a result of their child's developmental disability.

Erik Erikson's theory on psychosocial development is also considered significant in explaining different aspects about this field. Erikson proposes eight stages that run from infancy to adult life all characterized by distinct psychosocial dilemmas (Erikson, 1950). For parents who have children with developmental disabilities, navigating these periods can be even more complex because they have to balance their own growth needs with those of their young ones.

Analytical psychology by Carl Jung provides another perspective on personality looking at collective unconscious and archetypes. Jung's ideas such as persona and shadow explain how parents could project their unconscious feelings or experience onto their roles as parent (Jung, 1933).

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Another important view comes from Humanistic theories of personality such as those proposed by Carl Rogers and Abraham Maslow. Rogers' self-actualization theory focuses on an individual's inner drive towards personal growth and self-worthiness (Rogers, 1951). These aspects are clearly shown when a child is suffering from developmental disability and therefore parents seek for personal growth as well as meanings in life through parental experiences. By using Maslow's hierarchy of needs which emphasize on self-actualization; we may recognize motivations together with aspirations for these parents (Maslow, 1943).

The trait theory of personality, most notably the Five-Factor Model proposed by Costa and McCrae, classifies personality into distinct dimensions: openness, conscientiousness, extraversion, agreeableness, and neuroticism (Costa & McCrae, 1992). The understanding of these traits may help to understand how different parents face the challenges of bringing up children with developmental disabilities.

Behaviorist theories especially those by B.F. Skinner stress that environment shapes behavior through reinforcement and punishment (Skinner, 1953). From this standpoint it is possible to perceive how parents' actions are influenced by what they are exposed to as well as the response they get from their child.

Bandura's social cognitive theory which highlights the role of observational learning, self-efficacy and reciprocal determinism gives a dynamic view of personality (Bandura, 1977). In terms of parenting this theory suggests that parents acquire knowledge and adjust their conduct through observing others including parents among other people with professional background as well as in reaction to feedback from their own child or their environment.

Finally, these few key personality theories give us a wide range of perspectives on why parents behave differently when faced with situations regarding development disabilities. Understanding such theories therefore allows us to appreciate how complex psychological factors affect adaptation and coping mechanisms amongst parents raising children with development disabilities.

Defining Copy Behaviors in Parental Contexts

Parents—especially those rearing children with developmental disabilities—copy behaviors, which are adaptive or maladaptive strategies used by parents to cope with the unique challenges they face. These behaviors are characterized as multi-dimensional and include a

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range of emotional, psychological and practical responses to meet the demands of having a child with special needs.

Psychologically speaking, coping behaviors in parents tend to be cognitive and emotional strategies. The ways in which parents think about or understand their child's disability can significantly influence their emotions and stress levels. Lazarus and Folkman's (1984) cognitive appraisal model on stress and coping is particularly relevant in this regard, since it explains how individuals assess stressful situations, leading to different coping styles. Parents who see their situation as more of a challenge than a threat are more likely to engage in positive coping activities (Lazarus & Folkman, 1984).

Emotional coping behaviors by parents comprise an array of responses including denial and avoidance, acceptance as well as positive refuting. These behaviors play a significant role in managing emotional experience that comes with parenting a child with developmental disabilities. Research has indicated that parents who employ more positive emotional coping strategies like seeking emotional support or focusing on positive aspects of their situation tend to have lower levels of stress and better psychological well-being (Hastings & Brown, 2002).

Behavioral coping strategies also encompass coping behaviors. They involve practical steps that parents take daily when they are raising children with developmental disabilities, including information seeking, service utilization and advocating for their children's needs. In this case the concept of self-efficacy by Bandura (1977) is relevant because parental belief in their ability to manage effectively for their child's care is associated with proactive coping behaviors.

Apart from individual coping strategies, coping behaviors cover social and interpersonal ones too. This encompasses the way they relate with peers such as siblings, other parents in similar situations or people offering health care services among others, in search of help and assistance. Social support is a key factor that has been found to be helpful by parents in managing the stress associated with raising a child with developmental disabilities (Boyd, 2002).

Cultural factors are also important in determining coping behaviors. Different cultures hold varying beliefs and attitudes towards disability which may affect how parents view and handle their child's condition. For instance, parents from cultures where interdependence and family support are highly valued may rely more on extended family members while those from

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cultures that emphasize independence may focus more on individual coping strategies (Keller & Greenfield, 2000).

The role of technology as well as social media has significantly shaped parental copy behaviors nowadays. Online communities and digital resources provide new ways of getting support or information which can be very useful for parents who feel lonely or lack access to traditional networks of assistance (Clifford & Minnes, 2013).

In summary, defining the term “copy behavior” within the context of parenting especially among those bringing up children with developmental disabilities entails understanding the complex cognitive, emotional, behavioral, interpersonal and cultural approaches involved. These behaviors are essential for managing unique challenges and stressors linked to this parenting experience.

Cross-Cultural Variations in Parental Adaptation Strategies

Cultural context has a profound impact on how parents adapt to raising a child with developmental disabilities. There are different cultures that hold various beliefs, practices and values which determine the experience of parenting and adaptation to challenges related to the condition.

Parents’ perceptions of disabilities and their ways of dealing with them depend largely on cultural norms and values. In some societies, for example, disability may be a medical issue treated through rehabilitation or therapy; whereas others conceive it as an ordinary aspect of human diversity that is about acceptance and inclusion (Skinner & Weisner, 2007). Consequently, cultural perspectives greatly influence the type of services families seek, as well as how they relate with professionals and advocate for their children.

In collectivist communities where family ties are cherished, parents’ adaptation typically involves larger family systems. These systems act as support systems for parents in managing their daily lives while raising children suffering from developmental disabilities (Kagitcibasi, 2007). Conversely, in individualistic societies, parents tend to lean more towards formal support services while stressing independence and self-confidence in their coping skills.

Moreover, religious beliefs play a significant role in shaping how parents adjust. Religious beliefs can help many cultures understand such disabilities from a different point of view hence providing them with comfort (Tarakeshwar & Pargament, 2001). Such principles

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can also impact on decisions regarding treatment option as well as provide community-based support through religious institutions.

Socio-economic factors intersect with cultural norms in affecting parental coping strategies. Different cultures have varying resources including education and health facilities which define what is available for parents (Yoshida et al., 2005). Due to financial constraints, access to these services becomes limited making most parents come up with unique ways of tutoring their young ones who have special needs.

In multicultural settings language and communication barriers affect parental adaptation processes thus necessitating alternative means of seeking support information. Non-native speaker-parents or those with less English proficiency on the other hand may have to face additional difficulties on accessing services, comprehending information or advocating for their children (Keller & Greenfield, 2000). These language barriers sometimes alter parental adaptation strategies since they require different ways of seeking support and information.

Additionally, cultural perceptions about disabilities determine parenting experiences and adaptation strategies used by parents. Certain communities stigmatize disabled persons leading to shame and some families do not seek help due to community attitudes towards such individuals (Groce, 2004). Alternatively, societies which are more tolerant towards disability may offer conducive environment to both the child and his/her parent.

This is vital in diverse societies that have experienced globalization and immigration. When migrating people sometimes combine behaviors from their places of origin with those from the host culture thereby coming up with new ways of bringing up a child that has developmental disabilities. Blending these practices can be beneficial but it also compels parents to work within contrasting expectations as well as norms derived from various cultural backgrounds.

To sum it up, parental adaptation strategies are significantly influenced by cross-cultural differences when raising children with developmental disorders. The understanding of these variations in culture is essential for professionals working with families from diverse backgrounds in order to develop culturally competent support services.

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Influence of Digital Platforms on Parental Behavior and Support Networks

Parental behavior and the formation of support networks, especially for parents of children with developmental disabilities, has been influenced to a great extent by digital platforms that have come into existence. How parents access information, seek support, and connect with others has been transformed in the digital age, redefining their experiences and coping strategies.

Parents often turn to the internet for information they need. Forums on web-based platforms are an important source of information for parents. Parents can get various resources like educational materials from these sites; therapeutic methods for developmental disability among others. Parents are equipped with knowledge and are empowered since they can now manage their children's needs more easily through the availability of digital information.

Parent support networks have included online groups and communities. Virtual spaces provide some sense of community that is very helpful to say a parent who may be isolated in an everyday environment (Clifford & Minnes 2013). The emergence of online communities supports peer discussion regarding emotional issues, experiences with different strategies and solidarity between those involved.

Social media has emerged as another major platform for advocating for children with special needs. This can include anything from sharing stories about their children living with autism to challenging myths about developmental disabilities (Mandell et al., 2012). In addition to establishing connections amongst peers, such a bold move by some parents has affected public opinion leading to changes in policies affecting persons living with these conditions.

However, not all digital platforms have positive effect on parental behavior. With so much data available online, parents may be overwhelmed or misinformed when attempting to make choices regarding the welfare of their children (Guralnick, 2017). Moreover, there is little guarantee as regards authenticity hence making it difficult for parents to know what information is reliable or not.

The quality of interaction taking place over the internet is questionable as well. Although one can communicate easily through these mediums, most of them lack enough depth when compared to face-to-face conversations. This can prevent them from fully grasping the concepts of autism and make it hard to avoid feelings of isolation in some cases; for example, when they see other parents having similar experiences (Baker & Drapela 2010).

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Parents also face challenges with cyberbullying and negative peers on digital platforms. When parents share their stories or opinions, they may be exposed to online criticism, judgmental remarks or even bullying which is tormenting and discouraging (Mishna et al., 2012). Therefore, it is important for the emotional well-being of parents as well as support resources for these products to have a safe environment.

However, there are still instances where there is a digital divide. Not everyone has access to these platforms and it is usually influenced by various factors such as social economic status, location and skills (Van Deursen & Helsper, 2015). It is therefore correct to say that this problem will only increase inequalities as digital have-nots will not find any help or support in the process.

In sum, the behavior of parents has been greatly impacted by digital platforms concerning development of parental support networks among those with children who have developmental disabilities. Although they provide access to information and facilitate community-based interventions as well as advocacy efforts for children with disabilities; there are challenges including information overload, lack of depth in interactions and negative experiences risks (they will come up with a statement about how these issues can actually be understood). For instance, we should know that this topic is vital for making benefit from advantages of digital media while minimizing its drawbacks.

Models of Stress and Coping in the Context of Developmental Disabilities

Parenting a child with developmental disabilities is often a stressful experience. It is crucial to understand how parents deal with their stress, especially if they are to give the right kind of support and intervention. Several models of stress and coping have been developed to shed light on the complex dynamics at play in the lives of these parents.

One of such models, is Lazarus & Folkman's transactional model of stress and coping (1984). It posits that as a dynamic process, stress entails cognitive appraisal by individuals about the situation they find themselves in as well as how one copes with it. This model emphasizes that when it comes to parenting children with developmental disabilities, what matters most is parents' appraisal of their child's disability and their ability to cope. Parents may classify it as either challenging or threatening or even harmful thus guiding on what kind of coping mechanism they will use.

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Within this model two common categories of coping strategies include problem-focused coping and emotion-focused coping. Problem-focused coping involves efforts made by individuals to confront the stressor directly, such as gaining information about the disorder, accessing support services or even problem-solving. Conversely, emotion –focused coping refers to actions aimed at dealing with emotional reactions brought about by a certain stressor for instance seeking emotional support from others, relaxation techniques among others.

The Stress and Coping Model (Folkman & Lazarus, 1980) builds on this perspective by emphasizing the role of cognitive appraisal in the process of adaptation. The key focus here is how one evaluates resources in terms of perceived resources and subjective salience which influence appraisal. Their level of stress may depend on parental assessments regarding personal resources, social support systems available for them and implications associated with their child's disability.

In addition, cultural factors affect coping strategies. Different cultures have different ways in which parents handle issues related to developmental disabilities (Imada & Yussen 2012). Due to cultural differences in norms, beliefs, and values, parents may perceive and respond to the challenges of developmental disabilities differently.

Moreover, coping strategies are influenced by cultural factors. Different cultures have different ways in which parents handle issues related to developmental disabilities (Imada & Yussen 2012). Due to cultural differences in norms, beliefs, and values, parents may perceive and respond to the challenges of developmental disabilities differently.

It is crucial to note that coping mechanisms change over time. Folkman & Lazarus' Stress and Coping Model argues that people constantly reappraise stressful conditions as they take place (1988). As children grow older or their needs change, parents of children with developmental disabilities can also adapt to these changes necessitating shifts in coping styles.

To sum up, the stress and coping models help to explain how parents whose children have developmental disabilities perceive and cope with the unique challenges. These models underscore the importance of considering cognitive appraisal, coping strategies, social support, and cultural factors in designing interventions and support systems to enhance the well-being of these parents.

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Resilience Factors and Development in the Parental Role

Even the most dedicated caregivers of children with developmental disabilities face different challenges that test their resilience. It is crucial to comprehend the factors that contribute to parental resilience and development in this context as it helps in providing effective support. Resilience is not just about no stress but also being flexible, growing, and prospering amid adversity (Masten, 2001).

Social support is one major factor that contributes to parental resilience. Parents need a supportive network comprising family members, friends, and professionals to help them overcome the challenges they encounter everyday (Dabrowska & Pisula, 2010). This means that parents can be supported by people who provide emotional validation, information and practical help thereby making it possible for them to deal with the situation.

Parental resilience is closely associated with a feeling of empowerment and self-efficacy (Bjorck & Thurman, 2007). If parents feel confident about advocating for their child's needs or accessing resources that are essential towards this process or even making informed decisions then they will be better placed to handle stressors. These programs have been shown to promote families' ability to withstand adversity.

In addition, positive coping strategies and problem-solving skills contribute to parental resilience (Gray, 2006). Effective coping mechanisms like seeking social support, setting realistic goals and maintaining a positive outlook can act as buffers against the impact of stressors. Most interventions designed to build resilient families therefore focuses on teaching parents adaptive coping skills such as these (Taylor & Hastings, 2004).

Overview of Resilience-Building Programs and Interventions

Resilience-building programs are intended to improve parents' well-being as well as coping capacities when raising children with developmental disabilities. These parenting programs rely on evidence-based practices as well as psychological principles.

One example of these programs is "The Incredible Years Parent Training Program", which has been adapted for parents of children with developmental disabilities (Reed, Osborne, & Corness, 2007). The program emphasizes on improving communication between parents and their children, teaching parenting skills and addressing behavioural issues. By enabling parents to employ strategies that help them cope effectively, the stress levels can be reduced hence the overall functioning of the family improves.

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There has been an increase in the use of mindfulness-based interventions to improve parental resilience (Singh et al., 2018). Parents are taught how to practice mindfulness techniques such as stress management, emotion regulation and self-compassion. Mindfulness decreases parental stress leading to increased well-being.

Family Dynamics and Sibling Perspectives

Parents' children's developmental disabilities affect their families dynamics and relationships beyond just parent-child dyad. Brothers and sisters of children with developmental disabilities play a different role in the family and often have other experiences or perspectives.

Siblings sometimes feel love, protectiveness or even at times resentment or jealousy (Stoneman, 2005). These complicated relations among siblings should be understood so as to keep peace in the family. Emotional support from parents as well as facilitating communication between siblings are ways through which positive sibling relationships can be encouraged (Orsmond et al., 2013).

Both family cohesion and adaptation are key elements within a family system (Olson, 2000). Families that can adapt more effectively to this unique situation of raising a child with a developmental disability usually demonstrate greater resilience. Adaptive families are characterized by flexibility, open communication and shared problem-solving abilities (Woolfson, 2004).

Moreover, sibling-oriented interventions are needed for enhancing family cohesion. For instance, sibling support groups or counseling services provide safe spaces where they can express their feelings about it, learn coping strategies and get advice from others who have undergone similar things together (Wright & Wright, 2009). This way they will have balanced families.

In conclusion, being a parent comes with its fair share of challenges, even more so if the child has a developmental disability. It is crucial for resilience-building programs and interventions to be provided in order to help parents improve their well-being as well as their coping capacities. To sum up, the understanding of family dynamics should also encompass sibling perspectives because these factors are critical for maintaining peaceful coexistence among family members and preserving overall family resilience.

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Conclusion and Future Directions

To conclude, the effects of raising a child with developmental disabilities on siblings and family relationships are complex. Siblings can feel positive emotions, take on more responsibilities and sometimes face difficulties. Family dynamics may be impacted by the existence of disabled children, which calls for adaptations to maintain unity and encouragement.

In addition, it is essential that we continue with research and interventions that strengthen family bonds and support siblings. Future research should look into the long-term impact of growing up with a sibling who has a developmental disability on siblings' education, career outcomes, mental health or general quality of life.

Moreover, when designing support services, policy makers and healthcare providers must prioritize the inclusion of the perspectives and needs of siblings. This can help in making families become more resistant while improving overall results for all family members.

In conclusion, recognizing and addressing challenges and opportunities within families impacted by autism spectrum disorders is critical to maintaining family cohesion, promoting sibling supportiveness as well as enhancing overall family health.

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Theoretical article

STRESS IN WORKPLACE

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Abstract:

Stress at the workplace has become an increasing phenomenon due to external factors such as technological advancement, changes in the economy of a country which might lead to becoming redundant and so on. Stress can be considered as an inevitable condition at least at one point in time or another; however, it can also be minimized to the extent that productivity and health of the employee is maintained which could lead to a productive organization. Stress is also bound to occur in multinational companies where operation is global and employees have different cultural background. The causes of stress at the work place range from personal problems to work overload, physical working environment, work situation and conflicts among colleagues and managers. Many employees struggle with stress, in worst cases leading to uncertainties and severe impairments on health and performance. This second part focuses on how stressful situation can turn into positive ways to control anxiety in the workplace. There are several resources available like personal awareness in coping skills. Management can also utilize some resources for reducing stress levels of the employees and increased work performance. Therefore, stress management is vital for both, employee and employer. The most successful stress management mechanism found was time management, sharing of feelings and leisure activities.

Keywords: stress, workplace, behavior, emotions, physical health, COVID-19.

Introduction

Stress in workplace has become a mayor subject of study in recent years, because his role in their mental and physical health has been realized by employees, but also in the whole efficiency of the organization. In fact, the psychological risks and work stress are among them greater challenges in the field of occupational safety and health, because they seem to significantly affect the health of individuals, businesses and national economies.

Stress is considered by about half of European workers to be normal phenomenon in their workplace and is responsible for about half of the lost working days. People who suffer from stress usually feel that way are called upon to manage more that they can bear and generally not being able to manage the requirements of the tasks assigned to them. Of course the opposite can happen. When for example, one employee has more qualifications than those required for the position assigned, is likely to lose motivation for career advancement,

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experiencing stress and frustration. The symptoms that occur due to the experience of prolonged stress is divided into three categories: physical, psychological and behavioral symptoms.

Work stress, like any kind of stress, can be the cause diseases associated with high levels of absenteeism, reduced efficiency, more mistakes and bad interpersonal relationships in the workplace. This stress can affect anyone, at any level hierarchy, regardless of industry or company size. It is one of the important risk for most companies and therefore dealing with it is becoming a top priority for employers and of course human resources professionals. Especially nowadays, that markets are characterized by globalization and increasing competitiveness, businesses and organizations are looking for more competitive advantage in the human factor in order to survive. More specifically, it seems that the companies that give attention on the search in human talent and enhancing participation of employees in business decision making achieve long-term competitive advantage. Stress in workplace has been recognized internationally, in Europe and nationally as a critical issue for both employees and employers. While, in previous decades were characterized by the treatment of stress as individual problem and all interventions aimed at the development of individual coping mechanisms, recently is beginning to appear a different approach, in which the causes of stress must be eliminated with interventions at the level of the whole organization.

The professional environment in which the individual spends a large part of his or her life is a place where work stress and psychological pressure are elements of modern professional life. In today's workplace this phenomenon is common, as employment is becoming increasingly important, largely neglecting personal life. Employees who are often not equipped with the appropriate skills, both in terms of knowledge (training and specialisation) and psychological skills, are faced with many difficulties which they must overcome in order to survive, remain in their professional position and support their respective professional role. In short, stress stems from the relationship and interaction between the individual and the environment (Parsaei et al., 2020).

Stress, or psychological tension, is defined as "a particular relationship between an individual and the environment that is expressed in the individual's perception that the situation he or she is facing significantly strains or exceeds his or her mental reserves and thus endangers his or her mental equilibrium". Since stress is related to stressors encountered in everyday life, every person can experience it regardless of gender, age, education or social class due to the fact that it is their response to internal and external stimuli (Seib et al., 2014). Nevertheless, it is believed that there are individual predispositions when reacting against stress, which is why different individuals exposed to the same causes of stress react differently. Stress refers to the "recognition that the events one encounters are outside the scope of the appropriateness of the cognitive construct system's "way of perceiving and interpreting events, i.e., one cannot interpret them". The concept of state anxiety "refers to the ongoing changes caused by stressful conditions in both the psychological functioning of regulatory mechanisms and the individual's behaviour" (Parsaei et al., 2020).

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Specifically, work stress is a situation in which there is no balance, or the individual perceives that there is no balance, between the demands of the environment or the individual and the capabilities of that individual (Seib et al., 2014). At this point, it should be mentioned that psychological stress and anxiety can also be considered as positive when they exist to such an extent that they motivate the individual to function effectively. On the contrary, prolonged exposure to stress can reduce a person's effectiveness at work and have negative consequences for his or her health and family and social life. However, not all manifestations of stress in the workplace can be classified as work stress, because work stress can be caused by a variety of different factors. By their nature, some occupations are more stressful than others. Particularly stressful are those occupations that involve relationships with people, require speed in decision making, or the decisions taken may have serious economic, social or other consequences (Seib et al., 2014).

Etymologically, the root of the word stress seems to be found in Latin words “strictus” meaning “tight” and “stringere” meaning “tighten”. Then, the word passed in ancient French as “estrence”, meaning “oppression” and arrived in medieval England in the form “stresse”, meaning “hardship”, follows to our day as “stress”, a term given by Hans Selye (1956) who is considered the “father of stress”. However, the word “stress” had been used for centuries by the science of physics in order to render the concept of elasticity of materials, according to which, an object when is pressed by a strong force, then a reaction occurs to the distorting tendencies of the forces from the object. More specifically, from the late of 17th century, Robert Hooke 1676 (Everly, & Lating, 2013) suggested that the change in form of the elastic body was proportional to the magnitude of the deformation force.

About 100 years later, Thomas Young put it in a bigger way accuracy of Hooke’s law, defined stress as the ratio of force to elastic body which balanced an externally applied force, in area that it acts. So physically, stress is a reaction in an object which is characteristic of its structure and which is caused by the external force. Once every stress that is caused by one object results in a bodily change in that, this change can be measured. Looking at the theoretical background on which supported by various stress researchers, starting with Claude Bernard (1857), who introduced the concept of the internal environment (*milieu interieur*) of the organization as a key to understanding its negative aspect of stress. In this sense he described the principles of dynamic equilibrium and argued that the internal environment is necessary to maintain the balance. Consequently, external changes to the environment and forces threaten and change its internal balance, its stability internal environment. Typical examples of external forces are the temperature, pollution, energy, consumption, and diseases too. Later Walter Cannon (1909) used the term “stress” in the field of physiology. He also introduced the term “homeostasis”, arguing that the successful synchronization of bodily functions ensures a state of dynamic balance in the body. To achieve stability or homeostasis, the body adapts steadily to that surrounds.

However when a physical or mental event threatens that balance, the person reacts. This process is often referred to as a reaction “battle or flight” and is adopted by both animals and human beings, under situations of intense stress, precisely because they feel threatened. Thus,

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the “stress” can be defined as a disturbance of homeostasis. According to the theory of Cannon (1967), when a human body evaluates an external stimulus as a threat, automatically enters a state of arousal and immediate mobilization through the sympathetic nervous and endocrine system. The any reactions, then, are based in the release of powerful adrenal neurotransmitters, norepinephrine and noradrenaline. The behavior of the primitives, after all, was based on the existence of two alternative reactions to similar threat situations: stay in the point where the threat and attack on the enemy appears from one side, or removing and avoiding the enemy from the other. Hans selye, in turn concluded that the body’s reaction to external influences always follow the same procedure. According to him, stress is a non-specific reaction of the body to any requirement for change. By “non-specific reaction” he meant a series reactions regardless of the nature of the stressor. These are reciprocal actions of the forced that performed beyond any part of the body, bodily or psychological. Hans Selye (1956) therefore, formulated the theory of General Adaptive Syndrome (GAS). According to it, although change is a normal element of social life, all the changes are potentially harmful as they require readjustment.

The concept of non-specific reaction was later modified by them Chrousos and Gold (1992) arguing that from a point of intensity onwards each stressor causes the non-specific stress response. Selye (1956) also introduced the concept of “heterostasis”, for describe the establishment of a new situation by changing the starting point for an organization’s resistance to unusually high demands. This concept was the forerunner of the ideal of allostasis. The only one was awarded the Nobel Prize, in contrast to Selye, who had been nominated many times, but never received it even though he was the pioneer in this matter, was Roger Guillemin in 1977 for his significant contribution to understanding of the mechanisms of the stress response as evidenced by its presence corticotropin- realeasing factor (CRF), in the hypothalamus, which activated the secretion of adrenocorticotropin (ACTH) by the pituitary gland. Lennart Levi and Aubrey Kagan (1974) developed and extended his theory Selye concluding with a theoretical diagram describing their nature psychological factors and their role in the appearance of the physical diseases. Their basic premise was that psychological stimuli cause or may cause pathological disorders. Moving on from Seyle’s theory, they concluded that there is a series of successive phases in the development of psychogenetic pathological disorders. They claimed that more changes that occur during life cause a normal reaction to stress, which prepares the person for dealing with new stimuli.

According to Aldwin (1994), stress is the result of interaction between individual and his environment, which either through overstimulation , either of the stimulation leads to psychological and physical tension.

Richard Lazarus (1984) and his collaborators played an important role in development of stress theory. Lazarus presented a definition that it is essentially based on the assumption of interactions. According to him, “the stress occurs from the moment the demands burden or exhaust them regulatory reserves of the individual. He acknowledge that stress is not alone in the environment but at the same time depends on the personality of the individual and especially by the quality of its defense mechanisms.

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Finally, stress was identified by Crousos as a condition threat or perceived threat of homeostasis being resettled from a complex repertoire of behavioral and physiological adaptations reactions of the organism.

Factors that lead to stress are called stressors and this term refers to any external or internal stimulus that can cause stress. There is a wide range of factors which promote stress in a person and professor Selye pointed out that any factor requiring adjustment can be classified as stressful. It is difficult to record all causes of stress as they can come from family, social, professional, political, economical or natural environment of the individual. While another cause of stress can be characterized pleasant or unpleasant, such death, the birth of a new family member, work environment, retirement, etc; situations that are usually required of person adapting to them.

INTERNAL AND EXTERNAL FACTORS OF STRESS

A general categorization of the causative agents of stress attempts to divide into two main categories, internal and external causal factors.

External factors are those that are outside from individual. Such factors are associated with:

- ✓ The natural environment: exposure to factors such as overheating and cold, the noise, the pollution that can activate stress mechanism
- ✓ Major life changes: such as various personal, social, or professional nature, that individuals are called upon to deal with and potentially cause stress as they require adjustment
- ✓ Daily micro-risk factors: situations that the person perceives as annoying and relate to daily contact with environment. Traffic congestion or some differences with partner, or in the professional field are included.
- ✓ The social environment: human relations and the reduced social support, unemployment and financial insecurity, marginalization are belonging to this category and they are stressors too.

Internal factors include stimuli and events that have to do with the individual himself, their values, beliefs, and ethics. Such factors related to:

- ✓ Lifestyle choices: are related to behaviors adopted by individuals and have to do with diet, unhealthy behaviors (smoking, alcohol, consumption, etc)
- ✓ Psycho-personal influences: this is probably where most of them that can cause stress. The various mental processes of the individual himself such as thoughts, perceptions, values, attitudes, and the beliefs he has, creating stress. These are the unfulfilled desires, the reduced self-confidence, the setting of unrealistic goals, and of course his personality type and potential sources of stress which come from the person himself.

At this point of view, should be emphasized the fact, that a person usually refer to external factors, however it is important to understand that most causes of stress are created by the individual himself. The changes are an important part of causative factors of stress since they can cause concern to the person because they require him to give up one part of himself.

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By this have born a sense of data loss and insecurity created. Holmes and Rahe created a list of events considered as the sources of stress in a person's life, and require some adjustment. The result of this work was the creation of taxonomic scale of social adjustment.

TYPES OF STRESS

Selye made clear the difference between eustress and distress. Eustress is inevitable consequence of living function and distress occurs when the body doesn't have the required amount of energy to maintain its homeostasis of stimulus. This stimulus can be perceived as pleasant or unpleasant and according to Selye the level of reaction is fundamental. Consequently each stressful stimulus can be either good nor bad, depending on required amounts of reaction. Very high or very low reaction levels constitute distress, while medium levels of reaction constitute eustress. Selye argued that the beneficial or detrimental nature of a stressful stimulus depends from how the person perceives it and how he chooses to react in it (perceived stress). Consequently, individuals decide whether the stressor factor will turn out a good or a bad stress. Thus, he emphasized the active role of individual, based on his perceptions about his control stress. He argued that by learning a person to react on stressor factors with positive emotions (optimism, good will and attentions, etc) will be able to maximize eustress levels and reducing distress levels. On contrast, by expressing negative emotions (anger, rage, pessimism, etc) individuals will experience distress. This view later on 1995 have approved by Goleman, referred on concept of emotional intelligence. Other classification of stressors, as types of stress can be:

- ✓ Biological i.e. a trauma, a physical strain (when the body pushed beyond its capabilities), noise, overcrowding, excessive heat or extreme cold.
- ✓ Psychological, such as lack of self-knowledge, lack of social support network, strict adherence to schedules, isolation, the interpersonal conflicts, traumatic life events, etc.

Obviously stress has a wide range of effects on the psychic. Equally important but often underestimated are the symptoms in human's body due to differential diagnosis. The symptoms of stress can be divided into three levels, categorizing them by the time of appearing and significance in the impact on human health.

The first level is characterized by events related to behavior and emotions. These events are the result of weakness of the person to manage stressful stimuli and return to his normal attitude. They are difficult to be diagnosed because its necessary the cooperation between individual and psychologist in order to know any changes in his health. These changes can be habits of individual, in the daily routine, in his social behavior and cognitive level, such as feeling frustrated, feeling tired, inattentive, irritable to people and reduced memory capacity.

The second level symptoms are also called as physically symptoms but of low severity, by which should not be ignored because they affect the quality of daily life of the individual. They are like warnings of the body, since it embodies problems that confronts the person in order to alarm and take care of it.

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On the third level of symptoms, stress becomes a risk factor and it refers to the indirect aggravation of diseases and disorders, ends up the person to feel sick. The presence of the effect of stress is observed on various degrees in all organic systems.

Effects of work stress on physical health

Stress can cause physiological changes that can create a favourable environment and facilitate disease development. Of course, existing empathy due to an existing organic condition can be increased by stress, and some diseases can also appear if they coexist with severe stress.

Cannon in 1939 argued that when a person experiences stress, it is possible for the body's homeostasis to be disturbed physiologically and to increase its disease susceptibility. Although the fight or flight response serves quite an adaptive function, either prolonged stimulation at the physiological level can be dangerous because it causes significant organ dysfunction. On a physiological level, the fight or flight response is quite impressive. It causes an increase in blood pressure, heart rate and breathing rate, as well as blood sugar. In addition, there is sweating of the palms and tightness of the muscles. All these changes help the person prepare to face the threat or move away from the danger. The normal fight-or-flight response to stress has been lost in modern societies, and the perception of stress is linked to cognitive processes that lead to different responses depending on personality type and environment. The most common symptoms of stress are physical (anorexia, indigestion, constipation or diarrhea, nausea, stomach upset, insomnia, weight loss or gain, sexual dysfunction, high blood pressure, back pain, fatigue or lethargy, headache) and mental (aggression, irritability, problems relating to others, feeling like a failure, difficulty making decisions, mood swings, difficulty concentrating, lack of self-esteem, loss of interest in people, isolation).

Studies have shown that there is a strong link between high levels of stress and high blood pressure as well as heart disease (Ahmad & Darzi, 2008). It is also associated with respiratory distress, panic attacks and excessive sweating (Hellriegel and Slocum, 2010). Leka and others. (2003) point out that stress can also affect people's immune systems, reducing their ability to fight infections. Other physiological problems cited by Leka et al., (2003) include musculoskeletal pain, poor self-perceived health, and sleep problems. Stress is a factor that can exacerbate the symptoms of musculoskeletal injury as well as prolong recovery time. The fear of failure, of organizational changes and dynamics are sources of emotional and physical pressure, which is a risk factor for the development of the syndrome professional burnout, or burnout. There is evidence of mental health disorders such as consequences of burnout leading to a change in quality of life (Mancheva, Nikolova & Nerantzi, 2021).

Disruption of control and planning and disruption of personal, professional and social life are thought to lead to stress (Nikolova,2021). The outbreak of COVID-19 has caused significant disruptions to normal business operations and employee work procedures. As a result, it is plausible that employees faced increased difficulties during this particular time period (Piccarozzi et al., 2021). In this particular framework, workplace stress encompasses the stress experienced in relation to health and safety hazards, compromised productivity, challenges in adapting to the work environment, and the emergence of negative emotional

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states. For example, work stress of this nature has the potential to contribute to the development of adverse mental health conditions.

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Theoretical article

THE BIG 5 PERSONALITY IN THERAPEUTIC CONTEXT

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Abstract

The Big Five theory of personality, established through factor analysis, identifies five fundamental traits that underlie human behavior. These traits, developed and refined through various studies, include openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. Each trait encompasses a spectrum of sub-traits, contributing to a comprehensive understanding of individual personality. Understanding the intricacies of personality traits is pivotal in therapy as these traits profoundly influence individuals' thoughts, emotions, and behaviors, consequently shaping their interactions with the world and others. The Big Five model provides an invaluable framework for comprehending these traits, offering therapists insights into clients' strengths, challenges, and preferences. This understanding enables therapists to tailor interventions effectively, leveraging the Big Five framework within a therapeutic context to facilitate optimal outcomes for their clients.

Keywords: *Openness, Conscientiousness, Extraversion/introversion, Agreeableness, Neuroticism (emotional stability)*

Introduction

The Big Five theory of personality identifies five distinct traits that serve as a model for understanding the relationship between personality and behaviors (Poropat, 2009). Researchers developed this model through factor analysis of verbal descriptions of human behavior (Digman, 1990), refining the traits through subsequent studies (Allport & Odbert, 1936; Bagby et al., 2005; Fiske et al., 1995; Norman, 1963; Tupes & Christal, 1961). Each of the five major traits encompasses a spectrum of sub-traits, providing a nuanced understanding of personality.

The five dimensions representing personality traits (OCEAN) are (John & Srivastava, 1999):

- Openness
- Conscientiousness
- Extraversion/introversion
- Agreeableness
- Neuroticism (emotional stability)

Personality, the intricate fabric of human nature, presents an endless array of diversity and complexity (Ivantchev & Stoyanova, 2021). Each individual embodies a unique combination of traits, behaviors, and inclinations that collectively form their personality. Psychologists, intrigued by this rich tapestry of human variation, have long sought to unravel its mysteries and understand the fundamental factors that shape personality.

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McDougall (1932) delved into the nuanced distinctions between "characteristic" and "personality." He posited that while character constitutes a vital aspect of one's overall personality, it is but a fragment of the intricate mosaic that defines an individual. McDougall emphasized the multifaceted nature of character, shaped by a myriad of sentiments, inclinations, and experiences that evolve over time. He underscored the dynamic interplay between innate predispositions and external influences. Traits are central to the study of personality, and they are defined as enduring patterns of thoughts, feelings, and actions that distinguish individuals from one another (McCrae & Costa, 2003). These traits are the building blocks of personality, shaping how individuals perceive and interact with the world around them. Whether it be the gregarious extrovert or the conscientious organizer, traits manifest in myriad ways, reflecting each individual's unique essence. Psychologists have long recognized the importance of traits in elucidating the complexities of human personality, employing various approaches to categorize and understand these fundamental dimensions of individual differences.

The lexical hypothesis, pioneered by Allport and Odbert (1936), posits that the most salient personality traits eventually become ingrained in language, reflecting their significance in human interaction and perception. Building upon this premise, subsequent researchers, such as Cattell (1943, 1945) and Digman (1990), sought to delineate the essential dimensions of personality through empirical analysis and factor extraction. The culmination of these efforts gave rise to the Big Five personality traits: openness, conscientiousness, extraversion, agreeableness, and neuroticism (Costa Jr. & McCrae, 1980; Tupes & Christal, 1961). These broad domains encompass a comprehensive spectrum of human personality, offering a framework for understanding the diverse array of traits that characterize individuals.

The Big Five traits represent a consensus taxonomy derived from extensive research and empirical validation. Each trait encompasses two complementary aspects, reflecting a nuanced understanding of personality dynamics (DeYoung et al., 2007a). For instance, extraversion encompasses enthusiasm and assertiveness, capturing individuals' sociable and outgoing nature, while emotional stability encompasses volatility and withdrawal, reflecting variations in emotional resilience and stability (Tellegen, 1985). These traits serve as foundational constructs in the study of personality, providing a comprehensive framework for understanding individual differences across diverse populations and cultures.

Openness, one of the Big Five traits, reflects the depth and complexity of an individual's cognitive and experiential landscape. High-openness individuals are characterized by intellectual curiosity, creativity, and a penchant for novelty, whereas low-openness individuals tend to be conventional, pragmatic, and resistant to change (John & Srivastava, 1999). Openness is associated with a propensity for leadership roles, driven by the ability to think innovatively and embrace novel ideas (Sutin et al., 2017). Moreover, openness is linked to universalistic values such as tolerance and egalitarianism, reflecting a broad-minded and inclusive worldview (Douglas et al., 2016).

Conscientiousness, another key dimension of personality, encompasses traits related to self-discipline, organization, and goal-directed behavior. Conscientious individuals exhibit a strong sense of responsibility, diligence, and perseverance, enabling them to excel in various domains of life (Costa et al., 2001). This trait is associated with positive academic achievement, career success, and well-being (Tepe & Vanhuysse, 2020). Conscientiousness reflects the ability to exercise self-control and adhere to societal norms and expectations, contributing to maintaining social order and stability.

Extraversion, a hallmark personality trait, pertains to the degree of sociability, assertiveness, and positive emotionality exhibited by individuals. Extraverts thrive in social settings, deriving

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energy and stimulation from interpersonal interactions and external stimuli (McCrae & John, 1992). They are often outgoing, talkative, and adventurous, seeking novelty and excitement in their pursuits (Habashi et al., 2016). In contrast, introverts prefer solitude and introspection, valuing deep connections and meaningful interactions over superficial engagements (Tellegen, 1985). Extraversion is associated with spontaneity, impulsivity, and sensitivity to rewards, reflecting a predisposition to engage with the external world and seek pleasurable experiences (Depue & Collins, 1999).

Agreeableness, characterized by warmth, empathy, and cooperativeness, reflects one's orientation toward interpersonal relationships and social harmony. Individuals high in agreeableness are compassionate, altruistic, and considerate of others' needs and feelings (Rollero et al., 2019). They value cooperation and collaboration, striving to maintain harmonious relations with those around them (Sutin et al., 2017). In contrast, individuals low in agreeableness may exhibit antagonistic, suspicious, or competitive tendencies, prioritizing self-interest over collective well-being (Roccas et al., 2002). Agreeableness is associated with prosocial behavior, empathy, and compassion, fostering positive social interactions and supportive relationships.

Emotional stability, also known as *neuroticism*, pertains to variations in emotional resilience, stability, and psychological well-being. Individuals with high levels of emotional stability are calm, composed, and emotionally resilient, even in adversity (Rollero et al., 2019). They exhibit confidence, optimism, and a secure sense of self, navigating challenges with grace and composure (Sutin et al., 2017). In contrast, individuals low in emotional stability may experience heightened levels of anxiety, depression, and emotional volatility, struggling to cope with stressors and setbacks (Roccas et al., 2002). Emotional stability is associated with psychological health, adaptive coping strategies, and subjective well-being, underscoring its importance in fostering resilience and emotional flourishing.

The study of personality offers a fascinating glimpse into the kaleidoscope of human nature, unraveling the intricate tapestry of traits, behaviors, and tendencies that define individuals. From the pioneering work of McDougall to the contemporary insights gleaned from the Big Five model, psychologists have strived to understand the myriad complexities of personality. By elucidating the fundamental dimensions of personality, researchers aim to shed light on the factors that shape human behavior, cognition, and emotion, ultimately enriching our understanding of what it means to be human.

Measuring the Big Five Personality Traits

The Big Five personality traits (openness, conscientiousness, extraversion, agreeableness, and neuroticism) are typically measured using self-report questionnaires and inventories (Goldberg, 1992) like:

1. Big Five Inventory (BFI): A 44-item self-report inventory that measures the five traits using short phrases with accessible vocabulary (Etzion & Laski, 1998; John et al., 1991).
2. NEO Five-Factor Inventory (NEO-FFI): A 60-item self-report measure of the Big Five traits developed by Costa and McCrae (2014). It uses longer statements to assess the five factors.
3. International Personality Item Pool (IPIP): A set of public domain personality measures, including scales designed to be analogs of the commercial NEO-FFI (Goldberg et al., 2006).

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4. **Big Five Aspect Scales (BFAS):** This 100-item measure assesses not only the Big Five factors but also two "aspects" or facets within each of the five broad traits (DeYoung et al., 2007b).

Regardless of the measure used, the general approach is to have participants rate themselves on a series of statements or adjectives using a Likert scale. The responses are then scored and interpreted based on the five broad personality dimensions. It is important to note that personality is complex, and these measures provide a general snapshot rather than a definitive assessment. Personality can also change over time and context (Luhmann et al., 2014).

Utilization of the Big Five Personality Traits in Therapy

Personality traits are fundamental in shaping individuals' thoughts, emotions, and behaviors, influencing their interactions with the world and others around them. The Big Five model provides valuable insights into clients' strengths, challenges, and preferences, enabling therapists to tailor interventions effectively and leverage this framework in a therapeutic context.

Openness to experience significantly affects help-seeking attitudes, mediated by cognitive flexibility (Çekici, 2019; Murphy & Mackenzie, 2023). Openness is associated with creativity, curiosity, and an openness to change, which facilitates adapting to new situations like seeking professional help (Çekici, 2019). Individuals with a high level of openness to experience tend to be more receptive to novel ideas and experiences (McCrae & Costa, 1997). Therapy can benefit these individuals by providing opportunities for exploration, self-discovery, and personal growth (Malouff et al., 2010). For example, mindfulness-based interventions have enhanced openness by encouraging clients to engage with their thoughts, emotions, and experiences non-judgmentally and creatively (Oner Cengiz et al., 2023). By fostering a sense of curiosity and receptivity to new perspectives, therapy can help individuals high in openness expand their understanding of themselves and the world around them (Hook et al., 2013).

Conscientiousness significantly indirectly affects help-seeking attitudes, mediated by cognitive flexibility (McCrae & Costa, 1997). Conscientious individuals may be more likely to seek professional help due to their organized and disciplined nature. Conscientious individuals are characterized by their organization, responsibility, and self-discipline. Therapy interventions targeting conscientiousness focus on promoting effective coping strategies, time management skills, and goal-setting behaviors (Bajec, 2019). For example, cognitive-behavioral therapy (CBT) emphasizes developing practical skills to manage stress, improve productivity, and achieve personal goals (Murphy et al., 2024). Casali et al. (2023) found that individuals who are high in conscientiousness may benefit from structured therapeutic approaches that align with their goal-oriented mindset, leading to improvements in overall well-being and life satisfaction.

Extraversion, the third dimension, encompasses traits related to sociability, assertiveness, and positive emotionality (McCrae & Costa, 1997). Extraversion has a significant indirect effect on help-seeking attitudes, mediated by cognitive flexibility (Çekici, 2019). Extraverted individuals may be more comfortable seeking professional support (Çekici, 2019). Therapeutic approaches for clients with high levels of extraversion may involve group therapy,

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social skills training, and role-playing exercises to enhance interpersonal communication and relationship-building skills (Pincus & Ansell, 2003). Incorporating humor, enthusiasm, and active engagement during sessions can create a supportive therapeutic environment conducive to growth and self-expression (McCrae & Costa, 1997).

Agreeableness explained the highest proportion (21%) of the variance in help-seeking attitudes (Çekici, 2019). Agreeable individuals may be more inclined to seek help due to their trusting and cooperative nature. Agreeable individuals are known for their empathy, cooperativeness, and interpersonal warmth. Therapeutic interventions targeting agreeableness focus on enhancing communication skills, conflict resolution abilities, and assertive behaviors (Cuijpers et al., 2016). For instance, interpersonal therapy (IPT) emphasizes the importance of addressing relational difficulties and improving interpersonal functioning (Ravitz & Watson, 2014). Individuals with a high level of agreeableness may benefit from IPT by developing healthier communication patterns, resolving conflicts more effectively, and strengthening social relationships, leading to greater emotional well-being and life satisfaction (Bagby et al., 2016).

Neuroticism, the fifth dimension, encompasses traits associated with emotional instability, anxiety, and vulnerability to stress. Clients high in neuroticism may require interventions targeting emotion regulation, stress management, and self-care practices. Acceptance and Commitment Therapy (ACT) techniques focusing on mindfulness, acceptance, and values clarification can help these clients develop greater psychological flexibility and resilience (Hayes et al., 2006). Therapists can also teach relaxation techniques, such as deep breathing and progressive muscle relaxation, to reduce physiological arousal and alleviate symptoms of anxiety and distress (Conrad & Roth, 2007; Toussaint et al., 2021).

Summary

The Big Five personality traits offer a valuable framework for understanding clients' unique characteristics and tailoring therapeutic interventions to their needs. By incorporating insights from the Big Five model into clinical practice, therapists can enhance treatment outcomes, promote personal growth, and facilitate positive change in clients' lives. Through a holistic approach that considers clients' personality traits, therapists can create a supportive therapeutic alliance and empower clients to overcome challenges, achieve their goals, and lead more fulfilling lives.

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Theoretical article

THE BIG FIVE PERSONALITY TRAITS AND SEXUAL DESIRE

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Abstract

The paper explores the relationship between the Big Five personality traits and sexual behavior by means of theoretical overview of the results from some previously conducted studies. It highlights how non-physical attributes like ambition and dominance influence partner selection, with women considering these factors for casual encounters and committed relationships. Some studies have shown that extroversion, emotional stability, and openness are correlated with various aspects of sexual satisfaction and desire. Additionally, some findings suggest that extroversion is associated with increased sexual activity, while neuroticism is linked to sexual dissatisfaction and lower sexual desire. Overall, the findings underscore the complex interplay between personality dimensions and sexual experiences.

Keywords: *Openness, Conscientiousness, Extraversion/introversion, Agreeableness, Neuroticism (emotional stability)*

Introduction

Freud's (1905) conceptualization of human personality development emphasizes the accumulation and release of sexual energy as a central aspect of maturation, defining "sexual" broadly to encompass pleasurable actions and thoughts. According to Freud, life revolves around balancing tension and pleasure, where all tension stems from the buildup of libido (sexual energy), and pleasure arises from its discharge. Libido represents the biological urge for sexual activity, influenced by various factors, including hormones, health, social norms, and emotional well-being, with positive sexual experiences playing a significant role in sexual desire and normal sexual response (Kuno et al., 2001; Paduch & Vaucher, 2020). Sexual desire, defined as the motivation to engage in sexual activity (Janssen & Bancroft, 2023; Meston & Stanton, 2017), raises questions regarding its distinction from sexual arousal, as per Freud's (Freud, 1905) differentiation between observable sexual excitement and unobservable sexual desires.

Masters and Johnson's (1966) empirical work on the human sexual response cycle outlined a four-stage model focusing on physiological responses to sexual stimulation, with distinct stages of excitement, plateau, orgasm, and resolution. While their model did not explicitly address sexual desire, Kaplan (1974) later emphasized its importance as the initiator of sexual activity. However, this linear model failed to capture the complexities of sexual desire

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in long-term relationships, leading to alternative perspectives such as the motivation model proposed by Laan and Both (2008). This model suggests that sexual desire may follow sexual arousal, emphasizing the role of external sexual stimuli and the interaction between physical and emotional responses. Moreover, contemporary research has highlighted the interplay between sexual desire and relationship satisfaction, with discrepancies in sexual desire between partners predicting lower sexual contact and satisfaction in relationships (Bridges & Horne, 2007; Mark, 2012, 2015).

Overall, the understanding of sexual desire as a dynamic interplay between biological, psychological, and social factors underscores its significance in human sexuality and relationship dynamics. We sought to examine the literature about the relationship between sexual desire and personality traits, specifically, the Big Five personality traits.

The development of the Five Factor Model (FFM) can be attributed to the work of several researchers in the mid-20th century. In the 1940s and 1950s, psychologists began developing personality questionnaires to measure a wide range of personality traits (Cattell, 1943, 1945, 1990). One such questionnaire was the Minnesota Multiphasic Personality Inventory (MMPI), developed by Hathaway and McKinley (1943). The MMPI included scales for traits such as neuroticism, extraversion, and psychopathy (Schilling & Casper, 2015).

In the 1960s, a group of researchers led by Paul Costa and Robert McCrae embarked on developing a new personality questionnaire that would measure an even broader range of personality traits (McAdams, 2019). This questionnaire, known as the NEO Personality Inventory (Costa & McCrae, 1992), was based on the earlier work of Cattell (1943), who proposed a model of personality encompassing 16 primary traits.

Costa and McCrae's research led to the development of the Five Factor Model (FFM), (McCrae & Costa, 1985) which proposed that five broad personality traits can account for most of the variation in human personality. These traits were derived from factor analyses of data from a large sample of individuals using the NEO Personality Inventory (Costa & McCrae, 2012; McCrae et al., 1998; Rawlings & Ciancarelli, 1997; Takahashi et al., 2013). The term "Big Five" was introduced by psychologist Goldberg (1990) and subsequently gained widespread adoption within the psychological community by the 1990s (John et al., 2008).

Since then, the FFM has become one of psychology's most widely accepted models of personality, with a substantial body of research supporting its validity and reliability (Costa Jr. & McCrae, 1995; Digman, 1990; McCrae & John, 1992). The model has been applied across a wide range of domains, including clinical psychology, organizational psychology, and social psychology, and has been used to address various research questions, such as predicting performance in the workplace, understanding the development of personality disorders, and examining the relationships between personality and health (Gurven et al., 2013; Rawlings & Ciancarelli, 1997).

The scope of this paper revolves around the significance of personality in sexual behavior. The primary inquiry within this paper concerns the role of personality in sexual activity. However, despite the acknowledged importance of sexuality to overall well-being and the extensive research in personality assessment, there remains a paucity of studies investigating the relationship between personality traits and sexual function in both men and women.

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The Big Five personality traits and selecting a partner

Conroy-Beam et al. (2019) investigated the patterns of desirability in the context of personality traits and found that a partner who is appealing as a partner in one aspect is likely to be appealing across all other aspects as well. A study conducted in the late 1990s discovered that women when selecting a partner, consider non-physical attributes such as ambition, status, and dominance as factors in determining potential candidates for both sexual encounters and more committed relationships (Townsend & Wasserman, 1998). Such attributes as ambition, status, and dominance are a part of the domain of Extraversion (Matthews, 2019).

The Big Five personality traits and sexual behavior

Among the earliest researchers to explore the nexus between sexuality and personality traits was Eysenck (1971, 1976), who examined the impact of extroversion, emotional stability, and psychoticism on sexual attitudes and behaviors. Eysenck observed that individuals with higher levels of extroversion tended to exhibit greater receptivity to sexual experiences, including casual encounters, and were more inclined to engage in sexual activity compared to their more introverted counterparts. High extroversion was associated with greater openness to sexual experiences.

In a meta-analysis conducted by Allen and Walter (2018), an attempt was made to elucidate the significance of personality in sexuality and sexual health. The authors analyzed various personality traits identified in studies and their associations with sexual activity. The primary findings indicated that individuals with higher levels of extroversion tended to engage in more sexual activity. These results were consistent with those reported by Meltzer and McNulty (2016).

The Big Five personality traits and sexual desire

Costa Jr. et al. (1992) investigated the relationship between sexual desire and the five major personality traits. The researchers explored how extroversion, agreeableness, conscientiousness, emotional stability, and openness correlated with sexual outcomes. Higher levels of extroversion were linked to increased sexual desire (Costa Jr et al., 1992). Additionally, openness exhibited positive associations with heightened sexual urges and desire, sexual fantasies, and a broader range of sexual experiences, suggesting a significant impact of openness on various aspects of sexual function (Costa Jr et al., 1992; Ojo, 2017).

Meltzer and McNulty (2016) also observed a negative relationship between the neuroticism dimension and sexual desire, indicating that higher levels of neuroticism were associated with lower sexual desire. Neuroticism manifests in symptoms such as anxiety, stress, hostility, elevated heart rate, depression, and low self-esteem, all of which can diminish sexual desire.

The Big Five personality traits and sexual satisfaction

Individuals with lower emotional stability reported experiencing more frequent sexual dysfunctions and lower levels of sexual satisfaction (Eysenck, 1971, 1976). Some other findings also indicated that higher emotional stability was associated with greater sexual satisfaction (Costa Jr et al., 1992). Another study examining the connection between personality traits and sexual satisfaction revealed positive correlations between friendship (a facet of extroversion), self-awareness (an aspect of emotional stability), and sexual satisfaction (Heaven et al., 2003). Additionally, personal traits were found to play a crucial role in the emotional experience of sexual activity. The neurotic dimension exhibited a strong association

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with sexual dissatisfaction and negative emotional experiences (Meltzer & McNulty, 2016). Furthermore, negative correlations of extroversion, agreeableness, and conscientiousness with sexual dissatisfaction underscored the relevance of all five dimensions of personality to the emotional aspect of sexual activity (Allen & Walter, 2018). These negative correlations of extroversion, agreeableness, and conscientiousness with sexual dissatisfaction suggested that all personality dimensions influenced emotional experiences during sexual activity (Allen & Walter, 2018).

Summary

The paper highlights the crucial role of personality traits in shaping sexual behavior and experiences. Studies showed that women considered non-physical attributes, such as ambition and dominance, when selecting partners for casual encounters and committed relationships (Townsend & Wasserman, 1998). Early studies reveal associations between personality dimensions like extroversion, emotional stability, and sexual attitudes and behaviors. For instance, individuals with higher extroversion levels tend to be more receptive to sexual experiences, while those with lower emotional stability report more sexual dysfunctions and lower satisfaction (Eysenck, 1971, 1976). The literature further explores the relationship between personality traits and sexual desire, finding that emotional stability and extroversion are linked to increased sexual satisfaction (Heaven et al., 2003) and urge (Costa Jr et al., 1992; Meltzer & McNulty, 2016). Moreover, openness is associated with heightened sexual desire, fantasies, and diverse experiences (Costa Jr et al., 1992; Ojo, 2017). Friendship, a facet of extroversion, and self-awareness related to emotional stability also show positive correlations with sexual satisfaction (Heaven et al., 2003).

Though the importance of sexuality to overall well-being was acknowledged, there is a lack of research on the relationship between personality traits and sexual function in both genders. Some findings show, however, that high extroversion is associated with increased sexual activity (Allen & Walter, 2018). Additionally, personality traits influence the emotional aspect of sexual activity, with neuroticism strongly linked to sexual dissatisfaction (Eysenck, 1971, 1976; Meltzer & McNulty, 2016). In addition, a negative relationship between neuroticism and sexual desire (Meltzer & McNulty, 2016) suggests that high neuroticism levels can diminish sexual desire due to associated traits like anxiety and low self-esteem. Overall, these findings underscore the complexity of the interplay between personality and sexual behavior, highlighting the need for further research in this area.

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Theoretical article

THE BIG FIVE PERSONALITY TRAITS IN RELATIONSHIP SATISFACTION

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Abstract

This paper encapsulates the critical role of personality traits in shaping romantic relationships and marital satisfaction. Initially, it highlights the profound significance of romantic connections for human well-being, emphasizing the unique social unit formed by partners who share intimacy and time. The literature review of body of research underscores how some individual personality traits influence communication patterns, partner selection, marital quality and stability over time, and overall relationship longevity and happiness. The paper elucidates the dynamic interplay between personal traits and marital bonds, underscoring the importance of long-term and short-term perspectives in understanding relationship dynamics. Moreover, it explores the association between the Big Five personality traits (Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism) and marital satisfaction levels, highlighting their direct influence on relationship dynamics.

Keywords: *Agreeableness, Conscientiousness, Extraversion/introversion, Neuroticism (emotional stability), Openness.*

Introduction

The Big Five personality traits represent a widely accepted framework for understanding human personality. These traits encompass Openness to Experience, Conscientiousness, Extroversion, Agreeableness, and Neuroticism (often referred to as emotional stability) (Soto, 2019). Each trait encapsulates distinct aspects of an individual's behavior, cognition, and emotional patterns, providing valuable insights into how people perceive and interact with the world around them (John & Srivastava, 1999).

Individuals with a high degree of Openness to Experience, also known as intellectance, exhibit a strong curiosity and actively pursue novel experiences (Kaufman et al., 2016). This trait is often prevalent among effective leaders (Judge et al., 2002). Openness to Experience significantly influences various facets of interpersonal dynamics, such as marriage and parenting (McCrae & Sutin, 2018).

Conscientiousness characterizes organized, diligent, and resolute individuals who fulfill their obligations. Owing to their proactive approach, such individuals are rarely embroiled in conflicts (Nofle & Robins, 2007). Within relationships, Conscientiousness assumes paramount importance, necessitating both partners to uphold their commitments and share equal responsibility for the relationship's success (Roberts et al., 2009).

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Extroversion typifies individuals who are sociable, confident, and driven by competition (Wilt & Revelle, 2017). In leadership roles, high Extroversion bolsters one's capacity to sway group dynamics effectively (Judge et al., 2002). Within relationships, Extroversion signifies trust, reflecting an individual's self-assurance (Shiota et al., 2006).

Agreeableness encompasses traits such as empathy, amiability, and optimism (Costa et al., 2001; Feingold, 1994; Graziano & Tobin, 2009; Habashi et al., 2016). Its significance in relationships lies in fostering teamwork and cooperation, which are crucial for group cohesion (Graziano & Tobin, 2009). Leaders who exhibit high Agreeableness excel in facilitating group discussions, valuing diverse perspectives, and embracing constructive feedback (Johnson & Johnson, 2024).

Neuroticism/Emotional Stability delineates individuals who remain composed amidst adversity and do not internalize mistakes or setbacks (Ormel et al., 2013). Leaders with high Emotional Stability adeptly navigate challenging situations, reassuring and stabilizing their teams (Tackett & Lahey, 2016). Lower level of Neuroticism was correlated with higher well-being (Ivantchev & Stoyanova, 2021). Within relationships, maintaining composure fosters constructive dialogue and mitigates the escalation of conflicts, while failure to do so may lead to prolonged and intensified arguments with one's partner (Sharma et al., 2023).

The five major personality traits are a model for understanding the relationship between personality and behaviors. After the researchers reduced the list of descriptions to five main traits, they added more descriptions of sub-traits to deepen the understanding of each trait; thus, each trait has a spectrum of low and high frequency (Fleeson & Gallagher, 2009; McCrae & Costa, 2003).

Psychological differences between men and women

Research on personality plays a crucial role in exploring the psychological distinctions between males and females. Personality is commonly understood as the degree to which an individual exhibits high or low levels of specific traits (Fleeson & Gallagher, 2009). Given the variability among individuals, gender disparities in personality traits often manifest as higher scores for a trait among individuals of the same gender than the average level exhibited by the opposite gender (Walter et al., 2020). For instance, women typically display higher levels of Agreeableness compared to men (Averett et al., 2020; Costa et al., 2001; Feingold, 1994; Risse et al., 2018), suggesting that, as a group, women tend to demonstrate greater levels of nurturing, sensitivity, and altruism than men (Park et al., 2016). However, this does not negate the possibility of men also possessing these traits or scoring highly in them; instead, gender research identifies general behavioral trends among men and women on average. Moreover, this differentiation does not imply stark contrasts at opposite ends of the trait spectrum; instead, significant differences can coexist alongside substantial overlap in trait distribution between genders (Hyde, 2005).

The gender similarity hypothesis posits that most psychological variables are comparable across genders, emphasizing that humans share more similarities than differences (Gegenfurtner, 2020; Hyde, 2005). Despite this, many individuals perceive significant differences between men and women, to the extent that inter-sex communication can be challenging. John Gray's influential book, "Men Are from Mars, Women Are from Venus" (Gray, 1992), popularized the notion of substantial psychological disparities between the sexes,

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metaphorically suggesting that men and women hail from different planets, adapting to distinct societal norms and customs. Gray contends that understanding each sex involves recognizing their unique responses to stress and stressful situations. While numerous examples from popular culture reinforce extreme gender disparities, the accuracy of such perceptions remains debatable (Weisberg et al., 2011).

The research on gender differences in personality traits often highlights that disparities are more prominent at the "narrow" level of traits rather than the "broad" level. For example, Del Giudice (2022) discovered that only personal traits accurately distinguished men and women when measured at a narrow trait level. Evidence suggests a universal aspect to gender differences in personality traits, with recent approaches shedding light on the extent of these disparities. An investigation into the historical usage of words associated with the Big Five personality traits revealed that Agreeableness was the most prevalent dimension, while Neuroticism was the least common (Schwaba et al., 2018). Agreeableness and agency constitute the two primary dimensions of social consciousness, due to a tendency to describe personality using positive rather than negative terms such as Neuroticism (Ye et al., 2018).

Gilligan (1980) posited that discrepancies between men and women arise from societal pressures to adhere to gender-based social norms (Rahmani & Lavasani, 2012). Western cultures expect women to cultivate strong positive interpersonal skills, such as empathy and sociability (Cross & Madson, 1997; Eagly & Wood, 1991; Hogan, 1982; Moskowitz et al., 1994). Some studies investigating gender disparities in personality and interests have identified variations in the Big Five traits across genders (Lippa, 2010; Schmitt et al., 2008; Weisberg et al., 2011). While gender differences in Extraversion at the broad domain level are minimal, with women generally scoring higher, these slight variations may stem from gender-specific traits (Costa et al., 2001; Feingold, 1994; Weisberg et al., 2011). Women typically score higher in warmth, sociability, and positive emotions, whereas men often exhibit higher scores in facets of excitement (Costa et al., 2001; Feingold, 1994; Rahmani & Lavasani, 2012), thrill-seeking behavior (Else-Quest et al., 2006; Rahmani & Lavasani, 2012), impulsivity, susceptibility to boredom (Rahmani & Lavasani, 2012), and assertiveness (Costa et al., 2001; Else-Quest et al., 2006; Feingold, 1994), all subcategories of Extraversion. Given Extraversion's significance in interpersonal interactions, the dominant pole of the interpersonal circumplex includes traits like dominance, assertiveness, and leadership qualities, where men tend to score higher than women, reflecting greater agency (Helgeson & Fritz, 1999).

In the Agreeableness dimension, women consistently outscore men (Else-Quest et al., 2006; Lippa, 2010; Rahmani & Lavasani, 2012; Shchebetenko, 2017), including related traits like emotional sensitivity (Costa et al., 2001; Feingold, 1994) and honesty-humility sub-traits correlated with Agreeableness (Shchebetenko, 2017). While women tend to score slightly higher than men in certain facets of Conscientiousness, such as organization, obedience, and self-discipline, these differences are generally inconsistent across cultures, with no significant gender gap observed in Conscientiousness overall (Costa et al., 2001). Women also exhibit higher sensitivity levels, often associated with heightened Neuroticism measures (Else-Quest et al., 2006). Some studies suggest a narrowing gap in Neuroticism dimensions, with women

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exhibiting higher levels (Costa et al., 2001; Del Giudice, 2022; Rahmani & Lavasani, 2012), except in the facet of anger (Costa et al., 2001). Regarding openness, women score higher in aesthetics and emotionality (Rahmani & Lavasani, 2012), while men score higher in facets such as imagination and intellect (Else-Quest et al., 2006).

Weisberg et al. (2011) conducted a study explicitly identifying gender differences in the Big Five subcategories. The authors found that women scored higher than men in facets of anxiety, depression, self-awareness, and vulnerability within the Neuroticism dimension. The authors found that women also scored higher in compassion measures within Agreeableness, reflecting emotional investment in others, a trait associated with warmth and empathy. Politeness, representing respect for others and avoiding exploitation, correlates with traits like cooperation and obedience (Weisberg et al., 2011). In Conscientiousness, women scored higher in facets related to orderliness and organization, including perfectionism. Women showed similar patterns of Extraversion, while no significant gender gap was found in openness, although men scored higher in intellect-related facets. Weisberg et al. (2011) concluded that intellect, associated with innovative ideas, was where men tended to reach high scores.

The Big Five in relationships

Interpersonal connections, particularly romantic ones, are vital to human well-being. Romantic relationships form a unique social unit where partners share significant time, closeness, and intimacy. On an individual level, there is an expected link between personality traits and satisfaction, as traits serve as the toolkit shaping one's relational landscape (Dyrenforth et al., 2010). Karney and Bradbury's (1995) Vulnerability Stress Adaptation (VSA) model explains why personality intertwines with relationship contentment. This model underscores dimensions like spouses' sensitivity (vulnerability), encounters with stressors, and adaptive mechanisms to elucidate shifts in marital quality and stability over time. The couple's backgrounds and attributes impact their marital response to stress and subsequent satisfaction levels, framing personality as either an asset or a liability affecting relational contentment (Karney & Bradbury, 1995; O'Meara & South, 2019).

Achieving marital satisfaction is not automatic; it demands ongoing efforts from both partners, especially in the initial years of marriage, a period marked by instability and relational vulnerability (Gorbanzadeh et al., 2013). Satisfaction arises when the marital reality aligns with the couple's expectations, recognizing that marriage entails blending two distinct personalities (García & Gómez, 2014; Johnson et al., 2004). Thus, sustaining an enduring and fulfilling romantic bond necessitates transcending mere physical attributes and delving into the personality traits of one's partner (Claxton et al., 2012).

Asselmann and Specht (2020) argued that personality predicted our communication patterns, partner selection, and the longevity and happiness of our romantic unions. When exploring the dynamic interplay between personal traits and marital bonds, long-term and short-term perspectives are deemed essential and should complement each other. Long-term perspectives prove crucial as personality trait development and relationship effects unfold over extended periods (Lehnart et al., 2010; Neyer et al., 2014). Conversely, short-term perspectives offer insights into the underlying mechanisms of long-term impacts, particularly regarding how personal traits influence relationships. Studies reveal that personality traits and relationship

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quality are dynamic, evolving constructs (Roberts & Mroczek, 2008). Hence, analytical models integrating these dynamics should be employed. However, despite their significance, an extensive review indicates a scarcity of such models, and the few studies that have employed them have yielded valuable insights into the dynamic interplay between personality traits and marital bonds (Finn et al., 2015; Mund et al., 2015; Mund & Neyer, 2014). For instance, research suggests that the influence of a relationship on Neuroticism mirrors the impact of Neuroticism on relationship changes and personality dynamics (Mund & Neyer, 2014).

Sayehmiri et al. (2020) posited that couples characterized by high levels of Neuroticism tended to experience diminished marital satisfaction. When examining the nexus between personality traits and relationships, significant effects of Neuroticism on marital quality emerge. Individuals with high Neuroticism levels often contend with negative emotions (e.g., anger, anxiety, sadness), engage in negative behaviors, and report lower levels of marital contentment (Malouff et al., 2010). Conversely, the dimensions of Agreeableness, Extraversion, and Conscientiousness in couples contribute to mutual support and effort (Heller et al., 2004). These findings underscore the notion that marital quality hinges on partners' personalities, with personality effects on marriages displaying relative stability even as individuals age (Sayehmiri et al., 2020; Wang et al., 2018). Consequently, it can be hypothesized that, in line with the VSA model (Karney & Bradbury, 1995), differences in traits may act as "persistent sensitivities," fostering adverse interactions between partners and hindering adaptation to external pressures, thereby potentially deteriorating relationship quality.

Amiri et al. (2011) demonstrated a significant inverse relationship between Neuroticism and marital satisfaction, indicating that higher levels of Neuroticism correspond to lower levels of marital contentment. Conversely, Extraversion, Openness, and Conscientiousness displayed a notable positive association with marital satisfaction (Malouff et al., 2010). A meta-analysis conducted by Malouff et al. (2010) corroborated these findings, revealing significant correlations between four personality traits and intimate partner satisfaction: lower Neuroticism, higher Agreeableness, higher Conscientiousness, and higher Extraversion. Similarly, Tackett's (2011) study identified three primary traits as significant predictors: lower Neuroticism and elevated levels of Agreeableness and Extraversion. Notably, Neuroticism emerged as the most influential predictor, substantially impacting marital quality and stability (Claxton et al., 2012; Gottman, 2014; Malouff et al., 2010; Tackett, 2011).

What accounts for the association between lower Neuroticism, higher Agreeableness, higher Conscientiousness, and higher Extraversion with satisfaction levels in intimate partner relationships? These traits may directly influence relationship dynamics. For instance, individuals with higher Neuroticism levels often exhibit tendencies toward criticism, contempt, and defensiveness, which are potentially detrimental to relationship (Gottman, 2014). Conversely, those with lower Neuroticism levels typically display calmness, thoughtfulness, and emotional stability (Tackett & Lahey, 2016).

Summary

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Research on the psychological differences between men and women underscores the role of personality in shaping gender disparities. Personality, defined as an individual's display of specific traits at varying levels, reveals distinct patterns across genders. Women often exhibit higher levels of Agreeableness, nurturing, sensitivity, and altruism than men, as evidenced by numerous studies (Chapman et al., 2007; Schmitt et al., 2008; Vecchione et al., 2019; Weisberg et al., 2011). However, gender differences in personality traits are more pronounced at a narrower level, with variations observed in traits like Extraversion, Conscientiousness, and Neuroticism. While the gender similarity hypothesis posits that most psychological variables are comparable across genders, societal perceptions often emphasize significant differences between men and women, leading to challenges in inter-sex communication.

Personality traits are crucial in determining satisfaction levels and relationship dynamics in romantic relationships. Longitudinal studies highlight the enduring influence of traits like Neuroticism, Agreeableness, Extraversion, and Conscientiousness on marital satisfaction (Finn et al., 2015; Karney & Bradbury, 1995; Vecchione et al., 2019). Couples with lower Neuroticism and higher Agreeableness, Conscientiousness, and Extraversion typically report higher levels of marital satisfaction. Neuroticism, in particular, emerges as a significant predictor of relationship quality, with individuals exhibiting higher Neuroticism levels often experiencing negative emotions and behaviors detrimental to relationship health.

Understanding the association between personality traits and relationship satisfaction involves considering both long-term developmental perspectives and short-term dynamics. Analytical models integrating these perspectives provide valuable insights into the interplay between personality traits and relationship outcomes. Personality is a key determinant of relationship satisfaction, with traits influencing communication patterns, partner selection, and overall relationship longevity and happiness (Malouff et al., 2010).

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Theoretical article

THE ROLE OF EMERGING PSYCHOLOGIST IN ADDRESSING MENTAL HEALTH CHALLENGES DURING THE COVID-19 PANDEMIC.

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Abstract:

The theme examines the pivotal role that young psychologists have played during the COVID-19 crisis, focusing on their contributions to mental health care and the professional challenges they have faced. In this article strategies used by young psychologists to maintain their own mental health while managing increased demands are discussed. Also the rapid adaptations to professional practice, including the shift to telehealth and development of new therapeutic approaches for pandemic-related mental health issues and the ethical dilemmas and practical challenges encountered by young psychologists during the pandemic, such as maintaining patient confidentiality in virtual sessions are explored. This article offers a comprehensive overview of how emerging psychologists have navigated the complexities of the pandemic, highlighting their growth, the evolution of the field, and the continuous need for adaptability in psychological practices.

Keywords: *resilience, adaptation, young psychologists, telehealth*

Introduction

In December 2019, the first cases of an unprecedented threat to life were detected in the Chinese city of Wuhan - the capital of Hubei province and the most populous city in Central China - the disease of the coronavirus COVID-19, which is caused by the coronavirus SARS-CoV -2 (Severe Acute Respiratory Syndrome Coronavirus-2). (WHO, 2020a). After recording 7,834 confirmed cases of illness and 170 deaths due to the virus worldwide, the World Health Organization (WHO) declared the outbreak of COVID-19 as an emergency of international concern public health as of January 30, 2020 (WHO, 2020b). From December 31, 2019 to May 24, 2020, there have been 5,273,572 confirmed cases with 341,722 deaths due to COVID-19 (ECDC, 2020).

With clinical features similar to those of SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Syndrome) that broke out in 2003 and 2012 respectively, the symptoms of

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the disease COVID-19 include cough, fever, shortness of breath and respiratory distress and in more severe cases pneumonia, acute respiratory infection and death (Petrosillo et al., 2020). Taking into account the high transmissibility of the virus, the high mortality rates in subgroups of the population and the lack of any of treatment (WHO, 2020c) have led to the adoption of social distancing measures and isolation practices to reduce the possibility of transmission of the disease from symptomatic or asymptomatic individuals to the healthy population (Paudel et al., 2020). Indeed, while the probability of survival after SARS-CoV-2 infection is high in individuals under 60 years of age, it is observed that 81% of deaths from the virus concern people aged >60 years (Wang et al., 2019). Considering the fact that at these ages people are more likely to suffer from an underlying disease, the increase in deaths in > 60 years can partly be interpreted (Roser et al., 2020). Therefore, patients with cardiovascular comorbidity, as also with problems of the respiratory system, with diabetes, with lymphocytopenia have a slower recovery and/or a worse prognosis (NCIP, 2020).

It is, however, important to understand that the case fatality rate (CFR) is an indicator that it is unable to estimate the real risk of mortality by its nature: the confirmation of the total cases is not possible either because there are asymptomatic patients (Kobayashi et al., 2020) or because not all of the symptomatic patients perform the diagnostic tests (Read et al., 2020) and also because the total deaths do not include the patients who have become ill, they are in a critical condition and will die. Moreover, a delay between the actual time of death and its registration during epidemics has also been observed in the past, which means that at any moment there will be cases of patients who will inevitably die or have already die without being declared (Lipsitch et al., 2015).

In fact, a safe approach when analyzing data on morbidity and mortality from the disease COVID-19 should take into account the public health policies adopted by each country and the differences in the way cases and deaths are estimated, the availability of tests for the detection and diagnosis of the virus, the readiness and effectiveness of the health systems in dealing with the pandemic, the compliance of citizens and workers with the measures to prevent and limit the spread of the coronavirus (Telles, 2020; ECDC, 2020).

In Greece, the first case of illness from the SARS-CoV-2 virus occurred on February 26, 2020, and the subsequent confirmed cases reached 89 by March 10.15 The first death was recorded on March 12 and was of a 66-year-old man. From March 10 to May 4, a series of measures to

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prevent and limit the spread of the virus put into effect by the Greek government resulted in the disease and death rates emerging as the lowest among European countries (Law 4682/2020).

Then, with the decision to protect citizens from the SARS-CoV-2 virus, the operation of educational institutions, catering outlets, art and culture venues, sports venues and shopping centers was suspended throughout the country ((Law 4682/2020). This was followed by the ministerial decision to ban religious practices of functions and services in places of worship (KYA 2867/Y1). Subsequently, in Official Gazette 986/B/22-3-2020, the joint ministerial decision was published which provided for the restriction of the movement of citizens with specific exceptions related to vital, personal and professional needs of the which could not be satisfied in any other way (KYA Δ1 α/Γ.Π οικ 20036/2020). It is obvious that the taking of these measures which were reinforced by the revocation of the normal leaves of the staff of all the health organizations of the country and their strengthening with auxiliary staff, the restriction of vehicular traffic in the center of Athens and the routes of Mass Transport during the day, the prohibition of public gatherings of 10 or more people, the restriction/prohibition of movements to and from Greek territory, the implementation of the order compliance directive for entering supermarkets using an entry card and the stay of one customer per 10 sq.m. to avoid overcrowding, the recommendations to observe hygiene rules, the immediate operation of an emergency communications service and confirmation of movement for citizens, the ban on entry into Greek territory of citizens from countries outside the European Union and the suspension of flights to and from certain European countries, the control of those entering Greek territory by taking a sample for laboratory testing of COVID-19 infection and the imposition of a 14-day home confinement, the exclusion of areas in which a high epidemiological multiplier was found, the closure of recreational areas and marinas and the imposition fines to violators of the measures managed to limit the high losses in morbidity and mortality (ἱκίπεδία, 2020).

As of May 5, the Greek government decided to gradually lift the measures restricting the movement of citizens in an effort to return to social and economic normality, and on May 10 the mandatory use of protective mask in all public closed spaces.²⁰ Until May 5, the total number of cases reached 6,421 and the total number of deaths reached 146 since the beginning of the epidemic, with an average age of the patients who died at 75 years (EOΔΥ, 2020) mental health of the population during the period of the COVID-19 pandemic The sudden appearance of the virus and the high transmissibility of the disease of COVID-19, which caused an increase in hospital admissions, inevitably affects the mental health of individuals (Wang et al., 2020).

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In any epidemic the reactions of the individual affected by its effects directly or indirectly are common: concern for the loss of one's own health and that of loved ones, fear of death, feeling of incompetence and inability to protect and care for one's loved ones, fear of social stigmatization in case of isolation or illness, boredom and depression due to observing isolation measures (IFCR, 2020). Although in times of health crises the stressors that affect the physical and mental health of the population are triggered by similar stimuli, in today's global health crisis it is necessary to explore those factors that are specifically linked to the coronavirus disease (IasC, 2020).

The emergence of the COVID-19 epidemic has created a rapidly evolving global health crisis, during which the mental health of individuals is put to the test. Research on the psychological impact of the epidemic on the general population conducted in its early stages in China showed high levels of anxiety, stress and depression. Fear of losing loved ones, negative subjective perception of health and the presence of a chronic disease, fear of previous contact with a person who may have had the disease, dissatisfaction with the amount of information available, lack of confidence in the family doctor's ability to diagnose the disease, occasional use of a mask by others, seem to be associated negatively with the mental health of the Chinese (Wang et al., 2020).

On the other hand, the provision of clear health protection instructions and updates on current developments (epidemiology, available drugs and vaccines, routes of transmission), the belief that they are not at risk of contracting the virus, compliance with recommendations and prevention measures (regular hand washing, wearing a mask in public places) are associated with lower levels of stress, anxiety and depression (Wang et al., 2020). In findings of another study, the incidence of post-traumatic stress disorders was high mainly in the areas that were heavily affected by the health crisis caused by the SARS-CoV-2 virus (Liu et al., 2020). Also, the rapid increase in deaths due to COVID-19 has resulted in a change in burial practices, which depending on the ritual tradition of each people has different effects on the mental health of family members, with feelings of shame, anger, frustration, injustice, isolation, and even dishonoring the deceased, can make it difficult to manage the loss of a loved one (Entress et al., 2020).

Depression and anxiety are expected psychological effects if one considers the sudden nature of death from the virus, the absence of traditional farewell ceremonies and the lack of

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social support due to social distancing measures (Eisma et al., 2020). Funeral, as a fundamental component of religious and cultural mourning, facilitates the processing of loss through psychosocial support from the community and the opportunity to pay honor and respect to the deceased (Wallace et al., 2020). Indeed, the inability to say goodbye to the deceased has been associated with prolonged grief disorder (Carr et al., 2020) while the risk of developing post-traumatic stress is increased in family members whose loved one has died in the Intensive Care Unit and not at home (Wright et al., 2010).

The measurement of health-related quality of life showed a positive correlation with higher income and therefore the ability to respond financially to the epidemic, younger age, higher education, absence of comorbidities, increased physical activity and a balanced diet (Nguyen et al., 2020). A study from Denmark, which looked at personality traits and how they influence the acceptance of measures imposed to protect human life from the coronavirus, showed that the willingness to accept was greater among the elderly and those with high emotional intelligence. , while the opposite was observed for those with high levels of Machiavellianism, narcissism, and psychopathy (subclinical dark personality traits) (Zettler et al., 2020). The ability to psychologically adapt to an emergency situation, such as the COVID-19 pandemic, and quickly recover from the stress it causes depends by factors such as particular personality traits, family context and community characteristics affect resilience (Bonanno et al., 2015). Thus, people who view life with optimism, those who seek support from their environment by whatever means are available, those who they stay up to date on what's going on and deploy defense mechanisms against internal or external sources of stress are more likely to cope with this period of health crisis with high resilience (Chen & Bonanno, 2020; Bonanno, 2020).

Emerging Psychologists during the COVID-19 pandemic

The COVID-19 pandemic has radically transformed the landscape of mental health care, thrusting emerging psychologists into pivotal roles amid unprecedented challenges. These young professionals have been instrumental in addressing the surge in mental health issues while navigating their professional pathways and personal well-being.

During the COVID-19 crisis, young psychologists have made significant contributions to mental health services. As the demand for mental health support soared, these professionals were often at the forefront of delivering psychological services. They played crucial roles in

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hospitals, community centers, and emergency response teams, providing critical support to individuals experiencing anxiety, depression, and other psychological stresses induced by the pandemic (APA, 2020). Their fresh perspectives and resilience have been essential in expanding the capacity of mental health services to meet the increased demand.

Emerging psychologists have faced numerous professional challenges during the pandemic. One of the primary issues has been the sudden and overwhelming increase in caseloads, which placed considerable pressure on these practitioners, potentially leading to burnout (Zhou et al., 2020). Moreover, they had to quickly acquire new competencies and adjust to the shifting dynamics of mental health needs, often with limited experience and supervision. This situation was compounded by the personal impacts of the pandemic, which added an extra layer of complexity to their professional responsibilities.

In response to these challenges, young psychologists have employed various strategies to maintain their mental health while managing increased demands. Many have turned to peer support groups and supervision, where they can share experiences and coping strategies (Society for Psychotherapy, 2021). Others have emphasized the importance of self-care routines, including regular physical activity, meditation, and structured work-life boundaries, which are essential for sustaining their mental health and professional efficacy.

The shift to telehealth has been one of the most significant adaptations made by young psychologists during the pandemic. This transition not only required technical skills but also adaptations in therapeutic approaches to effectively deliver care in a virtual format (Smith et al., 2020). Young psychologists have been at the forefront of developing and implementing innovative therapeutic techniques suited for the online environment, which have proven essential for continuing care amidst social distancing measures.

In more detail, the transition to telehealth has been a defining feature of mental health care during the COVID-19 pandemic. Faced with lockdowns and social distancing measures, health care providers, including emerging psychologists, rapidly adopted telehealth platforms as a means to continue delivering services. This shift not only sustained essential mental health services but also expanded the reach to populations that were previously underserved due to geographic or physical barriers. Emerging psychologists were required to quickly familiarize themselves with a range of digital tools and platforms. The adaptation involved more than just mastering the technical aspects of these tools; it also required integrating clinical skills into a

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new modality that lacks non-verbal cues which are often critical in traditional face-to-face therapy sessions (Luxton et al., 2020).

To address this, young psychologists developed and utilized enhanced communication skills, focusing on verbal nuances and developing new ways to build rapport and empathy through a screen. Telehealth also prompted the development of specific therapeutic techniques adapted for the virtual environment. For instance, psychologists have innovated approaches for engaging clients through interactive online tools, such as shared whiteboards for drawing therapy techniques and real-time document sharing for cognitive-behavioral therapy worksheets. These adaptations have not only made therapy accessible but also interactive in a manner that engages clients who might find traditional therapy settings less appealing. The rapid shift to telehealth highlighted a gap in existing psychological training programs, which traditionally emphasized face-to-face interactions. In response, training curricula began to evolve, incorporating telepsychology competencies that cover ethical considerations, digital literacy, and specific online intervention skills (APA, 2020). Emerging psychologists have played a critical role in this educational transition, often acting as both learners and pioneers in the digital transformation of psychological services.

The ethical considerations in telehealth are complex and multifaceted. Confidentiality concerns, particularly related to data breaches or unsecured internet connections, became paramount. Young psychologists had to ensure compliance with health privacy laws such as HIPAA in the United States, adapting their practices to secure digital platforms and obtaining informed consent that specifically addresses telehealth risks (Koocher & Keith-Spiegel, 2020).

Practical challenges included managing the blurring of personal and professional boundaries. The home environment, often doubling as a workplace during the pandemic, presented distractions and confidentiality risks not present in a traditional office setting. Emerging psychologists developed strategies to mitigate these issues, such as using professional backdrops and noise-cancelling equipment to maintain a professional therapeutic environment. Telehealth has significantly broadened access to mental health services. Clients who previously faced barriers such as transportation difficulties or physical disabilities found easier access through telehealth services. Moreover, the flexibility of scheduling and the absence of travel time improved attendance rates and client satisfaction. Feedback from clients suggests that many appreciate the convenience and continued access to mental health resources,

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indicating a likely continuation of telehealth as a complement to traditional practices post-pandemic (Smith et al., 2020).

The rapid adaptation to telehealth by emerging psychologists during the COVID-19 pandemic represents a significant evolution in the practice of psychology. It has challenged traditional modalities but also spurred innovation and expanded access to mental health services. As the field continues to evolve, the experiences and lessons learned from this period will undoubtedly shape the future landscape of psychological practice, making telehealth an integral part of mental health services.

Moreover, young psychologists have contributed to the development of new therapeutic approaches tailored to address specific pandemic-related mental health issues, such as coping with isolation, grief, and existential dread. These innovations in therapeutic practices have highlighted the flexibility and creativity of young psychologists in responding to emergent needs.

Young psychologists have also encountered numerous ethical dilemmas and practical challenges during the pandemic, particularly regarding confidentiality and the privacy of virtual sessions (Koocher & Keith-Spiegel, 2020). Ensuring patient confidentiality has become more complex in the telehealth environment, where security concerns are paramount. Additionally, they have faced difficulties in managing boundaries and the therapeutic frame in virtual settings, which are crucial for effective therapy.

So, in conclusion the role of emerging psychologists during the COVID-19 pandemic has been integral to both the field of psychology and the broader health care landscape. Through their contributions to mental health care, adaptations to professional practice, and strategies for self-care, young psychologists have not only managed to navigate the complexities of the pandemic but have also driven the evolution of the field. As the world continues to grapple with and emerge from the pandemic, the experiences of these young professionals underscore the ongoing need for adaptability, innovation, and resilience in psychological practices.

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Theoretical article

THERAPEUTIC INTERVENTIONS AND SUPPORT STRATEGIES FOR CHILDREN WITH ADHD - NEW TECHNOLOGIES AND ADHD

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Abstract

This article refers generally to the disorder of Attention Deficit Hyperactivity Disorder (ADHD) that occurs in children and adolescents, as well as its effects on the cognitive and psychosocial development of sufferers. But mainly it focuses on therapeutic interventions and strategies which can help children with ADHD.

The research found that ADHD, as a neurodevelopmental disorder, negatively affects the daily functionality and the degree of autonomy and socialization of children and adolescents. Furthermore, the daily life of the family is demanding, intense and requires a strong inner strength from the parents to manage the child with ADHD in the most beneficial way (Moen, 2014).

It is a fact that, in recent years, the cases of ADHD are increasing more and more, and therefore the request is for early therapeutic intervention and reinforcement, to prevent further negative consequences and to improve the quality of life and well-being of ADHD sufferers.

Keywords: ADHD, children/adolescents, therapeutic intervention, reinforcement strategies, quality of life.

Introduction

ADHD is a serious disorder of psychological development with symptoms that appear from the preschool period and remain relatively stable into adulthood. According to the World Health Organization (WHO, 2004), ADHD consists of a persistent pattern, lasting at least six (6)

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months of inattention and/or hyperactivity/impulsivity that negatively affects school performance and daily functioning of the individual. Briefly, it refers to four (4) dimensions of behavior: attention deficit, restlessness/agitation, impulsivity, hyperactivity (Bjerrum et al., 2017).

The incidence of ADHD ranges between 4-12% in school-age children, and therefore affects a considerable proportion of the population (Biederman et al., 2006), with researchers also not having arrived at a specific cause for the genesis of the syndrome. The diagnosis of the disorder still presents difficulties as the symptoms overlap with other disorders (Pehlivanidis, et al., 2012).

The need to investigate the issue is related to the importance of early diagnosis of ADHD in children and adolescents, which can contribute to the prevention and treatment of adverse effects in the daily life of sufferers and by extension their families and to smooth integration of young people with ADHD in society as a whole. As Donnelly (2006) mentions, each case is different and therefore a specialized psychosocial intervention is required depending on the particularities and comorbidities that each child or adolescent exhibits, in order to achieve optimal results.

The study of ADHD has attracted the interest of experts in recent years, as the percentages of children and adolescents who are part of the spectrum of these disorders appear to be increasing. However, further emphasis should be placed on the importance of prevention and treatment of the problem because the limitation and/or elimination of disorders is a decisive factor for the optimization of school life, learning performance, and uninterrupted daily functioning.

The rest of the article lists especially to the recommended therapeutic interventions and reinforcement strategies for children with ADHD, which aim to facilitate their daily functioning.

1. Therapeutic Interventions and Reinforcement Strategies

The development of health promotion strategies should be based on the knowledge of whether and to what extent the hyperactive behavior of people with ADHD poses serious or non-severe risks for future mental health problems (Moyá et al., 2014). At the same time, the ever-increasing incidence of ADHD places the issue at the center of public health concern due to the high prevalence rate, chronic nature of the disorder, severe impact on family life, school

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performance and peer relationships. In addition, the cost of treatment and confrontation is high, financially burdening public health systems.

The American Association for Child and Adolescent Psychiatry (AACAP) recommends in principle the implementation of behavioral therapy for the management of preschool children with ADHD. However, there is also drug treatment in children up to six (6) years of age with multiple psychiatric disorders. AACAP guidelines vary depending on the age of the patient. In the preschool age (4-5 years), behavior modification therapy is recommended based on the child's clinical picture according to parents' and teachers' reports. Medication is recommended when behavioral therapy fails to improve the child's functioning (CDCP, 2016).

According to Plitzka (2007), effective long-term management of the patient with ADHD is continuous care by an experienced clinician, who gathers the required information from the child's family and environment. The frequency and duration of follow-up sessions should be individualized for the child and family and commensurate with symptoms and severity, comorbidity with other disorders, and response to treatment.

Regarding drug treatment, studies have shown that specific stimulant drugs offer short-term relief of symptoms and improvement in academic performance. However, the patient's response to medication is uncertain, and its long-term effectiveness has also not been established. The optimal treatment of ADHD includes an individualized intervention program based on any comorbidity each child may have and, at the same time, pharmacotherapy combined with psychoeducation, behavioral therapy, environmental modification and possibly psychotherapy of the child and/or his family (Goldman et al., 1998). The treatment of ADHD is based on the cooperation of the health professional and the patient. In the case of children, the cooperation of both parents and teachers is necessary.

The individualized program drawn up should have specific goals that are reshaped according to the child's progress. A combination of behavioral therapy and medication usually works best. There are psychostimulant medications that are used alone or in combination, however the healthcare professional must decide which is appropriate for the patient's needs and symptoms (Hoseini et al., 2014). The use of medicines stimulates the central nervous system and can improve problems such as low self-esteem, emotional fluctuations and outbursts of anger, social adjustment. At the same time, the guidance programs (in a group or

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individual context) provide supportive psychotherapy, with the aim of solving everyday practical problems (Pehlivanidis et al., 2012).

Donnelly (2006) also argues that during the therapeutic approach of ADHD, the particularities and comorbid conditions that accompany the disorder in each patient must be taken into account, because there is no one treatment suitable for all. Patients have individualized needs and optimal treatment should include medication and psychosocial interventions aimed at addressing specific symptoms.

In addition to therapeutic interventions aimed at optimally managing ADHD, researchers suggest strategies that parents and teachers can implement to facilitate the learning process and achievement of students with ADHD. Mainly these strategies are related to physical/psychomotor interventions. Educational games, for example, can improve writing and reading and enhance memory, attention and concentration. In addition, keeping a list that includes children's behavioral goals related to hyperactivity and impulsivity, antisocial behavior, and academic skills seems to be very useful. Parents and teachers help children stick to the list consistently. Regarding the classroom environment, it is argued that the ability of teachers to manage all students plays an important role in focusing the attention of children with ADHD. It is necessary for teachers to create a positive climate with students in order to prevent any problems in the interaction of children (Santos & Albuquerque, 2019).

The use of computers is also suggested as a tool to improve academic performance, as the characteristics of tasks based on computer programs enhance attention and concentration. Research shows improvement in math and reading performance. For example, the CAT (Computerized Attention Training) program includes a list of exercises that focus on cognitive, auditory, and visual skills. The CAI (Computerized Attention Instruction) program focuses on math and reading. Using both of these programs reduces attention problems (Santos & Albuquerque, 2019).

Interventions Depending on the Main Symptoms of Children with ADHD

Linda Grossman (2017), after an in-depth and extensive study, suggests the following practical and effective daily interventions, depending on the main symptoms of a child suffering from ADHD:

- Based on the symptom of hyperactivity, parents should provide the child with plenty of activity opportunities to release his energy. For example, they could enroll the child in

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sports, such as swimming or soccer, where he will have the opportunity to move for a considerable period.

- Regarding the problem of concentration, parents can ask the child to repeat the instructions given to him so that he remembers better what to do. They can also use pictures that show the child what actions to follow to complete an activity.
- For children with organizational difficulties, it is good to use colors that emphasize words, objects, information, topics. The calendar is also useful for children with time management problems so that they can refer back daily and better organize time based on their activities.
- For children with difficulties in completing school lessons, it is good to ensure a quiet place, without distractions from the television or other noises, where all the required materials are gathered. Also, it is suggested to take short breaks of 10-15 minutes at regular intervals during the study. Parents can check if assignments have been completed and placed in the appropriate folder.
- Sleep problems could be treated with techniques such as quiet activities before bed, avoiding violent television programs and engaging in mobile phone or computer games, preparing for sleep with usual routines well in advance, a warm milk, and a bath.
- For children with ADHD symptoms, modifications to the educational process and the school classroom are suggested, such as providing more time to complete tasks or tests, repeating instructions so that they are understood, assigning smaller tasks, arranging the space so that there is possibility for mobility in the context of student cooperation, placing the child near the teacher so that he can concentrate better.

In general, parents and educators should focus on the success of the child with ADHD and highlight the positive features of daily functioning and academic achievement. In this way they will empower the child by prompting him to reflect on how he was led to success and thus to invent and develop his own problem-solving strategies.

As Kourkoutas (2019) mentions, among the techniques for strengthening the psychosocial skills of children with ADHD, emphasis is placed on modifying parenting practices, with interventions such as family therapy and parent counseling. Regarding the community of teachers, it is suggested that teachers should put more emphasis on understanding the

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dysfunctions of children with ADHD in order to avoid negative situations such as stigmatization and emotional distancing from the learning process.

2. New Technologies and ADHD

Technology is dominant in the daily life of children as well as adults, while young people are undeniably able to use technological tools with great fluency. This condition is very important to be taken into account and exploited by experts, since without a doubt technology can further enhance the intervention process for people with ADHD. At the same time, their utilization has a positive effect on the change of the therapeutic environment, a fact which is very important for these individuals. The therapeutic process with the parallel use of ICT is even possible to transfer the conference and training room to a virtual environment. In fact, a wide range of studies have shown that this form of learning is a particularly effective method with very positive ramifications during its application in various environments as well as after the session is over. This type of participatory process with the use of new technologies is based on the theory of constructive criticism as well as collaboration (Vygotsky, 2000).

Also noteworthy are the studies concerning the use of new technologies in the intervention and education of students with ADHD. More specifically, the use of appropriate software for the needs of children and adolescents with ADHD is primary so that they can focus more on the intervention process. In addition, these software, if used correctly by the specialist, will help him to better understand the needs of the young person with ADHD in order to adjust his approach (Ohan et al, 2008). Furthermore, similar research showed that new technologies exerted a positive influence on the performance of people with ADHD, their participation increased, and their concentration improved (Stasinos, 2013).

On the other hand, the use of new technologies also improves the psycho-emotional level of young people with ADHD while at the same time helping cognitive goals. As far as the social development of students with ADHD is concerned, it is cultivated through cooperative education which enhances interest, creates a good atmosphere, motivates students, and improves their self-image through rewards. Thus, the use of software in intervention and training processes seems to be positive for the individual and equally effective in terms of the intended results. In fact, the use of new technologies can be combined with familiar intervention strategies and theories, always keeping in mind the special character of each person. So, with the use of these technologies, individuals are able to discover information on

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their own with the help of an expert. And the intervention sessions with the parallel utilization of new technologies, strengthen the self-esteem of the individuals, their feeling of social acceptance by their peers, the formation of a pleasant climate in various environments, such as the school classroom. Of course, in order to be able to achieve the remodeling of the environment, a space with computers needs to be built, in order to make the intervention process for young people with ADHD successful (Stasinis, 2013).

In this context, the use of “Gamification” (integration of game mechanisms in a non-game environment) in the various software is also important, as these seem to show positive results in terms of maintaining concentration, especially in ADHD individuals. However, it is essential that these applications and educational games prevent the development of feelings of frustration and cancelation by people with ADHD (Stasinis, 2013).

As can be seen, one of the first studies that took place to investigate the effect of technological tools (P/C, etc.) on people and especially children with ADHD, was that of Kleiman, Humphrey and Lindsay (1981). In this specific study, the performance of 18 children diagnosed with ADHD, specifically the hyperactive type, was compared in terms of mathematical reasoning for solving problems in an electronic environment compared to the conventional method of solving problems on paper. It turned out that children took twice as long to solve problems on paper, while they completed almost twice as many problems using computers. At the same time, corresponding results were also observed in terms of accuracy when solving mathematical problems, but the individuals were not graded (Mikropoulos, 2006).

In a later study by Ford, Poe, and Cox (1993), the influence of two software programs on reading ability and mathematical problem-solving ability was studied in 21 individuals with ADHD. These two softwares presented a number of features that resembled either a game or a presentation. In addition, users had the option to compete with another user-participant or against the computer. In fact, there was no lack of 3D graphics and the choice of finite or unlimited time for the answer. The research showed that people’s attention increased and even remained focused on the application when it resembled a game and users had no time limit. On the other hand, the application that had conventional didactic presentations in which images alternated proved to be unable to sustain the attention of people with ADHD, in contrast to games (Mikropoulos, 2006).

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At the same time, the lowest levels of attention were observed in software related to reading compared to that related to mathematical thinking. Furthermore, when the demands of the electronic environment appeared high in proportion to the user's capabilities, then individuals showed low levels of attention to the software. However, this study had several methodological flaws, so it is difficult to draw firm conclusions because the long-term benefits of children's participation were not assessed, nor did the researchers agree on the measurable behavior of the participants. Also, the study took place in a laboratory environment and not in a realistic environment, while the ADHD diagnosis protocols are inconsistent with modern practice (Mikropoulos, 2006).

Furthermore, the researchers could not agree on a definite conclusion regarding the theory, that is, whether the change in the attention and attitude of the participants was related exclusively to the software components or other factors also influenced, since the software used in the study showed significant variation. Furthermore, the researchers focused more on observing the participants' behavior rather than their performance, although the supporting role of software in improving school performance was discussed. On the contrary, the most modern studies also take place in natural environments, involve older, in terms of age, individuals and focus on the formation of a common line on the part of the researchers (Mikropoulos, 2006).

Specifically, in a study by Ota and DuPaul (2002), the influence that an electronic environment had on the performance in mathematics and on the attitude of the participants during their involvement in the research was studied. It was attended by 3 students in the last grades of the Primary school who had been diagnosed with ADHD. The study was carried out in the special school environment and concerned the comparison of students' performance in the educational software environment with their performance in the classroom environment, during conventional teaching. It was observed that the students showed a moderate improvement in mathematics but noticeable in their attention to the application, during the intervention. Of course, the researchers considered that the modest improvement that was observed may be attributed to the short duration of the intervention. In addition, it is important to mention that in this study there were some limiting factors, such as the medication that the participants received, as well as the area of the special school where the study took place. These facts limited the generalizability of the results to other settings as well as to students with ADHD who are not receiving treatment (Ota & DuPaul, 2002).

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A few years later the study by Mautone, DuPaul and Jitendra (2005), focused on the effect that educational software in mathematics had on achievement and behavior in the classroom environment. Were participated 3 students from the 2nd, 3rd and 4th grades of the primary school diagnosed with ADHD. The specific software was structured in graded levels of difficulty, depending on the cognitive level of the participants, included elements that simulated electronic games, fast and regular feedback as well as a short video game as a reward to the user who would collect a certain number of points. Performance on the software was then compared to traditional classroom instruction, individual reading, and in-class peer collaboration (Mautone, DuPaul & Jitendra, 2005).

The research showed that the performance of the participants in mathematics improved while, at the same time, the maintenance of attention in the software improved. In fact, the changes recorded in the question of attention were very fast with the use of the educational software, but it took time to improve the cognitive skills. Of course, for the researchers this was considered reasonable because students with ADHD show significant difficulties in their school performance, in which case additional time is needed to improve it. It is noteworthy that, compared to the previous studies presented above, the recorded effects are significantly more, up to twice as many, and thus, this condition proves that educational software can be very positive in terms of improving the school performance of students with ADHD. At the same time, this research formed the basis in order to connect the requirements of the software with the capabilities of the students, the generalization of the results to other environments, as well as to students who do not receive medication (Mautone, DuPaul & Jitendra, 2005).

In fact, studying in general education is a valuable stage since there are not a few students with ADHD who attend general school. It was also shown that teaching in the electronic environment improves the focus of attention on the task and at the same time has a positive effect on the general attitude of the students, as well as on their response to the intervention, compared to conventional methods that only used traditional tools. However, there are not many studies that focus on the evaluation of the quality of these interventions for students with ADHD, since it appeared that the results of some do not show the prevalence of computer-based interventions over those of traditional teaching (Mautone, DuPaul & Jitendra, 2005).

More specifically, in the research by Shaw and Lewis (2005) in which 20 students with ADHD from all grades of the Primary school participated, techniques related to the Physics

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lesson were used and elements such as the conventional method with paper and pencil, the printed a format which, however, included color performances and illustrated dialogues, in the form of comics, but also a computer with a word processor, as well as moving images with sound. Although the computer environment contained sound and moving images and constituted a complex environment, however, high accuracy in participants' responses was not observed. Of course, the researchers characterized it as one of the highest levels of maintaining attention on the task (Shaw & Lewis, 2005).

Furthermore, the children who took part in the research told the researchers that the electronic environment may have attracted their attention but distracted it from other information. This probably means that factors other than the alternation of images and sound are at work in enhancing academic performance through interventions in electronic environments. Of course, interaction with the P/C environment may indirectly affect the user's use of it, through changing motivations. An important factor that affects the experience of the student/user with the computer environment is his own efficiency in using it and this condition is related to the education he has received in IT, but also how much he uses technology in everyday life of. Given that self-efficacy is a very important factor that affects the improvement of performance and the overall attitude of students with ADHD, it is considered appropriate to study the effect of this factor during interaction with the computer (Shaw & Lewis, 2005).

Using New Technologies in the Classroom

Students with learning disabilities and neurobiological disorders such as autism and ADHD, seem to be able to be helped by the learning environment and the possibilities provided by new technologies, as long as they are fruitfully integrated into the educational process (Hasselbring & Glaser, 2000). For children with ADHD the use of computers in the educational process is an alternative effective educational strategy, on the one hand because these children show a dexterity in handling computers, and on the other hand because symbols and images stimulate their interest.

The implementation of educational technology applied to students with ADHD aims at three main directions (Liu, Wu & Chen, 2013):

- In the evaluation of the effectiveness of the use of educational technology in special education.
- In planning educational activities using educational technology.

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- In the emotional reaction of special education students and teachers towards educational technology.

As it turned out, the computer is very useful in classrooms where children with ADHD study as it has multiple and complex functions. It serves as a knowledge object, a source of information, a supervisory and communication medium, but also as a cognitive tool (Raptis & Rapti, 2001). The teacher can use the computer to present the teaching material in a more enjoyable way for children with ADHD, with the help of graphics, image and sound that gain their attention, and involve the students in activities simulations that contribute to the construction of knowledge (Solomonidou, 2001). Research has also shown that computer work helps children with ADHD symptoms increase attention, improve impulse control, and reduce hyperactivity (Carey & Sale, 1997).

Differentiated teaching through new technologies, teaching scenarios, and appropriate activities are a basic requirement for an “equal for all” classroom. The goal, through ICT, is for students with ADHD to understand how to think, but also to receive differentiated “what to think”. Information processing is important with both hemispheres of the brain from image to canon (right hemisphere), and from words to canon (left hemisphere) (Pritchard, 2009).

With the use of new technologies in the classroom, the following most important things are achieved:

- Increasing interests in the teaching process and concentration,
- Participation in the course,
- Learning abstract of concepts,
- Social interaction and development of understanding of social conditions,
- Strengthening the feeling of “I can”,
- Cultivating multiple intelligences.

Of course, all the above require appropriate logistical infrastructure in the classrooms and training of the teachers themselves, as a “resistance” has been observed regarding the differentiation of their teaching.

Finally, there are many educational software and games which help people with ADHD to practice their weaknesses, to strengthen their attention, observation, memory, coordination. Memory Games are card games where the goal is to find the pairs, have a short duration and requires observation, memory, and concentration from the player. By extension, it is ideal and

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used to combat ADHD (De La Guía et al., 2015). Next, Lumosity consists of games that practice memory, attention, flexibility/adaptability, speed, and problem solving (Sternberg et al., 2013). As for ADHD, since it exercises memory and attention, it is recommended by experts, not only for children but also for adults. Tetris is also a game that requires the player to observe the shape of each falling object and then guide it where it fits best in order to form lines. In this way, it increases the player's observation and requires his absolute concentration, which makes it a good solution to reduce ADHD.

Kinems also aims to improve visual motor coordination, short-term memory, language and math skills, problem-solving skills, following directions and sequence management. As for ADHD, the games Kinems has available to deal with it are (Retalis et al., 2014):

- *Unboxit*: Here the player has to match the pairs of hidden objects inside the boxes by opening one object after another. Therefore, the game is ideal for practicing memory, concentration and attention and, by extension, for dealing with ADHD.
- *Melody Tree*: Is a memory and matching game of pairs with sound objects in the “melody tree”. Therefore, this game exercises auditory memory and requires the player to concentrate and pay attention in order to complete it.
- *Walks*: Is a motor planning and visual motor coordination game, which requires the player to concentrate, observe the movement of unexpected objects and then plan their own. In this way, it forces him to limit his impulsiveness and wait for the right moment to pass (Kavagha, 2016).

3. Conclusion

The use of new technologies can act as a tool for facilitation and free access to the learning process for children and adolescents with ADHD, without discrimination and barriers due to diversity. Basic IT knowledge gives the opportunity of new paths to special educators and students to discover modern ways of learning, with the aim of active participation and meeting special needs, but also to find therapeutic interventions and strategies to support children with ADHD. Clearly, technology and innovations are not the only solution to educational problems, but they can contribute to facilitating the daily learning of people with ADHD, always combined with appropriate training, support and guidance. But this requires organized efforts at the state level and a change in educational philosophy and policy, combined with appropriate resources and the provision of necessary equipment.

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Distance education could perhaps bring more positive results in the integration of students in school everyday life, because in the online classroom, the teacher is given the opportunity to provide personalized distance teaching, to provide educational support adapted to the particular needs of each student with the correct utilization tools/platforms and digital environments. It is therefore understood that in order to realize the above, continuous effort and necessary training of teachers is required, both in new technologies and in matters of students with ADHD.

In conclusion, therefore, interventions and teaching in a digital environment seem to increase the productivity of children with ADHD during the intervention, as well as reduce their distraction, and in some cases stimulate and strengthen the children's memory. However, few studies have examined the quality and usability of such intervention software to enhance memory and attention in children with ADHD. Therefore, a study is deemed necessary regarding the construction of a software application for children with ADHD, which will aim to strengthen the attention and memory of these children, and which will be evaluated by teachers in terms of its quality and ease of use.

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Theoretical article

Локус на контрол и психично благополучие в различни културни контексти

Locus of control and mental well-being in different cultural contexts

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Резюме

Целта на статията е да представи връзката на локуса на контрола и психичното благополучие и как културните фактори влияят върху индивидуалните убеждения, поведение и благополучие. Нацията, в която човек израства; образованието, което получава; възпитанието в семейството и културата, в която е внедрен, оформят локуса на контрола на личността. Всички тези фактори формират сходни ценности в обществото, а те - определени нагласи за локус на контрола. Спрямо това човек може добре да се интегрира или не в дадено общество, а това да повлияе на психическото му благополучие. В статията са разгледани редица изследвания върху локуса на контрола и психичното благополучие, както поотделно, така и заедно. Като извод може да се обобщи, че отчитането на културните особености би помогнало за по-пълно разбиране на локуса на контрол и психичното благополучие.

Ключови думи: локус на контрол, психично благополучие, щастие, благоденствие, автентичност

Abstract

The purpose of the paper is to present the relationship of the locus of control and psychological well-being and how cultural factors influence individual beliefs, behavior, and well-being. The nation in which one grows up; the education they receive; family upbringing and the culture in which they are embedded shape a person's locus of control. All these factors form similar values in society, and they form certain attitudes towards the locus of control. In this regard, a person can either integrate well or not integrate in a given society, and this can affect their mental well-being. The paper reviews a range of research on the locus of control and mental well-being. To conclude, it can be summarized that the consideration of cultural characteristics would help to understand the locus of control and mental well-being more fully.

Keywords: locus of control, mental well-being, happiness, well-being, authenticity

Изследването на психичното благополучие започва в началото на 20-ти век от социолози, а след време преминава и към интереса на психолозите. Поради по-добрите условия на живот и прескачане на прага на оцеляване, започват изследвания до колко

хората живеят добре. За „добър живот“ се говори във философията и преди това. Голямо откритие прави психологът Норман Брадбърн през 1969 година, когато установява, че удоволствието не е пряко свързано с изпитване на нещо неприятно, т.е. ако човек не изпитва болка или негативни чувства, то това не означава, че той изпитва удоволствие и щастие (Bradburn 1969). Така се стига до търсения в областта на позитивната психология.

Учените, които изследват психичното благополучие, предполагат, че есенциалната подправка на добрия живот е, че човек сам харесва живота си. Психичното благополучие се определя от познавателни и емоционални оценки на собствения живот. Тези оценки включват емоционални реакции на събития, както и когнитивни преценки на задоволство и удовлетворение. Така психичното благополучие е широко понятие, включващо изпитване на приятни емоции, ниско ниво на негативно настроение и високо ниво на удовлетворение. Положителните преживявания, въплътени във високо психическо благополучие, са основната идея в положителната психология, защото те правят живота удовлетворяващ (Diener et al. 2005).

След десетки години изследвания професор Михай Чиксентмихай оформя теорията на „поток“. Той разбира, че повечето пари не носят увеличаване на щастие, въпреки че липсата им дава нещастие. Чрез проучване психологът открива, че щастие и смисъл на живот човек намира, когато попадне в особено състояние на ума, което изисква пълен фокус и поглъщане, времето спира и нищо друго освен заниманието не съществува. В такъв поток, човек е спокоен, но и в екстаз, кипи от умствени и физически сили, но не е гладен или уморен, силно мотивиран и целенасочен е и е самодостатъчен и напълно щастлив, потопен с цялото си същество върху заниманието си (Csikszentmihalyi, 2014). Той уточнява, че са необходими 2 компонента, за да се случи потока – интересна цел и умение или знания, за да има капацитет да осъществи така желаната цел.

Теория за автентичното щастие предлага и бащата на позитивната психология Мартин Селигман. Той въвежда и „формула на щастието“, като начертава и 3 пътя за щастие: 1. Приятен живот (удоволствия). 2. Добър живот (удовлетворение и абсорбиране в заниманията) и 3. Смислен живот (осмислено съществуване в полза и на нещо извън нас) (Seligman, 2017).

В официалния уебсайт на Британското здравеопазване, например, са дадени съвети за психично благополучие, наречени „5 стъпки за психично благоденствие“:

1. Свързвайте се с други хора (поддържане на приятелства, споделяне);
2. Бъдете физически активни;
3. Учете нови неща (придобиване на нови умения);
4. Давайте на другите (благотворителност и доброта);
5. Обръщайте внимание на настоящия момент (майндфулнес). (NHS, 2022)

Американският психолог Барбара Фредриксън разработва теорията за "разширяване и изграждане" (broaden-and-build theory) на положителните емоции през 1998 г. Позитивните емоции "моментен репертоар от мисли и действия" разширяват

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вниманието, с което стимулират креативността и развитието, подобряват физическото и психическото здраве, социалните взаимоотношения и интелектуалното развитие. Позитивното мислене и положителните емоции изграждат здрави навици, умения и поведение, които се трупат като ресурси и помагат на човек да се справя със стреса и предизвикателствата в живота (Fredrickson, 2001).

Позитивните емоции отварят сърцата и умовете, увеличавайки личните граници на човек, като така променят заобикалящата среда. Светът става по-голям, защото перспективата се променя и разширява. Това създава свързаност между хората, а това би помогнало в разрешаването на междуличностни и социални проблеми (Fredrickson, 2011).

Концепцията за „локализация на контрола на волевите усилия“ е разработена от Джулиан Ротър през 1954 г. Той изследва убежденията на личността за склонност към вътрешна или външна причина за случващото се. Нагласите за причината като вътрешна или външна на успехите и неуспехите, показва насочеността на личността към един от двата локуса на контрол (Rotter, 1990). Ясното описание на този конструкт е значимо за изследването и разбирането на поведението на индивида, поради което научната статия на Ротър получава Distinguished Scientific Contributions award през август 1988 и е публикувана като особено значима в научното списание *American Psychologist* през април 1990 г.

Локус идва от латински и означава „място“, „местоположение“, в математиката - „геометрично място“, „траектория“. В психологията локусът на контрол е степента на контрола върху съдбата. Той изразява нагласата на личността за собственото си развитие. От там следват и усилията, които влага, както и целите и постиженията, които може или не може да постигне. Отговорността към успеха или неуспеха може да бъде приета като собствена лична (интерналност) или независеща от индивида (екстерналност), в резултат от външни фактори. Всичко това влияе на поведението, както и на мотивацията.

Социалният психолог и философ Ерих Фром изследва поведението на масата и описва защо дикатурите успяват. Отговорността не е за всеки, по-лесно е да се остави на друг и така индивидът да се съобразява с авторитетите или напълно да се подчини на налагащата стриктни правила власт (From, E. 1992). Фром разглежда как ниско самочувствие и страх от неизвестността могат да подтикнат индивидите към търсене на "защитаваща ръка" на авторитетна фигура, дори ако това означава загуба на свободата. Освобождаване от това "бягство от свободата" може да има чрез осъзната лична отговорност и задължения към света, който заобикаля човека.

Важен принос към разбирането на влиянието на локуса за контрол върху субективното благополучие и как тези връзки могат да се променят в различни културни контексти и през различните етапи на живота е публикуваната през 2000 година статия от Алойс Гроб. В нея той изследва връзката между локуса на контрол и субективното благополучие в различни нации и през различните етапи на живота (Grob, 2000).

Тя е част от сборник "Culture and Subjective Well-Being", където авторите анализират как културните ценности, убежденията, нормите и обичаите могат да повлияят върху начина, по който хората изпитват и оценяват своето благополучие. Книгата представя международна перспектива, като включва статии от изследователи от различни държави и култури.

В изследване, базирано на изчерпателни данни от социологически проучвания от 146 държави за последните четири години, с цел да се проучи кои са най-щастливите хора в света, се вижда ясно, че нациите се различават по усещане за психично благополучие. Първите три страни, където хората са най-щастливи, са Финландия, Дания, Исландия. България е на 77 място (SEOWorld, 2024). Финландия, освен с най-щастливите хора, е и страната с най-продуктивното население в света. Би било интересно да се разбере връзката между тези данни и локуса на контрола.

Локусът на контрола може да бъде разгледан като социално-психично-културно явление чрез изследвания на различни нации. В книгата „Компас на ценностите. Житейските уроци на 101 страни“ авторката Мадийп Рай (Ray, 2020) описва българите с думата „здраве“, споделяйки как се е чувствала в България, където всеки освен, че пожелава здраве на другите, говори предимно за болести, лекарства, лечения и здраве. Книгата описва ценностите на 101 страни, като всички те са разделени на 5 категории: Ценности на промяната (Дания „Равенство“, класирана е 2-ра по щастие; ДР Конго „Потенциал“, класирана 133-а по щастие); Ценности на приемственост (Швейцария „Прецизност“, класирана е 8-а в класацията по щастие; Беларус „Стабилност“, класирана – 144-а по щастие); Ценности на отношенията (Нидерландия „Прямота“, класирана е 5-а по щастие; Йордания „Услужливост“, класирана е 123-а по щастие); Колективни ценности (Нова Зеландия „Грижа за околната среда“, класирана е 10-а по щастие; Танзания „Единство“, класирана е 129-а по щастие) и Основни ценности (България „Здраве“, класирана е 77-а по щастие; победителят в класацията по щастие е тук - Финландия „Тишина“ и най-ниско в тази категория по щастие е Индия „Вяра“, класирана 126-а). Авторката обръща внимание как светът, в който човек живее и работи, оформя ценностите му, а от там и поведението му. В 5-те категории, които тя е оформила, са посочени тези с най-високите и с най-ниските резултати от изследването на страните по щастие. България, която е по средата, е включена допълнително.

Локусът на контрол в българската култура и в българската разговорна реч определя основни ценности и специфични практики не само като „Балкански манталитет“, но и като български модел, ориентирани към съдбата или външния локус на контрол, а именно позоваване на късмета, постоянно пожелаване на здраве и често оплакване, което остава усещане за обреченост (Petkova, 2020). „Оплакването е ясен знак за това, че личността не успява „да вземе в ръце собствения си живот“. Колкото повече се оплаква един индивид, толкова повече на подсъзнателно ниво, той бяга от отговорност и поставя точката на контрол извън себе си.“ (Petkova, 2020).

В психологическо проучване върху 215 студенти от СУ „Св. Климент Охридски“ през 2012 година се доказва, че академичният локус на контрол е свързан с усилията на студентите и „доминира вътрешният локус на контрола, което означава, че студентите

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разчитат преди всичко на собствените си интелектуални способности, вложени усилия и самостоятелната подготовка за успешното решаване на възникналите трудности“ (Yankulova, 2013).

Разгледан като два отделни конструкта, а именно вътрешен локус на контрол и външен локус на контрол, те влияят по различен начин на психическото благополучие. В изследване на американски студенти се отделят двата конструкта, чрез изследването им поотделно върху стрес, самочувствие и депресия. Изследването показва, че външният локус на контрол има връзка със стреса, депресията и самочувствието, а вътрешният локус на контрол само донякъде (Griffin, 2014). Изследването продължава хипотезата, че локус на контрол съдържа два фактора, а не един (Parkes, 1985). Дали не високият вътрешен контрол, а ниският външен локус на контрол не дава доброто психическо благополучие (Griffin, 2014).

Мортън Розенберг изследва връзката между обществото и самооценката на юношите и как именно обществото чрез социалните роли, нормите и очакванията, влияе върху формирането на самооценката, идентичността и психическото благополучие на младите хора (Rosenberg, 1965).

Връзката между реактивността и локуса на контрола и приносът им за субективното благополучие е разгледна от Томаш Клонович. Реактивността се отнася до индивидуалната склонност да реагира със стрес и негативни емоции на различни ситуации, докато локусът на контрола се отнася до убеждението на човека, че той има контрол върху събитията в живота си. Той прави заключение, че високият вътрешен локус на контрол има позитивен ефект върху благополучието (Klonowicz, 2001).

Заклучение

Вътрешният локус на контрол е свързан с индивидуализма и силата на характера, целенасочените действия с ясни изисквания към себе си и очаквани реални резултати. Вярата в себе си и развиване постоянно на собствения потенциал, като успехът и личностният растеж е мотивационната сила. Такива индивиди са и по-неподатливи на зависимости и влияния, както от други хора, така и от обстоятелства. Те имат вътрешната сила да се справят с проблеми. Знаят как да преодолеят стреса и да запазват психическото си здраве. Те са и по-отговорни за здравето си и адаптивни към различни ситуации. Усещането, че животът е в собствените им ръце, дава постоянна сила за развитие и психическо благоденствие. Докато външният локус на контрол е подчиняване на обстоятелствата и оправдаването за всичко случващо се в живота с външни фактори.

Разбирането на локуса на контрола и връзката му с психичното благополучие е съществено за разбирането на човешките емоции, мисли и поведение и е важно да продължи да се проучва, за да се избегнат последиците от стреса и да се развие по-висока емоционална интелигентност.

Проучването на връзката между локуса на контрола и психичното благополучие в различни културни контексти е важно за създаването на по-ефективни програми за

подпомагане и поддържане на доброто ментално здраве на хората в различни общества.

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Theoretical article

Емоционална интелигентност, стрес и адаптация в чужда култура

Emotional intelligence, stress and adaptation in a foreign culture

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Резюме

Целта на статията е да представи връзка между емоционалната интелигентност и стреса и влиянието на културните фактори върху развитието на нови потребности за увеличаване на ЕИ за справяне с нови стресори. Влияе ли на по-лесната адаптация в новата културна среда емоционалната интелигентност? Може ли по-високата емоционална интелигентност да намали нивото на стреса при емиграция? В статията са разгледани редица проучвания за емоционалната интелигентност, за стреса, за връзката между тях и за важността им при различни културни взаимодействия. Като извод може да се обобщи необходимостта от подпомагане на емоционалната интелигентност и управлението на стреса при адаптацията в чужда култура.

Ключови думи: емоционална интелигентност, емоции, стрес, акултурация

Abstract

The purpose of the paper is to present a relationship between emotional intelligence (EI) and stress, as well as the influence of cultural factors on the development of new needs to increase EI to cope with new stressors. Does emotional intelligence affect adaptation in a new cultural environment? Can higher emotional intelligence reduce the level of stress during immigration? The article reviews several studies on emotional intelligence, stress, the relationship between them, and their importance in different cultural interactions. To conclude, it summarizes the need to support emotional intelligence and stress management during adaptation to a foreign culture.

Keywords: emotional intelligence, emotions, stress, acculturation

Психологията разглежда емиграцията в две широки области – акултурация и междугрупови взаимоотношения. Акултурацията като определение идва от антропологията и е разглеждана като „процес, който включва контакт между две културни групи в резултат на което произлизат редица културни промени и в двете групи” (Redfield et al., 1936). Разглеждането на тези промени на индивидуално ниво ражда термина „психологическа акултурация“ (Graves, 1967). Акултурацията е основен

фокус в кроскултурната психология. Стресът и психологическото благополучие зависят от начина по който човек, попаднал в нова културна среда, се справя с различията. Бери създава модел, който включва четири типа акултурация: асимиляция, интеграция, разделение и маргинализация (Berry, 2001). При асимиляцията човек приема културата на домакинската общност и отхвърля своята собствена. Интеграция има, когато човек запазва своята култура, но също така приема и част от културата на домакинската общност. Разделение е, ако човек запазва своята култура и се държи далеч от културата на домакинската общност. Маргинализация се получава, когато човек губи връзка със своята култура и не успява да се адаптира към културата на домакинската общност. Това се случва в три етапа – контакт, конфликт и адаптация.

Стресът има психологически и философски аспекти, като освен от психологията и философията, се разглежда и от социалните науки. Влиянието на културата и общността върху личността имат връзка със стреса. За справянето му играят роля социалната подкрепа, вярванията и ценностите на обществото, различните културни норми (Hobfoll, 1998).

4 вида стрес определя Албрехт: 1. Стрес, свързан с времето; 2. Стрес, свързан с бъдещето; 3. Стрес, свързан със ситуациите; 4. Стрес, свързан с друг човек (Albrecht 1986). Стрес се получава и при промяна на мястото, в което човек живее, защото ситуациите и хората се променят внезапно.

Моделът на ендокринолога Селие е значим за разбирането и работата със стреса - определя вредния стрес като дистрес, който разделя на 3 фази – тревога, адаптация, изтощение (Selye, 1974). Селие открива, че стресирацията фактор, ако не се спре и неутрализира, минава през различни фази: Тревогата или уплахата (Alarm stage) е първоначалната реакция на организма на стресора и се характеризира с увеличената активност на симпатиковата нервна система и отделянето на хормони като адреналин и кортизол. Съпротивата или адаптацията (Resistance stage) се случва, ако стресорът продължи, а организмът се опитва да се адаптира към него. Това е продължителната мобилизация на ресурсите на тялото за борба със стресора. Изтощението или изчерпването (Exhaustion stage) идва, когато стресът продължи твърде дълго или е твърде интензивен, при което ресурсите на организма се изчерпват, а това може да доведе до появата на различни здравословни проблеми и трайни изменения върху психиката (Selye, 1976).

Влияейки на стресорите и дистреса, човек започва да се чувства физически, психически, емоционално, социално и душевно здрав. Трите фази на Селие се определят от потенциални стресори, които може да идват от мисли, емоции, психологически травми, физиологични причини, включително патогенни микроорганизми, спортни травми, настинки, както и невидими фактори – електромагнитни аномални влияния и т.н. Всичко е потенциален стресор. Според Салие „само мъртвите нямат стрес“. И стресът се получава най-вече от това човек да се опитва да е друг, но не и това, което е всъщност (Selye ,1976). „Кой съм аз?“ е основен философски въпрос от хилядолетия.

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В тази насока е и работата на унгарския психолог д-р Габор Мате, който изучава стреса и как веднъж станал хроничен води до хронични заболявания. Той обяснява връзката на здравето с теломерите. Мате свързва ума с тялото в неразривна връзка, обяснявайки физическите заболявания чрез потиснати емоции и поведение. Човекът е био-психо-социо-духовна същност. Духовното, казва той, е това над егото ни. А егото в момента властва в обществата ни. Според Мате още от деца се налага или да бъдем привързани към другите, изпълнявайки техните очаквания, или да изберем автентичността, следвайки нашите чувства и нужди. Оригиналността или това да бъдем себе си, води до здраве. Според Мате около човек ще останат само истинските му приятели, когато е автентичен, поздравявайки го, че е самият себе си (Mate, 2021).

Автентичността е изразяване на собствените убеждения, емоции и ценности и е свързана с нивото на осъзнатост и емоционалната интелигентност. Изследване, публикувано в *The Journal of Humanistic Psychology* (JHP), разкрива, че автентичността и високата ЕИ са взаимосвързани (Tohme & Joseph, 2020).

Според Маконигъл (McGonigal, 2013) промяната в начина, по който мислим за стреса, може да има положително въздействие върху нас. Променяйки нагласата си към стресовата реакция, се променя и реакцията на нашето тяло. Тя базира заключението си след 8-годишно изследване върху 30 хиляди американци и разбира, че вярата и осъзнаването на стреса като позитивен, преобразуват поведението на тялото, което изгражда по-добра физическа устойчивост.

Справянето със стреса подпомага изграждането на стабилност, укрепва мотивацията, развива личностни качества, приучава на дисциплина, може да научи човек на нови умения за поддържане на емоционален баланс като медитация или майндфулнес. Справянето със стреса прави човек по-силен психически и това дава удовлетворение, което води до щастие. Така стресът може да бъде част от позитивната психология. Разумното справяне със стреса в ежедневието може да развие емоционалната интелигентност, да измести фокуса на контрол към вътрешен и да доведе до психическо благополучие (McGonigal, 2013).

Торндайк пръв отъждествява термина "емоционална интелигентност", имайки предвид способността човек да се държи мъдро при човешки взаимоотношения, което обаче е социална интелигентност (Thorndike, 1920).

Салови и Майер (1990) налагат понятието ЕИ, Голман (1996) допринася за придобиване на популярност на конструкта ЕИ, когато представя книгата си „Емоционална интелигентност. Защо може да е по-важна от коефициента на интелигентност“.

Концепцията на ЕИ е формулирана за първи път като „способността да се наблюдават собствените и чуждите чувства и емоции, да се различават и да се използва информацията за ръководене на собственото мислене и действия“ (Salovey & Mayer 1990).

През 2008 година Салови и Майер, заедно с Дейвид Карузо, представят нова версия на четирикомпонентна ЕИ, като уточняват някои неточности и заблуди, които е оставила след излизането си книгата на Голман. Четирикомпонентният модел на ЕИ „включва способности за (а) възприемане на емоциите на себе си и другите точно, (б) използване на емоциите за подпомагане на мисленето, (в) разбиране на емоциите, емоционалния език и сигналите, които идват от емоциите и (г) управление на емоциите, за да се постигне определена цел“ (Mayer, et al., 2008).

Голман твърди, че емоционалната интелигентност е не по-малко важна от умствения коефициент на интелигентност и за разлика от второто, първата интелигентност може да се развива и подобрява (Goleman, 2023).

Лимбичната система дава повече яснота за емоциите на човека. Амигдалата съхранява емоциите и тя реагира първа при гняв, страх и други емоции за оцеляване. Често тя ръководи човек с ниска ЕИ, а неокортексът, който отговаря за човешкия разум, остава неактивен. Емоциите, които се изпитват при вида на определен човек, идват от амигдалата. Но включването на неокортекса държи човек съдържан, независимо какви емоции изпитва. Той се свързва с емоционалната интелигентност. Ако амигдалата се включва често, се поддържа стрес, а това отслабва капацитета на мозъка, както и здравето на тялото намалява. Човек става разсеян, губи мотивация и фокус, сприхав е и реагира инстинктивно, а не разумно. Такъв човек е податлив на провокации и може да извърши всякакви дейности, завладян от някаква емоция. Това е пример за ниска ЕИ, където рационалността липсва. Препоръчително е осъзнаване, социализиране, подпомагане на други чрез милосърдие и грижа (Goleman, 2023). В книгата си Голман дава примери защо хората с висок ЕИ са по-успешни.

Той разглежда и социалната интелигентност, наричайки я „новата наука на човешките взаимоотношения“ (Goleman, 2006).

Емоционалната интелигентност играе важна роля в мотивацията на работното място и успехите в кариерата, а комуникационните умения са посредник на емоционалната интелигентност. Чрез приемливо поведение, емоционалната интелигентност позволява придобиването на межкултурни умения, които се развиват чрез междуличностна комуникация, а правилното управление на емоциите ще осигурява развитие на групата (Dambean, 2021).

"Нашите емоции са исторически оформени социокултурни конструкти повече отколкото са лично притежание" (Middleton 1989, p.187). Различните култури създават различни "емоционални стилове" и това определя културната перспектива като приемливо и неприемливо изразяване на емоции и така емоционалният живот на човека, дори един и същ, в различни страни може да се приеме по различен начин. Ако емоционалният свят на индивида не се припокрива с очаквания емоционален стил на дадена култура, то се поражда „емоционален дисонанс“ или сблъсък между реалните чувства (вътрешни) и необходимите чувства (външни).

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„Емоционалната интелигентност, която е свързана със знанието за спецификите на всяка емоция, ни дава преимуществото да се ориентираме в това, какво ни мотивира и движи, особено в критични ситуации, в които преживяваме не една, а множество емоции. По-дълбокото осъзнаване на емоционалните ни преживявания, развиването на уменията ни да разбираме собствените си и чуждите емоции, да ги изразяваме по подходящ начин да ги управляваме успешно, увеличават възможностите ни да се справяме по-ефективно с възникващите проблеми и кризи, които съпътстват живота на всеки един от нас“ (Todorova & Angelova, 2023, стр. 183).

Заклучение

Стресът може да се получи от загуба на подкрепата на близки и приятели, промени в средата, изпитване на културен шок, променени социални взаимодействия, дори да предизвика чувство на изолираност, загуба на идентичност и всичко това да доведе не само до липса на мотивация и щастие, но и до тревожност, страх, депресия и липса на самочувствие. Тук емоционалната интелигентност може да бъде в помощ за успешната адаптация към новата среда.

Емоционалната интелигентност може да подпомогне адаптацията и успешната интеграция в нови културни среди чрез самосъзнание и саморегулация– разбиране и управление на собствените емоции при стресови ситуации; гъвкавост и адаптивност – открит поглед към новите възможности и приспособимост към новите условия; решителност и издръжливост – въпреки трудностите и различията, високата ЕИ помага на човек да продължи напред поради усвоената способност да се справя с предизвикателства; социална интелигентност и социални умения – с разбиране на емоциите у другите, човек с висок ЕИ може да се адаптира към културните норми и очаквания и да създаде здрави емоционални и социални връзки в новата културна среда.

Разширяването на изследванията, свързани с ролята на емоционалната интелигентност и влиянието ѝ при стрес, следствие на нови обстоятелства, породени от смяна на културата, може да подпомогне разкриването на нови възможности за практическото ѝ приложение в различни обучения за справяне със стреса и поддържане на психическо благополучие.

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