International conference «Church care for mentally ill people. Depressions: role of a psychiatrist, psychologist and priest»



On December 15-16, the IV International Conference "Church care for mentally ill people. Depressions: role of a psychiatrist, psychologist and priest" took place in the Department for External Church Relations of Moscow Patriarchate (DECR MP).

The conference was organized jointly by the Commission for Church Education and Diakonia of the Inter-Council Presence of the Russian Orthodox Church, DECR MP, the metropolia of Voronezh of the Russian Orthodox Church, Section on Clinical Psychiatry, Religiosity and Spirituality of the Russian Society of Psychiatrists, St. Tikhon's Orthodox University for the Humanities and the Metal Health Research Center (MHRC). 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 – clergy, theologians, students and

teachers of theological schools, representatives of Islam and Judaism from Spain, Italy, the Netherlands, Brazil and Russia, of governmental medical and research institutions. International participants of the conference presented their reports in video format.

The conference was presided over by Metropolitan Sergiy of Voronezh and Liski, head of the expert group on the development of "Pastoral care of mentally ill people" issues of the Commission for Church Education and Diakonia of the Inter-Council Presence. The co-moderator of the conference was Kaleda V.G., Deputy Director of the MHRC and head of the Section on Clinical Psychiatry, Religiosity and Spirituality of the Russian Society of Psychiatrists.

Metropolitan Sergiy noted in his opening speech that medical community and clergy all over the world are concerned about the rapid spread of mental illness. Some aspects of the conditions that are described in psychiatry as depressions, and their nature, are considered by clergy and doctors from different positions. “The clergy should have the necessary training to support people in need of mental health recovery, while delimiting the competence of the Church and psychiatry, establishing a dialogue with psychiatrists and psychologists.” Metropolitan Sergiy noted that the purpose of the conference is to provide an opportunity for clergy and mental health professionals to combine ecclesiastical and medical points of view on depression in order to jointly help people.

Hieromonk Stefan (Igumnov), DECR Secretary for Inter-Christian Relations, addressed the conference participants and conveyed greetings and best wishes from Metropolitan Anthony of Volokolamsk, Chairman of the Department for External Church Relations. He noted that the Department provided its platform for holding all four international conferences on the care of the Church for mentally ill people, and understands the relevance of this issue in the modern context. “It is important that these problems are discussed in an interfaith and interreligious format. Each of our religious communities individually has its own experience of working in various areas, but when we get together and exchange this experience, new ideas and projects are born that allow us to develop practical work more fruitfully,” said Father Stefan.

Z.I. Kekelidze, Honored Doctor of the Russian Federation, Director General of the V.P. Serbsky National Medical Research Center of Psychiatry and Narcology of the Ministry of Health of Russia, and T.P. Klyushnik, Director of MHRC, also addressed the conference participants with welcoming words.

On behalf of the Russian Society of Psychiatrists, the participants were greeted by the chairman of the ROP section "Clinical psychiatry, spirituality and religiosity", MHRC Deputy Director Kaleda V.G. In his report "Depression – the challenge of our times", he noted that this disease is very widespread: according to WHO, 3.8% of the world population suffers from it, i.e. about 280 million people. In Russia, the real number of people suffering from depression is close to 8 million. Scientists suggest that by

2030, depression will become the first most common cause of unfitness for work in the world's population. Women are more prone to depression than men (20-26% versus 8-12% respectively), up to 20% of recently delivered woman suffer from postpartum depression. The particular danger of depression is that it can lead to suicide. V.G. Kaleda spoke in detail about the origins of depression, describing the different types and severity of the disease, outlined the social factors that affect its prevalence, emphasizing the danger of suicide of depressed patients: annually more than 700,000 people commit suicide worldwide; suicide is the fourth leading cause of death among young people aged 15–29. Referring to the works of the holy Church fathers, the speaker mentioned the concepts of sadness and despondency described by them, which are states close to depression, often adjacent, but not identical. Among the causes of sadness, the holy fathers name deprivation of the desired, angry thoughts, the influence of demons, but they also believe that sadness can occur without reason, which in the concepts of modern psychiatry is called endogenous depression.

Leading Researcher of the MHRC Group for Study of Special Forms of Mental Pathology, Ph.D. Borisova O.A., in her report “Phenomenological specifics of depression with religious content”, spoke about depressive disorders in believers, that are sometimes mistakenly recognized as manifestations of the sin of despondency and sadness, while other manifestations of a mental disorder are ignored, and, therefore, the provision of necessary medical care is replaced by the fight against sin. At the same time, if the doctor does not understand the patient’s individual spiritual aspirations and values, the patient, as a rule, does not trust the doctor and does not fulfill his prescriptions. O.A. Borisova spoke about the results of a study in a group of religious patients with depressive disorders, in whom religious experiences took pathological forms. “Due to the specific content of depressions associated with religious experiences, they are often not diagnosed as a mental disorder requiring medical attention, which leads to a worsening of patient's condition and a late visit to psychiatrists. This is due to the fact that it is difficult to distinguish between a normal religious worldview and pathological pseudo-religiosity, and leads to negative consequences, in particular, to suicide attempts ... clergy at confession should try to listen with special attention to the confessed, who repeatedly and with particular zeal blames himself for sinfulness and despondency, and to avoid hasty advice in order not to aggravate depressive states, to avoid judgmental discussion of ideas of guilt, of their own low value”.

The MHRC Deputy Director for scientific work, PhD G.I. Kopeyko spoke on the phenomenon of God-forsakenness in the context of clinical psychiatry. He dwelled in detail on the descriptions of God-forsakenness offered by the holy fathers and Holy Scripture. In Catholic literature, in the vitas of some saints, this phenomenon is often described as a "dark night of the soul", "a spiritual crisis on the way of union with God." He noted that “many spiritual experiences that occur in normal spiritual life can acquire a particularly exaggerated, painful pathological character during an illness. For example, eschatological experiences that are characteristic of normal religious consciousness acquire the character of a delusional conviction in a diseased state, and the patient sees signs of the end of the world around him,

accompanied by hallucinations, fear, etc.” The phenomenon of God-forsakenness in mental patients, which is a manifestation of their pathology, is described in the scientific literature as a feeling of the loss of God, the loss of the last anchor in overcoming suicidal intentions. Often, patients do not tell about their experiences to either the priest or the doctor and, accordingly, do not receive either spiritual or medical assistance, as a result of which the suicide risk is extremely high: “It is important that both the priest and the doctor ask such a patient a direct question whether he experienced God-forsakenness, otherwise one can underestimate the severity of the state.” The phenomenon of God-forsakenness requires further clinical and psychopathological study, interdisciplinary comprehension for the correct and timely provision of psychiatric, psychotherapeutic assistance and adequate pastoral counseling strategy.

Senior researcher of the MHRC Group for Study of Special Forms of Mental Pathology, Ph.D. Alekseeva A. G. spoke on “Comparative age characteristics of depression”. She noted that age is one of the most important factors affecting the clinical picture of depression; the neurobiological characteristics of each age acquire an exaggerated grotesque character in depression, which often makes it difficult to diagnose them correctly. In the scientific literature, there are descriptions of depressive conditions even in young children – four years old and younger. The specificity of depression in primary school children is their psychogenic launch as a result of distortion of intra-family relations or overwork; it is often manifested by deterioration of the learning process, poor understanding of what is taught in school. The proportion of depression is especially high in adolescence, it occurs on the background of neuroharmonal processes that affect all systems of human organs and affect the formation of complex psychological reactions (changes in behavior, thinking, emotional instability). In older people, the predisposition to depression is two to three times higher than in young people, which is determined by specific biological factors of aging, somatic diseases, social environment, losses. Anna Grigoryevna gave a detailed description of the characteristics of depression and its clinical manifestations at each age. They require different medical and psycho-psychiatric approaches, specific forms of spiritual support for each age group.

The presentation of Archpriest Ilya Odyakov, cleric of the hospital church to the Mother of God Icon ‘The Healer’ at the MHRC, was devoted to the peculiarities of building confession of depressive patients. He warned about some of the typical mistakes that occur with the wrong approach to building a confession of a mentally ill person, and told how a priest can help a person suffering from depression. He also described some of the characteristic signs of illness related to the person's appearance, facial expression, etc., as well as to the content of confession. In his report, Father Ilya gave detailed recommendations on how to start communicating with a person in a state of depression, how to dispel his misconceptions about spiritual life and possible treatment, how to support and encourage him.

Francisco García Martínez (Spain, Salamanca), Professor at the Pontifical University of Salamanca

(Spain) presented the report "A world of sorrow and anger, auspices of joy and reconciliation." Referring to biblical texts – world's creation, the stories of Cain, King Saul, King Ahab and Jezebel – he showed that a person constantly strives to identify himself with the whole creation, embrace it entirely and become the basis of himself, forgetting that being was originally given to man by God and is the fruit of His gift of love to man. "In modern society, a person is faced with fatigue generated by the mentality of our time, which defines him as an absolute owner, builder of himself, forcing him to think that everything depends on his will, which ultimately deprives a person of energy. This is the reason for the depression of modern man, his fatigue and constant sadness, the source of his obsessive ideas about the fault of others, the source of violence against himself and others". He is permanently "oscillating between sorrow for being less than he wants to be and violence for becoming more than he is. "The Holy Scripture shows that "without self-restraint, renunciation of the inclination to total possession of space, a harmonious life is not possible", and humility is the only way that can lead to joy and reconciliation.

Professor of the University of the Holy Cross (Italy, Rome) Wenceslao Domingo Vial Mena spoke on «Burnout as a form of depression in pastoral work». He noted that, according to researchers, burnout is growing in modern society as an unhealthy consequence of long-term stress, mainly at work. Its symptoms are a feeling of emptiness, exhaustion and overload. Father Wenceslao spoke about the manifestations of burnout, risk groups and ways to prevent it. He noted that a priest in his ministry may also face the problem of burnout, and named a number of factors that need to be detected and eliminated in a timely manner. At the end of his report he made some conclusions: it is important to "recognize the alarms, remembering that the first alarm is a negative emotionality (fear, sadness, hopelessness, etc.); to grow in responsibility before someone: to answer to someone, and to carry the weight of one's own decisions; the need of meaning and self-esteem; and to take care of the balance of an active and contemplative life. Disconnecting from the excess of external stimuli, also from the internet, favors connecting with others and with God. It is in silence that we listen to the Creator".

Ivanin D.A., PhD student of the Sretensky Theological Seminary in his report "Pastoral support in spiritual coping with depression" noted that today a significant number of foreign psychiatric researchers admit the positive impact of religion on the process of recovery of mentally ill people and consider it an important means of coping with the disease. In the course of patient-centered approach, when the well-being and elimination of the suffering of the patient is supposed to be the highest good, spirituality actually turns out to be a means of coping among other means and acquires an "instrumental" meaning. However, according to the Russian psychologist F.E. Vasilyuk, whose opinion is also shared by the speaker, if we are talking about truly religious coping, "the spiritual level appears only if the presence of God as a Person is recognized in the counseling, to Whom both participants in the conversation appeal, i.e. both participants believe in God. Their life is inseparable from their faith, and therefore God and faith in Him are an inalienable – and common for dialog partners – beginning of their interaction… The focus is on the relationship of a person with God, its establishment and development, the fulfillment of God's

plan for a person.” Such an approach, in the speaker's opinion, is far from the substance of the professional activity of a psychotherapist or psychiatrist, even if a deeply religious person. Therefore, in the treatment of a mentally ill person, the participation of a priest is so important, who will be able to maintain in him feelings of Christ's love and the dignity of the image of God, accompany him in spiritual growth, living the full church life.

Pavlova O.S., head of the Department of Ethnopsychology and Psychological Problems of Multicultural Education of the Moscow State University of Psychology and Education, Chair of the Board of the Association for Psychological Assistance to Muslims presented report on the “Ethical and spiritual understanding of depression in the Islamic tradition”. She noted that in Islam the maintenance of health, incl. psychological and mental health is considered the duty of the believer; there is a centuries-old tradition of maintaining the psychological well-being ("Al-Afiya") of the believer. Many Muslim encyclopedic scientists, being the followers of Plato, Aristotle, the Stoics, developed their teachings in relation to Islam, incl. in the field of mental health. Qur'an pays much attention to reasoning about why a person is sad and how to get rid of sadness - “khuzn” (this word means depression, and it occurs 42 times in the Qur'an). Islam has a dual attitude towards depression, associated with the understanding of its causes: one of them is an “unhealthy heart”, polluted by bad sinful deeds, negative or deceitful thoughts, which can infect the whole body; the second is high sensitivity, which is characteristic of enlightened hearts, constantly striving to maintain the purity of the inner world and reacting sharply to what is happening around (the so-called depression of the pious). Classical Muslim literature deals with the problem of cure for depression and offers simple and understandable recommendations on how to get rid of sadness. The first Muslim psychologist who lived in the ninth century, Abu Zaid al-Balkhi, was the first specialist in cognitive behavioral therapy. He developed the technique of "forgiveness and patience therapy", working with fears and panic, as well as a step-by-step algorithm for working with depression. Olga Sergeevna spoke also about the Association for Psychological Assistance to Muslims, established in 2017, which includes psychologists, psychiatrists and religious figures, incl. imams.

Ferapontov D.G., psychotherapist, head of the ShalomByt Family Institute spoke on "Ethical and spiritual understanding of depression in the Judaic tradition". In Judaism, great importance is given to joy, which is a sublime feeling that occupies an important place in the daily life of every Jew; Believers are commanded to spend Shabbat and holidays in a state of joy; joy from fulfilling the commandments brings them closer to the Creator. Joy is the opposite of depression and the oppressed state of a person. Dmitry Gennadievich quoted the founder of Breslov Hasidism, Rebbe Nachman (1772-1810): “If you don’t feel happy, pretend to be. Even if you are depressed, put on a smile. Act happy. Genuine joy will follow”. Modern psychotherapists call this the method of behavioral activation and widely use it in practice. The validity of another statement of Rebbe Nachman: “Nothing is as liberating as joy. It frees the mind and fills it with tranquility,” – is also confirmed by modern psychotherapy: depressed patients, who have received relief, speak precisely of a feeling of freedom” (Sichos Haran 41-42). Joy helps in

depression, and in anxiety, trust in the Creator. The understanding that the world has a Creator, that all our experiences have some reason, meaning, and lead us to something, is healing for depressive and anxiety disorders.

The conference participants heard a report by Alexander Moreira-Almeida, M.D., Ph.D., Professor of psychiatry and director of the Research Center in Spirituality and Health (NUPES), School of Medicine, Federal University of Juiz de Fora (UFJF), Brazil; chair of the Section on Spirituality of the Latin American Psychiatric Association (APAL); former chair of the Sections on Religion, Spirituality and Psychiatry of the World Psychiatric Association and the Brazilian Psychiatric Association. In his presentation on "Bio-psycho-socio-spiritual approach to depression ", Dr. Moreira-Almeida spoke about a study of the impact of spirituality on the mental health of depressed patients, that followed up 74,000 prs. throughout 16 years. The results of the study were published in the book “Spirituality, mental health across cultures”. He noted that " specifically religious behavior, such as religious attendance can impact health in different perspectives, different ways – through biological pathways, psychological, and even behavioral, and biological aspects....In particular, it was found that those, who attend religious services at least once a week, they had 50% less mortality, lower mortality compared to those who do not attend… Patients with depression, who attended the religious services, died from suicide six times less than those who never did it.” “People with high levels of religious involvement, had a cortex much thicker than those who have lower levels of religious involvement. So the brain produced more BDNF - the factor, related to neuroplasticity, which led to patient’s faster recovery. Patients, who had higher levels of intrinsic religiosity, had five times less depression than those who had lower levels of intrinsic religiosity”. Religious "coping" affects not only recovery, but is also a powerful predictor of quality of life. He noted that the importance of integrating a spiritual approach into the treatment of patients with mental disorders has been increasingly explored, and the World Psychiatric Association published a position statement with guidelines instructing psychiatrists around the globe to take in consideration patients' religion and spirituality in taking anamnesis, case assessment and developing a treatment plan. “It is very important that when using this spiritual approach, of course, biology, pharmacology, psychotherapy of the patient are not rejected. It is necessary to integrate all these factors together to promote a faster and fuller recovery of the patient,” concluded Dr. Moreira-Almeida.

Archpriest Viktor Gusev, cleric of the hospital church to the Mother of God Icon ‘The Healer’ at the MHRC, spoke on “Two understandings of religiosity. Towards the comprehension of the paradigm”. He emphasized that in order to understand religiosity in the context of scientific research and evaluate the results obtained, it is important how exactly the researcher thinks about God and His relationship with the world and man, what are his worldview attitudes. The speaker cited several definitions of religiosity from popular reference books, which suggest considering it as a kind of "superficial, flexible, changeable psychological mechanism that helps to cope with stress." He noted that many researchers are guided by this concept, which does not allow "to adequately understand either the essence of

religion, or religiosity in general, or the religious experience of a believer." He noted that this secular approach, which works quite well in certain areas, “becomes absolutely insufficient and inadequate in the case of studying (taking into account) the real religiosity of a person, since God is either absent there, or He “occupies” a position that is not befitting to Him.” Further, Archpriest Viktor Gusev outlined the Orthodox understanding of the interaction between God, the world and man in this world and suggested using it as a paradigm for studying real religiosity in the context of helping people with mental illness.

Lebedeva A.A., Ph.D., associate Professor of the Department of Psychology, Faculty of Social Sciences; senior researcher, and Vitko Yu. S. (intern), International Laboratory of Positive Psychology of Personality and Motivation, National Research University "Higher School of Economics" presented a report prepared by a team of co-authors on “A complex multidisciplinary analysis of a case of a depressive state with religious content”. How can a patient with depression be helped if specialists that work with him, hold different views on the role of religion in therapy and offer the patient different interpretations of his condition, sometimes contradicting each other? To solve this problem, a team of researchers organized a space for dialogue between a psychiatrist, a psychologist and a priest working with the same patient. At the first stage, the specialists conducted individual conversations with the patient. This was followed by a "polyphonic consultation" with the participation of experts and invited guests. At the final stage one more meeting of experts was held. Based on the results of the study, it was concluded that such an organization of interdisciplinary cooperation of specialists observing a patient always leads to an improvement in his condition. At the same time, the views of specialists should not coincide or replace each other, but be in a certain tension relative to each other, "forming three points, between which a triangular sail is stretched, filled with the breath of the divine wind and helping the patient move towards improving his condition."

Nemtsev A.V., Ph.D., associate Professor of the Department of Genetic and Clinical Psychology, National Research Tomsk State University spoke about possibilities of a clinical and psychological approach that takes into account the factor of spirituality (including religion) in diagnosing and providing assistance to people suffering from depressive disorders. He noted that in the literature there are examples of the positive influence of spirituality on the recovery from depression, as well as the influence of religiosity on the emergence and more severe development of depressive states. The speaker suggested that a more severe course of depression is associated with a type of spirituality, which can be called non-dialogical, closed on itself and therefore deficient, as opposed to the type of full-fledged spirituality, which is aimed at establishing a deep connection between spiritual experiences and an altruistic attitude towards another person.

Palchikov M.A., Candidate of Medical Sciences, Associate Professor of the Department of Psychiatry with Narcology, N.N. Burdenko Voronezh State Medical Academy presented report “Psychotherapeutic

process and religiosity". He noted the effectiveness of the psychotherapeutic approach in the treatment of the anxiety-depressive spectrum disorders and dwelled on the method of cognitive behavioral therapy, which can be used to overcome destructive patterns of thinking that contribute to the development of neurotic disorders and form a more functional thinking scheme that allows reducing the level of anxiety and, as a result, improve the human condition. He gave examples of specific cognitive distortions in believing patients and showed how they can be corrected.

The report of Magay A.I., the junior researcher of the MHRC Group for Study of Special Forms of Mental Pathology considered a spiritually oriented approach to the rehabilitation of mental patients with depressive disorders. The rehabilitation program is implemented on the basis of MHRC in cooperation with the NGOs 'Interregional Public Movement in Support of Family Sobriety Clubs' and 'Family and Mental Health'. The speaker noted that the work is based on the tradition of the bio-psycho-socio-spiritual approach and uses religious coping strategies, the family approach is of particular importance in the work, which reflects the understanding of the family as a "small Church". The speaker spoke about the experience of creating therapeutic communities with an integrated approach to working with depressive patients based on the parishes of the Russian Orthodox Church in Moscow, where socio-spiritual rehabilitation is supplemented by a therapeutic component in the psychiatric institutions of the city. He stressed the need for further work to disseminate the experience of such activities in other parishes.

Bart van den Brink (the Netherlands), Doctor of Medicine, psychiatrist and researcher at the Centre for Research and Innovation in Christian Mental Health Care in the report "Suicidality, psychopathology, religion and spirituality" emphasized that religion, spirituality and value system play an important role in the dynamics of individual propensity to suicide. Over the past decades, the number of studies on this issue has greatly increased. Their results strongly suggest that religion and spirituality generally reduce suicidality and risk of suicide; that religion protects more strongly if a person lives in a predominantly religious region. In research, this protective role is additionally associated with a moral ban against suicide and a fear of hell when committing suicide, as well as lower levels of aggression and hostility among believers. Regular church attendance has been associated in many studies, including large-scale studies, with less suicidality and is therefore considered to be a protective factor.

Nadyuk R.I., Ph.D., Dean of the Faculty of Continuing Education for Ministers, Head of the Counseling Department of the Seminary of Evangelical Christians in his report presented the author's technique of pastoral spiritual and psychological work with the deepest meanings of the client in the process of providing primary assistance to people in depression. This is a technique of logotherapeutic (meaning-oriented) dialogue with the client, which involves the actualization of the personal meanings and experience of the client in order to find his individual resourceful experience and hidden meanings in overcoming depressive states. The technique is an adaptation of "logoanalysis" for Church parish

context. The speaker also described in detail the technique of bibliotherapy in working with the texts of the Holy Scriptures in the pastoral work of a clergyman to provide spiritual and psychological assistance to people with depression.

Belanova A.M., psychologist at the "Military Clinical Hospital №1602" of the Ministry of Defense of Russia (Rostov-on-Don) spoke about experience of providing psychological and psychiatric assistance to combatants who are being treated in a military hospital. In a report prepared jointly with a medical psychologist T.I. Fattakhova and psychiatrist D.A. Tarumov, she presented the experience of working with depression as a symptom of post-traumatic stress disorder in combatants. The speaker described in detail the psychological changes that develop in the military in order for them to survive in a combat situation, and how a person subsequently adapts to peace life, as well as what methods a psychologist uses to help him in this. She spoke about the treatment of "combat mental pathologies" – an acute reaction to stress, depression and anxiety symptoms, and the consequences of shell shock. A.M. Belanova noted the important role of the clergy who serve in the medical unit in the special military operation zone, spiritually supporting the military personnel. "Their instructions raise the patriotic spirit, nurture religious feelings, which strengthens the healthy personality, and then, even in illness, they help the patient to recover." Angelina Mikhailovna, who 30 years ago founded the Sisterhood of Orthodox Sisters of Mercy in the name of St. Seraphim of Sarov and was its permanent leader, spoke about the unique experience of the "mother's psychotherapy" of the sisters of mercy – psychological, spiritual and moral assistance to sick and wounded soldiers, which is provided by the sisters of mercy and clergy, helping them find inner balance and peace, overcome feelings of despair, see positive prospects, and find support in faith in God's help.

Kurasov E.S., MD, professor of the Department of Psychiatry of the S.M. Kirov Military Medical Academy of the Ministry of Defense of Russia (St. Petersburg) in the report “Mental disorders, suicidal behavior and religiosity” outlined the main factors affecting the mental health of the population, spoke about the attitude towards suicide in Christianity, about the influence of religion of different traditions on a person's suicidal behavior. Speaking about the situation in Russia, he noted the "general positive dynamics" in suicides. At the same time, suicide is one of the top ten causes of death in our country, and the suicide rate among children and adolescents is the highest in Europe. He spoke about the results of a study of the characteristics of the early post-suicidal period in patients in a psychiatric hospital, which was conducted over a period of four years and took into account heredity, somatic pathologies, “triggers” of suicidal behavior, level of Church involvement and other factors. Based on the results of the study, new principles (approaches) for the counseling of persons with suicidal behavior were formulated, involving close interaction between psychiatrists and clergy.

Gedevani E.V., Ph.D., senior researcher of the MHRC Group for Study of Special Forms of Mental Pathology presented report on “Existential escape into monastic life in depression”. She analyzed a

specific clinical case of a depressed young girl's "escape" to a monastery. The depression started as early as adolescence, was accompanied by personality changes and led to serious pathology. "Sometimes it is difficult to recognize a severe mental illness hiding behind a mask of deep religiosity... In this case, entering a monastery is not a way to spiritual growth, but an escape from reality, which is filled with fears, difficulties, intractable problems... Similar cases show the importance of a priest knowing the clinical picture of depression and other mental illnesses, since the entry of a mentally ill person into monastery environment can lead to serious consequences".

Dr. Maria Teresa Ferla (Italy), Director-Primary of Operative Unit of Psychiatry of the Mental Health Department of Hospital Rho-Milan, Professor of phenomenological psychopathology, University of Milan – Bicocca presented report "Depression: existential and psychopathological aspects. Therapeutic model." She noted that the fundamental feeling in different types of depression is sadness, which has different shades or levels: the level of the body (vital-somatic sadness), biological, mental and spiritual. The first three levels correspond to different types of sadness that has clinical significance, but the spiritual sadness is an expression of feeling when a person realizes his state of creaturehood and imperfection. "It is here that the religious feeling is born, the question of the Other, different from oneself, the call to the Mystery." This sadness is found among believers, among poets and artists, it is not a disease-related or psychopathological phenomenon. Maria Teresa Ferla looked at different types of depression and their symptoms, risk factors in different age groups, including suicide. Speaking about the care and treatment of depression, she noted the need for a holistic therapeutic approach and the creation of an environment that respects the dignity and freedom of a person, even if he is sick or wounded. "Drug therapy is recommended for certain forms of depression; in other cases, our task in relation to the suffering person is, first of all, to become sympathetic companions on his journey and in his experiences. Only mercy can save those who suffer from this form of mental illness," concluded Dr. Ferla.

Lazko N. V., Ph.D, Senior Researcher of the V.P. Serbsky National Medical Research Center of Psychiatry and Narcology of the Ministry of Health of Russia presented report on the "Features of depressive disorders in a socially significant situation (consequences of COVID-19 and special military operation)". She spoke about the results of a clinical surveillance of 119 patients aged 13 to 69 years in the period 2021-2022 who applied for psychiatric help with complaints of a depressive state, which, according to experts, was caused by the psychogenic influence of the SMO situation and the consequences of the COVID-19 epidemic. The speaker named the main psychogenic depressive symptom complexes of these conditions: anxious depression with elements of confusion and disorganization; hypochondriacal depression – "flight into illness"; dysphoric – with a tendency to brutal behavioral reactions; hysterical – with pseudo-dementia and "childish" behavior; persistent asthenic – with feelings of impotence and fatigue, thoughts about "loss of the meaning of life" (predominant after COVID-19). "The psychogenic impact of the consequences of COVID-19 and ongoing SMO, in addition

to medical problems, including psychiatric ones, determines a number of psychological and spiritual problems. The revealed polymorphism of depressive mental disorders, the complexity of psychological response in micro- and macro-society, the personal crisis of worldview require active medical, psychological and spiritual support, which can be most optimally carried out with the interaction of a psychiatrist, psychologist and priest, ”concluded Natalya Viktorovna.

Archpriest Pavel Velikanov, Associate Professor of the Theology Chair of the Moscow Theological Academy, in his report "’The Dark Night of the Soul’ and Depression: On the Issue of Disidentification of Concepts”, considered the concept of God-forsakenness. Referring to the sayings of the holy fathers and spiritual teachers as an example, he described God-forsakenness (ἐγκατάλειψις) as a special period in the spiritual life of an ascetic. Juan de la Cruz (John of the Cross), the saint of the Roman Catholic Church calls this state "the dark night of the soul." The speaker outlined a number of differences between "night" and depression, in which believing patients complain of a feeling of being abandoned by God. He concluded that these are different phenomena, and named a number of differences. In particular, “the way out of depression is seen as a return to the previous “self-identity”, in the restoration of emotional life, while the result of the “night of the soul” should be the abolition of the “I-identity”, the spiritual transformation of the ascetic to “life without selfness””.

Osipova N.N., Ph.D., associate Professors of the Department of Psychiatry and Narcology, A.I. Evdokimov Moscow State University of Medicine and Dentistry, presented report on the “Affective disorders and comorbid pathology (bio-psycho-socio-spiritual approach)”. She noted that affective disorders (mental disorders characterized by a change in emotional state), accompanied by drug or somatic disorders, may have hereditary mechanisms, genetically determined characteristics and behavioral characteristics. The psychological core of affective disorders is the rejection of oneself, the avoidance of responsibility for one's life, which is described in various approaches as "denial", "violation of the self-concept", "depersonalization". She spoke about how modern Orthodox authors and Church Fathers described such states as melancholy, despondency, depression, and also pointed out the connection of somatic diseases with ailments of the soul. In conclusion, she noted: “Assessment of comorbid pathology based on the bio-psycho-socio-spiritual model reveals convincing evidence that the pathological mechanisms of various types of addictions and depressive disorders are the same at all levels of pathology formation: biological, psychological, social and spiritual."

Reports (PDF)

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