REVISTA DE PSIHOLOGIE

Vol. 71 ***2025*** ***Nr. 1***

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ABORDĂRI TEORETICE ŞI PRACTIC-APLICATIVE

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REVISTA DE PSIHOLOGIE

(JOURNAL OF PSYCHOLOGY)

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POSTPARTUM MENTAL HEALTH: CAN DYADIC STRESS EXPLAIN THE ASSOCIATION BETWEEN MARITAL SATISFACTION AND POSTPARTUM DEPRESSION?

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Abstract

Introduction. A wide range of studies illustrated women's increasing incidence of postpartum depression. The mother's depression is related to multiple areas of the child's development: lower weight, sleep disturbances, speaking delays, lower IQ, and delays in behavioral acquisitions. Research illustrates that social and marital characteristics are related to postpartum depression, stress is also considered an essential predictor of postpartum depression, and most mothers are married or cohabiting. *Research purpose.* We are interested in exploring the mediating role of dyadic stress on the relationship between marital satisfaction and postpartum depression. *Methods.* Using a sample of 169 primiparous women (women at first birth) in the first year postpartum, we propose investigating the association between marital satisfaction, dyadic stress and postpartum depression and the mediating role of four categories of dyadic stress on the relationship between marital satisfaction and postpartum depression. *Results.* Significant correlations were found between marital satisfaction, postpartum depression and three of four categories of dyadic stress. Moreover, the minor internal stress of the couple is the one that can explain the connection between marital satisfaction and postpartum depression. *Discussion.* The outcomes underline the importance of the couple's aspects in the mothers' postpartum mental health.

Cuvinte-cheie: depresie postpartum, satisfacție maritală, stres diadic, primipare.

Keywords: postpartum depression, marital satisfaction, dyadic stress, primiparous.

1. INTRODUCTION

A wide range of studies, including a meta-analysis, illustrated the increasing incidence of postpartum depression in women (e.g., Gelaye *et al.*, 2016; Hahn-Holbrook *et al.*, 2018). The mother's depression is related to multiple areas of the child's development: lower weight, sleep disturbances (Gress-Smith *et al.*, 2012),

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speaking delays, lower IQ, and delays in behavioral acquisitions (Grace *et al.*, 2003). Thus investigating the mental health of mothers is crucial. Moreover, the previous data shows that postpartum depression has a higher impact on primiparous (mother at first birth) compared to multiparous (mother with previous births) (Tokumitsu *et al.*, 2020). However, little is known about the impact of couple's aspects on depression, given that the most postpartum women are married or cohabiting (Seefeld *et al.*, 2022). Thus, the importance of maternal postpartum depression requires deepening this concept and exploring the associated factors, which, once acknowledged, can diminish this vicarious circle. In this direction, we propose investigating the effect of marital satisfaction on postpartum depression through four mediators derived from dyadic stress: minor internal stress, major internal stress, minor external stress, and major external stress.

1.1 POSTPARTUM DEPRESSION

Postpartum depression is diagnosed as a major depressive disorder (The APrON Team *et al.*, 2017). It is characterized by a depressive mindset, decreased pleasure or appetite to engage in regular activities, sleeplessness or hypersomnia, agitation or psychomotor inactivity, exhaustion, modifications in appetite, sensations of depreciation, regret, reduced capacity to focus, and suicidal ideas. The symptoms start approximately one month after delivery and negatively affect the daily routine (American Psychiatric Association, 2013).

Previous research evidenced the possible predictors of postpartum depression as anterior episodes of depression and anxiety (The APrON Team *et al.*, 2017), stress during the pregnancy, poor social support (Kamalifard *et al.*, 2014; The APrON Team *et al.*, 2017), parenthood stress, insufficient finances (Beck, 2002; Goyal *et al.*, 2010; The APrON Team *et al.*, 2017). A recent review identified stress as one of the most important predictors of postpartum depression (Hutchens & Kearney, 2020). Beck (2002) grouped the predictors of postpartum depression identified in his meta-analysis and proposed three categories of factors that influence the occurrence of depression among postpartum mothers: individual aspects, child aspects, and relational aspects. Consisted literature analyzed individual aspects of postpartum depression, but still exists a notable gap concerning the deepening of relational characteristics.

1.2 MARITAL SATISFACTION AND POSTPARTUM DEPRESSION

In a recent longitudinal study, Nieh *et al.* (2021) used a large sample of mothers (4332 of women) and concluded that marital satisfaction represents an important predictor of postpartum depression. Similar results were found by Çankaya & Alan Dikmen (2022), studying 337 postpartum mothers. Furthermore, they suggest that a couple's characteristics and functions can be essential in preventing postpartum depression in women.

Whisman *et al.* (2011) explored the link between marital satisfaction and perinatal depression in a sample of 113 women. The results revealed that marital satisfaction predicts depressive symptomatology. Precisely, a lower marital satisfaction predicts a high level of postpartum depression. These results confirm the other research outcomes (Davila *et al.*, 2003; Małus *et al.*, 2016; Pebryatie *et al.*, 2022; Whitton *et al.*, 2008). It seems that the relationship is bidirectional. Marital satisfaction impacts postpartum depression (Figueiredo *et al.*, 2018), and, in turn, postpartum depressive symptomatology predicts marital satisfaction up to two years after birth (Garthus-Niegel *et al.*, 2018). Women with low marital satisfaction reported increased severity of depressive symptomatology. In this line, mothers who declare low marital satisfaction also report sleeping and eating disruptions, anxiety and insecurity, emotional instability, confusion, loss of self, culpability, embarrassment, and suicidal thoughts (Małus *et al.*, 2016).

Qi *et al.* (2022) found that marital satisfaction directly affects postpartum depression. Using a sample of 817 women from China in their six weeks postpartum, the authors concluded in their study that social support mediates the link between marital satisfaction and postpartum depression.

1.3 THE MEDIATING ROLE OF DYADIC STRESS

Studies focused on general depression revealed several mediators of the relationship between marital satisfaction and depression in women: spousal support (Davila *et al.*, 1997), emotional reactivity (Bartle-Haring *et al.*, 2019), aggressive conflict resolution style (Du Rocher Schudlich *et al.*, 2011), self-silencing (inability to express one's own needs) (Uebelacker *et al.*, 2003). Recent research showed that external stress (stress that originates outside the couple) represents an important mediator of the relationship between postpartum depression and child development (Fredriksen *et al.*, 2019), between perceived negative emotionality of childand marital satisfaction (Berryhill *et al.*, 2016), or between anxiety and postpartum depression (Fernandes *et al.*, 2021).

At the moment, research illustrates that (a) stress is considered an essential predictor of postpartum depression (Hutchens & Kearney, 2020), (b) social characteristics are also important predictors of postpartum depression (Beck, 2002), and (c) the majority of mothers are married or cohabiting (Seefeld *et al.*, 2022). Thus, we are interested in exploring the role of dyadic stress which represents a particular form of social stress derived from the relationship between spouses (Randall & Bodenmann, 2009) on postpartum depression. Dyadic stress implies common problems, emotional closeness, and the upkeep of the intimate connection between the partners. Specifically, dyadic stress represents a stressful situation or circumstance involving both spouses. It can affect the spouses directly when the source of the stress is from inside the couple, and both confront it, or indirectly

when the stress of one partner affects the other (Bodenmann, 2005). In function of three criteria, Randall & Bodenmann (2009) identified three categories of dyadic stress: internal stress versus external stress, depending on the locus of the stress, minor stress versus major stress, counting on the intensity and acute stress versus chronic stress, hanging on the duration of stress. Randall & Bodenmann's review (2017) focused on stress as a dyadic construct. Summarizing 26 empirical studies, the authors concluded that both internal and external dyadic stress negatively correlates with marital satisfaction.

1.4 THE PRESENT STUDY

The main goal of the present research is to deepen the association between marital satisfaction and postpartum depression, which was widely reported (e.g., Çankaya & Alan Dikmen, 2022; Davila *et al.*, 2003; Figueiredo *et al.*, 2018; Małus *et al.*, 2016; Nieh *et al.*, 2021; Pebryatie *et al.*, 2022; Whisman *et al.*, 2011) through to the mediating role of the dyadic stress. Thus, the first hypothesis was that *marital satisfaction is negatively associated with postpartum depression in primiparous mothers (H1)*. Based on the Zare *et al.* (2014) results that marital satisfaction is related to general stress in postpartum, we hypothesized that *marital satisfaction is negatively associated with minor internal stress (H2.1), major internal stress (H2.2), minor external stress (H2.3) and major external stress (H2.4).* A recent meta-analysis revealed that, alongside low marital satisfaction, stress is one of the most common factors of postpartum depression (Hutchens & Kearney, 2020). So, the third hypothesis supposes that *the four types of stress, respectively minor internal (H3.1), major internal (H3.2), minor external (H3.3), and major external (H3.4), are positively related to postpartum depression.* The main hypotheses are *that the association between marital satisfaction and postpartum depression is mediated by minor internal stress (H4.1), major internal stress (H4.2), minor external stress (H4.3), and major external stress (H4.4).*

2. METHOD

2.1 PROCEDURE

Primiparous women were invited to complete a series of questionnaires disseminated on parenting groups on Facebook, like *Mothers of little kids (Mamici de pitici), In the arms of mom (In brate la mami), Breastfeeding support (ParentIs Sprijin pentru alaptare)*. They were informed about the main scope of the study, the possibility of giving up any moment and the data confidentiality. They also were asked to inform other primiparous women about our research. The participants received the instruments in a randomized order. The participants should complete

all items before returning the questionnaire. In this way, we did not have missing answers. The University Ethics Committee approved the design of the present study.

2.2 PARTICIPANTS

One hundred sixty-nine primiparous women, aged between 19 and 43 years, with a mean age of 27.65 (SD=4.98) completed the three questionnaires described below. 55.5% of participants live in rural areas and 45.5% in urban areas. Ninety-six percent of them were married, and 4% were cohabiting. The children's age was between 2 and 11 months, with a mean of 6.28 (SD=2.72). All participants come from an emerging country.

2.3 INSTRUMENTS

Demographic data. The participants completed several demographic data, such as age, the environment of origin, marital status, and the age of the child.

Couples Satisfaction Index (CSI16; Funk & Rogge, 2007) measured mothers' marital satisfaction. It represents a short form of the original scale (32 items) and contains 16 items distributed on six and seven Likert scales, ranging from 0 to 5 or 6. A sample of items are: 'In general, how often do you think that things between you and your partner are going well?', Our relationship is strong, 'In general, how satisfied are you with your relationship?'. The total score was obtained by summing the individual's answers. The original study presents very good properties for convergent, divergent and construct validity and excellent internal consistency of scale (α = .98). We also obtain outstanding reliability in our sample, with alpha Cronbach .93, similar to other studies on similar populations (Candel & Turliuc, 2019).

The Multidimensional Stress Questionnaire (MSQ-P; Bodenmann *et al.*, 2008) measured the dyadic stress perceived by mothers. It contains 30 items on a four-point Likert scale, ranging from 1 (not stressful) to 4 (very stressful). The questionnaire includes four dimensions: minor internal stress (e.g., 'Difference of opinion with your partner'), major internal stress (e.g., 'Infidelity'), minor external stress (e.g., 'living situation'), and major external stress (e.g., 'Serious illness or death of the partner or someone close'). The instrument addresses the acute stress from the last seven days and chronic stress from the last 12 months. The subscales scores were obtained by summing the specific items for internal versus external stress, minor versus major and acute versus chronic, resulting in eight subscales. For the present study, we used the four dimensions of acute stress. Recent studies illustrate good subscale reliability, with alpha Cronbach .82 for chronic internal stress and .66 for chronic external stress (Merz *et al.*, 2014). In our sample, alpha Cronbach takes values between .80 and .92 for each dimension.

Edinburgh Postnatal Depression Scale (EPDS; Cox *et al.*, 1987) was used to measure postpartum depression in primiparous women. It includes ten items, ranging from 0 (like always) to 3 (not at all), referring to the participants' feelings from the last seven days (e.g., 'I have blamed myself unnecessarily when things went wrong', 'I have been so unhappy that I have had difficulty sleeping'). After reversing the indirect items, the total score was calculated by summing the participants' answers. The scale present excelent psychometric properties, and good predictive validity (Cox *et al.*, 1987; Smith-Nielsen *et al.*, 2018; Vázquez & Míguez, 2019). In our sample of primiparous, alpha Cronbach is .84.

2.4. DATA ANALYSES STRATEGY

We analyzed the data using Jamovi (R Core Team, 2021; The jamovi project, 2021), IMB SPSS 20 tool and Process v3.5 (Hayes, 2013). First, we conducted descriptives and correlational analyses in Jamovi and SPSS 20 to effectuate the preliminary analyses. Second, we ran parallel mediation analyses using Model 4 from Process v3.5 to test the hypotheses of the present study. To expand previous outcomes, we included a dyadic perspective of stress as the mediator. The mediating analysis offers a nuanced point of view of the relationship between variables. In our case, the mediating role of dyadic stress helps us comprehend why not all primiparous mothers with low levels of marital satisfaction suffer from postpartum depression (Goldfarb & Trudel, 2019). The primary conceptual model involves marital satisfaction as the independent variable, postpartum depression as the dependent variable and four types of stress as mediators: minor internal stress, major internal stress, minor external stress, and major external stress. We estimate 95% confidence by creating bootstrap-based confidence intervals, assuming 5000 bootstrap samples (Preacher & Hayes, 2004). We analyzed the total (c) and the direct (c') effect of marital satisfaction on postpartum depression and the indirect (a*b) effects through the four types of stress (Figure no. 1). We also evaluated the alternative models: the predictor was replaced with the criteria and vice-versa (1), the stress was considered the predictor (2) and then the criteria (3). In this way, we rule out the alternative models.

3. RESULTS

3.1 PRELIMINARY ANALYSES

Firstly, we calculated the mean, standard deviation and Pearson correlation between the main variables of the present study. Complete details are illustrated in Table no. 1. The variables present significative medium bivariate correlations, except for major extern stress and postpartum depression association which association is not statistically significant ($r = .094$, $p = .223 > .05$. A high correlation is established between marital satisfaction and minor intern stress ($r = -.670$, $p < .001$).

Table no.1

Descriptives statistics and correlation matrix

	Mean	Std. dev.	1	2	3	4	5	6
1. Marital satisfaction	68.6	12.1	—					
			—					
2. Minor intern stress	16.2	5.12	-0.670 ***	—				
			< .001	—				
3. Major intern stress	4.65	1.65	-0.360 ***	0.455 ***	—			
			< .001	< .001	—			
4. Minor extern stress	14.0	4.16	-0.377 ***	0.535 ***	0.386 ***	—		
			< .001	< .001	< .001	—		
5. Major extern stress	12.8	5.89	-0.201 **	0.262 ***	0.307 ***	0.385 ***	—	
			0.009	< .001	< .001	< .001	—	
6. Postpartum depression	18.4	5.11	-0.346 ***	0.473 ***	0.174 *	0.295 ***	0.094	—
			< .001	< .001	0.024	< .001	0.223	—

Note. * p < .05, ** p < .01, *** p < .001

3.2 PATH ANALYSIS

The total effect of marital satisfaction on postpartum depression

Marital satisfaction negatively correlates with postpartum depression (r = -.34, p < .001) and the total effect of marital satisfaction on postpartum depression is statistically significant (c=-.14, p < .001). So, the first hypothesis is confirmed, marital satisfaction is negatively associated with postpartum depression in primiparous mothers (H1).

The direct effect of marital satisfaction on the four types of stress

The a_1 *path* from marital satisfaction to minor internal stress is negative and significant (a_1 = -.28, p <.001), so H2.1 is confirmed. The a_2 *path* from marital satisfaction to major internal stress is significantly negative (a_2 = -.05, p <.001), so H2.2 is confirmed. The a_3 *path* from marital satisfaction to minor external stress

is negative and significant (a_3 = -.13, p <.001), so H2.3 is confirmed. The *a_4 path* from marital satisfaction to major external stress is negative and significant (a_4 = -.10, p <.01) and H2.4 is confirmed.

The direct effect of the four types of stress on postpartum depression

The *b_1 path* from minor internal stress to marital satisfaction is positive and statistically significant (b_1 = .42, p<.001), so H3.1 is confirmed. The *b_2 path* from major internal stress to postpartum depression is insignificant statistically (b_2 = -.19, p = .44 > .05), so H3.2 is infirmed. The *b_3 path* from minor external stress to postpartum depression is not significant (b_3 = .10, p =.33 > .05), and H3.3 is infirmed. The *b_4 path* from major external stress to postpartum depression is negative but statistically insignificant (b_4 = -.03, p =.57 >.05), so H3.4 is denied.

The indirect effect of marital satisfaction on postpartum depression through minor intern stress

The first indirect effect of marital satisfaction on postpartum depression through minor intern stress is statistically significant (a_1*b_1 = -.12, CI [-.1856; -.0674], so H4.1 is confirmed. The subsequent indirect effects are statistically insignificant (a_2*b_2 < .01, CI [-.0097; .0372], a_3*b_3 = -.01, CI [-.0429; .0119], a_4*b_4 < .01, CI [-.0088; .0193], so H4.2, H4.3 and H4.4 are denied. The direct and indirect paths are depicted in Figure no.1.

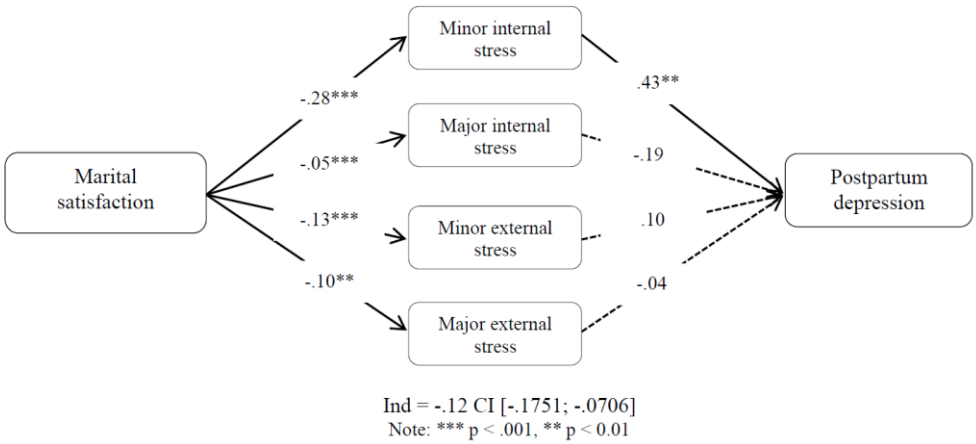

Figure no. 1 – The statistical model of parallel mediation analysis

Overall, the total indirect effect is significant statistically (a*b = -.12, CI [-.1764; -.0714]. The direct effect is statistically insignificant (c' = -.02, p =.53>.05), so the mediation of minor intern stress between marital satisfaction and postpartum

depression is total (see Figure no. 2). Complete details about total, direct and indirect effects are included in Tables no. 2 and no. 3.

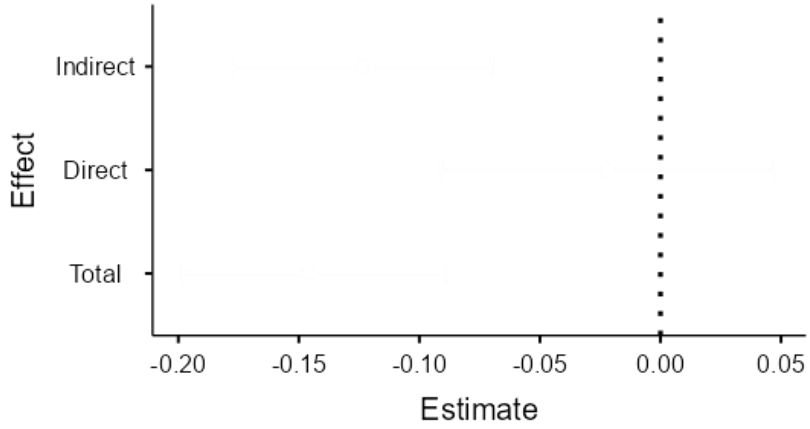

Figure no. 2 – The mediation effect of minor intern stress between marital satisfaction and postpartum depression. Estimate Plot

Table no. 2

Path estimates of direct effects

						95% Confidence Interval			
			Label	**Estimate**	**SE**	**Lower**	**Upper**	**Z**	**p**
MS	→	MiIS	a_1	-0.2831	0.0243	-0.3310	-0.2351	-.6695	< .001
MS	→	MaIS	a_2	-0.0498	0.0098	-0.0683	-0.0295	-0.3598	< .001
MS	→	MiES	a_3	-0.1294	0.0246	-0.1780	-0.0809	-0.3775	< .001
MS	→	MaES	a_4	-0.0974	0.0368	-0.1702	-0.0247	-0.2006	< .01
MiIS	→	PD	b_1	0.4277	0.1035	0.2233	0.6321	4.289	< .01
MiIS	→	PD	b_2	-0.1905	0.2477	-0.6795	0.2986	-0.0614	0.443
MiES	→	PD	b_3	0.1029	0.1056	-0.1057	0.3115	0.0837	0.331
MaES	→	PD	b_4	-0.0373	0.0657	-0.1670	0.0923	-0.0430	0.570
MS	→	PD	c	-0.0244	0.0391	-0.1015	0.0528	-0.6233	0.533

Note: MS=Marital satisfaction, MiIS=Minor intern stress, MaIS=Major intern stress, MiES=Minor extern stress, MaES=Major extern stress, PD=Postpartum depression

Table no. 3

Mediation Estimates. Total, direct and indirect effects

				95% Confidence Interval			
Effect	**Label**	**Estimate**	**SE**	**Lower**	**Upper**	**Z**	**SE**
Indirect	$a_1 \times b_1$	-0.1211	0.0303	-0.1870	-0.0669	-0.2871	0.0706
Indirect	$a_2 \times b_2$	0.0093	0.0121	-0.0103	0.0372	0.0018	0.0024
Indirect	$a_3 \times b_3$	-0.0026	0.0026	-0.0081	0.0022	-0.0316	0.0314
Indirect	$a_4 \times b_4$	0.0007	0.0013	-0.0016	0.0036	0.0086	0.0159
Indirect	a × b	-0.1214	0.0262	-0.1751	-0.0706	-0.2880	0.0601
Direct	c	-0.0244	0.0391	-0.1015	0.0528	-0.6233	0.533
Total	c + a × b	-0.1458	0.0306	-0.2062	-0.0853	-4.7620	< .001

The alternative models

In order to evaluate alternative explanations, we aimed to statistically test the mediation models in which the predictor was replaced with the criteria and vice versa (1), the stress was considered the predictor (2) and then the criteria (3).

The first alternative model in which postpartum depression represents the predictor and marital satisfaction constitutes the criteria is statistically significant (a =.87, p<.001; b = -.46, p <.001; a*b=-.40, CI [-.6560; -.2052]. Previous studies have already demonstrated the notable effect of postpartum depression on marital satisfaction (e.g., Garthus-Niegel *et al.*, 2018; Małus *et al.*, 2016).

The second alternative model is constituted by dyadic stress as the predictor, postpartum depression as the criteria and marital satisfaction as the mediator. The model is statistically significant, but the indirect effect is lower than the indirect effect of the conceptual model (a = -.52, p <.001; b = -.09, p = 0.01; a*b = .04, CI [.0116; .0895].

The third alternative model is composed by marital satisfaction as predictor, dyadic stress as criteria and postpartum depression as mediator (a = -.14, p < .001; b = .47, p < .01; a*b = -.06, CE [-.1304; -.0203]). The direct and indirect paths are significant, but the indirect effect is lower than the proposed model.

4. DISCUSSION

The main goal of the present research was to explore the mediating role of dyadic stress on the association between marital satisfaction and postpartum depression. In this line, we adopted Bodenmann's (2005) conceptualization of dyadic stress, which encompasses four types of stress depending on the sources (inside or outside of the couple) and severity (minor or major).

The relationship between marital satisfaction and postpartum depression was already demonstrated (e.g., Çankaya & Alan Dikmen, 2022; Nieh *et al.*, 2021; Pebryatie *et al.*, 2022), and our results confirm it. Thus, the study's first hypothesis is confirmed: marital satisfaction is negatively associated with postpartum depression in primiparous mothers (H1). The more satisfied a woman is with her relationship with her husband in the first months after the first birth, the less likely she is to have depressive symptoms. The path analysis confirms the second hypothesis, and marital satisfaction is negatively associated with minor intern stress (H2.1), major intern stress (H2.2), minor extern stress (H2.3) and major extern stress (H2.4). Furthermore, the present study highlights medium associations between marital satisfaction and major intern stress, minor and major extern stress, and a high association between marital satisfaction and minor intern stress. Therefore, a low level of marital satisfaction is best associated with minor stressors which originate within the couple, such as unpleasant behaviors or different attitudes on the part of the husband. The results are in concordance with previous results. For example, Merz *et al.* (2014) included in their analysis marital satisfaction, internal stress and external stress. Their outcomes evidenced that marital satisfaction is lower associated with external stress and medium associated with internal stress. Therefore, the stress that originates inside the couple is better associated with marital satisfaction than the stress outside the couple. Analyzing the third hypothesis, the direct path between minor intern stress and postpartum depression is the only significant. However, significant positive correlations were established between major internal stress and postpartum depression and between minor external stress and postpartum depression. So H3 is partially confirmed. According to Bodenmann's conceptualization, minor stress refers to low-intensity stress (Bodenmann, 2005). DeLongis *et al.* (1982), Kanner *et al.* (1981) and Lazarus (1986) also described the significance of small but regular events that can generate stress, naming them *daily hassles*. According to them, daily hassles have a more significant impact on mental health than major events; while major events are rare, daily hassles often emerge. On the other hand, Selye (1974) proposed the *General Adaptation Syndrome (GAS)* model, which delivers three stress response stages: alarm, resistance, and exhaustion. The major stress is easily detected, and the body enters the alert stage, which helps it cope with the stressful situation. Stress is eliminated, and the body returns to normal physiological parameters. Contrariwise, minor stress, having a low intensity, may not be perceived, so the organism does not go into the alarm stage. In this way, prolonged exposure to minor stress is better associated with depressive symptoms than major stress, detected and combated by the body.

We included a dyadic perspective of stress in our study to expand previous outcomes. The results confirm the fourth hypothesis, and dyadic stress represents a significant mediator of the association between marital satisfaction and postpartum depression. Moreover, when we analyzed the moderating role of each type of dyadic stress, we found that only minor intern stress explains the associations

between marital satisfaction and postpartum depression. We found support in the literature for our results. For example, Vento & Cobb (2011) illustrated that, in newlyweds women, the relationship between marital satisfaction and postpartum depression is influenced by intern stress and not by extern stress. The primiparous who have a low level of marital satisfaction perceive a high level of minor stressful situations, which originate within the couple and affect the experience of depressive symptoms. In contrast, women with a high level of marital satisfaction perceive the level of stress within the couple as low, the reason why they do not report depressive symptoms.

Our results highlight practical implications that could help women who want to become mothers, mothers, and couple and family counselors. First, they should know that the perceived level of marital satisfaction can influence the level of stress felt and the level of postpartum depression. Moreover, mothers who perceive a low level of marital satisfaction feel a higher level of minor stressors that originate within the couple, affecting then mental health. Secondly, psychotherapists and couple and family counselors should focus on aspects of married life, such as marital satisfaction and dyadic stress, to prevent and treat postpartum depression.

The present study has some limitations. Firstly, our mediation analysis is developed on cross-sectional data. Then, we could not assure that dyadic stress's mediation effect is unchanged over time (MacKinnon & Fairchild, 2009). Future studies should use longitudinal designs to illustrate the stability of stress mediation over time. Secondly, we used auto-administered questionnaires, leading to social desirability and subjectivity. However, previous studies showed that digital administration could reduce social desirability (e.g., Peck *et al.*, 2016).

Despite these limitations, the study has several strengths. The study population is specific: mothers with one child under one. The study design offers a new perspective on the relationship between marital satisfaction, dyadic stress and postpartum depression. If previous research tested the effect of stress on marital satisfaction (e.g., Merz *et al.*, 2017), the present study evidenced that the relation is also reversed, and both internal and external stress affects marital satisfaction. We also analyzed stress originating inside the couple and stress generated outside the dyad, stress of minor intensity and stress of major intensity. The outcomes suggest that minor stress generated from inside the couple can explain the link between marital satisfaction and postpartum depression.

Acknowledgements

This article is part of the Ph.D. Project Transition to Parenthood. Individual, Dyadic and Social Aspects, written by Ionela Bogdan (Amariei), under the coordination of Prof. Univ. Dr. Maria Nicoleta Turliuc.

Received: 22.01.2025

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REZUMAT

Introducere. O gamă largă de studii a evidențiat creșterea incidenței depresiei postpartum la femei. Depresia mamei este asociată cu multiple domenii ale dezvoltării copilului: greutate scăzută, tulburări de somn, întârzieri în vorbire, IQ mai scăzut și întârzieri în achizițiile comportamentale. Cercetările arată că unele caracteristici sociale și maritale se asociază cu depresia postpartum, stresul fiind considerat, de asemenea, un predictor esențial al acesteia. *Scopul cercetării.* Întrucât majoritatea mamelor sunt căsătorite sau locuiesc împreună cu partenerul, suntem interesați să explorăm rolul

mediator al stresului diadic în relația dintre satisfacția maritală și depresia postpartum. *Metodologie.* Utilizând un eșantion de 169 de femei primipare (aflate la prima naștere) în primul an postpartum, propunem investigarea asocierii dintre satisfacția maritală, stresul diadic și depresia postpartum, precum și rolul mediator al celor patru categorii de stres diadic în relația dintre satisfacția maritală și depresia postpartum. *Rezultate.* Corelații semnificative au fost identificate între satisfacția maritală, depresia postpartum și trei din cele patru categorii de stres diadic. Mai mult, stresul intern minor al cuplului este cel care poate explica legătura dintre satisfacția maritală și depresia postpartum. *Discuții.* Rezultatele subliniază importanța aspectelor maritale în sănătatea mentală postpartum a mamelor.

INTERNET ENTREPRENEURIAL SELF-EFFICACY AND INTENTION. THE MEDIATING ROLE OF THE THEORY OF PLANNED BEHAVIOR

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Abstract

The study aims to investigate the mediating role of the key components of the Theory of Planned Behavior (TPB) in the relationship between internet entrepreneurial self-efficacy (IESE) and students' entrepreneurial intentions. The sample consisted of engineering students from three major technical universities in Romania (N=900; 380 females; 520 males; Mean $_{age}$=21.06). Participants completed an online survey assessing internet entrepreneurial self-efficacy and intentions, and the TPB components (attitudes, perceived behavioral control, and subjective norms) related to digital entrepreneurship. Partial least square-structural equation modeling (PLS-SEM) was used for data analysis. The results indicate that internet entrepreneurial self-efficacy has an indirect effect on entrepreneurial intentions through attitudes and perceived behavioral control regarding internet entrepreneurship, while subjective norms negatively influence the intention to start businesses in the online environment. These findings suggest that TPB offers valuable insights into the motivational processes underlying entrepreneurial behavior.

Cuvinte-cheie: antreprenoriat digital, autoeficacitate antreprenorială digitală, intenție antreprenorială, studenți în domeniul tehnic.

Keywords: digital entrepreneurship, internet entrepreneurial self-efficacy, entrepreneurial intention, engineering students.

1. INTRODUCTION

The rapid digitalization of the traditional commerce sectors led to an increase in the researchers' interest in internet entrepreneurship (IE), also known as cyber-entrepreneurship or digital entrepreneurship (Tajvidi and Tajvidi, 2020; Wang *et al*., 2020; Ndofirepi, 2022), defined as the opportunity identification process for both the innovation and the implementation of business-transforming breakthrough technologies (Wang *et al*., 2020; von Briel *et al*., 2021). While the factors influencing entrepreneurial intentions in traditional environments have been extensively studied, contemporary challenges such as the COVID-19 pandemic have shifted the focus of societies and researchers toward digital entrepreneurship

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Rev. Psih., vol. 71, nr. 1, p. 21–36, Bucureşti, ianuarie – martie 2025, DOI:10.59277/RPSIH.2025.1.02

(Maheshwari *et al*., 2022). In Romania there is a comprehensive examination of the digital platform economy, which highlights the increasing interest in researching the online entrepreneurship within the country. By discussing the way in which digital platforms may facilitate the adaptation of Romania to technological progress and structural changes, studies underlie the potential increase of online businesses in the context of the digital revolution (Apostol, 2023). According to a recent study on the young Romanians' perceptions of digital entrepreneurship, students understand the advantages of incorporating ITC tools into their projects. They specifically target cloud computing and social network technologies. The incorporation of digital technologies into business is viewed by the younger generation as a valid substitute for traditional businesses (Lungu and Georgescu, 2023). A special case were the studies which focused more on the role that engineering students have in internet entrepreneurship (IE) (Barba-Sánchez and Atienza-Sahuquillo, 2018; Shekhar and Huang-Saad, 2021). These studies highlight the growing awareness among educational institutions of the need to cultivate an entrepreneurial mindset among engineering students – an essential quality for fostering technological innovations that address societal challenges (Litvinov *et al*., 2022).

Several researchers have sought to identify the main factors influencing entrepreneurial intention among students (Kautonen *et al*., 2015; Duong and Bernat, 2019; Ilevbare *et al*., 2022). Given the recent technological progress, it is essential that research should focus on understanding the latter in the cybernetic context. This topic is particularly relevant for Romania, where research in this area remains limited. The present study focuses on the relation between the students' entrepreneurial intention to start online businesses and internet entrepreneurial self-efficacy. We have chosen the analysis of engineering students for the present study for two reasons. Firstly, they are considered more adept at using digital technologies compared to other students and IE employment is significantly more IT-focused than traditional entrepreneurship (Lei *et al*., 2023). Secondly, the study of the future engineers' attitude and behavior is extremely important in a knowledge-based economy and, consequently, in companies dominated by technologies (Barba-Sánchez and Atienza-Sahuquillo, 2018). This makes engineering students an ideal sample to study entrepreneurial intention in the digital domain.

2. ENTREPRENEURIAL SELF-EFFICACY AND INTENTION AND THE THEORY OF PLANNED BEHAVIOR

Studies have demonstrated the significant role of entrepreneurial self-efficacy (ESE) in shaping students' entrepreneurial intentions (EI) and, ultimately, in their decision to start a business (Elnadi and Gheith, 2021; Du *et al*., 2022; Pham *et al*., 2023). Entrepreneurial self-efficacy is defined as a person's belief about their own ability to successfully fulfill various roles and responsibilities of entrepreneurship

(Primario *et al*., 2024). Studies have shown similar results regarding the findings according to which students with high ESE are much more likely to engage in entrepreneurial endeavors, thereby increasing their intention to start new businesses (Duong and Bernat, 2019).

The effect of entrepreneurial self-efficacy on entrepreneurial intention – an individual's determination to start a business – has been analyzed from the perspective of the theory of planned behavior (TPB), in several studies (Kautonen *et al*., 2015; Duong and Bernat, 2019; Maheshwari and Kha, 2022; Pham *et al*., 2023; Wardana *et al*., 2024). TPB was developed by Ajzen (1991, 2011) and it was widely used for understanding human behavior in various contexts. The theory is based on the hypothesis that the intention to adopt a certain type of behavior is the main driving force behind the respective behavior. This intention is influenced by three essential factors: (1) the attitude towards the behavior, (2) the subjective norms, and (3) the perceived behavioral control. Each of these factors has an important role in shaping intention and, consequently, influencing behavior. The attitude represents the individual's favorable and unfavorable assessment of a certain behavior, and it is determined by the person's behavioral beliefs, namely the perceptions about possible results of the behavior and the evaluation of these results. The subjective norms refer to the social pressure perceived by the individual regarding the adoption or the non-adoption of a certain behavior. The latter are determined by normative beliefs, namely the individual's perceptions about what the significant people in their life (for example, their family, their friends, their colleagues) consider the latter should do. Finally, the perceived behavioral control is the individual's perception of how easy or difficult it is to have a specific behavior, and it is influenced by the perceptions of the presence or of the absence of those factors that can make the behavior easy or difficult to adopt.

The research which analyzed the students' entrepreneurial intention (EI) has found that the entrepreneurship education, the perceived behavioral control, the attitude toward entrepreneurship, and the subjective norms all have a direct impact on entrepreneurial intention (Kautonen *et al*., 2015; Sampene *et al*., 2023). For example, in a study carried out on students it was demonstrated that the relationship between self-efficiency and entrepreneurial intention is mediated by the preference for entrepreneurship and by the control of perceived behavioral control. As for the direct effect on EI, the study showed that the attitude towards entrepreneurship has the strongest influence on the students' entrepreneurial intention followed by entrepreneurial self-efficacy (Duong and Bernat, 2019). Arroyo *et al*. (2021) analysed engineering students and found that, while entrepreneurial self-efficacy plays a role in predicting entrepreneurial intention, its influence is moderated by attitudes and educational factors, thereby underscoring the importance of experiential learning in fostering both self-efficacy and positive entrepreneurial attitudes.

A high number of studies showed that subjective norms represent another critical factor in EI (Liñán and Chen 2009; Joensuu-Salo *et. al*. 2021; Maheshwari and Kha, 2022). According to these studies, a person's entrepreneurial self-efficacy may increase if their significant others agree with their decision to become an entrepreneur; on the other hand, if their significant others disagree, the person's entrepreneurial self-efficacy may decrease (Duong and Bernat, 2019, Duong, 2023). For example, one relatively recent study which assessed EI in three East European countries (Bulgaria, Serbia, and Romania) found that family support has a significant effect on the students' EI. According to Veličković *et al*. (2023), the students who acknowledge the support of their parents and close relatives are more likely to engage in entrepreneurial activity. Another study carried out on students in economics demonstrates that the relationship between subjective norms, achievement demands, and entrepreneurship intention is mediated by entrepreneurial self-efficacy (Wardana *et al*., 2024). Numerous studies indicate that subjective norms positively influence entrepreneurial intention (Joensuu-Salo *et al*. 2021), whereas other pieces of research suggest that norms may not correlate with entrepreneurial intention (do Nascimento Silva *et al*. 2022) or may exert a negative effect on it (Sarwar *et al*. 2023). For example, Kurjono *et al*. (2022) highlight that significant subjective norms can either enhance or diminish entrepreneurial intentions based on the social pressures exerted by close relationships, such as family and friends. In our study carried out on engineering students (Balgiu *et al*., 2024) we found that subjective norms have a negative impact on the students' entrepreneurial intention. This reveals that the students will be less inclined to pursue entrepreneurship the more societal pressure they experience. These mixed results suggest that the influence of subjective norms on EI may depend on contextual factors such as cultural background or educational experiences.

As for the third component, the authors consider that PBC significantly affects the university students' aspirations for independence and success (Barba-Sánchez and Atienza-Sahuquillo, 2018), as well as their growth in self-efficacy and entrepreneurial orientation (Mahlaole and Malebana, 2021). Overall, entrepreneurial self-efficacy, attitudes, and perceived behavioral control emerge as critical determinants of entrepreneurial intention, while the role of subjective norms remains context-dependent.

The internet entrepreneurial self-efficacy is defined as a person's belief or confidence in launching a successful entrepreneurial venture in the online environment. This aspect comprises five dimensions: business operation, leadership, technology utilization, online customer service, and Internet marketing (Wang *et al*., 2020). As for internet entrepreneurial self-efficacy (IESE), it is considered that when people trust their ability to manage entrepreneurial activities in e-commerce, they will tend to have a high entrepreneurial intention, even if the

entrepreneurial activity has a high risk of failure (Wang *et al*., 2020). In the same vein, studies underline the fact that individuals with digital entrepreneurship education and knowledge tend to have higher expectations of efficiency regarding online entrepreneurship (Wibowo *et al*., 2023). IESE is recognized as a key driver of online entrepreneurial intentions (Wang *et al*., 2020).

Building on the established role of entrepreneurial self-efficacy in traditional entrepreneurship, internet entrepreneurial self-efficacy extends this framework into the digital domain. Drawing from the established influence of ESE on EI, we propose that IESE similarly impacts students' intentions to establish online businesses through the components of TPB. To this purpose, we established the following hypotheses:

H1. Attitudes towards entrepreneurship mediate the positive relationship between internet entrepreneurial self-efficacy and internet entrepreneurial intention.

H2. Perceived behavioral control over entrepreneurship mediates the positive relationship between internet entrepreneurial self-efficacy and internet entrepreneurial intention.

H3. Subjective norms regarding internet entrepreneurship mediates the positive relationship between internet entrepreneurial self-efficacy and internet entrepreneurial intention.

3. METHOD

3.1. PARTICIPANTS AND PROCEDURE

The study is part of a larger project aimed at evaluating the entrepreneurial intentions of engineering students. Therefore, the sample was drawn from three major technical universities in Romania: the National University of Science and Technology Politehnica Bucharest (UNSTPB), the Polytechnic University of Timisoara (UPT) in Timișoara, and the Technical University of Construction (UTCB) in Bucharest.The study involved completing an online survey in Google Forms© format between October 2023 and March 2024. The survey link was distributed to students at the end of the class by the teachers who work with them in different disciplines. Before completing the online survey, participants had to read the information about the purpose of the study and select the option "I agree to participate in the study". Participation was anonymous to minimize the social desirability effect (Podsakoff *et al*., 2003). Completing the survey required approximately 10–12 minutes. To ensure data integrity, the survey link was secured to allow each participant to respond only once. Participants were provided with an introduction outlining the research purpose, procedures, and informed consent details. The study utilized a cross-sectional design and was based on self-reported data.

3.2. MEASURES

1. **Internet Entrepreneurial Self-efficacy Scale – IESES** (Wang *et al*., 2020) contains 16 items designed as a 7-point Likert scale, ranging from *1 – strongly disagree*, to *7 – strongly agree* and included in three subscales: *Leadership:* Measures the ability to lead partners and make decisions in internet-based businesses (e.g., "I possess the ability to be a leader"); *Technology Utilization*: Assesses the capacity to use multimedia tools and website applications (e.g., "I can install and manipulate basic types of computer hardware to help my business") and *Internet Marketing and e-commerce*: Evaluates the ability to provide high-quality services to online customers (e.g., "I can create a unique electronic commerce website"). Scores for each subscale are obtained by summing the responses to their respective items. The coefficients for the total score of the 16 items show good internal consistency: α=0.91 [$_{95\%}$0.90-0.92]; ω=0.91 [$_{95\%}$0.90-0.92], and CFA highlights good factoriality of the scale: χ^2/df=4.50; CFI=0.95; TLI=0.95; NFI=0.94; RMSEA=0.063 [$_{90\%}$CI: 0.057-0.069]; SRMR=0.051.

2. **Entrepreneurial Intention Questionnaire – EIQ** (Liñán and Chen, 2009) comprises 19 items on a scale from *1 – total disagreement* to *7 – total agreement* that targets motivational factors that have a role in influencing entrepreneurial behavior. Following the model by Tseng et al. (2022), the items were adapted for online entrepreneurship. The three subscales are: A*ttitudes toward internet entrepreneurship*: Examines perceived advantages of online entrepreneurship (e.g., "Being an internet entrepreneur implies more advantages than disadvantages to me"); *Subjective Norms*: Measures perceived social pressure to engage in or avoid online entrepreneurship (e.g., "My friends approve of my decision to create an online firm") and *Perceived Behavioral Control*: Assesses perceived ease or difficulty in becoming an online entrepreneur (e.g., "I can control the creation process of a new online firm"). In the present study, the three subscales present a good internal consistency: α scores between 0.81 and 0.94; ω between 0.81 and 0.95. The instrument illustrates a good factorial validity: χ^2/df=3.96; CFI=0.98; TLI=0.97; NFI=0.97; RMSEA=0.058 [$_{90\%}$CI: 0.049-0.066]; SRMR=0.034.

3. **Individual Entrepreneurial Intent Scale** – **IEIS** (Thompson, 2009) measures entrepreneurial intention. The scale contains 10 items. Three of them are reversed, while four of them are distractor items unrelated to entrepreneurial intention. All items are evaluated on a scale from *1 – definitely false* to *6 – definitely true*. The total score is calculated by summing the scores of all relevant items. As with the EIQ, items were adapted for internet entrepreneurship (e.g., "I intend to set up an online company in the future"). In the present context it has obtained a good internal consistency of α=0.83 [$_{95\%}$CI=0.82-0.85]; ω=0.83 [$_{95\%}$CI=0.82-0.85]. CFA reveals that the model fit data very well: χ^2/df=1.64; CFI=0.99; TLI=0.99; NFI=0.99; RMSEA=0.027 [$_{90\%}$0.001-0.055]; SRMR=0.024.

3.3. DATA ANALYSIS

Data are modeled with the partial least squares (PLS) path modeling – a variance-based structural equation modeling technique that is preferred when the data do not meet the conditions of normality (Hair *et al*., 2022). Or, as the Shapiro-Wilk test shows, all items deviate significantly from normality (p_s<0.001). Firstly, we measured the characteristics of the structural model, namely: the reliability by using Dijkstra-Henseler (ρ_A), Jöreskog's rho (ρc) (composite reliability) and Cronbach's α, the convergent validity by using Average variance extracted (AVE), and the discriminating validity by using the high sensitivity criterion Heterotrait-monotrait (HTMT). As a rule, it is advisable that the coefficients should be >0,70 in order to obtain an acceptable level of reliability (Chin 2010), AVE should be at least 0.50, and HTMT has a good value when it is <0.85 (Henseler, 2020). According to Kline (2023), the constructs are not distinguishable if the HTMT score is less than 0.85. Another index used to verify the accuracy of models is the standardized root mean square residual (SRMR), which, according to recommendations, is adequate when its values are close to 0.080 (Henseler, 2020). The analysis of multicollinearity was carried out by means of the indicator Variance inflation factor (VIF) which should not be > 5.00 (Hair *et al*., 2022). The bootstrapping technique was also used to examine the path model-ling's significant coefficient (Henseler, 2020). We used the bootstrapping technique with 5.00 samples according to the recommendation of Henseler *et al*. (2016). The mediation analysis was focused on direct, indirect, and total effects. The data were analysed by using the ADANCO 2.4.0 software (University of Twente, Enschede, The Netherlands).

4. RESULTS AND DISCUSSION

4.1. DEMOGRAPHIC ANALYSIS

The sample is made of 900 students (mean $_{age}$=21.06; *SD*=2.91), out of which 520 are male (mean $_{age}$=21.03; *SD*=2.41) and 380 females (mean $_{age}$=21.12; *SD*=3.48) of wich 418 (46.45%) are currently in their first and second years of study, while 482 (53.55%) are in their third and fourth years. Students were registered in different subfields in their universities, including IT&C and Automation Sciences (26.44%), Medical engineering (25%), Transportation (13.01%), Business Engineering and Management (13.33), Civil Engineering (12%) and Electrical engineering (10.22%).

4.2. COMMON METHOD BIAS

The possibility of respondent social desirability was assessed because all of the measures in this study were self-reported. This was calculated in two ways: the post-hoc evaluation procedure of the common method variance (CMV), which is Harman's single-factor test (Podsakoff *et al*., 2003). It was conducted an

Exploratory Factorial Analysis (EFA) in which the factorial solution illustrated six distinct factors greater than 1. These make up 66% of total variance. The first factor captures 38.40% of data variance and scores below the 50% recommended threshold (Fuller *et al*., 2016) (Kaiser-Meyer-Olkin=0.95; Bartlett's Test of Sphericity=20554.479; df=561; p<0.001). The second method of calculation was through confirmatory factorial analysis (CFA) which highlighted a weak model fit: χ^2=8462.18; df=527; χ^2/df=16.05; CFI=0.60; TLI=0.58; RMSEA=0.129 [$_{90\%}$ 0.127-0.132]; SRMR=0.101. These results indicated that there was no common method bias to measure data in our study.

4.3. THE ANALYSIS OF THE MODEL OF STRUCTURAL EQUATION

Firstly, we analyzed the indices for the assessment of the model concerning the connection between internet entrepreneurial self-efficacy and internet entrepreneurial intention by utilizing the theory of planned behavior (Table no. 1). Reliability is high in the case of all variables (all the reliability coefficients are between 0.82 and 0.92). The value of AVE is 0.60 in the case of 3 variables and close to 0.50 in the case of other two variables (0.48 – IEI and 0.47 – IESE, respectively). However, AVE <0.5 can be accepted if CR scores over 0.60 because the construct convergent validity is adequate (McNeish and Wolf, 2020). The values of HTMT are < 0.80, which demonstrates the fact that the discriminating validity of the obtained model is enough. The values of VIF between 1.43 and 4.50 do not show any collinearity problems. The value of SRMR is 0.0819, indicating adequate model fit.

Table no. 1

Evaluation indicators of the model (reliability, convergent, and discriminant validity)

Variables	(ρ_A) >0.70	(ρ_c) >0.70	α >0.70	Loadings (interval)	VIF (interval) <5.00	AVE >0.50	1	2	3	4
1. AT	0.93	0.92	0.92	0.71-0.92	1.52-2.05	0.71				
2. SN	0.83	0.82	0.83	0.74-0.81	1.43-3.66	0.60	**0.49**			
3. PBC	0.90	0.89	0.89	0.73-0.88	1.73-4.50	0.68	0.75	**0.32**		
4. IEI	0.86	0.83	0.84	0.49-0.88	1.67-2.47	0.48	0.77	0.23	**0.80**	
5. IESE	0.91	0.90	0.90	0.50-0.87	1.86-3.51	0.47	0.64	0.34	0.77	**0.68**

Note: AT-Attitudes; SN-Subjective norms; PBC-Perceived behavioral control; IEI-Internet entrepreneurial intention; IESE- Internet entrepreneurial self-efficacy.

Table no. 2 shows the inferences of the effects from the mediation model. Regarding the direct effect, the attitudes towards internet entrepreneurship have the strongest effect on the entrepreneurial intention (β=0.48; t=11.42; p <0.001), followed by perceived behavioral control (β=0.40; t=7.36; p <0.001). In addition, IESE is positively linked to IEI (β =0.11). These findings align with previous

studies carried out by Vafaei-Zadeh *et al*. (2022). In general, the students with a higher sense of entrepreneurial self-efficacy will be able to evince an increased interest in the entrepreneurial activities they are involved in.

Table no. 2.

Effects Inference (direct, indirect, and total)

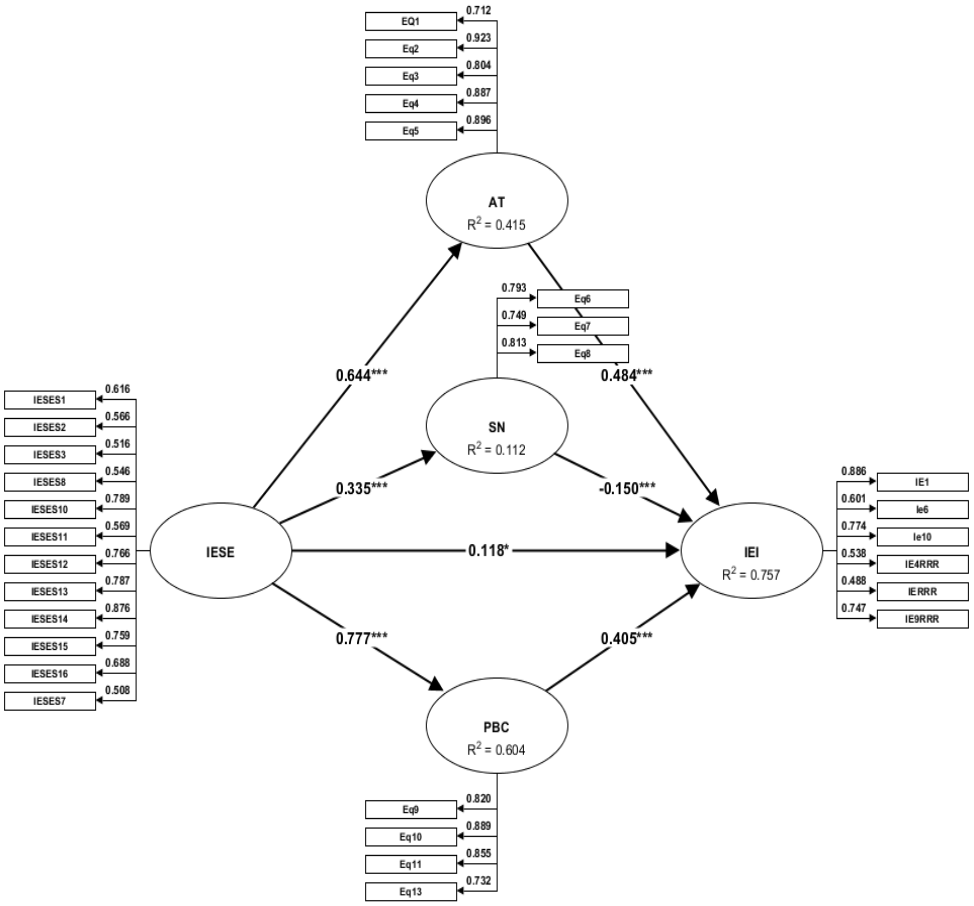
Direct effect	**β**	**SE**	**t-value**	**p-value** <
AT -> IEI	0.48	0.04	11.42	0.001
SN -> IEI	-0.15	0.02	-5.02	0.001
PBC -> IEI	0.40	0.05	7.36	0.001
IESE -> AT	0.64	0.02	27.49	0.001
IESE -> SN	0.33	0.03	9.55	0.001
IESE -> PBC	0.77	0.01	42.55	0.001
IESE -> IEI	0.11	0.04	2.42	0.015
Indirect effect				
IESE -> IEI	0.57	0.03	14.93	0.001
Total effect				
IESE -> IEI	0.69	0.02	29.01	0.001

Note: AT-Attitudes; SN-Subjective norms; PBC-Perceived behavioral control; IEI-internet entrepreneurial intention; IESE-Internet entrepreneurial self-efficacy.

The subjective norms are a significant negative predictor of the entrepreneurial intention (β= -0.15; t= -5.02; $p<0.001$). In other words, social pressure may become a barrier against an online entrepreneurial career. People's perceptions of entrepreneurship may be influenced by a country's overall economic status, which can lead to both financial satisfaction and the threat of bankruptcy. Because entrepreneurship can be dangerous and risky in some cultures, EI may be discouraged by the subjective norms of those societies.

The results show that the internet entrepreneurial self-efficacy has the strongest influence on perceived behavioral control (β=0.77; t=42.55; $p<0.001$) and attitudes towards internet entrepreneurship (β=0.64; t=27.49; $p <0.001$), while the latter influence the entrepreneurial intention (β=0.40; t=7.36; $p<0.001$ and β= 0.48; t=11.42; $p<0.001$, respectively). Hypotheses 1 and 3 are confirmed. This suggests that fostering students' positive attitudes toward online entrepreneurship and enhancing their confidence to start a business can amplify the effects of self-efficacy on entrepreneurial intention among students. Although there is a positive relation between internet entrepreneurial self-efficacy and subjective norms (β=0.33; $p <0.001$), the latter have a negative effect on the entrepreneurial intention. Therefore, hypothesis 3 is partially confirmed.

The model shows that internet entrepreneurial self-efficacy influences the entrepreneurial intention for online business (β=0.57; t=14.93; $p<0.001$) via attitudes and perceived behavioral control (Figure no. 1).



****p <0.001*

Figure no. 1 – The Model Path

Through the components of the theory of planned behavior (attitudes, perceived behavioral control, and subjective norms), the internet entrepreneurial self-efficacy accounts for 75.7% of the variation of entrepreneurial intention towards the online environment, considered to have a substantial statistical value (Hair *et al*., 2021, p. 118). What the model demonstrates is the fact that the students' conviction that they can be online entrepreneurs influences the intention to start an online business, but this is the case of those who have high attitudes and behavior control related to cyber-entrepreneurship.

The result according to which internet entrepreneurial self-efficacy has an impact on attitudes, perceived behavioral control, subjective norms, and entrepreneurial intention was to be expected, given the comparison with the association between self-efficacy, entrepreneurial intention, and the core component of the TPB within

traditional entrepreneurship (Maheshwari and Kha, 2022; Pham *et al*., 2023, Tseng *et al*., 2022). Most studies show that in traditional entrepreneurship, self-efficacy is essential for the intention and the behavior regarding the creation of a business (Duong and Barnet, 2019; Liu *et al*., 2019; Mensah *et al*., 2021). In addition, it was found that attitudes and perceived behavioral control have an impact on the entrepreneurial intention to start a business in the traditional way (Arroyo *et al*., 2021; Blanco-Mesa *et al*., 2023). For example, research demonstrated that one's individual attitude influences the IT specialists' intention to start a business (Lee *et al*., 2011). The role of subjective norms on the entrepreneurial intention is not clearly established, varying according to the cultural context. For example, in a systematic literature study based on geographic regions, Andrade and Carvalho (2023) proved that subjective norms have a lower impact on EI in Europe than in Africa, where social pressure is at its most visible in relation to getting involved in entrepreneurial activities. In collectivist cultures, the influence of subjective norms is significantly stronger, because they emphasize group cohesion, social harmony, and the importance of community. However, one must remember that Ajzen's (2002) subjective norms include friends, family, and coworkers, but other normative criteria may also impact entrepreneurial intention (Liñán and Chen 2009).

The focus on the mediating role of TPB in the case of the relation between entrepreneurial self-efficacy and entrepreneurial intention in the traditional environment helps us in our comparison with the results obtained in the present study. Prior research has demonstrated that entrepreneurial self-efficacy influences one's entrepreneurial intention through the intermediary of entrepreneurial attitude (Liu *et al*., 2019; Duong and Bernat, 2019). The findings of the studies showed that, while entrepreneurial education significantly increases the entrepreneurial intention, it is the entrepreneurial self-efficacy that positively shapes entrepreneurial attitudes, which in turn affects intentions, thereby reinforcing the TPB framework in the context of entrepreneurship among college students (Duong and Bernat, 2019).

Limitation of the study: The research was conducted on engineering students which might limit the generalizability of the findings. The results should be repeated in different university settings in order to draw generalizable implications because they are restricted to a particular student environment. Consequently, there is a need for studies on other categories of students. Second, it is a cross-sectional study. None of the correlations can be attributed to causal relationships. Although we have underlined that the results support our hypothesis, we cannot be positive that the causal relationship is as implied until the longitudinal study is carried out. To address this kind of limitation, we suggest that the same cohort of students be followed over time to assess how their internet entrepreneurial self-efficacy and intention develops.

CONCLUSION

The study showed that the students with high internet entrepreneurial self-efficacy tend to have positive attitudes and perceived behavioral control with regard to cyber-entrepreneurship, in the absence of social pressure, increasing their intention of starting an online business. Theoretically, the present study highlights the importance of integrating psychological models such as TPB in order to better understand the dynamics between self-efficacy and intention in the entrepreneurial environments. Another contribution is related to the extinction of TPB in the case of online entrepreneurship and it demonstrates that the application of TPB in the analysis of the relationship between internet entrepreneurial self-efficacy and entrepreneurial intention is adequate. Subsequent studies should extend the research model by adding new variables such as gender, entrepreneurial education, and/or personality traits in order to enrich and to contribute to the literature review and to the entrepreneurial practices in the field. This research may help in numerous ways, allowing educational institutions to personalize entrepreneurship courses for the purpose of stimulating positive attitudes towards entrepreneurship and the students' trust that they are able to successfully start an online business. One of the implications of the study would be to highlight how important it is to improve the dimensions specific to internet entrepreneurial self-efficacy in order to efficiently promote entrepreneurial intentions. Specifically, the development of these specific skills contained in internet entrepreneurial self-efficacy needs to be accelerated, namely critical abilities related to technology utilization (for example: using hardware multimedia, website applications etc.), internet marketing and e-commerce skills (example: the creation of an innovative marketing strategy, the creation of e-commerce websites, the resolution of a tariff issue pertaining to import and export), and last, but not least, managerial skills to help future entrepreneurs build the team with potential partners that will bring along the required skills. In addition, ways to evaluate students' entrepreneurial self-efficacy can be integrated into the entrepreneurship curricula to identify students who need additional support or training in digital entrepreneurship. This would provide practical value to educators and policymakers who are looking to foster entrepreneurship in technical and engineering students.

Acknowledgments

This work was supported by a grant from the National Program for Research of the National Association of Technical Universities-GNaC ARUT2023

Received: 8.12.2024

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REZUMAT

Studiul investighează rolul mediator al componentelor teoriei comportamentului planificat (TPB) în relația dintre autoeficacitatea și intenția antreprenorială a studenților pentru antreprenoriatul digital. Eșantionul a fost constituit din studenți ai domeniului ingineresc proveniți din trei mari universități tehnice din România (N = 900; 380 femei; 520 bărbați; având media de vârsta de 21.06). Participanții au completat un sondaj online care evaluează autoeficacitatea și intențiile antreprenoriale, precum și componentele TPB (atitudini, control comportamental perceput și norme subiective) legate de antreprenoriatul digital. Analiza datelor a fost realizată utilizând metoda celor mai mici pătrate parțiale (PLS-SEM). Rezultatele indică faptul că autoeficacitatea influențează indirect intenția antreprenorială prin intermediul atitudinilor și al controlului comportamental perceput, în timp ce normele subiective au un impact negativ asupra intenției de a deschide afaceri în mediul online. Aceste constatări sugerează că TPB oferă perspective suplimentare asupra procesului motivațional implicat în comportamentul antreprenorial.

ART-TERAPIA ÎN SCHIZOFRENIE – ASPECTE ALE CERCETĂRII CANTITATIVE

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Abstract

The present study is part of an exploratory research that aims to select the best art-therapeutic approaches for reducing stress and negative symptoms in schizophrenia and the tools that can measure therapeutic progress, with an eye to implement an art therapy program through theatrical games for patients with this diagnosis in Romania. The information was collected from scientific platforms such as Web of Science, Scopus, PubMed, ScienceDirect, ResearchGate, APA PsycNet and Google Scholar. Studies published after 2009 were selected, which evaluated the progress of patients following the application of art-therapeutic techniques. Keywords such as art therapy, schizophrenia, stress, negative symptoms were used. Of the 104 identified works, 21 met the inclusion criteria. Nine of the studies retained in the analysis confirmed the usefulness of art-therapeutic techniques in the treatment of patients with schizophrenia, but two did not find positive results for the intervention groups. Visual arts techniques were used. Future research in this direction should aim to evaluate the long-term effects of these techniques, for a better understanding of the benefits of art therapy in people with schizophrenia.

Cuvinte-cheie: schizofrenie, art-terapie, stres, simptome negative, progres terapeutic.

Keywords: schizophrenia, art therapy, stress, negative symptoms.

1. INTRODUCERE

Schizofrenia, o cauză majoră de dizabilitate la nivel mondial, este o tulburare cu evoluție cronică, la baza căreia stau factori genetici, biologici și sociali. Aceasta se manifestă prin: ideație delirantă (religioasă, de grandoare, de referință, erotomană, nihilistă); halucinații (frecvent auditive); gândire și discurs dezorganizate; scăderea capacității de exprimare emoțională (afectivitate restrânsă); comportament motor anormal (dezorganizat); comportamente inadecvate (râsul în absența unui stimul corespunzător); prezența anxietății; mânie nejustificată; program haotic de somn (somn în timpul zilei și activitate în timpul nopții); lipsa poftei de mâncare sau refuzul de a consuma orice aliment; stereotipii și bizarerii (APA, 2013).

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Rev. Psih., vol. 71, nr. 1, p. 37–46, Bucureşti, ianuarie – martie 2025, DOI:10.59277/RPSIH.2025.1.03

Modificările cognitive din schizofrenie se reflectă în opinii sărace și inadecvate, deficiențe în prelucrarea informațiilor, ca și în incapacitatea de adaptare la discursul interlocutorului (Ciobanu și Popa, 2013). Nivelul de funcționare al persoanei cu acest diagnostic, în mediul profesional, social, interpersonal și în ceea ce privește capacitatea sa de autoîngrijire este scăzut, situat la un nivel inferior celui la care era înaintea debutului tulburării (APA, 2013). Mulți dintre pacienți sunt incapabili să recunoască simptomele tulburării, ceea ce le îngreunează suferința și îi fac să refuze tratamentul prescris de medic (Kessler *et al.,* 2001).

Alte particularități ale schizofreniei vizează: emotivitatea negativă crescută și frecventă, anhedonia, senzația de gol interior, afectivitatea plată; dificultățile majore de adaptare socială și profesională, marginalizarea și stigmatizarea; excluderea și eșecul social al persoanei astfel diagnosticate, mai ales dacă a fost internată pe termen lung și a avut o evoluție cronică a bolii (Ciobanu și Popa, 2013); ocuparea unor locuri de muncă inferioare, relațiile sociale limitate sau imposibilitatea de a avea o familie proprie (APA, 2013); scăderea expresivității faciale, prozodia, evitarea contactului vizual cu interlocutorii (APA, 2016); sărăcia și boala fizică asociate (Stângă *et al.*, 2019); dificultatea integrării în grupurile de suport, din cauza problemelor relaționale (Coffey, 1998); prezența ideației suicidare și a tentativelor de suicid (mai pregnante în cazul bărbaților tineri, care recurg și la consum de substanțe – Jakhar, 2017; APA, 2013). Există variații importante în prevalența tulburării pe tot parcursul vieții, în funcție de rasă, etnie și țară (americanii de culoare au șanse de trei, patru ori mai mari să fie diagnosticați cu schizofrenie decât americanii albi, ca și copiii crescuți la oraș/în familiile unor minorități etnice sau cei născuți la finalul iernii și începutul primăverii – Schwartz & Blankenship, 2014; APA, 2013).

Statisticile Institute of Health Metrics and Evaluation (IHME, 2020) arată că în 2019 schizofrenia afecta la nivel global o persoană din 300. Un studiu al OMS a relevat o incidență a schizofreniei de 0,7 – 1,4 la 10.000 de locuitori (Jabelensky *et al.*, 1992).

Conform unor studii, rata mortalității pacienților cu schizofrenie ar fi mai mare decât cea a celor cu boli cardiovasculare și cancer (Mathew, 2022; Piotrowski *et al*., 2017). În general, riscul crescut de suicid este atribuit nu doar sentimentelor de anxietate și depresie ale persoanei cu schizofrenie, ci și prezenței unor simptome pozitive, printre care se numără halucinațiile, iluziile și tulburările de gândire (Andreasen, 1995; Corell *et al*., 2022; Crespo-Facorro și Nylander, 2021). Potrivit autorilor citați, printre simptomele negative ale schizofreniei se regăsesc aplatizarea afectivă, deficiențele cognitive, retragerea socială și abulia/motivația scăzută.

Art-terapia este definită ca fiind forma de terapie care utilizează arta ca principală formă de exprimare și înțelegere a emoțiilor persoanelor care o practică (Hoffmann, 2016). Există diferite tipuri de art-terapie – prin artă vizuală, muzică, dans, dramaterapie, terapie expresivă, terapie prin scris (literatură), terapie prin artele spectacolului sau bazată pe arhitectură (Chiang, 2019; Joschko *et al*., 2022).

Terapia prin artă vizuală, folosind desene și picturi, a fost cel mai des folosită. Se crede că scăderea volumului prescripților medicamentoase și orientarea către psihoterapii și terapii ocupaționale, printre care și art-terapia, ar putea reduce presiunea exercitată de tulburările psihice pe bugetele asigurărilor de sănătate, ar facilita recuperarea sănătății mintale, le-ar crește pacienților starea de bine și ar ajuta la destigmatizarea lor. Unele tehnici art-terapeutice (muzica, dansul, actoria, pictura) sunt susceptibile să gestioneze stresul din psihoze, care influențează direct episoadele tulburărilor, remisiunile și previn recăderile (Romila, 2019; Martin *et al*., 2018).

De altfel, ghidurile de practică clinică NICE (2016) menționează art-terapia ca strategie de tratament nonfarmacologic al psihozelor, pentru reducerea simptomelor negative, cu începere din fazele acute ale tulburărilor și continuată după externare, în asociere cu psihoterapia.

Deși interesul comunității științifice pentru această arie de cercetare este crescut, rezultatele studiilor nu sunt încă unele promițătoare pentru a include art-terapia în rutinele clinice. Studiile sunt extrem de eterogene, dimensiunile eșantioanelor au variații mari (de la câteva persoane la sute de persoane), iar protocoalele diverselor art-terapii diferă ca număr al ședințelor, ca tip de tehnici și ca durată.

Scopul prezentei examinări critice a literaturii a fost identificarea unor categorii reprezentative de studii despre art-terapie în tratamentul schizofreniei, publicate între 2009 și 2024, pentru a inventaria, pe de o parte, tehnicile utilizate, protocoalele de art-terapie și, pe de altă parte, pentru a cunoaște progresele clinice și testele utilizate pentru măsurarea lor. Anul 2009, luat ca reper, a fost marcat de prima recomandare a NICE de a investiga eficiența clinică și cost-eficacitatea terapiilor prin artă, comparativ cu controlul activ la persoanele cu schizofrenie (NICE, Clinical guideline [CG178]). Au fost căutate studii în platformele Web of Science, Scopus, PubMed, ScienceDirect, ResearchGate, APA PsycNet și Google Scholar. Căutarea s-a realizat în perioada octombrie-decembrie 2024, cu ajutorul cuvintelor-cheie *schizofrenie*, *art-terapie*, *stres*, *simptome negative*.

2. REZULTATE

Au fost găsite 104 cercetări, din care s-au reținut într-o primă etapă 51 lucrări din sursă credibilă (literatură științifică). Din cele 51 s-au eliminat articolele duplicat, cercetările calitative, precum și articolele referitoare la simptomele altor tulburări psihice și s-au păstrat 21 de articole relevante pentru obiectivele reviziei.

Pentru studiile care au îndeplinit criteriile s-au extras următorii indicatori: participanții (eșantioanele), metodele art-terapeutice utilizate, protocoalele art-terapeutice, efectele măsurabile ale art-terapiei și limitele. Din cele 21 de studii selectate, au fost reținute în analiză 9 studii, ca reprezentante ale unor categorii de studii în care s-au utilizat aceleași tehnici art-terapeutice și aceleași metode de evaluare (Tabelul nr. 1).

Tabelul nr. 1

Tipuri de studii privind evaluarea efectelor art-terapiei în schizofrenie

Autorii și anul publicării	***N***	**Genul**	**Locul studiului**	**Informații suplimentare**
Boratkar, Gupta și Pandey (2023)	4	50% feminin	India	Nu s-au găsit diferențe notabile după art-terapia prin dans, nici în cadrul grupurilor, nici între grupul experimental și cel de control (N=4). S-au utilizat MMSE și PANSS.
Bryl *et al.* (2022)	15	-	Polonia	S-a constatat scăderea severității simptomelor negative din schizofrenie, prin art-terapia bazată pe mișcare. A existat un grup de control din 16 persoane. S-a utilizat PANSS.
Tong *et al.* (2021)	55	52,8% masculin	China	S-a demonstrat creșterea autoeficacității participanților la art-terapia vizuală chinezească și caligrafie. S-au folosit General Self-Efficacy Scale (GSES) și The Scale of Social Skills for Psychiatric Inpatients (SSPI).
Wang, Liu, Zhang și Ming (2021)	57	-	China	S-a demonstrat că pictura în grup ameliorează simptomele negative și funcțiile cognitive la pacienții cu schizofrenie aflați în reabilitare. A existat un grup de control de 57 de persoane. S-au folosit bateria cognitivă de consens MATRICS (MCCB) și Programul de *screening* pentru dizabilități sociale (SDSS).
Fasshauer, Sprenger, Silling și Silberg (2019)	25	100% feminin	Germania	Participanților le-au fost arătate măști care sugerau diverse emoții. Majoritatea au asemănat imaginile colorate cu emoții pozitive, s-au redus simptomele negative. S-au utilizat PANSS și WCST (Wisconsin card sorting test). A existat grup de control (N=25).
Qiu, Ye, Liang și Huang (2017)	60	71,4% masculin	China	Art-terapia prin desen a redus simptomele psihotice, anxietatea și furia la deținuți cu schizofrenie. Grupul de control (N=60) a avut doar tratament medical. S-au utilizat: BDI II, un Inventar al furiei și PANSS.
Lu *et al.* (2013)	48	74% masculin	China	Ameliorarea semnificativă a simptomelor negative din schizofrenie, prin intermediul art-terapiei muzicale. S-a utilizat PANSS. Grupul de control: N=42.

Autorii și anul publicării	*N*	Genul	Locul studiului	Informații suplimentare
Crawford *et al.* (2010)	417	-	Anglia și Irlanda de Nord	Grup de art-terapie prin desen pentru schizofrenie (studiul MATISSE). Nu s-au găsit dovezi de îmbunătățire a funcționalității și de reducere a simptomelor negative (GAF, PANSS).
Richardson, Jones, Evans, Stevens și Rowe (2009)	43	-	Marea Britanie	Beneficiile intervenției art-terapeutice (arte plastice) au fost semnificative în reducerea simptomelor negative. Grupul de control a fost format din 47 de pacienți cu îngrijire psihiatrică standard. S-au utilizat: Social Functioning Scale, Inventarul problemelor interpersonale (IIP-32), Scala pentru evaluarea simptomelor negative (SANS), Profilul calității vieții Perc QoL și Brief Symptom Inventory (BSI).

Măsurarea efectelor în urma sesiunilor de art-terapie s-a realizat cu ajutorul mai multor instrumente. Astfel, Mini-mental state examination (MMSE), Positive and Negative Syndrom Scale (PANSS) și Inventarul GAF (Evaluarea Globală a Funcționării) au fost cele mai utilizate. Alte scale au fost: General Self-Efficacy Scale (GSES), The Scale of Social Skills for Psychiatric Inpatients (SSPI), bateria cognitivă de consens MATRICS (MCCB), programul de *screening* pentru dizabilități sociale (SDSS), Wisconsin card sorting test (WCST), Inventarul de depresie și anxietate BDI II, Inventarul problemelor interpersonale (IIP-32), Scala pentru evaluarea simptomelor negative (SANS), Profilul calității vieții (Perc QoL) și Brief Symptom Inventory (BSI).

Interesul europenilor pentru această arie de cercetare a fost scăzut, cele mai multe studii provenind din China. Cel mai mare studiu a fost unul britanic – studiul MATISSE (Crawford *et al*., 2010), o referință în domeniu, cu 417 participanți, dar care nu a găsit dovezi de îmbunătățire a funcționalității și de reducere a simptomelor negative din schizofrenie ca urmare a sesiunilor de art-terapie prin desen.

În studiile analizate, durata unui atelier de art-terapie a fost în medie de o oră și jumătate, cu pauze de discuții. Fiecare studiu a avut specificul lui, existând și ateliere de 30 de minute (Neil *et al.*, 2009), dar și ateliere de 2 ore și jumătate, cu pauză (Crawford *et al.*, 2010). S-au mai folosit: ateliere de 90 minute (30 de ateliere în 15 săptămâni – Tong *et al*., 2021), ateliere de câte 60 de minute în 10 sesiuni (Lu *et al*., 2013), ateliere a câte 30–45 de minute (9 sesiuni de art-terapie prin dans – Boratkar, Gupta și Pandey, 2023), ateliere a câte 120 de minute, cu pauză (eșalonate în 60 de săptămâni – Qiu, Ye, Liang și Huang, 2017). Unele

sesiuni au urmat o structură în care exista pauză la jumătatea intervalului sau între exerciții, în funcție de durata atelierului.

În general, intervențiile au pornit de la o sesiune unică și au ajuns la sesiuni multiple. Au existat puține monitorizări postintervenție (Boratkar, Gupta și Pandey, 2023; Crawford *et al*., 2010), dar și continuări de intervenții pentru pacienții aflați în reabilitare la domiciliu (Wang, Liu, Zhang și Ming, 2021).

Limitele principale ale cercetărilor au constat în dificultățile de mobilizare a populației cu schizofrenie pentru a participa la sesiunile de art-terapie și în scăderea loturilor de participanți pe parcursul cercetării.

În ceea ce privește persoanele care au realizat sesiunile de art-terapie, acestea au fost: psihologi și psihiatri, art-terapeuți, asistenți medicali specializați în aplicarea terapiei prin artă în medii clinice și profesioniști din domeniul artelor.

Referitor la metodologia studiilor, s-a optat pentru studii test-retest, fie cu câte un singur grup de participanți, fie cu grup experimental și grup de control (la majoritatea studiilor).

Cele mai multe studii au identificat progrese în urma art-terapiei (conectivitate interpersonală îmbunătățită, sentiment de integrare, sprijin emoțional și management mai bun al simptomelor), îndeosebi reducerea severității simptomelor negative, însă au existat și excepții notabile, printre care studiul MATISSE, care nu a găsit niciun progres.

3. DISCUȚII

Există câteva mari revizii sistematice ale literaturii științifice privind efectele art-terapiei asupra schizofreniei, cu obiective și criterii de includere proprii. Unele vizează anumite tehnici art-terapeutice (majoritatea – artele vizuale și desenul), altele cuprind deopotrivă dovezi de cercetare cantitative și calitative.

Du *et al*. (2024), într-o metaanaliză privind efectele art-terapiei asupra simptomelor pozitive, negative și a emoțiilor în indivizii cu schizofrenie, în care au inclus 31 de studii (N=1.520 participanți în grupurile experimentale și N=1.517 participanți în grupurile de control cu tratament uzual), au găsit că: art-terapia vizuală a avut un efect semnificativ mic spre moderat asupra simptomelor pozitive din schizofrenie, un efect moderat asupra simptomelor negative (apatia, abulia etc.), un efect moderat asupra depresiei și un efect mare asupra anxietății. În schimb, potrivit acelorași autori, pictura și meșteșugurile au avut efecte semnificative asupra simptomelor pozitive, simptomelor negative și emoțiilor, iar caligrafia și pictura chinezească, combinate, au avut efecte semnificative asupra simptomelor pozitive, depresiei și anxietății.

Zhang *et al*. (2024) au inclus în metaanaliza lor studii chinezești, coreene, precum și cu mai multe tipuri de art-terapii, dar nu au găsit dovezi clinice convingătoare privind introducerea art-terapiei în rutinele clinice, alături de tratamentele standard.

Furnizarea unor dovezi puternice, irefutabile, prin intermediul cercetării, ar putea scădea costurile generale ale schizofreniei, incluzând aici costurile sociale asociate celor medicale. Astfel, chiar dacă prevalența schizofreniei nu este atât de mare în populația generală, presiunea economică pe care tulburarea o exercită la nivel global este semnificativă pentru bugetele de sănătate (Chong *et al.*, 2016).

Schizofrenia are costuri însemnate peste tot în lume. În SUA, cheltuielile efectuate cu pacienții diagnosticați cu schizofrenie s-au cifrat la 60 de miliarde de dolari pe an, din care 50%–85% au fost costuri indirecte (Marcus, Olfson, 2018). În Europa, pentru un pacient costurile variau, în 2017, în funcție de gradul de dezvoltare al țărilor – de la 533 euro/an în Ucraina, la 13.704 euro în Olanda, din care cheltuielile cu medicamentele reprezentau mai puțin de 25% (Kovacs *et al.*, 2018). Germania anului 2008 a înregistrat cheltuieli cuprinse între 9,63 miliarde de euro și 13,52 miliarde de euro pentru pacienții cu schizofrenie (Frey, 2014). În 2019, în SUA, costul suportat pentru pacienții cu schizofrenie a fost de 343,2 bilioane de dolari (Kadaki *et al*., 2022). Andrews *et al.* (1985) au estimat un cost de șase ori mai mare pentru un pacient diagnosticat cu schizofrenie, decât pentru un pacient care a suferit un infarct miocardic.

Pacienții cu schizofrenie au nevoie de internări dese, de medicație permanentă și de îngrijitori, ceea ce duce la creșterea costurilor. Rezistența la medicație este și ea consistentă, ceea ce crește frecvența internării în spitale a acestor pacienți, cu mărirea aferentă a bugetelor (McDaid, 2005). Un studiu a dovedit recâștigarea stării de bine a pacienților, după internări (Mathew, 2022).

4. CONCLUZII

În perioada examinată au existat puține studii cantitative despre art-terapie în tratamentul schizofreniei, care să-i examineze efectele și eficiența costurilor (rentabilitatea), însă obiectivele pe care ni le-am propus au fost atinse, respectiv selectarea celor mai bune abordări art-terapeutice pentru scăderea stresului și a simptomelor negative din schizofrenie și a instrumentelor care pot măsura progresul terapeutic, în vederea implementării unui program de art-terapie prin jocuri teatrale pentru pacienții cu acest diagnostic din România.

Unele studii au reușit totuși să demonstreze că art-terapia, prin desen și mișcare, are efect asupra reducerii poverii unor simptome negative, precum atenția afectată, abulia, reducerea cantitativă și afectarea calitativă a vorbirii, dar sunt încă necesare studii randomizate de măsurare a eficacității clinice a acestor terapii complementare.

În general există doar dovezi de calitate moderată până la slabă că art-terapia poate îmbunătăți parcursul clinic în schizofrenie, alături de tratamentul standard. Tehnicile art-terapeutice utilizate în studiile analizate au fost și ele restrânse preponderent la arte vizuale, muzicoterapie, dans și mișcare, neidentificând niciun studiu care să folosească jocul teatral sau artele spectacolului ca art-terapie în schizofrenie, ceea ce ne oferă deschidere cercetării pe care o proiectăm în această zonă.

Cea mai utilizată metodă de cercetare a fost scala PANSS, care evaluează pe dimensiuni simptomele relaţionate cu schizofrenia, inclusiv agresivitatea (prin itemii suplimentari). Această scală se aplică ușor și poate fi utilizată în evaluare longitudinală.

Cunoașterea limitelor studiilor inventariate, respectiv rata mare de abandon, externările pacienților din lotul experimental și necesitatea urmăririi acestora în afara spitalului, precum și eterogenitatea amplitudinii simptomelor negative ale participanților, ne va ajuta, la rândul ei, la proiectarea unei viitoare cercetări având ca subiect art-terapia prin joc teatral pentru pacienții cu schizofrenie.

Primit în redacție la: 19.01.2025

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REZUMAT

Prezentul studiu este parte a unei cercetări exploratorii care urmărește selectarea celor mai bune abordări art-terapeutice pentru scăderea stresului și a simptomelor negative din schizofrenie și a instrumentelor care pot măsura progresul terapeutic, în vederea implementării unui program de art-terapie prin jocuri teatrale sau artele spectacolului pentru pacienții cu acest diagnostic din România. Informațiile au fost colectate din platforme științifice precum Web of Science, Scopus, PubMed, ScienceDirect, ResearchGate, APA PsycNet și Google Scholar. S-au căutat studii științifice publicate după anul 2009, care au evaluat cantitativ progresul pacienților în urma aplicării tehnicilor art-terapeutice. S-au folosit cuvinte-cheie precum art-terapie, schizofrenie, stres, simptome negative. Din cele 314 lucrări identificate, 38 au respectat criteriile de includere. Au fost reținute în analiză 9 studii, ca reprezentante ale unor categorii de studii în care s-au utilizat aceleași tehnici art-terapeutice și aceleași metode de evaluare. În majoritatea studiilor s-au utilizat tehnici ale artelor plastice. Viitoarele cercetări în această direcție ar trebui să vizeze evaluarea efectelor art-terapiei pe termen lung, precum și explorarea unor tehnici noi, pentru o înțelegere mai bună a beneficiilor acestora.

TOWARDS A PSYCHOTHERAPEUTIC GUIDE TO NARCISSISM

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Abstract

Currently, treatment modalities for narcissistic personality disorder are limited in both availability and effectiveness. There is no distinct psychotherapeutic guideline for narcissistic personality disorder and no unified recommendation of psychotherapies and techniques that can be used. This article aims, on the one hand, to present some general recommendations in narcissism psychotherapy, found in the specialized literature, and on the other hand – to particularize on a clinical case some techniques that do not belong to a particular therapeutic orientation, but that have proven their effectiveness in working with this type of clients. The final aim of the whole endeavor is to identify the first milestones/frameworks of a future psychotherapeutic guide for narcissistic personality disorder, useful for clinical psychologists and psychotherapists, aiming at: decreasing self-inflation, decreasing the degree of egocentricity, increasing the degree of empathy and reducing the level of preoccupation with building a grandiose self-image.

Cuvinte-cheie: tulburări de personalitate, narcisism, psihoterapie, ghid, obiective terapeutice.

Keywords: personality disorders, narcissism, psychotherapy, guide, therapeutic objective.

1. INTRODUCTION

Narcissistic personality disorder is a pervasive pattern of grandiosity, a need for admiration, a lack of empathy, and an increased sense of personal importance that persists over a long period of time in a variety of situations or social contexts and can lead to significant impairment in social and occupational functioning (American Psychiatric Association, 2013). The prevalence of narcissistic personality disorder has been estimated between 0.6 and 6.2% of the general population (American Psychiatric Association, 2013) or between 2.3 and 35.7% in the clinical population (Torgersen, 2012).

The scientific literature reveals that narcissism remains one of the least studied personality disorders (Russ, Shedler, Bradley, & Westen, 2008), and this may be related not only to the difficulties in diagnosing it, but also to the complexity of subtypes found within it.

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Rev. Psih., vol. 71, nr. 1, p. 47–59, Bucureşti, ianuarie – martie 2025, DOI:10.59277/RPSIH.2025.1.04

Treatment modalities for Narcissistic Personality Disorder are also limited in both availability and effectiveness – there is currently no separate psychotherapeutic guideline for Narcissistic Personality Disorder. Although European treatment guidelines for personality disorders include psychotherapy as the treatment of first choice, these guidelines focus on borderline personality disorder, with a higher frequency in psychiatric clinics and psychotherapists' offices. On the other hand, research findings on the treatment of personality disorders also raise similar issues – again, most studies focus on borderline personality disorder, while other disorders are under- addressed (Bateman et al., 2015)

Simonsen *et al*. (2019) summarized the most important clarifications of European treatment guidelines for personality disorders in general (Sweden – 2017, Germany – 2009, The Netherlands – 2008) and highlighted the functionality across personality disorders of mentalization-based psychotherapy (MBT), behavior-dialectical psychotherapy (DBT), transference-focused psychotherapy (TFP) and schema therapy (ST). The Swedish guideline revealed that treatment of personality syndromes may involve multidisciplinary teams and multimodal programs. It was also found that there is insufficient empirical support for the choice between short-term and long-term psychotherapies. The German and Dutch guidelines showed that treatment with psychotherapy has been shown to be cost-effectively comparable to drug treatment. An attempt to structure the most suitable psychotherapies for personality disorders was made by Weinberg and Ronningstam (2020), and another – by Thomaes and Bushman (2011), in both cases finding techniques belonging to MBT, DBT, TFP and ST.

Starting from this theoretical and methodological deficit regarding the approach to narcissistic personality disorder, the aim of this paper was to highlight the recommendations of the specialized literature in narcissism psychotherapy, which do not take into account a particular therapeutic orientation, but rather bring together techniques that have proven their effectiveness in working with this type of clients.

First of all, any psychotherapeutic approach starts with a good knowledge of the characteristics of the clients, in this case those with narcissistic personality disorder. Thus, clinical narcissism is defined around the idea of grandiosity, and from this perspective it can be considered an extreme form of grandiose narcissism (Miller *et al*., 2014; Pincus & Lukowitsky, 2010). The diagnosis of narcissistic personality disorder, however, does not take into account the vulnerability that may accompany an extreme grandiose presentation, although outward grandiosity may be merely a facade or mask under which a fragile self is hidden (Akhtar, 1989). Likewise, excessive self-centeredness does not necessarily indicate deficiencies in understanding others, but may highlight a low interest in developing skills in understanding others (Baskin-Sommers, Krusemark, & Ronningstam, 2014; Bilotta *et al*., 2018; Marissen, Deen, & Franken, 2012; Ritter *et al*., 2011). In terms of interpersonal relationships, grandiose narcissists can be highly socially skillful, being perceived as charismatic, confident, and extroverted (Jauk *et al*., 2016). Their

difficulties manifest themselves in long-term relationships, especially romantic relationships, due to antagonistic aspects such as self-centeredness and low levels of empathy (Wurst *et al*., 2017).

Vulnerable narcissism is manifested by traits such as anxiety, defensive and avoidant tendencies, linked to a pronounced self-consciousness (Hart, Adams, Burton, & Tortoriello, 2017; Miller, Price, Gentile, Lynam, & Campbell, 2012). Like grandiose narcissists, vulnerable narcissists focus excessively on self-importance (Krizan & Herlache, 2018; Miller *et al*., 2016), but unlike the former, they have a negative view of the future (Kaufman, Weiss, Miller, & Campbell, 2020). In the intrapersonal space, vulnerable narcissists exhibit increased neuroticism and introversion, generally experiencing lower life satisfaction and developing internalizing symptoms such as anxiety and depression (Jauk, Weigle, Lehmann, Benedek, & Neubauer, 2017; Miller *et al*., 2016).

2. NARCISSISTIC CLIENT APPROACH

The psychotherapeutic approach with the narcissistic person starts with a rigorous assessment, which involves: a clinical interview, the administration of questionnaires and knowledge of his or her life history. Several instruments can be used in the assessment, and it is very important that they are validated and adapted to the population of the country concerned. Among the structured and semi-structured interviews used in the assessment of personality disorders, SCID-II - Structured Clinical Interview for DSM-V Axis II (First, Williams, Smith Benjamin, & Spitzer, 2017), with 140 items, is available in Romania. Another instrument is the OMNI - IV - Personality Disorders Inventory (Loranger, 2016), a 210-item, 10-scale, self-administered questionnaire that measures personality disorders in accordance with DSM-IV criteria. Other instruments to assess personality psychopathology are the MCMI – III Millon Clinical Multiaxial Inventory III (Millon, Davis, & Millon, 1997), the DAPP-BQ Dimensional Assesment of Personality Pathology – Basic Questionnaire (W. J. Livesley & Jackson, 2002), MMPI – 2 Minnesota Multiphasic Personality Inventory (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) and PAI Personality Assesment Inventory (Morey, 2007).

Next steps in psychotherapy setting therapeutic goals and building an optimal therapeutic relationship. Setting SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) goals that target a specific change that the client wants to make is essential. Low frustration tolerance, oversensitivity to what narcissists perceive as criticism, humiliation, or shame (Smith, Bouras, Frazier *et al*., 2024) increase the risk of drop-out, as well as avoidance, both in the general interpersonal setting and in the therapeutic relationship (Gülüm, 2018). Especially when these clients do not come to therapy voluntarily (but are referred or coerced), it is important that therapeutic goals are reframed, centered on a goal that is meaningful to them: “You

are coming because you want to not lose X" or "What is one thing you could change so that you don't lose X?".

Establishing clear contracts early on in psychotherapy prevents threats from narcissists (Weinberg and Ronningstam, 2020). Contracts protect the therapeutic alliance itself; they address the most appropriate ways to deal with key moments and behaviors that might interfere with treatment.

Psychoeducation is another key point in building a good therapeutic relationship and maintaining commitment to goals (Cummings & Cummings, 2008). As people who always want to be in control, narcissists need to understand what is going on in therapy in order to tolerate the discomfort of change. How this psychoeducation is delivered towards narcissists with a high degree of arrogance is also important. Explanations should start from what these individuals already know (Ronningstam, 2012). Then, through questions and Socratic dialog, they will be guided to discover for themselves the connections between various elements.

In principle, the psychotherapeutic focus will be on uncovering maladaptive coping mechanisms, how they have been constructed and maintained, and especially how they prevent the narcissist from achieving his goals or satisfying his basic emotional needs that cause him distress (Behary, 2022). Coping mechanisms will be addressed both cognitively, through Socratic dialog and counter-argumentation, and experientially, through role-playing and imagery exercises. Experiential exercises link cognitive and emotional understanding, permeabilizing the narcissistic defense system (Rafaeli, Bernstein, Young, 2010).

In order to maintain a good therapeutic relationship, especially in difficult moments of psychotherapy, it is necessary that the psychotherapist gives a lot of validation to the real qualities, achievements, skills and progress made. Constant encouragement will help to prevent intensifying the feelings of fear and loss of image/status that come with change. They will also combat procrastination/avoidance tendencies, fears of closeness and loss of hope (Kealy, Goodman, Rasmussen, Rasmussen, Weideman, Ogrodniczuk, 2017).

When narcissists feel threatened, or when they see personal sensitivities approaching, they become angry, mocking, dismissive or even insulting to the psychotherapist. It is important for the psychotherapist to cultivate an atmosphere of calm and patience and to work with themselves to remind themselves not to take the client's remarks personally, but to treat them as signs of touching sensitive points. Because of overcompensatory coping, manifested sometimes in arrogance, sometimes in anger, narcissistic clients generally do not receive real feedback in their relationships or it is provided in a way that does not contribute to change, but instead activates their maladaptive coping and schemas (Wendy Behary & Dieckmann, 2012) .

Experiential exercises (imagery for rescripting, mode dialog technique) also help to decrease self-inflation and the degree of egocentricity (Thomaes & Bushman, 2011), building a more compassionate and caring (Malkin, 2016) perspective of

self, which ultimately leed to emerging from the risk of narcissistic decompensation. The use of humor to reduce tension, throwing "baits" to clients and letting them catch them, without insistence, are part of the "dance" of therapy.

Particular attention should be paid to countertransference, the main cause of difficulties encountered in therapy and therapeutic failures (Tanzilli, Muzi, Ronningstam, Lingiardi, 2017). Psychotherapists' reactions to narcissists are generally intense and varied – anger, fear, tension, boredom or excessive affection. Resolving them can be done by turning to supervision or a permanent intervision group, where psychotherapists can talk about their most difficult cases and receive peer support.

In the office, during the sessions, it is important for professionals to work with themselves in order not to take things personally, to understand their intense emotions (which appear as the acting out of internal dynamics of the clients), but which can bring valuable information to the therapeutic process (Young, Klosko, Weishaar, 2006).

It is precisely the psychotherapist's emotions that can shape new ways for clients to react that are different from the maladaptive ones they generally use. It is also advisable for psychotherapists to avoid power struggles with narcissists, as well as engaging in subjugated or extra-empathic attitudes towards them (e.g. unbounded understanding of grandiosity and entitlement). Healthy boundary setting and benevolent attitudes, therapist expression of prosocial, desirable behaviors and optimal ways of relating can be valuable lessons for narcissists.

3. A CLINICAL CASE PRESENTATION

In order to particularize a set of techniques that do not belong to a particular psychotherapeutic orientation, but which have proven their effectiveness in working with this type of clients, a clinical case from our own practice will be presented below.

Client RN., 53, married with two children, a lawyer, came to psychotherapy because his wife threatened to divorce him if he did not solve his psychological problems. The marital difficulties arose with the client's wife's professional growth. She began to criticize his behavior towards herself and the children, which he did not understand; he considered these grievances exaggerated. A year before the therapy, R.N. had had a stroke which had left him incapacitated for some time, leaving his wife to manage the house, the lawyer firm and the children. At the time of therapy, he was almost fully recovered from the stroke, with mild feelings of chronic fatigability on waking.

R.N. was the oldest sibling in a family of four children. His parents, both lawyers, art and classical music lovers, had raised him with strict rules of etiquette, both socially and at home. From an early age, his parents did not let him call them *Mom* and *Dad*, but *Mr.* and *Mrs.*, to treat them with respect. He described his parents as his idols – very fair, cultured, extremely smart and professionally

accomplished. He claimed to have had a very happy childhood. He enjoyed learning and always being the best, excelling in everything he did: school, sports, extra-curricular competitions, relationships with girls and friendships. In school, he was the most popular kid, both with boys and girls. Law school had been "*a purely personal choice*". Basically, he described everything he had ever done as "*from the very best upwards*".

DIAGNOSIS OF THE DISORDER

R.N.'s OMNI-IV Personality Disorder Inventory results indicated a comorbidity between narcissistic and histrionic personality disorder. He could be characterized as reserved, critical, conceited, arrogant, with a manifest desire to be recognized for his merits and worth. Poor empath, even to the point of emotional indifference. There were also detected features of interpersonal hypervigilance in the paranoid sphere – suspiciousness, tendency to misinterpret remarks, sarcasm, and some borderline traits of hypervigilance, but without clinical intensity.

PSYCHOTHERAPEUTIC CHALLENGES

Psychotherapy lasted about 2 years, with some interruptions. When addressing a vulnerable area, he would state that he was very busy and would not come to the next sessions. Most of the time, it would take between 2 and 4 weeks for him to return to therapy, and then he would act as if nothing had happened, avoiding discussing things where they had left off.

When engaging in therapy, he had no intrinsic motivation for change – rather, he was in a zone of detachment from his wife's emotional needs. He would have liked his wife's wishes to change, but realized, after much arguing, that she was holding firm to her position. He had, for this reason, reached a helpless rage that expressed itself in either overcompensatory coping or submissive surrender coping to avoid her leaving him. That's why he had shown himself willing "*to change some things until his wife returns to better feelings and realizes she is wrong*".

Since the onset of psychotherapy it was noted that he adopted a mode of overcompensation, more precisely infatuation and hypercontrol, whereby he tried to get what he wanted and on this basis he considered himself entitled to be left alone to do what he pleased. R. N. claimed that he was more intelligent than others, more accomplished and had proved himself better than others throughout his life.

Psychotherapeutic objectives included: building a psychotherapeutic relationship based on trust and mutual respect; exploring dysfunctional interpersonal patterns in family relationships and discovering/implementing more effective relationship strategies; decreasing maladaptive coping patterns by reducing self-inflation and self-centeredness; decreasing the intensity of the feeling of vulnerability to illness by reducing anxiety levels.

The origins of the client's sense of grandiosity were identified in the client's life history: it had been taken from his family through modeling and had made him

not allow himself to be anything other than the best. *Discussing* this helped him realize the pressure he had felt as a child. This was followed by *analyzing the advantages and disadvantages* of overcompensation *coping*. By using *experiential techniques* (mode dialog), he was able to become more aware of the occurrence of these mechanisms even before they were enacted and voluntarily practiced to reduce the frequency and intensity of their manifestations.

He began to differentiate between the voluntary – and appropriate at the time – use of coping strategies, and the automatic emergence of maladaptive coping patterns that prevented him from meeting his therapeutic needs and goals. He realized that overcompensating had helped him greatly, in school and at work, to perform well and achieve well above average accomplishments, and had also ensured his great financial success. The only vulnerability from which to build intrinsic motivation for therapy was his stroke. It had not only frightened him, it had also put him in touch with vulnerability, with his own physical limitations and especially with his lack of control over important aspects of life.

In discussing how he experienced both his disabling medical condition and his recovery from it, the client genuinely expressed fear and wished that such accidents would never happen again. Exploring the potential psychological causes of the stroke helped him to speak out. He recognized the permament stress he was under in order to maintain his professional and financial status. Talking about the long hours at work, the limited time with his family, as well as the impossibility to have more quality time, he began to realize that he did not have the perfect life he had imagined.

Recognizing his overcompensation coping patterns and the impact they had on his life and relationships, but especially on his own health, led him to enter a new phase of the psychotherapeutic process: getting in touch with his own vulnerability.

After overcoming maladaptive coping patterns, R.N. realized that the way his parents excluded all that was childish, defining these things as *nonsense*, had prevented him from enjoying life and meaningful emotional connections. True, he had formed relationships based on the validation of his performance, but he had found it hard to allow himself to be loved, cared for and accepted for who he was. It was difficult for him to accept – and to be able to have – close relationships with people who did not admire him, but whom he also understood, with their needs and vulnerabilities.

These realizations were important turning points in the therapeutic process. Subsequently, R.N. was able to set limits in his relationship with his own parents, he was able to see them as human beings subject to mistakes and he became less demanding with himself and others. By lowering his expectations of others, he became less critical and more able to connect with them in a real way. He began to play more with his own children and to genuinely enjoy his wife's success. He asked her out on romantic dates, which had not happened in their relationship for a long time.

Self-regulation and fear tempering exercises helped him to prevent entering maladaptive coping.

ASSESSMENT AND PROGNOSIS

Post-therapy OMNI-IV testing revealed a lower score on the narcissism scale, with the client recording a raw score of 35.1, down from 44.2 ($p = 0.05$, Wilcoxon paired samples test). This score indicated that the client was no longer within the clinical score for narcissistic personality at the time of therapy. On the other hand, according to the change stability index of 2.5, he had made a reliable change.

His infatuation and entitlement mode continued to make him quite isolated in relation to friends. Vulnerability in his relationships with others still aroused in him a sense of shame, which he believed he would resolve some day. In terms of the prognosis in this case, a potential danger may come in the wife's moments of disconnection and emotional deprivation. This was discussed in psychotherapy, and the client developed and practiced various *functional coping strategies to deal with the risk*.

This client's tendency in coping with difficulties was to use maladaptive coping mechanisms. The relationship with his parents had particular implications for the development of his early maladaptive schemas.

The predominant presence of overcompensation coping modes, as well as the grandiosity schema (manifested when the psychotherapist was trying to access his vulnerability), are likely to provoke the psychotherapist's dysfunctional patterns and modes. These challenges can give rise to a problematic relational dynamic, with negative impact on the therapeutic process (Semeniuc, Sterie *et al*., 2023). Therefore, it is important for psychotherapists to be aware of this possibility (Sterie, 2024) .

The use of empathic confrontation (Wendy Behary, 2012) of coping modes and secondary schemas have proved useful both in shaping the therapeutic relationship (increasing therapist authenticity, targeting the distrust schema) and in the process of change. They contributed significantly to the client's awareness and to changing the relational dynamics to which he was accustomed.

4. OUTLINE OF A PSYCHOTHERAPEUTIC GUIDE FOR NARCISSISTIC PERSONALITY DISORDER

In a psychotherapeutic guide for Narcissistic Personality Disorder, goals might include: O 1. Decrease self inflation; O 2. Decreasing self-centeredness and increasing empathy; and O3. Decreasing preoccupation with building a grandiose self-image.

In the case of *O1. Decreasing self inflation*, the model that could be used is to address the maladaptive schemas and coping associated with narcissism.

For *O 2. Decrease the degree of egocentrism and increase the degree of empathy*, targets in which it is necessary to increase the mentalizing capacity,

experiential techniques and affective bridges can be used to create links between the cognitive-emotional and behavioral levels. The use of indirect techniques such as therapeutic storytelling, metaphors, anecdotes and humor to target and reframe feelings of shame and inadequacy is also recommended.

In the case of *O 3. Reducing the level of preoccupation in order to build a grandiose self-image*, exercises to gain feelings of personal control and efficacy, accompanied by validation of successes, taking responsibility, using active listening and a collaborative relationship are appropriate. Confronting self-critical messages and increasing insight for intrapsychic processes (understanding triggers, interpretations and coping strategies used) can be used together with empathic accompaniment in moments of vulnerability to rescript childhood experiences.

In the case of *O1. Decreasing self-inflation*, explanatory introspection techniques could be used, aimed at explaining one's own thoughts and feelings. For *O 2. Decreasing the degree of self-centeredness and increasing the degree of empathy*, it is appropriate to activate the orientation towards others and the degree of connection felt with them, and in the case of *O 3. Reducing the level of preoccupation to build a grandiose self-image*, the use of mindfulness techniques and reducing the sensitivity to ego-threatening experiences are applicable.

4.1. TAILORED INTERVENTIONS

Putting one's own characteristics into perspective and questioning why a person is the way they are an example of an inteervention adapted for *O1. Decreasing self inflation*.

For *O 2. Decreasing self-centeredness and increasing empathy*, tailored interventions could target: mindfulness training focused on compassion; actively looking for shared characteristics/expressions between therapist and client to emphasize what creates connection; actively looking for shared experiences between client and people with whom the client has difficulties; participating in group therapy and finding shared stories and similarities with other group members. Similar case narratives and materials using indirect techniques to activate self-compassion and reduce feelings of shame is another example of an intervention adapted for O 2.

In the case of *O 3. Reducing the level of preoccupation to construct a grandiose self-image* one could use the construction of exercises that support self-affirmation, consistent with the presence of the social affirmation and recognition/approval seeking schema in narcissists. Thus, narcissists can be supported and encouraged to begin the session by telling about the things they are proud of (serves relationship building). The focus would in this way be on their core values and how these are used in the pursuit of their own goals. Empathic confrontation, which involves both pointing out dysfunctional or self-sabotaging behaviors and offering insight into how they were formed and relevant in the past, is also appropriate in this context.

5. CONCLUSIONS

Narcissism psychotherapy is a difficult and challenging process. Therefore, it is advisable that the initial assessment of a person with a diagnosis of narcissistic personality disorder should be done following a clinical interview and the use of standardized measurement instruments adapted to the Romanian population.

A comprehensive assessment will include: the reasons why the client sought psychotherapy, the existence of comorbidities, an assessment of the severity of the pathology, psychiatric history, obtaining data on present mental status, and screening for risk factors such as suicide, self-harm or harm to others. Understanding how maladaptive narcissistic personality cores affects the person's life, family and socio-relational world is the first step in narcissism psychotherapy.

If comorbid disorders require specific medication to reduce symptoms and possible life-threatening risks, psychotherapeutic intervention will be accompanied by psychopharmacologic intervention.

In psychotherapy, a structured form of psychotherapy will be used, supported by specialized literature, using techniques and methods likely to target the main features of the disorder.

It is recommended that the psychotherapist has been trained and certified in the psychotherapeutic model they wish to use.

It is also recommended to measure the intermediate and final outcomes of the psychotherapeutic process in order to determine its effectiveness, to quantify the evolution of the client's symptomatology and to make informed clinical prognoses about the evolution of the disorder, including possible relapses.

Last but not least, it is necessary that psychotherapists working with people with narcissistic pathology benefit from a professional support group, either through regular intervision or supervision with a specialist in the field.

The literature review specific to the psychotherapy of various personality disorders, as well as the clinical study presented above, have provided us with the first milestones in the design of a psychotherapeutic guide for working with narcissistic individuals, with techniques and interventions adapted to both grandiose and vulnerable narcissism.

Acknowledgments

This study is part of the doctoral research project entitled "Investigating dysfunctional core traits of narcissistic personality and developing a good practice guide in the therapy of this type of personality", PhD. Student Maria-Cristina STERIE, coordinated by Prof. Univ. Camelia Popa Ph.D., carried out at the School of Advanced Studies of the Romanian Academy, "Constantin Rădulescu-Motru" Institute of Philosophy and Psychology, Department of Psychology, Romanian Academy.

Received: 15.01.2025

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REZUMAT

În prezent, modalitățile de tratament pentru tulburarea de personalitate narcisică sunt limitate atât ca disponibilitate, cât și ca eficacitate. Nu există un ghid psihoterapeutic distinct pentru tulburarea de personalitate narcisică și nici o recomandare unitară de psihoterapii și tehnici care pot fi utilizate. Acest articol își propune, pe de o parte, prezentarea unor recomandări generale în psihoterapia narcisismului, regăsite în literatura de specialitate, iar pe de altă parte – particularizarea pe un caz clinic a unor tehnici care nu țin de o orientare terapeutică particulară, dar care și-au dovedit eficiența în lucrul cu acest tip de clienți. Scopul final al întregului demers este decelarea primelor repere/cadre ale unui viitor ghid psihoterapeutic pentru tulburarea de personalitate narcisică, util psihologilor clinicieni și psihoterapeuților, care să vizeze: scăderea inflației sinelui, scăderea gradului de egocentrism, creșterea gradului de empatie și reducerea nivelului de preocupare pentru a construi o imagine de sine grandioasă.

FACTORI INDIVIDUALI ȘI SOCIO-RELAȚIONALI AI ANXIETĂȚII DE PERFORMANȚĂ

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Abstract

The study explores the theoretical models and the individual and socio-relational factors of performance anxiety (PA) manifested in various contexts (academic, sports, artistic, etc.). A literature review was conducted to identify the factors likely to influence PA, analyzing existing psychological theories and models. From the 29 studies selected as a documentation basis, several conceptual-explanatory models of PA emerged, namely: the processual model, the transactional model, the information processing model, the bidimensional model, the emotional self-regulation and social feedback model, and the stimulus-performance balance model. In the etiology of performance anxiety, individual traits (perfectionism, emotionality, introversion) and socio-relational factors (group pressure, perceived low social support) were identified. The necessity of a multidimensional approach in managing PA is evident, with intervention strategies developed based on the specifics of each context in which it manifests (academic, sports, artistic), taking into account both the individual and socio-relational aspects that increase this specific form of anxiety and reduce performance. Interdisciplinary approaches, allowing, for instance, the application in the academic environment of methods for reducing anxiety from sports, could offer effective solutions.

Cuvinte-cheie: anxietate de performanță, factori individuali, factori socio-relaționali.

Keywords: performance anxiety, individual factors, socio-relational factors.

1. INTRODUCERE

Anxietatea de performanță (AP), caracterizată printr-o stare de tensiune și neliniște în fața unei evaluări percepute ca fiind semnificativă, este descrisă ca „frică și neliniște asociate cu îndeplinirea unei sarcini specifice” (Beilock *et al*., 2017), manifestate în diverse medii (educație, sport, artă). Potrivit altor autori, acest tip de anxietate reprezintă „o stare în care individul nu este capabil să inițieze un model clar de comportament pentru a elimina sau modifica evenimentul/ obiectul/interpretarea care îi amenință un obiectiv existent” (Power și Dalgleish, 1997).

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Rev. Psih., vol. 71, nr. 1, p. 61–72, Bucureşti, ianuarie – martie 2025, DOI:10.59277/RPSIH.2025.1.05

Anxietatea de performanță cuprinde o componentă cognitivă și una fizică, afectiv-somatică. Componenta cognitivă (engl. *anxious apprehension*) se referă la îngrijorările și gândurile negative legate de performanță, în timp ce componenta afectiv-somatică (engl. *anxious arousal*) se caracterizează prin hiperexcitație fiziologică și tensiune somatică (Beilock, Schaeffer și Rozek, 2017). Cele două componente se interconectează și influențează negativ performanța atât prin scăderea resurselor cognitive, cât și prin comportamente de evitare (*idem*).

Manifestările AP variază de la o îngrijorare ușoară cu privire la rezultatele unei activități, până la forme severe ale gândurilor îngrijorătoare, care devin excesive și interferează negativ cu realizarea sarcinilor. Anxietatea de performanță debilitantă devine astfel o tulburare mintală (Matei și Ginsborg, 2017).

AP se distinge de alte forme de anxietate, deși toate tulburările anxioase au un fond comun de neliniște și reacții emoționale intense (Chow și Eduardo Mercado, 2020). Tulburările anxioase se deosebesc între ele prin declanșatorii lor specifici, simptomele asociate și impactul asupra vieții cotidiene (Nebel-Schwalm și Davis, 2013).

Tulburarea de anxietate generalizată (TAG) este definită ca o „dispoziție necontrolabilă de a te îngrijora în mod constant de bunăstarea proprie și a celor apropiați" (Akiskal, 1998) sau ca pierdere/eșec posibil în domenii de viață apreciate (teama de a pierde controlul sau incapacitatea de a face față unor împrejurări – Clark și Beck, 2010). Spre deosebire de TAG, AP este focalizată pe o anumită sarcină sau se manifestă într-un domeniu specific, așa cum s-a arătat (Beilock *et al*., 2017) și poate apărea într-o competiție sportivă, o prezentare publică sau reprezentație artistică, sub forma unei temeri excesive și persistente de a nu performa la nivelul așteptat.

În ceea ce privește *anxietatea socială* (TAS), DSM-5 evidențiază două aspecte ale acesteia: frica persistentă de a fi evaluat negativ de către ceilalți și teama de a nu acționa într-un mod care ar putea provoca rușine sau umilință (APA, 2013).

AP este susținută de aceleași mecanisme cognitive care stau la baza anxietății sociale, respectiv distorsiunile cognitive vizând modul în care persoana își percepe performanța și imaginea socială (Matei și Ginsborg, 2017). Ceea ce diferențiază cele două forme de anxietate este faptul că anxietatea socială se definește prin teama de a performa în contexte sociale generale, în timp ce anxietatea de performanță este specifică unor activități particulare (vorbitul în public, susținerea unui examen, o competiție). Alți autori au arătat că anxietatea socială poate include un subtip generalizat, în care persoana resimte anxietate în aproape toate situațiile sociale, pe când anxietatea de performanță este specifică unor sarcini precise (Nebel-Schwalm și Davis, 2013).

Deși în literatură termenii trac și anxietate de performanță sunt uneori folosiți interschimbabil (Cox și Kenardy, 1993; Studer *et al*., 2011), DSM-IV-TR operează distincții între ei. AP este prezentată ca distinctă de trac, în secțiunea privind diagnosticul diferențial al fobiei sociale: „anxietatea de performanță, tracul și timiditatea în situații sociale, care implică persoane necunoscute, sunt comune și nu

ar trebui diagnosticate ca fobie socială decât dacă anxietatea sau evitarea conduc la o afectare clinică semnificativă sau la un stres marcat" (DSM-IV-TR, 300.23, APA, 2000). Termenul de *trac* este folosit atunci când performanța depinde de o evaluare externă (de pildă, când activitatea are loc în fața unui public – cântatul, dansul, actoria, un discurs), asociată cu teama de a fi evaluat de alții și de a greși în fața lor, pe când AP, deși poate include și ea o evaluare externă, este mai generală și se referă la stresul și neliniștea asociate cu performanța în orice context, aplicându-se unui spectru mai larg de situații (Matei și Ginsborg, 2017).

Fogle (1982) a observat că anxietatea de performanță poate apărea nu doar în cadrul spectacolelor publice ale artiștilor, ci și în timpul repetițiilor sau studiului individual, sugerând că ea este legată de autoevaluare.

În ceea ce privește simptomatologia AP, aceasta este asemănătoare cu cea a tulburării generale de anxietate, însă specificitatea sa constă în presiunea de a performa sub evaluare externă ori sub autoevaluare, într-un context specific („variază în funcție de individ, situație și disciplină sportivă sau artistică" – Niering, Monsberger, Seifert și Muehlbauer, 2023). Componenta principală a anxietății de performanță ar fi gândurile anticipative privind posibilitatea eșecului și monitorizarea greșelilor (Chow și Mercado, 2020; Moser *et al*., 2012), care pot distrage atenția de la sarcină.

Potrivit unor studii (Hirsh *et al*., 2012; Beilock, Schaeffer și Rozek, 2017), AP este legată de activarea sistemului nervos simpatic, care declanșează eliberarea de epinefrină, norepinefrină și cortizol în situații percepute ca amenințătoare. Aceste substanțe cresc ritmul cardiac, tensiunea arterială și fluxul sanguin, pregătind organismul pentru a face față stresului. Alte răspunsuri somatice includ: dureri de cap și palpitații (Seo *et al*., 2024), dificultăți de respirație și transpirație excesivă (Niering, Monsberger, Seifert și Muehlbauer, 2023; Calabrese, 2008; Wass, 2018), tensiune musculară (Chow și Mercado, 2020) și dilatare a pupilelor, ca indicator al activității mentale (Mauriz, Caloca-Amber și Vázquez-Casares, 2023; Van Gerven *et al*., 2004). Printre structurile neuronale implicate în supragenerализarea fricii se numără amigdala și hipocampul (Laufer *et al*., 2016), formațiunea reticulară a trunchiului cerebral și nucleii talamici centrali (Mair, Onos și Hembrook, 2011).

Cercetarea AP s-a intensificat în contextul dezvoltării unor societăți din ce în ce mai axate pe obținerea performanței, examinându-se, printre altele, personalitatea indivizilor, natura muncii lor, rezistența la stres și contextul performanței (Tiwari, 2011). Din această perspectivă, înțelegerea mecanismelor AP poate ajuta la dezvoltarea unor intervenții psihologice și sociale menite să reducă stresul, să îmbunătățească bunăstarea psihologică a oamenilor și să le crească performanța.

Investigarea modului în care AP influențează diverse domenii (educație, sport, arte) servește atât la înțelegerea variabilității acestei forme de anxietate, cât și la elaborarea unor strategii psihologice de intervenție, în vederea refacerii și creșterii performanței. Cum AP variază în funcție de domeniu (Chow și Mercado, 2020; Tiwari, 2011), intervențiile pentru reducerea ei trebuie proiectate pentru fiecare tip de activitate.

2. SCOPUL ȘI OBIECTIVELE CERCETĂRII

Scopul prezentului studiu este de a analiza factorii individuali și socio-relaționali care contribuie la anxietatea de performanță, precum și mecanismele acesteia în diverse contexte, cum ar fi cel academic, sportiv și artistic, așa cum rezultă din cercetări, în vederea desprinderii unor modele explicativ-interpretative ale acestei categorii nosografice.

S-au formulat următoarele obiective:

O1: Explorarea și compararea modelelor teoretice ale AP, pentru a înțelege sfera și aplicabilitatea conceptului și pentru a opera delimitările conceptuale necesare;

O2: Identificarea factorilor individuali ai AP (trăsături de personalitate, aspecte cognitive și afective, sensibilitate la stres);

O3: Explorarea influențelor factorilor social-relaționali și a dinamicii relațiilor interpersonale asupra AP;

O4: Compararea mecanismelor specifice ale AP, prin analiza componentelor cognitive și somatice, pentru a evalua modul în care aceasta afectează performanța în diverse contexte (academic, sportiv și artistic).

3. METODOLOGIE

Sursa datelor

Cuvintele-cheie folosite pentru identificarea studiilor au reprezentat combinații de termeni în limbile engleză și română, după cum urmează: „anxietatea de performanță" (engl. *performance anxiety*), „factori individuali" (engl. *individual factors*), „factori socio-relaționali" (engl. *socio-relational factors*), „anxietatea de perfomanță în sport" (engl. *sport performance anxiety*), „simptome de anxietate în perfomanța școlară" (engl. *anxiety symptoms in school performance*), „anxietatea de performanță în muzică" (engl. *music performance anxiety*). Scopul principal al selecției a fost acela de a include studii care prezintă modele teoretice ale anxietății de performanță (AP) și studii care analizează specificitatea manifestării AP în trei domenii principale: artele performative, sport și educație. Articolele selecționate au fost originale și publicate în reviste cu impact semnificativ, precum cele din Quartila 1 (exemplu: *Acta Psychiatrica Scandinavica, Psychological Science, Journal of Anxiety Disorders*) și Quartila 2 (exemplu: *Cognition and Emotion, International Archives of Occupational and Environmental Health*) sau în cărți de specialitate. Criteriile de excludere au vizat lucrările care nu se încadrau în aceste domenii sau care nu ofereau informații relevante privind modele teoretice sau aplicații empirice ale AP. Analiza a cuprins 29 de studii empirice din domeniile psihologiei, educației, sportului și artelor, dar și cărți sau metaanalize publicate între anii 1908 și 2024, disponibile în bazele de date PubMed, Google Scholar și PsycINFO.

Procedura de analiză

Studiile au fost analizate din perspectivă teoretică și empirică, cu accent pe compararea modelelor explicative ale AP și pe identificarea factorilor individuali și socio-relaționali ai acesteia. Analiza comparativă a permis evaluarea similitudinilor și diferențelor între modelele teoretice, precum și impactul acestora asupra performanței.

4. REZULTATE

O1: Explorarea și compararea modelelor teoretice ale AP

Modelul procesual al anxietății de performanță (Spielberger, 1966) a făcut o diferențiere clară între anxietatea de stare și anxietatea de trăsătură. *Anxietatea de stare* vizează o reacție emoțională temporară și fluctuantă, declanșată de o situație specifică percepută ca amenințătoare sau stresantă (un examen, o prezentare publică). Prin contrast, *anxietatea de trăsătură* este o caracteristică stabilă a personalității, reflectând tendința generală a unei persoane de a interpreta diverse situații ca fiind periculoase sau amenințătoare. Potrivit modelului lui Spielberger, persoanele cu un nivel ridicat de anxietate de trăsătură sunt mai predispuse să experimenteze anxietate de stare în situații de performanță, cum ar fi evaluările, unde percep amenințări asupra succesului personal sau a imaginii de sine. Este vorba, de fapt, despre o predispoziție anxioasă stabilă, care poate amplifica reacțiile emoționale și fiziologice negative, afectând capacitatea de a performa eficient sub presiune.

Modelul tranzacțional al anxietății de performanță (Lazarus și Folkman, 1984) s-a axat pe interacțiunea dintre individ și mediu, surprinzând rolul evaluării cognitive și al strategiilor de coping în modularea AP. Conform acestuia, anxietatea apare ca urmare a unui proces de evaluare în două etape, primară și secundară. În evaluarea primară, individul apreciază dacă situația de performanță este amenințătoare sau solicitantă. Dacă evaluarea indică un risc pentru imaginea de sine sau pentru succesul personal, nivelul lui de anxietate crește. Evaluarea secundară constă în analiza resurselor disponibile pentru a face față situației – dacă individul percepe că nu dispune de resursele necesare (abilități, timp sau suport emoțional), anxietatea resimțită de el va crește, afectându-i negativ performanța.

Modelul procesării informaționale în anxietatea de performanță a cuprins două teorii de referință, respectiv *Teoria Eficienței Procesării* (PET), propusă de Eysenck și Calvo (1992) și *Teoria Controlului Atențional* (ACT) – Eysenck *et al*. (2007). Eysenck și Calvo au susținut că anxietatea influențează negativ performanța, prin ocuparea resurselor cognitive cu gânduri îngrijorătoare, ceea ce reduce eficiența procesării informațiilor necesare pentru îndeplinirea sarcinii. Eysenck *et al*. (2007) au explorat modul în care anxietatea perturbă controlul atențional, ceea ce afectează capacitatea individului de a se concentra asupra sarcinilor importante.

Modelul bidimensional al anxietății de performanță (Martens *et al*., 1990) a delimitat două componente ale AP, respectiv *anxietatea cognitivă* (îngrijorări și gânduri negative cu privire la performanță) și *anxietatea somatică* (hiperexcitație fiziologică și tensiune musculară). Anxietatea cognitivă a fost definită ca set de îngrijorări și gânduri negative cu privire la performanță; ea ar avea o relație negativă, liniară, cu performanța, influențând în special domeniile academice și artistice. Prin contrast, anxietatea somatică, manifestată prin simptome fiziologice precum palpitații sau tensiune musculară, ar urma o relație de tip U inversat, în care nivelurile moderate de anxietate somatică pot facilita performanța, în special în sporturi și activități fizice intense (Martens *et al*., 1990).

Beilock, Schaeffer și Rozek (2017) au făcut, la rândul lor, distincția între componenta cognitivă și cea somatică a anxietății și au definit AP ca fiind o stare intensă de frică și neliniște asociată cu îndeplinirea unei sarcini importante. Mecanismul principal prin care este afectată reușita ar fi reducerea capacității individului de a-și controla gândurile și emoțiile în timpul executării sarcinii. Potrivit acestor autori, anxietatea crește proporțional cu eșecurile percepute, conducând la comportamente de evitare și la scăderea constantă a performanței.

Modelul autoreglării emoționale și al feedback-ului social (*modelul conexionist*) a pus în relație interacțiunile dintre reacțiile emoționale și fiziologice cu experiențele anterioare ale individului și cu feedback-ul social. Doi dintre promotorii lui, Chow și Mercado (2020), au arătat că AP nu este influențată doar de nivelul de anxietate resimțit de individ, ci și de capacitatea acestuia de a gestiona feedback-ul social și de a se autoregla emoțional în contexte stresante.

Modelul echilibrului stimul-performanță (Legea Yerkes-Dodson, 1908) a arătat că performanța atinge un nivel optim la un nivel moderat de excitație sau anxietate, însă depășirea acestui nivel duce la scăderea performanței. Această relație (aplicabilă în contexte artistice și sportive) – și descrisă printr-o curbă de tip U inversat – sugerează că un nivel moderat de stres poate stimula performanța, în timp ce niveluri prea ridicate sau prea scăzute afectează negativ rezultatele (*idem*). Calabrese (2008) a făcut la rândul lui o paralelă între Legea Yerkes-Dodson și conceptul de *hormesis* din toxicologie – la doze mici, factorii de stres au efecte benefice, dar devin toxici la doze mari.

O2: Identificarea factorilor individuali ai AP

Printre factorii individuali ai AP, regăsiți în literatură, se regăsesc: percepția individului asupra propriilor abilități, emotivitatea/sensibilitatea emoțională, perfecționismul și introversia.

Atunci când persoana percepe un dezechilibru între cerințele impuse și capacitatea sa de a le îndeplini, starea emoțională i se alterează, iar stresul psihologic îi crește, ceea ce o împiedică să-și folosească eficient resursele cognitive și fizice (Beilock, Schaeffer și Rozek, 2017). Dezechilibrul amplifică anxietatea celor care nu reușesc să-și controleze răspunsurile emoționale în situații de stres (Steptoe, 2001).

Sensibilitatea emoțională crescută a celor care au experimentat anterior eșecuri sau umilințe este un alt factor individual care influențează AP. Matei și Ginsborg (2017) au observat că persoanele care au avut experiențe negative (de exemplu, un pianist care a trecut printr-o competiție dificilă) pot dezvolta AP când se confruntă cu situații similare. Amintirile, impregnate emoțional, le declanșează reacții anxioase intense și le împiedică performanța, chiar dacă au avut și reușite între timp.

Perfecționismul se regăsește, de asemenea, printre factorii individuali ai AP. În general, perfecționiștii tind să manifeste îngrijorări constante legate de greșeli și să-și stabilească standarde extrem de ridicate. Nebel-Schwalm și Davis (2013) au arătat că perfecționismul se asociază cu o formă de anxietate cognitivă de performanță, mai ales în cazul celor care se tem de eșec. Hewitt și Flett (2002) au subliniat că perfecționiștii sunt preocupați excesiv de anticiparea eșecului, ceea ce le accentuează anxietatea, le distrage atenția de la sarcină și le scade performanța.

Un alt factor incriminat este stresul psihologic, cu impact direct asupra proceselor cognitive și funcțiilor executive (memoria și atenția). Stresul crește susceptibilitatea la amintiri false și afectează capacitatea persoanei de a procesa și de a reține informațiile prezentate în timpul sarcinilor de performanță (Tiwari, 2011). Astfel, aceasta se concentrează mai slab în sarcină și reține mai greu informațiile relevante, ceea ce îi scade performanța.

Nivelul AP variază și în funcție de unele particularități temperamentale. Marchant-Haycox și Wilson (1992) au arătat că muzicienii tind să fie mai introvertiți și mai puțin aventuroși, în timp ce actorii sunt percepuți ca fiind mai extrovertiți și expresivi. În general însă, sensibilitatea tuturor profesiilor artistice la feedback-ul social le face mai vulnerabile la AP.

O3: Explorarea influențelor factorilor socio-relaționali și a dinamicii relațiilor interpersonale asupra AP

Analiza influențelor factorilor socio-relaționali a evidențiat un impact semnificativ al sprijinului social asupra AP. Sprijinul parental și susținerea profesorilor au fost corelate cu niveluri reduse de anxietate în rândul elevilor și sportivilor, în timp ce presiunea familială a fost asociată cu o intensificare a anxietății (Tiwari, 2011). De asemenea, dinamica relațiilor interpersonale (cu colegii) a contribuit la variațiile nivelurilor de anxietate în contexte competiționale sau artistice (Niering, Monsberger, Seifert și Muehlbauer, 2023).

Copiii care observă anxietatea și frica părinților sau a colegilor de clasă în contextul performanțelor ce urmează a fi evaluate pot internaliza aceste reacții, adoptându-le în propriile experiențe de performanță. De exemplu, „copiii ai căror părinți sunt anxioși față de matematică tind să aibă performanțe mai slabe la această materie” (Maloney *et al*., 2015) – anxietatea părinților poate fi transmisă prin atitudini negative sau prin evitarea subiectului. Un studiu (Berkowitz *et al*.,

2015) a arătat că intervențiile parentale, vizând vorbitul pozitiv despre matematică, pot reduce efectul negativ al anxietății asupra performanței copiilor.

Studiile au indicat, de asemenea, că influențele familiale pot contribui semnificativ la AP (Beilock, Schaeffer și Rozek, 2017). Transferul de informații negative din familie (discuții critice despre performanță) poate amplifica nesiguranța și teama de eșec ale copilului („amenințarea stereotipului" – copilul se teme că va confirma un stereotip social negativ legat de performanță, ceea ce îi poate scădea randamentul).

Rolul părinților în dezvoltarea AP a fost evidențiat în studiul lui Papageorgi (2007), care a identificat două tipuri de influențe parentale majore: încurajarea și critica. Elevii cu părinți critici, cu așteptări foarte ridicate, au raportat niveluri mai mari de AP, în timp ce sprijinul parental pozitiv a fost asociat cu o AP scăzută. Perceperea părinților ca fiind critici a fost un predictor semnificativ al AP muzicală (Papageorgi, 2007).

O4: Compararea mecanismelor specifice ale AP, prin analiza componentelor cognitive și somatice

În domeniul academic, AP poate avea un efect ambivalent. Lyons și Beilock (2012) au arătat că, în anumite cazuri, anxietatea cognitivă poate stimula performanța, contribuind la activarea unor regiuni ale creierului care îmbunătățesc capacitatea de rezolvare a problemelor. În majoritatea cazurilor însă, anxietatea are un efect negativ asupra procesului de învățare și testare. Konwar, Sarma și Ojah (2023) au arătat că gândurile anxioase și anticipative duc la dificultăți de concentrare, la probleme de memorie și la comportamente de evitare, afectând semnificativ realizările academice. În plus, „anxietatea legată de teste poate duce la o performanță academică slabă din cauza reducerii capacității memoriei de lucru, esențială pentru finalizarea sarcinilor" (Beilock *et al*., 2017). În contextul testărilor, componenta cognitivă a anxietății se manifestă cel mai puternic, deoarece gândurile negative și teama de eșec interferează direct cu capacitatea studenților de a se concentra și a-și aminti informațiile studiate.

În sport, diferențele dintre anxietatea cognitivă și cea somatică se relevă ca fiind mai pronunțate. În sporturile individuale, unde presiunea performanței este directă și personală, anxietatea cognitivă are un impact semnificativ asupra performanței. Woodman și Hardy (2003) au arătat că sportivii care își asumă întreaga responsabilitate pentru rezultatele lor sunt mai predispuși la anxietate cognitivă, care poate interfera cu concentrarea și capacitatea lor de a performa, spre deosebire de sporturile de echipă, unde responsabilitatea este distribuită între membrii echipei, efectele anxietății cognitive fiind atenuate de sprijinul tuturor. La rândul ei, componenta somatică a anxietății este mai evidentă în sport, în contextul competițiilor intense, unde tensiunea musculară și simptomele fiziologice pot afecta direct performanța fizică (Woodman și Hardy, 2003).

În artele performative (artistice), AP este influențată de trăsăturile de personalitate și de natura activității. Marchant-Haycox și Wilson (1992) au observat că artiștii, în special muzicienii, tind să fie mai introvertiți și mai vulnerabili la AP, din cauza sensibilității lor la feedback-ul social. Aproximativ 47% dintre muzicieni suferă de AP, această problemă fiind mai puțin frecventă în rândul actorilor (Marchant-Haycox și Wilson, 1992). Componenta somatică este puternic resimțită de artiști, mai ales în situații de scenă sau în timpul spectacolelor individuale. Cox și Kenardy (1993) au constatat că AP este cea mai ridicată în timpul spectacolelor individuale, indicând o legătură puternică între componentele somatice și contextul de performanță artistică.

5. CONCLUZII

Pentru a evidenția rolul factorilor individuali și socio-relaționali în apariția și intensificarea AP, s-a realizat o revizuire a 29 de lucrări din literatura de specialitate. Mai întâi, s-a realizat delimitarea dintre anxietatea de stare și anxietatea de trăsătură, așa cum a fost propusă de Spielberger (1966), subliniindu-se că AP este o reacție temporară, specifică anumitor contexte, nu o caracteristică permanentă a individului. În continuare, s-a introdus diferențierea dintre anxietatea cognitivă și anxietatea somatică (Martens *et al*., 1990), evidențiindu-se modul în care cele două componente afectează diferit performanța. De asemenea, Legea Yerkes-Dodson (Yerkes și Dodson, 1908) a fost discutată pentru a ilustra că un nivel optim de anxietate poate stimula performanța, în timp ce niveluri prea ridicate sau prea scăzute o pot scădea.

Deși majoritatea modelelor conceptuale din literatură fac distincția între componentele cognitivă și somatică ale anxietății, nu toate evidențiază factorii individuali și socio-relaționali implicați. Anxietatea cognitivă este predominantă în mediul academic (Konwar, Sarma și Ojah, 2023; Beilock *et al*., 2017). În sport se manifestă efecte combinate ale anxietății cognitive și somatice (gândurile de autoevaluare negativă afectează negativ concentrarea, iar simptomele somatice, cum ar fi tensiunea musculară sau ritmul cardiac accelerat, pot reduce performanța fizică – Woodman și Hardy, 2003). Sensibilitatea la feedback-ul social este specifică artelor performative (Marchant-Haycox și Wilson, 1992; Kenny, 2010).

Conceptul de AP este tratat în literatura de specialitate atât ca termen general (AP în toate contextele care solicită performanță), cât și specific (AP în anumite domenii). De asemenea, sunt dezvoltate concepte individualizate ale AP, precum cel de Anxietate de Performanță în Muzică (Music Performance Anxiety – MPA – „experiența unei anxietăți pronunțate și persistente legată de performanța muzicală”; Kenny, 2010).

Având în vedere specificul AP în diferite domenii, se evidențiază nevoia dezvoltării unui model teoretic comprehensiv, care să abordeze în mod unitar factorii cognitivi, somatici, individuali și socio-relaționali. În sprijinul unei conceptualizări mai cuprinzătoare a AP, studiul de față a adus în discuție rezultate ce evidențiază

importanța atât a factorilor interni, cât și a celor externi ce afectează direct capacitatea de concentrare a individului. De exemplu, stimulii interni, precum perfecționismul (Hewitt și Flett, 2002), se asociază cu anxietate cognitivă crescută, în timp ce stimulii externi, cum ar fi sprijinul parental (Papageorgi, 2007), reduc semnificativ AP.

Evoluția modelelor teoretice ale AP se reflectă și în diversitatea testelor de măsurare a acestui subtip de anxietate. Examinarea componentelor cognitive și somatice ale AP este susținută de teste precum State-Trait Anxiety Inventory (STAI), care evaluează anxietatea de stare și trăsătură sau Competitive State Anxiety Inventory (CSAI-2R), utilizat în sport, care măsoară anxietatea cognitivă și somatică în contexte competiționale.

În concluzie, cadrul conceptual al AP este într-o continuă evoluție, reflectând particularizarea sa în diferite domenii, precum educația, sportul și artele performative. Având la dispoziție un model teoretic robust și adaptat, care să includă atât factorii individuali, cât și cei socio-relaționali (pe lângă componentele cognitive și somatice ale AP, care se pot măsura cu ajutorul instrumentelor standardizate), este posibil să obținem rezultate ale cercetării de natură a ne ajuta la dezvoltarea unor metode de intervenție personalizate, interdisciplinare, care nu doar să îmbunătățească performanța, ci și să contribuie la bunăstarea generală a indivizilor afectați de AP. Abordările interdisciplinare care să permită, de exemplu, aplicarea în mediul academic a metodelor de reducere a anxietății din sport ar putea oferi soluții eficiente.

Primit în redacție la: 29.01.2025

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REZUMAT

Studiul explorează modelele teoretice și factorii individuali și socio-relaționali ai anxietății de performanță (AP) manifestate în diverse contexte (academic, sportiv, artistic etc.). S-a realizat o revizuire a literaturii pentru a identifica factorii susceptibili să influențeze AP, analizând teoriile și modelele psihologice existente. Din cele 29 de studii selectate ca bază de documentare s-au desprins câteva modele conceptual-explicative ale AP, respectiv: modelul procesual, modelul tranzacțional, modelul procesării informaționale, modelul bidimensional, modelul autoreglării emoționale și al feedback-ului social, modelul echilibrului stimul-performanță. În etiologia anxietății de performanță au fost identificate trăsături individuale (perfecționismul, emotivitatea, introversia) și factori socio-relaționali (presiunea grupului, suportul social slab perceput). Este evidentă necesitatea unei abordări multidimensionale în gestionarea AP, cu strategii de intervenție elaborate în funcție de specificul fiecărui context în care aceasta se manifestă (academic, sportiv, artistic), care să țină cont atât de aspectele individuale, cât și de cele socio-relaționale care cresc această formă specifică de anxietate și reduc performanța. Abordările interdisciplinare care să permită, de exemplu, aplicarea în mediul academic a metodelor de reducere a anxietății din sport ar putea oferi soluții eficiente.