

THE SPIRITUAL CURE

CHAPTER 1: CREATING YOUR BACKGROUND

INTRODUCTION

Panic attacks can be terrifying: Picture a sudden, gripping feeling of fear and helplessness that can last for several minutes. Accompany that thought with scary physical symptoms such as loss of breath, a pounding or racing heart, tingling and numb body parts, weakness and inability to control your body, sweating, dizziness, a tight pain in your chest and stomach, and extreme feelings of hot or cold.

Some people attribute physical impairment to those individuals who suffer from mental illness. What some fail to realize is that mental illnesses are extremely common parts of every day life. The problem with mental illnesses is not in having them, but in not understanding how they work and how to control them. This study will seek to answer the question of whether or not spirituality can be effectively used as a positive clinical treatment for mental illness. This study functions from the definition of Mental Health provided by Janice Meisenhelder (2013), according to a study by Ware and Sherbourne (1992),

“Mental health is defined as a general state of mind. A decreased mental health is characterized by anxiety and depression: self-descriptions of nervous, down in the dumps, and downhearted. A positive mental health is characterized by self-descriptions of calm, peaceful, cheerful, and happy” (p. 507).

Mental illnesses, also known as “conditions,” in this study, can be detrimental when they begin to alter the way in which a person functions, and when they cease "normal" function all together. Podgornik (2014) conveys that mental health is

understood to be a “general state of mind, suggesting that mental illness can be defined as any disorder that alters a person’s mood or feelings, and has the potential to affect an individual in the ways that they relate to or function with other people” (p. 52). Mental conditions are not the result of one event. General research suggests multiple, interlinking causes, including, but not limited to genetic pre-dispositions and biochemical processes, environment and lifestyle. Stress makes some people more susceptible to forming mental health conditions, as do traumatic life events. Hartog and Gow (2005) stated that Theilman (1998) and Tjeltveit (1991) proposed, “While religion, modern psychiatry and psychology address the same subjects, significant differences exist between them with respect to fundamental world views, concepts and vocabularies used to describe, explain and understand human behavior, adjustment, well-being and illness” (p. 263). This study will focus on three mental illnesses; anxiety disorder, depression, and schizophrenia. The exploration of each of these types of mental conditions will include descriptive symptoms, strategies for understanding, and how spirituality can help remedy each mental disorder.

UNDERSTANDING DISORDERS

“Depression is a mood disorder, which causes feelings of severe despondency and dejection, and loss of interest” (National Institute of Mental Health, 1). Scott B. Patten (2013) concluded that

“Depressive disorders such as major depression (MD) commonly co-exist with medical conditions and may interact with those conditions in complex ways. For example, depressive disorders contribute to functional disability and medication

non-adherence. Epidemiologically, painful medical conditions are among the conditions most strongly associated with MD” (p. 364).

Signs of depression include, but are not limited to persistent feelings of sadness, anxiousness, hopelessness, and emptiness. Feelings of guilt, worthlessness, or helplessness are also common symptoms. A person suffering from depression may identify with irritability, restlessness, fatigue and decreased energy, and overeating or a complete loss of appetite, thoughts of suicide and thoughts of self-harm as well. Depression may also cause aches, pains, cramps, nausea or digestive problems that do not tend to ease with treatment.

Christine Cooper-Vince (2014) defines anxiety disorder as “an optimal classification of a developmentally inappropriate, severe, and interfering chronic condition characterized by an excessive and persistent sense of apprehension, with physical symptoms such as sweating, palpitations, and feelings of stress” (p. 417). Anxiety disorders are difficult to diagnose due to the multitude of different types of anxiety disorders such as generalized anxiety, separation anxiety, panic disorder, obsessive-compulsive disorder, etc. However, the symptoms of all types of this condition can get worse if they are not treated. According to Elisabetta Crocetti (2015), “High levels of anxiety disorder symptoms can hinder adolescent development, persist into adulthood, and predict negative mental outcomes, such as suicidal ideation and attempts” (p. 159). All of the symptoms of anxiety disorders stem from irrational fear and excessive trepidation. Symptoms can be recognized as nervousness or apprehension for unwanted and undesirable situations. Sally Winston, PsyD, co-director of the Anxiety and Stress

Disorder Institute of Maryland in Towson suggests that, "The distinction between an anxiety disorder and just having normal anxiety is whether your emotions are causing a lot of suffering and dysfunction" (Winston, 1992, p. 1).

Schizophrenia has been proposed by Nash N. Boutros (2014) as "a homogeneous disease entity or brain disorder within the split mind syndrome dominated by persistent clusters of negative symptoms in which people interpret reality abnormally" (p. 28). Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior. Schizophrenia symptoms can be characterized by over thirty days of disorganized speech, increase in self-talk, misapprehensions, deliriums, and disorganized or unexplainable catatonic behaviors. A schizophrenic, stated by Angela Woods (2013), is commonly "a person who has experienced voice-hearing or auditory verbal hallucinations" (p. 263).

All three of these illnesses can be crippling, in that they alter the way in which a person perceives life and normal, daily functions. L. Jarrett Barnhill (2008) expressed

"One of the first problems clinicians encounter in the field of mental illness and developmental disorders (MI-DD) involves distinguishing symptoms of mental illness from nonspecific challenging behaviors. As currently conceptualized challenging behaviors disrupt and interfere with social/occupational functioning and/or pose a potential threat to the environment (property destruction), self or others. A subset of challenging behaviors can be also classified as a symptom if they occur along with other diagnostic criteria of a psychiatric disorder" (p. 158).

There are many ways to aid in the treatment of mental disorders. Unfortunately, many methods are not beneficial if the person suffering is not willing to accept that they and the people around them are all being negatively affected. Until people are willing to accept the reality of their disorder, one cannot begin to undergo treatment. What is important to remember in treating a mental illness is that one should not wait too long to seek a mental evaluation and begin seeking mental assistance (Barnhill, 2008, p. 170).

There is research showing that the longer one waits, the greater the impairment can be down the road. Individuals suffering from disorders of the mind should set realistic goals for themselves, break up large tasks into smaller ones in attempts to keep from getting overwhelmed, confide in somebody that will listen and respond effectively, and understand that mood has the ability to improve, but at a gradual rate rather than immediately. Based on evidence from a conclusive study by Hartog and Gow (2005), “The historic relationship between psychology and spirituality has been characterized by conflict and mutual disregard, but research suggests that if the therapist does not integrate therapeutic solutions that take into account religious values, then effective outcomes may be temporary and benefits can be restricted” (p. 263).

SPIRITUAL MEANS

Spirituality, in this context, will be defined as a faithful relationship that fosters positivity in one’s life. According to Meisenhelder (2013) “Faith refers to an individual’s search for or belief in a universal, however, that person chooses to define it” (p. 506). Based on a 2009 study by Koenig, and a 2000 study by Adams, Bezner, Drabbs and Zambarano, Nima S. Ganga (2013) states

“Spirituality is considered more personal [than religion], something people define for themselves that is largely free of the rules and regulations associated with religion. There are a lot of people who consider themselves spiritual-but-not-religious, who deny any connection at all with religion and understand spirituality entirely in individualistic, secular terms... Spirituality and religion may be related, but not synonymous. Spirituality can add meaning to the practice of religion and practice of religion can deepen spirituality” (p. 436).

We cannot discard the spiritual importance of organized religions; but cannot say that religion is necessary to develop spirituality. Therefore, spirituality is not limited to the practice of any specific religion, or the idea of intrinsic motivation, which represents one’s personal commitment and dedication to God (Meisenhelder, 2013, p. 506). In this study, there was no evidence showing that spirituality contained any biases based on demographics or socioeconomic backgrounds, but simply the idea that a person puts their faith into some power that is greater than they. Religion can be understood or characterized through church attendance, involvement with religious rituals, following of appointed religious leaders etc., while spirituality is more-so defined by its intrinsic qualities such as internally driven experiences. A spiritual person is attributed with an understanding and means of dealing with life’s challenges (Hartog & Gow, 2005, p. 265).

Spirituality helps to improve an individual’s quality of life (QoL), as it is linked to greater mental and physical health. According to a study by Bobgan and Bobgan, referenced by Hartog & Gow (2005), “At the Fundamentalist end of the continuum, the predominant view is that there is no entity such as mental health that is not synonymous with spiritual health” (p. 265). QoL is related to the positive outlook on life’s functions.

A greater QoL yields higher numbers of individuals with positive views of self and a willingness to cope with disorders, due to the belief that circumstances will transform. One's QoL may be severely affected by different types of spiritual practices. "The most frequently endorsed practices include regular prayer, scripture reading, receiving sacraments and participating in a supportive [spiritual] community" (Koenig, 1998, p. 52).

The results of a study in the *British Journal of Clinical Psychology* suggest that the important component for positive mental health is not how much you rely on your beliefs, but rather, the type of higher power in whom you choose to believe in (Henley & Furnham, 1988, p.384). People who worship a stern universal are attributed with poorer mental health scores than those who ascribe to a loving universal. Benson Spilka conveys that "Concept of [God] is related to self-esteem: a more positive image of [God] is associated with a higher self-esteem" (p. 105). This severely impacts QoL because it directly affects the way in which a person begins and goes through each day. Again, demographic variables had no impact on the mentioned relationships. Even though in a multitude of studies, wellbeing is correlated to spirituality, there has been little effort to compare the wellbeing of people from different religions living in one geographic area due to the idea that belief in universal powers is not affected by environmental factors.

An individual's quality of life can also be determined by their sense of meaning, while maintaining a sense of justice and control in their lives.

"The idea that mental conditions can provide an opportunity for spiritual growth is associated with greater psychological growth and wellbeing. However, the opposite belief that mental illness is a punishment from the universe, like karma,

is correlated with lower levels of psychological wellbeing and increased levels of personal loss and psychological distress” (Tabak, 2014, p. 98).

Ganga and Kutty (2013) explain “Positive mental health is a dynamic state of wellbeing in which the individual realizes his/her own potential, with an underlying belief in the dignity and worth of self and others, can cope well with the normal stresses of life, is able to work productively and can contribute to the community” (p. 436).

THE RESULTS

By using the definition of mental health provided by Janice Meisenhelder (2013), according to a study by Ware and Sherbourne (1992), mental illness is positively affected by spirituality, using the definition of spirituality provided in this context, as “a faithful relationship that fosters positivity in one’s life.” The three conditions of focus, anxiety disorder, depression, and schizophrenia, all conveyed positive results in patients who used spirituality to aid in curing these conditions. Overall, patients identify spiritual needs as important for their coping because studies appear to point to a positive relationship between spirituality and mental health although varied in their definition and measurement of spirituality and health outcomes. Koenig’s 2009 review of 147 research studies reports overall significant findings of an inverse relationship between spiritual involvement and depression, as well as distress, particularly in populations with serious medical illness (Koenig, 1998, p.48). “Relationships between spirituality and mental health are similarly robust and demonstrate reduced rates of anxiety, depression, and substance dependence among [spiritual] individuals, and higher feelings of wellbeing and increased physical functioning” (Meisenhelder, 2013, p. 506). Other studies suggest that

the ability to learn, grow and make sense out of the experience of living with schizophrenia may be related to increased life satisfaction. “Longitudinal studies of patients with depression have shown that spiritual individuals are more likely to recover and do so more quickly than those who report little to no religious involvement” (Tabak, 2014, p. 91). QoL is an important variable in schizophrenia research because it reflects patients’ subjective sense of psychological wellbeing. “Among patients with schizophrenia, spiritual involvement has also been related to greater symptomatic remission and psychological wellbeing” (Tabak, 2014, p. 92).

CHAPTER 2: APPLY LAYERS AND BRUSHSTROKES

SPIRITUALITY YIELDING MINDFULNESS

Spirituality is a viable approach to curing mental disorders, and that is present in Jon Kabat-Zinn’s book *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. Zinn states:

“The book you have in your hands is about waking up from such dreams and from the nightmares they often turn into. Not knowing that you are even in such a dream is what the Buddhists call ‘ignorance,’ or mindlessness. Being in touch with this not knowing is called ‘mindfulness.’ The work of waking up from these dreams is the work of meditation, the systematic cultivation of wakefulness, of present-moment awareness. This waking up goes hand in hand with what we might call ‘wisdom,’ a seeing more deeply into cause and effect and the

interconnectedness of things, so that we are no longer caught in a dream dictated reality of our own creation” (p. xv).

Kabat-Zinn’s book is written in three parts, each dealing with a specific piece of mindful readiness. Part One, *The Bloom of the Present Moment*, explains what “mindfulness” is and how to obtain it in your every day life. The author explains that people are lost, and in being lost, we go through life in a robotic manner, without ever reaching the full extent of our possibilities. “In those moments, we break contact with what is deepest in ourselves and affords us perhaps our greatest opportunities for creativity, learning, and growing” (p xiii). Kabat-Zinn confirms the ideas that spirituality adds meaning to life. He "reminds readers that rather than seek answers from outside themselves, and worrying about what one ‘should’ be doing or feeling, one can consult the inner geography- the guiding light within” (p. ix). One should observe their most inner thoughts and find ways within the universe to create peace, using what was given to each individual person by their universal entity. Mindfulness is a practice that allows individuals to release the negative energies that control mental conditions, and open their minds to a new light, putting them in a happier mental state.

Part Two, *The Heart of Practice*, explains to the reader how to meditate and to achieve a mindful state. To let go of irrationality, there is something to do with your hands, a sense of dignity that is required, proper posture, etc. Meditation can be practiced anywhere, and “not practicing, is practicing” (p. 160). When trying to attain mindfulness, to exit the state of mindlessness, the author suggests that you do not tell any other person about your goal. When you exclaim that you are being mindful, you lose some of your

purpose. Meditation and achieving a peaceful state of self is something that is done for yourself, and others may counteract on your progress.

Part Three, *In the Spirit of Mindfulness*, explains an excerpt from Gary Snyder's book, *The Practice of the Wild*, that "All of us are apprenticed to the same teacher that the religious institutions originally worked with: reality... Repetition and ritual and their good results come in many forms" (p. 171). The final part to Kabat-Zinn's book reminded me that sometimes to reach our harmonious state, we have to change the way in which we think. Now that we know how to meditate, we must allow ourselves to get to the desired peace of mind. To do so, we must stop thinking that people are after us. We have to desensitize ourselves to the ideas that people are naturally evil and that they are purposely doing things that we do not like. Others are usually not trying to hurt us, and we become happier when we push aside the small things that bother us and continue to live on without making small things into negative situations. The author states that we should ground ourselves in mindfulness early in the morning, and by doing so,

"you are reminding yourself that things are always changing, that good and bad things come and go, and that it is possible to embody a perspective of constancy, wisdom, and inner peace as you face *any* conditions that present themselves... Mindfulness [however,] is very far from routine" (p. 181).

Kabat-Zinn's ideologies are similar to Marshall Goldsmith, an author that stated "*Mojo is the positive spirit toward what we are doing now that starts from the inside and radiates to the outside.*" Remember that positive thinking will replace negative thoughts as mental illness responds to treatment. The author explains that in order to progress, it is

useful to come to the understanding that you are lost, therefore, allowing your inner and outer energies to correlate with one another and lead the way. Kabat-Zinn also reminds readers that oftentimes in life, we are sucked into life's tendencies and we forget the things that are truly important. He encourages readers to ignore what we are supposed to be doing at different points during our day, just to allow our bodies to exist naturally, without bowing to the stressors of our environments.

The power in Jon Kabat-Zinn's words inspired me to relax. I understand now, that I am constantly so caught up in the rapid movement of my every day life, that I forget to appreciate the things that are living, feeling, breathing, etc. The most basic elements of existence are the ones that I forget to respond to. I have, in my own life, began to understand the quote stating, "ethics is obedience to the unenforceable" (p. 47). At times when I feel most overwhelmed, I have began to practice Kabat-Zinn's techniques including sitting and standing with dignity, and noting how it makes me feel to do so (p.108).

These techniques are small, but affirm my belief in myself that I am in charge of life, rather life being in charge of me. Mindfulness is a universal practice that allows a universal power to instill peace inside a person's body and raises their awareness of their physical, mental, and spiritual existence.

To end this powerful literary genius, Jon Kabat-Zinn leaves us with this:

"In our everyday lives, we are all embodying and mirroring the myriad emergent of forms of the possible for each other and for the world itself, moment by

moment and breath by breath. With every breath, we are continually invited to embody and therefore actualize the possible more consistently, more ardently, more compassionately, with greater appreciation for the clarity, sanity, and well-being that are always and already right beneath our noses, and within all of us” (p. 275).

Kabat-Zinn confirms the idea that it is not organized religion that aids in the cure of mental conditions, but the ability of each individual to live a life that is free of negative, forceful powers. By tapping into the universal powers within the mind, one can control the way in which the forces of the world affect them in their every day lives. Spirituality is used as an aid to this fulfilling process.

CHAPTER 3: APPLY GLAZE

THE SOCIAL EXPERIMENT: DARLING I’M A NIGHTMARE DRESSED AS A DAYDREAM

I suffer from two of the before mentioned mental conditions. These illnesses are anxiety disorder, more specifically, panic disorder, as well as a mild form of depression. I have suffered from both illnesses since I was very young. I remember my first encounter with separation anxiety when I was seven years old, and that anxious feeling caused me to feel depressed.

During my worst panic attack, my entire body suddenly shut down. I was afraid, and a choking sensation took over. My heart was palpitating at an excessive rate, and I can only imagine that the tight feeling in my chest was equivalent to that of a heart attack. I fell to the ground and cried as my temperature rose at an abnormal rate. I could not form

words and my roommate had to force water into my system. At the time, we had just returned home from a nice dinner at Applebee's, and we were getting ready to play a few rounds of Twister. There was no noticeable reason for me to panic.

Although many people suffer from general anxiety disorder at some point during their lifetime, the disease is much more serious than worrying about an exam or facing a fear. Depression is not just an illness that causes an individual to be sad. Depression leaves an indescribable feeling of desolation that is not easily understood by others. In my state of depression, I could identify with having everything going well in my life, and not being able to appreciate my blessings. When everything in life was looking up, I felt extremely down. I was not doing well in school. I was overwhelmed. Living each day was a struggle, and I had nothing to complain about.

Personally, I have spent a lot of my time attempting to avert the idea that I suffer from forms of these mental conditions. I do not want people to judge me, or my actions, based on the fact that my thoughts and actions are not always "normal." However, societal norms are misconstrued anyways. I wish that all people could understand that I act in a certain manner for a reason. Without making up excuses, my problem is that I cannot control the way in which these illnesses affect my brain. Even though I know a situation is not as serious in reality as it is in my head, it is difficult to determine what is important and what is not. That leads to me lashing out at people who are usually underserving, or lashing out at myself, who is also, usually underserving.

With all of that being said, my counselor noticed that these mental illnesses are the reasons why I began to behave abnormally. I experienced many negative effects that caused me to be non-social and introverted. I have locked myself in my room on

countless nights and I refuse to speak about my real feelings. I journal to relieve stress, but ultimately, I build up large sums of tension and let them out at the worst times possible.

My counselor noticed that I am not aware of the things that trigger me, and that is why I really enjoyed Kabat-Zinn's book on mindfulness. I needed a new focus. When I can pinpoint what makes me tick, I can more easily assess my negative reaction to the situation, and develop positive thoughts for myself to feed off of. Isolating myself had become my first notion, so my counselor asked me to do a social experiment.

During the weeks to follow, I was challenged to be the complete opposite of myself. In times of struggle, depressed moods, and anxious tendencies, my goal was to do what those around me thought that I was incapable of doing. I was reluctant to try, because I had become so used to being alone. I was afraid of most days. I was afraid to walk into a room full of people who I did not believe really loved me and I did not want to feel out-casted or to ruin the peaceful space that others had created without me being around. This experiment forced me to be more approachable. It presented others with the ability to talk to me and discuss their feelings. It helped me to realize that I do care about the opinions and feelings of others, even though I had tried so hard to avoid them. My social experiment not only helped me feel less susceptible to negative vibes and energies, but helped me to unveil my deeper thoughts and feelings in a way that no longer harmed or hurt the people in my life.

All my life, I've had this "superwoman syndrome," in which I have always felt like I could take on the weight of the world. Not that I could, but that I had to, so I did. I had a strong desire to understand the real world and I engaged in meaningful work, but I

did not know how to get through life and its obstacles. Depression and anxiety are two strong reasons for apathy and pessimistic views of self. I had developed insecurity, unlike any other. Because I no longer saw all of the amazing things about me that I once saw it was hard for me to identify with the idea that somebody else had that capability. That then caused other people to form negative opinions of me as well. I was not the bubbly, free spirited person that I once was. For months on end, I felt exhausted, helpless, and hopeless, but as I began to recognize that I deserved more out of life, I began to be more mindful about the journey I initially started on and the purpose of my life. I chose to find my meaning.

Now that I have come to the end of my experiment, I know that I may not get rid of the illnesses that hold me back, but I have found ways to control them. Although I have many stressors, my quality of life is substantially high. I practice a religion and my spirituality has taken me to places that I never knew existed. I am mindful and understand that I am stressed, or overwhelmed, because of the amazing opportunities that have presented to me. I am graduating a year in advance, traveling to Italy to study in the art capital of the world, and I am moving to Atlanta, Georgia to work towards my dreams. I am thankful, appreciative, and mindful. My confidence is back, and I am proud of myself for all that I have accomplished.

If you know someone who is depressed, it affects you too. The most important thing you can do is to help your friend or relative to get a diagnosis and treatment. You may need to make an appointment and go with him or her to see a doctor. Encourage your loved one to stay in treatment, or to seek different treatment if no improvement occurs after 6 to 8 weeks.

I chose this topic of research because it is something that is near and dear to my heart. For a long time, I did not understand why I felt the way that I felt, and I was more afraid than anything else. I began to research mental illness and learned that depression and anxiety have been present in my family for years. Although I did not understand it growing up, it all started to make sense as I began to feel the way that some of my family members did years ago.

By suggesting the evidence that the validity of spirituality is an efficient cure for mental illness, I wanted to show an audience that mental conditions are not always as bad as they are sometimes presumed to be. People who suffer from them do have the ability to be functioning, positive, and successful members of society. Although dealing with these conditions are difficult in times of extreme stress, I feel more accomplished in the end because I was able to pull through by the grace of God.

Completing this research assignment caused me to feel closer to God, but also showed me that I identify with beliefs that are not necessarily those of the Christian faith. I was raised as a Baptist Christian, and I was a devoted churchgoer in New York. Since I've been in Virginia, my faith has remained strong, but the extrinsic practices have decreased. That is not to say that I do not love and respect my God.

Kabat-Zinn taught me that prayer is not the only way to create positive energies. It is a powerful feeling to cast your fears upon the Lord and to know that He will make a way out of no way. However, knowing that it will all work out eventually does not provide me with the same peace as stopping, breathing, and forgetting everything in the world for a few moments at a time. Usually, my brain attempts to focus on multiple things at a time, and I can feel the panic developing inside of me. My head starts hurting

and my breathing gets heavier. I cannot form the words that I need to. Prayer in times like those makes me feel like there is somebody close to me when there is nobody around, but in order to control the attack, I have to wipe my mind clear. That is the distinction between my religion and universal spiritual beliefs. Mindfulness fosters positivity in my life and improves the quality thereof. My faith that God will get me through my trying times provides a sense of relief and reminds me that I have an ultimate purpose. My spirituality forces me to act accordingly in times of mental distress.

REFERENCES:

- BARNHILL, L. J. (2008). THE DIAGNOSIS AND TREATMENT OF INDIVIDUALS WITH MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES: AN OVERVIEW. *PSYCHIATRIC QUARTERLY*, 79(3), 157-170.
- BOBGAN, M., & BOBGAN, D. (1979). THE PSYCHOLOGICAL WAY/THE SPIRITUAL WAY (PP. 123-129). MINNEAPOLIS, MINNESOTA: BETHANY FELLOWSHIP.
- BOUTROS, N. N., MUCCI, A., DIWADKAR, V., & TANDON, R. (2014). NEGATIVE SYMPTOMS IN SCHIZOPHRENIA. *CLINICAL SCHIZOPHRENIA & RELATED PSYCHOSES*, 8(1), 28-35B.
- COOPER-VINCE, C., EMMERT-ARONSON, B., PINCUS, D., & COMER, J. (2014). THE DIAGNOSTIC UTILITY OF SEPARATION ANXIETY DISORDER SYMPTOMS: AN ITEM RESPONSE THEORY ANALYSIS. *JOURNAL OF ABNORMAL CHILD PSYCHOLOGY*, 42(3), 417-428.
- CROCETTI, E., HALE, W., DIMITROVA, R., ABUBAKAR, A., GAO, C., & PESIGAN, I. (2015). GENERALIZED ANXIETY SYMPTOMS AND IDENTITY PROCESSES IN CROSS-CULTURAL SAMPLES OF ADOLESCENTS FROM THE GENERAL POPULATION. *CHILD AND YOUTH CARE FORUM*, 44(2), 159-174.
- NATIONAL INSTITUTE OF MENTAL HEALTH, (N.D). DEPRESSION. RETRIEVED MARCH 9, 2015, FROM [HTTP://WWW.NIMH.NIH.GOV/HEALTH/TOPICS/DEPRESSION/INDEX.SHTML](http://www.nimh.nih.gov/health/topics/depression/index.shtml)
- GANGA, N. S., & KUTTY, V. R. (2013). INFLUENCE OF RELIGION, RELIGIOSITY AND SPIRITUALITY ON POSITIVE MENTAL HEALTH OF YOUNG PEOPLE. *MENTAL HEALTH, RELIGION & CULTURE*, 16(4), 435-443.
doi:10.1080/13674676.2012.697879
- HARTOG, K., & GOW, K. (2005). RELIGIOUS ATTRIBUTIONS PERTAINING TO THE CAUSES AND CURES OF MENTAL ILLNESS. *MENTAL HEALTH, RELIGION & CULTURE*, 8(4), 263-276.
- HENLEY, S., & FURNHAM, A. (1988). THE ATTRIBUTION OF CURE. *BRITISH JOURNAL OF CLINICAL PSYCHOLOGY*, 27, 384-386.
- KOENIG, H. (1998). HANDBOOK OF RELIGION AND MENTAL HEALTH (PP. 52-57). SAN DIEGO, CALIFORNIA: ACADEMIC PRESS.
- MEISENHOLDER, J., SCHAEFFER, N., YOUNGER, J., & LAURIA, M. (2013). FAITH AND MENTAL HEALTH IN AN ONCOLOGY POPULATION. *JOURNAL OF RELIGION AND HEALTH*, 52(2), 505-513.

PATTEN, S., WILLIAMS, J., LAVORATO, D., BULLOCH, A., CURRIE, G., & EMERY, H. (2014). DEPRESSION AND PAINFUL CONDITIONS: PATTERNS OF ASSOCIATION WITH HEALTH STATUS AND HEALTH UTILITY RATINGS IN THE GENERAL POPULATION. *QUALITY OF LIFE RESEARCH*, 23(1), 363-371.

PODGORNIK, N., & KOVAČIČ, A. (2014). CAN MENTAL HEALTH BE VIEWED AS A PUBLIC SOCIAL PROBLEM?. *INTERNATIONAL JOURNAL OF MENTAL HEALTH*, 43(2), 52-69.

TABAK, N. T., & DE MAMANI, A. W. (2014). RELIGION'S EFFECT ON MENTAL HEALTH IN SCHIZOPHRENIA. *CLINICAL SCHIZOPHRENIA & RELATED PSYCHOSES*, 8(2), 91-100. DOI:10.3371/CSRP.TUWE.021513

WINSTON, S. (1992). 12 SIGNS YOU MAY HAVE AN ANXIETY DISORDER. RETRIEVED MARCH 9, 2015, FROM [HTTP://WWW.HEALTH.COM/HEALTH/M/GALLERY/0,,20646990_2,00.HTML](http://www.health.com/health/m/gallery/0,,20646990_2,00.html)

WOODS, A. (2013). THE VOICE-HEARER. *JOURNAL OF MENTAL HEALTH*, 22(3), 263-270.

ZINN, J. (1994). WHEREVER YOU GO, THERE YOU ARE: MINDFULNESS MEDITATION IN EVERYDAY LIFE. NEW YORK, NEW YORK: HYPERION.