



International conference on the Church's Care of Mentally Ill People



The international conference on The Church's Care of Mentally Ill People took place on November 13-14, 2018, at the Department for External Church Relations (DECR). It was organized with the blessing of His Holiness Patriarch Kirill of Moscow and All Russia by the DECR and the Metropolis of Voronezh with support from the Kirche in Not foundation. The forum was initiated by the Inter Council Presence's commission for church education and diakonia.

The meeting was attended by some 70 people – theologians, psychiatrists, clergy, representatives of theological schools and state-run medical institutions in Russia, Belarus, Kazakhstan, Netherlands, Cyprus, Great Britain, Romania, Italy, Spain and Poland.

In his opening speech, the moderator of the conference, Metropolitan Sergiy of Voronezh and Liski, said that the aim of the forum was 'to discuss the most pressing problems of dialogue between the Church and the medical community in mental health protection and aid to mental patients'. His Eminence noted

that 'the continued development of psychiatric knowledge, a change in views of the causes of mental disorders and ways of their treatment has provoked a polemic among representatives of the medical community and at the same time, all this poses new questions before the Church, requiring a reflection from both the theological perspective and that of everyday pastoral practice'. He referred to prejudices with regard to psychiatry and the mentally ill because of which patients ignore doctors and mistakenly seek to replace a psychiatrist by a priest and to view all the mental illnesses as a form of demonic possession. At the same time, 'mentally ill people, through initiation to the Church and participation in church Sacraments, achieve an improvement of their condition, overcome social isolation and receive all possible support on their way to spiritual growth'. 'Despite one's mental illness, one never fully loses one's ability to feel love and respond to it, nor does one lose completely the ability to discern by one's heart between good and evil' the archpastor stressed, 'Therefore, every mentally ill person has preconditions for mental improvement and religious life. No illness can come into conflict with a patient's Christian duty to seek the Truth and life in virtue. And though patients suffering from mental illnesses are limited in their abilities, they are still capable, with God's help, of following the Christian ways and moral improvement'.

The conference participants were greeted by Bishop Panteleimon of Orekhovo-Zuevo, head of the Synodal Department for Charity and Social Service. He noted that in the Gospel's story about the Last Judgement it is stated that the Lord regards as a virtue even a visit to an ill person and promises as a reward for it the entry to the Kingdom of God. The work of those who do not merely visit but also continuously work with mental patients is a very hard work that deserves special respect and gratitude by other people. His Grace expressed a wish that the conference might help priests to treat medical doctors with proper attention and medical doctors to treat priests with understanding and respect because a priest in a hospital is a doctor's ally as he helps towards a patient's spiritual health as necessary for overcoming not only mental but also physical illnesses.

Mr. P. Gumenyuk, head of the Kirche in Not Russian department, thanked the organizers of the conference on behalf of the leaders of his organization. He said that the foundation had maintained cooperation with the Russian Orthodox Church for nearly 25 years, and the conference was another landmark on the way of developing this cooperation. He reminded the conference of the historic meeting between Pope Francis of Rome and Patriarch Kirill of Moscow and All Russia in 2016 in Havana, which recommended the establishment of an Orthodox-Catholic working commission for supporting initiatives in the two areas: solidarity with persecuted Christians in the Middle East, in the first place in Syria, and promotion of the common Christian values. For the two years, many activities have already been carried out with regard to crises, including from the perspective of mental health protection. In 2017, a seminar was held in Sankt Petersburg on the problems of dependency and a month ago, it was followed up by an international conference on the theological reflection on dependency. Mr. Gumenyuk noted that such activities give an opportunity for combining the high professionalism of the participants and spiritual

aspects and for confessions to meet and exchange experience.

Ms. O. Borisova, Ph.D., Leading Researcher, Department of Special Forms of Mental Pathology, Scientific Center of Mental Health, Russian Academy of Medical Sciences read a paper on Pathological Religiosity of the Mentally Ill. She presented the findings of a research held at her department. The researchers understand pathological religiosity as 'mental disorders underlying or distorting the acceptance and assimilation of traditional religious beliefs leading to a religious behaviour and a way of life influenced by these disorders'. Out of 857 patients, suffering from mental disorders and having a religious worldview, 38% (326 people) had a pathological religiosity. The following manifestations of pathological religiosity were registered: anorexia due to predominant religious convictions, depression with doubts concerning the right choice of faith, eschatological delirium, paranoiac fits with an expansive religious narrative (messianism, healing, etc.) and depressive nature (sinfulness ravings, apocalypses delirium, etc.). The speaker gave a detailed description of pathological religiosity and cited examples from the practical work in the MHRS. Each form of pathological religiosity is a complex phenomenon that includes the particular features of a patient, the nature of the illness, influence of the social surrounding, etc. and accordingly demands manifold help beginning from pastoral guidance to psychopharmacological treatment.

Dr. Maria Teresa Ferla, Italy, Director-Primary of the complex Structure of Operative Unit of Judicial Psychiatry of the Mental Health Department of the Bollate Hospital (Milan), Professor of phenomenological psychopathology at the University of Milan – Bicocca, expert psychiatrist of the Court of Milan read a paper on the Contribution of Phenomenological Psychopathology in Psychiatry with Human and Christian Face. She spoke about a new trend in psychiatry developed under the influence of Karl Jasper's phenomenology. This trend is based on a thrichotomous anthropologic concept that studies the meaning of symptoms and experiences present in a mental disorder and gives a considerable value to the doctor's contacts with the patient and establishment of relation between them. 'The treatment is a chain of actions in the context of relationships between the doctor and the patient in which therapy is a meeting of the two destinies, two freedoms. The illness is no longer an obstacle, a punishment, but an experience full of meaning'. This trend in medicine stands for social or communal psychiatry in contrast to institutional psychiatry or the psychiatry of mental hospitals.

Father Dosifey (Gorbachevsky), Master of Theology, an endocrinologist and monk of the Radu-Voda Monastery in Romania, spoke on Mentally ill patients' perception of Church sacraments: Confession, Eucharist, Anointing. His paper was based on the experience of Protosinghel Justin who has been taking pastoral care of the Jasi Institute of Psychiatry for 24 years. It is a 1310-bed clinic specializing in treating schizophrenic patients. Father Dosifey spoke in detail about mental patient's peculiarities of perception of various church sacraments and the qualities needed by a priest for work with such people. He pointed to a clear positive influence made by church sacraments on patients. Thus, after the

Sacrament of Confession, most patients show positive changes, reduced intensity and decrease in the number of aggravations and even recovery. After Communion, a change is observed in their condition, manifested in the following: 'A state of balance comes in the thinking, behaviour and psychic activity; during a long time the illness does not progress; contacts with those around many lead to union, which was impossible before; there comes a clarity and lucidity of mind; human relationships such as friendship and close relations with relatives are resumed; there is a conscious and diligent approach to prayer and shrines; signs of devotion are manifested; signs of the cross are made together with bows and merciful behavior which were absent before'.

Archpriest Vladimir Vorobyev, rector of the St. Tikhon Orthodox University of the Humanities, in his paper on 'Mental Illness and Possession' drew a comparison between the teaching on the dichotomy of human nature (soul and body) and the trichotomy (spirit, soul and body): 'Clearly, the division of the human essence into two spheres is meant when we speak of the mortality of the body and the immortality of the soul. The notion of trichotomy is used in attempts to analyse the notion of the soul when its different properties are singled out, when the spiritual and the mental in human life are put into contrast... The spiritual, mental and physical order of a human being will forever remain a mystery at their last depth. And while even the corporal nature is revealed in science only partly, 'the spiritual sphere allows of comprehending only what is revealed to us by God'. Reflecting on the complex structure of spiritual life, Father Vladimir dwelt on the problem of passions, carnal and spiritual, and their influence on the human. 'A person who finds himself a captive of a passion – alcoholism, drug addiction, gambling or greed, etc. can certainly be called obsessed by this passion... Yet, as a rule, those are called obsessed who have completely lost self-control to become fully enslaved in their reason and will'. Father Vladimir noted that those possessed often come to church, and priests have learnt to discern this condition immediately. But obsession is often coupled with a mental illness. 'If there is no saint who can exorcize the demon by his intercession then a medicament treatment is not excluded, of course, and can bring a considerable relief, but it so happens that the obsession still remain, in a less apparent form though... Clearly, a spiritual illness such as sin often leads to a mental one if a sinner does not repent, that is to say, does not undergo a spiritual treatment'.

Kopeyko G.I., Ph.D., Deputy Director for Research of the Scientific Center for Mental Health, Russian Academy of Sciences presented a paper on Delirium of Obsession in Mental Illnesses. He showed how an obsession becomes a sort of religious 'mask' for a mental illness. Various forms of mental illnesses can be accompanied by 'masks' – somatic symptoms (dermatitis, headache, backbone pain, etc.), behavioural disorders (theft, flights from school, children's fight, etc.). Schizophrenia is often masked as demonic possession. The speaker presented results of an examination of twenty such patients who were observed in the center in the period from 1994-2018.

Priest José María Vegas, Candidate of Philosophical Sciences (St. Petersburg State University),

teacher at the Catholic Higher Seminary "Mary - Queen of the Apostles", licentiate of theology and philosophy at the Pontifical Gregorian University in Rome, in his paper on Mental Illness and Possession: View of the Roman Catholic Church, highlighted the problem of distinguishing between possession and mental illnesses relying on the experience of the Roman Catholic Church. He outlined four levels of the devil's influence on man: ordinary – temptation and extraordinary – oppression, delusion and obsession, and described each of them in detail. Explaining the causes of possession, he pointed out that 'the most ordinary way that gives a pretext to the devil is a contact with the occult: occultism, Satanism, Spiritism, astrology, magic, healing, sorcery... Yet there are also other ways that seem to be less dangerous at first sight, because they appear to be true ways of spirituality but in fact detach us from true God... and replace him by impersonal ideas of God as a positive energy, impersonal pantheism, for instance, New Age, some forms of Oriental spirituality, alternative trends in medicine, etc. Then the speaker described the categories of those who appeal for help to exorcists and put a special emphasis on the need for close cooperation between psychiatrists and clergy in helping those suffering from mental and spiritual illnesses.

Mr. V. Kaleda, MD, deputy director of the Scientific Center for Mental Health, Russian Academy of Sciences, Chief Researcher at the Department for the Study of endogenous psychoses and affective states, professor of practical theology at Orthodox St. Tikhon Humanities University spoke to the theme "Pastoral psychiatry - challenge of modernity (a new subject in the program of theological schools)".

He said that, according to the WHO data, from 20 to 25 per cent of the global population suffer from mental or behavioural disorders: depressions – from 9 to 20 per cent, and schizophrenia – from 9 to 10 per cent. According to his center, in Russia, 14 per cent of the population suffer from mental disorders, 5,7 per cent need to be observed by a psychiatrist, and 2,76 per cent are observed by a psychiatrist. He spoke about the concept of the Pastoral Psychiatry Course based on the studies of Archimandrite Cyprian (Kern) and D. Melekhov, who considered it "equally inadmissible for a doctor to treat every religious experience as a pathology" and for a priest to consider every case of mental disorder to be a manifestation of 'special spiritual states (possession)'" and who underscored 'a special importance of distinguishing between religious experiences of mental patients as a sign of illness ('false mysticism') and the religious experiences as manifestations of 'positive healthy mysticism' considered to be a powerful therapeutic factor in the struggle with the illness. A religious faith helps a patient to resist the painful process, to adjust to it and to compensate for the defects brought by the illness into the personality of the patient". Mr. Kaleda also spoke about the practice of teaching Pastoral Psychiatry at the St. Tikhon University (102-hours course) and expressed regret that this subject, so necessary for each future priest, is taught only in a few theological schools.

Prof. E. Kurasov, the S.M.Kirov Military Medical Academy chair of psychiatry, read a paper on Experience of Pastoral Care in the University Psychiatric Clinic: Work with Patients, Staff and Medical

Students. He spoke about the pastoral work carried out at the Military Medical Academy, the former Imperial Medical-Surgical Academy, and the extensive work for the restoration of academy churches. A post of deputy chief for work with believing servicemen has been introduced in the academy together with a course on pastoral psychiatry. A decision was made to establish a non-staff chair of theology. In conclusion, he said, 'The moral and ethical direction of the pastoral work and spiritually oriented psychotherapy help form in students, medical personnel and patients a positive conscious and stable attitude to the value of life and to the change of our attitude to the psycho-destructive and other painful factors. The use of spiritually oriented psychotherapy in helping patients with mental disorders makes it possible to increase patients' adaptive resources and to prolong the period of remission for chronic mental disorders and to decrease the risk of relapses. It also helps to form a healthier climate in both domestic family relations and society and to develop a motivation and potential for personal development'.

During the second day of the conference, 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 gave a talk on Specifics of Pastoral Care for Persons with Suicidal Behavior. In the beginning of the talk, he dwelt on the Old Testament and Christian attitude to suicide and the basic theories of suicide, philosophical, psychological, sociological, medical and anti-psychiatric. He noted that in Russia, suicide became a topic of law and philosophy in the late 18th century, 'in the first place, it was discussed who is prone to committing suicide – mentally ill or healthy persons'. 'The real shaping of suicidology as a scientific and also medical, discipline took place as late as the mid-20th century. However, so far there has been no universal theory of suicidal behaviour'. The speaker described the most popular myths about suicides in society, which can be harmful as they deprive of vigilance the relatives of a person with suicidal behaviour. He also presented statistics on Russian regions in which the cases of suicide take place most frequently, noting that suicides are encountered mostly in the age group of 15 years of age and speaking on the motivation of those who make suicidal attempts. He also shared his thoughts about the methods of preventing suicides in Russia. He reported that the Military Medical Academy was developing an educational aid on the signs of suicidal behaviour, which he believes each priest must have. He gave special attention to the aggressive impact of the mass media on the formation of self-destructive behaviour in the youth milieu. According to Dr. Shamrey, the importance of religion as a factor of anti-suicidal behaviour can hardly be overestimated. The voice of the Church, the voice of the spiritually healthy public should be heard in our society as it cultivates in the youth a proper attitude to traditional values and introduces them to the notion of sin and virtue, good and evil. As for the state information policy, it should be aimed at forming the citizens' outlook based on true values since the destruction of the spiritual foundations of our society constitutes the goal of the information war waged today against Russia.

Dr. Peter G. Coleman (Great Britain), Emeritus Professor of Psychogerontology in the University of

Southampton, MA from the University of Oxford, PhD from the University of London, Fellow of the British Psychological Society, Fellow of the Academy of Social Sciences (UK) in his paper on Religiosity and depressive disorders in elderly people, noted that there is a growing number of the elderly. He worked for many years in gerontological centres and could notice that the range of nursing services for old people was changing without becoming better. However, high-quality nursing can really improve the condition of elderly people. Many of them believe it senseless to continue living. Patients with such moods observed in gerontological centers tend to be in a depressed mental state; the work of their brains deteriorate; they suffer from severe depressions. According to Dr Coleman, healthy members of society should help enter the old age with dignity. The absence of the value of life in an individual is a reflection of the weak spiritual state of the family or society to which he or she belongs. Not so long ago the society was mindful of the need for the elderly to have religion present in their lives. True, at that time too, due to the absence of scientific confirmations, medics would rarely admit that it could make an improving impact on a person. 'But nowadays' the professor noted, 'thanks to the contribution of scientists engaged in this problem, we have learnt how important it is to commit one's life to God in a situation when misfortune or suffering depress us'. Unfortunately, religiosity in Europe and in America is rapidly declining. In the 20th century 60s, changes began in society that caused people over 80 to doubt the values in which they had been raised. Atheism in the western society has developed from within, and for this precise reason, the problem of euthanasia, in particular, has become so acute today that it has been legally permitted today in a number of country. In Great Britain, to relieve the condition of old people, psychedelic drugs are used which are believed to unleash consciousness. And many scientists ask themselves a question of what ways of solving the problem for people over 80 should be. Ignat Petrov, who undertook a study on the level of depression suffered by the elderly 30 years ago, now reports that it has become three times as high. The studied group showed a high level of clinical disorder requiring doctors' attention. However, studies have also shown that the surviving religious beliefs and patients who survived repressions had a better resistance to depression and preserve their memory. Scientific observations of the elderly have also revealed that they doubt the faith more frequently than the youth do. That is why pastors should give more attention to the elderly. The question most often asked by old people is this: 'How could God allow all this?' And it should be taken by clergy with all seriousness.

Priest Jesús Colomo Gómez (Spain), Bachelor of Medicine from the Complutense University of Madrid (Spain), Doctor in Medicine from the University of La Laguna (Spain), Doctor in Theology from the Pontificia Università della Santa Croce. Rome Italy), Master in Bioethics from the University of Valladolid (Spain), Chaplain Emeritus of the University Clinic of Navarra (Spain) spoke on 'Metal Illness and Spiritual life of the Patient: Pastoral Care of the Mentally Ill in the Modern Healthcare System'. He shared the story of how Frankl's book 'Man's Search for Meaning' helped him find his way to medicine and realize the need to combine the pharmacological impact on a patient with adequate psychotherapy. Viktor Frankl transformed psychoanalysis into logotherapy based on the idea that life in itself has a

meaning. It was confirmed when Dr. Gomez began his chaplain service. 'Our life always has a meaning, even when it is not always evident to us', the doctor is convinced. To help a patient to become aware of the meaning of his own life, a meaning of suffering, or to suggest this meaning to him – this is the task for a priest and a doctor who deal with the mentally ill, Dr. Jesus Colomo Gomez believes. He thinks that a priest should necessarily follow the psychiatrist's advice, but the most important thing for him is still the concern for his own piety. The speaker dwelt on some practical aspects of pastoral practice expounding the thesis that mentally ill people should be accepted by a priest with special care. It is also very important, he said, that a priest should recommend a patient to fulfil the recommendations given by medical doctors.

Speaking about the participation mental patients in church sacraments, he underscored the need to take into account 'the degree of a patient's consciousness, ability to act freely; in some cases, it is necessary to consider the family's opinion', and noted that 'in moral and in dogmatic theology, each case is considered separately and needs different approaches. It is especially necessary in cases of mentally ill people: indeed, there are differences not only between patients but also between periods in the life of each of patient'.

In conclusion, Father Jesus said that, just as psychiatry is being improved, so pastoral care should improve: it is necessary to have a staff in each diocese who could devote more pastoral attention to the mentally ill: 'They had better be priests with an experience of service for those who suffer from mental disorders. It would be useful for seminaries to introduce the subject of 'Pastoral Psychiatry' and courses or master classes for clergy who could develop this pastoral care activity. It would also be useful to have psychiatrists ready to cooperate and having a good doctrinal training that can help them to treat their patients better and to avoid the psychiatric methods incompatible with Christian life'.

Dr. Panayiota Mama Agapiou, child psychiatrist, systematic family/group therapist (Cyprus), presented a paper on Religiosity and Psychopathology in Childhood and Adolescence. Having reminded the forum of the meaning of Greek word θεραπεύω ('touching somebody with warmth') she defined the principle task of psychiatry as touching with warmth the problem of a child and his or her family.

One of her patients once confessed to her that his parents taught him to build his relationships with God just as they built their relationships with their children. 'He said what we know as specialists' she said, 'If a child believes that his parent is a strict judge who continually punishes him for some transgression, then for the child God will be a strict judge who keeps punishing and controlling. But if parents have condensation and put some limits on the freedom of a child only to take care of the child's safety, not to ban pleasures, then the commandments of God too will be fulfilled responsibly and freely. In her presentation, the doctor considered in detail some cases when parents, in their concern for preventing their child from violating God's commandments, fail to notice his illnesses or take a very tough stand

towards him at a time when, being an immature person, he rather needs help, sometimes medical, and condensation. In conclusion, she noted, 'Parents' spiritual care should help build the right relations with children based on love – which will be a great contribution to their development and will prevent psychopathological manifestations'.

Archpriest Victor Gusev, cleric of the hospital church to the Icon of the Mother of God the Healer at the Scientific Center for Mental Health, Russian Academy of Medical Sciences in his paper on Specifics of pastoral care for patients in a psychiatric clinic, pointed out that it is possible to speak of true mental health only when all the three sphere of a human being – spirit, soul and body are in harmony with one another, with the spiritual sphere being the leading one. However, mental illnesses are manifested in the violation of a person's ability to preserve his or her inner unity and integrity, and in the inability to maintain optimal emotional background, adequacy of judgements, behaviour and perception of the surrounding reality. The priests taking care of parishioners in a hospital church see as their principle task to help patients 'grow to God consciously' in the state of illness. The advisability of this approach has been confirmed by studies carried out in the research mental health center, which have shown that Orthodox patients tend to preserve the composition and structure of their senses, and it means that a mental patient is capable of living in the Christian way. The principle areas of pastoral work, Father Victor believes, are help to patients to become aware of the meaning of the illness that has happened to them, support for patients and leading them to the beneficial help of God (prayer and Sacraments), while the most important thing is the awakening of patients' own activity. Then Father Victor spoke of the peculiarities of pastoral care for mental patients and shared his priestly experience, noting in particular how important it is to be able to single out in a person's confession that which belongs to an illness and that which belongs to the sinful damage to his soul. According to the priest, the pastoral care for mental patients makes special demands on pastors. They have to understand the realities of psychopathology, to have an insight in the ways and nature of treatment and an effect of psychotropic drugs and a special sensitiveness towards the patient and responsibility for how he or she will perceive the priestly word and make use of it.

Dr Peter J/ Verhagen, Netherlands, MD, a psychiatrist, group psychotherapist, theologian and past chairman and honorary member of the World Psychiatrist Association's section on religion, spirituality and psychiatry, presented a paper on Religious Strategies to Help Mentally Ill People. He pointed out that psychological theories were not free from the impact of an outlook. A person lives up his life in a situation of developing theo-drama. Knowing about the birth, death and Resurrection of Christ, we have an opportunity for seeing prospects of our own development and look at mental illnesses with the Christian eye. Scientists seek to prove to us that science is deprived of irrational thinking, but reading the Bible, we understand that we are a part of this world and psychology is only a consequence of the fall of man. It means, Dr Verhagen is convinced, that that there are two basic strategies of help to the ill: overcoming and forgiveness. What impact has a situation made on a person and how has he responded

to it? Attentive listening helps a psychotherapist to support the vitality of a patient. Dr Verhagen also cited the results of quite a number of studies that confirmed the positive role played by religious practices in the recovery of patients.

Psychiatry should be included in the training course for clergy, he believes. Psychiatrists however should understand that the modern society is developing as a multicultural and multi-confessional one. In some countries, guidelines have already been formulated for practical psychiatry, pointing out that a psychiatrist, regardless of his own beliefs, should respect the faith of a patient and his relatives. According to the speaker, the future of psychiatry lies in the harmony of faith and professionalism.

Priest Aleksander Posacki, Candidate of Philosophical Sciences (Pontifical Gregorian University, Rome), teacher at the Catholic Higher Inter-Diocesan Theological Seminary in Karaganda (Kazakhstan), Doctor of Theology (Lublin, Poland) in his paper on 'Psychotherapeutic practices or occult initiation? Psychotherapeutic practices incompatible with Christian worldview', expressed a fear that the philosophical conception of materialism continues to dominate science today. However, a treatment based on any conception should not impede the salvation of a patient's soul. The substitution of notions in scientific knowledge often conceals the real essence of a particular theory. Thus, a false conception of God will necessarily bring its fruit in the form of an illness, while sins against the first commandment (pride or idolatry) may very quickly become the cause of obsession. It is very dangerous to believe oneself to be God, just as it is dangerous to change the meaning of the Saviour's coming for humanity. No less danger, he believes, is constituted today by psycho-cults so popular among psychologists and psychotherapists. People tend to seek a fast solution of the problem, however many psychological theories need to be corrected. Science should observe the limits of its competence. In studying the soul and body, scientists should understand that the soul and body are only parts of a whole, while the spirit as the principle component of the human being remains a mystery. However, it is on the spiritual level that man's communication with God takes place.

In conclusion of the conference, Metropolitan Sergiy thanked the attendees for their efforts and reminded them that it was held in the framework of the Inter-Council Presence.

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