

A Psycho-Spiritual Intervention to Deal with Aggression of Adolescents Who Self-Harm

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Abstract

Psycho-spiritual interventions have been used by many therapists to address the needs of their client for psychological wellness and personal growth. Spirituality is acknowledged to be the integrating force that unites all other aspects of the human individual's functioning (Burke et al., 2005). This study makes use of a quasi-experiment, of the time series design, involving a psycho-spiritual intervention to reduce the aggression among adolescents who self-harm. The nine subjects were selected from first year college students, using the Self-Harm Behavior Questionnaire or SHBQ (Gutierrez et al., 2001). The research focused on determining whether the psycho-spiritual intervention, a module entitled Peace by Peace, will make a significant difference in the levels of aggression of the subjects with respect to physical aggression (PHY), verbal aggression (VER), anger (ANG), hostility (HOS), indirect aggression (IND), and general aggression (AQ Total) of the Aggression Questionnaire or AQ (Buss & Warren, 2000). The format of the intervention is a four-day retreat, incorporating biblical Christianity concepts into discussions about anger, inner hurts, conflict resolution, and stress management. Results of the Wilcoxon Signed Ranks Test show that there is a significant difference between the Pretest and Posttest 1 levels of aggression of the subjects with respect to physical aggression, verbal aggression, hostility, and general aggression. However, no significant difference was found between the Pretest and Posttest 2 (delayed posttest, given one month after the retreat) levels of aggression of the subjects in all subscales.

Keywords: *psycho-spiritual, self-harm, aggression, adolescents*

Introduction

There have been reservations among therapists about incorporating spirituality issues into psychotherapy. This is largely because spirituality and related terms like religious, sacred, and transpersonal, are not often viewed as value-free (Lines, 2006). However, in recent years considerable interests have been focused on this dimension especially as the book, “The Road Less Traveled: A New Psychology of Love, Traditional Values and Spiritual Growth” (Peck, 1978), became a New York Times bestseller. In this book, Scott Peck, a psychiatrist by profession, asserts that there is no distinction between the process of achieving spiritual growth and achieving mental growth.

Spirituality is very much a part of the Filipino daily experience. Lapiz (2004) explains that Filipino spirituality makes the individual call upon divine presence and help at nearly every bend of his journey. Moreover, Filipinos are almost always acknowledging, summoning or driving away spirits into and from their lives. When in distress, many Filipinos find comfort and strength in praying; going to church; reading religious books and scriptural texts; being prayed for by priests, pastors, ministers or lay leaders; and performing or offering sacrifices unto God. Liwag (2008) found that faith and religion have been significant factors in the resilience, hope, and hardiness of female adolescents who had suicidal thoughts and who actually self-harmed. Involvement in activities that enhance spirituality experiences has proven to be life-transforming events for many Filipino young people. The InterVarsity Christian Fellowship, Philippines, published a book, *Broad Strokes* (IVCF, 2003), containing testimonies of Filipino professionals whose lives have been changed by the teaching inputs and the activities during fellowship meetings, retreats, camps, and conferences they have attended as high school and/or college students. They claimed that the lessons that they learned there remained with them and sustained them especially in critical moments of their lives.

Nurturing the spiritual life of young people is a very strategic intervention to prevent the development of risk behaviors. The adolescent period is a crucial stage for identity formation for individuals (DiOrio, 1985). Therefore, adolescence is a most opportune time to provide them with spiritual equipment to guide them through life. In the same

breath, the use of spiritual means for therapy for Filipinos adolescents who are experiencing psychological distress, promises to be likewise effective.

Objective

The objective of this study was to test the effectiveness of a psycho-spiritual intervention to reduce the level of aggression of adolescents who self-harm.

Theoretical Framework

The spiritual dimension of human functioning serves to bring together the other components of wellness and that spiritual wellness is central to wellness in all other areas of life (Burke *et al.*2005). Hence, deficiencies in the spiritual domain will adversely affect all other human experiences. Self-harming behavior is a symptom that indicates a loss of personal meaning arising from a deep spiritual vacuum.

Self-harm behavior involves the presence of intense and distressing emotions related to particular experiences, such as sexual or physical abuse (Hawton *et al.*, 2002), whether such abuse occurred earlier in life or in the recent past. The problematic emotions include loneliness, depression, and/or emptiness, self-hatred or anger, which produces a drive to punish oneself (Swales, 2008). While these experiences are considered as psychological phenomena they are considered to be rooted in deficiencies in spiritual functioning. Depression and/emptiness indicate a loss of meaning and purpose; loneliness means a disconnection from the ultimate other (God or a Supreme Being); self-hatred, anger, and aggression represent the loss of love and grace, both of which stem from a deep spiritual experience (Westgate, C., 1996).

The adolescent period is a stage with unique set of challenges, which the adolescent himself or herself (and the adults around him or her) may not understand. For most adolescents, it is a time to experience life and to test limits. Impulsive and reckless behavior may be an expression of the adolescent effort to find his or her identity in dangerous and life-threatening situations (Erikson cited in Santrock, 2007). Self-harm behavior is an example of such behavior. This transition period may also bring about many confusing issues to the young person that can make him or her insecure, lonely,

hostile, and feeling bad about himself or herself. These negative emotions are risk factors for self-harm behavior. Positively, Balk (1997) suggested that crises may provide a catalyst for enhanced spirituality defined as a quest for understanding life's meaning.

In this study, self-harm behavior is considered as aggression toward the self. It may come from a deep-seated anger and accumulation of inner pains and hurts, or a feeling of powerlessness over stressful life events. Self-harm behavior of adolescents is an attempt to quickly regain control over the distressing situations they experience and the negative emotions they engender. Hence, issues that engender aggression to self need to be resolved first; then, the adolescent is trained to acquire healthy ways of coping with frequently occurring stressors. The resolution of the inner issues will require both a psychological and spiritual approach. Likewise, the tools for addressing the external behavior must have both psychological and spiritual foundations.

Methodology

This study utilized a quasi-experiment, of the time series design, to test the effectiveness of a psycho-spiritual intervention to deal with the aggression component of self-harm behavior among adolescents. A pretest and two posttests were conducted. The pretest serves as a baseline data for the level of aggression of the subjects prior to the intervention. Two posttests were conducted for comparison purposes. The first posttest was given right after the retreat, and the second posttest was given one month later. To gain a deeper understanding of the underlying causes for the observed difference between the pretest and posttests, a focus-group discussion was conducted with the subjects after the second posttest results were analyzed.

The participants of the study were selected from four sections of first year students of Brokenshire College during the second semester of 2009-2010. Screening for the subjects of the study was done using the Self-Harm Behavior Questionnaire or SHBQ.

Freshmen who indicated that they engaged in self-harming activity were evaluated as to the severity of their

behavior. The more severe cases were given priority in the selection. The following criteria were observed.

Table 1:
Criteria for Evaluating Severity of Self-Harm Behavior Of Adolescents

Severity	Frequency	Modes of self-harm behavior	Suicidal ideation
MILD	Once in the last 12 months	Hair-pulling, punching self,	None
MODERATE	Two to three times in the last 12 months	Scratching until skin breaks, cutting skin, head banging	Present
SEVERE	Four or more in the last 12 months	Burning skin, hitting self, resulting in bruising, taking drugs to harm self	Present

From the four sections of freshmen surveyed, there were 30 students who indicated they have committed various moderate to severe self-harming behavior. All were invited to join the retreat but only fifteen said they will join. However, only nine students actually came to the retreat. There were seven females and 2 males, ages 17-19. Four female subjects are living with both parents; the two males are living with their mother only (one father is in Canada with another family but sends financial support for son, and the other father is a military man who seldom comes home but occasionally gives financial support to children); one is living with a rich paternal aunt (her parents are farmers in Negros); one is living with a maternal grandmother (her mother has passed away and the father already has another family); and one lives with her siblings and the father who comes home only on weekends because he works in a province five hours away (the mother has died a few years ago), Five of the subjects were firstborns, two were middle children, and two were youngest children.

The study made use of three instruments namely, the Self-Harm Behavior Questionnaire or SHBQ (Gutierrez et al., 2001) for screening purposes; the Aggression Questionnaire or AQ (Buss & Warren, 2000) to determine the level of aggression of the subjects; and the researcher-made psycho-spiritual intervention module, *Peace by Peace*. The SHBQ (Gutierrez et al., 2001) is a brief self-report instrument designed to provide detailed clinical information about nonlethal suicide-related behavior in clinical and nonclinical

settings. This tool is intended for use with adolescents and adults ages 13 and older. It is composed of four specific parts assessing different facets of the suicide-related behavior construct: intentional self-harm, suicide attempts, suicide threat, and suicide ideation.

The Aggression Questionnaire (Buss & Warren, 2000) measures an individual's aggressive responses and his or her ability to channel those responses in a safe, constructive manner. It consists of just 34 items, scored on the following scales: Physical Aggression, Verbal Aggression, Anger, Hostility, and Indirect Aggression.

The psycho-spiritual intervention module, entitled "*Peace by Peace: A Psycho-Spiritual Intervention to Deal with Aggression in Self-Harm Behavior Among Adolescents,*" was designed by the researcher. It consisted of 10 modules interspersed with bible reflections, personal devotions, and psychological discussions on topics such as self-worth, anger, inner hurts, conflict resolution, and stress management.

The conduct of the research proceeded in three stages, namely: Preliminary, Conduct of the Retreat, and the Post-retreat. The Preliminary included the securing of permission from the President of Brokenshire College to conduct the research, the selection of the subjects, the seeking of informed consent from both parents of the subjects and the subjects themselves, and the development of the modules. Prior to the scheduled retreat, reservation for the venue was ensured and the volunteers who helped facilitate the activities were given orientation and training.

All the subjects assembled at the Brokenshire Resource Center at 9 o' clock in the morning of December 18, 2009 and were transported to the A Lady of Beatero Center at Hilltop, Baranggay Langub, Davao City, the venue of the retreat. Immediately after arriving at the venue, at about 10 o' clock in the morning, the pretest was administered by the Test Specialist of the Counseling and Psychological Wellness Center (CPWC) of Brokenshire College.

Immediately after the last activity of the retreat on Monday, December 21, 2009, the first posttest was administered to the subjects. The students were then delivered in specific places in the downtown area where they took their ride home.

One month after the retreat, the second posttest was conducted at the Counseling and Psychological Wellness Center (CPWC) by the same Testing Specialist, at 2 o' clock in the afternoon of January 21, 2010. Two days later, at 4 p.m of January 23, 2010 a focus-group discussion was conducted by the researcher with the 9 subjects at the Psychology Laboratory of Brokenshire College. The subjects responded to the following questions:

1. Has there been an incident of self-harming behavior you experienced since the retreat?
2. What do you observe about how you are coping with the usual challenges that you encounter in your day-to-day life since the retreat? Is there a difference in the way you coped right after the retreat and now? If there is, what is the difference? Why is this so?
3. Are there any insights that you want to share about coping through your challenging situations now?

The responses to these questions were analyzed to determine the relevant themes in the students' experiences.

Results and Discussion

Findings of the study showed that the means of the pre-test, of the posttest 1, and of posttest 2 of the subjects on all the dimensions of Aggression Scale showed that they have average level of aggression. Consequently, the means of the Aggression Total (AQ_T) in the pretest (52), pretest 1 (47.78), and pretest 2 (49) also showed average levels of aggression.

Table 2:
Difference between Pretest and Posttest 1

Subscale	Z	p-value
Physical Aggression	-2.446	.014 ^s
Verbal Aggression	-2.314	.021 ^s
Anger	-1.689	.091 ^{ns}
Hostility	-2.527	.012 ^s
Indirect Aggression	-1.780	.075 ^{ns}
AQ Total	-2.673	.008^s

Not significant at p-value greater than .05

As presented in Table 2, it was found out that, between pretest and posttest 1, a significant difference occurred in the subscales Physical Aggression ($p= .014$), Verbal Aggression ($p= .021$), and Hostility ($p= .012$) and the General Aggression ($p= .008$), with posttest 1 having lower values than pretest

results. The pretest and posttest 1 means on the subscales Anger ($p= .091$) and Indirect Aggression ($p=.075$) did not have a significant difference.

According to Buss & Warren (2000), physical aggressiveness may indicate a lack of knowledge about suitable alternative ways of coping with provocation or frustration. In the retreat, the subjects were given principles and practical ways of dealing with anger, resolving conflicts, healing of inner hurts, and managing stress. A number of responses of the subjects revealed that they have gained insights on controlling physical aggression: “Be calm and use the BLESS...” [BLESS is an acronym for (a) take a deep Breath, (b) Listen proactively, (c) Express calmly what has upset you using “I-messages,” (d) Suggest positive solutions to the problem, and (e) Seek a Win-Win solution]; “*Meron ka naming pagpipilian kung ano talaga ang karapat-dapat na gawin mo*” (you have an array of choices where you can select the most appropriate thing you can do); “I should think before I hurt someone, before I act stupid in anything that I do. I should take a deep breath and think about everything.”

Therapeutic or preventive techniques that focus on learning and practicing acceptable behavioral alternatives to physical aggression are often helpful (Buss & Warren, 2000). Such concept was applied in the psycho-spiritual intervention. Twice during the retreat the subjects developed their own scripts of anger-provoking situations and role-played the same situations applying the principles they learned in the sessions. These opportunities had served to strengthen the learning of the concepts and principles of dealing with anger and conflicts.

Verbal aggression is closely related to physical aggression. It is demonstrated by individuals who feel frustrated and under stress. Individuals who attack other with hostile speech are commonly aroused to anger by situations they perceived to be unfair. They would also benefit from the same kinds of therapeutic approaches as those people with problems on physical aggression. In addition, these individuals may need help understanding the negative effects of their behavior on others (Buss & Warren, 2000).

Drawing from their discussions on the common ways they express anger, the subjects made the following suggestions: “You just have to control yourself;” “It is important to think first before you speak;” “I need to manage my temper...;” and “*siguro dapat pag-isipan muna bago mag-*

react” (perhaps one should think first before reacting). Controlling verbal aggression by way of pausing in order clear one’s thoughts was a lesson the subjects have appreciated. Sandrock (2007) observes that adolescents tend to be emotionally intense and to respond with “gut” reactions to emotional stimuli. They need help in implementing self-control. Hence, an intervention for them must include practicing self-restraint, thought control, and relaxing intense feelings.

The significant difference in hostility levels of the subjects in the pretest and posttest 1 may be explained by the improved relationships of the subjects among each other and with the facilitators of the retreat. One subject reported that the most meaningful experience he had in the retreat was “*bonding*—because after the retreat some of us are actually great friends now and we’re more closer.” Another appreciated most the prayer done by the facilitators for each of the subjects, especially on the last day “because that really helped me in the depression that I felt, emotionally and spiritually.” Feeling accepted and connected with each other, the walls of hostility were slowly lowered to allow others into their lives, risk disclosure, and be vulnerable.

The levels of anger and indirect aggression in the pretest and posttest 1 were not significantly different. Anger includes emotional aspects related to arousal and sense of control such as irritability, frustration, hostile verbal expressions, and temperamental gesturing. In order to adequately deal with anger, Burke & Warren (2000) suggested that there is a need to identify and resolve the actual sources of frustration. Furthermore, anger provides a valuable protection from overwhelming feelings of grief, shame, helplessness, or annihilation, so that there is a need for more time and more therapeutic encounters for anger to actually subside or cease. One female subject admitted that even when she has already extended forgiveness to the person who offended her, there yet remains the ache from the emotional wound that the offense has inflicted on her. “*Ciguro, naa pa jud ang anger sa imuha, pero dili pa jud sya totally na mawala*” (It is possible that some of anger remains, it would not totally vanish). The emotional healing takes time especially if the wounds created were deep (Flynn & Gregg, 1993).

Indirect aggression is the tendency of an individual to express anger in actions that avoid direct confrontation. The

situations that provoke these actions usually do not get resolved satisfactorily. Thus, individuals are likely to experience levels of chronic frustration in at least some areas of their lives (Burke & Warren, 2000). This implies that indirect aggression, like anger, needs more time to resolve underlying issues satisfactorily. The duration of the retreat failed to provide ample time and opportunity for the identifying and resolution of deeper issues that the subjects have experienced and were experiencing. It will perhaps require another retreat to deal with the whole matter of anger and indirect aggression, and their related psychological and spiritual issues.

In Table 3, the second posttest results showed no significant difference in the level of aggression in all subscales and in the AQ_T.

Table 3:
Difference between Pretest and Posttest 2

Subscale	Z	p-value
Physical Aggression	-1.130	.258 ^{ns}
Verbal Aggression	-.170	.865 ^{ns}
Anger	-1.053	.292 ^{ns}
Hostility	-.773	.440 ^{ns}
Indirect Aggression	-1.752	.080 ^{ns}
AQ Total	-1.338	.181^{ns}

Not significant at p-value greater than .05

During the focus group discussion, the subjects reported their personal experiences after the retreat that challenged their newly-learned knowledge and skills. They admitted that they have not been consistent with responding appropriately to the situations that provoked them to be angry. The reasons they gave were:

1. The same old problems persisted and wearied them down.
 - o “*Siguro dahil sa problems na nanatili kahit nalabas na*” (there are problems that remained even though they were already dealt with before)
 - o “*Siguro hindi na makaya pigil anang galit sa sobrang nakakapikon (especially my brother)...Walang strength, hayaan nalang na magalit*” (I cannot control my anger because I am already fed up with my brother. I no longer have the strength, so I just give vent to my anger)
2. They became too focused with their problems, to the point that they were overwhelmed by them.
 - o “We’re thinking too much about our problems, even the small problems.”

3. When they were at the heat of the situation, they have easily forgotten what they have learned from the retreat and so failed to apply them in their situations.
 - o “*Nakalimot na.*” (I forgot.)
 - o “Because *nakalimutan na yung retreat...although meron pa rin man natira* (the retreat was forgotten...although we can still remember some of it)
 - o “In the real world, *mahirap, dali makalimot*” (It’s difficult in the real world; it’s easy to forget)
4. It was difficult to implement the techniques of dealing with anger and conflict because they were not used to them. It was much easier to return to old, habitual ways of handling them, even if they were ineffective in adequately resolving the problem.
 - o “*Mahirap mag-adjust sa bag-ong paagi*” (It is difficult to adjust to the new techniques)
 - o “*Dili na anad.*” (We were not used to them.)
 - o “*Kung naay problems mabalik ang dating gawi.*” (When problems come, old habits return)
5. They find it difficult to sustain the application of what they learned in the retreat because they struggle alone. This also included being misunderstood by the people around them. o
 “*Lisod kung ikaw lang isa.*” (It’s hard when you are alone)
6. In their usual environment their spiritual sensitivity was blunted by the experience of constant failure, and so they had less and less remorse every time they fail.
 - o “No/less guilt.”

Forgetting occurs through decay and the absence or lack of positive stimulation (Feldman, 2005). Decay means the non-use of the information. When the subjects were provoked, instead of using what they learned from the retreat they resort to old strategies because they are used to them and they are the ones that are easily retrieved from memory. Positive stimulation comes from the people the subjects had been with (fellow subjects, the facilitators) and the activities they engaged in together (Bible studies, reflections, sharing, praying, etc.)

According to the behaviorists, the absence of the stimulus that reinforces the behavior will result in extinction of the behavior (Domjan, 2005). After the retreat, the subjects returned to their familiar environment with its usual challenges. The absence of enforcing activities that they used to do in the retreat resulted in the reduction of the spiritual energy they had

during and immediately after the retreat. When challenges and problems come up, their inner spiritual resources had been depleted from constantly struggling with frustration, anger, and guilt. Such conditions rendered them weak to resist the temptation to aggress.

In the studies on the brain, new neural pathways for new behavior can be established with constant and frequent use of the behavior. A process of consolidation needs to occur as a result of changes in the number of synapses between neurons as the dendrites branch out to receive the new messages. Before a new behavior reach the level of automaticity it requires habitual practice. The subjects could not possibly consolidate the new strategies in four days of retreat, where there were no intense situations to apply them. But a sustained follow-up program could have strengthened the neural connections on the new knowledge and techniques. The subjects suggested having weekly meetings for sharing and encouragement.

The nature of spiritual development is such that it does not progress toward a summit of maturity. Burke *et al.* (2005) explained that adolescents experience the feelings of emptiness that are part of human existence even on their spiritual journey, especially during this time. The emotional “high” the retreat engendered had dissipated, and despite the beautiful lessons, questions have surfaced and doubts emerged, particularly in one’s ability to implement the desired changes in dealing with provocations. This process is natural and a predictable part of spiritual growth. A strong faith is not the result of avoiding questions, but of working with and within one’s doubts. It is important that an individual develop the discipline of reflection to facilitate consolidation of truth and experience. And then again, faith grows in the context of a community, especially with peers and mentors who understand what they were going through.

Conclusion and Recommendations

The results of this study have shown that a psycho-spiritual intervention in the form of a retreat can reduce levels of aggression in adolescents who self-harm. However, some weaknesses in the effectiveness of this approach have surfaced. Hence, the following are recommended for improved outputs.

1. A follow-up program must be part of the intervention to preserve the gains of the retreat in the life of the subjects, and in order to assist them in the development of a more enduring positive behavior. The entire intervention (retreat plus follow-up) may run at least 6 months.
2. The families of the students need to be oriented to the entire psycho-spiritual intervention. It is recommended that feedback from the intervention be given to the parents to make them aware of its outcomes for their children, as well as to inform the family of their role in supporting their children and in promoting the gains achieved from the intervention.
3. Families need to create an environment of acceptance and openness so that their children will feel free to express their problems and concerns.
4. The module used in this intervention need to be enhanced to address deep-seated anger and indirect aggression issues. Perhaps, a module that is focused specifically on anger and indirect aggression may be developed.
5. The subjects must be channeled to other support groups such as a church youth group, a campus ministry, or a community-based youth group that can enhance their spirituality and positive coping strategies.
6. Because the psychological cannot be divorced from the spiritual or the spiritual divorced from the psychological, mental health professionals and the religious must collaborate in the prevention and treatment of maladaptive behavior among the youth. Clinicians and religious workers should work together to develop and implement programs and modules for adolescents who self-harm, as well as for their families, in order to promote both psychological and spiritual health.
7. A retreat can be an effective activity towards helping adolescents recovers their core spiritual beliefs and values. It must be used as part of an overall program of intervention (consisting of other activities) to promote the psychological and spiritual well-being of young people and deal with their deeper issues and problems.

References

- Balk, D.E. (1997). *Spirituality and Bereavement: Contextual and Developmental Considerations*. A paper presented at Colorado State University by invitation of the Department of Human Development and Family Studies in the College of Applied Human Science, Fort Collins, CO.
- BBC Health (1998). *Third World Faces Self-Harm Epidemic*. Retrieved June 27, 2009 from the World Wide Web: <http://news.bbc.co.uk/2/hi/health/129684.stm>
- Burke, M.T., Chauvin, J.C., Miranti, J.G. (2005). *Religious and Spiritual Issues in Counseling: Applications Across Diverse Populations*. New York, NY: Brunner-Routledge.
- Buss, A.H. & Warren W.L. (2000). *Aggression Questionnaire*. Los Angeles, CA: Western Psychological Services.
- DiOrio, R. A. (1985). *The Healing Power of Affirmation*. New York: Darton, Longman & Todd, Ltd. And Doubleday Company Ltd.
- Domjan, M. (2005). *The Essentials of Conditioning and Learning*. Belmont, CA: Thomson/Wadsworth.
- Feldman, R. (2005). *Understanding Psychology*. Philippines: McGraw-Hill Education (Asia).
- Flynn, M., & Gregg, D. (1993). *Inner Healing*. Downers Grove, Illinois: InterVarsity Press.
- Gutierrez, P.M., & Osman, A (2008). *Adolescent Suicide*. Dekalb, Illinois: Northern Illinois University Press.
- InterVarsity Christian Fellowship Philippines (2003). *Broad Strokes Of A Dream Fulfilled*. Quezon City: OMF Literature Inc.
- Lapiz, E. (2004). Why Are Filipinos Special? *Light Touch Magazine*, 8 (3), Glad Tidings Publication.
- Lines, D. (2006). *Spirituality in Counseling and Psychotherapy*. London: SAGE Publications Ltd.

- Liwag, M.E.C. (2008). *From hopelessness to hope: Suicidal Thoughts, Self-Harm Behavior and Hidden Resilience in Female Adolescence*. A paper presented at the 46th National Convention of the Psychological Association of the Philippines in Davao City Philippines.
- Peck, M.S. *The Road Less Traveled: Spiritual Growth in an Age of Anxiety*. New York: Simon & Schuster.
- Santrock, J.W. (2007). *Adolescence* (11thed). New York: McGraw-Hill Companies, Inc.
- Swales, M. (2008). *Pain and Deliberate Self Harm*. The Wellcome Trust. Retrieved on July 25, 2009 from the World Wide Web: <http://www.wellcome.ac.uk/en/pain/microsite/culture4.html>.
- Westgate, C. (1996). Spiritual wellness and depression. *Journal of Counseling and Development*. 75: 26-35.