

The Impact of Tarot Card Practice on Teenage Mental Health

Sarah Low May Poh

PhD in Human Communication, [Universiti Putra Malaysia](#)

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Abstract

Spiritual practices such as tarot has been present for centuries, but are now becoming increasingly prevalent in health culture. Mental illness among teenagers is expected to rise significantly, necessitating the collection of research-based data to improve the effectiveness of primary prevention and treatment initiatives. This research aims to determine the effect of Tarot on mental health treatment. Nine focus groups and an exploratory, qualitative method were used to gather data from 40 persons between 19 and 25. There were two major analytical topics discovered. The first theme examines symptom profiles, emotions of insecurity, and perceived causes of sadness, while the second theme examines the Tarot's implications for mental health treatment. The results provide insight into how individuals view the nature of the mental illness, perceived risk factors, and attitudes toward mental health interventions. Tarot is a spiritual activity that assists individuals in gaining a deeper understanding of themselves. The cards may assist individuals in gaining a more comprehensive understanding of their mental health difficulties. Tarot's effect on the prevalence of depression, anxiety, and psychological discomfort among teenagers is likely to be complex. Tarot cards are an effective means of accessing the subconscious. With the use of the Tarot, one may ascertain what stands in the path of achievement. Tarot cards are beneficial for mental health since they give insight into one's thoughts and emotions.

Keywords: Tarot Card, Mental health, Teenagers

Declarations

Competing interests:

The author declares no competing interests. This journal is a fully funded study by Sarah May Low Tarot Academy.

Introduction

Mental health care for teenagers is critical, yet sometimes disregarded by society. Teenagers are in critical stages for the development of social and emotional behaviors that are necessary for mental health. These include establishing appropriate sleep habits, engaging in regular physical activity, honing adapting, problem-solving, and interpersonal skills, and mastering emotional management. Protective and supportive surroundings are critical in the home, at school, and in the larger society.

Numerous elements have an effect on mental health. The more risk factors teenagers are exposed to, the more adverse effects on their mental wellbeing are possible. Adolescents may experience stress due to a variety of factors, including exposure to hardship, peer pressure, and identity discovery. Influence from the media and gender standards might aggravate the disconnect between an adolescent's actual reality and their future beliefs or ambitions. Additionally, the condition of their family life and interactions with peers are significant influencers. Abuse (particularly sexual violence and abuse), strict parenting, and severe and financial issues are all known to be risk factors for mental health.

Certain teenagers are predisposed to mental health problems as a result of their living circumstances, stigma, prejudice, or exclusion, or a lack of access to appropriate support and resources. Adolescents living in humanitarian and fragile environments; adolescents with chronic illness, autism spectrum disorder, intellectual disability.

Mental health literacy refers to one's attitudes and understanding regarding mental health concerns and their treatment. Individuals' attitudes and ideas regarding mental disease are formed by their own understanding of the condition, their acquaintance with and interaction with someone suffering with mental illness, and societal stereotypes. Mental health problems are becoming more prevalent and disturbing in practically every globe region.

Mental health literacy is a term that relates to laypeople's ideas and understanding regarding mental health disorders and their treatment. It is defined by how laypersons understand and manage their unique diseases and their ability to forecast their outcomes and prognoses. Mental health has been deemed a neglected subject in developing nations until far. Mental health disorders impact around one in every four persons throughout their lifetimes, impairing their functioning, behavior, and thought patterns.

Personal knowledge about mental illness, knowing and interacting with someone who lives with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions all contribute to forming attitudes and beliefs about mental illness. Additionally, tarot card readings are beneficial for mental wellness. Individuals are motivated by the substance of tarot readings. It can alleviate loneliness and make a person happy. Spiritually, the mystical tarot reading might be beneficial.

The Tarot is arguably the most widely utilized divination tool in the world currently. While not as straightforward as some other techniques, the Tarot has enchanted people for ages. Today, cards come in hundreds of various designs. Tarot deck suitable for almost every practitioner is present, regardless of his or her hobbies. While ways of reading the Tarot have evolved throughout time, and many readers apply

their own unique interpretations to the conventional meanings of a layout, the cards themselves have remained relatively unchanged.

The origins of what we now call Tarot cards date all the way back to the late 14th century. European artists produced the very first gaming cards, which contained four distinct suits and were used for games. These

suits resembled the ones we still use today, consisting of staves or wands, discs or coins, cups, and swords. After just a couple of decades of use, Italian painters started painting new cards, richly decorated, to supplement the existing suits in the mid-1400s.

Both in Italy and France, Tarot was originally intended to be a parlor game, not a divinatory tool. Divination using playing cards seems to have gained popularity in the late 15th and 16th centuries, but it was significantly more straightforward than the manner we use Tarot presently. By the seventeenth century, however, individuals began to attach precise meanings to each card and even make recommendations for how they should be set up for divinatory reasons.

Tarot cards are not novel in terms of psychological significance. They have considered tarot cards the perfect tool for gaining access to the subconscious. Indeed, this activity does not need a solid foundation in psychology or Tarot to benefit from it. Tarot may still be quite effective for maintaining mental wellness.

The Tarot supports interpreting emotions objectively, which results in acceptance. It will aid in identifying aspirations, values, and what is genuinely important. Tarot cards may illuminate what is genuinely limiting progress toward objectives.

For instance, the Eight of Swords card denotes immobility and an inability to find a way out. When it comes to this card, all that comes to mind is imprisonment. Conviction of tarot is entirely subjective. When people get this card in a Ryder-Waite-Smith-style tarot deck, the first thing is to notice a depiction of someone being surrounded by swords protruding through the soil.

There is a good chance that this card may strike a chord. The card represents the sensation of enclosure that lives exclusively inside the mind. Then people see that this is unnecessary and will get some insight into how to begin feeling less imprisoned.

That is not to suggest that therapists must believe in tarot cards; nevertheless, a professional therapist will see their usefulness and work regardless of whether they believe in them.

The Tarot may aid in gaining valuable insight into the psyche, enabling one to continue investigating it further. The Tarot may aid in a non-confrontational way in comprehending reasons, actions, and experiences. Additionally, it is very useful since it is judgment-free. In the long term, it may help to improve habits by helping understand why people do acts.

Tarot cards enhance mental health by supporting in grasping internal events. Furthermore, this technique is devoid of judgment. There are several benefits to tarot card readings for mental health, but this is only one. Additionally, it may use this method to design a ritual.

METHOD

Design and Sampling

Male and female adolescents aged 15 and 21 volunteered to participate had mild to severe mental illness symptoms. The age range was chosen based on prior research indicating that mental illness symptoms are more prevalent among adolescents aged 15 to 21. Adolescents with significant mental problems were

eliminated (e.g., bipolar disorder, behavioral disorder, or drug abuse). Prospective participants experiencing symptoms compatible with these additional mental diseases, on the other hand, got appropriate physician referral instructions.

Data Collection

The authors contacted (n = 40) individuals in Malaysia who suffered mental illnesses and informed them thoroughly about the present research's goal, methods, risks, and advantages. Three individuals were unable to participate owing to business obligations. Between March and August 2021, participants who matched the inclusion requirements were asked to participate in focus group sessions.

The focus group discussion's membership was deliberately chosen to maximize participant interaction and hence the rigor of elicited data by reaching variety and, more significantly, commonality. Homogeneous groups are more likely to express their opinions, but heterogeneous groupings can acquire diverse opinions. When developing group discussions for the present research, gender was a crucial consideration. To account for sociocultural differences and prevent the confounding influence of gender on participant readiness to express thoughts on depression and its associated causes, separate focus groups for male and female adolescents were performed.

No new ideas or experiences arose in subsequent group talks, indicating discussion saturation. All meetings took place in quiet, pleasant rooms inside the confines of the Universities and colleges. Refreshments were provided to foster a warm, sociable atmosphere. We utilized a semi-structured interview method with open-ended questions:

What comes to mind first when you hear about mental health?

What symptoms of mental illness do you believe you are experiencing?

What do you believe precipitates these symptoms?

when you have these symptoms?

What do know about tarot card?

How tarot reading help you in the time of mental illness?

What would you regard to be your primary sources of assistance or support when you are depressed?

What are your thoughts on the various depression treatments?

How Tarot helped you to get relief from mental illness?

The questions were designed after a preliminary examination of two pilot group talks and research on mental illness. Probing questions were used throughout the interviews to obtain more detailed replies to each discussion subject. Finally, concerns raised in previous groups served as a springboard for discussion questions in subsequent groups. Field notes were taken throughout the interviews to capture extra information, such as emotional content and nonverbal communication. The focus group talks were

structured in a "funnel fashion." The first section was less organized to get a sense of the participants' broader opinions. To generate conversation and interaction among participants, a "brainstorming" approach was utilized (e.g., What comes to mind when you hear the term mental illness and tarot reading? There is no correct or incorrect response, and no one will be interviewed individually). Although moderators used a low-control, high-process approach, they ensured that all pertinent themes were discussed in detail and that all participants had a chance to speak. The conversation grew more organized as it progressed to the subject of interest (e.g., depression experience, risk, and protective factors of depression, coping mechanisms with depression, accept- ability of various treatment options, impact of spiritual and cultural values, and family and societal structure on the experience of depression). To conclude each conversation, the moderator read out a verbal summary of key topics, which participants verified later. All focus group conversations lasted an average of around 25 minutes. Two shorter focus group conversations were included in the study; they lasted around 20 minutes and were utilized to supplement and demonstrate the conformability of the lengthier focus groups.

Data Analysis

All focus group conversations were captured digitally. The data were evaluated by three writers using the NVivo version 12 software. To facilitate the study of enormous volumes of participant narratives, a theme analysis technique was applied. This technique included doing an inductive investigation of participants' experiences, attitudes, beliefs, and actions to construct a comprehensive picture of depression among adolescents. Each transcript was read numerous times to familiarize ourselves with the facts. The transcripts were combed line by line to find significant topics. Each transcript was assigned a category, and themes were assigned to each category based on their relevancy. Based on similar material, categories were collapsed. Finally, each category was assessed considering the discussion schedule's reported questions. The themes and categories were developed using "actual data" that was double-checked by an independent qualitative researcher who generated a list of categories and then collaborated with the researcher to guarantee a dependable classification procedure. Unresolved conflicts were resolved by consultation with a third qualified researcher.

Table 1: sample characteristics (n = 40)

Characteristic	n
Sex	
Female	25
Male	15
Age (years)	
15	6
16	6
17	7
18	5
19	4
20	6
21	7
Family monthly income	

<RM1500	3
RM1500 to RM2500	15
RM2500 to RM5000	10
RM5000 to RM12000	8
>RM1200	3
Has a chronic health problem	12
Has a mental health problem	4
Received a psychiatric diagnosis	2
Has a parent with a mental illness	1

Table 2: descriptive analysis of depressive symptoms

BDI-II Characteristic	Value
Depression total scores	
N	40
Mean (SD)	19.5
Median	22
Minimum, maximum	19, 25
Depression severity category	n (%)
Mild	31 (38)
Moderate	58 (62)

Reliability of Qualitative Data

The authors investigated all factors that contribute to trustworthiness, including credibility, reliability, and transferability. It is suggested that to increase the credibility of qualitative data analysis, individuals and their surroundings must be engaged over an extended period. Additionally, prior to data collection, moderators engaged in informal conversations with prospective participants to get a thorough grasp of their culture and language, which facilitated participant trust and rapport. To ensure the data's trustworthiness, participants were asked to check the coherence between their tales and the summary of each conversation. We established dependability by having an independent researcher reclassify a random sample of focus group transcripts. The researcher addressed the extent to which specific motifs revealed in the transcripts were agreed upon or disagreed upon. Finally, observations were analyzed to evaluate the degree to which these themes were applicable to additional individuals (transferability). While student perceptions may not be identical to those of the wider community, there were some noteworthy similarities.

RESULTS

Study Participants

Throughout 9 focus group sessions, 40 individuals were interviewed. The mean age of participants was 18.5 years (range: 15 – 21 years). Participants came from throughout the Universities and colleges.

Participants seldom used the pronoun "I, my." Additionally, we identified gender disparities in symptom manifestation. Male participants reported requesting assistance at a higher rate than female participants. Female group conversations lasted 15 minutes longer than male group discussions, and their responses were likewise longer.

Thematic Analysis

The inductive analysis of various emergent data sets from all focus group conversations revealed two major analytical themes. The first topic examined perceptions of their mental health condition—the second subject was Impact of Tarot on mental health therapy.

Theme One: Mental health condition

Someone living with mental illness was invited to address the meaning of mental health from their personal perspectives early in each focus group session. At first, participants equated mental illness with depression, raising the issue of whether feeling depressed is more than just being sad. Interviewers used probing questions to stimulate group discussion and elicit participants' viewpoints. A concept search was conducted using the NVivo program to ascertain the commonality of a certain notion. Each meaning was assigned to a "symptom" based on the participant's understanding of mental illness. The following terms were used to describe their symptoms: sadness (n = 7), anger and irritability (n = 6), hopelessness and pessimism (n = 11), unmotivated crying (n = 3), lack of interest (n = 8), thoughts of self-harm (n = 5), guilt (n = 2), loneliness (n = 3), and eating too much or too little (n = 6). These perceptions reflect their inability to self-identify their sadness as anything other than symptomatic. A frequent theme was individuals' inability to articulate and describe their emotions. Most participants were unsure of what mental illness was and how it related to their thoughts and experiences. However, the reported symptoms included "feeling depressed," "frustrated," "being alone," and "feelings of emptiness." These components are shown below:

At times, I feel as if there is something within me and I want I could expel it, but I am unable to. Occasionally, I feel the want to weep yet nothing comes out. (Female student, age 15)

I exhibit the symptoms indicated by the females. However, I am not certain. I'm not sure whether this indicates that I'm depressed. However, I am not alone and in tears. Perhaps you're depressed. Not certain. (Female student, age 16)

When I'm in a foul mood or haven't slept well, I feel helpless or powerless. a decline in pleasure and interest Aversion to one's own self-worth If you're feeling depressed, worthless, or discouraged, Listlessness, suicidal or homicidal thoughts. (Female student, age 20)

The insecurity shown in these extracts reflects a dearth of possibilities for participants to share and reflect on their mental illness experiences. It's worth noting that depression's cognitive and bodily symptoms were seldom emphasized. However, when pushed, most participants said that they have had many of these symptoms over an extended length of time.

When you lack faith in God, you will experience pessimism. (Female student, age 17)

Mental illness may strike for no apparent cause. Perhaps because you are content; others enviously watch you. They cause you to lose your enjoyment and your strength. (Male student, age 18)

Everything I do is a chore, and since I lack the motivation to accomplish it, I constantly remind myself that I will fail. (Girl, age 19)

I believe my relationship with my partner is the primary cause of stress and unhappiness in my life. We've been together for a long, and I always do my best to make her happy. Even yet, I sometimes sense that the importance of my viewpoint is negligible in our connection. Additionally, I often draw comparisons between my financial situation and that of my partner, which makes me unhappy or, in some situations, envious. (Male student, age 20)

Students identified protective and authoritarian parenting styles, a lack of family communication and support, parents who struggled with depression or other mental health difficulties, and low family socioeconomic status as contributing to depression in their age group.

You have the sensation of being smothered by the crowd. Your parents forbid you from doing something that your peers routinely do. (Male student, age 19)

My folks are now pressuring me into marriage. However, I would want to advance my career first, something I failed to communicate to them. Females, they feel, should marry before reaching a certain age. (Female students, age 21)

Money, when you want to go out but lack the funds...when all your pals have the funds and can get everything they want, and you just gaze at them. (Male student, age 19)

I'm experiencing a lot of difficulties right now with my new family. A person is not the only factor that contributes to their becoming this way; their whole mindset does. I must exercise caution in whatever I do, since if they do not approve of anything, they will contact my parents and speak ill of me. What hurts the most is that my own parents are not supporting me in this situation. When I consider what is now stressing me out, I consider my connection with the individuals who live next door to me. (Female student, age 21)

Most participants expressed frustration and depression about their failure to meet their desired CGPA and sustain excellent marks. Students described intense pressure, despair, and anxiety over final examinations and the thesis.

My focus began to wane. I am unable to study; I am aware that I have an exam and that I must study, but I am unable to do so, and I begin to weep. (Female student, age 15)

When I attempt to read in the evening, I get irritated. I consider my future career and feel as like I am falling short. I have a low cumulative grade point average; would anybody hire me? At times, it seems as if I am a total failure, which frustrates me. (Male student, age 16)

Numerous individuals said that they were able to pinpoint the source of their mental stress. According to others, his principal academic preoccupation was his final-year thesis. Additionally, he said that his supervisor was adamant about his thesis completion.

Several other guests said that since they are so focused on academics, they get nervous when forced to do other duties for their families, such as providing money or caring for ailing relatives.

No participant mentioned biological causes as contributing to their depression. Some people were unsure of the origin of their sadness, claiming it occurred independently of any life event. Participants assessed sadness to have personal, familial, and intellectual foundations.

Theme Two: Impact of Tarot

The participants mentioned their strategies for obtaining help for their mental illness. Most participants said that Tarot is a worldwide phenomenon among young people. It has exploded in popularity with hundreds of decks being sold all over the internet and in real life.

I felt absolutely out of control and wholly accountable for the scenario I found myself in, and one thing that proved quite beneficial was utilizing Tarot to help me see my situation objectively. It instilled some optimism in me. (Female, age 20)

Taro is a deck of cards with derived cultural connotations that may be used for spiritual, artistic, and narrative purposes. (Male, age 19)

Occasionally, when I felt nervous or melancholy, it was an indication that my soul needed nurturing; Tarot has a profound connection with the soul. It is an excellent vortex for gaining access to the subconscious and collective unconscious minds. and for determining what is occurring under the surface. (Female student, age 17)

Tarot is not a one-size-fits-all panacea for mental wellness, but it is an important element of my mental hygiene program for me. (Female student, age 18)

If someone draws the death card and their interpretation is different than mine, this is an excellent opportunity for us to discuss how the same situation can generate a variety of stories and interpretations. The death card does not have to be a negative card, and we can use it to discuss life changes. (Female student, age 19)

It may open the door for you to consider ending a relationship, and you may not have previously given yourself permission to do so. (Female student, age 20)

They argue that in many traditional decks, tarot cards are gendered and classified as male or feminine. Monarchy has an intrinsic hierarchy, such as kings and queens. (Female student, age 21)

Tarot is a spiritual tool for those who do not find themselves represented in established religion. (Female student, age 15)

Most female participants saw their parents as a source of care and emotional support, as well as a source of practical and financial assistance. Female participants emphasized the importance of spending time with their parents, which includes discussing ideas and having fun. Female participants' perceived need for assistance was impacted by parental judgments. This was particularly true for moms, who seemed to have the last say over when and where their children got mental health care. Not all female participants, however, thought that moms were reliable providers of support.

As mentioned earlier, some participants thought that a lack of belief in God may result in depressed symptoms. Thus, they discovered that praying, reading the religious book, and engaging in rituals like as fasting or almsgiving provided significant emotional support, particularly for females. Boys were more likely to mention playing video games when they were depressed or worried.

While some students were resourceful in enlisting the assistance of others in their life, others remained susceptible to sadness.

Despite their favorable sentiments regarding psychotherapy, most participants said they would get relief from tarot reading, and some of the participants actively seek such treatment out from the internet. However, participants found the concept of Tarot and internet-based mental illness prevention and treatment programs interesting. They considered the option of receiving therapy anonymously as a viable alternative. Yet, several participants voiced real fear that parental control of their internet usage would exclude them from participating in an internet-based program.

Conclusion

The present research investigated the evidence for a possible connection between tarot card reading and mental health treatment. Tarot card reading was the most studied result in the research. While the research findings were inconsistent, the author of this study discovered an association between tarot cards and mental health treatment. However, most participants believed that the observed link is too complicated to be expressed simply.

Spiritual techniques such as Tarot and astrology are gaining popularity in contemporary wellness culture. It is increasingly being used in conjunction with mental health counseling. Many individuals cannot afford professional treatment or need a supplement to therapy. As a result, they turn to the internet for guidance on how to cope with everyday stress. Tarot is a deck of 78 cards depicting various archetypes and symbols. A horoscope is a brief prediction or reading based on the zodiac sign. While Tarot and astrology may benefit self-discovery, they are not a replacement for counseling.

Tarot card readings are also beneficial for mental health, regardless of whether belief in Tarot's accuracy. If a tarot reading indicates that friendship would benefit, it may be more inclined to seek out new acquaintances. Being around people care about may help overcome loneliness and improve overall happiness.

Additionally, tarot readings may assist in assessing spiritual views. There are several methods to utilize Tarot to enhance one's mental health. Receiving a tarot card reading may be enjoyable and can help to feel more secure.

While most participants felt that these characteristics influenced the association between Tarot and mental health treatment, some believe that females and younger teenagers are more receptive to Tarot as a kind of mental health therapy. Additional research is required to determine the impacts of age and gender.

Efforts must be made to design and evaluate culturally competent tarot educational programs that clarify misconceptions about the origins and symptoms of mental illness and use knowledge to combat negative attitudes and beliefs. These activities boost the likelihood of supporting teenage families in knowing the problems associated with depression, finding hope, obtaining therapy, and recuperating.

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