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Anxiety and Depressive Disorders in Adolescents. Contemporary Psycho - spiritual and Therapeutic Values

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: *This work is a continuation of a study on `Depressive and anxiety disorders in adolescents. A psycho-spiritual approach and statistical contextualization` and highlights from a theoretical perspective the interdependent relationship between the spiritual and mental health, which should be seriously contemplated when creating a therapy plan for adolescents with depressive and anxiety disorders. It also deals with the connection between health and the temptations of the current world, which theology and spirituality distinguish in the multitude of emotional and psychological disorders. Additionally, this study showcases the psychotherapies in a synthetic manner: cognitive-behavioral, existential, logotherapy and interpersonal psychotherapy and highlights the inherent value of their interconnection with religious acts such as fasting, prayer, confession, which support the medical-psychological therapeutics, providing adolescents with discipline in the process of healing these contemporary pathologies.*

Keywords: *anxiety-depressive disorder, orthodox psychotherapy, spiritual therapy, existential therapy, logotherapy, interpersonal therapy, adolescence.*

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Introduction

In the contemporary orthodox world, it is imperative to set up some scientific arguments that should primarily consider the interpretation of some phenomena, such as those related to the diversity of disorders or mental illnesses validated by medicine, psychiatry and psychology. Inseparable from this approach, a rigorous analysis of the elements of spiritual counseling or orthodox psycho-therapy is required, and also of the religious acts that deal with the therapeutic approach to various depressive and anxiety disorders in adolescents.

Today, more than ever, treatment for depression commonly includes medication and sometimes counseling or psychotherapy; spiritual guidance, practiced especially in the Christian-educated families is rarely considered.

According to professionals, the first step in depression treatment is to raise awareness on the anxious depressive state, followed by finding the appropriate professional to conduct an accurate medical assessment and support the adolescent and their family in the healing process. It should be mentioned that, therapeutically, antidepressants (drug treatment) cannot alone cure the underlying causes of an identified disorder and, for this reason, psychotherapy is an indispensable component in this process; it helps to mitigate the intra- and interpersonal imbalances that prevent an adolescent to adapt to the social environment. Moreover, professionals do not recommend drug therapy for children and adolescents, but only accompanied, supplemented or preceded, ideally, by psychotherapy or behavioral therapy (Nistor, 2015).

In order to make the healing process more efficient, the family should also be involved in treating depression in an adolescent, along with the team of professionals. Parents are responsible to learn how to support their child in his/her rehabilitation efforts, to dedicate time for monitoring their evolution and to exercise new skills in a safe family environment. A depressive adolescent may be a *real test* for the family, and that is why the support from a therapist often makes a big difference (Ehmke, 2022).

Psychotherapies used to treat depressive and anxiety disorders in adolescents

Deficits in family, social and community relationships cause a high risk of depression and anxiety in adolescents. The social health of family members, especially of parents, perceived by an adolescent or the other members, has a major impact on the quality of life and the psycho-social

health. To the same extern, the paternal behavior has a bad influence when it involves negative aspects. Thus, parents that show an antisocial personality may produce a negative behavior in their children and, consequently, a depressive mark.

The causes or conditions related to the environment or failure to adapt to the existing family environment, to the social group or to the community, as well as to the harmful influences that these micro- or macro-groups have on an adolescent, impact the development of anxiety-depressive disorders. Therefore, a special focus should be placed on finding ways to manage situations that lead to or increase a person's social vulnerability, on finding appropriate resources and support for the prevention or proper management of anxiety and depression.

Some studies identified factors that raise the issue of whether depression and anxiety are one and the same condition. These factors relate to the fact that they often coexist, the symptoms often overlap, the same neurotransmitters are involved in both conditions, the class of drugs used in their treatment often coincides, and stress may be a common predisposing factor. Although the two have been argued to be facets of the same disorder, research has shown that there are still differences, especially in the response to drug treatment (Nutt, 2004).

In the area of anxiety-depressive disorders, the therapeutic option and choosing the most effective therapeutic method may encounter a number of challenges; since they are clinically different, depressive disorders require specific treatments, depending on the symptom specificity. The peculiarities of an individual's personality, health, the disease stage and even a patient's medical history may also require different therapeutic approaches (Nistor, 2015; 2017a,b,c).

In parallel with the medical and psycho-therapeutic approach, an adolescent and his/her family may resort to spiritual-religious solutions meant to restore the psycho-emotional balance of the young person experiencing depressive or anxiety disorders. Thus, they may contact an experienced priest for advice and confession, they may use individual or collective prayers for the spiritual healing of the family, or they may participate in the services of Holy Unction together with family members.

Likewise, embracing Christian teachings and dedicating time for the glory of God within a religious community, instead of retreating into the pain of one's own solitude, may redeem the human soul. Living the joy of ecclesial community cannot be absolute. Sadness combined with sorrow for others is natural in the soul of the Christian, who knows that while he

suffers others rejoice, and vice-versa, while he rejoices others may suffer, and this experience may keep him in a permanent humility (Konanos, 2016).

A study involving 353 college students highlighted the connection between some mental and behavioral conditions, such as depression and anxiety, and characteristics of *spiritual intelligence*. Thus, people with a better mental state and reduced consumption of tobacco and drugs were also inclined to give a spiritual meaning to life, correlating everyday events with a spiritual, higher purpose of life (Mihalache, 2019).

On the other hand, another study conducted on a number of patients from three hospitals in Dublin, over a 6-month period, investigated the role of religiosity on the impact of stress factors in depressive symptoms. The result of this study highlighted that religiosity has an inhibition effect on the relationship between the stressful life events and depressive symptoms (Lorenz, et al., 2019).

The sciences dealing with psychological knowledge cannot be confined to the rigid contours of scientific knowledge and, therefore, of experimental methodology. For example, psychology and sociology are sciences typically based on observation and analysis. Psychoanalysis, as a long-term therapy, and the main techniques of brief psychotherapy, through their theoretical approach, offer the therapist a mental form about the structure of the psyche and the mechanisms used to build the intervention. The therapeutic success is closely related to the therapist's ability to understand and harness the complex of beliefs and values used by a patient to construct their reality (Dafinoiu & Vargha, 2005; Sandu & Nistor 2020 a,b, c).

Cognitive behavioral therapy (CBT)

This form of therapy is a process of re-education and guidance, based on studying the relationship between thoughts, emotions and behaviors. The central idea of this psychotherapy is that thoughts on specific circumstances impact how we feel physically and emotionally. Within this therapy the therapist's role is to guide and direct a patient towards making a decision; what is very important is to create an active therapist-patient connection, which involves providing feedback and suggestions to develop alternative ways of thinking (Dafinoiu & Vargha, 2005).

One of the most important things people learn via the operant conditioning mechanism is that they may exercise a form of control in most circumstances and thus they learn to foresee the consequences of their actions. In the absence of learning, people experience a specific helplessness,

which is very much similar to depressive patients. Studies concluded that the lack of control over one's own life may be a significant factor in triggering and maintaining depression.

Within this therapy subjects learn to identify unhelpful thinking styles and develop coping skills for various deficient life situations. This type of therapy is most effective in treating depressive children and adolescents, developing coherent skills in them to cope with depressive symptoms (Ehmke, 2022).

The idea of interconnectivity between thoughts, feelings and behaviors is relevant within this therapy, as patients understand that any change in one of those three aspects may cause major changes in the others as well. Behavioral activation helps to counter isolation which depressive people often experience and this may strengthen their depressive mood.

Existential psychotherapy

Existential analysis may be explained through the image on man, as a personal psychotherapy aimed to guide an individual towards a free and authentic living, while adopting a responsible behavior towards life The concept of *existence* plays an essential role for the analysis and is sketched on criteria of meaning, freedom and responsibility in relation to the surrounding world.

The psycho-therapeutic process, in the existential analysis approach, incorporates the way an individual understands the world. Since life cannot be considered to have a fixed meaning, the person has always the possibility to redirect, transform or replace the perceived purpose of existence. The existentialist therapeutic perspective sees the human being as unique, with an irreplaceable intrinsic value, emphasizing the self-determination of personality, the creativity and constructive spontaneity of the human being and the ability to build one's own destiny, based on the therapist's unconditional support (Mitrofan & Buzducea, 2000; Nistor, 2017a,b,c, 2022a,b).

Existential therapy is included by the American psychotherapist I. Yalom in the dynamic therapies, as they start from the idea that there are `forces in conflict within the individual and thought, emotions, and behaviors, both adaptive and psycho-pathological behaviors, are the result of these conflicting forces` (Yalom, 2010). Starting from the person's ultimate concerns, the therapist distinguishes four concerns, which he analyzes separately: meaninglessness, freedom, isolation and death. The central theme, without which the other concerns above cannot be addressed, is the

tension that occurs from the inevitable awareness of death and, at the same time, from the strong desire to live. Yalom skillfully conceives an optimistic philosophy about death, which he describes in a few words: `I feel strongly that confronting death allows us, not to open some noisome Pandora's box, but to reenter life in a richer, more compassionate manner.` (Yalom, 2011; 2010).

The therapeutic perspective proposes the individual to accept the thought of death as if it belonged to life, a redeeming inevitability that overturns existence and causes the change in the behavior of the individual, considered in conflict both with life and death at the same time (Yalom, 2010).

Logotherapy or meaning therapy

Logotherapy deals with the meaning of life and its search as an essential, motivating principle for man. The possibility of feeling fulfilled makes the meaning of life, generally speaking, to be unique and specific, with major emotional impact, man being able to die for the sake of his ideals (Frankl, 2009).

Existential frustration may be generated by man's obsessive search for meaning and may result in neuroses. An essential element of the therapy is the fact that it restores a person's soul and spiritual resources, which give them the opportunity to find again their inner equilibrium and face life with joy. Logotherapy deals with the existential reality of a person, and also with the potential meaning of life, which makes a patient aware of the *logos* of his existence, of what is deep and real in his soul (Frankl, 2009).

Once the meaning of life is identified, the individual finds his inner strength and balance to face the hardships and sufferings of life, what logotherapy considers the `tragic triad`: suffering, guilt and death (Pr. Tia & Paşca, 2009).

V. Frankl believes that *noö-dynamics* is what determines a man to reach his deep knowledge and, at the same time, his mental health; the term *noö-dynamics* is an existential dynamics, which takes the individual out of the dangerous equilibrium and that tensionless state - characteristic of the *existential vacuum* marked by boredom - and places him in a state of relative tension directed towards achieving the personal meaning of life (Frankl, 2009). The conclusion is that `life has meaning until the last breath... in any circumstances, no matter how miserable they may be` (Frankl, 2009)and this is what an adolescent with depressive-anxious disorder seeking therapy should understand.

Interpersonal psychotherapy

According to more recent studies, when treating psychotic depressions, both in adolescents and in the elderly, anxieties, such as panic attacks, social phobias or post-traumatic stress, it is indicated to use interpersonal psychotherapy along with other forms of therapy (Weissman, 1955). This form of psychotherapy is structured as follows:

Initial stage - consists in avoiding the diagnosis and explaining the disease, educating the subject about the disease; the initial phase also includes the interpersonal anamnesis with a definition of the problem (sadness, mourning, interpersonal dispute, role of transitions, interpersonal deficits);

Middle stage, in which typical strategies are applied to each area that has been identified as the cause of depression. In the case of sadness, it is recommended to facilitate the emotional venting, to identify motivational elements, actions and activities to compensate for the loss; for conflicting family and social situations, it is indicated to explore the nature of the conflicts, the stage of the conflict and the exploration of resolution options. The middle stage strategies are also applied in transitional states, in interpersonal and intrapersonal conflicts, in identifying motivations for accepting the new situation, and also to support a patient's social reinsertion;

End stage involves training the subject so as to be aware of the new attitude adopted in their independence, supporting them in identifying the moments that forecast a depression relapse, and also the sub-stage of monitoring and supporting them (Weissman, 1955; Nistor, 2015, 2022b, 2023a,b).

Therapeutic values of some Christian practices and rituals

Human knowledge has focused throughout time on two different perspectives: empirical and transcendental. Absolutization of knowledge paved the way for the development of exact sciences and is the basis of current technologies, being a characteristic of the Western culture and civilization. Even though humanity has come to consider scientific knowledge as the only way to explain the world, the idea that a higher reality coexists is still present in the human mind. Understanding and practicing Christian rituals brings an unmatched therapeutic value, and the healing character of Orthodox theology is appreciated by several medical professionals (Mitr. Vlachos, 2011, 2017).

Faith is the axiological support of personality to which the religious-spiritual therapy addresses. In this regard, spirituality increases the level of

support that may be given to a person experiencing social and status anxiety or depression, making them rediscover their vocation and the general quality of life. Spirituality is a key mechanism of social support, which reduces the existential anguish and despair, through kindness and the feeling residing in the purpose we have in life (Nistor, 2015, 2017a, b, c; 2022a,b; 2023a, b).

In a therapeutic context, what is particularly important is the perspective of infinite love, which is the essence of Orthodox theology. Psychology acknowledges the role of affective processes, as basic components of the human psyche, each mental process (memory, sensation, thought, etc.) being correlated with an affective experience. We can also mention here the role of empathy and also of honesty and accuracy, as essential elements in the adopted psychotherapeutic relationship. It is important to say that Christianity has been using these elements since the inception of creation.

According to the teaching of the Holy Fathers of the Church and the Tradition of the Church, we are talking about a therapy of the soul only so far as the righteous dogmas of the Orthodox faith are affirmed. Since the human soul is healed through confession and repentance, we can say that the Orthodox psychotherapy is the therapeutic process through which man can reach communion with God. Some of the Great Fathers of the Church helped, through their writings, to the development of psychotherapy before it came into being as a science. Far from being an invention or a way of secularizing the apostolic and patristic faith, the Orthodox psychotherapy is the same creed of the Church applied via the art of soul healing and using the teachings of the Holy Fathers (Mitr. Vlachos, 2011).

A work by the Greek Metropolitan Hierotheos Vlachos of Navpaktos draws a parallel between Viktor Frankl's logotherapy and Orthodox psychotherapy, but they are not regarded as identical since one is God-centered and the other man-centered. In his work, Metropolitan Hierotheos starts from the hypothesis that Orthodoxy is a therapeutic method by itself, and although the concept used, *psychotherapy*, is from the area of humanities and not patristics, the goal is the same, namely the healing of the soul. This is accomplished by placing man in a correct relationship with God as the One who has the true power to heal all the diseases (Mitr. Vlachos, 2011).

The Christian theology offers multiple elements and models of psychotherapy intervention, and some techniques are found in the Christian practices and rituals (Nistor, 2017a). The Holy Fathers acquired healing themselves by living some truths and they embraced the Christian dogma as a way to heal man, in the same way a doctor prescribes treatment to heal a

sick person. The supreme therapeutic method of the Orthodox Church for the recovery of man is considered *his deification*. The path that needs to be followed for soul healing and, through this, the achievement of holiness, includes three stages: purification of heart, illumination of mind and deification of man (Mitr. Vlachos, 2017).

Confession and role of confessor in depressive and anxiety disorders

The Holy Sacrament of Confession is man's way of entering God's intimacy, under the priest's careful supervision. In this way, man is able to grieve his loneliness, unmask the lack of meaning in life, or pour out the feelings of guilt that burden his soul; this makes the act of confession become a therapy in itself.

In the secular modern times, psychologist has become central in the fight against mental disorders. We need to point out that the works of a priest and a psychologist are different, as well as the areas to which each of them addresses. If priesthood aims at eternity, psychology aims only at temporality (Dinu, 2011). The priest is a continuation of the work of Christ and thus a *healer* (Mitr. Vlachos, 2017), and in order to be able to practice the deep healing of people, for their redemption, it requires a lot of endeavor and, at the same time, he himself must have been healed before (Mitr. Vlachos, 2017). In this role, as a person who guides the soul to peace and rest, the priest can be seen as a therapist who uses healing therapies to alleviate the disorders revealed or found in them. But regardless of how ingenious, skillful and tenacious the priest is, it is not in his power to cure the disease, but only to give the cures, while the person has the power to receive them (Sf. Ioan Gură de Aur, 2004).

Usually, sadness appears in the soul when passionate thoughts such as greed, fornication, avarice, vain glory have not been fulfilled, and sloth or boredom appears when passion has been allowed to lead us, as father D. Stăniloae says: *Boredom that follows any pleasure is like a death-foretelling emptiness. Moreover, God has always tied pain to pleasure, so that man, experiencing it, would no longer seek pleasure* (Stăniloae, 1992).

Confession is a therapy for the soul in that confession becomes liberating for the burdened soul. Moreover, when meeting the priest, a person has the chance to get out of isolation and talk about what troubles them, overcoming their shame, and this meeting removes the burden of remorse (Mitr. Vlachos, 2017).

The human psyche is a complex system and many times, thoughts and experiences with a major impact in life remain hidden deep in the mind,

in that *unconscious mind* that we cannot access on our own without guidance and help. The therapeutic importance of confession is even greater, as it is not a simple listing of sins, but involves a deep investigation of personal weaknesses under the priest's careful guidance. The priest's attitude is crucial in building a deep bond with the person and listening patiently and without judgment, accompanied by sincere sympathy are the defining factors (Sava, 2004). When standing in front of the priest, a person no longer feels lost, his guidance gives them back the coordinates to find their lost health and freedom of life.

The words of the priest `*I forgive you and I release you!*`, restore the feeling of acceptance, and the person is freed from the turmoil of the soul. The moment of absolution is vital for a real and profound healing of depressive patient. The simple confession may bring relief for the troubled one, but the sins are still powerful and it's only the sacramental release, through God's mercy and forgiveness, that makes them disappear (Sava, 2004). When released by the hand gesture of the priest, a believer experiences the euphoric feeling of returning to God, along with a *mental relaxation* (Tia & Paşca, 2009).

The prayer: Self-psychotherapy of patient with depressive disorders

Prayer is man's conversation with God. Through prayer, man ascends to God, and He descends to man with love and forbearance. Before starting to pray for healing, St. John the Golden Mouth warns us about the need to end the sinfulness, in order for the illness to reverse: "*...let's close the well of evils and all the streams of diseases shall run dry*" (St. John Chrysostom, 2015). Prayer is the *food* or *the breath of the soul* (Mitrop. Mladin, et al., 1980), and in order to survive the soul needs to be close to God, as an essential element of life. By the form they may take, prayers may be of praise, thanksgiving or petition. For a person with depressive disorders, prayers of praise and thanksgiving would be more difficult to access in the beginning, involving an admiration and an overflowing love for God, (Mitrop. Mladin, et al., 1980) which contradicts the state of mind of such a person, marked by loss of feelings, inner restlessness, constant fatigue, feelings of worthlessness and helplessness, and perhaps even suicidal thoughts (Moțet, f.a.). On the other hand, by placing the desires before God with the faith of fulfillment, the prayer of petition becomes easier from the perspective of the hopeless person.

When praying, you consider yourself before God, and the whole attention and concentration of the soul should be on the prayer. Since it

requires to renounce all worldly thoughts, it helps a depressive person to focus their mind, remove negative thoughts and mobilize vital energy (Doxologia, 2022).

Prayer for others is accompanied by the pain and joy felt for the close ones, thus getting close to God. This type of prayer could teach a depressed person to shift their focus from self to others, becoming aware of their hardships and removing the feeling of loneliness and isolation (Mitrop. Teofan, 2011).

Through prayer, the Holy Spirit comes to dwell and work inside man, instilling repentance and a desire to cleanse the soul. When grace enters within him, man can see the emptiness in the soul and how far he is from God. Since grace can only be preserved through `endeavor, unceasing prayer and vigilance of mind` (Mitrop. Vlachos, 2019), a depressed person must pray to God all the time to remove oppressive and sad thoughts from their mind and thus preserve the peace and joy.

It's only when prayer becomes a habit, does it work on character. Through prayer, a depressed man sees himself exactly how he is, but when trying to fulfill his moral duties, he can acquire strength to endure hardships or the ability to face inner sufferings, and all of these come down to *union with God* (Mitrop. Vlachos, 2019).

The remedy against this form of inexplicable sadness is a strong faith and hope in God's help, prayer for help and thanksgiving for all His gifts. The spiritual power of personal prayer, together with the communal one, are real ways to get rid of this passion, of exaggerated sadness (Teşu, 2005).

At the same time, joining a group with common interests, such as religiosity, is an effective method to manage stress factors, as the religious community activates some internal mechanisms that facilitate the adaptive social behavior (Taylor, 2006). The ability of groups to produce shared beliefs, emotions, and symbols (Collins, 2004) focuses attention on the power and impact of group prayer.

Conclusions

Humanity's perspective on the relationship between religion and mental health has taken a very long and difficult way. From Freud's view on religion, as a collective neurosis, associating religious rituals with obsessional behaviors (Loewenthal & Lewis, 2011), research in the field has led to some favorable results from the association of the two aspects; numerous centers, institutes and programs have been set up and they include spirituality or religion courses in the patient's recovery process (Koenig et al., 2024).

Although, it has been suggested that the presence of religious factors is not always beneficial (Loewenthal, 2007) justified by the fact that those who believe in a punishing God may be more prone to mental health problems or that religion fosters guilt, leading to increased levels of anxiety, depression, and obsession, evidence suggests that religious involvement is generally conducive to better mental health (Koening & Larson, 2001; Koening et al., 2024).

Moreover, depression and anxiety are less severe in those with a higher level of religiosity (Koening & Larson, 2001), and for people with mental disorders, religion is a significant support in the effort to face suffering (Tepper et al., 2001), while uncertain or problematic times cause a shift towards religiosity in non-religious people (Malinakova et al., 2020). In the relationship between religiosity/spirituality and mental health, two predictors stand out in particular, indicating a significant association with mental health: *the importance given to religion and participation in religious services* (Garssen et al., 2020).

A meta-analysis (Koenig et al., 2024) of published studies on the association between religious practices and medical and mental health showed that:

- 78% of over 300 studies show a positive association between religiosity and wellbeing;
- 73% of 40 studies show a positive association between religiosity and hope;
- 81% of 32 studies show a positive association between religiosity and optimism;
- 93% of 45 studies show an association between religiosity and a feeling of purpose and meaning;
- 82% of 74 studies show a positive association between religiosity and a feeling of social support;
- 61% of 413 studies show lower depression rates or a faster post-depression recovery in religious people;
- 75% of 141 studies show that religiosity is associated with fewer suicidal ideations, fewer suicide attempts, or fewer completed suicides.

Despite the obstacles, the religious therapeutics has a significant contribution to problems related to the lack of meaning or existential crisis and where combined with the classical drug therapy and psychotherapy it has a maximum efficiency in the recovery process of depressive-anxious disorders.

As we could see, many researchers postulate the positive effect of psychotherapeutic techniques and their applicability in reducing the intensity of depressive symptoms and concurrent anxiety reported by those impacted by these disorders, regardless of their religious affiliation, or lack of it, and validate this hypothesis. Also, the impact of therapy on subjects belonging to various religious beliefs acknowledges the intrinsic and universal value of psychotherapeutic techniques.

The approach to anxiety and depressive disorders is done in an optimistic, multicultural and multi-factor manner, using `here-and- now' principles to reactivate affect, behavior and rationalization. The Orthodox Christian therapies are based on a variety of methods, procedures and specific activities and their benefit is maximal only if applied in a specific setting related to the way of life of an Orthodox Christian.

The existential crisis, the lack of meaning in life, the prospect and proximity of death felt by a person experiencing anxiety, depression or despair actually originate from the uncertainty that usually pushes them into fatalism. It is imperative to create a relationship/an interdependence between the secular and spiritual therapeutic methods to fight against this uncertainty to which an anxious or depressed adolescent may fall victim.

References

Collins, R. (2004). *Interaction Ritual Chains*. Princeton, Princeton University Press. [Google Scholar].

Dafinoiu, I. & Vargha, J.-L. (2005). *Psihoterapii scurte. Strategii, metode, tehnici*. Colecţia Collegium ed. Iaşi: Polirom.

Dinu, A. L. Pr. (2011). *Duhovnicul şi formarea duhovnicească a tinerilor*. Iaşi: Performantica.

Doxologia (2022). *Rugăciunea este hrana sufletului*. Available at: https://doxologia.ro/cuvant-de-folos/rugaciunea-este-hrana-sufletului [February 20, 2024].

Ehmke, R., 2022. Treatment for Depression. *Child Mind Institute*. Available at: https://childmind.org/article/treatment-for-depression/ [20 February, 2024].

Frankl, V. E., 2009. *Omul în căutarea sensului vieţii*. Bucharest: Meteor Press.

Garssen, B., Visser, A. & Pool, G. (2020). Does Spirituality or Religion Positively Affect Mental Health? Meta-analysis of Longitudinal Studies. *The International Journal for the Psychology of Religion*, 1–17. doi:10.1080/10508619.2020.1729570.

Koening, H.G. & Larson, D.B. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry*, 13, 67-78.

Koening, H.G., VanderWeele, T., Peteet, JR. (2024). *Handbook of Religion and Health*, Oxford University Press. https://books.google.ro/books?hl=ro&lr=&id=klTfEAAAQBAJ&oi=fnd&pg=PP1&dq=oxford+handbook+of+religion+and+health&ots=uRM96eEGo6&sig=RijG9OqcrDf_LpdKQ4xvnIfA6ys&redir_esc=y#v=onepage&q=oxford%20handbook%20of%20religion%20and%20health&f=false

Konanos, A. P. Pr. (2016). *Întăreşte-ţi sufletul! Treceri nevăzute.* Galaţi: Ecumeniţa.

Lorenz, L., Doherty, A. & Casey, P. (2019). The Role of Religion in Buffering the Impact of Stressful Life Events on Depressive Symptoms in Patients with Depressive Episodes or Adjustment Disorder. *International Journal of Environmental Research and Public Health*, 16(7)(1238).

Loewenthal, K.M. (2007). *Religion, culture and mental health.* Cambridge University Press.

Malinakova K, Tavel P, Meier Z, van Dijk JP, Reijneveld SA. (2020). Religiosity and Mental Health: A Contribution to Understanding the Heterogeneity of Research Findings. *International Journal of Environmental Research and Public Health*, 17(2):494. doi: 10.3390/ijerph17020494. PMID: 31941039; PMCID: PMC7014109.

Mitrofan, I. & Buzducea, D. (2000). Analiza existenţială sau Drumul către sens. *Orientarea experienţială în psihoterapie. Dezvoltare personală, interpersonală, transpersonală.* Bucharest: S.P.E.R, 133-134.

Mihalache, A. S. Arhid. (2019). *Eşti ceea ce trăieşti. Câteva date recente din neuroştiinţe şi experienţele duhovniceşti ale Filocaliei.* a II-a ed. Bucharest: Trinitas a Patriarhiei Române.

Mladin, N., Mitrop., Bucevschi, O. D., Pavel, C. & Zăgrean, I. (1980). *Teologia Morală Ortodoxă pentru institutele teologice. Morala Specială, Vol II*. Bucharest: Editura Insitutului Biblic şi de Misiune al Bisericii Ortodoxe Române.

Teofan, Mitrop. (2011). *Parintele Dumitru Staniloae – Despre rugăciune*. Available at: https://invitatielaortodoxie.wordpress.com/2011/06/19/parintele-dumitru-staniloae-despre-rugaciune/ [January19, 2024].

Moţet, D. (n.d.). *Depresia nervoasă (combatere şi tratament).* Bucharest: SemnE.

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

Nistor, P.P. (2017b). Meditations of The Contemporary World Upon Death. A Psychospiritual Approach. *International Journal Of Medical Dentistry*, vol 7 (21)/ issue 3, 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, 241-252; ISSN / eISSN: 2066-6063.

Nistor, P. 2022a. The psychological and spiritual dimension of volunteering. *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), 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.

Nutt, D. (2004). Anxiety and depression: individual entities or two sides of the same coin? *International Journal of Psychiatry in Clinical Practice*, 8 (sup1), 19–24. https://doi:10.1080/13651500410005513.

Sandu, A. & Nistor, P. (2020a). 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. (2020b). 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

Sandu, A. & Nistor, P. (2020c). 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

Sava, V. P. (2004). *Taina Mărturisirii în riturile liturgice actuale*. Iaşi: Trinitas.

Sf. Ioan Gură de Aur, (2015). *Cuvinte de aur. Volumul VIII. Durerea omenească.Mâhnire-tristeţe, bolile, încercările, necazurile, suferinţele, pedagogia lui Dumnezeu (pedepsele)*. translation Manolache, V. Galaţi: Egumeniţa. [St. John Chrysostom. (2015). Golden words. Volume VIII. Human pain. Grief-sadness, illnesses, trials, troubles, sufferings, God's pedagogy (punishments)].

Stăniloae, D. P. (1992). *Spiritualitatea Ortodoxă. Ascetică şi Mistică Ortodoxă, Opere complete*. Bucharest: Istitutului Biblic şi de Misiune al Bisericii Ortodoxe Române.

Taylor, S. E. (2006). Tend and Befriend: Biobehavioral Bases of Affiliation Under Stress. *Current Directions in Psychological Science*, 15(6), 273-277. https://doi.org/10.1111/j.1467-8721.2006.00451.x

Tepper, L., Rogers, S. A., Coleman, E. M. & Malony, H. N. (2001). The prevalence of religious coping among persons with persistent mental illness. *Psychiatric Services*, 52(5), 660–665. https://doi.org/10.1176/appi.ps.52.5.660

Teşu, I., pr. (2005). *Tristetea, rana grea a sufletului contemporan*. Iaşi: Credinţa strămoşească.

Tia, T. pr. & Paşca, M. D. (2009). *Psihologie Pastorală (II). „Logosul" terapeutic - Cuvântul ca identitate psiho-pastorală.* Alba-Iulia: Reîntregirea.

Vlachos, H., Mitrop. de N. (2011). *Psihologia existenţialistă şi psihoterapia ortodoxă*. Iaşi: Doxologia.

Vlachos, H., Mitrop. de N. (2017). *Știința medicinei duhovnicești. Practica psihoterapiei ortodoxe*. Bucharest: Sophia.

Vlachos, H., Mitrop. de N. (2019). *O noapte în pustia Sfântului Munte*. Bucharest: Sophia.

Weissman, W. M. (1995). *Mastering Depression through Interpersonal Psychotherapy*, Oxford University Press, New York, 5-7.

Yalom, I. (2011). *Privind soarele în față. Cum să înfrângem teroarea morţii*. Bucharest: Vellant.

Yalom, I. D. (2010). *Psihoterapia existenţială.* Bucharest: Trei.