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An investigation of evidence of spirituality in coping with depression

1. Edoka Anthony Chukwunonye 2. Okoli, Paul Chibuike, PhD 3. Ofojebe, Chukwuma, PhD.

1. Department of Psychology, Nnamdi Azikiwe University Awka-Nigeria.
2. Department of Internal Medicine ESUT College of Medicine, Enugu State University of Science and Technology, Enugu-Nigeria.
3, Department of Psychology, Nnamdi Azikiwe University Awka-Nigeria.
Corresponding Author: Okoli, Paul Chibuike, PhD.

Abstract: ***Background:*** *The study investigated the influence of spirituality in coping with depression among the Catholic Priests of Nnewi Diocese.* *The study's sample size was 150 derived from a total population of 201 Priests in Nnewi Diocese at the time of research. The sample size was collected during the monthly recollection of Priests in the Catholic Diocese of Nnewi using simple ballot system. The ages of the participants ranged between 30 -65 with mean age of 51.2 and standard deviation age of 3.5. The questionnaire used contained items eliciting information about socio- demographic characteristics of the participants. The Beck Depression Inventory (BDI) was used as well as a 20-item questionnaire that measured Spirituality which was developed by Jochen Hardt, and his colleagues. Pearson r moment correlation was adopted in testing the both hypothesis. The result showed that high spirituality has a statistical significant inverse relationship with depression among Priests in Nnewi Diocese; r = -.844; df (N-2) = 148; P >.05. Lastly, the result also manifested that low spirituality has a significant negative relationship with depression among Priests in Nnewi; r = -.844; df (N-2) = 148; P >.05. The conclusion is that those with high spirituality related better than those with low spirituality in dealing with depression among the Catholic Priests in Nnewi Diocese.*

Keywords: *spirituality, coping and depression*

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I. Introduction

Depression presently in the society appears to the most common mental health disorders and is represented as an emerging public health problem with a virtual epidemic and widespread of devastation as evident in common prevalence of suicides, divorce, and interpersonal conflicts. in the world. The numbers are quite staggering and astounding. Mental health disorders are not uncommon, and the global burn of mental disorders is projected to reach 15% by 2020. By this time, it is estimated that common mental disorders such as depression, anxiety and substance abuse-related disorders, will disable more people than complications arising from AIDS, heart disease, accidents, and wars combined (Ngui, et al. 2010). We need to look deeper and meticulously into this emerging phenomenon in our society today to understand and overcome it. Even within the mainstream psychiatry, and psychotherapy, many continue to argue that there is need to discover urgently more effective and competent means of helping people with depression. Stress predicts reduced health, and religiosity, generally defined, naturally predicts good health. The idea here according to him is that one mechanism by which religiosity positively impacts health is through reduction in or prevention of the stress response like depression. The way through which it does this is by one's total surrender to God. If this is the issue, the fundamental problem raised in this study is whether spirituality and its adherences can lead to elimination of depression among Catholic Priests.

The impact of spirituality on physical and mental health is being increasingly investigated. It is said that finding meaning in one's life can prove essential when one suffers from a serious or chronic pathology. During a prolonged depression, emotional imbalance sets in, sometimes with terrible consequences that become incapacitating. Some authors have categorically suggested that it will be helpful to support patients suffering depression on a spiritual path that reduces pain by acting on its affective dimension. The view as to whether the level of individual's spiritual disposition can be translated into a recipe for control for depression has been marred in controversies. Some people recognize the power of spirituality in the adaptation and coping with different life events (whether man-made or natural). Some researchers have discovered a relationship between how one handles his or her spiritual life and the way he or she copes with life-experiences. It has been documented that people-of-faith deals with difficult situations better than people with little or no faith. Faith in

oneself as a moral and rational being or faith in the Supernatural Being as a source of power and reason for existence constitute the fundamental concept of spirituality. When one believes, and apply him or herself to the notion that, after exhausting one's best option and ability, he or she must accept what can be changed and acknowledge what cannot be changed due to one's limitations. The relationship between this type of lifestyle (Ontological and subjective phenomenon) and depression (physical phenomenon) is what has made research in this topic more daisies and complicated.

According to World Health Organization (2001), that 450 million people are estimated to suffer from neuropsychiatric conditions, approximately. Amongst these mental problem is depression. Depression is amongst psychiatric disorders is a mood disturbance which is sufficient severe to bring about marked impairments in social, cognitive and occupational function. Okoli (2019). Depression is now a leading cause of disability around the world and among the ten leading causes of the global burden of disease, it ranks fourth (Knapp, 2009). The World Health Organization estimates that, in the next twenty years, depression will move up the list to become the second leading cause of disease (Swami, 2015). The recent statistics on the people suffering from depression collaborated the above view by maintaining that, depression is practically an epidemic, with over 70 million people suffering from its effects, such as a feeling of moroseness, uselessness, lack of energy, inability to sleep, and a poor attitude towards life in general among other symptoms (Knapp, 2009).

The menace of depression is not uncommon in Nigerian, although some do trivialize over it with the deceptive notion that Nigerians are resilient and therefore do not suffer depression. According to Gureje (2007), Major Depressive Disorder is common in elderly Nigerians and its occurrence is related to urbanization. He further notes that this disorder is a serious disabling illness in this group but only a few sufferers have been diagnosed of their disorder and therefore ever received treatment. In Nigeria, it has also been found that many adolescents and students suffer from depression, and Ayemi (2005) opined that, many students are daily exposed to many stressors and are therefore prone to depression without knowing it

Depression according WHO (2012) is a common mental disorder that present with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt, or low self-worth, disturbed sleep or appetite and poor concentration. It is a mental illness in which a person is very unhappy and anxious and withdrawn for long periods and cannot have a normal life during these periods. According to WHO (2016), common mental disorders are increasing worldwide. Meanwhile between 1990-2013, the number of people suffering from depression and/ or anxiety increased by nearly 50% from 416 million to 615 million. Depression causes the patient to have a pessimistic view of things. It also discourages enthusiasm and stifles one's initiative. It may also produce despair and bring about sickness in the mind and body. It can make one resort to rash and thoughtless actions that a person may later regret; it leads individuals to live with despair, which if not handled properly may result in suicidal ideation, suicidal thoughts and worst still, suicide attempt or suicide completed. Much of the time such thoughts are completely unnecessary. Thus, it is imperative that we help cure depression so that people can live in happiness, ingenuity, energetic, and are thus able to reach their higher potentials in life. People with a depressed mood can feel sad, anxious, empty, hopeless, helpless worthless, guilty, irritable, angry, ashamed or restless. They may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details or making decisions, experience relationship difficulties and may contemplate, attempt or commit suicide. Insomnia, excessive sleeping, fatigue, aches, pains, digestive problems or reduced energy may also be present. Depressed mood is a feature of some psychiatric syndromes such as major depressive disorder, but it may also be a normal reaction, as long as it does not persist for a long time or cause significant impairment in social life, occupational and cognitive life of the individual. It has multiple ethological causes like: biological, psycho-social-negative significant to life events such as bereavement, losses in life, poor self-appraisal, and poor coping style.

Coping is a process by which persons face stressful situations, and active coping have proved being effective in disease control. As a process, it involves some form of thought, action, or feeling that is used, adapted or eliminated to deal with an event that elicits some form of psychological stress. The process of coping involves two components, appraisal and coping. Appraisal is the act of viewing a stressor and analyzing one's own capacity to deal with the stressor. Once an individual sees a stressful situation, they must decide how they will respond or cope with the stressor, either choosing to master it, reduce it or tolerate it. Again, Lazarus (1984), proposed two types of coping strategies: problem-focused, and emotion-focused. Problem-focused strategies are efforts to do something active to alleviate stressful circumstances; whereas emotion-focused coping strategies involve efforts to regulate the emotional consequence of stressful or potentially stressful events, i.e. how to relieve the feeling of stress without having to change the situation itself. According to Ozkan and Kutlu (2010), research indicates that people use both types of strategies to combat the most stressful events. The predominance of one type of strategy over another is determined by the personal style, e.g.; some people cope more actively than others, and also by the type of stressful event. Among the coping strategy that has been proposed to prove effective in dealing with stress among priest is spirituality.

Generally, there is no single widely agreed definition of spirituality. According to Spencer (2012) spirituality means knowing that our lives have significance in a context beyond a mundane everyday existence at the level of biological needs that drive selfishness and aggression. It means knowing that we are a significant part of a purposeful unfolding of life in our universe. This causes some difficulties in trying to study spirituality systematically. It hinders both understanding and the capacity to communicate findings in a meaningful fashion. Traditionally, spirituality refers to a religious process of re-formation which aims to recover the original shape of man, oriented at the image of God exemplified by the Torah, Christ, Buddha, Muhammad and others (Jennies, 2014). In modern times the emphasis is on subjective experience of a sacred dimension, and the deepest values and meanings by which people live, usually in a context separate from organized religious institutions. Modern spirituality may include a belief in a supernatural realm, personal growth, a quest for an ultimate/sacred meaning, experience, or an encounter with one's own inner dimension. In other words, spirituality can simply be understood as a personal relationship with a higher being. Kresntman (2006) collaborated the above view by saying that spirituality includes a sense of connection to something bigger than oneself, and it typically involves a search for meaning in life. As such, it is a universal human experience-something that touches us all. People may describe a spiritual experience as sacred or transcendent or simply a deep sense of aliveness and interconnectedness.

Nigeria as a nation is multifaceted in their religious affiliations. The 1963 Nigerian census found that 34% of the population was Christian, 47% Muslim, and 18% other religions; the 2008 MEASURE Demographic and Health Survey (DHS) found 53% Muslim, 45% Christian, and 2% other religions; the 2008 Afro-barometer poll found 50% Christian, 49% Muslim, and 1% other religions, while Pew's own survey found 52% Muslim, 46% Christian, and 1% other religions (The 2008 Measure Demographic and Survey (DHS). However, as stated above spirituality is not the monopoly of any religious denomination, but it is good to know that one can be a spiritual person irrespective of his religious affiliation. As a result of the havoc being perpetrated by depression, a burgeoning research literature has studied the relationships between spirituality and the treatment of mental health such as depression (Dein, 2010). Although such studies have explored many other facets of mental health, but there seem to be a significant concentration today that spirituality has great impact in helping people cope with depression. The idea here is that one's spirituality provides specific coping tools and methods by which individuals with depression can deal successfully with such stressful events and conditions. The important touchstone on this line of thought is the classic theoretical approach of Lazarus and Folkman and their associates. In their recent postulations, they argued that spirituality is a key facet of coping process for people with depression (Lazarus & Folkman, 1984). They based their facts on the proposition that spirituality and religion play a key role in the human search for meaning and in the face of suffering (Frankl 2006). Some of the psychologists are of the view that in dealing with depression, that the belief or the connections with a higher being call it God or any other phenomenon that can be helpful to humans. In line with the above, Orloff' (2011), maintained that transforming depression is sacred work. Being a sacred work does not necessarily imply that it is a delicate area to delve into but, it is an area that help can come when we involve a kind of belief in the unseen. The belief is that religious and spiritual cognitions could lead a person of faith to reframe the stressor as part of God's plan, or as blessing in disguise or more still as an opportunity for personal or spiritual growth. Hence, the interplay of spirituality and psychotherapy, in mental health issue such as depression may tailor and improve successful treatment outcomes (Paukert 2010). This forms the core purpose of this study, to show that one's spirituality has a dynamic role to play in the treatment of depression. Therefore, this study will critically investigate the influence of spirituality in the healing process of persons suffering from depression.

With the increased number of Catholic Priests in Nnewi diocese believed to be suffering from depression, it is most pertinent to seek for a new way which can be of help in ameliorating depression among them. It has become a necessity to investigate the best treatment that is effective and proficient in supporting people with depression. The scope of this project is never in an attempt to discard the traditional way of treating people with depression, it is rather geared towards investigating whether spirituality can be of any help in treating depressed people. As Pauket (2010) would say, that an increased religious involvement is closely associated with decreased psychological distress and as it were such increase in religious involvement lowers the levels of depression and anxiety in people. Amber (2010) went further to posit that Religion particularly has proven to play an important role in protecting people against depression.

The understanding is that there is a positive and encouraging effect of spirituality on people with mental health issues like depression today. It is with this, that it is now becoming pertinent in our society to further explore the relevance of spirituality in the treatment of depression. This is at the core of this paper: that spirituality therapy can be used in diverse settings with a variety of faith groups to address a wide array of problems closely associated with mental health like depression. Amber (2010) articulates this background well when he says that religious values are capable of improving therapeutic outcomes, especially with regard to quality of life and mental health.

Operational definition of terms

1. Depression

Depression is a mental illness characterized by the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. This can be judged from three severity levels, mild, moderate and severe.

2. Spirituality

Spirituality is a belief in supernatural reality that influences one's behaviour and mental values about life and the world around him or her. This value is judged by two levels, high or low.

II. Method

Participants

The total of 150 participants sampled from the 201 population of Priests within the Catholic Diocese of Nnewi at the time of research. The sample was drawn during the monthly recollection of Priests of the Nnewi Diocese. The participants were drawn through simple balloting sampling technique. The participants were asked to pick from wrapped ballot papers which contains "Yes" and "No". The participants that picked "Yes" were included in the study. The ages of the participants ranged between 30-65 with mean age of 51.2 and standard deviation age of 3.5.

Instruments

The instruments employed in this study were depression inventory (BDI) revised in 1996 to reflect changes to the diagnostic criteria for Major Depressive Disorder, becoming the BDI-II. The BDI-II also contains 21 questions, scored from 0 to 3. The scale was developed by Aaron T. Beck, M.D and Spirituality questionnaire was developed by Jochen Hardt, et al. (2007).

These instruments were grouped into three (3) sections, namely A, B and C.

The section A of this questionnaire contained items eliciting information about socio demographic characteristics of the respondents. This information includes sex, age, years of priesthood, location (urban/rural) and highest educational qualification.

The section B of the questionnaire contained items that measure depression. The Beck's Depression Inventory (BDI) was applied. The BDI test includes a 21 item self-report using a four-point scale ranging which ranges from 0 (symptom not present) to 3 (symptom very intense. The test takes approximately 5 to 10 minutes to complete. After the American Psychiatric Association (APA) published the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV), the Beck Depression Inventory (BDI) was revised in 1996 to reflect changes to the diagnostic criteria for Major Depressive Disorder, becoming the BDI-II. The BDI-II also contains 21 questions, scored from 0 to 3. The scale was developed by Aaron T. Beck, M.D.

The Beck Depression Inventory (BDI) **is** a commonly used instrument for quantifying levels of depression. The scale for the BDI was originally created by patients' descriptions of their symptoms – mood, pessimism, sense of failure, self-dissatisfaction, guilt, suicidal ideas, crying, irritability, social withdrawal, insomnia, fatigue, appetite, weight loss, and self-accusation. In the first portion of the test, psychological symptoms are assessed whereas the second portion assesses physical symptoms.

The BDI test is widely known and has been tested for content, concurrent, and construct validity. High concurrent validity ratings are given between the BDI and other depression instruments as the Minnesota Multiphasic Personality Inventory and the Hamilton Depression Scale; 0.77 correlation rating was calculated when compared with inventory and psychiatric ratings. The BDI has also showed high construct validity with the medical symptoms it measures. Beck's study reported a coefficient alpha rating of .92 for outpatients and .93 for college student samples. The BDI-II positively correlated with the Hamilton Depression Rating Scale, $r = 0.71$, had a one-week test–retest reliability of $r = 0.93$ and an internal consistency $\alpha=.91$.

The section C of the questionnaire contained 20-items that measures Spirituality**.** Spirituality questionnaire was developed by Jochen Hardt, et al. (2007). The items are scored on a 5-point Likert response pattern ranging from Not at all true (1), Hardly true (2), Don't know (3), Rather true (4), Absolutely true (5). Items contained in the scale include statements such as: I feel that God is my friend/father; I search for the spirit. The developer reported Cronbach alpha reliability of .83 and split half reliability .71, the predictive validity of B=.30 with self-fulfillment scale.

Procedure

The questionnaire forms were completed by the participants in the usual venue of their meeting. They were informed that the questionnaire is for a research report and not a test. Five trained research assistants helped the researcher in distributing the questionnaires in the venue for their meeting. Furthermore, only participants who feel free, willing and signed the consent form to take part in the study (after the researcher had to explain to the participants the reason for the study and willing participants) were included in the simple balloting and

subsequently given the questionnaire forms for completion. The participants had no difficulty in completing the questionnaires.

Design/Statistics
This is a survey design and Pearson R correlation analysis was employed for data analysis.

III. Results

The analysis started by testing significant positive relationship of Low Spirituality with depression among Priests. The findings showed significant differences significant relationship with depression among Priest in Nnewi**.**

Table 1 Pearson R correlation summary table showing relationship of High Spirituality with depression among Priests in Nnewi

Variable	M	SD	df	R	P
High Spirituality	18.89	7.59			
			148	-.844	> .05
Depression	48.55	16.37			

The result on table 1 shows that high spirituality has a statistical significant inverse relationship with depression among Priest in Nnewi; r = -.844; df (N-2) = 148; P >.05. This implies that as the level of spirituality is going up, the level of depression is going down among the population of study. Therefore, the hypothesis one (1) which stated that High Spirituality will have statistical significant relation with depression was rejected.
Further, it investigated on the positive relationship of Low Spirituality with depression among Priests in Nnewi. The result shows that low spirituality has a significant negative relationship with depression among Priests in Nnewi

Table 2 Pearson R correlation summary table showing relationship of Low Spirituality with depression among Priests in Nnewi

Variable	M	SD	df	R	P
Low Spirituality	35.45	11.30			
			148	-.544	> .05
Depression	48.55	16.37			

The result on table 2 shows that low spirituality has a significant negative relationship with depression among Priests in Nnewi; r = -.544; df (N-2) = 148; P >.05. The implication is that as the level of spirituality is decreasing, the level of depression is increasing among the population of Priests in Nnewi. Nevertheless, the hypothesis two (2) which stated that there will be a significant positive relationship of Low Spirituality with depression was rejected.

IV. Discussion

The core objective of this research was to study the evidence of spirituality in coping with depression among the Catholic Priests of Nnewi Diocese. The ages of the participants ranged between 40 -65 with mean age of 51.2 and standard deviation age of 3.5. Forty five percent (45%) of the participants were working in the rural and semi urban areas of the Diocese while the remaining fifty five percent (55%) were working in the urban areas. Therefore, the result of this research showed that the first hypothesis which stated that, there will be significant difference between high and low levels of spirituality on depression among Priest in Nnewi Diocese was confirmed and accepted. The findings collaborated the research reported by Pederson (2016) which deals on how Spirituality Protects the Brain against Depression. The research involved 103 adults at either high or low risk of depression, based on family history. Magnetic resonance imaging findings revealed thicker cortices in those participants who placed a high importance on religion or spirituality than those who did not.

Furthermore, the relatively thicker cortex was found in exactly the same regions of the brain that had otherwise shown thinning in people at high risk for depression. He also reports another research by Dr. Lisa Miller, professor and director of Clinical Psychology and director of the Spirituality Mind Body Institute at Teachers College, Columbia University which links this extremely large protective benefit of spirituality or religion to previous studies which identified large expanses of cortical thinning in specific regions of the brain in adult offspring of families at high risk for major depression, Prior research conducted by Miller and her team revealed a 90 percent decrease in major depression in adults who placed spirituality or religiosity at high importance and whose parents suffered from depression. The findings showed that although regular attendance at church was not necessary, a strong personal importance placed on spirituality or religion was most protective against major depression in people who were at high familiar risk.

Furthermore, the result of this research also showed that the second hypothesis which stated that High Spirituality will have statistical significant positive correlation with depression among Priests in Nnewi Diocese was rejected. This implies that as the level of spirituality is going up, the level of depression is going down among the population of study, this laid credence to the research work reported by Bonelli (2012) in his paper captioned Religious and Spiritual Factors in Depression: Review and Integration of the Research reviews and synthesizes quantitative research examining relationships between R/S involvement and depressive symptoms or disorders during the last 50 years (1962 to 2011). At least 444 studies have now quantitatively examined these relationships. Of those, over 60% report less depression and faster remission from depression in those more R/S or a reduction in depression severity in response to an R/S intervention. In contrast, only 6% report greater depression. Again out of the 178 most methodologically rigorous studies, 119 (67%) find inverse relationships between R/S and depression. Religious beliefs and practices may help people to cope better with stressful life circumstances, give meaning and hope, and surround depressed persons with a supportive community. In some populations or individuals, however, religious beliefs may increase guilt and lead to discouragement as people fail to live up to the high standards of their religious tradition.

More still, the third hypothesis which stated that there will be a significant positive correlation of Low Spirituality with depression among Priests in Nnewi was rejected. The implication is that as the level of spirituality is decreasing, the level of depression is increasing among the population of Priest in Nnewi. The research work of Bonelli, (2012) which has been reported above also collaborated this third hypothesis.

Limitations of the study

The outcome of this study should be adopted with caution in respect to generalizations concerning the evidence of spirituality in coping with depression among the Priests of the Catholic Diocese of Nnewi. There are many dioceses in Nigeria more than 50 Dioceses, So, the population sampling might not be wonderful enough to aid for generalization.

Suggestion for future study

The result of this research has shown that those that are high in spirituality can cope better with depression than those with low spirituality. Nevertheless, in order to make generalizations broader, it is of greater importance for further researchers in this area of study to adopt the use of larger participants sampling from all the Catholic Dioceses in Nigeria. In addition, attention can also be given to other variables which can help Priests cope better with depression rather than spirituality. Such other variables can be regular exercise, integration of community living, regular medical checkup, good eating habit, etc.

V. Conclusion and recommendation

The research examined the evidence of spirituality in coping with depression. Participants were drawn from the Catholic Priests of the Diocese of Nnewi, and 150 Catholic Priests were the participants. From the findings of the study, it is well seen that people with high spirituality can actually cope better with depression compared to those who are low in spirituality. The result of this study collaborated the previous studies done on the relationship between spirituality and depression which I have carefully marshaled out above in the discussion section. It is recommended that there is need for priests to develop high spirituality as this can help them in no small measure to deal with depression. The emphasis here is on the personal effort of individual priests to develop their spiritual life. Bishops and the relevant authorities should also help in encouraging high spirituality among priests. Collective spiritual programs like retreats, recollection, ongoing formation and the likes should be organized to aid Priests in developing their spiritual lives.

For further studies, it is recommended different dioceses should have seasoned psychologists available, preferably Priests to help fellow Priests in need of some psychological help. Different dioceses should make it a compulsory affair for some priests, based on the advice of the diocesan psychologist to undergo depression test so as to receive help if deemed necessary. Priests should be encouraged to meet the diocesan psychologist for help, as arranging a meeting with a psychologist does not imply that the person in question is mad. It is also recommend that further studies should explore the influence of the levels of spirituality on the levels of depression.

Conflict of interests:

The authors declare that they have no financial or personal relationship(s) that may have inappropriately affected their report of the findings of this research. The participants who participated in this study signed the consent form to show their free will and consent.

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