

## **The Therapeutic Endeavor in Diminishing Boredom and Regaining the Quality of Life During the Pandemic**

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### **Abstract**

**Introduction:** *The study brings data about a method to offer therapeutic support in order to diminish boredom and negative emotional states that have emerged during the pandemic. Once work has mostly moved online, with fewer outings, the decrease in social contacts, with the fact that we live with the same people, all of these have resulted in an augmentation of the degree of discomfort, experience of multiple losses, the decrease of the positive state and our quality of life. During this period of massive changes brought in our life by the pandemic, one of the dysfunctional characteristics that has impacted us, in terms of the quality of life, was the onset of boredom.*

**Objectives:** *The objectives of the study have been centered on observing the different changes in the clients' well-being, the apparition of boredom and on finding solutions that are appropriate according to each individual, in order to help them come out of this existential impasse, in the case of people who sought out therapeutic support in this period.*

**Methods:** *To evaluate the starting parameters, two questionnaires are used in the study, to describe the survey and to highlight the levels of boredom and quality of life. According to these parameters, the individual therapeutic plan was realized for all 21 persons who asked therapeutic support for challenges occurring during the pandemic.*

**Results:** *The results point out the changes that were noticed after therapy. For each client, the definition of time, space, and personal equilibrium changed with the pandemic emergence and its unfolding, therefore undergoing some steps in redefining all these aspects was necessary.*

**Conclusions:** *The undergone therapeutic process brings out new possibilities for resolving these problems, but also for re-establishing one's own balance and increasing the quality of life.*

**Keywords:** *quality of life, existential impasse, therapy, boredom, COVID-19 pandemic, online*

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## **I. Introduction**

In the past few months, the changes in our lives have been many and definitely not simple ones. We live in a situation that has never happened to us before – which is the occurrence and the evolution of the pandemic, with all it ensues.

The new experiences make so that the perception of time suffers modifications, making it seem like it dilates, and this happens even more if these experiences are pleasant. We usually have the perception of time as feeling dilated during childhood because that is when experiences are new. While, once we advance in age, we know things, the new experiences start to appear less, so time does not seem to be dilating for us anymore. If we constantly offer ourselves new experiences, our time seems to be expanding, and when we do not do that, it seems like it is contracting. The effects of doing the same things repetitively and nothing new happening lead to a modified perception of time. The pandemic has made out options to do new things to dramatically decrease and our perception of time suffered in return as well.

Another way in which we can perceive the passing of time is in its quality – if we pass the time pleasantly, it seems that it has a faster pace, and if not, it seems that it goes slower, this being in direct contact with our hedonic state (Sackett et al., 2010). Surprisingly, Sackett's studies also demonstrate that when people are told that time has passed quickly, they have the tendency to believe that they have felt good. During the pandemic, this dimension of perceiving time was influenced by repetitiveness, by losses, and by a constant alertness. The repetition was given by either the same activities or the same people we see day in-day out, those we live with, the same fears that we are experiencing again and again. The losses we have experienced were those of certain personal definitions, of the known peace, of the known balance, of the possibility to move around, of the existence of long-term plans, and, of course, for those less lucky of us, the passing of loved ones. The continuous alertness was first given by the unknown that the illness brought in, and the multiple news on the subject, out of which some even contradictory, but also by the impossibility to find solutions to solve the health, movement and purveyance problems. All of these have had an impact on the perception of our own life's quality and on our perception of time. The lack of socialization, of varied activities, of possibilities to go out have made our well-being deteriorate and often resulted in boredom.

The well-being is a subjective evaluation of our quality of life and one of the factors that contribute to the appreciation of our adaptative capacity, because it gives us a measurement to understand our possibilities, our own efficiency in life situations. Our adaptative capacity and our personal efficiency have been at trial during this pandemic because the changes experienced were multiple, and their succession happened quite speedily. Our personal efficiency makes reference to the criteria to appreciate success, to the fact that the group efficiency is realized also through the personal contributions of every family member, but also through each person's contributions in a conjugated effort of the family they belong to. The state of well-being is also tied to our happiness, by our own concept of happiness and its source. The recent measurements on the state of well-being make reference to a global evaluation all of us make, evaluation linked to the way in which we attain our existential purpose (Lazarus, 2011). This pandemic has not dispossessed us of only certain definitions, the possibility to go out or socialize, but also of existential purpose. It has brought us in loneliness and has turned us towards our own selves. Multiple people have disappeared, our activities that did not have a huge importance have also disappeared, we have been reduced to our essence. And this is not something that was easy for any of us. Looking at oneself can be a painful endeavor. Above all, our sight has always been towards the public health system and it was constantly necessary to understand and adapt to the consequences of these public health policies. People were not always in agreement, or did not always understand, and from here animosity, fury, frustration and extra social distance erupted in addition.

The collective worry influences our daily habits, our choices, our ways of consumption, of provision, the ways to prevent and care for our health (Torales et al., 2020). Now, after many months from the start of the pandemic, we have an extra battle to hold in order for our loneliness to not transform itself into solitude. In the society we live in we value certain aspects, such as the sovereign rights of individuals, tolerating differences, the freedom of expression for the individual, protecting the liberties, but also the possibility to be the way we are, our own subjectivity and our own independence (O'Hara, 2011). Throughout the pandemic, some of these aspects could not be lived the same way as before, and we have even felt that they were 'confiscated', which brought through a lack of balance in our lives. Added to all of this, boredom intervened, bringing to our sufferance another thing to impact our quality of life.

Boredom is an unpleasant state that leaves us without a purpose, that affects our wish to do things, to go on, to go further in our life. This impacts us in different ways and on multiple levels: our thoughts, our motivations, our actions. More than other negative outcomes, boredom brings us in the area where we feel that everything we do, feel, think makes absolutely no sense (van Tilburg & Igou, 2011). Boredom subscribes itself to the list of other negative feelings experienced during the pandemic – such as anxiety, frustration, sadness, which have changed our perception about the state of our well-being. It is associated with the decrease of certain functions of our attention, our care for ourselves and others, a lack of implication in our work assignments or in the choice of realistically doing things, we lose the purpose behind activities, the relevance to continue, to move forward, and we see a decrease in the relevance of moral thinking and behaviors, etc. (van Tilburg & Igou, 2017). The issue of boredom and the tendency to experience boredom appears in a period in which we were trying to combat it, and the first scale about the inclination towards boredom was created in 1986. This inclination towards boredom makes the person feel bored often, even though the situations they are going through offer enough stimuli that are captivating or interesting. The inclination towards boredom correlates negatively with the quality of life and the personal autonomy (Farmer & Sundberg, 2010).

Us, people, give ourselves hope by communicating with each other, finding new, creative ways to help each other and having an empathic rapport with each other. This is particularly difficult to do when we seldom meet each other. Cultivating and practicing empathy helps us develop our capacity to soothe ourselves. Starting from this ability we have, to offer empathy, one can cultivate hope, and this will lead to a better affective resonance – we may feel better understood by our family, our loved ones, and friends. By cultivating hope, we reach a better attachment, we build and keep relationships that are more authentic and fuller of confidence; we reach ownership – to become stronger and more successful, to be inspired by positive examples; we reach survival – to remain calm and focused on solutions to come out of an impasse; and spirituality – to have the capacity to forgive and forgive ourselves, to live more in touch with our values in order to go further healthier.

## **II. Method**

### **Objectives**

The study tries to emphasize one of the changes that the pandemic has brought through, which is the appearance of boredom, along with all it encompasses, as well as the changes that appeared on a personal balance and quality of life level. Starting from emphasizing the role of therapy in the regulation of boredom, the study tries to answer the following questions:

- Does the person who is inclined towards boredom, or who experiences boredom, have behavioral issues or health issues? (Are they less preoccupied/receptive to decisions tied to the sphere of their health and personal balance?)
- Can the experience of affective state changes activate modifications in terms of diminishing boredom as well?

The study starts from these questions, trying to answer them and can bring data about a few of the variables that have brought the change for the clients in therapy.

*Objective 1.* Emphasizing the onset of boredom on the basis of the changes brought in our lives by the pandemic and the aspects that can act towards its diminishment.

*Objective 2.* Capturing the role of the therapeutic endeavor in tackling the pandemic period, in order to reduce boredom, to raise the quality of life and to establish a new personal balance.

### **Hypotheses**

The focus of the study is on the apparition of boredom during the pandemic, identifying the factors that contribute to it, in order to diminish their importance through the therapeutic process and to re-establish the quality of life.

*Hypothesis 1.* The negative and positive anticipated affects constitute important predictors in the intention to change and then in the processes that reduce boredom.

*Hypothesis 2.* The therapeutic process contributes to diminishing the symptoms that appeared with the pandemic, in terms of boredom, and contributes to re-establishing the quality of life and building of a new personal balance in the same period.

### **Participants and tools**

The study included 22 participants that solicited psychotherapy during this period, with their

age range between 32 and 48 years. In order to collect the data to describe the sample (age, profession, number of children, etc.) a first questionnaire was applied. The persons who took part in the study are all married, with one or two children, that are under age. The second questionnaire was applied in order to identify the initial values that are tied to the perception over boredom, over the existence of an inclination to boredom and the quality of life, generically speaking. The answers to the second questionnaire were measured on a five-step Likert scale, where 1 was the lowest and 5 the highest level. In addition to this, it ought to be specified that the term quality of life makes reference to several areas of each of the participants life, so that when they give a grade to the quality of their life, they actually give a grade to the perception of all the areas, as a sum. The areas that we have captured as part of the auto-evaluation of the participants' quality of life include: health, work, couple, relationship with children (in case they exist), where they live and their free time. In regard to the questions related to the perception of the boredom, to the expected affects, and to proneness to boredom, these were adapted from the scales that evaluate these dimensions, so they could be used.

### **III. Results and discussion**

*Hypothesis 1.* The persons who requested therapy during this time have not specifically requested it to address boredom, but the multitude of difficulties that appeared in their life tied to their level of anxiety, of stress, of losing one's job, online work, social relationships that have been affected, etc. However, after a period of staying at home, of less social contacts, of living the different forms of anxiety and continuous experience of alertness, boredom appeared as well. This is an unpleasant emotion characterized by the lack of purpose (a sense of purposelessness), by the absence of the wish to be included in an activity. Those who are inclined towards boredom get to experience it quicker and often have feelings of loneliness, lack of hope, distractibility and depression. For us all, during this period, the things that affected our quality of life have accumulated and modified our balance, rendering us, even if temporarily, to find solutions to avoid all of these. Boredom has added itself to something that already did not function very well and brought a misadjusting relation with purpose and what people have aimed for themselves, brought a negative state of being, of lacking purpose and continuity, having repetitive actions in the same place (usually our home),

being exposed to insufficient stimuli, or none new. Studies show that boredom correlates in the organizational and educational areas with a decrease in performance, efficiency; in health we have the lack of purpose, unhappiness, depression, hostility; and in therapy, besides all of these, one can add negative experiential states, the decrease in the quality of life, the absence of self-actualization and loss of balance.

One of the first items that were contained in the questionnaire was if people are inclined towards boredom (boredom proneness). This characteristic makes a reference to the fact that the person has experienced in their life a lack of hope, being distracted, the absence of a purpose and has gone through it more than once, repetitively, in the past. In this context, the sense for repetition is experimented as boredom multiple times during a day or the individual has experienced it in different contexts throughout their life. In terms of the degree it affects the participant five dimensions have been targeted, these being: disengagement, inattention, low stimulation, high stimulation and time perception.

For the self-evaluation questionnaire related to the tendency towards boredom, experience of boredom, and regarding the quality of life, the answers were as follows: 5 participants identified themselves as having a proclivity towards boredom (28%), 17 of them were bored, and out of these, 24% evaluated its level as medium, for 35% it was high, and for 41% very high. Regarding the quality of life, all respondents perceived theirs below the standard level.

Starting from these measurements, the therapeutic intervention was structured, personalized for each participant, but in connection to dimensions of boredom; process which, at the end, has led to re-establishing each client's deteriorated personal balance. It is known that the intention to do and to show performance in some behavior is given by the attitude that the person has towards that behavior (Ajzen, 1991). The intention is influenced by two distinct concepts: behavioral beliefs and normative beliefs (Madden, Ellen & Ajzen, 1992). In regard to the behavioral beliefs, these represent a point of view related to the consequences of the behavior and their positive and negative outcomes. The normative beliefs, for us, refer to whether significant people have or do not have favorable opinions about our behavior. Hence, in choosing our behavior, the expected affects will have a notable importance.

During the pandemic and not only, the difficult situations bring different feelings and changes, upon the same emotional continuum (Burgo, 2019). We have all

experienced fear, concern, vigilance, difficulty, but for each of us, the life context with its differences was added. Some examples related to this are:

- Each family member's health condition (vulnerable or not) – with all its implications – were they or were they not in the risk category; could they or could they not go and get the prescribed medication if they were chronically ill – in which way could they deal with it (controls, prescriptions, recurrent treatments which require hospitalization, etc.)

- The seniors' existence in the family (with whom they lived or whether they lived alone) – the main challenge was that of protection, which was built upon a powerful stressor (the thought of being the source of illness or death for somebody dear to you, supplies, the limited possibility of visiting).

- The existence of children in the family – if they had children, how old where they. For the younger children it was harder to get used to the absence of walks, of going to the playground, of not being able to see their friends anymore. For the elder children it was harder to understand the physical absence of friends, even though they spent more time in the online medium. They had done it before too, but they also wished to go out. Besides these, all the learning activity shifted to an online environment for all ages and that led to another issue – sharing the locative space.

- The shift from face-to-face work to online work, unemployment, or even losing the workplace.

For every client these factors were different, thus for everyone the changes were different. There was feeling of losing the daily routine (the usual activities did not exist anymore or were diminished drastically), social distancing changed relationships, going out was lessened, our daily agitation received other dimensions, and all of these led to the appearance of boredom.

**Second hypothesis.** Psychotherapy was built around the following objectives, starting from the evaluation of boredom, of the quality of life, as well as from the assessment of the symptomatologic, existential, and familial plan: the activation of the personal resources, the boost of creativity, redefining the personal roles, managing the negative emotions, managing stress and anxiety, the health-related life choices, the construction of new definitions related to well-being, equilibrium, quality of life. Boredom comes with the feeling of being stuck in a place that does not bring one anything, in which everything seems as if it is not going in the right direction and the perception of time is also distorted. This last aspect pays attention to

the existence of a relation between how we perceive the passing of time and the pleasure that we feel while doing an activity, being well-known, as we mentioned, that when we feel good, time passes very fast (Sackett et al., 2014).

The therapeutic process covers a large palette of problematics and it has roots in the client's decision of coming to therapy and asking for support. The will to change appears when the client finds a positive connotation to the results that will appear after change. So, one of the first questions targeted exactly that – which are the expected changes and what effects do participants think these have. The questions targeted – after the expected change, if their life will be better or worse, what are they looking forward to happening, in which way will it be emotionally better, what concrete changes are they waiting for?

Starting from the client's objectives, the therapeutic process leads to helping the client find their own solutions, unlocking their potential, and utilizing it plenarily (Mitrofan, 2008). It is considered that when boredom appears, the client's opinion about it is that there is nothing wrong with them, and in fact are just a bit demotivated. Realizing that what appeared in their lives is a problem that perturbs their existence made them consider a first step for change. Asked about their opinion on boredom, around 60% thought of it as a disposition, something that comes and goes and does not have that much relevance. Hence a first step in tackling the problem was to work on the five dimensions of boredom – disengaging, low or high stimulation, inattention and perception of time. Comprehending the dysfunctionalities that appeared in their lives, from the five dimensions perspective, represented another step towards change. The therapeutic endeavor took into account the activation of the personal resources and using them in dismissing boredom.

One perception related to our life is deformed by the aversions which came with the pandemic, associated with developing a high level of anxiety, which leads to a distorted way of interpretative thinking, and further enacts dysfunctional behavioral responses (Voicu, 2017). From this perspective, the therapeutic process offered clients new methods of approaching their problems, building new and more adequate connections with the reality, making conscious choices, and discovering new meanings.

Our homes are not our homes anymore, during the pandemic they have become complex meeting spaces, because they shifted from family spaces to job areas, or to kids' school spaces. Our meetings at home

became meetings with our relatives in multiple roles – partners, but also employees, having the office in the dining room, or students having school in the kitchen. Thus, the words “self-reflection” and “self-themed” made us think of new definitions for our home, our life, and division (of space, of time) (Lehman, 2009). The difference between home and just a house makes people understand that fancy furniture, or a special type of building alone are not definitory to make oneself feel at home. In the end, home means, for every one of us, being in contact to one’s own edifice (Dumitrache, 2017). Out of this new dynamic, new problems emerged, related to the personal image clarification, one’s role within the family, repositioning regarding time and sharing/ compartmentalizing (space, time, devices, resources), redefining new spaces, new activities, a new equilibrium, evaluation and re-evaluation of affective resonance. If home means checking-out, relaxation, being with the loved ones, this meaning changed to work, stress, less interacting with others, less going out.

For many clients, the endeavor of adapting to the changes led to the possibility of reorganizing themselves regarding relationships, activities, and personal definitions. Empathy is a way to perceive relationships, not only by being in the other person’s shoes, but as a sum of all the interactions with different people in our lifetime. Relational empathy is a way of knowing relationships, which makes the transition from egocentric knowledge to the sociocentric one. Henceforth, in therapy, methods of experimenting relational empathy were chosen and it led to a better communication with the clients who were staying at home in the first place, then their different relationships with others, and next in other areas, especially regarding the shift towards a constant prosocial behavior. Each individual’s characteristics as a “part” of something change from context to context, but many of them can be improved if we look at the context through an empathetic lens and have a prosocial behavior. Once being involved in activities with and for the other, our quality of life increases as well (Breaz, 2020). This brought an increase in the engagement level within the family, and the activities undertaken together, enhancing the level of attention, balancing the daily stimulations level, decreasing the feeling of loneliness, through the active involvement in online endeavors, not only related to work, but leisure time as well, reducing the feeling of isolation, cultivating hope, and experiencing empathy and solidarity more often. Studies show that people do not live in the same manner, that they experiment themselves and the world in general differently, and that they are different from context to context, from situation to situation (O’Hara, 2011). This is exactly what

happened during the pandemic – people tried to translate their experiences into personal meanings, however they could do it better, seeking meanings related to their own formative experiences, relating to their own conceptions and personal definitions. They sought to perceive their personal life according to its unfolding meaning until then, believing that it will continue to unfold the same way it did before, but the pandemic changed everything, in many unknown ways, for every one of us. In these new frameworks, people were not alone, even though they did not have as many people around them as before. So, people whom they spent more time with were the ones with whom they wrote their stories together, every one of them being the center of their own narrative (Mecu, 2016). Experimenting the story and creating it during the pandemic became easier through therapy, due to the orientation of such process towards tolerance and recognition (Berke, 2017). The proposed exercises took the clients out of the theme of “looking back” towards a recent past – a reference which narrows the future, for a better and motivated chosen forthcoming time. Looking forward forms the future, whilst looking back to something that we do not know whether and in which form could come back, does not bring any benefits, but only narrows the field of choices. Highlighting the awaited affective shifts, for both the clients and their families, represented a factor which led to better adaptive decisions and the personal definitions optimization for every one of them (Goian & Breaz, 2020). In the beginning, most clients were expecting negative affective outcomes in most days, and while undergoing therapy, they developed new ways of understanding themselves, their time, family, and activities, and these led to expecting positive future outcomes, which contributed to enhancing the quality of life. The space-time relation could thus be reconfigured, home received more positive attributes during this new situation, time did not seem as if it was passing slowly, pointlessly, and that people were caged to senseless activities.

After 10 weeks since therapy has started, the measurements taken have revealed the following: the level of boredom of the people that have undergone therapy decreased by 77%. Another measurement was related to the quality of life – this increased for all participants. The results were highlighted through the clients’ subjective perception about all of these, but also through the family’s feedback regarding the changes that were seen throughout therapy.

For each client, the definition of time, space, and personal equilibrium changed with the pandemic onset and its development. The explicit explanation related to the events in their life is the one that emerges

from the experience of attributing meaning to them, of understanding them, symbolically, of what they represent to the clients. All these known symbols and the familiar interaction until that moment changed with the pandemic. After therapy, the new symbols needed time to form and clients began redefining themselves, thus their verbalization represented the explicit way the person felt in that moment (Vanaerschot, 2011).

One of our symbols after the pandemic ends can be related to the three Bs, meaning: Building Back Better. The therapeutic intervention created this opportunity, to think in terms of change and return, more precisely about redefinition in a better sense. The B.B.B. can become a personal slogan for these years, to be able to create a better world, that is more accessible, more sustainable to us. These are all definitions that enable us move forward.

#### IV. Conclusions

The therapeutic endeavor made the clients story of dismissing boredom and finding new meaning possible. The story was written, eventually, as a tale about friendship, collaboration, devotion, and evolution (Petre, 2014). Inner peace and personal balance are achieved when all our inner energies resonate harmoniously and this contributes to our good health, our inner harmony, our quality of life, and our will to move forward (Voicu, 2017).

Thus, the acquired data points out that, despite the main problems regarding anxiety and stress, the issue of boredom was also added during the pandemic. When we face difficult situations, we learn about ourselves, we receive life lessons, and this is not easy at all, because we are confronted with our own resources, as well as with our weaknesses (Badea, 2019). The psychotherapeutic process brings out new possibilities for resolving these problems, but also for re-establishing one's own balance and increasing the quality of life.

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