



Section of the XXVII International Christmas Educational Readings on "Church Care for Depressed Patients" was held in Moscow



On January 25, 2020, a workshop of the XXVIII International Christmas Educational Readings was held on the theme 'Church care for mentally ill people', at the Moscow Patriarchate's department for external church relations. The meeting was organized by DECR and the Inter-Council Presence Commission for church education and diakonia, in which there is a working group for pastoral care of mental patients.

The meeting was chaired by Metropolitan Sergiy of Voronezh and Liski. The workshop was supervised by Ms. Margarita Nelyubova, secretary of the Commission for church education and diakonia and DECR staff member.

It was attended by 42 participants — clergy and laity of the Russian Orthodox Church, psychiatrists,

specialists from the Metal Health Research Center (MHRC) of the Russian Academy of Sciences (RAS), Serbsky State Scientific Center for Social and Forensic Psychiatry, medical doctors, Church social workers.

The meeting opened with a speech by Metropolitan Sergiy of Voronezh and Liski on “Psychiatry and Religion. The Way to Dialogue”, in which he dwelt on the evolution of relations between Christianity and psychiatry over the past few centuries and noted the growing cooperation between the Church and medicine over the past decades. He emphasized the importance of the work of the section “Spirituality, Religion and Psychiatry” of the World Psychiatric Association and stressed the important role of the Scientific Center for Mental Health of the Russian Academy of Sciences for the development of dialogue between psychiatry and religion in Russia. Metropolitan Sergiy spoke about international conferences, which were held in 2018 and 2019 in Moscow with the blessing of His Holiness Patriarch Kirill of Moscow and all Russia, and on the initiative of the Commission for church education and diakonia of the Inter-Council Presence of the Russian Orthodox Church; the meetings were devoted to the problematic of pastoral care for mentally ill people. “All the experts who spoke at these forums were unanimous that health and spiritual life are two different, but not opposite, realities. It would be a mistake to claim that spiritual life always requires good mental health. A disease can become a special condition that allows a person to approach God and feel His love ... It is incorrect to think that only with good health one can do worthy deeds before God. Illnesses and sufferings, always present in human life, are mysteriously included into the plan of divine salvation”, Metropolitan Sergiy stated.

Metropolitan Sergiy emphasized: “A simplified interpretation of mental illness as punishment from God is unacceptable: the Lord does not want evil and disease. It is with patience and without pretence to an immediate understanding of the meaning of mental illness, that one has to consider it as something that occurs in our life by God’s connivance. “Everyone who deals with mentally ill people — doctors, family, pastors — must remember that “the mentally ill person has the right not only to be considered the image of God, but also to be treated as such.”

Archpriest Victor Gusev, a cleric of the hospital church Mother of God the Healer at the MHRC, made a presentation on “Experience of pastoral care for patients in a mental hospital”. He noted that the main task of the priest is to “help a person in a state of illness to continue his conscious growth towards God”. Scientific studies at the MHRC have shown that it is possible to implement this approach: “Orthodox patients retain both the composition and structure of the axiological sphere during the illness, which is not observed in unbelieving patients”. The priest helps the patient in understanding the meaning of the disease that occurred to him; supports him and “guides” towards the graceful help of God: prayer, sacraments; fosters ill person’s own activity at this stage of his salvation. “Pastoral care for mentally ill people has its specifics and puts special demands on priests. So, the priest must understand the realities of psychopathology, have an idea about the methods and nature of treatment, and about the

effect of psychotropic drugs. He should also show special attention and sensitivity to the patient, take special responsibility for his words and actions; and not only for his own words, but for how the patient perceives them due to his illness and how he uses them. ”

G.I. Kopeiko, deputy director of the MHRC spoke on “Psychotic states with delusional ideas with religious content”. He noted: “In the lives of patients suffering from mental illness, religious beliefs and views are of great importance and often play a positive role. However, pathological pseudo-religiosity, which forms alongside the mental illness, is characterized by various forms of distortion of the traditional religious faith.” In the early stages of the disease, the pathological pseudo-religiosity manifests itself in predominant religious constructions that on the outside seem to be similar to the exaggerated manifestations of traditional religiosity, but the behavior of patients acquires the character of rude, pathological or ridiculous acts that reflect their pseudo-religious views. Gradually, predominant ideas that had the character of a religious worldview are transformed into a religious delusion, which is not determined by the personality’s configuration and the content of which is in sharp contradiction with religious traditions objectively existing in society. According to the research studies conducted at the MHRC, “one in ten patients with delusions of religious content revealed behavior of an outspoken antisocial and / or antisocial character.”

He stated that a priest “must have knowledge in the field of psychiatry in order to be able to differentiate the conditions of pathological pseudo-religiosity from the traditional religious faith and be able to provide adequate pastoral care and support to such patients, along with specialized medical care”. The speaker gave criteria for distinguishing traditional religious faith from religious delirium. Criteria of traditional religious faith: “Believers are largely guided by the conciliar and church opinion; in most cases, they maintain close contact with the religious community and their own spiritual father; they have confidence in the church hierarchy; their religious faith is characterized, on the one hand, by the observance of canons, and on the other, it is lively, and dynamic in nature, which helps an individual to adapt to stressful situations and to life; the personality of the believer has no temperament changes, has no deformity signs, is harmonious, integral, corresponds to the social norm. ”

Criteria of religious delirium: “Mental disorder has a plot of pseudo-religious concepts, which, as a rule, contradict the canonical principles and contribute to alienation from people who adhere to traditional values for this society, as well as from their own family; most often, patients do not maintain contact with the religious community, and they usually don’t have a spiritual father; they often have a negative attitude towards traditional religious institutions; religious delusions reveal a low criticality level, rigidity and forms a specific delusional behavior; patients demonstrate traits of personality defect. ”

In conclusion G.I. Kopeiko noted : “Special psycho-educational work is needed among clergy and students of theological schools. We believe that close cooperation between psychiatrists and clergy is

necessary, following the path of mutual assistance, mutual respect and exchange of experience in the treatment of the mentally ill”.

V. G. Kaleda, MD, deputy director of the MHRC, head of the department of juvenile psychiatry spoke on "Mental disorders of adolescence — diagnostics and medical and social assistance." In particular, he noted that due to the psychological specifics of adolescence, “the usual for adolescents characteristics may acquire the character of symptoms of a psychiatric illness”. V.G. Kaleda emphasized that, according to scientific research, about 25% of all young men experience severe depression in their teenage years. Moreover, the state of depression can be invisible to people around and even for the family of the young person, and no one knows about his condition until the young man suddenly jumps out of the window. One of the age-specific syndromes is the “metaphysical intoxication syndrome”, when “religious views acquire a predominant character”, which is fraught with suicidal risks.

These and other characteristics of adolescence must be taken into account by pastors when providing spiritual assistance to adolescents: you need to talk with them very carefully, you need to carefully look at the behavior of the young man, his words, arguments about the meaning of life, offenses, you need to remember that people in the adolescent period, on the one hand, require a lot of attention, and, on the other hand, need clear reference points in life.

O.A. Borisova, Ph.D, senior researcher in the Department of special forms of mental pathology, MHRC, in her report “Apocalyptic views and religious delirium of the end of the world” noted that 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. O.A. 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 this led to grave consequences. The speaker listed 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 the only means of safeguarding the robe of Baptism from defilement was believed to be found in martyrdom. They interpreted the self-immolation as the second Baptism. Then the speaker listed the cases of mass suicides committed in anticipation of the end of the world in the 20th century.

At the end of the 20th century, the decision to assign individuals the taxpayer identification number of the Russian Federation (TIN) provoked a great deal of incidents that required that the problem should be studied by the scientific community.

As a peculiarity characteristic of such patients driven by the ideas of the end of the world, 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 mention at their confession the particular opinion they held with regard to a link between the TIN and the end of the world. The eschatological conditions of such patients can be assessed as a delusional disorder of paranoiac level.

The apocalyptic delirium is accompanied with expressions of fear of an imminent threat. The patients live with the feeling that the world is collapsing, sometimes they became aggressive. Their inadequate behavior during an attack of illness can have unpredictable consequences. O.A. Borisova named two categories of delirium — “apocalyptic” and “eschatological” — and explained their differences, which are important for specialists to consider in order to predict the socially dangerous consequences of patient behavior.

Archpriest Ilya Odyakov, a cleric of the hospital church Mother of God the Healer at the MHRC RAS delivered a paper on “The Sacrament of Repentance and depressive delirium”. He noted that it is necessary to distinguish between “a genuine lamentation about one’s sins and a desire to improve” and the “stream of pain” that is often poured out at the confession stool by mentally ill people. Such people must “never be stopped”, father Ilya believes, but one needs to understand that the “delirium of sinfulness, self-humiliation and self-flagellation” (in the extreme: “the whole world suffers from my sin”), delirium of self-incrimination and hunger for self-punishment (dangerous auto-aggression, suicidal thoughts), nosomania (expectation of an imminent death) — all this is far from true repentance. The speaker offered a number of recommendations for clergy who are facing similar cases: the priest should in no case agree with delusional ideas or support ideas of self-flagellation. At the same time, he should not express horror and indignation at what he heard. In no case should he try to argue, persuade, prove anything, and ask clarifying questions. He needs to be patient, listen calmly, and pray together. He should try to involve the relatives of the patient, explain to them the pathological nature of his experiences and convince them of the need for medical treatment.

Prof. Shamrey V.K., Ph.D., Honored Doctor of the Russian Federation, Head of the Department of Psychiatry, S. M. Kirov Military Medical Academy, Chief Psychiatrist of the Ministry of Defense of the Russian Federation spoke about teaching the foundations of Orthodoxy to students of medical universities and, more generally, about the formation of the "spiritual environment of the Academy",

noting that the foundations of this environment were laid back in the 19th century. Talking about the history of the Military Medical Academy, about the churches that were on its territory, V.K. Shamrey emphasized that the Academy was the only military educational institution that had a department of theology and where spiritual and moral traditions have been always preserved. And this situation was largely due to the fact that most of the employees either originated from the families of clergy, or had theological education. Talking about the life of the academy in our time, Professor Shamrey, in particular, noted that the students are taught the basics of Orthodoxy, they learn about Orthodox army traditions. The students of the Academy have also choir singing courses, ringer art, Church Slavonic lessons, pilgrimages for military service personnel. The S. M. Kirov Academy has the position of assistant specialist for work with believers among military personnel. Contacts with the St. Petersburg Theological Seminary allowed military medical doctors to organize what the professor calls "cross-training": seminary students come to the Academy with lectures on Orthodoxy, and psychiatrists teach them about the basics of their science.

Prof. E.S. Kurasov, Ph.D., the S.M. Kirov Military Medical Academy chair of psychiatry, spoke about modern approaches to the treatment of mental illnesses. He gave a historical exposure, presenting the main stages of the development of psychiatry, approaches to the treatment of mental illness in the past and today. The speaker paid special attention to spiritually-oriented psychotherapy, which, according to him, is "a merged of the activity of a doctor and a priest confessor."

M.A. Palchikov, Ph.D, associate professor of the Department of Psychiatry, N.N. Burdenko Voronezh State Medical University spoke on the issue on interaction of psychiatrists and clergy in the diagnostics and treatment of mental disorders. According to him, often people with mental disorders do not immediately go to the doctor, but first turn to the church for help. Since mental disorders are associated with a high risk of suicide, one of the main tasks of the interaction of a psychiatrist and a clergyman is to reduce suicidal risks. Comparing depression as a disease and sloth as a sinful condition, he noted that the medical symptoms of depression are mentioned by the Holy Fathers in their considerations about the sin of sloth. With the help of medications, one cannot get rid of sin, but one can get a significant improvement in depression. "By working with the patient's worldview, we reduce the risk of relapse after the pharmacotherapy is stopped... One of the most effective methods of influencing this sphere is Christianity", the speaker emphasized. According to him, patients who have suffered psychotic states with religious experiences, require particular attention: ideas of sinfulness, chosenness, extra-zealous fulfillment of church requirements, etc. can hide manifestations of the disease. In such cases, the priest should have "psychiatric alertness", try to understand the underlying feelings and motives of the parishioner and, if necessary, send him to see a psychiatrist. It is important to understand that mental disorder is not an obstacle for pious spiritual life.

N.V. Lazko and O.A. Rusakovskaya, specialists of P.V. Serbsky State Scientific Center for Social and

Forensic Psychiatry of the Ministry of Health of Russia presented a report on the “World of “Special” People (about residents of psychoneurological institutions)”. The spoke about the results of monitoring of psychoneurological institutions (PNI) in a number of Russian regions in 2019 that revealed problems which can be largely resolved through the participation of religious communities in the life of “special” people”. Of particular importance is the spiritual accompaniment of those living in PNI. “Currently, in a number of territories ... there are house churches, chapels as well as parish churches located close by PNI, where the residents of an institution can participate in worship and attend to Sacraments ...

A program of spiritual education for residents has been developed, which includes organization of religious processions from the institution to nearby parish churches, conversations that in simple terms explain the history of churches, etc. ” All this has a very beneficial effect on the condition of people, "who for the most part cannot live on their own and stay for many years in shared housing facilities; it gives them the opportunity, each on their own level of understanding, to feel the fullness and value of the life given to him by God." The speakers urged to pay special attention to the personnel issue — the appointment of a clergyman who would permanently support a specific PNI, its residents and employees. The “rotation” of such priests is undesirable due to the specific of perception by the PNI residents, their “childish” affection for those who are friendly with them.

Concluding the session, Metropolitan Sergiy of Voronezh and Liski noted that such meetings on the issue of Church care for mentally ill people, which have been held during the annual Christmas Readings for several years, help to establish mutual understanding and cooperation between clergy and medical doctors and show an example of such cooperation.

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