

ABSTRACT

The current thesis is divided into two major parts, one devoted to my research background and achievements, and the second, to the career development plan for the next 5 years.

The first part of the paper focuses on depression in the light of information processing.

My research started from A.T. Beck's model on depression which was formulated based on the observations on his patients who he treated using the psycho-analytical psychotherapy.

In his cognitive model of depression, Beck starts from the assertion that these negative cognitions are an intrinsic part of the depressive syndrome. After Beck, depressive people are characterized by negative cognitive productions.

Another aspect in Beck's theory is that depressive people have cognitive negative schemas also known as "basic beliefs" or "assumptions" which maintain this negative vision even if there is evidence which contradicts it. Cognitive schemas are derived from the stereotypical thinking of the patient and from his behavioral patterns.

The notion of cognitive schema was initially used by A.T. Beck to explain the depressive patient's tendency to keep defeatist attitudes in life circumstances which do not concord with his negative mood.

Another definition of the scheme is also in the book Schema Therapy by Jeffrey Young (2003, p 9), where it is described as "appearing after some negative experiences in childhood, influencing the further development, these schemes can be the starting point of personality disorders in adulthood, of character- related problems and of many chronic disorders on the axis I".

In my first study I wanted to observe the influence of maladaptive cognitive schemas in depressive, anxious and alcohol addiction disorders. The data I obtained show that maladaptive cognitive schemas are responsible for the debut and the maintainance of emotional, anxious and alcohol addiction disorders. I was also preoccupied by the role of cognitive schemas of parents with children diagnosed with schizophrenia in the prognosis of relapses.

The second study, as well as all studies I've made, is a controlled clinical study which pointed to show the impact of the negative cognitive style in emotional disorders and alcohol addiction. The results showed that the cognitive style may be a good predictor for the development of depressive symptomatology and in alcohol addiction; according to A.T. Beck's

cognitive theory, depressive patients show specific distortions when they talk about them or about their life circumstances. It can thus be concluded that cognitive therapy is based on the premise that depression results from the illogical way in which patients think about themselves, about the outside world and the future, which lead them to adopt self-locking and self-destructive behaviors.

Aaron Beck developed the cognitive therapy in depression, he hypothesized that negative thoughts have a central role in maintaining depression, implying that depression can be treated with psychotherapy, helping patients to identify and modify negative thoughts. In light of the cognitive model, depression is defined as the expression of negative vision of the patient about himself, about his future and about his experiences (negative cognitive triad).

The objective of the cognitive psychotherapy is to counteract thoughts, memories and negative beliefs that maintain depression and are vulnerable to future depressive episodes. The patient is taught to think more rationally and to find solutions to his problems.

The third study is still a controlled clinical study which targets the role of social support in triggering and maintaining mental disorders.

Acute or chronic psychological stress generated by critical life events and daily stressors can be considered a cause for abusive alcohol consumption, a fact demonstrated by numerous other studies in this area of research. Stress is an important factor in the initiation and the continuance of alcohol or drug consumption, supporting the relapse towards these disorders.

Brady and Sonne (1999) has proven the psycho-social determinism of alcohol addiction, according to whom addiction is generated by life difficulties (critical events that affect the state of mind, lack of social and family support) and it represents a strategy for solving failure or a painful situation.

We have proven as well, during this research, the major involvement of mental stress associated with lack of social support in developing alcoholic pathology. Our data show that there are strong significant differences between alcoholics and non-alcoholics concerning the

level of the perceived stress and the social support. So the alcoholic patients perceive a higher level of stress, which “has to be decreased”. The stress perception is greater when the level of the social support is reduced or absent; good and strong interpersonal relationships diminish the stressful situations and help individuals to overcome difficulties.

All these findings have to be taken into account when developing a rehabilitation program for alcoholic individuals. The results of the studies regarding the coping mechanisms at patients with alcohol addiction have proven that patients diagnosed with alcohol dependence use dysfunctional behavior to cope with everyday stress and keep it because they have irrational beliefs. Excessive alcohol consumption affects the processing of information, so they will continue to see the negative side of situations in everyday life. Although they are aware of the situation they are in, they try to hide it minimizing the severity of the problem, using defensive mechanisms in order to appear better and more efficiently. On top of this we have seen a relationship between alcohol addiction syndrome and depression.

The main contributions of the study on adolescents' internalizing problems related to the serial work migration of the parents are reflected in the existence of the particular aspects of the adolescent's emotional development associated to incomplete parenting due to migration in search for work. The satisfaction felt in relation to himself in the field of relationship with others and social acceptance is present in a lesser degree in adolescents from families where at least one parent is away, compared with peers who grow up with both parents; the level of experiencing the state of isolation- rejection as an emotional component of loneliness is higher in the first situation. Explanations are based on theoretical models and studies that show the importance of the family in shaping self-image, in providing a support for the emotional development and building social skills which mediate a higher level of adaptation and integration of the adolescent in the group.

The results show the need to project and implement a program of psycho-pedagogical counseling. I consider that the orientation given by the rational-emotive and behavioral education (REBT) may offer the starting point in structuring such a program to improve internalizing and behavioral problems of adolescents with parents working abroad.

The dimensions we are going to pursue will be: self-awareness and personal development, with emphasis on unconditional acceptance and increased self-esteem; emotional development, centered around the recognition and definition of their own emotions, understanding the relationships between cognitions and emotions, understanding and acceptance of other people's states, observing the difference between facts and assumptions underlying the dichotomous thinking; social development, in which we target issues involved in social relations. At this age may one experience problems because adolescents are still looking for social

acceptance (Vernon, 2007) and they need the skills to manage these situations. Relationships with parents may be strained because teenagers often mask their lack of confidence in contempt. Thinking and behavioral patterns are used in interaction with other family members, but not only, which maintain their emotional and behavioral disturbances. They are extremely vulnerable to significant behaviors of others and they are very susceptible to their thinking and irrational behavior. When they face rejection and relational problems they experience frustration, irrational beliefs, behavioral problems, poor self-control.

The study on the role of psychopathological trends seeks significant differences regarding school performance, self-esteem, attention seeking behavior and cyclothymia in the case of Pupils ADHD, compared to pupils without ADHD. Pupils with specific SYMPTOMS ADHD have a higher level of cyclothymia compared to those with a normal level of development. Often the pupils with ADHD show year alternation of their emotional mood based on what they want to have. They have difficulties waiting for their turn, they impose through euphoria, agitation, laughing and if teachers do not give them enough attention, they switch to a deep sadness the next second.

The second part of the thesis is devoted to a presentation of career plans for the next 5 years, from the point of view of research and teaching. Research wise, these plans are a continuation and a development of my past and current interests. More specifically, I am interested in conducting research on: (1) REBT intervention effectiveness in reducing symptoms in patients diagnosed with major depressive episode and generalized anxiety, (2) Comparison of the efficacy of REBT and CBT in Recurrent Depressive Disorder through the frequency of relapses of clinic patients with medication, (3) the relationship therapist- patient- self- stigma, (4) The integration of the Psychotherapeutic Program of Relapse Prevention in patients with alcohol addiction, (5) the comparison of dysfunctional cognitive schemas for parents of patients diagnosed with schizophrenia and parents of mentally healthy individuals. The patients in the study with a diagnosis of schizophrenia will have a positive family history, (6) highlighting differences in perceived stress, depending on self-efficacy type and on the level of negative attributional style (internal) for people diagnosed with depression, who will benefit from REBT therapy programs and for depressed patients who will benefit from psychotherapeutic programs, (7) Evolution and development plans of my professional scientific and academic career and (8)

the development of my scientific research regarding the role of clinical psychology and of the clinical psychologist in the contemporary society.

In my teaching career, the main objective is to continue the improvement of my courses and to publish treaties to help strengthen the clinical trials and the psychological interventions which are scientifically validated here in Romania.