

"Babeş Bolyai" University, Cluj-Napoca
Faculty of Psychology and Education Sciences

DOCTORAL THESIS SUMMARY

THE EFFECT OF PSYCHOLOGICAL MEDIATORS ON THE EMOTIONAL DISTRESS OF SECONDARY SCHOOL TEACHERS. THE IMPACT OF PERSONAL DEVELOPMENT INTERVENTIONS.

Scientific Coordinator:
Prof. Univ. Dr. Vasile Preda

Doctoral student:
Assistant Prof. Emilia Lucica Coşa

CLUJ NAPOCA 2011

Contents

Argumentation

SECTION I – THEORETICAL FOUNDATION

CHAPTER I. THEORETICAL- EXPERIMENTAL PARADIGMS IN THE STUDY OF STRESS

I.1. Stress – disambiguation of the concept.....	8
I.1.1. Historical references in the study of stress	8
I.1.2. Etymological aspects related to stress	9
I.1.3. Stress – terms and definitions	12
I.2. Conceptual disambiguation in the definition and study of organizational – occupational stress.....	15
I.3. Theoretical – experimental paradigms in the study of stress	17
I.3.1. Paradigm of stress as a reaction.....	17
I.3.1.1. The biological pattern of stress.....	17
I.3.1.2. A critical analysis of Selye’s concept.....	20
I.3.1.3. Stress and stress response.....	21
I.3.1.4. The pathogenic pattern and consequences of stress.....	23
I.3.1.5. Burnout – a consequence of stress.....	26
I.3.1.5.1. Theoretical- explanatory patterns of burnout.....	27
I.3.2. Paradigms of stress as a stimulus.....	30
I.3.2.1. The causal pattern – disambiguation of concepts.....	30
I.3.2.2. Stress agents from the organizational environment.....	32
I.3.2.3. The theory of life events.....	33
I.3.2.4. The sociological pattern of stress	34
I.3.3. The transactional paradigm (the interaction pattern of stress and the transactional theory).....	36
I.3.3.1. The transactional theory of stress.....	36
I.4. Theoretical – experimental patterns of the organizational stress	42
I.4.1. Occupational stress patterns included in the interaction paradigm	42
I.4.1.1. The person – environment pattern (Michigan)	43

I.4.1.2. The vitamin pattern	43
I.4.1.3. The conservation or loss of resources pattern	44
I.4.1.4. The ecological pattern	46
I.4.1.5. The OSI pattern	46
I.4.1.6. The person – environment adjustment pattern	46
I.4.1.7. The unbalance between effort and reward pattern.....	47
I.4.1.8. The “control demand “pattern.....	48
I.4.1.9. The compensation of requests and induced reactions pattern	49

CHAPTER II

EMOTIONAL DISTRESS MEDIATORS

II.1. Perception, evaluation, interaction and distress	51
II.1.1. Cognitive evaluation and emotional distress.....	51
II.2. Emotional distress mediators	53
II.2.1. Moderating and mediating variables in emotional distress	53
II.2.2, Primary and secondary evaluation and emotional distress mediators.....	55
II.2.2.1. Automatic thinking – emotional distress mediator	55
II.2.2.2. Irrationality and emotional distress	55
II.2.2.3. Unconditional self-acceptance – a mediating/moderating variable in emotional distress	56
II.2.2.4. Self-efficacy and emotional distress	57
II.2.2.5. Control and emotional distress	58
II.2.2.6. Mediating optimism or emotional distress mediator.....	60
II.2.3. Coping mechanisms in emotional distress	60

CHAPTER III

THE BASIC EDUCATIONAL LEVEL TEACHER IN THE CONTEXT OF CURRENT REQUESTS

III.1. Roles, posts and responsibilities of teachers today.....	65
III.2. Didactical competence – the center of didactic professionalism	68
III.3. Studies concerning emotional distress among teachers	74

CHAPTER IV STRESS MANAGEMENT – CURRENT STATUS AND FUTURE RESEARCH DIRECTIONS

IV.1. Stress management - general aspects	79
IV.2. Primary prevention interventions in emotional distress management of stress	81
IV.2.1. Eliminating or reducing stress sources from the working environment.....	81
IV.2.2. Increasing the level of qualification of teachers.....	82
IV.2.3. The didactic management of stress.....	82
IV.2.4. A healthy lifestyle	82
IV.2.4.1. The role of physical exercises in the prevention and control of	
stress.....	83
IV.2.4.2. Healthy diet and emotional distress.....	84
IV.2.4.3. Happiness, joy and humor. Creating and environment for experimenting	
positive emotions.....	85
IV.2.5. Music therapy.....	87
IV.2.6. Relaxing literature.....	88
IV.2.7. Rest and it's role in emotional distress.....	89
IV.2.8. Cultivating social support.....	89
IV.2.9. Various investments.....	90
IV.3. Secondary prevention interventions in stress management.....	90
IV.3.1. Support from the organization.....	91
IV.4. Psychotherapeutic intervention in emotional distress.....	91
IV.4.1. Procedures and techniques in behavioral therapy.....	92
IV.4.2. Procedures and techniques in cognitive – behavioral therapy.....	93
IV.4.2.1. Cognitive behavioral therapy – general disambiguation	93
IV.4.2.2. Intervention techniques at a cognitive level	93
IV.4.2.3. Intervention techniques on the stress activating event.....	95
IV.4.2.4. Procedures of inoculating stress	95
IV.4.3. Rational – emotional behavioral therapy (REBT) – a form of cognitive behavioral	
therapy	96
IV.4.3.1. General aspects of REBT.....	96
IV.4.3.2. The ABC of rational emotional behavioral therapy.....	97
IV.4.3.3. Disputing/ restructuring irrational beliefs	102
IV.4.3.4. Rational emotional behavioral education.....	103

IV.4.4. Intervention techniques at a biological level	104
IV.4.4.1. Autogenic training in emotional distress.....	105
IV.4.4.2. The Jacobson progressive relaxation.....	105
IV.4.4.3 The bio-feed-back technique.....	106
IV.4.4.4. Breathing and emotional distress.....	108

SECTION II

CHAPTER V

**ASCERTAINING STUDY. PSYCHOLOGICAL MEDIATORS INVOLVED
IN TEACHERS FROM THE BASIC EDUCATIONAL LEVEL'S
EMOTIONAL DISTRESS AND EMOTIONAL EXHAUSTION**

Justifying the necessity of the study.....	111
V.1. Purpose.....	112
V.2. Specific objectives.....	112
V.3. Research hypothesis	112
V.4. Method.....	113
V.4.1. Subjects.....	113
V.4.2. Instruments.....	113
V.4.3. Terms.....	119
V.5. The obtained results and data analysis.....	119
V.6. Obtained statistic data processing and result interpretation.....	119
V.7. Discussions and conclusions of the ascertaining study.....	143
V.8. Investigation limits.....	145

CHAPTER VI

**EXPERIMENTAL – EMPIRICAL RESEARCH. THE IMPACT OF SELF-
DEVELOPMENT INTERVENTIONS ON THE EMOTIONAL DISTRESS OF
TEACHERS FROM THE BASIC EDUCATION LEVEL**

Justifying the necessity of the study.....	147
VI.1. Research purpose.....	148
VI.2. Research objectives.....	148
VI.3. Research hypothesis.....	148
VI.4. Method.....	149

VI.4.1 Subjects.....	149
VI.4.2. Instruments.....	150
VI.5. Design	150
VI.6. Procedure.....	151
VI.7.Intervention.....	151
VI.8. Development and program evaluation	203
VI.9. Obtained results.....	205
VI.10. The follow-up phase – after two months since finalizing the intervention	222
VI.10.1. Obtained results.....	222
VI.10.2. Discussions and conclusions.....	245

CHAPTER 7

CONCLUSIONS AND DISCUSSIONS

VII.1. General conclusions.....	249
VII.2. Specific conclusions of the ascertaining study and experimental research	250
VII.3. Research value and limits. New paths of action	255
VII.3.1 The value of the research conducted by us.....	255
VII.3.2. Limits of investigation	257
VII.3.3. Recommendations, continuing and developing research perspectives.....	258
References	259
Annexes	274

Note: The page numbers of chapters and subchapters is the one found in the full paper

KEY WORDS: stress, theoretical- experimental paradigms, transactional paradigms, occupational stress, mediator, moderator, coping mechanism, burnout (professional exhaustion), self-efficacy, irrationality, automatic thinking, optimism , EREC, self-development training.

GENERAL PRESENTATION OF THE DOCTORAL THEISIS

In elaborating the doctoral thesis I started from the premise that the problem of stress among teachers despite theoretical developments or practical applications approached by specialists from different fields with the passage of time, still offers, perhaps now more than ever, the possibility and necessity of new analytical and investigational openings which lead towards a better and more efficient management of stress. These can be configured both from a theoretical point of view as well as a practical point of view.

After the documenting and investigating step, I have identified and presented three major theoretical- experimental paradigms which enabled us to establish the status of development on this topic as well as the integration of current occupational stress patterns in this context. The identification of certain distress mediators in general and specifically those of teachers as they are described in the expertise literature, constituted the starting point of developing a certain hypotheses which served as the basis of the ascertaining study. The ample analysis of the expertise literature on emotional distress management led to identifying important orientations and patterns which constituted a theoretical case for developing the two intervention programs suggested in the applicative research.

These issues were structures in seven chapters, out of which four were directed towards theoretical analysis of the expertise literature (in the context of the research theme) and the last three chapters were aimed at applicative – operational aspects as well as developing the ascertaining study and experimental research, processing and interpreting results, conclusions and further developments and well as a summery of personal contribution, found within the paper which could enrich the expertise literature and the practical field.

The paper finishes with the bibliographical sources which were the basis for developing the entire study. I extracted 230 bibliographical references which significantly aided the creation of the scientific base for unraveling the research.

“People are not troubled by certain things, but their outlook on them” Epictet

ARGUMENTATION

Stress is perceived as a current issue, almost unavoidable with which most people are confronted daily on all aspects of life. In this field, a certain section, due to multiple implications, consists of occupational stress. In spite of theoretical developments and practical developments approached by specialists from different fields with the passage of time still offers, perhaps now more than ever, the possibility and necessity of new analytical and investigational openings which lead towards a better and more efficient management of stress. Among the fields most affected by stress, studies show, teaching at the top of the list. A teacher’s mental health influences the instructive – educational act and of course the students and their personality. Research shows many implications of emotional distress in the basis of different mental and emotional imbalances and disorders which affect the professional abilities of teachers. Acknowledging the teacher’s responsibility and the implication of certain personality disorders showed in contact with students, it is not coincidental that an annual psychological evaluation was required.

The psychological evaluation of teachers in the last five years (over 200.000 teachers were evaluated) confirmed once more that it is a professional category which is strongly affected by stress, underlining higher scores yearly. Most teachers do not benefit from management program directed in this point and those very few which do, still report high levels of distress.

Although in the last two decades emotional distress was studied according to the rational emotional behavioral theory and the role of mediators such as irrationality was shown, named personality variables such as neurosis, locus of control, self confidence, the problem of psychological mediators of emotional distress in the case of teachers still remains partly unsolved and therefore elaborating programs of efficient distress management is also difficult.

The paper in question aims to approach the problem of emotional distress in the case of teachers from the basic educational level, and more specifically, identify some important mediators which appear in the connection between stress agents, distress and the interaction between them, in the hopes of offering an alternative for a more efficient stress management among teachers.

Chapter I

THEORETICAL – EXPERIMENTAL PARADIGMS OF STRESS

As most of the authors remark, the idea of stress is very old, as old as Antiquity. The most important herald of the theory of stress is Hypocrate. Important contribution sin the problem of stress are brought by Pavlov, Canon, Sigmund Freud, and the launching of the concept of stress in the medical language takes place in the year 1936 and belongs to the physiologist Hans Sleye, who forms the theory of General Adaptation Syndrome (GAS), In the mid '60s, starting from the critical response to Sleye's paradigm appears the notion of coping and drafting the concept of transactional stress model (Lazarus. 1966, 1984, 1986, 1990, 1991) sustained by a vast amount of studies.

Occupational stress has a rather short history; the first observations of it appear in the year 1976. Today the focus is mostly on elaborating prophylactic-therapeutic management, derived already from pathogenic theories already successfully tested. Also, the current scientific orientation is directed towards explanatory patterns of occupational stress influenced by systemic (cybernetic) theories which disclose the role of uncertainty, probabilistic determination and multiple feed-backs. Therefore, the attention of researches was focused on the process of the phenomenon.

After going over the expertise literature, I have identified a series of outlooks on stress which constituted three major paradigms.

1. The paradigm of stress as a reaction (the physiological pattern and the response theory)

“Stress is the physiological and psychological response of an individual/organism to a stress agent from the environment” M. Zlate (2007, p. 570). The biological pattern of stress belongs to Sleye. Biological stress, initially described as general adaptation syndrome (GAS) is described in 1971 (p.1-28) by Selye as being the sum of unspecific answers to any demand of the organism”. This presents a phase evolution in three phases characterized by a series of changes: alarm reaction, resistance phase, exhaustion phase. (Selye, 1970, 1976, 1983 cit. în Baban, A., 1998; Miclea, M., 1991; Iamandescu, I., 1997, Smith. Ed., 2005, Legeron., P., 2003)

The study of stress consequences and the relation between psychic and somatic, between stress and illness (the implication of stress in pathogenesis, see Iamandescu, I., 1999) brought

forth the the conceiving of varied physiological stress patterns, of which we remember the physiopathological stress pattern and the apparition of interdisciplinary branches such as psychosomatic (Dunbar 1938-1943, Wolf, Alexander, 1950, Brown and Harris, 1989, Kas & Cooper, 1987, Holmes & David, 1989, Friedman, 1990, Williams, 1988, Brown & Harris, 1989, Iamandescu, I., 1993, Taylor, 1999) and psychoneuroimmunology (Besedovsky & Locke, Ader, 2001, Schneiderman, 2001, Cohen, 1996, Kemey și Faher, 1998).

Research on the consequences of chronic stress led to the development of the concept of burnout (the exhaustion syndrome) Introduced by Bradley (1969) it was further developed by Freudenberger (1974) and Christina Maslach (1976), the concept has known a series of changes along the way. The greatest contribution however belongs to Christina Maslach.

Based on the research within the last few years a new definition of the term was reached (Shirom , 2003, p.248). *“Burnout is ... an affective reaction to permanent stress whose central node is graduate decrease of individual energy resources including the expression of emotional exhaustion, of physical fatigue, boredom and cognitive discouragement.”*

Understanding the complex problem of burnout is possible thanks to the analysis of explicative – interpretative patterns of it. (Zlate, M., 2007): unspecific patterns: the burnout patterns are centered on resources and specific patterns: the process pattern (Cherniss, 1980); the tridimensional pattern, (Maslach, Jackson, 1981, Leiter, Maslach, 1988) and the stages pattern (Golembiewski, Munzeider, 1984, 1988).

2. The paradigm of stress as a stimulant (stress agent)

Stress is seen as an environment condition (Holmes & David, 1989, Dohrenwer, 1986). The stress agent represents a source, a situation or a life event – a stimulant which acts upon the individual. The stress volume which is produced by these stress agents doesn't depend only on the individual's perception but also on the type of stress agent, the intensity and the duration of it.

The central theme of this paradigm constitutes the identification of stress agents and classifying them in various categories but the conclusions based on stress agents which induce stress are impossible to draw, due to them not being stable and the work and life environment of people being under constant change.

Within this paradigm Pearlin (1981, 1989) shows the sociological pattern of stress, underlining that structures and social relationships are the primary cause of stress. In this context

a series of papers (Brown & Harris, 1978; Brown & Prudo, 1981; Costello, 1982; Roy, 1978; Solomon & Bromet, 1982 apud. Baban, A., 2005.) point out the relationship between health and poor social support (Fiedler, 1991).

3. The transactional stress paradigm

Publishing Lazarus' theory („Psychological Stress and the Coping Process", 1966), is the step which leads towards directing research from the stress field in another direction than before, thus contributing to the birth of new research paradigms, paradigms which prove to offer an elaborate and complex outlook on stress, as well as the transactional stress theory. From this perspective stress is defined as “a particular interaction relationship between a person and the environment in which it is important to evaluate the environment's demands which exceed the personal adaptation resources and threaten the welfare of a person; this process activates coping mechanisms and feed-back type responses at an affective – physiologic, cognitive and behavioral level. (Lazarus cit. by Baban, A., 1998, p. 189).

This new outlook on stress, the transactional one brings forth a series of new concepts such as “threat”. “transaction”, “evaluation”. “coping”. An analysis on the expertise literature enables us to recognize that a great part of the stress research from this point of view is based on evaluating and coping.

In the event that the stimulant is evaluated as a threat, the processes of eliminating or reducing it are activated, known as adjustment or coping.

Stress paradigms have a very significant role in understanding the concept of occupational stress, constituting the raw material for researchers who wish to elaborate explicative-interpretative patterns of it.

The explicative – interpretative patterns elaborated in the occupational stress field starting from these paradigms allow us to correlate all the occupational stress variables. Here we mention a few: the cycles pattern (McGrath, 1976), interactional pattern (Mattson, Ivancevich, 1979), demand – control pattern (Karasek,1979), person – environment pattern (French, Caplan Harrison, 1982), vitamin pattern, (Warr, 1987), Karasec's extended pattern (Fox, Dwyer, Ganster, 1993), the effort – reward imbalance pattern (Siegrist,1996), the demand – control – social support pattern Jonson Hall, 1988).

Chapter II. EMOTIONAL DISTRESS MEDIATORS

According to Garald Mathews and col. (2005, p. 273) “ a mediator variable directly bonds two other variables transmitting the effect of one on the other” and a moderate variable “modifies the relationship between two other variables” (from the point of view of quality and quantity).

Numerous expertise papers (see Pavne 1988- Cooper & Payne, 1988, 1991; Jex & Beehr, 1990, Parkes 1989, 1991, 1993; Kahn & Byosiere, 1992; Heane et al, 1995; Kasl, 1996; Baban, 1998 etc.) suggest a series of mediator variable classifications or stress moderators.

Understanding psychological mediators of stress is facilitated by analyzing the evaluation or transactional theory of stress starting from the architecture of the human psyche as is presented by David, D., (2006, p. 49)

As Lazarus and Folkman remind us (1984), the evaluations of the individual in question, of the event is very important. The primary evaluation, according to these authors represents the evaluation of the threat posed by the event. Cognitive schemes intervene in the realization of the reality of this primary evaluation. Therefore, automatic thinking, the irrationality of thought and unconditional acceptance, frustration tolerance, have a mediating role in emotional distress. The secondary evaluation points out other possible mediators/moderators of emotional distress and personal resources evaluation (self-efficacy) the responsibility of others or the self (locus of control), positive or negative expectations regarding the future (optimism), coping strategies.

Chapter III THE BASIC EDUCATIONAL LEVEL TEACHER IN THE CONTEXT OF CURRENT REQUIREMENTS

Analyzing a vast variety of points of view about the necessary qualifications of a teacher, (Chis, V, 2001, Mitrofan, Cerghit,1986, Potolea, D., 1989), we observe that regardless of the point of view, didactical qualifications are strongly related to the role of teachers which changes along with society’s requirements. In this context we can understand the multiple demands and potential stress sources which a teacher is exposed to today.

Even in Romania a series of studies were realized in order to point out the stress agents which specifically affect teacher,(Craşovean 2005 - doar cadrele didactice debutante, Preda, R., 2010).

Studies concerning distress mediators for teachers from a basic educational level were directed towards underlining the importance of certain factors such as: locus control (Soh, 1986), self – efficacy, (Tuettemann și Punch, 1993), coping mechanisms, emotional responses, burnout, personality characteristics and environment factors, teacher concepts - Harris, Halpin și Halpin (1985), irrational cognition (Bernard, Joyce și Rosewarne, 1983; Forman, 1990, Moracco și McFadden, 1981; Kyriacou, 1987; Zingler și Anderson, 1990). There are a series of studies which follow the variable association of gender and age with emotional distress Harris, Halpin și Halpin (1985) underlining the association of the male gender with authoritarian behavior and with a heightened level of distress, with old age and high levels of distress, coping mechanisms (Kyriacou 2001) or social support.

In the last two decades research has analyzed and pointed out the significant connection between irrational cognition and a teacher's stress levels (Moracco și McFadden, 1981; Kyriacou, 1987; Zingler și Anderson, 1990). Bermejo-Toro și Prieto Ursua (2006) underlining the connection between irrational cognition emotional exhaustion, somatic, depression and in a lower order anxiety.

Chapter IV: STRESS MANAGEMENT – CURRENT STATUS AND FUTURE RESEARCH PATHS

An attentive analysis of the expertise literature on the subject highlights the large number of papers and orientations concerning the efficient management of stress on one hand, and the reduced efforts of employers to invest in a more efficient stress management at work on the other hand. From the multiple classifications concerning ways to approach stress management Cooper, Dewe, O, Driscoll, 2001, p. 189, Nicole Rascle, 2003, Băban, A, 1898, Bogathy, Z., 2007, Zlate, M.,2007. our attention was caught by the synthesis presented by Zlate, M, (2007, p. 595) based on the findings of some of the above- mentioned authors concerning ways of managing organizational stress. According to this, there are three levels of intervention as far as organizational stress management is concerned, of the interface between the organizational stress

and the individual one. Types of intervention are: primary prevention, secondary prevention, therapy and rehabilitation. The following presentation bases itself on this organization of stress management ways as well as the theoretical-experimental paradigms of emotional distress.

VI.1. Primary prevention interventions in emotional distress management is based on the supposition that the most efficient way of confronting stress is eliminating or reducing the stress sources from the professional environment (Bogathy, Z., 2007, p. 248). On the other hand when it takes place at an individual level or the interface between the individual and the organization (Cooper, Dewe, ODriscoll, 2001, p 189, Zlate, 2008, p. 596), primary prevention focuses on increasing qualification, improving organizational abilities through time management, personal and interpersonal training, balancing professional and family life as well as personal development of the individual through the increase of self-consciousness, didactic stress management and promoting a healthy lifestyle. A healthy lifestyle implies: regular physical exercise, rest, a healthy diet, a moderate alcohol consummation, music, relaxing literature, methods of counteracting the negative effects of stress, good mood, laughter, cultivating social support and various investments.

VI.2. Secondary prevention intervention in stress management

The purpose of secondary prevention intervention achieved at an organizational level is that of improving the connection between the organization and the employee, through social anticipation, communication improvement, decision making, conflict management, organizational development, career management (Zlate,M., 2007).

VI.3. Psychoterapeutic intervention in emotional distress

This form of intervention has the following purposes (Zlate, 2007, p. 595):

- a. Institutionalising the health processes and services through sports, welfare programs, Psychopeagogic assistance programs for employees in schools and biofeedback
- b. Healing disorders through psychological counseling and psychotherapy
- c. Self healing through self therapy techniques. Analyzing psychotherapeutic intervention techniques which demonstrated their efficiency in emotional distress I have underlined the following:

I. **Interventions through cognitive behavioral psychotherapy.** Here I have remarked Several intervention techniques:

1. Intervention techniques on a cognitive level. Through cognitive restructure procedures – we intervene in the irrational and dysfunctional beliefs and replace them with functional and rational beliefs. Cognitive restructure procedures imply repressing the dysfunctional purposes through a series of steps (for details see David, D, 2006, p. 159-169). Every step implies specific techniques (for details see David, D, 2006, p 192).

2. Intervention techniques on the stress activating event – procedures of solving problems and assertive training. These procedures are used to modify and fix problematic situations exterior to the individual as well as activating events. Dobson 2001, (cit. de David, 2006, p.192) identifies five steps of the problem solving technique: identifying the problem, establishing the purposes, generating alternative solutions, considering consequences of the decision for the best alternative and evaluation.

3. Procedures of inoculating distress – represents adaptation techniques of a person to emotional distress.

II. Intervention through rational emotional and behavioral therapy, a form of cognitive behavioral therapy.

Developed by Elis Albert in 1955, the theory and rational – emotional, behavioral therapy (REBT) is a form of psychotherapy oriented towards action in which individuals learn to examine their own thoughts, beliefs and actions and replace those which create unhealthy emotions and distress and find alternatives. It is a multi-pattern therapy which allows patients to use different types of cognitive techniques, behaviors which aid the problem solving process. One aspect of this form of intervention is the focus set on preventing problems (Ellis,A., 2000, 2001°,Vernon,1997 cit. de Ann Vernon p.27) being conceived as an educational therapy of self-help which allows the understanding of certain rational principles which help them face their problems. Broder, 2001, cit de Ann Vernon stated that *“teaching people how to proceed, how to get well and not just feel well is one of the primary purposes of REBT”*

When we speak of the basic principles of REBT we are aware that it considers *“the way in which we think determines the way in which we feel and behave”*

To illustrate the theoretical concepts and the changing process Elis elaborate the conceptual ABC pattern. The three primary components of the pattern can be presented thusly: The above-mentioned components interact, existing only together. Matter of fact the distinction between A,B,C, is only a methodological one, meant to ease the understanding of the pattern.

A - is the activating event, composed of facts, situations and events (the stress agent). this, however, does not generate stress or the emotional problem, it only influences it's triggering, automatically activating the beliefs of the person in question, (*Windy Dryden și R DiGiuseppe,2003, Opre,A., 2004, Ellis, A.,2009*).

B - represents the person's beliefs (the cognitive element / *"evaluative cognitions or personal representations of reality"* R. DiGiuseppe, 2003, p. 8). They are interpretations of the person of the event in question or the project at hand as well as it's evaluation in reference to personal purposes. (Opre, A. 2004). According to the theory advanced by A. Ellis rational and irrational beliefs constitute proximal cause factors of the emotion. Rigid beliefs are the basis of emotional dysfunctions and emotional distress. The alternative adapted to this way of evaluating constitutes rational convictions which are flexible, logical and realist, mostly expressed through wishes, preferences and are the basis for functional emotions.

C - represents the consequences of our thoughts. They are expressed on an emotional, behavioral, psychophysiological or biological level (Schachter și Singer,1962 cit de Smith. Ed. 2005).

Emotions and stress are closely related (David, D., 2006, p. 99), emotion frequently implies the response to stress. *"If the activating event doesn't to our specific expectations, it can trigger the stress response"*

REBT resorts to different restructuring techniques starting from the three fundamental ones (Di Giuseppe,2003, p. 48): 1. focusing on logical aspects, 2. focusing on empirical aspects, 3. focusing on pragmatic aspects. There irrational convictions are replaced along with the patient with rational beliefs, preferential in use in certain situations.

III. Intervention through rational emotional and behavioral education – is an extension of rational emotional and behavioral therapy.

Rational emotional behavioral educational programs include activities which permit the identification of emotions, differentiating them, unconditional acceptance, disputing irrational beliefs, increasing frustration tolerance, accepting imperfection, innovation of interpersonal abilities (Vernon, A., 2006, 2004, Waters, V., 2003).

By developing these abilities the human individual will change its dysfunctional automatic thoughts and the irrationality of thoughts and will use coping strategies more efficiently, thus controlling the emotional distress level.

IV. Intervention techniques on a biological level. Probably the most powerful instrument for immediate decrease of perturbing effects of emotional distress is relaxation. This conclusion was expressed by Smith 2005, bringing as an argument the over 2000 studies which examined and demonstrated the impact of professional relaxation techniques. Relaxation is a “psychotherapeutic and self-informative technique, scientifically based which aims to achieve a muscular and nervous counteraction having as effect a most efficient break, economizing physical and psychological energy, increasing the stress resistance of the organism and decreasing the negative effects of stress which were already installed. (Holdevici, I. 2005, p.51, David, D. 2006 p. 214-219)

V. Humanistic – essential – experiential therapy. The experiential – humanistic orientation aims to value the availability of humans in view of counteracting alienation (Holdevici, I.,1996), moreover maxim consciousness of its potential or achieving a higher level of consciousness through which humans become aware of the significance of its internal and external world being capable of constructing it.

Specific humanistic – essential – experiential techniques are very diverse and we frequently find them in other therapeutic approaches. After experimental studies (cit. de Holdevici, I., 1998 p. 86, 2009,) it was demonstrated that the therapeutic effects of the therapeutic group which underlines among others the acquisition of certain abilities to cope with stress, more constructive feelings and attitudes, a more objective approach of reality, decreasing anxiety, reducing the number of defensive behaviors and a better awareness of defensive behaviors which still persist, increasing frustration tolerance, a better capacity to cope with daily family chores as well as work.

Multiple experiments conducted within the experiential school promoted by Mitrofan I., presented within SPER, underlines the effects of experiential group therapy in emotional distress. Matter of fact, experiential psychotherapy, exploring and assisting humans is a way of regaining stomatic-psychological- social health (Mitrofan, I., 1999, p. 15). Also, according to the same author, the mreoa person unblocks and develops his/her resources to cope with stress the more we can speak of creative adaptation, and therefore health.

Chapter V. ASCERTAINING STUDY. PSYCHOLOGICAL MEDIATORS INVOLVED IN TEACHERS FROM THE BASIC EDUCATIONAL LEVEL'S EMOTIONAL DISTRESS AND EMOTIONAL EXHAUSTION

Though this study we intend to identify the incidents of distress and the burnout dimensions, part of the psychological mediators as well as their power of predicting distress and burnout, with the intention of building a program of intervention in view of an efficient stress management of basic educational level teachers.

V.1. Purpose: The identification of certain psychological mediators implicated in emotional distress and emotional exhaustion in basic educational level teachers.

V.2. Specific objectives:

O.1.: Identifying the emotional distress incidence and burnout dimensions in basic educational level teachers;

O.2.: Researching the role of moderating variables (age, sex, seniority) on emotional distress in basic educational level teachers;

O.3.: Researching the role of moderating variables (age, sex, seniority) on burnout dimensions in basic educational level teachers;

O.4.: Determining the level in which high emotional distress is associated with certain irrational cognitions in basic educational level teachers;

O.5. Identifying coping mechanisms used by teachers in reference to the high level of emotional distress and a high level of emotional exhaustion;

O.6.: Following the orientation between locus of control and emotional distress, as well as emotional exhaustion in basic educational level teachers;

O.7.: Underlining the self-efficacy level felt by teachers in the basic educational level with a high level of emotional distress;

V.3. Research hypotheses

The study hypotheses were suggested by numerous conclusions of the study of the expertise literature and the personal experience obtained through the annual psychological evaluation of teachers:

Ip.1. The emotional distress level is heightened at over 30% of the basic educational level teachers;

Ip.2. The high level of distress correlates positively with the female gender and seniority in the field;

Ip.3. A powerful positive correlation exists between seniority and the high level of depersonalization;

Ip.4. The high level of distress correlates positively with the presence of irrational thinking;

Ip.5. There is a positive correlation between high level of distress and external locus of control;

Ip.6. Coping mechanisms centered on emotions correlate positively with emotional exhaustion;

Ip.7. The low level of self-efficacy correlates positively with the presence of a high level of emotional distress;

Ip. null: There is no correlation between irrational cognition and the emotional distress level.

V.4.: Method

V.4.1.: Subjects: During the present undertakings a number of 834 teachers were selected within the ages of 22 and 55. The ordering is as follows: 41% under 35, 36% between 36 and 45, 24% over 46 (the medium age being 35,6). Teachers which participated in the stuffy were divided into five categories, based on seniority.

From the gender perspective within the total number of participants 186 people from the masculine gender (22,3%) and 648 feminine gender (77,7%). The research took place during April – September 2010, in schools from, Mures, Harghita, and Covasna, schools with which we have a contractual bond in view of realizing the annual psychological evaluations of teachers. The sampling method was nonrandom – pseudorandom or convenient, available participants being used. This situation was created from a practical point of view. The participants were asked to reply in writing.

V.4.2: Instruments: In view of validating the hypotheses and attaining the objectives we applied several instruments:

- EPD – scale of emotional distress profile;
- Burnout inventory (Christina Maslach);
- Automatic thoughts questionnaire (Hollon și kendall 1980), for evaluating dysfunctional thoughts IR – R;
- IPAQ questionnaire (Multidimensional Locus of Control) for evaluating the locus of control
- Self-efficacy scale (SES) – for measuring the self-efficacy level;
- COPE scale – for evaluating coping mechanisms;

V.4.3.: Deadline: The study took place during April – September 2010;

V.4.4.: Obtained results and data analysis

The statistical analysis was achieved with the aid of the program SPSS 17 using the descriptive statistics – percent frequency analysis

V.4.5.: Statistical processing of obtained data and result interpretation

In order to verify the hypothesis we processed the obtained data by applying the PDE scale, using the descriptive statistics – percent frequency analysis. As you can see from the table below (**Table 5.1** only 7,9% of the evaluated teachers reported a high level of emotional distress)

	Frequency
<i>High Distress</i>	7,9%
<i>High Emotional exhaustion</i>	6,7%
<i>High Depersonalization</i>	4,4%
<i>High Reduction of personal involvement</i>	7,3%

Table 5.1. – Frequency distress, dimension burnout

In conclusion all this data does not permit the confirmation of the hypothesis connected to the incidence of over 30% of emotional distress among basic educational level teachers.

Hypothesis 2: The high level of distress correlates positively with the female gender and seniority in the field in the case of the sample of teachers investigated.

The first phase – analyzing the correlation between stress and the other three variables we didn't identify significant statistic values. (**Table 5.2**)

<i>Spearman ro</i>	<i>gender</i>	<i>age</i>	<i>seniority</i>	<i>distress</i>
<i>gender</i>	1,000	-,040	-,047	-,045
<i>age</i>	-,040	1,000	,751**	,037
<i>seniority</i>	-,047	,751**	1,000	,024
<i>distress</i>	-,045	,037	,024	1,000

Table 5.2-Correlation distress - gender-age- seniority

The same results were obtained with the Pearson Correlation

Through the histograms however, (Fig. 5.3) we identify that people of the male gender with seniority between 11 and 20 years present the highest level of distress, whereas female teachers with the same seniority present the lowest levels of emotional distress. Also, female teachers

with seniority between 21 and 30 years present the highest level of emotional distress whereas male teachers with the lowest levels of emotional distress have seniority between 6 and 10 years.

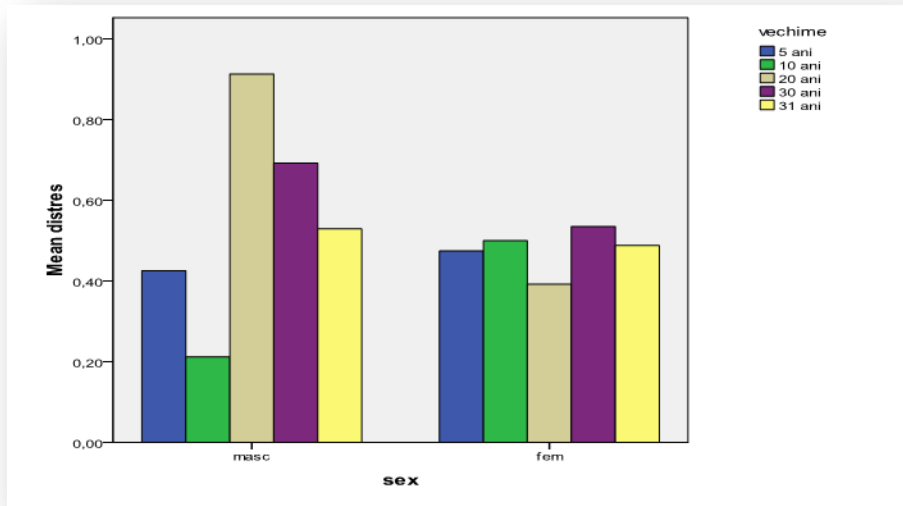


Fig.3. Histogram distress- gender-seniority

The multinominal logistic regression confirms that the seniority variable and the sex variable are the best predictors of emotional distress. More precisely the most powerful predictor of low distress is seniority between 10 and 20 years $b = -1,323$ and the female gender variable. In other words, female teachers with seniority between 10 and 20 years are the least stressed.

In conclusion all these results did not permit the confirmation of the hypothesis related to the correlation of high emotional distress levels with the female gender.

The hypothesis related to the correlation between seniority and emotional distress is partially confirmed in the sense that low level of distress is associated with low seniority and high level of distress is associated with seniority between 20 and 30 years in general and between 10 and 20 years in the case of male teachers.

Hypothesis 3: There is a positive correlation between seniority and depersonalization

The association between the three dimensions of burnout and the gender, seniority and age variables underline in the case of the investigated sample a series of information, confirmed by other used methods of analysis:

Spearman rho	depersonalization	Reduction of personal involvement	Emotional exhaustion	Gender	Seniority	Age
depersonalization	1,000	,363**	,637**	-,085*	,175**	,117**

Reduction of personal involvement	,363**	1,000	,333**	,062	,008	,011
Emotional exhaustion	,637**	,333**	1,000	,005	,101**	,055*
Gender	-,085*	,062	-,005	1,000	-,043	-,037
Seniority	,175**	,008	,101**	-,043	1,000	,691**
Age	-,117**	,011	,055	-,037	,691**	1,000

Table 5.4. Correlation : burnout, age, gender, seniority

The achieved histograms and obtained results as an obtained output of transforming data in *dummy* data pointed out a series of additional relations:

- Male teachers with seniority between 10 and 20 years have the highest levels of emotional exhaustion and female teachers of the same category have the lowest levels.
- Female teachers with over 31 years of seniority have the highest levels of emotional exhaustion

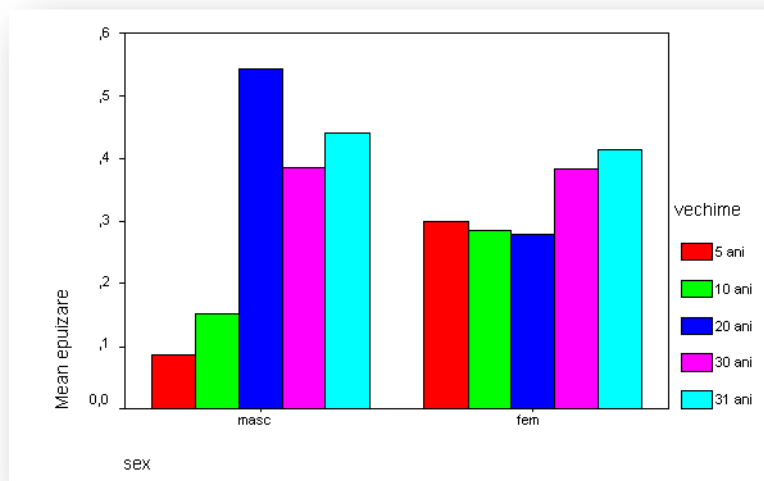


Fig. 5.5. Emotional exhaustion – gender- seniority

In conclusion the data allows our confirmation of the hypothesis associated with higher seniority and depersonalization.

Hypothesis 4: The high level of distress correlates positively with the presence of irrational thoughts

In order to verify this hypothesis we processed the data from the Automatic thought questionnaire (Hollon și Kendall 1980), the altitude and beliefs scale and PDE.

The results obtained through the frequency percent are interesting: 41% have a high level of irrationality and high rationality is present at 24, 8 % of those investigated. Also, a high level of high automatic thought was identified at only 11, 2% of those investigated.

The table below (Table 5.6) results in the existence of certain powerfully positive correlations between irrationality and automatic thought. Going further with the result analysis we identify powerfully positive correlations between high levels of irrationality and high levels of emotional distress.

<i>Spearman's rho</i>	<i>Distress</i>	<i>Automatic thought</i>	<i>Irraționality</i>	<i>Raționality</i>
Distress	1,000	,422**	,175**	,000
Automatic thought	,422**	1,000	,105**	,024
Irraționality	,175**	,105**	1,000	-,076*
Raționality	,000	,024	-,077*	1,000

Table 5.6 Correlations: distress- Automatic thought- Irraționality-rationality

Based on the gender variable we have identified significant correlations between the high level of irrationality and the female gender, as well as the low level of irrationality and the male gender.

The histograms allow us to point out high levels of distress in the cases which present low irrationality but a high level of automatic thinking and the presence of irrationality especially among female teachers who are over 46 years old and male teachers with ages between 36 and 45 years old. However automatic thinking is present among male teachers who are over 46 years old.

The correlation did not significantly identify the correlation between automatic thinking and the gender variable; however it identified the presence of certain powerfully positive correlations between age and automatic thinking. ($r = 0,12$, $df = 832$, $p = 0,001$).

The presence of a high level of automatic thinking correlates in a powerfully positive way with ages up to 35 ($r = 0,10$, $df = 832$) and a low level of irrationality correlates in a powerful positive way with up to 5 years of seniority in the field $r = 0,86$, age up to 35, = $0,84$, the male gender variable, $r = 0,75$, and low automatic thinking $r = 0,11$. Also, high automatic thinking correlates in a powerful positive way with the male gender $r = 0,1$, and a medium level of automatic thinking correlates with the female gender $r = 0,10$.

The obtained results through multinomial logistic regression allow us to conclude that the predictors which best differentiate low distress is low automatic thinking with a coefficient of $b = 3,361$, irrationality 0 with a coefficient of $b = 1,657$.

In conclusion:

All this data allows us to validate the hypothesis in a sense that there are powerfully positive correlations between irrationality and emotional distress.

Ip.5. There is a positive correlation between high level of distress and external locus of control

In order to verify this hypothesis we applied the Locus of control questionnaire. The frequency analysis (Table 5.7) allows us to notice that external locus of control is present at only 220, 3% of teachers.

	Frequency	Procent
Locus intern	665	79,7
Locus extern	169	20,3
Sum	834	100,0

Table 5.7. Frequency locus of control

The analysis of the diagrams below (Fig. 5.8) helps us observe that the people from the investigated sample, of female gender tend to have an internal locus of control and those of male gender and external locus of control. This data is in accordance with other data from the expertise literature.

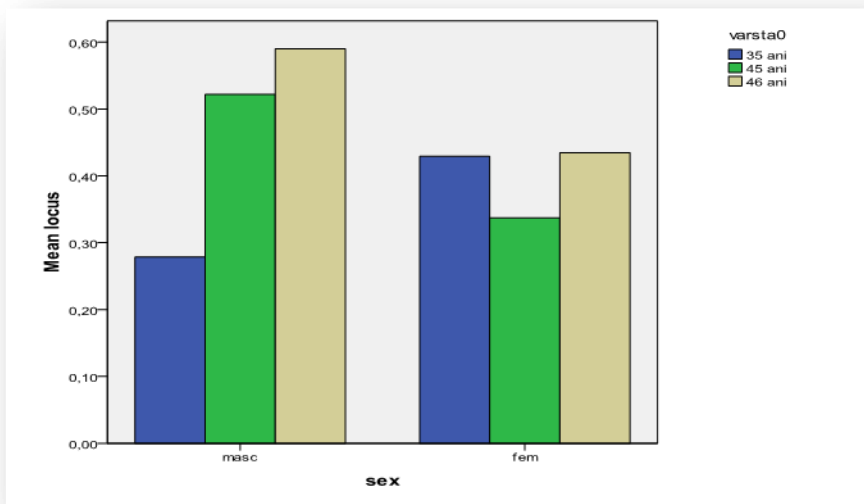


Fig.5.8. Relations between locus of control, gender, seniority

Analyzing the relations between locus of control and other investigated aspects (Table 5.8) we have reached the following conclusions:

External locus of control correlates in a powerfully positive way with high levels of distress. The logistic regression analysis pointed out that locus of control is a rather weak predictor in emotional distress, with a coefficient of $b = 0,989$.

All this data leads to validating the hypothesis which states “there is a positive correlation between high level of distress and external locus of control “

Ip.6. Coping mechanisms centered on emotions correlate positively with emotional exhaustion

In view of validating this hypothesis we appealed to the analysis of the data we obtained with the help of the COPE Scale of coping mechanisms evaluation and the Burnout Inventory. A primary analysis (Table 5.9) offers us the following data which allows the validation of the hypothesis.

Sperman rho	Coping problems	Coping centered on emotions	Emotional exhaustion	Depersonalization	Reduction of personal involvement
Coping problems	1,000	-,150**	-,145**	-,137**	,133**
Coping centered on emotions	-,150**	1,000	,335**	,340**	,214**
Emotional exhaustion	-,143**	,335**	1,000	,333**	,637**
Depersonalization	-,137**	,340**	,333**	1,000	,363**
Reduction of personal involvement	-,133**	,214**	,637**	,363**	1,000

Table 5.9. Corelation burnout – Coping mechanisms

The correlation between seniority and age variable underlines the positive association between coping centered on emotion and the seniority variable ($r = 0,97^{**}$, $df=832$) as well as between coping centered on emotion and age ($r = 086^*$, $df - 832$). The obtained data, however, did not point out significant correlations between coping strategies and the gender variable. Another correlation analysis through which we observed the correlation between the two coping strategies and the emotional distress variable pointed out the presence of a powerfully positive

association between high levels of distress and coping centered on emotions as well as a powerfully negative correlation between distress and coping centered on problems.

In conclusion this amount of data permits the validation of the hypothesis according to which coping mechanisms centered on emotions correlate positively with emotional exhaustion.

Ip.7. The low level of self-efficacy correlates positively with the presence of a high level of emotional distress

In order to verify this hypothesis we applied and analyzed the results of the self-efficacy questionnaire. After statistical analysis we ascertained the presence of a high level of self-efficacy in 44, 8% of the investigated teachers. We also identified a low level of self-efficacy in only 14, 9% of the teachers.

Analyzing the association between self-efficacy and certain variables such as gender, age or seniority (*Fig. 5.10*) we emphasize the presence of a higher level of self-efficacy in the case of subjects of the male and female gender with a seniority of over 31 years and the age of over 46. In teachers' case these manifest the lowest levels of self-efficacy in the seniority period between 5-10 years and 10-20 years. Also, the data obtained from the histograms allowed us to note that teachers with low levels of self-efficacy have the highest amount of emotional distress and average level self-efficacy teachers have the highest levels of emotional distress. It appears in both categories of subjects with high amounts of self-efficacy that they are associated with lower levels of emotional distress. The bivariational correlation has not indicated the presence of a semnificative correlation between self-efficacy and variable, age respectively.

As shown in the table below (Table 5.11),the emotional distress strongly negatively correlates with self-efficacy , specifically investigated teachers who have high levels of self-efficacy tend to present low levels of emotional distress.

			Self -efficacy	distress
Spearman's rho	Self- efficacy	Correlation Coefficient	1,000	-,266**
	distress	Correlation Coefficient	-,266**	1,000

Table 5.11. Corelation self-efficacy-distress

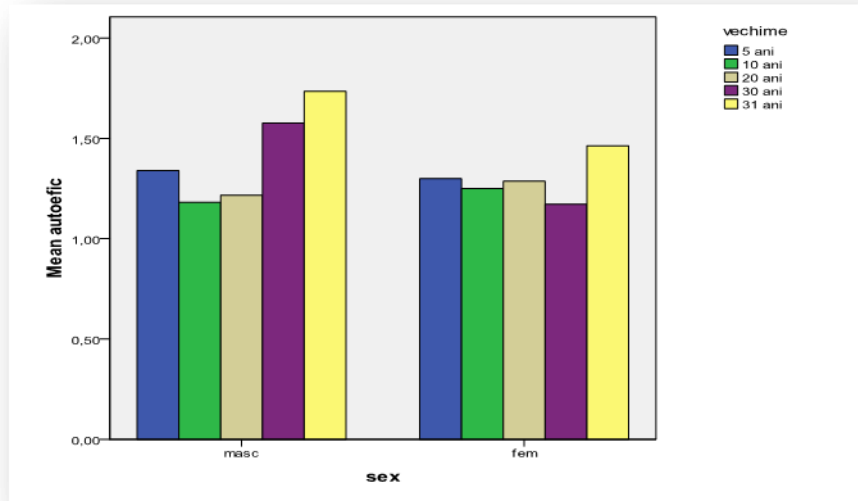


Figure 5.10. Relationship self-efficacy, age, gender variable

All these data obtained confirm the hypothesis that supports our theory that there is a strong positive correlation between the existence of high distress and low self-efficacy. Through Additional analysis through logistic regression we have demonstrated that high self-efficacy is an important predictor for low level emotional distress with a coefficient of b ponderability of - 1.613 .

Chapter VI. EXPERIMENTAL RESEARCH - EMPIRE. IMPACT ON PERSONAL DEVELOPMENT INTERVENTIONS EMOTIONAL DISTRESS OF UNDERGRADUATE TEACHERS

Justification of research

Ascertaining and analyzing the results of our study gave the concept of rational emotive therapy and behavioral education and encouraged us to develop a program based on principles of rational emotive behavioral education aimed at changing irrational beliefs that mediate distress. Because, after ascertaining the study, the second between the predictors low distress self-efficacy went high before irrationality, we are asking if there are no programs as effective or more effective in managing emotional distress and therefore consider it important to compare the effectiveness of programs developed with another program, the program focused on developing specific skills to prevent or improve emotional distress respectively oriented coping mechanisms (second place and four of emotional distress predictors) and self-efficacy.

Comparative analysis of efficiency of the two types of intervention and control group will allow examination of mechanisms that determine the efficiency.

VI. 1. STUDY AIM:

The study aims to build, implement and investigate the efficacy of two forms of intervention for teachers in the university environment, with high levels of emotional distress;

VI. 2. OBJECTIVES:

O.1. Tracking effects on the level of intervention by EREC emotional distress immediately after completion of the intervention and after three months of this;

O.2. Highlighting the link between empowerment through training intervention for emotional distress and personal level recorded immediately after completion of the intervention teachers and three months after its completion;

O.3. Tracking the effectiveness of two forms of intervention, after completion of the intervention and long-term, three months after it;

O.4 examine mechanisms that determine the effectiveness of these forms of intervention;

VI. 3. ASSUMPTIONS

Ip.1. It presumed that there are significant differences between the emotional distress obtained before surgery and immediately after completion of the intervention by EREC, if the teachers of undergraduate higher emotional distress;

Ip.2. It is assumed that there are significant differences between the emotional distress obtained before surgery and immediately after completion of the intervention by the personal skills training, for teachers of undergraduate with high distress;

Ip.3 is assumed that there is significant difference between the value of emotional distress made by the two groups (EREC and Training of skills personal) and the control group immediately after completion of the intervention;

Ip.4. It is assumed that no significant difference between the emotional distress obtained immediately after completion of surgery and received three months in the intervention group completed the Training of personal skills;

Ip.5. It is assumed that no significant difference between the emotional distress obtained before surgery and three months after its completion, if the personal skills training group;

Ip.6. It is assumed that there is no statistically significant differences between the emotional distress obtained immediately after completion of surgery and obtained three months after its completion in the intervention group by EREC;

Ip.7. It is assumed that no significant difference between emotional distress levels obtained before surgery and three months after its completion, if the group EREC;

Ip. 8.It is assumed that no significant difference between the value of emotional distress obtained EREC and the group obtained the personal skills training group, three months after completion of interventions for teachers of undergraduate;

Null hypothesis. There is no statistically significant differences between the emotional distress produced by training and obtained EREC after three months after completion of intervention;

VI4. METHOD:

VI. 4.1 Subjects:

The sample used consists of 72 teachers with high levels of emotional distress. Teachers who met the criteria for inclusion in the study were randomly assigned to one of three experimental conditions - the two experimental groups (group EREC and the personal skills training group) and control group. Groups are equivalent in terms of the following variables: number of people, the emotional distress, sex.

Regarding age distribution, most willing to get involved, 80% were younger than 35 years, 16% were aged 36-45, 4% are aged over 46 years.

Between them they are 91.7% females and 8.3% males . In terms of seniority, 69.4 are older than 5 years old were 16.6 between 6 and 10 years and the remaining 14% were older than 11 years. The research was conducted during January-April 2011 and re-testing (follow-up) was achieved in July 2011. All participants were guaranteed confidentiality of the results samples taken.

VI.4.2. Tools:

All participation in the study were evaluated before surgery in terms of level of distress and variables presumed to mediate the effects of intervention EREC and personal skills training, using the same tools used in that study also ascertaining the optimism scale.

VI.5. DESIGN:

Experimental design used is one basic type, with one independent variable (Type of intervention), which has three ways:

1. Intervention by rational emotive behavioral education - group 2. Training of personal skills (self-awareness, affirmation / tax assertive, time management, negotiation, change work procedures - coping mechanisms, self-efficacy) - Group 3. Control group Dependent variable is the level of emotional distress;

Hypothetical mediating variables are:

- a) Cognitive (irrational beliefs)
- b) Automatic thinking
- c) Self-efficacy
- d) Coping mechanisms

Moderating variable: optimism

VI.6 PROCEDURE:

Teachers eligible for the study, the results obtained during preliminary studies and willing to participate were distributed randomly in one of three groups:

1. Intervention by rational emotive behavioral education - new group called EREC
2. Training of personal skills - called the new training group
3. The control group

For each of the two forms of intervention to establish a protocol for intervention of 13 sessions over 13 weeks

VI.6.1. INTERVENTION

EREC condition (13 sessions, two groups of 12 persons) intervention amend irrational beliefs. The program is designed taking into account the specific activities aimed at changing teachers and irrational beliefs that mediate emotional distress: beliefs absolute, global self negative catastrofation and low frustration tolerance.

Module: Stress and stress management ABCDE paradigm, "Faith rational - irrational beliefs," "cognitive restructuring techniques," "Stress Management", "negative global evaluation", "Anxiety and its control", "How to escape the feelings of guilt ", " Aman ", " How do I control the depression, "" Anger - Source of stress that can be controlled, "" Management of interpersonal relationships. "

VII.7.2. Condition of personal skills training (13 group sessions of 90 minutes) - two groups of 12 persons

Intervention to develop personal resources to cope stressor factors. More specifically the personal skills training program, aims to increase awareness of self, teaching stress management, management of Emergency Situations generating distress at school: During class, students conflicts and assertive training techniques that develop behavioral coping strategies focused on problems and coping with emotions centered on behavioral and relaxation techniques.

It is organized into nine modules and designed from the specific activity of undergraduate teacher and the main sources of occupational stress specific to them.

Conduct and evaluation: The programs were developed in in four groups: two for each intervention group A and B and groups C and D EREC for training of personal skills. Overall, we identified three groups in time out all the main trends that can be called exploratory (the first two training groups or three groups meeting at EREC) induction and growth (from session V VI respectively).

The intervention was performed weekly after-school and many teachers came loaded the negative emotions that were not connected to the theme addressed that day but felt the need to lead the discussion towards the source of recently experienced stress.

VI 9. Results:

The results and discussions were made on each research hypothesis and allowed us to validate all pre-formulated hypotheses.

To follow the evolution in time for the group EREC values and the training and check the validity of assumptions: 1,2,4,5,6,7 I used the following analysis Statistics: Descriptive statistics: histograms to study scores for each variable shape distribution, Wilcoxon test, t test for pair samples.

To highlight the differences between the two or three groups and check the validity of assumptions 3 and 8 we used the following statistical analysis: nonparametric tests test Kruskal - Wallis uncorrelated data, Mann-Whitney U test and parametric tests: Method one way ANOVA for independent samples, t test for independent samples, ANOVA mixed two - way.

If EREC group analysis allowed us to identify significant differences between the emotional distress obtained before and the emotional distress obtained after surgery ($N = 24$, $z = -4.28$, $p_{bi} = 0.00$). Samples t test for pairs ($T = 13\ 954$, difference = 23 with a significance level of less than 0.05, $p = 0.00$ one-way) confirmed this. These results were maintained over time, meaning in the

sense that, after three months there have not identified significant differences between emotional distress level recorded at the end of intervention and re testing (N = 24, z =- 1.620, p = 0.105 two-way), something confirmed by samples t test pairs, t = 0.958, difference = 23 with a significance level greater than 0.05, p = 0.135 unidirectional. Comparative analysis of distress values obtained before surgery, to test and re test we found statistically significant differences. By reference to standard we find that the distress Scale PDE decreased on average from a high distress at lower distress.

All this shows the effectiveness of intervention by EREC on emotional distress, both short and long term, and confirms the hypothesis formulated in this first, that Ip.1, ip.4 and IP-5 By means of the same statistical analysis, we identified changes and all other variables taken into consideration. Test results using Wilcoxon reveal the existence of significant differences between the value of irrationality in the two cases, test - posttest (N = 24, Z = -4.123, p bi = 0.00), automatic thinking, (N = 24, Z = - 4.032, p bi = 0.00), the self-efficacy (Z = -2.556, p = 0.01,) the emotion-centered coping (Z = -3.028, p = 0.002) and optimism (Z = -3.06 and p bi = 0.002). Results were confirmed by t test for pair samples (see Table 6.1)

Variable		N	Media	Std.dev.	Min	Max
Paired Differences						
	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
Mean			Lower	Upper	t	df Sig. (2-tailed)
irrationality - irrationality2	3,416667	1,976309	,403412	2,582145	4,251189	8,469 23 ,000
coping - coping2	10,33333	16,44402	3,35662	3,38963	17,27703	3,078 23 ,005
copinga - copingp2	2,25000	,15,99524	3,26502	-4,50420	9,00420	,689 23 ,498
optimism - optimism2	-,75000	1,11316	,22722	-1,22005	-,27995	-3,301 23 ,003

Table 6.1

Variable	N	Mean
Irrationality-Follow-up	24	2,91
Irrationality- posttest	24	2,79
Automating thought Follow-up	24	23,25

<i>Automating thought - posttest</i>	24	23,41
<i>Self-efficacy Follow-up</i>	24	35,70
<i>Self-efficacy - posttest</i>	24	35,50
<i>Optimism Follow-up</i>	24	32,75
<i>Optimism - posttest</i>	24	32,54
<i>Coping e. - Follow-up</i>	24	59,83
<i>Coping e. posttest</i>	24	60,16
<i>Coping p. - Follow-up</i>	24	60,00
<i>Coping p.- posttest</i>	24	59,45

Table 6.2 –Testul t pentru eşantioane perechi

However, the results obtained with both types of statistical methods showed insignificant changes in the mechanisms for coping focused on problem Z = -, 450 with a p bidirectional, 652 (statistically insignificant) t = 0.689, p = 0.498

Comparative analysis of the results of the posttest and retest differences found statistically insignificant. Slight but statistically insignificant changes made can be seen in Table 6.2 For group training, statistical analysis allowed us to identify significant differences between the emotional distress obtained before surgery and the emotional distress obtained after surgery (N = 24, z = -4.287, p bi = 0.00). Moreover, the statistical index of the test and posttest data obtained using samples t test for pairs, can be seen in Table 6.3 the difference between the average being 24.95.

Comparative analysis of the values obtained at posttest and retest distress highlights the existence of statistically significant differences. (N = 24, z =- 3.931, p bi = 0.00). Your test noted a increase in mean distress from 39.95 to 43.33 the difference between them is 3.38, the threshold t for 5758 with a diff. significantly shows that the two areas differ significantly in the direction anticipated

To what extent has yet effective training program, we analyzed the comparative value of recorded distress before surgery and recorded three months after the intervention. T test sample pairs showed a significant difference in mean distress of 21.583, a t = 8.814, df = 23, p = 0.00. Standards by reference to the test, note that from an average of 64.91 distress - high distress was reached an average of 43.33 distress - distress of medium.

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
distress 1 distress 2	24,95833	12,26688	2,50397	19,77848	30,13818	9,968	23	,000
Self-efficacy –self-efficacy2	-6,79167	2,93375	,59885	-8,03048	-5,55285	-11,341	23	,000
copingp1 copingp2	-21,16667	17,14812	,50035	28,40768	-3,92565	-6,047	23	,000
copinge1 copine2	19,04167	12,72614	2,59771	13,66789	24,41545	7,330	23	,000
optimism optimism2	-4,50000	4,14938	,84699	-6,25213	-2,74787	-5,313	23	,000
irrational ity- irrationality2	,37500	1,63687	,33412	-,31619	1,06619	1,122	23	,273
rational – rational 2	-,58333	1,01795	,20779	-1,01318	-,15349	-2,807	23	,010

Table 6.3 samples t test for pairs

- Training Group to take into consideration other media analysis allowed the identification of significant differences between the two situations, before and after intervention for coping - emotion-centered site ($z = -4.261$, $p = 0,00$), the optimism ($z = -3.626$, $p = 0.00$) and self-efficacy. ($Z = -4.211$, $p = 0.00$) results were confirmed by t test (see Table 6.3)

In the case of irrationality, we find that between the two ratings were not significant differences in any of the tests (Wilcoxon test: $z = -1.342$, $p = 0.18$ and t test = 1.122).

To highlight the mechanisms of action of the training program, we aim to modify other variables involved, three months after surgery and within six months elapsed from the start of the program.

Through the same analysis I highlighted the following statistics: No significant difference between the value obtained immediately after surgery and obtained three months after the intervention, if the following mediators: optimism, ($z = -2.214$, $p = 0.027$) and emotion-centered coping ($z = -3.572$, $p = 0.00$ and $t = -3.405$ and $p = 0.002$)

	95% Confidence Interval of the Difference				Sig. (2-tailed)	
	Mean	Lower	Upper	t		
distress2 - distress3	-3,37500	-4,58746	-2,16254	-5,758	23	,000
Irrationality2 – irrationality3	-,12500	-,31435	,06435	-1,366	23	,185
Automating thought 2 – automating thought 3	-,12500	-,61226	,36226	-,531	23	,601
Self-efficacy2 –self-efficacy 3	,58333	-,25119	1,41786	1,446	23	,162
optimism2 - optimism3	,58333	,08656	1,08011	2,429	23	,023
Coping e.2 – coping e.3	-1,70833	-2,74625	-,67042	-3,405	23	,002
Coping p.2 – coping p.3	,87500	-,40889	2,15889	1,410	23	,172

Table 6.4. Samples t test for pairs Group training-posttest-retest

Instead, we identified significant differences between the two situations as intervention and three months for site-centered coping problems. ($Z = 1.314$, $p = 0.189$) irrationality ($Z = -1.342$, $p = 0.180$ and $t = -1.366$, $p = 0.185$), automatic thinking ($Z = -0.677$, $p = 0.498$ and $t = -0.531$, $p = 0.601$) self-efficacy. ($Z = -1.549$, $p = 0.121$). All results were confirmed by t test for pair samples (Table 6.4)

Comparative analysis between the baseline before surgery and after three

	Distress3 – distress1	Irrationality3 – irrationality1	Automating t.3 –Automating t1	Self –efficacy3 Self-efficacy1	optimism3 –optimism1	Coping e.3 coping e.1	Coping P.3 coping p.1
Z	-4,287 ^a	,000 ^b	-3,406 ^a	-4,153 ^c	-3,358 ^c	-4,216 ^a	-4,111 ^c
Asymp. Sig. (2-tailed)	,000	1,000	,001	,000	,001	,000	,000

Table 6.4. Wilcoxon test - distress, distress mediators - test-posttest. group training

months after surgery, allowed us to identify significant differences in all mediators taken into consideration, less irrational thinking. (See Table 6.4)

The data were confirmed with samples t test for pairs (Table 6.5) Table 6.5 sample t test pairs - Group training follow-up test

In conclusion, three months after the training in intervention, we have a level of distress

average emotionally with automatic thinking and irrationality high optimism high self-efficacy, high trends of media use emotion-centered coping and problem-centered coping.

	95% Confidence Interval of the Difference						
	Mean	Std. Deviation	Lower	Upper			
<i>irratin - irration3</i>	,25000	1,72576	-,47873	,97873	,710	23	,485
<i>Automatic Thinking Automatic Thinking3</i>	3,04167	3,53220	1,55015	4,53318	4,219	23	,000
<i>Self-efficacy-self-efficacy3</i>	-6,20833	3,55062	-7,70763	-4,70904	-8,566	23	,000
<i>optimism - optimism3</i>	-3,91667	4,37301	-5,76323	-2,07011	-4,388	23	,000
<i>Copinge - copinge3</i>	17,33333	12,77112	11,94056	22,72610	6,649	23	,000
<i>copinga - copingp3</i>	-20,29167	17,78978	-27,80363	-12,77970	-5,588	23	,000

All these data lead us to conclude that the personal skills training program led to significant changes in emotional distress most mediators and significant decrease in the level of emotional distress, three months after the intervention. Given the above, confirming the hypothesis that pre-training program that aims Ip.2 , efficiency, 6.7.

Although the groups were equivalent in terms of value distress, Kruskal Wallis test soon after surgery found that distress scores differ significantly ($\chi^2 = 46.18$, $df = 2$, $p = 0.00$) and Mann Whitney U test revealed the following data : There is no difference significant between the distress in that I intervened groups ($U = 271$, $p = 0.75$) levels are significantly lower distress at EREC group compared to controls ($U = 4.4$, $p = 0.00$); The distress is significantly lower in group training than the control group ($U = 4.5$, $p = 0.00$);

The existence of significant differences is confirmed by the ratio F ($F = 44.63$, $p = 0.00$) and t test for independent samples.

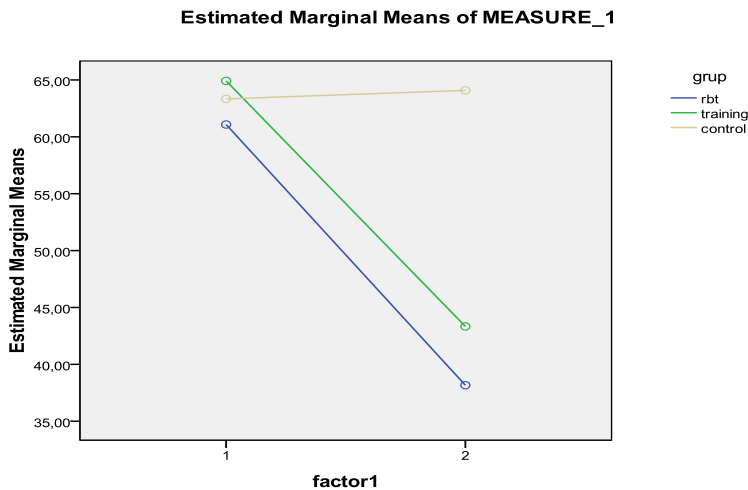
Through the two-way mixed ANOVA method we showed that the interaction between the three conditions and changes that have occurred over time are statistically significant $F = 63.69$ $p = 0$.

Comparative analysis of data recorded after three months of completion of the intervention using the same statistical methods found that: The group has a level of distress

EREC lower than group training. Differences between the two groups are statistically significant this time ($U = 1993$, $p = 0.046$). Distress level is significantly lower three months after the intervention group compared to control training ($U = 5674$, $p = 0.00$). Distress level is significantly lower three months after the intervention group EREC than in the control group ($U = 5960$, $p = 0.00$).

The data were confirmed and one way ANOVA method ($F = 42.868$ ratio, $p = 0.00$) and t test for independent samples and two-way mixed ANOVA method shows that there is a significant interaction between the values immediately after intervention three months after surgery and experimental condition.

Analysis graphs below allow us to note that significant differences in the amount of emotional distress and EREC training groups, is given by lowering distress if EREC and its growth group, where group training. Even if, before the intervention, teachers in training group had a mean greater distress than those in the EREC, the difference between the two values was 3833, not statistically significant.



Graph 6.1. Evolution of distress before surgery - three months after intervention in the three experimental conditions

Immediately after surgery, the difference between the two groups decreased as the - 0.833 following the three month follow-up to the difference between groups increased more than initial phase before reaching the 5166 intervention, a statistically significant difference.

For a more detailed analysis effectiveness of two intervention programs, we benchmarking and other variables taken into consideration values.

Comparative analysis of differences of values before surgery statistically significant between the three groups on self-efficacy, optimism and coping centered problems (EREC group presents higher values than the other two) After intervention, the mediators taken into care has suffered a series of changes .

Descriptive analysis using one way ANOVA Method allows us to observe May slightly differences between the groups existence of significant differences between the three groups is confirmed by the report F.

The table below can easily see the direction in which they appear differences between the two or three groups:

Variable		Mean	Std. Deviation	Variable		Mean	Std. Deviation
Irrationality2	EREC	2,79	1,93	Optimism	EREC	32,54	5,45
	Training	7,50	1,64		Training	32,79	3,96
	Control	7,66	1,68		Control	27,58	4,71
automatic think2	EREC	23,41	4,87	Coping mechanisms centered on emotions2	EREC	60,16	20,56
	Training	30,91	7,63		Training	68,16	12,61
	Control	33,79	7,56		Control	87,04	12,99
self-efficacy	EREC	35,50	3,29	Coping problems 2	EREC	59,45	22,27
	Training	36,54	2,28		Training	77,95	14,64
	Control	29,91	2,90		Control	50,75	19,65

Table 6.6 Comparison of the average of the variables studied three groups

In the case of irrationality, there are significant differences between the teachers group irrationality EREC and the other two ($U = 21.50$, $p = 0.00$ EREC-Training and $U = 15.50$, $p = 0.00$ EREC-Control). In contrast, no significant differences between teachers in the control group and the group training. I drew the same conclusions in the case automatic thinking. EREC-Training $U = 93.50$, $p = 0.00$ and U -control EREC = 59, $p = 0.00$, Training - control $U = 218$, $p = 0.14$ t test for independent samples confirmed these data.

If self-efficacy, Mann U test and t test for independent samples reveals that there are no significant differences between the teachers participating in the intervention groups instead they differ significantly from the control group ($U = 19$, $p = 0.00$ Staff-control and $U = 54$, $p = 0.00$ EREC-control). in that have higher levels of self-efficacy. ($T = 8.787$ Control Training, $df = 46$,

$p = 0.00$ and EREC bi-control: $t = 6.227$, $df = 46$, $p_{bi} = 0.00$). The same issues we have highlighted for optimism

If coping mechanisms used by teachers following the intervention, test U Mann noted lack of significant differences between groups that intervened in the use of coping mechanisms centered on emotions but there are significant differences between these two groups for coping mechanisms centered on problems $U = 83.50$, $p = 0.01$. Instead, the control group differs significantly from other two coping mechanisms centered on the emotions ($U = 78$, $p = 0.00$ Training - control and $U = 078.50$, $p = 0.00$ EREC-control). We also noted significant differences between group control and training group for coping mechanisms focused on problems ($U = 83.50$, $P = 000$). Instead, between EREC and the control group no significant differences from this perspective.

Analysis by t test for samples independent led us to the same conclusions.

Analysis of the mediators made after three months of intervention revealed that their value has experienced a series of such changes .

Irrationalities and automatic level of thinking has not changed significantly at three months after surgery. Data confirms once again the irrationality EREC program efficiency and automatic thinking.

If self-efficacy, Mann Whitney U test revealed that Group self-efficacy EREC has a level of less than training but the differences are statistically insignificant in contrast to the control group presented significantly lower values than both groups in which to intervene. But if three months of intervention, training teachers in group shows slight decrease in the average self-efficacy the group has slight trend towards increasing EREC self-efficacy. The same was revealed for optimism.

If coping mechanisms used by teachers noted that: There are significant differences after three months of intervention, coping mechanisms focused on emotion, between groups who intervened $U = -2.249$, $p = 0.02$. The control group differs significantly from the other two groups as follows: $U = -4.191$, $p = 0.00$ Training - control and $U = -4.525$, $p = 0.00$ EREC - control;

Analysis by t test for independent samples led us to the same conclusions.

If centered coping problems, we noted that three months after surgery the difference between training group and the other two groups decreases a bit as EREC group show an

increase in the tendency to use coping and problem-centered teaching group decreased. Therefore, the training intervention has a strong influence on coping focused on problems immediately after surgery and in time, even if these slightly decreasing trend, benefiting people continue to use more this time of coping. Also, even if intervention by EREC had relatively small effect on the change trend of use of coping focused on problems in time trends but has slight increase not decrease.

In conclusion, these data allow the validation of pre-assumptions.

Chapter VII. CONCLUSIONS AND DISCUSSION

VII.1 General conclusions:

A general conclusion that emerges from the whole endeavor made by us to develop this thesis is that despite the many perspectives from which today is stress approached, thousands of literature conducted for this issue, remains a controversial topic beyond the control us.

VII.2. Ascertainning the specific findings and experimental research study

In ascertainning the comprehensive study conducted on a sample of 834 teachers in the county of Mures, Harghita and Covasna, we identified a high level of emotional distress only 7.9% of teachers investigated. Although inconsistent results with results of other studies, are explained in the context given (See study ascertainning limits). Advanced processing of all data obtained led us to interesting results and very useful construct and implement intervention programs. Here are some of them: the teachers investigated male teachers with seniority in teaching between 11 and 20 have the highest levels of emotional distress. The strongest predictor of emotional distress is low automatic thinking, high self-efficacy and low irrationality. External locus of control and high distress strongly corelates male teachers tend to have an external control locus. The most important mediators of emotional distress are thinking automatic self-efficacy, irrational thought and emotion centered coping increased. Their effects are moderated by locus of control variable gender, age and seniority.

Variable seniority plays an important role in moderating the effects of other mediators in relation to emotional distress. Teachers (male teachers) with a length of service between 10 and 20 have the highest levels of distress, emotional exhaustion and reduction of personal involvement and the teachers of the same category of employment have the lowest levels the distress of both and

emotional exhaustion. Instead, teachers have the highest levels of emotional exhaustion and depersonalization after 31 years. The higher levels of distress and reduced personal involvement for teachers to meet the work experience of between 21 and 30 years.

Depersonalization in both sexes is associated with seniority over 31 years. Data from the study ascertaining us encouraged the development of two management programs: EREC program: irrationality, self-efficacy and program training: coping mechanisms and self-efficacy.

Following implementation of the two programs and evaluate results, both immediately after surgery and three months after completion of the intervention, we reached the following conclusions:

Both intervention programs led to a significant decrease at the end of the intervention and three months after the intervention of emotional distress level for teachers involved. EREC program led to a decrease of distress and showed decreased after three months of the intervention but the training program proved to be less effective in this respect, the statistically significant increases in distress knowing the three months elapsed since completion of the intervention. However, the distress is located and where training group at an average level, according to the standard EDP decreased significantly from baseline.

Analyzing detailed comparative effectiveness of two intervention programs, we found no significant differences in the level of emotional distress between the two groups immediately after surgery but after three months of the intervention group teachers EREC has a significantly lower level of distress than those training group. Also, both groups have intervened in that show a significantly lower level of distress both immediately after surgery and three months after the intervention than the control group.

In conclusion: Both types of intervention are effective in reducing emotional distress only value that the training intervention is less effective in the long run than the EREC, both intervention programs are effective in increasing optimism self-efficacy and only the intervention of the training is effective short-term than by EREC and the interference by EREC is a long way. Intervention the training proved to be more effective than the EREC in using coping mechanisms focused on problems and emotions. Intervention by EREC is more effective than training in lowering the irrationality and automatic thinking and short term so that the long term.

VII.3. Valoarea and limits research. New directions for action

VII.3.1. Valoarea research undertaken by us

The paper "The role of psychosocial mediators emotional distress to teachers in school education. The impact of personal development interventions "valuing multiple perspectives of analysis to investigate this complex phenomenon called "distress", opens many opportunities for reflection, analysis and practical action.

In what follows we make a summary of the main theoretical and empirical contributions of this thesis, as shown in the chapters above. During the work we have shown some limitations and future research directions. Replicate their results and empirical testing of hypotheses or speculative explanations launched in this work could make significant contributions range emotional distress of teachers and beyond.

Chapter 1 focused on presenting the theoretical framework to support the studies. In this chapter of the thesis we reviewed the following:

- Critical analysis of theoretical and experimental paradigms of distress with evidence theoretical and empirical arguments made in favor of emotional distress paradigm traded;
- Defining concepts and presentation of the most popular explanatory models of burnout's;
- Description of the mechanisms of action in terms of various theoretical models of occupational stress;

Chapter 2 provides a summary of the contributions of theoretical, methodological and empirical studies conducted to identify factors with mediator and moderator role that may enhance the physiological response and negative emotions resulting from the perception of stimuli as threatening but have influence on cognitive processes of evaluation.

Chapter 3 provides a comprehensive view on strategies for managing distress, as shown in the literature.

Chapter 4 examines the role and status of undergraduate teacher in the context of current applications and make a series of empirical arguments about the incidence of distress and specific sources of stress in teaching.

Chapter 5 and 6 provide the most important contributions to experimental and practical-applicative plan: ascertaining study conducted on a sample of 834 teachers the undergraduate level, to identify mediators of psychological distress, distress and burnout in the incidence of site and sample selection need applied research, experimental research, which involved the development of interventions by the two programs of skills training EREC and personal on the

48 frames of teachers with high distress that verify the effectiveness of two intervention programs;

In this paper we tried to bring theoretical and empirical arguments support the idea that effective management of distress based on the identification of psychological distress mediators. The investigations undertaken have shown the importance of correctly ascertaining studies made in identifying the incidence of emotional distress and Burnout's size. Results of studies that have investigated the mediators distress emotional teachers showed that automatic thinking high, low and irrationality self-efficacy have high predictive value among the strongest mediators assessed the emotional distress level.

Another important contribution of integration into our results in the context of pre-existing literature.

Of practical perspective, an original contribution of the thesis is that the two programs provide scientifically validated, one of personal skills through training and other Rational Emotive Behavior by Education Management emotional distress to teachers of undergraduate. Based on data obtained from the implementation of programs, both programs have demonstrated the utility of intervention but long-term efficiency of intervention program increased by Rational Emotive Behavior education compared to the training of personal skills. More specifically, developed and implemented new programs, demonstrates the effectiveness of the intervention increased the most powerful predictors of distress: self-efficacy and irrationality in lowering the emotional distress

. We believe that the special value of the work is provided primarily by elements of practical-applicative contributions plan: combining theory and practical approaches, applications, providing relevant solutions validated the research presented and current practice in the management of distress emotional environment for university teachers, creative activities and investment proposed exercises (over 40% of them are personal proposals and 40% exercises are adaptations of existing) and practiced over time, and in this intervention, the choice of research topic and its operationalization.

The conclusions encourage training programs to introduce the initial modules aimed at increasing self-efficacy, optimism, coping mechanisms and problem-centered thinking to lower auto and irrationality to ensure greater efficiency in future personal and professional teacher.

Also, the results of new studies argue for implementation in schools of distress management programs supported by the school psychologist.

VII.3. 2.Limite of investigation

We know that that honesty and doubt are absolutely necessary qualities of a researcher. We can afford to be reluctant to interpret the data and making generalizations. There are several reasons that make the validity of our investigations is limited. Mention here that the application was made in instruments that have contractual relationships with schools three years to achieve annual psychological evaluation and teachers investigated We know from the perspective of the role which involves evaluating the emotional and mental health and believe that there is a likelihood of association of the two situations and therefore teachers showed a tendency to provide emotional and mental states conducive to good.

Another reason is related to the sample of subjects who not only has a national representation of the created the counties of Mures, Harghita and Covasna and most were female.

Also, the average age of teachers involved in intervention programs was low, given the high interest for such programs to young professionals, in early years education. On the other hand, because of the experimental program evaluations were conducted at different times of the school year, there is the possibility of intervention and other factors mediator or facilitator role, which escaped control us. We do not claim to have identified all or emotional distress predictors or that we could do a ranking according to the predictive power of distress. I just made a step in this huge maze called stress.

VII.2.3. Recommendations and perspectives for further research and development

Finally, we want to give a number of recommendations and future action. First in future research to take account the limits of our investigation, the investigation of larger samples of teachers from both urban and from rural areas of different types of schools and different areas of the country. Also, more attention to personnel investigations conducted to better control intervention adventitious factors. Consider important, further investigation in identifying and other factors mediator or moderator role in emotional distress or the role of social support, role of group intervention programs, the role of emotional stability, etc..

We know that there is still enough specialists EREC interventions to work with teachers to reduce emotional distress level. Therefore, given the significant decrease in the level of distress

manifested from the personal skills training program should not give in to start such a program, especially if we have at hand psychologists specializing in personal development programs. But when we have a choice between the two believe that it is desirable to choose intervention by EREC. Also, the initial training of teachers, discipline and counseling to orientate and to have an practic orientation by implementing management modules covering emotional distress .

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