Logos Universality Mentality Education Novelty: Philosophy & Humanistic Sciences
ISSN: 2284-5976 | e-ISSN: 2501-0409
Covered in: ERIH PLUS, CEEOL, Index Copernicus, CrossRef, CrossCheck, J-Gate, Google Scholar, Ideas RePeC, Econpapers, Socionet, KVK, WorldCat.

2024, Volume 11, Issue 1, pages: 25-38 | doi: https://doi.org/10.18662/lumenphs/11.1/72

Depressive and Anxiety Disorders in Adolescents. A Psycho-spiritual Approach and Statistical Contextualization

Oana-Andreea NEAGU[1]

[1] PhD Student, Doctoral School of Sociology, "Alexandru Ioan Cuza" University of Iași, Romania, Corresponding author: Oana-Andreea Neagu; e-mail: neagu_oa@yahoo.com

Abstract: *At the beginning of the third millennium, depression is under a lot of debate and specialist studies, literature, artistic manifestations and people's testimonies highlight this form of mental disorder that is growing and giving rise to complex and various problems. Depression means a state of pathological sadness and, at the same time, is a permanent negative state, an emotional pain overwhelming an individual in moments almost normal of life, but which are perceived disproportionately. Besides sadness, cognition, thought process, will and decision-making power are also impaired. Usually, depressive states do not have an organic cause, but some existential causes, linked to the absence of perception of life meaning and the connection to God.*
Depressive disorder is a real public health issue, with a major impact on the cognitive, psychological and social development of adolescents. Therefore, this work aims to identify, from a theoretical perspective, the factors that generate a context favoring the triggering and amplification of some forms of depressive or anxiety disorders in adolescents, and also to highlight some multidisciplinary methods of understanding and intervention proposals.

Keywords: *depression, anxiety, adolescence, psycho-spiritual therapy, suicidal risk, life events.*

How to cite: Neagu, O.-A. (2024). Depressive and anxiety disorders in adolescents. A psycho-spiritual approach and statistical contextualization. *Logos Universality Mentality Education Novelty: Philosophy & Humanistic Sciences, 11*(1), 25-38. https://doi.org/10.18662/lumenphs/11.1/72

©2024 Published by LUMEN Publishing. This is an open access article under the CC BY-NC-ND license http://creativecommons.org/licenses/by-nc-nd/4.0/

Introduction

The constant and rapid change in the social, economic, political and technological context undermines the contemporary man, disturbing the delicate balance and superficial happiness of material things. Disoriented by the turmoil of life, man isolates himself both from his own self and from the community, cutting off real communication with his family and relatives in general. Lonely, tensed up and tired from the constant struggle to adapt, he easily falls prey to depression, a disease of spiritual poverty (Teşu, 2005), which twists around him like a vine on an oak tree: *a huge vine had attached itself to this confident tree and had nearly smothered it. It was hard to say where the tree left off and the vine began. The vine had twisted itself so entirely around the scaffolding of tree branches that its leaves seemed from a distance to be the leaves of the tree; only up close could you see how few living oak branches were left`* (Solomon, 2017).

The major changes that have taken place in recent years in the life of the individual and the community to which they belong, associated with the tension transmitted by the mass-media and the constant pressure of time, which is never enough, generate a *sensory overload* in our existence. Constantly distracted and scattered attention, incapable of contemplation and reflection, sets out the coordinates of a predominantly sensory life, in which individuals move away from themselves, gradually giving up on the process of reflection on their own person (Mihalache, 2019).

Adolescence, as a transitory phase from childhood to maturity, involves many physical, cognitive and psychosocial changes. In the process of developing and shaping their own identities, adolescents may become more prone to act impulsively, and, due to the age-specific sensitivity, they may develop frustrations with a negative impact on life.

Typically, the social networks to which they belong provide them with the support and confidence required to cope with the stress producing situations. In their absence, an emotional imbalance occurs with significant effects on adolescents.

Understanding and contextualization

Originating from the Latin verb *deprimo, -ere* which means *to push down, to bring to a lower level* (Guțu, 2012), the word is associated with notions such as melancholy, sadness or depression, terms which are much older than the first one.

The *Medical Dictionary* defines depression as a mental state of pathological sadness, pessimism, self-devaluation, anxiety and lack of

interest, amplified by a psycho-motor slowdown and a number of somatic symptoms (Rusu, 2007), and the Psychology Dictionary calls it an *illness of mood* marked by loss of interest, despondency, hopelessness and discouragement. According to the same source, depression is one of the oldest and most frequent pathologies, closely correlated to melancholy, which defines the typical clinical picture, even if today it no longer corresponds to many clinical forms of the condition, accompanied by emotional disorders such as anxiety, aggressiveness, irritability (Doron & Parot, 1999).

The contemporary Orthodox theology, based on patristic and scriptural literature, aims to define and explain this disorder, called illness and which is described by the Holy Fathers in terms of *sadness, acedia, gloom, depression* or *despondency*. Typically, the Orthodox psychotherapy associates depression with what the Holy Fathers called *the passion of sadness* and *the passion of acedia* (Larchet, 2006). For the Greeks, the term *acedia* suggested the idea of carelessness, indifference or even discouragement in relation to everything that life represents. Evagrius Ponticus, when talking about the term *acedia,* calls it *the demon of acedia* and even *the noonday demon* (Bunge, 2007).

What we now call depression is a state known to mankind since the Fall of Man. Characterized as a state of indisposition, the Archimandrite Spiridonos Logothetis associates it with feelings of fear, remorse, anger, fatigue, guilt, hatred, discouragement and even despair. This may also be accompanied by a number of physical disorders, such as breathing, digestion and psycho-motor disorders. The same author links the multiple disorders to some feelings, such as lack of value, guilt, fear of different catastrophes that sometimes appear as illusions and the most dangerous – *the suicidal thought* (Logothetis, 2001).

Although, nowadays, sadness makes us think specifically of a suffering of the soul, the meaning given by the Holy Bible includes both the emotional and physical suffering. The term *depression* is not found in the Holy Bible, but the biblical text contains frequent descriptions of this disorder. The Old Testament gives us an accurate description of a number of symptoms characteristic of the depressive state, especially in the Book of *Psalms*; in order to provide such an accurate picture of depressive experiences, the author himself must have been acquainted with the specific states, being engulfed by the *clouds of despair* (Nistor, 2015).

After a careful scrutiny we find out that defining this term is difficult, but it leads to meanings such as `carelessness, indifference, numbness, exhaustion, weakness` (Larchet, 2006), which are only partial nuances of its complexity.

Short description of depressive and anxiety symptoms

The description of depressive symptoms may smoothly shift from a scientific, statistical (percentages and estimates) and specialized medical language (diagnoses, drug names, formulas and chemical processes of tests and diseases) to a metaphorical-artistic expression, full of passion and color (Solomon, 2017). Nowadays, we often meet people who easily report the presence of a state of depression, using phrases such as *I'm depressed!* or exclaiming *How depressing!* etc.

However, in real-life cases, teenagers describe diverse symptoms, from physiological manifestations to psychological and spiritual ones (Gaboş & Gaboş, 2002; Stiemerling 2006; Dehelean 1994; Dindelegan 2008; Prelipceanu 2011; ICD-10, 1998; Nistor, 2015; Nistor, 2013):

- *abdominal pain;*
- *gastric and intestinal manifestations;*
- *headaches;*
- *muscle and joint pain;*
- *lack of appetite;*
- *weight loss;*
- *insomnia;*
- *chronic fatigue;*
- *states of deep sadness;*
- *personal, social or even financial concerns;*
- *anxiety;*
- *extreme generalized fatigue;*
- *adynamia;*
- *asthenia;*
- *`collapse of mood` - lack of enthusiasm;*
- *a constant negative state;*
- *emotional pain that is overwhelming even in the common moments of life*
- *disproportionate perception of life events;*
- *impairment of knowledge, thought process, will and decision-making power;*
- *exhausting states where a patient is no longer able to get out of bed, to take care of himself/herself, or to socialize;*
- *feelings of helplessness;*
- *a constant state of guilt/self-blaming;*
- *negative perceptions about one self;*
- *pessimistic outlook on life;*

In adolescents, there is also an anxious symptomatology, which may be summed up to:

- *incapability or lack of will to try new things;*
- *problems related to the daily challenges;*
- *insomnias;*
- *eating difficulties;*
- *outbursts of rage, anger, aggressiveness;*
- *avoiding friendships;*
- *loneliness, isolation;*
- *depreciating thoughts about oneself;*
- *avoiding social interaction etc.*

These manifestations require an in-depth examination of the anxious-depressive phenomenon and a thorough analysis of how the people affected by this disorder perceive it, as professionals admit that there is a particular group of organic, somatic sufferings that mask depression, situations where both the doctor, and the patient link the depressive symptoms to the somatic illness, which causes an underdiagnosed depression co-occurring with a somatic illness, with unfavorable evolution. In this regard, some authors draw attention to the fact that most often, depressive states do not have organic causes, but existential ones, linked to the absence of perception of life meaning and the connection with God, and this is why these sufferings are managed incorrectly from a psycho-spiritual perspective. This existential depression may originate from an erroneous understanding of the surrounding world or from a negative approach in relation to life events (Nistor, 2017a, b, c; Nistor, 2022a, b; Nistor, 2013).

To describe how intense and profound is to live in depression, from a spiritual point of view, we reproduce a description of Saint Anthony who, when asked how he could tell the difference between good and bad angels, he answers: `By the way you feel after they left. When an angel left you, you felt strengthened by his presence; when a devil left, you felt horror.` The psychic suffering is described in the same way, as an angel that gives you powerful thoughts and a clear sense of your own depth, while *depression is the demon that leaves you appalled* (Solomon, 2017).

Depressive disorders in adolescents

Lately we are witnessing a decrease in the age of onset for depression. If a decade ago we were talking about depression only after the age of majority, as the age of existential changes, currently it is admitted that this disorder appears in children aged 9-10 (WHO, 2023). The Report on

mental health of children and adolescents in Romania (Copăceanu & Costache, 2022) concludes that depression, anxiety and behavioral disorders are the main conditions among adolescents, both for boys and girls aged between 10 and 19. Also, half of the persons who develop mental disorders experience the first symptoms before the age of 14 (WHO, 2023). In Romania, about 33% of adolescents aged 11-15 years show excessive sadness several times a week, as compared to 13%, which is the average of the countries assessed by the World Health Organization (Copăceanu & Costache, 2022).

Depressive disorder is a growing phenomenon and represents a real public health issue, with a major impact on the cognitive, psychological and social development of young people. Development is a lifelong process, with *stages of development* (Piaget, Erikson), and each stage requires the satisfactory resolution of some problems. If a stage is not satisfactorily completed stagnation in development and imbalances may occur (Papalia, et al., 2010).

Based on age, depression may take different forms in children and adolescents. If irritability is characteristic of children, a depressive adolescent is clearly sad and apathetic. Since this period involves a symbolic withdrawal from family life (Adams & Berzonsky, 2009), identifying the onset of depressive episodes is more difficult with this increased independence.

Depressive children and adolescents also experience other disorders, such as anxiety, attention deficit behavioral disorders, eating or learning disorders. In young people, depression may often have somatic manifestations, such as abdominal pain or headache, respiratory conditions, allergies etc. The most important comorbidity of anxiety in children and adolescents is the depression itself (the two psychiatric conditions coexist in about 30% of the cases) (Balaban-Popa, 2019).

Depression in young people may be considered a disorder much more severe that in adults, as the development of problems related to concentration difficulties, emotional deficits and social isolation forecasts the substance abuse, aggressive and delinquent behavior and, eventually, even suicide.

Causes of depressive and anxiety states in adolescents

Adolescents face various developmental challenges or tasks throughout their lives, and solving these has an impact on how they organize their personal resources in the future. To get an overall picture, we should consider the child psyche, the family environment and the community to which they belong.

Adolescents are in a constant search for a sense of self, and according to Erikson's theory, the identity crisis occurs in the interaction between the *development of identity* and *role confusion about their place in society* (Papalia, et al., 2010). Young people become sensitive to the social environment to which they belong due to the overwhelming feeling of worthlessness or due to their reduced adaptation capabilities. Conflict situations, a toxic school environment or an inadequate family atmosphere become sources of inadaption and disturbing factors in the development process. A rigid education, exaggerated demands or inconsistency in the parental behavior may lead to neurotic and behavioral disorders and up to the most severe, such as fleeing from home, absence from school, smoking, alcoholism, substance abuse and even suicide (Avdeev, 2008).

The genetic components, as well as those related to the family history of members with depressive syndromes, have an overwhelming importance in the occurrence of symptoms, the genetic inherited risk of developing a depressive condition amounting to 40-50% (Medicover, 2022). Although boys and girls are equally likely to experience depressive episodes, the rates in female gender double from the age of 15 (Adams & Berzonsky, 2009). The genetic component is crucial in the case of major depression and multiple studies show that only 40% of cases are due to external stressful stimuli and unfortunate events experienced by children and adolescents, while the rest is accounted for by genetics (Ciubară, et al., 2015).

The idea stating that depression is caused by the cooperation between genetic factors, through natural predisposition, and social and environmental factors, as those generating the context for the onset of disorders, is quite accepted. The sociological theories underline the role of environment factors, negative life experiences, particularly during childhood, in the occurrence of depression. Losing a parent or a very important person before the age of 11, loneliness or a feeling of not being able to cope with difficulties are major risk factors in the occurrence of depression (EDA, 2019).

The risk of having a depression state during childhood is mainly related to the family environment and the main triggers are: being the last born child, elderly parents or having several older siblings. Many depressive adolescents perceive their family environment as being tense, critical, and insecure, so it would appear that depression stems from disorganized or broken families (Adams & Berzonsky, 2009).

The most frequent risk factors within the family environment are: separation from parents, psychiatric issues in the family history, family medical history and maltreatments during childhood. The most affected

category, in which about 50% of adolescents show suicidal behavior, is separation from a parent. Next comes the maternal and paternal behavioral disorder which is accurately taken over by a child, considered a reflection of their parents. In adolescents and children, the death wish seems to be more pronounced than in adulthood, due to the romantic, mysterious and beautiful image of death; it can also be often met as a protest response to the family environment or to boredom, hence the major value of the cry for help that depressive and anxious young people address to those around them. It is worth noting that the pre-suicide state in adolescents is marked by agitation and aggressiveness, depression and asthenic emotions. In adolescents, the fragility of personality is constant and this leads to failures and then to mental imbalances that favor suicide, as a way of solving social difficulties (Adams & Berzonsky, 2009; Nistor, 2015).

To almost the same extent, one may say that any family member suffering from depression is at risk of triggering an epidemic and making other family members sick with similar mental symptoms, such as stress, anxiety, panic, insecurity and distrust. In the vast majority of cases where there is a depressive adolescent in a family, the relationship with family members is often difficult. Within disorganized families in which conflict, lack of affection or communication, lack of interest and indifference are regular, the family nucleus is expected to disintegrate in such circumstances (Ștefăroi, 2013; Nistor, 2023a,b).

The psycho-dynamic approach tries to explain the onset of depression as a result of an individual becoming aware of the inconsistency between their ideals and the reality of life. Unlike this, the cognitive approach explains the occurrence of depression via a triad of factors: negative views about oneself, tendency to consider the world as being dangerous or negative views on the future (EDA, 2019).

The most common among the psychological causes may be considered neglect and emotional rejection, and also different stressful life events, such as: chronic diseases, illness or death of a loved one, divorce, end of a relationship, loss of job, moving out from one city to another or from one house to another, financial or legal issues, in a word major changes, to which an individual fails to respond adequately (Nistor, 2017).

Also, especially in adolescents, depression is significantly influenced by a person's level of satisfaction with their own body, associated with the low self-esteem. According to studies, eating disorders are associated with high levels of stress, anxiety and depression, especially in girls. 70 million people suffer from eating disorders worldwide, with a prevalence rate of 5.7% in women and 2.2% in men. Also, about 15% of women aged 17-24

years have such disorders and they occur in adolescence (Nadeem, et al., 2023).

A number of studies are trying to validate the theory that early maternal loss causes depressive disorder. The need for attachment in children is a biological need required for survival and represents the foundation of a normal emotional development. J. Bowlby, father of the *attachment* concept suggested that there is an *innate predisposition* of a child to attach to the maternal figure, and depriving him/her from the emotional interaction with his/her natural mother, as *primordial attachment figure*, causes a number of negative effects, such as decreased immunity, anorexia, sleep disorders, and also depression symptoms, such as learning or behavior disorders (Racoş-Szabo & Szava, 2016).

The use of Internet is essential nowadays and the abuse of social media is common, especially among adolescents and young people, contrary to the cautions and contraindications by specialists regarding the mental health problems that may arise. This causes a profound change in how we communicate and interact socially. Studies show that most often internet addiction is accompanied by depression, loneliness or other addictions, and social media is susceptible to cause depression and anxiety in children and adolescents, especially in those who don't have a well-defined personality – if this is in the development process - or when they mistake the social media activity for real life or when they pay huge attention to different posts (Morahan-Martin, 2010; Nistor, 2015).

Although it cannot be stated whether depression is a cause or just an effect of excessive Internet use, they are certainly closely related, being associated with various mental and psycho-spiritual health problems (Błachnio, et al., 2015; Nistor, 2017).

Role of life events in developing some depressive and anxiety disorders

Human psyche has a number of resources that can be used to overcome acute and chronic long-term crisis situations. Personal perception, but especially the way in which a man assesses and interprets events, are the factors that cause fear and anxiety, and also determine how the resources needed to overcome crisis periods are channeled. From this perspective, we can explain a number of situations, such as: people who got over near-death experiences and they show no signs of depressive disorders, and on the other hand, those affected by a reduced stress or people who got over minor physical crises, and who are not capable of dealing with situations involving

an emotional impact, where their balance is disturbed/damaged throughout their future life (Sandu & Nistor 2020 a,b, c).

The level of psychological flexibility acquired throughout their lives impacts the way in which adolescents handle adverse life situations. Research has shown that orientation and preoccupation for the future reduce anxiety and increase resilience. Thus, future-oriented young people have an increased level of motivation to achieve goals, which leads to a reduced level of anxiety (Chen, et al., 2021; Nistor, 2022).

Upon evaluating the correlation between stressful life events and the possibility of a mental illness in the case of different individuals, psychiatrists T. Holmes and R. Rahe created the Holmes-Rahe Scale, which is a list of 43 events, grouped into 4 categories: health, work, social environment and home-family. Each event type is assigned a certain score indicating the potential risk in the occurrence of diseases or disorders. According to this scale, the highest score – 100 points – is related to the death of a close family member or life partner, divorce scores 80 points, hospitalization 62 points, and illness of a loved one scores 54 (UMF, 2009). Although the correlation between the occurrence of mental disorders and life events is relative, the value of such information is given by the resilience factors to the stress produced by such events and which are related to the personality of individuals.

The study conducted by G. Brown and T. Harris on women in London emphasizes the link between depression and loss of social status. The researchers found out that 80% of the women who experienced depression had gone recently through a *serious* life event. As regards the provoking events, the main ones are those related to *humiliation or entrapment,* in 75% of the cases, while only 20% of depression cases were caused by stressful factors such as the loss of loved ones (Nesse, 2021).

A Harvard longitudinal study, started in 1938 and aimed at finding out the guiding elements of a successful life, analyzed throughout their lives a number of 268 young men enrolled at this university. The people enrolled in the study agreed to give various details throughout their lives and to be monitored physically and mentally. One of the conclusions referred to the perspective on the future. Thus, no matter how many negative events a person has experienced throughout their life, they do not imply a failure, as long as such a person's perspective is on the future, activating their current resources to move forward. On the other hand, male individuals whose prospects in life seemed to be successful were brought down by inherent negative life events, and the emotional impact was so strong that they did not have the resources to properly manage it. Another conclusion of the

study referred to a person's emotional intelligence, which according to the researchers, would be closely related to the idea of success in life and is constantly evolving throughout our life. Likewise, happiness felt as a result of harmonious relationships with close people is closely correlated with the health and the idea of *happy life* (Miller, 2021).

Conclusions

From a personal perspective, the final considerations on depressive and anxiety disorders in adolescents include the following aspects and risks:

- in adolescents, depression typically associated with anxiety nurtures a painful impression of general helplessness, of desperate fatality and sometimes leads to subdelusional ruminations on guilt, indignity, self-deprecation, which may lead to the contemplation of suicide and, sometimes, to committing it. This is why an interdisciplinary approach regarding the therapeutic method is strictly required;
- another concern is the stigma on people with certain mental disorders, which makes young people reluctant to ask for medical or psychotherapeutic help;
- depression and anxiety negatively impacts the daily functioning capacity of adolescents, their interpersonal relationships, and also their quality of life;
- with masked adolescent depression, a doctor is often confronted with a therapeutic failure; as a professional, he/she is faced with an atypical disease where he/she has to manage physical and psycho-spiritual suffering (Nistor, 2017) such as lumbar, cervical, back pain, gastralgias and headaches, which do not have an organic cause, but are treatment-resistant. In such cases, this is what a doctor or a therapist should pay attention to and as an emergency they should consider referring an adolescent to the interdisciplinary team members (Gaboş & Gaboş, 2002; Stiemerling 2006; Dehelean 1994; Dindelegan 2008; Prelipceanu 2011);
- the signs of masked depression may be found - as we noticed in the works consulted - in the fluctuating somatic complaints; these are in contrast with how intense the psychological and spiritual feelings of an individual are; in many cases, the symptoms of depression conceal a feeling of repressed anger or aggressiveness which, sometimes, may be directed towards themselves. This causes a major suicidal risk and requires specialty intervention as soon as possible.

References

Adams, G. R. & Berzonsky, M. D. (2009) *Psychology of adolescence.* [In Romanian] Iaşi: Polirom.

Avdeev, D. (2008) *Depression as a passion and as a disease.* [In Romanian] IInd Ed. Bucharest: Sophia.

Balaban-Popa, O. (2019) *Depression in children and adolescents.* [In Romanian] Available from: https://www.sfatulmedicului.ro/Depresia---tristetea-patologica/depresia-la-copil-si-adolescent_17 [May 2, 2023].

Błachnio, A, Przepiórka, A, Pantic, I. (2015) Internet use, Facebook intrusion, and depression: Results of a cross-sectional study. *Eur Psychiatry.* 30(6):681-4. doi: 10.1016/j.eurpsy.2015.04.002. Epub 2015 May 8. PMID: 25963476.

Bunge, G. I. (2007) *Akedia. Boredom and its therapy according to Abba Evagrius Ponticus or the soul in the fight with the midday demon* [In Romanian]. Craiova: Deisis.

Chen Y., Xu H., Liu C., Zhang J. and Guo C. (2021) Association Between Future Orientation and Anxiety in University Students During COVID-19 Outbreak: The Chain Mediating Role of Optimization in Primary-Secondary Control and Resilience. *Front. Psychiatry* 12:699388. doi: 10.3389/fpsyt.2021.699388.

Ciubară, A., Chiriță, R. and Burlea, Ş. L. (2015) Clinico-demographic patterns of depression and anxiety in children and adolescents. *Romanian Journal Of Pediatrics.* LXIV(4). pp. 398-399.

Copăceanu, M. and Costache, I. (2022) *Mental health of children and adolescents in Romania* [In Romanian]. Bucureşti: UNICEF.

Dehelean, P. **(**1994) *Depression, clinical aspects and quantitative assessment* [In Romanian]. Timişoara: *Mirton.*

Dindelegan, C. (2008) *Cognitive schemas in depression* [In Romanian]. Oradea: University Publishing House.

Doron, R. and Parot, F.(eds) (1999) *Dictionary of psychology* [In Romanian]. Franch translation Cernăuțeanu N. et al. lexicographic coord. Iordache, A. Bucharest: Humanitas.

EDA (2019) *European Anti-Depression Day 1 October 2019. Situation analysis* [In Romanian], Bucharest: Ministry of Education.

Gaboş, I., Gaboş, M. (2002) Depression: historical, etiopathogenetic, clinical and therapeutic and prophylactic aspects [In Romanian]. Târgu Mureş: Ardealul.

Guţu, G. (2012) *Latin-Romanian dictionary* [In Romanian]. Reviewed ed. Bucharest: Humanitas.

ICD-10 (1998) ICD-10 Classification of mental and behavioral disorders. Symptomatology and clinical diagnosis [In Romanian]. Bucharest: ALL.

Larchet, J.-C. (2006) *Therapeutics of spiritual diseases* [In Romanian]. Bucureşti: Sophia.

Logothetis, S. A. (2001) *Depression and its healing in the teaching of the Church* [In Romanian]. Bucharest: Sophia.

Miller, M. (2021) What Makes a Good Life? S*ixseconds*. Available from: https://www.6seconds.org/2021/04/19/harvard-grant-study/ [January 20, 2024].

Mihalache, A. S. Arhid. (2019) *You are what you live. Some recent data from neuroscience and the spiritual experiences of Philokalia.* [In Romanian] II ed. Bucharest: Trinitas publishing house of the Romanian Patriarchate.

Morahan-Martin, J. (2010) Problematic Internet Use: Research Trends and Theories. In: Blachnio, A., Przepiórka, A. and Rowiński, T. (eds). *Internet in Psychological Research*. Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego. pp. 133-148.

Nadeem, T., Gul, B., Chhapra, R., Mahr, F., Pirani, S. and Asad, N. (2023) Eating Disorders in Medical and Nursing Students of a Private University: Relationship with Depression, Anxiety, and Stress. *J Coll Physicians Surg Pak*. Jul;33(7):823-825. doi: 10.29271/jcpsp.2023.07.823. PMID: 37401229. pp. 823-825.

Nesse, R. M. (2021) *Optimistic arguments for pessimistic states* [In Romanian]. Bucharest: Litera.

Nistor, P. (2013) Depression - passion of the contemporary world [In Romanian]. In *Studia Theologica Doctoralia*, III, 3rd Ed. Iaşi: Doxologia. pp. 326-344. ISBN 978-973-702-830-3.

Nistor, P. P. (2015) Depression between science and faith [In Romanian]. Iaşi: „Alexandru Ioan Cuza" University Publishing House.

Nistor, P.P. (2017a) The Etiology of Existentialistic Crises. A Psychospiritual Approach. In *International Journal Of Medical Dentistry*, vol 7 (21)/ issue 3/, pp. 158-168; ISSN / eISSN: 2066-6063.

Nistor, P.P. (2017b) Meditations of The Contemporary World Upon Death. A Psychospiritual Approach. In: *International Journal Of Medical Dentistry*, 7 (21)/ issue 3, pp. 169-177; ISSN / eISSN: 2066-6063.

Nistor, P.P. (2017c) The Psycho-therapeutical Management of Suffering. A Spiritual Perspective". *International Journal Of Medical Dentistry*, vol 7 (21)/ issue 4, pp. 241-252; ISSN / eISSN: 2066-6063.

Nistor, P. (2022a) The psychological and spiritual dimension of volunteering. In: *Logos Universality Mentality Education Novelty: Social Sciences*. 11(2). 59-67. https://doi.org/10.18662/lumenss/11.2/70.

Nistor, P. (2022b) The Christian Spiritual Perspective of Healing in the Psychological Therapeutic Process. *Logos Universality Mentality Education*

Novelty: Social Sciences. 11(2), 74-81. https://doi.org/10.18662/lumenss/11.2/72.

Nistor, P. P. (2023a) Christian Values and Ethical Values in the Professionalized Social Work Practice. *Logos Universality Mentality Education Novelty: Social Sciences. 12*(2). Pp. 99-109. https://doi.org/10.18662/lumenss/12.2/96.

Nistor, P. P. (2023b). Social Work Professional Competencies and Educational Programs Specialized Practice. Theoretical Analysis. *Logos Universality Mentality Education Novelty: Social Sciences*, *12*(2), 72-80. https://doi.org/10.18662/lumenss/12.2/93.

Papalia, D., Wendkos, O. S. and Duskin Feldman, R. (2010) *Human development* [In Romanian]. Bucharest: Trei.

Prelipceanu, D. coord. (2011) *Clinical psychiatry* [In Romanian]**.** Bucharest: Medicală.

Racoş-Szabo, E. and Szava, I. (2016) Pathological attachment, vulnerability factor in child psychiatry [In Romanian]. *The Journal of Neurology and Psychiatry of the Child and Adolescent from Romania* [In Romanian]. XX(3), pp. 41-51.

Rusu, V. (2007) *Medical Dictionary* [In Romanian]. III ed. Bucharest: Medicală.

UMF (2009) *Medical psychology - Stress. Psychosocial causes – 6* [In Romanian]. Craiova: f.e.

WHO (2023) *World Mental Health Day 2021. The health argument*. Available from: https://www.who.int/key-messages [January 20, 2024].

Sandu, A., & Nistor, P. (2020a). The Effects of Mass-Media on Social Behavior, Emotions and Cognitions. *Logos Universality Mentality Education Novelty: Political Sciences & European Studies*, *6*(2), 32-37. https://doi.org/10.18662/lumenpses/6.2/21

Sandu, A., & Nistor, P. (2020b). The Dynamic Perspective versus the Cognitive-Behavioral Perspective in Counselling. *Moldavian Journal for Education and Social Psychology*, *4*(2), 50-59. https://doi.org/10.18662/mjesp/4.2/22

Sandu, A., & Nistor, P. (2020c). Individual versus Social in Psycho-Sociology. The Social Construction of Reality. *Moldavian Journal for Education and Social Psychology*, *4*(2), 44-49. https://doi.org/10.18662/mjesp/4.2/21

Solomon, A. (2017) The Noonday Demon [In Romanian]. II[nd] Ed. Bucharest: Humanitas.

Stiemerling, D. (2006) 10 psychotherapeutic approaches to depression [In Romanian]. Bucharest: Trei.

Teşu, I. (2005) Sadness, heavy wound of the contemporary soul [In Romanian]. Iaşi: Credinţa strămoşească.