International conference on “Church care for mentally ill people: religious mystical experience and mental health”

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The international conference on “Church care for mentally ill people: religious mystical experience and mental health” took place on November 7-8, 2019, at the Moscow Patriarchate Department for external church relations. It was organized with a blessing of His Holiness Patriarch Kirill of Moscow and all Russia. Its co-organizers were the Commission for Church Education and Diakonia of the Inter-Council Presence of the Russian Orthodox Church, DECR MP, the diocese of Voronezh and the Metal Health Research Center (MHRC) of the Russian Academy of Sciences (RAS). It was organized with the support of Kirche in Not (Aid to the Church in Need) international foundation. It was attended by representatives of various Christian confessions from Italy, Netherlands, Spain, USA and Russia – clergy of the Russian Orthodox Church with an experience of providing pastoral care for mentally ill people, as well as professors and students of theological university departments and theological schools, MHRC RAN staff members, theologians and experts.

The conference was presided over by Metropolitan Sergiy of Voronezh and Liski, leader of the working group on Pastoral Care for the Mentally Ill of the respective commission of the Inter-Council Presence.

In his introductory remarks, **Metropolitan Sergiy** pointed to a sad tendency existing in the modern psychiatry to ignore the religious life of patients and the information they give about mystical phenomena they experience and to view them only as manifestations of mental illnesses. To distinguish between psychopathological and mystical phenomena “it is necessary for a doctor to be open for the spiritual life and for a pastor to have sufficient knowledge in the field of psychopathology”. In this cooperation, it is important that a psychiatrist should have an idea of a patient’s religious values and faith in order to distinguish a mental disorder from expressions of spiritual, religious dimension of human life. “A medical doctor and a priest should understand that no spiritual phenomenon or psychotic symptom can be torn away from the context of a person’s established relations with his or her neighbours, relatives, the Church and, finally, God”.

Metropolitan Sergiy admitted that there is a difficulty in discerning religious mystical phenomena, manifestations of devil possession and mental illnesses. Besides, there is a lack of studies on the possibility of mystical events in the life of mentally ill patients and the possibility to distinguish between

mystical phenomena and pathological religiosity in mental disorders. There is also a need to discuss the problem concerning “a possibility of mental illnesses existing among holy people or monastics, especially in the last years of their lives” he said adding that “mental illnesses can be a providential way through which a person comes to God, while mental illnesses can be a way leading to salvation”. Thus the moderator of the conference outlined a range of issues which should be considered by both pastors and psychiatrists.

The head of the Synodal Department for Church Charity and Social Service, **Bishop Panteleimon of Orekhovo-Zuevo**, sent to the conference a message of greetings noting in particular, “Psyche is fraught with many things mysterious and unknown. For this reason, human tools are far from being sufficient for an effective treatment of mental disorders. In helping a person to walk the path of seeking the peace of Christ lies the task of Christian pastoral psychiatry called to open a patient’s soul to the healing power of the Creator and His grace granted in the Sacraments of the Church”.

Petr V.Gumenyuk, head of the Russian department of the Kirche in Not international charitable foundation, addressed the conference with words of greetings. He reminded the participants of the historic meeting between Pope Francis of Rome and Patriarch Kirill of Moscow and all Russia, which took place in 2016 in Havana and its follow-up in the form of an Orthodox-Catholic working commission which offers support in the two areas: solidarity with persecuted Christians in the Middle East, primarily in Syria, and promotion of common Christian values. This commission supervised by the DECR chairman, Metropolitan Hilarion of Volokolamsk, and the head of the Catholic archdiocese of the Mother of God in Moscow, Archbishop Paolo Pezzi, and the executive president of Kirche in Not, Dr Thomas Heine-Heldern, is a co-organizer of the conference. As Petr Gumenyuk pointed out, the aim of the commission is to strengthen living dialogue between Christians in East and West on the problems of concern for people irrespective of their confessional affiliation. Among these issues, to which the commission has already given attention by arranging international meetings are the problem of alcoholic dependence and overcoming it, the defence of life, motherhood and childhood, as well as issues concerning life, death and euthanasia, etc. The papers of these meetings can be widely used including in the theological education structures and the theological schools of the two confessions. Important are also personal contacts arising in the process of joint work. “Perhaps, it will help us to respond to the challenges we all are facing”, he said.

The first session of the conference was devoted to the topic “Biblical and Patristic Mystical Traditions in Orthodoxy, Catholicism and Protestantism”.

Fr. Gabino Uribarri Bilbao, D.D., professor at the Comillas Pontifical University, Madrid, Spain, member of the Holy See International Theological Commission, read a paper on “Was Jesus a Mystic?” He noted that a mystic is a person who lives in communion with God and a one whose life was touched by God’s Mysteries. With reference to the Gospel’s texts, he reminded the meeting that Christ was in the first place “a Man of prayer”, as prayer is the first and the best way to establish closeness to God. The whole life of Christ is a model of filial relation – obedience to the will of the Father and thus the guarantee that the Son will be heard and supported. He is always in dialogue with the Father. The mysticism of Christ is sacrificial; without rejecting sinners, Jesus is ready to serve neighbours. Eventually, it leads Him to an act of utmost obedience – the sacrifice on the cross, called by Dr. Uribarri Bilbao the paschal mysticism of Christ. It grants health and peace to those who live according to the Saviour’s commandments and it helps us to come closer to God in our everyday life. Christ as the new Adam shows us how we should live and overcome evil doing it together with God, said the Spanish theologian in conclusion.

Archpriest Alexiy Baburin, a cleric of the hospital church of the Icon of our Lady the Healer at the MHRC RAS, presented a paper on “Sober drunkenness as an antipode to drinking passion”. With a reference to the teaching of holy fathers, he treats the oxymoron “sober drunkenness” as “a beneficial saturation of the love of God” comparing it to the destructive effect of alcoholic drunkenness.

“The father of contemporary psychology, Willian James (1842-1910), made a distinction between religious state and mystical state considering the former to be loftier since in it a fusion with Divinity takes place, while linking alcoholic drunkenness with stirring mystical properties of the human nature. “It is a tragic mystery of life”, he said, “that drunkenness gives, for an instant, a gleam of the highest existence but this “breakthrough to the truth” is immediately and inevitably paid off by the lowest manifestations.

Those who take care of the mentally ill know that many of them suffer at the same time from addictive disorders, namely, the passion for alcohol and drugs. However, as St. John Chrysostom said, “One can be drunk even without wine, just as one can drink wine but stay sober” – one can be in a state of spiritual sober drunkenness. Father Alexiy made an excurses to the history of philosophy and theology, showing how the oxymoron “sober drunkenness” was used by Hellenists – Philo of Alexandria. Cyprian of Carthage, St. Ambrose of Milan, Ss Isaac of Syria, Simeon the New Theologian, etc. “God-inspired souls in the writings of holy fathers experience an ineffable joy, ecstasy, pleasure, exultation,

amazement, rational and sober drunkenness in contemplating One God in the reverential worshipful unity with God, when they come in the Eucharistic communion with Christ, when they revel in the Word of God", he said, " and it is not a self-excitation by a Gift of the Holy Spirit".

Both drunkenness and rapture of the love of God cause an euphoria, help to divert one from daily chores and give the feeling of overcoming one's own borders. The difference is that the drunkenness with passions leads to a disorder of health and personality and ultimately enslaves a person, whereas spiritual drunkenness, on the contrary, enlightens one's mind, makes one sober, chaste, and responsible, sets one free from grief and the feeling of guilt, inspires and gives one hope for salvation.

Francisco Javier Sancho Fermin, D.D., professor of theology at the Teresiano University in Rome, director of the international center University of mysticism in the name of St Teresa and Juan of Avila (Avila, Spain), devoted his paper to the mysticism of famous Spanish Carmelite saints. In his paper on "The mysticism of Teresa of Jesus and Juan de la cruz as the way of inner healing", he introduced the participants to the life story of these Spanish ascetics drawing their attention to the fact that each of them at some point in their lives found themselves in a very hard situation. For Teresa, it was a disease on the brink of death, and for Juan, it was a months-long imprisonment. Both managed to overcome physical suffering, humiliation, a lack of spiritual support through inner transformation, "re-birth" and self-awareness. However, it was not a miraculous mystical way. It was the natural way of becoming aware of oneself as an image of God, accepting the reality of one's own being, discovering one's own value and God as the loving Father. Among the results achieved was also healing, recovery both physical and mental. And the evident symptoms of one's walking the right path was the growth of empathy, the love of neighbors and desire to serve them accompanied by the growth of humbleness and acceptance of one's insufficiency in the light of Divine love.

Maxim G. Kalinin, senior lecturer at the Chair of Bible Studies, Moscow Theological Academy; supervisor of the MA program on Christian Sources at the Ss Cyril and Methodius Institute of Post-Graduate Studies, in his paper, considered the mystical experience in the VII-IX centuries Syriac Christian tradition, which, he said, has no analogy in Eastern Christianity. The notion "Syriac" in the context of the paper covers the territory of the so-called "Outer Syria" – today's Iraq, western Iran, southeastern Turkey – the territory in which the dialect of the Aramean language called Classical Syriac was used for a long time.

Defining as their goal "the contemplation of the invisible light", representatives of Eastern Syrian

mystical tradition described in detail the stages of inner changes to be achieved on this path. They called their practice *taggurta* (“trade”, Aram.) and to describe their mystical experience they used three models creating a peculiar “coordination system” for identifying different “states” – *shukhlape* (literarily, “change”). The first model describes the three degrees of a mystical experience: chastity as to corporality, clearness (mental degree) and “beyond clearness” (spiritual degree). The second model, which can be traced back to Evagrius of Pontus, consists of five contemplations: those of the bodily and bodiless (angels), Judgement, Providence and the Holy Trinity or the light of Christ. The vision of this “invisible” light “without form and likeness” is the ultimate form of mystical experience.

For Syrian mystical authors, the space of mystical experience is the human heart. Mystics insist that the states they describe take place in the heart, and it is in its very depth that there is the goal of mystical experience, which is God. Therefore, a mystical ascent proves to be an immersion deep in consciousness, and the light of Christ shines “inside the mind”. Then M. Kalinin described the three stages of mystical immersion as presented in the *taggurta* tradition. The first stage of the immersion is “the degree of chastity”. It is linked with concentration in prayer, reading the Bible and contemplating nature. The task of this stage is to put a complete stop to “the flow of thoughts”.

The second stage – the achievement of “clarity” – a natural state in which the human being was conceived by God; the move to it is accompanied with an intensive experience of joy causing tears; the differences between the physical and the mental cease to be seen.

The third stage is linked with the contemplation of the “invisible” light of Christ. It is an experience embracing both mind and body as a mystic loses for a while his own personality ceasing to be aware of oneself. St. Isaac the Syrian stressed that the human being cannot remain in this state permanently.

In the discussion on the paper, an idea was expressed about the existence of parallels between the eastern Syrian mysticism of the 13th century and the 14th century hesychasmic “Palamite” controversies over the Tabor light.

Fernando Rodriguez Garrapucho, D.D., professor of theology and director of the John XXIII Center of Eastern Christian Studies of the Pontifical University of Salamanca, editor-in-chief of “Ecumenical Dialogue” journal (Salamanca, Spain), read a paper on “Christian mysticism in inter-Christian dialogue”. It expounded the understanding of mysticism and holiness as the most important dimension of the modern church life aimed at the spiritual unity of Christians. Having clarified the notion of “spiritual ecumenism” he spoke about the mystical nature of Christianity unity, which is not a fruit of human efforts but a gift of God and “the highest need of faith”. He cited striking examples of how ecumenical

spirituality is cultivated in monastic life in various confessions and stressed that all Christians, not only monastics, can and must pray for unity in all existential situations.

He recalled the provision of Vatican II (1962-65): “The Council moreover professes its awareness that human powers and capacities cannot achieve this holy objective – the reconciling of all Christians in the unity of the one and only Church of Christ”. This human inability makes those who seek reconciliation to resort in prayer to the grace of God Himself and rest all thier hopes “on the prayer of Christ for the Church, on our Father's love for us, and on the power of the Holy Spirit…In the Trinitarian unity, the Church of Christ finds explanation of why she is still one Church despite inter-confessional differences”. The speaker cited the opinion of a modern ascetic, Fr. Matta El-Meskeen (1919-2006), a monk of the Coptic Orthodox Church from the St. Macarius Monastery in Egypt: when we are speaking of the unity of the Church, we should put spiritual life and faith in the first place since the true Christian unity can be established only on the level of mysticism and unity with God.

The father concluded his presentation with words of Metropolitan Evlogy (Georgiyevsky, d. 1946): “…It seems to me that St. Seraphim of Sarov and St. Francis of Assisi and other great saints have already implemented the unity of the Church in their spiritual life: these saints, citizens of the one Universal Church have already overcome their confessional differences in heavenly spheres, and from the height of their holiness they have destroyed the walls dividing us…”

The second session of the conference under the theme “Mental illnesses and truly mystical experience” opened with a paper on “Religious belief and religious delirium” read by **Grigoriy I. Kopeiko**, Candidate of Medical Sciences, MHRC RAN deputy director for academic work, and Ms. I. S. Samsonova, a MHRC post-graduate student.

1. Kopeiko cited as an example a few real stories of MHRC patients who demonstrated the transformation of overvalued ideas held by a mental patient into a delirium leading to an asocial behaviour and downright crime or an extremely serious paranoiac disorder. Thus, the patient who claimed to be a profound believer, who never failed to come for worship services, began hearing “the voice of God” speaking about his exclusiveness and his special mission to be joined later by “visions” of “Christ. As a result, having heard the biblical story about Abraham and Isaac, the young man killed his daughter in his belief that she would be raised from the dead in three days. Usually, it takes much time for patients’ relatives and friends to discern the initial pathological deviations, often because a religious delirium is not determined by the personality pattern but overvalued ideas are transformed into complex pseudo-religious conceptions.

Scientific psychiatry became interested in religious psychopathology in the second half of the 19th century. In the 20th century, in 1927, there appeared the study of Kurt Schneider (1887-1967) “Towards introduction to religious psychopathology”. Nowadays, in their studies, today’s psychiatrists are making successful attempts to develop criteria of distinguishing faith from pathological religiosity.

1. Kopeiko, presented a brief list of basic distinctions of the normal behaviour of a healthy believer from the behaviour of a person who suffers from unhealthy mental disorders. A believer with the normal conscience is guided by the conciliar opinion of the Church, maintaining close contact with his parish and spiritual father and having confidence in the church hierarchy. For him, it is easy to observe church canons and his faith is living and dynamic, his personality is correspondent with the social norm and continues to develop. A person with a religious psychopathology often creates his own pseudo-religious concepts; his relations with the church community and clergy are broken; he negates the traditional institutions of the Church; his behaviour as a believer becomes increasingly rigid; he can commit asocial actions; his personality disturbances become evident.

The speaker gave some statistical information gained in studies carried out in the MHRC. Thus, in observing 2523 patients of the hospital in 2015, it was found out that almost one third of the patients with delirium disorders suffered from delirious disorders with a religious content, with 10% out of them having distinctly asocial behaviour.

Dr. Cesare Maria Cornaggia, a psychiatrist, associate professor at the Medical Department of the State University of Milano-Bicocca, in his paper on “Psychiatric support in distinguishing vocation and in crisis situations of monastics and priests”, noted that a psychiatrist doctor is called to care for a person as whole and therefore to accept all that belongs to the spiritual sphere of a patient’s personality. In doing so, he should be aware that he deals with the sphere of a person’s relations with God.

A believing psychiatrist has broader resources for helping his charge. Thus, for instance, in encountering a person who suffers from “a closure in the present” and sees no prospects for living, a doctor can treat his depression but can also discern in his condition a spiritual problem since “it is confidence in our relations with God that makes us broaden our look into the future”.

In its attempt to drive God away, today’s society comes to “a confusion with regard to the future”, which, in its turn, leads to “the pathology of desire” – the inability to have desire followed by the substitution of desire by inclinations. As a human being is born and formed as a desiring subject, desire is a fundamental component of a healthy ego as well as an indispensable resource for the ego’s human and spiritual path. These guidelines have proved very essential at the time of decision-making, for instance, about marriage or the priestly, monastic vocation.

Dr. Cornaggia also cited an example of a man closed in the past, fixed on child's psycho-traumas. From a doctor's perspective, he should be helped through a long psychotherapy. But from the spiritual perspective, it can be said that this man "has not encountered or did not wish to encounter an existential experience and that he prefers to remain tied to the habit of continuously (and narcissistically) repeating his misadventures so that he may avoid encountering life excluding the possibility of beauty (read: God) for himself".

The speaker continued by denoting the two key notions: desire and freedom. He means by "freedom" the human ability to stand before reality knowing how to order his profound needs, impulses, emotions… Precisely such freedom generates "desire" as an expression of correspondence between a person's inner needs and the reality around him. A doctor can try to teach a patient to interact with the outer and inner world. But he should consider where a patient's desire lies and whether this desire is free to express itself. The psychological space of freedom and desire should be protected above all by awareness. And on this basis, a person should make a choice as he is going to dedicate himself to priestly or monastic ministry. Before getting married or choosing a monastery, a person should "relieve the bonds of his past", "forgive" his parents, set himself free from the past disappointments and fears – it is a purely mental ability which needs to be developed. Otherwise, in making a choice, he can, for instance fall under the influence of some charismatic personality who will give him the feeling of freedom but only for a short time, after which the enchantment will slip away; all the unresolved problems will reappear again, and it will turn out that the choice was made mistakenly.

Dr. Cornaggia cited an example from his practice of counselling monastics. After two years of staying in a convent, a nun began experiencing spasms of anxiety and show symptoms of claustrophobia – all ending in a hysterical crisis. Initially, it was taken by those around as disobedience; however, later she had to leave the convent.

Asked whether he often had to carry out such "examinations", the Italian doctor answered that such cases were frequent and usually in the period of noviciate. Sometimes the diagnosis appears evident and speaks of a pathology. At the same time, Dr. Cornaggia admitted that he did not like to encounter such situations because he did not believe it was his right to determine a person's vocation: indeed, the Lord can call even a not quite healthy person. If it is not a serious pathology, one's mental health deviations may be compatible with one's stay in a monastery.

The next paper on "True religious visions and oneiroid conditions" was presented by **Ekaterina V. Gedevani,** Candidate of Medicine, MHRC RAS senior researcher, and **Anna G.**

Alekseyeva, Candidate of Medicine, assistant at the Russian Medical Academy chair of continuing professional education. The paper dealt with signs of oneiroid (psychopathological) conscience disorders characterized by estrangement from reality, a distorted perception of the surroundings, fantastic sleep-like experiences, disorientation in place, time and one's own personality, various degrees of memory disorders (amnesia) and catatonic disorders.

The speakers set forth a history of the studies of the problem and pointed to the peculiarity of the content of oneiroid experiences, most of which are linked with religious themes (44%), such as the experience of one's own death or an end of the world, immersion in a "dark" space, frightful visions of hell, demons, etc. Expansive religious oneiroid conditions are associated with an experience of getting in paradise, as well as visions of God, angels, etc. In assessing such visions, it is necessary to be extremely prudent and reasonable and to distinguish a truly religious experience from unhealthy manifestations.

Ms. Eva Ouwehand, a theologian and hospital chaplain in the Mental Health Centre in Altrecht, the Netherlands, in her paper on "Bipolar disorders and religious experience", she described the manifestations of this illness and its forms, presenting also a wide range of scientific opinions on particularities of bipolar disorders and explaining some modes of religious and spiritual experiences of patients with a bipolar disorder. The question of whether it is possible to make a clear distinction between pathological and "normal" religiosity is a subject of discussion in literature. The speaker stressed that she carried out her studies in the Netherlands, a very secular country in which about two thirds of the population do not associate themselves with any religion.

Archpriest Vladimir Shmaliy, associate professor at the National Nuclear Research University MEPhI and Ss Cyril and Methodius Institute of Post-Graduate Studies, presented a paper on "Religious/mystical experience as a theological problem". He said his task was to explain some methodological approaches to the theology of religious experience and made a historical survey of the place occupied by theology as compared that of the philosophical and scientific thought beginning from the 17the century, the dawn of the Enlightenment, when the theological thought was given a honorary place among sciences and there was a balance between metaphysics and empiricism, with primacy certainly given to God as Lawgiver. It was the time when the judgement on religious experience emerged. After David Hume (1711-1776), the balance shifted to naturalism and empiricism leaving for the religious knowledge only the sphere of the ethical and aesthetical. Then there was Schleiermacher's concept (1768-1834) who, without restoring metaphysics in its rights, still preserved theology's

legitimate scientific status as a science on human religious experience.

By the end of the 19th century, the “liberal theology of Schleiermacher had outlived its usefulness. In the 20th century, there were various attempts to escape from the naturalization of religious experience: “new scholasticism” in the Catholic Church, the conceptions of Karl Barth (1886-1968), Martin Heidegger (1889-1976) with his interest in mystical experience. In the new theological systems, inherited in this or that way from Heidegger, religious experience plays already the key role.

The angle of viewing God changed: traditionally academic theology viewed God as “object” (to address, to pray to, to entreat, etc.) but now the question arose: what are the conditions on which God may address the human?

By the second part of the 20th century, when the ill period of behaviourism (reducing mental phenomena to physiological reactions of the organism) was over, religious experience has become now legalized academically and, as Father Vladimir put it, “a quite respectable” component of studies in various areas from neurophysiology to philosophy. Religious themes are now present in academic science. There emerged even the problem “with the negative sign”, namely, how can theologians avoid following the lead of conditions imposed from outside, for instance, yielding to the logic of substantiations present in natural sciences.

Moving from history to inner aspects of the problem, Father Vladimir gave special attention to the observance of balance between theory and religious practice. It is necessary to become aware of and bring it home to the scientific community the right understanding of the subject of theology – God as He is revealed to us by the faith of the Church. The very faith of the Church and the 2000-year experience have become an important element of Christian theology.

There is a need for balance between the collective and the individual, when a personal prayer supports the common liturgical prayer. Each Christian should grasp in his or her personal experience what has been accumulated by the experience of the Church throughout her history. Archpriest Vladimir also pointed to the balance between the charismatic (personal authority) and the hierarchal (hierarchal authority) as quite a pressing problem in today’s practice of the Orthodox Church.

The second day of the conference was opened with a session on “Mystical events in religious life and mental health”.

Vasiliy G. Kaleda, D.M.Sc., MHRC deputy director, senior researcher in endogenic and affective

states, professor at the St. Tikhon Orthodox University Chair of Practical Theology, in his paper on "Religious experience and mental health in studies of Russian psychiatrists", noted that problems related to the mental sphere have a biological, social and spiritual nature. Therefore, specialists – theologians, psychiatrists and psychologists – should learn to view a mental disorder holistically.

The speaker made a short excursus in the history of Russian psychiatry and showed that from the 11th to the 18th century, it was monasteries that used to help people with mental disorders. The 1073 Svyatoslav's Anthology gives the first classification of the mentally ill. Already at that time, carnal illnesses were separated from mental ones, which were described as brain damage.

The Council of One Hundred Chapters in 1551, which assembled highest state officials and church supreme authorities, resolved to place in monasteries "those possessed by the devil and deprived of reason so that they could not be in the way of the healthy and could be brought to reason and led to the truth". By that time, treatment in monasteries had become a long tradition, although the monastery superiors not always favoured the stay of the mentally ill in monastic communities as diverting monks from their principal vocation.

Peter I issued a decree that the "wild" should not be sent to monasteries but that hospitals should be built for them. Admittedly, the decree was revoked, but in 1762 Peter III again ordered "not to place the mad in monasteries but a special house be built for them".

The first psychiatrist ward for 25 beds appeared at the St. Catherine Hospital in 1764 in Moscow, and the first psychiatric hospital was opened as late as 1808. This even put an end to the "monastery period" in the Russian psychiatry but before that it was the Church that was engaged in the care of the mentally sick in the Russian State.

The first textbook on psychiatry was published in 1834 in Petersburg by P. A. Budkovsky. A son of a priest, he wrote in it that the organs of soul are the nerves and the brain, singling out the sphere of spirit as "the thinking and discerning basis of the soul through which we study and come to know the truth, the Universe and our own nature". He also wrote "the free and moral will and prayer can very much help to heal" if a person suffers from a light form of mental illness. "We can be quite confident that prayer belongs to the strongest restorative remedy of mental life", he noted.

1. Kaleda also spoke about authors who described various manifestations of mental illnesses among patients with a religious outlook. It is noteworthy that specialists of the 19th-20th centuries believed that religiosity was inherent in a varying degree in each person, while the absence of moral sense was believed to be a pathology. He enumerated the works of Russian psychiatrists that described hysterics, religious fanaticism, megalomania, etc. and various manifestations of pathological religiosity.

In the 20th century in our country, there was almost no scientific literature on problems of religion; psychiatry distanced itself from religion as well. However, in the 20th century 30th, the problems of religious psychopathology were tackled by D. Ye. Melekhov, the founder of social psychiatry, an outstanding Soviet psychiatrist, director of the Moscow Psychiatry Institute. His book entitled "Psychiatry and Problems of Spiritual Life" was addressed to the clergy. He believed that every priest encounters in his practice various manifestations of mental illnesses among his flock, and whether he will be able to distinguish a spiritual phenomenon from a mental illness depends in some cases not only on the spiritual, but also on the physical life of a person. Melekhov based himself on the trichotomic understanding of human personality (a human being consists of spirit, soul and body). The spirit is the core of human personality through which a person addresses God. He believed the true mental health of a person can be spoken about only when all the three spheres are in harmony achieved provided the sphere of spirit is dominant.

In the Soviet time, addressing his fellow psychiatrists, Melekhov used to say that it was inadmissible to regard faith as an illness, that it is faith that often helps the ill to find the meaning of life, to keep them from suicide and to realise that suffering is meaningful. Faith is a resource that a psychiatrist should rely on in rehabilitating a patient. He stressed that doctors should distinguish religious feelings as a sign of illness (false mysticism) from religious feelings as a powerful resource (healthy mysticism) in struggle with an illness. Spiritual feelings of unhealthy origin can become a source of positive spiritual experience.

Answering the question whether a mentally ill person can have a valid spiritual life, Vasily Kaleda pointed out that in most cases specialists cannot confirm it. Still, both doctors and clergy should understand that the Kingdom of God and the grace-giving life of the Church are not closed for a mentally ill person. A mental illness is not at all a sign of the ill one being rejected by God. A mental disorder is a heavy cross of one's life but it does not block one's way to holiness, and the confirmation of it can be found in the life of saints and ascetics, including those of the 20th century.

Archpriest Pavel Velikanov, head of the Chair of Theology, Moscow Theological Academy, in his paper on "The virtue of prudence (diacrisis) and mystical experience", presented patristic maxims on the need for a Christian to seek the gift of discernment. Proceeding from holy fathers' reflections, the priest noted that the ability to discern spirits is not a result of spacious intellect, nor can it be described as something supernatural. It is instilled in the human soul by God. Endowed with this ability but reluctant to use it, the Progenitors Adam and Eve were driven away from paradise.

After the fall, the virtue of discernment was considerably weakened in the human but was not lost for

good and it means that it can be restored through spiritual achievement. An ascetic, in the state of dispassion would easily discern the crafty designs of enemies. Ss Gregory the Theologian and Basil the Great correlate the virtue of discernment with that of temperance.

St. Gregory the Nyssa points to Christ the Saviour as the principal criterion of discerning good and bad: “Those vouchsafed to bear the great name of Christ should carefully discern in themselves thoughts, words and deeds”. According to holy fathers, anger and jealousy as manifestations of passionate actions block discernment even if it is clearly present in a person.

Special importance in acquiring the gift of discernment is attributed to spiritual mentors who can teach their followers the ability to discern.

Archimandrite Emilian (Vafidis) taught that discernment is the penetration of divine grace into us and for this reason this gift cannot be acquired without sowing the seeds of the Spirit. It is acquired through silence, which is the peace of our heart, mind and our entire surrounding. But who if not the Lord is interested the most in penetrating a person?

Summering up his paper, Father Pavel characterized the gift of discernment as the ability to see all that is happening around by a heart purified of passions.

The paper read by **Archimandrite Meletios (Webber),** a cleric of the St. Nicholas church in Amsterdam (Russian Orthodox Church, the Netherlands) on “Hesychasm and mental health” combined a reflection on the patristic heritage devoted to the Jesus Prayer and the struggle with intentions.

The speaker noted that in the Greek language, basically two words are used to express the notions of “thought”: “scepsis” as a useful thought with which we communicate, solve problems and logical tasks and “*logismos*” as an obsessive and useless thought that pesters us day and night leading to “a waste of spiritual and emotional energy”. “It is caused not by our rational thinking but simply results from what can be described as our ‘distortion’ by the fall”.

About 80% of *logismoi* are manifestations of fears, most often ungrounded: “What if this or that happens?”, while 20% are desires basically of what we cannot have: “If I had…”. “Despair and pride exist in us as a direct influence of *logismoi* in our head”.

Church fathers believe that any sin is a direct result of the work of *logismoi:* a sin begins with tiny thoughts, but if we pay attention to them they keep growing until they turn into passions”. They believe

that it is impossible to get rid of *logismoi* as long as we are alive but, according to St. Theophanes, it is possible “to go down from the head to the heart” as “the place of spiritual reason” and find “easy and quite natural Communion with God”. “The classic method of making this descent is to use the Jesus Prayer, or some other short, easily repeated, words of prayer”.

Archimandrite Meletios pointed out that the methods invented by Sigmund Freud to speak about what is happening inside a person (impact of ego and superego) are inapplicable to the description of spiritual experience.

“Seeking the silence in the heart before embarking on prayer, or any other activity, would seem to be a logical outcome of this teaching, and a life-long task”, the priest said. However, in the pastoral care practice, he said, the minister who receives a confession should know that different people need different help. Those who suffer from a obsessive-compulsive disorder may not be helped much by a repeated prayer; the people with psychosis need the special care of a psychologist or psychotherapist. In these cases, the priest needs to understand that his resources are limited: “When you encounter a situation that is beyond your resources, send the patient to a specialist”.

Dr. Peter J. Verhagen (the Netherlands), PhD, a psychiatrist, group psychotherapist, theologian and former chairman and honorary member of the section on religion, spirituality and psychiatry of the World Psychiatric Association, delivered a paper on “Human flourishing. Public health and ecclesiastical salvation”.

In his opinion, the well-being of a human person is directly linked with the quality of the person’s spiritual life. Observing the changes which happened to patients in the course of rehabilitation, he could see how the spiritual experience they acquired helped their growth as personalities. “Acting as experts of their own condition, some of them said that they recovered even when the symptoms remained”. Researches have shown that joy, satisfaction with life, good relations with loved ones, finding the meaning of one’s own existence are the necessary components of the process leading a person to recovery and well-being. Finding all this, a patient proves to be able to come out beyond the framework of the feeing of inner catastrophe and to experience joy from the fullness of life. This can be helped by the family, work, education as well as one’s stay in a religious community. The mental health preventive measures should include those aimed to improve the conditions for creating a family, job search, education. Dr. Verhagen underscored the importance of a religious community in a patient’s recovery process. One’s participation in spiritual life helps to improve one’s conditions, to learn to behave in a socially oriented

way, and inspires to pray.

The restoration of healthy attitude to oneself is also helped by the attitude of clergy to the patient. It helps to learn to forgive, to accept the need to participate in life, not to separate oneself from it. This process presupposes the co-work of people not indifferent to the spiritual and mental health of their brothers and sisters in faith.

Archpriest Ilya Odyakov, a cleric of the hospital church of Our Lady the Healer at the MHRC RAS delivered a paper on “Repentance, confession and depressive delirium”. Due to widespread depressive illnesses, a today’s priest has to encounter various manifestations of affective disorders. This happens in both personal talks with people and during confessions. In the Russian Orthodox Church, for one who lives an active Christian life, the need for confession is its integral part. True, people often add to their confession numerous details of committed sins, complaints about life, etc. They often include in their confession a description of their physical and mental conditions that cause them anxiety and suffering. The priest has no right to ignore these flows of pain poured out in the sacrament of Repentance since for a believer a confession is often the only possibility for pouring out the painful thoughts and feelings.

How to distinguish a lamentation about sin from an imitation of repentance is a question often posed to a priest taking confession. It is especially important to have an answer to it when symptoms of a mental illness are evident and when they are similar to the actions of passions, for instance, despair and sadness.

To distinguish repentance from symptoms of a mental illness, which are not a sin and for which the penitent is not personally responsible, it is necessary to have a knowledge of mental disorders and patterns of their progress. One of such manifestations of illness is, for instance, a depressive delirium (a combination of unhealthy ideas, notions and conclusions distorting reality). Delirium is often linked with paragolia and has a negative emotional slant. The ill one is sure of the truth of one’s ideas and does not hear any counter-arguments. At confessions, a priest often encounters the delirium of sinfulness – self-reproach. The awareness of insignificant transgressions is transformed into the feeling of a heavy guilt before God. An ill one is sure that it is impossible to improve one’s fallen state and has no hope for God’s mercy and forgiveness. In his presentation, Archpriest Ilya Odyakov also described other manifestations of various unhealthy conditions of religious patients and in encountering them the priest must carefully but insistently recommend the person to see a specialist.

Father Iliya enumerated some rules to guide priests in their communication with such people. To avoid aggravating one’s condition, a priest should not express his agreement with delusions or support the

idea of self-condemnation, a penitent's unhealthy conviction of his or her own sinfulness, guilt and inevitable punishment. A priest cannot express horror or indignation at what he heard from the ill, argue with them or try to make them change their mind or ask clarifying questions. It is necessary to show patience and hear out quietly all the convictions held by a person with a mental disorder. If there is a possibility, a priest should pray together with such a person and try to draw the attention of his or her relatives and friends to the pathological nature of his or her feelings, convince them of the need for in-patient treatment in order to avoid a terrible outcome. The joint work of a doctor and a priest is vital for helping a mentally ill person.

The last session of the conference was devoted to the topic of religious feelings caused by demonic influences and pathological religiosity.

The Rev. José Antonio Fortea Cucurull, D.D., specialist in demonology, possession and exorcism (Alcala de Henares, Spain) in his video-presentation on "Inner and outer voices: distinguishing between the natural and the supernatural" reflected on how to distinguish falsehood from an apparent intervention of God.

Those who suffer from schizophrenia hear voices but believers know that God can address a person directly. The means of this address are always chosen by the Lord Himself. God's mysteries are beyond human understanding, and God not always limits Himself to the means of expression intelligible for a human being. We know that He worked miracles, that there were prophets, but it is difficult for an ordinary person to distinguish His message from manifestations of a pathology.

In some cases, it takes time to determine whether a person is possessed by devil or suffers from a mental disorder and to engage in a patient observation of the manifestations of deviations in various situations, namely, in the person's communication with relatives and friends, to see how he or she responds to prayer. It is necessary to wait for the moment when everything becomes evident, Father Fortea believes. Only humbleness helps to see the full picture. More often than not, obstacles on the way to it are found in ourselves.

Sometimes one suffers at the same time from possession and a mental disorder, and in this case one needs medical aid. Sometimes even a person with a profound disorder still can live an intensive spiritual life and it is not everything in it that yields to a psychiatrist's understanding.

We should always remember that it is necessary to help a sufferer. The Lord never gives us a task beyond our capacity.

Hieromonk Damian (Voronov), staff member of the Chair of Theology, Moscow Theological Academy, in his paper on “Neurotheology: a natural science justification for the objectivity of religious experience?” highlighted the stages of scientific search for relations between the brain and the psyche”. Neuroscience, so popular today, continues to research into the question of what happens to the human brain during communion with God, whether it is possible to understand what part of it contains consciousness and self-consciousness. In 1999, in India, the first publication came out about the place of God in the human brain. Further researches led to the emergence of a science called neuro-theology, which had as its task to study the work of the brain at the moment when a person is having a religious experience.

Russian physiologist I. M. Sechenov (1829-1905) in his time sought to apply the materialistic approach to the study of psyche, which led him to a conflict with the Russian Church and with church censor. He set forth his views of the nature of human mental activity in his study “Reflexes of Encephalon” (1863), in which he stated that it is based on physiological processes. Sechenov wrote that soon the time would come when the possibility of an analysis of the brain external manifestations would become accessible and intelligible to people. However, almost two centuries later the possibility for studying psyche through rational methods remains in question. Christian anthropology, which holds that a human being consists of the immortal soul and body created after the image of God, still opposes materialism that seeks to reduce the experience of communication with God to physiological processes.

“An apologetic response to the challenge to the Christian faith considered in the study can be found in the fact that conscience cannot be reduced to the work of encephalon – it is a limiting question for modern science as all the subjective processes are reduced to brain activity except for conscience; in the science store of knowledge there are no instruments for assessing and describing subjective reality”, Hieromonk Damian concluded.

In her paper on “Analysis of apocalyptic ideas and religious delirium of the end of the world”, Ms. **Olga A. Borisova,** Candidate of Medical Sciences, substantiated the need for the MHRC to make a research into the apocalyptic and eschatological delirium of the end of the world.

The expectation of Christ’s Second Coming and the end of this world was characteristic of Christians

since the early centuries of our era. The reason for a special attitude to this event is associated in the first place with the expectation of the Heavenly Kingdom and for this reason the desire to be properly prepared for this meeting is natural for a believer. However, through centuries the notion of apocalypses began to take other meanings as well, for instance, as a catastrophe of a universal scale that does not have any religious meaning. The captivating and contagious idea of an end of the world – the mass death of humanity – remained unchanged throughout the history, while changing were only predictions. Ms. Borisova presented a long list of various predictions of the end of the world made by various people in various historical periods.

More than once the expectations of the end of the world ended not well. Ms. Borisova enumerated the cases of mass suicides caused by an expectation of the end of the world. In Russia, the idea of the coming of the rule of antichrist became dominant among Old Believers since the second half of the 17th century. After the church reform introduced by Patriarch Nikon, some of them were convinced that they were experiencing the real end of the world and openly condemned the Primate of the Church, Tsar Alexey Mikhaiovich, and later Emperor Peter I, and the only means of safeguarding the robe of Baptism from defilement was believed to be found in martyrdom. They treated self-immolation as the second Baptism. From 50 to 2000 people including children and women would die at the same time in the acts of self-immolation. Among Priestless Old Believers, there were professional organizers of self-immolations, who would come out of fire intact to convene people again for “a communion by fire”. They believed that they were motivated by a good goal of saving as many Christian souls as possible from “the paws of the servants of antichrist”.

Then the speaker enumerated the cases of mass suicides committed in anticipation of the end of the world in the 20th century.

The year 1999, according to Ms. Borisova, became a year of eschatological moods in the modern history of Russia. Precisely at that time it was agreed to confer on each individual an identification number of the Russian Federation taxpayer. This development provoked a great deal of incidents that required that the problem should be studied by the scientific community. There was a growing number of those who believed that to accept a taxpayer identification number would mean to receive a stamp of antichrist and enter the “state of the devil”. In their opinion, the barcode of the identification number contained the mysteriously encoded number 666, and those who accepted the TIN would gradually lose grace. The MHRC patients of that time, under the influence of such ideas, refused to buy foodstuff bearing the barcode glued to them and refused to receive new passports and electronic documents, insurance policy and, accordingly, medical aid. They also insisted that their close relatives should not marry because the last times had come. Some of them gave up their work in cities, sold their flats and left for a village to start subsistence farming and tried not to be tied to the state.

As a peculiarity characteristic of such patients, the author pointed to a contradiction between their behavior and the beliefs they held. In following the traditional rules of church life (regular church attendance, participation in sacraments. continued relations with parishioners and sometimes even active participation in community life) they did not mentioned at their confession the particular opinion they held with regard to a link between the identification number and the end of the world. The eschatological conditions of such patients can be assessed as a delusional disorder of paranoiac level.

The apocalyptical delirium is accompanied with expressions of fear of an imminent threat. They lived with a feeling that the world is collapsing and sometimes became aggressive. Their inadequate behavior during an attack of illness can have unpredictable consequences. Answering the questions asked by the conference participants about a possibility of helping such people, Dr. Borisova said that patients with the ideas of delirium level are not amenable to persuasion but only to drug-induced correction.

Sister Youanna (Mikhail), PhD, a consecrated nun of the SUS Coptic Orthodox diocese, in her paper on “Pathological religiosity. Compensatory religiosity”, proposed a definition of the external religiosity, internal religiosity and religious maturity. All these definitions can be referred to healthy religiosity associated with good mental health and constitutes an important enough component of mental well-being. When religiosity diverts from the norm and reason, it can have a negative impact on a person and acquire symptoms of illness. Though the aim of religion is people’s health, it is rather their suitability for the conditions created by God.

Sister Youanna described the manifestations of pathological religiosity, such as delirium, mania, depression, anxiety over death, narcissism, etc. In her opinion, psychopathologies lie in the basis of the development of heresies.

The speaker also singled out the manifestations of pathological religiosity among the clergy and monastics, such as abuse of power, mental violence, perfectionism, the mission complex, phariseism, narcissism, fanaticism and workaholism. To accomplish the mission of Christ, religiosity should be sound, the speaker noted in conclusion.

In his closing remarks, the moderator of the conference **Metropolitan Sergiy of Voronezh and Liski** expressed his confidence that the priests and specialists in psychiatry from various countries, who gathered in the St. Daniel Monastery, came to feel the importance of this meeting. He underscored the special significance of care for the mentally ill shown by participants in the forum in their Christian and

professional service. “The Lord has shed His blood for the sake of all people. He wishes salvation to all and for Him we all are equally loved, but the world lives by its own laws and, from the perspective of secular society, people with mental disorders are not its full-fledged members. It means that they have a special need for our participation”, His Eminence said.

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