

# **The Effects of Person-Centered Groups on Teacher Stress**

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## **Abstract**

Compared to other parts of the world, research on Person-Centered interventions in the United States has waned in the last 20 years (Kirschenbaum, 2007). Although there is vast evidence regarding the efficacy of the Person-Centered approach (Gurman, 1977), there have been few experiments in the last 20 years that test the Person-Centered approach as a complete intervention rather than independent core conditions such as empathy or unconditional positive regard. To address that need, a quasi-experimental study is shared to examine the effects of Person-Centered counseling groups on teachers' stress levels. Research on stress, teacher stress and Person-Centered counseling groups are presented and analysis of data suggests that Person-Centered counseling groups were effective in lowering teacher stress after only six weeks of treatment. Limitations are presented and arguments are made for Person-Centered group counseling to be utilized in schools to assist with teacher stress.

*Keywords:* Person-Centered group counseling, stress, teacher stress

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## **The Effects of Person-Centered Groups on Teacher Stress**

Carl Rogers is widely known as a prolific writer and respected therapist who produced over 250 journal articles, workshops, and books in his career. In addition to being a visionary who challenged generations of therapists to see people, clients, and the therapeutic process differently, he was also a tireless researcher who conducted numerous experiments in the hope of providing evidence for the efficacy of his ideas. Although his writings have continued to influence therapists worldwide, the number of active research experiments testing the Person-Centered approach has dwindled in the United States (Kirschenbaum, 2007). In this article, the authors report on a recent study that measured how participation in a Person-Centered counseling group affected the stress levels of teachers.

### **Stress**

Baron and Byrne (1997) define stress as the response to physical or psychological events perceived by the individual as potentially causing harm or emotional distress. A stress cycle is comprised of: a) a precipitating event, b) that is combined with existing demands from the environment that result in, c) a physiological response to threatening situations (Bovier, Chamot & Perneger, 2004; Rice, 1999). Additionally, there are both minor and major stressful events. Many theorists have asserted that minor stressful events, such as everyday irritants like traffic, bad weather or arguments with a spouse, are strong contributors to both physical and psychological problems (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner, Coyne, Schaefer, & Lazarus, 1981; Lazarus, 1984; Monroe, 1983). Although major stressful events such as death and divorce generally occur more rarely in people's lives than minor stressors, they can have a significant impact on mental health as well (DeLongis et al., 1982; Kanner et al., 1981).

## Teacher Stress

Teaching is recognized as one of the most stressful occupations in the world (Kyriacou, 2001). Dewe (1986) reports that teacher stress is a culmination of factors including: a) task overload, b) lack of control over activities and outcomes, c) insufficient satisfaction from work, d) role conflicts, e) rapid and unpredictable change, f) interpersonal conflicts, g) unrealistic expectations and, h) feelings of inadequacy. Dewe further asserts that teacher stress is a result of how a teacher handles multiple exigencies in the work setting. A study of school teachers in Alberta, Canada reported that 600 of the province's 20,000 teachers were on long term disability with a doctor's note; and of those, a majority listed that the leave was stress-related (McConaghy, 1992).

Stress related interventions for teachers have generally fallen into three categories. First, teacher stress is thought to be helped by redesigning teaching jobs (Hanson & Sullivan, 2003). This includes changes in the teaching environment and modification of variables such as space issues or job responsibilities. Second, stress can be reduced by providing teachers a greater sense of control over their classrooms. Even if additional control is not given to a large scale, sharing in the responsibility and decision-making about school and classroom policies can also aid in lowering stress (Hanson & Sullivan, 2003). Finally, attempts are made to reduce teacher stress by increasing social and organizational support for educators. These types of interventions include teachers' trainings and workshops as well as individualized stress trainings, social support groups, and mentoring. For some time, strategies have been sought to help manage and mitigate teacher stress. Although interventions such as mentoring programs and stress reduction workshops are commonly utilized to treat the effects of teacher stress, group counseling is seldom suggested as a way to prevent and treat teacher stress.

According to some studies, social supports buffer stressors and reduce psychological distress (Cohen & Willis, 1985; Kessler & McLeod, 1985). Additionally, the literature strongly suggests that teachers with high levels of social support are in better physical health and have better mental health than those who do not have substantial support (Burke & Greenglass, 1993; Burke, Greenglass,

& Schwarzer, 1996; Chan, 2002; Greenglass, Fiksenbaum, & Burke, 1994; Kyriacou, 1981; Pierce & Malloy, 1990; Russell, Altmaier, & Velzen, 1987). It is important to note that the level of help received from social support networks does not need to be regimented from an objective perspective (ie. every teacher receives one hour of support per week); the important factor is that the teacher subjectively perceives that he or she has support and help (Turner & Marino, 1994). Despite the strong evidence in the literature regarding the potential benefits of social support groups, there is little indication that these groups are regularly used to reduce teacher stress.

### **Person-Centered Group Counseling**

Carl Rogers (1951) outlined the principles of client-centered therapy in the book, *Client-Centered Therapy: Its Current Practice, Implications and Theory*. Rogers presented the principles of effective therapy and included a chapter by Hobbs (1951) entitled *Group-Centered Psychotherapy* which applied these principles directly to group work. According to Hobbs (1951):

*It is one thing to be understood and accepted by a therapist; it is a considerably more potent experience to be understood and accepted by several people who are also honestly sharing their feelings in a joint search for a more satisfying way of life. More than anything else, this is the something added that makes group therapy a qualitatively different experience from individual therapy (p. 287).*

In the late 1960s and 1970s Rogers and his colleagues began to focus on groups and group leadership (Kirschenbaum, 2004). In his book *Carl Rogers on Encounter Groups*, Rogers (1970) described the origin and scope of the trend toward “groups.” He posited that “in such a group the individual comes to know himself and each of the others more completely than is possible in the usual social or working relationships...hence he relates better to others, both in the group and later in the everyday life situation” (p.9).

Much has been written about the role of a Person-Centered group's leader. In 1970 Rogers noted that "I have no specific goal for a particular group and I sincerely want it to develop its own directions" (p. 275). It was further noted that the work of the group leader in a Person-centered group was primarily "an attitude of respect for the participants, implemented by disciplined empathic listening and communication" (Raskin 1986, p. 278). Because Person-centered groups represented a stark contrast from highly structured groups, their impact and use continued to expand for the next 20 years and were utilized for a wide range of participants (Raskin, 1986).

In addition to the role of the group leader and lack of structure that Person-Centered groups offered, this type of counseling is one of the few interventions designed for non-pathologized populations. Many group counseling or psychotherapy interventions have been tested mainly on populations who were suffering from a diagnosable mental disorder. Person-Centered group counseling places significant emphasis on helping people function to their fullest potential whether or not they have serious problems or are interested in maximizing their own personal growth (Rogers, 1980). It is for these reasons Person-Centered group counseling is an ideal intervention for this type of study.

## **Methods**

### **Design Overview**

This study investigated whether Person-Centered group counseling reduced teachers' feelings of stress as indicated by two different measures. In this pretest-intervention-posttest quasi-experimental study, two groups of voluntary participants were assigned to one of two conditions: (a) a treatment group that participated in six person-centered group counseling sessions, weekly for 90 minutes, for six consecutive weeks, and (b) a control group that participated in no intervention. Participants in the control group were offered group counseling after they concluded the posttest measures.

## Measures

**The Perceived Stress Scale (PSS).** (Cohen, Kamarek, & Mermelstein, 1983). The PSS is a ten item inventory that asks the participant to complete a Likert-type scale that quantifies the frequency of when the participant has felt a perceived stressor, 0 = never and 4 = very often (Cohen et al., 1983). The PSS has been demonstrated to be a good predictor of health and boasts substantial reliability and validity for measuring the degree to which a person appraises his or her life as stressful (Cohen et al., 1983).

**Teacher Stress Inventory (TSI).** (Fimian, 1986). The TSI has been found to be a valid and reliable measure of stress for school teachers (Fimian, 1986). The TSI is a 49-item, 10-factor instrument that assesses the degree of strength of occupational stress experienced by American teachers in public schools (Teacher Stress Info Site, 2006). These ten factors are comprised of two types of stress measures, five stress source factors and five stress manifestation factors. The stress source factors are a) time management, b) work-related stressors, c) professional distress, d) discipline and motivation, and e) professional investment. The five stress manifestations factors are a) emotional manifestations, b) fatigue manifestations, c) cardiovascular manifestations, d) gastronomic manifestations, and e) behavioral manifestations. The five stress source and five stress manifestations subscale scores can be summed and divided by 10 in order to derive a Total Stress Score.

**Evaluation of Experience Survey.** This was completed by the teachers in the treatment group only. The survey asked teachers the following questions: 1) What are the strengths of the counseling group? 2) What has been the weakness of the counseling group? Demographic data were also collected.

### Participants

Participants were recruited for this study in two different ways. Solicitation letters were sent to the homes of 150 teachers inviting them to participate in this research. The names and addresses of these teachers were obtained through a University database of graduates who are certified to teach. Additionally, the researcher used flyers to solicit participation from teachers in suburban, urban and rural public schools after receiving

administrative permission from each school. The flyers were delivered via email or placed in the teachers' mailboxes and asked teachers to contact the researcher through email or telephone to express their willingness to participate. Over 3000 flyers were distributed and 26 responses were received. The teachers that responded were divided into two groups, 13 participated in the treatment group and the remaining 13 participated in the control group. Placement in groups was decided by each teacher's scheduling and availability to attend groups.

### **Location and Time of Study**

The treatment intervention took place at two different urban sites in Upstate, New York. One group met on Mondays from 3:15 – 5:00 p.m. and another met on Tuesdays from 11:30 – 1:15 p.m. In order to provide the maximum flexibility to the teachers' schedules, the teachers chose a day and location most convenient for them. The treatment groups began the first week of November and were completed by the middle of December. Procedures for the person-centered group are explained in the procedure section of this chapter.

### **Procedures**

The following procedures are consistent with the protocols of Person-Centered group facilitation. 1) Group begins with an acknowledgement of our coming together again and the group leader invited the participants to share what they would like, 2) Person-Centered group was facilitated. The facilitation of Person-Centered groups included the leader a) demonstrating an attitude of respect for the participants, b) listening empathically and conveying an understanding of what the group members are communicating, c) presenting genuinely to the group. In Person-Centered groups, participants are welcome to discuss issues related to present or past experiences in their work or personal lives. For some group members, these issues may not be distressful in any way, and for others, there may be an emotional reaction to talking about their life and experiences. The type of information that is shared in Person-Centered groups is determined by the amount of disclosure the group

members are comfortable making and this varies from group to group. 3). The group leader noted the time and informed the group when they had five minutes left in the session. 4). Facilitator wrote counseling notes which noted the general content and group process of each Person-Centered group.

### **Data Analysis**

After the pretest and posttest data were collected, they were compared using dependent t-test to determine if stress levels had changed over the course of six weeks, for either the treatment or control groups. Additionally, *Cohen's d* was used to determine the effect size of any significant changes. Independent t-test analysis was also used to determine between group differences at pretest, establishing that the groups are beginning at comparable points. The counseling notes, written after each Person-Centered group, were used as a potential reference to understanding pre and post group differences for the treatment group.

### **Descriptive Data**

#### **Participant Demographic Information**

Participants consisted of 26 public school teachers from urban and suburban school districts in and around a major city in Upstate, New York. Of the 26 people who volunteered to participate in this study, 13 entered treatment groups and another 13 were placed in the control group. Placement criteria were based on time constraints, conflicting work schedules, and location issues for the teachers.

The participant pool consisted of 21 (80.7%) female teachers, and 5 (19.3%) male teachers who were between the ages of 22 and 64 years. According to the National Education Association's website, only 24.9% of teachers in the United States are male, making this sample somewhat representative of the male to female ratio of educators (National Education Association, 2007). The participants' years of teaching experience ranged from less than 1 year to 41 years with a mean of 15. The average number of years of



experience for the treatment group was 10, and the control group was 20, which parallels the difference in age for both groups.

The treatment group had ten Caucasian members and three African American participants and the control group contained 13 Caucasian teachers. The low response rate to this intervention (26 out of 3000) and a commitment to accommodate the teachers' schedules resulted in the treatment and control groups not being completely demographically matched.

## **Outcome Data**

### **Perceived Stress Scale (PSS)**

The mean scores for both treatment and control at pretest were 21.23 and 25.08 respectively. Although there are demographic differences between these groups in relation to diversity, age, and years of experience, an independent t-test analysis confirmed that there scores regarding their level of perceived stress were not significantly different between the groups at pretest (t-value .541). The mean score for the PSS in the treatment group was 21.23, and a standard deviation of 6.21. In the posttest, their scores lowered to a mean of 17.31, and a standard deviation of 4.66. Dependent t-test analysis determined that this group experienced a significant reduction (t-value .014,  $p = .05$ ) in their levels of perceived stress from pretest to posttest. A *Cohen's d* score was calculated using mean and standard deviation results and established that the size of the effect on the perceived stress scores was .74 which is on the border between a medium to large effect.

The control group scored a pretest mean of 25.08 and standard deviation of 11.45. In their posttest, one control group member's stress score raised more than four times that of any other group member and that participant's results were eliminated from the data analysis. The posttest mean score after removing the outlier data was 26.58 with a standard deviation of 10.73, for an increase in the mean of 1.5. Dependent samples t-test analysis confirmed that the increase in the control group's perceptions of stress was not significant at the .05 (t-value = .199).

### Teacher Stress Inventory (TSI)

The TSI is comprised of 10 subscales that measure a teacher's experience of various job related stressors and the physical and emotional manifestations of stress. Independent t-test analysis was used to compare the means of the treatment and control groups at pretest to determine that there were no significant differences between these groups (t-value .454,  $p < .05$ ). During this intervention, the control group demonstrated no significant ( $p < .05$ ) changes on the TSI from pre to posttest.

Dependent t-test analysis, indicates that for the treatment group, the category of Cardiovascular Manifestations increased significantly and Emotional Distress reduced significantly, ( $p = .05$ ). Professional Distress increased significantly ( $p = .01$ ). In order to measure the power of this change, a *Cohen's d* score was calculated using the mean and standard deviation results and established that the size of the effect for Cardiovascular Manifestations is .40 which borders a small to medium effect. The *Cohen's d* score for the Emotional Distress and Professional Distress categories both indicate a medium effect with .46 and .62 respectively.

### Evaluation of Experience Survey

In this survey, respondents listed that the strengths of the counseling group was the ability to gather with peers (n=4) and get support (n=4). The next most frequent responses were talking at work and not taking issues home (n=3) and the participants' willingness to share (n=3). Teachers also thought venting (n=2), hearing peers points of view (n=2), and feeling relaxed and comfortable (n=2) were strengths of this intervention. As for the weaknesses of this intervention 71% (n=10) indicated that there were no weaknesses. Two people in the treatment group were concerned that some members of the group were allowed to monopolize the discussion.

## **Discussion of the Findings**

This study measured the effect of Person-Centered group counseling on teachers' stress levels for a period of six weeks. The teachers in the treatment group, who had exposure to experiential group counseling, had a significant reduction in their perceived stress levels. In order to better understand why this intervention was helpful in reducing stress, evaluation of experience information from the treatment group indicates that the strength of this intervention was in being able to gather with peers, vent, get support, talk out problems at work instead of taking them home, the willingness of all of the participants to share, and being able to hear their peers' points of view. Further, these responses indicate that the real benefit that the teachers received from this intervention was not associated with anything the counselor was doing, but rather in being able to feel connected to and supported by their peers. Turner and Marino (1994) posit that it is less important to have an "objective" person and more important that the teachers subjectively perceive that they have support and help.

These findings make a strong case for the use of Person-Centered groups to reduce teacher stress. The strength of the group approach is that it minimizes the counselor role and places more emphasis on the participants to provide support and help to one another. The role of the counselor in these groups is to convey empathy, respect and to be genuine with the group. By modeling these conditions, the participants were able to share, disclose, and support one another and it was likely that those were the factors that caused significant perceived stress reduction in just six weeks.

In analyzing the TSI, there were significant changes for the treatment group in three areas. In this category of Work-Related Stressors, the teachers were asked to respond to the following statements: 1) There is little time to prepare for my lessons/responsibilities, 2) There is too much work to do, 3) The pace of the school day is too fast, 4) My caseload/class is too big, 5) My personal priorities are being shortchanged due to time demands and, 6) There is too much administrative paperwork in my job. This result paralleled that of the control group which also experienced a similar rise in Work-Related Stressors.

The teachers in the treatment group had a significant ( $p < .01$ ) rise in their levels of Professional Distress. Professional Distress statements include: 1) I lack promotion and/or advancement opportunities, 2) I am not progressing in my job as rapidly as I would like, 3) I need more status and respect on my job, 4) I receive an inadequate salary for the work I do and, 5) I lack recognition for the extra work and/or good teaching I do. The scores for these questions rose significantly from the pretest to the posttest for the treatment group but did not reach significance for the control group. These findings are consistent with the counseling notes for the last two treatment group sessions. These notes indicate that the teachers in both treatment groups reported an increase in job frustration toward the end of the six sessions.

The TSI also revealed a significant rise with a small to medium effect in the Cardiovascular Manifestations of the teachers in the treatment group at the .05 significance level. The area of Cardiovascular Manifestations was measured with questions: 1) I respond to stress with feelings of increased blood pressure, 2) I respond to stress with feelings of heart pounding or racing and, 3) I respond to stress with rapid and/or shallow breath. The counseling notes written after each treatment group indicate that one member of the treatment group disclosed that she recently had been diagnosed with hypertension and believed that it was job-related. One other treatment group member's scores increased in this area and it is unclear how the counseling groups may have impacted this area of teacher functioning. It is possible that some group members had a nervous reaction to the treatment groups, including increased heart pounding or rapid breath. This may also be the result of the increase in Work-Related Stressors and Professional Distress mentioned earlier. More research is needed to determine if these results are representative of an outlier in the data or if there is something about the intervention that activated cardiovascular manifestations.

Despite the evidence that Professional Distress and Cardiovascular Manifestations rose, the treatment group reported a significant decline ( $p < .05$ ) for the category of Emotional Manifestations. This category in the TSI includes the statements: 1) I respond to stress by feeling insecure, 2) I respond to stress by feeling vulnerable, 3) I respond to stress by feeling unable to cope,

4) I respond to stress by feeling depressed and, 5) I respond to stress by feeling anxious. According to t-test analysis, the treatment group's Emotional Manifestations declined indicating that the treatment group reported a significant reduction in feelings that that they were vulnerable, unable to cope, depressed, anxious or insecure at the end of the six week intervention.

These findings, which show a reduction in the way the teachers manifested emotional dissonance, are consistent with the results of the Perceived Stress Scale that indicated that the teacher's perceived stress levels declined. So, despite increased levels of Cardiovascular Manifestations, Work-related Stressors and Professional Distress, the teachers in the treatment group perceived they were less stressed and less emotional. In contrast, the control group reported no significant reduction in either stress or emotional manifestations.

### **Limitations of this Study and Future Research Suggestions**

Limitations are present in every study and this one is no exception. The limitations of this study are as follows:

1. Because this group was highly selected, the results of this study cannot be generalizable to all public school teachers.
2. Participation in this study was voluntary and those teachers who agree to participate may not represent all teachers.
3. This intervention consists of only six group counseling sessions and provides no information about the longevity of the effects of group counseling on stress levels.

Future research could engage a larger sample of teachers, extend the number of sessions beyond six to better understand how stress reduction is achieved by this intervention. Additionally, more information is needed to understand the longevity of the benefits of group counseling and whether or not the stress reduction continues after the intervention has ended.

## **Conclusions**

These results will hopefully reenergize the Person-Centered community to continue Carl Rogers' dedication to research regarding this approach. As evidence-based practices continue to flood community mental health agencies with claims of efficacy, it is vital to remind practitioners and stakeholders in the mental health professions of the value and potential impact of the Person-Centered approach. Additionally, as healthcare in the United States moves away from disease-based treatment to a focus on wellness and health promotion, the importance of an intervention that supports the efficacy of Person-Centered group counseling as a way to help healthy, non-pathologized, hard working adults reduce stress and improve functioning is vital. This research also affirms the potential of Person-Centered group counseling to build cohesion and combat stress in highly stressed employment groups. Additionally, there is also an opportunity for us to begin to examine how Person-Centered group counseling and teacher stress reduction efforts can work together to help keep our teachers stay healthy.

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