Workshop for the XXXI International Educational Readings on the Church's care for mentally-ill young people and in the family takes place at the DECR.



DECR Communication service, 02.02.2023.

A workshop for the XXXI International Readings on the Church's care for mentally-ill among young people and within the family took place on 21st January at the Department for External Church Relations of the Moscow Patriarchate. The meeting was organized jointly by the DECR and the Commission for Church Education and Diaconal Ministry of the Inter-Conciliar Presence, as a part of which there is a group of experts working on pastoral care for the mentally-ill.

The session was headed by the chairman of working group the metropolitan of Voronezh and Liski Sergius. The workshop was run by the secretary for the Commission for Church Education and Diaconal Ministry and colleague of the DECR M.B. Lyubova.

Participating in the workshop were about fifty people, including clergy and laity of the Russian Orthodox Church, psychiatrists and researchers, workers at the Scientific Centre for Mental Health (SCMH), the Serbsky Research Institute for Psychiatry and Narcology, doctors and church social workers.

At the beginning of the session Metropolitan Sergius gave a presentation entitled The Family and the Problems of Mental Health. The presentation noted that:

"The family is the gift that we receive fr om God and which exerts an influence on our entire life. The family is the place wh ere a person becomes a person. Much depends on the well-being of the family in the sphere of the mental equilibrium and mental health**[1]** of spouses, children and relatives living with them. Religious ministers and doctors know that discord within the family can have a profoundly harmful effect on people. Thus, the Church, which has always devoted attention to family life, today noted with alarm that in contemporary secular society the family finds itself under the influence of circumstances which not only make the issues that the family faces difficult to resolve but which also enable other illnesses to come to the fore. These circumstances, which in many ways determine our mental health, are linked directly by the Orthodox Church to the transformations of the foundational Christian notions of people on marriage, the family and relationships between men and women. Today it would be appropriate to recall how these changes have come about.

Firstly, changes in the understanding of marriage. Fr om Scripture we know that God is the creator of marriage: "Then the Lord God said, 'It is not good that the man should be along; I will make him a helper as his partner'" (Gen. 2.18); "Therefore a man leaves his father and his mother and clings to his wife, and they become one flesh" (Gen. 2.24).

"In marriage souls are united with God in an ineffable union," says Saint John Chrysostom**[2]** on the unity of people with God and between themselves as an event belonging to spiritual reality. Since the earliest times of Christianity, it has been believed that "God formed the union of spouses as a man and a woman, a commonality of life, as a union of the divine and human law."**[3]** The mutual support of spouses for the preservation of love and the maintenance of life presupposed the fulfilling of functions peculiar to a man and a woman. The sacrificial care of a husband for his wife is equated in Orthodoxy with the relationship between Christ and his Church: "Christ speaks of himself as the bridegroom (Matt. 9.15; 25.1-13; Lk 12.35-36), while the Church is portrayed as his wife and bride (Eph. 5.24; Rev. 21.9). Clement of Alexandria calls the family, like the Church, the house of the Lord, and Saint John Chrysostom calls the family a 'little Church' … The domestic Church is formed by a man and woman who love each other who are united in marriage and turned towards Christ."**[4]**

Contemporary secular society has rejected the Christian teaching on marriage and has in its place proposed the notion of civil union. In Russia the way of family life was changed radically and forcibly at

the beginning of the twentieth-century. The events of 1917 led to a revolution in the legal, cultural and the moral and psychological foundations of the family. It was the Soviet regime which first carried out a revolution in the sphere of laws on marriage.

From 1918 onwards in Soviet Russia only those marriages that were registered by the authorities were recognized as legitimate. It was asserted on the legislative level that monasticism and vows of celibacy could no longer serve as obstacles to marriage. At the same time, church marriage no longer generated "any rights and obligations for those who entered into it."**[5]** That is, from the state's perspective, the sacrament of marriage was deprived of all legal, social and moral meaning.

This approach towards marriage undermined the important values of the indissolubility of marriage and fidelity. In pre-Revolutionary Russia it was almost impossible for spouses to get divorced. For example, the attempt to divorce by Alexander Suvorov came to nothing. The outstanding military leader was not granted a divorce. In Soviet Russia the decree by the All-Russian Central Executive Committee and the Council of Peoples' Commissars in 1917 allowed marriage to be dissolved "as a consequence of the petition of both spouses or even of one of them."**[6]**

In the 1920s marriage was viewed as a bourgeois hangover which was to be cast aside in order to liberate and empower women from the bonds of marriage. Social movements struggling for the 'equality of the sexes' were actively formed. The head of the Womens' Department of the Russian Bolshevik Party Alexandra Kollontai wrote: "The family is dying; it is no longer necessary for the state or for people. In the place of the egotistical family cell there is emerging the great worldwide working family, wh ere all the toilers, men and women, will above all become brothers and comrades … It is this which will guarantee humankind the flowering of the joys of free love, enveloped by a sense of true equality and comradeship."**[7]**

The institution of marriage, which was once looked upon as a form of mutual care of husband and wife as the guarantee of the rights of the spouses and children, became to be viewed as an obstacle to human freedom. This led to changes in the way of family life which are directly linked to a rise in the risk of mental health issues.

Secondly, changes in the understanding of the family.

Continuing urbanization, population migration, changes in the role of women in the life of society and the intensification of labour have all generated a new system of values and enabled the formation of a secular model of the family in which individual needs, freedom and equality between spouses are elevated. This view of family life was initially balanced out by the religious and social meaning of marriage. However, with time the obligations of family members before God and society were pushed

into the background. The hardships of life, self-centredness and the cult of consumerism have all led to a situation whereby giving birth to children has occupied a secondary place within the family, and has been viewed either minimally or preferably to be ignored altogether.

The secularization of society has led to a demographic problem and to the appearance in the 1960s of the so-called nuclear family consisting of parents and children or even of just husband and wife. In this family what becomes important is the relationship between husband and wife and not the relationships between various generations. The ubiquitous need for both spouses to work outside of the home led to new problems such as the absence of the necessary care of the elderly and a lack of time and energy in bringing up children. This in turn led to a disrespectful perception of both children and the elderly.

Children, who do not receive within the family care and love, who do not know of the proper relationship between a man and a woman, who have never been aware of the values of communicating with people fr om various generations, display an immaturity of the mind and a tendency towards psychiatric disorders and experience an inner emptiness which they attempt to compensate for by various sorts of dependencies.

In order to overcome the consequences of mistakes in upbringing, people more and more often resort to psychologists and psychiatrists who can never be a proper substitute for a relationship between people based on love. The Orthodox Church deeply believes that: “The experience of family relations teaches a person to overcome sinful egoism and lays the foundations for his sense of civic duty … The living continuity of generations, beginning in family, is continued in the love of the forefathers and fatherland, in the feeling of participation in history. This is why it is so dangerous to distort the traditional parents-child relationship, which, unfortunately, have been in many ways endangered by the contemporary way of life” (The Basis of the Social Concept of the Russian Orthodox Church).

Another consequence of the secular transformations within the family is the problem of motherhood. The role of the mother who strives for equality of the sexes has become the source of excessive burdens leading to mental breakdowns. Scientists believe that two-thirds of all mental illnesses within the family arise with women. It is women who make up eighty percent of those who turn to various mental health centres for help.**[8]**

“The fundamental equality of the sexes does not annihilate the natural distinction between them, nor does it imply the identity of their callings in family and society … The Church, however, sees the calling of woman not in the mere emulation of man or competition with him, but in the development of all her God-given abilities, including those peculiar only to her nature” (The Basis of the Social Concept of the Russian Orthodox Church. X.4). The experience of pastors, psychologists and doctors confirms the correctness of this position of the Russian Orthodox Church as set forth in her social doctrine.

Thirdly, the new view of the relationship between a man and a woman.

Relations between the spouses is one of the aspects of life in which the most serious changes have occurred and which are known as the ‘sexual revolution’. The key moment was the removal of human sexuality from the goal of continuing the human race. This was made possible by the widespread use of contraception and a new thinking in which pleasure was proclaimed to be a ‘value’ more important than child-rearing and the upbringing of children, while the fruit of conception was looked upon as part of the mother’s body.

The next step was the removal of sexual feeling from its authentic human context, that is, from the relationship between the spouses. Outside of this context relationships between a man and a woman came to be viewed as a psychobiological impulse which has its own logic. This well-rooted view claimed that the use of sexual feeling was a ‘human right’ which could not be restricted by any ‘narrow’ framework of the institution of matrimony. Thus, this ‘right’ was extended not only to pre-marital and extra-marital relationships, but also to representatives of the same sex. Saint John of Serbia wrote: “When people distanced themselves from the love of God, from the one true love, they started to call their lusts and desires love.”**[9]**

The relationship between spouses was gradually pushed into the sphere of private life without any responsibility towards other people, society or God. This ‘privatization’ of sexual feeling is now viewed as a manifestation of personal liberation, as a value set aside from other human values: such as the value of life, conjugal love and ethical and religious rules. Forced upon an ever-greater number of young people is the notion that pre-marital cohabitation and conjugal betrayal are normal or even essential for the strengthening of the family. All of this often ends with serious problems for reproductive health, The impossibility of giving birth to a child within a family is today one of the most serious chronic psycho-traumatic situations for spouses.**[10]**

The distorted notion of freedom centred on selfishness ignores the huge destructive potential which sexual attraction possesses. After the fall, the human person is no longer instinctively drawn towards good. People have to learn how to master their freedom in order to correctly use it for the fulfillment of the true goals that the Lord has set them. Otherwise, the human person easily comes to the simplified notion of sexual feeling as pleasure which, instead of the expected sense of personal freedom, leads to the destruction of love, to loneliness and mental illness. It is not surprising that mental illnesses are an integral part of contemporary secular family life. Clergy and psychiatric doctors can produce numerous examples of how wrongly understood love easily turns lust into the source of family conflicts, psychiatric disorders and suicide.

Your colleague who also went through medical school, Saint Luke of Crimea, spoke of matrimony as the experience of ascending from human love to the love of God: “There are various types of love. There is the love of a husband for his wife, the love of parents for their children, the love of children for their parents … There is the most perfect degree of love, which is the loftiest and most sacred, that is, love of God. In all things one must ascend gradually from the simple to the elevated. For this reason, may matrimony serve as a school of love for us.”**[11]** The willingness to devote one’s self and part of one’s life, energy, warmth and sympathy for another person is the manifestation of true love. It is precisely this human capacity to share one’s life with others that lies at the foundation of human existence, which has become the supreme law by which one’s personal, family and social life is shaped.

There is no doubt that mental well-being is closely linked to religious views of conjugal and family relationships. The distortion of the divine plan for marriage and the family which we see in modern-day society is accompanied by various manifestations of mental and social illness. This is not surprising. Indeed, it is impossible to find harmony and inner equilibrium without God. His absence in our life makes the prevention of mental illness and cures from psychiatric disorders almost impossible tasks for medicine. Therefore, pastoral ministry and medical practice can and should complement each other in the cause of strengthening mental well-being and for the improvement of the moral state of contemporary society. The programme of our meeting will suggest a discussion of the vital issues in cooperation. I wish all participants of the workshop work that will bring benefits, health and peace, and I call upon you God’s blessing.

Speaking at the workshop was V.G. Kaleda, doctor of medicine, chairman of the workshop of the Russian Society of Psychiatrists in the sphere of religion and spirituality and deputy director of Scientific Centre for Mental Health. He paid special attention to the psychiatric disorders among young people, noted the difficulties involved in diagnosing them as the clinical picture often reminds one of the exaggerated manifestations of a teenage crisis. This age is characterized by definite psychological peculiarities which are determined by changes which occur in the neuro-endocrine organism. In recent years there has been noted among young people a steady growth in the incidence of depression and auto-aggressive behaviour, including non-suicidal self-harm and attempts at suicide, which poses the issue of the necessity of paying close attention to this category of people by both mental health specialists and clergy and parish communities. He noted that the family and the relationships within its members have great significance in preventing mental illness at a young age.

G.I. Kopeiko, the deputy director for research at the Scientific Centre for Mental Health in his presentation entitled ‘Suicide among the Young’ spoke of the alarming phenomenon of how in 2021 the number of suicides among children rose by 37.4% by comparison with 20202 in which there were 753 cases (Report by the Presidential Commissioner for Children’s Rights in Russia Maria Lvova). Russia occupies one of the foremost places in the world for the frequency of suicides among young people.

Suicides dominated in the age group of fourteen to thirty, wh ere they occupied second place as the cause of death. Suicidal behaviour is the result of a multitude of mutually influential factors of a biological, psychological (personal), social and spiritual nature. He named the factors of suicidal risk, including an absence of interaction within the family, arguments, conflicts with parents, psychiatric disorders, misfortune in love, problems with study, the influence of illegal information in the internet and social media encouraging people to commit suicide (so-called 'death groups') and so on. He spoke of the differences in suicidal behaviour, of the influence of fashionable tendencies among young people such as Goths, Emo, skinheads, National Bolsheviks and so on, which cultivate a depressive attitude, a sense of victimhood and dependence upon psychoactive drugs which lead to a regressive antisocial development of the personality.

G.I. Kopeiko noted that youths with suicidal behaviour are often not paid enough attention and not given enough help even when their autoagressive actions in the overwhelming majority of cases ought to be seen as extremely dangerous and relating to the category of suicidal. All threats of suicide, including demonstrative ones, should be treated seriously: people should be given the appropriate help, which in the majority of cases means hospitalization in a psychiatric unit. At the same time, the overwhelming majority of researchers throughout the world note the beneficial influence of religious belief upon people with suicidal behaviour: 65% of research has uncovered a reverse mutual link between depression and religion; 73% of research has pointed towards a positive correlation between religion and the sense of hope as a defensive factor against suicide; 93% of research has pointed towards a link between religion and the meaning of life. The most important factors in averting suicide are personal prayer, regular attendance at religious services and participation in the life of the church community and the religious and ethical condemnation of suicide.

Ulyana Olegovna Popovich, candidate of medical science, senior researcher at the department for youth psychiatry at the Scientific Centre for Mental Health, spoke about the existential depression experienced by young people.

The term 'existential depression' is used to describe the type of disorder by which a person concentrates on the fundamental questions of existence such as life, death and illness. At a young age this disorder is made more complicated by adult changes within the organism and the constitutionally personal peculiarities which determine the specific manifestations and atypical clinical picture. It is precisely at this age against the background of the crisis of puberty that there may appear a depressive evaluation of one's own person and the surrounding world, rationalistic thoughts on the inevitability of death, the meaninglessness of study, work and existence in general. All of this leads to the formation of a particular depressive worldview (existential depression), interest in mysticism and psychological and philosophical ideas. Experts have noted the significant difficulties in identifying this type of depression as well as the high risk of suicide. Especially prone to existential depression are gifted children and

adolescents with heightened sensitivity and an ability to think analytically and with curiosity. Ulyana Olegovna spoke about research that had been made, the goal of which was to determine the clinical and psychopathological peculiarities of existential depression at a young age. She spoke in detail of the symptoms of three types of existential depressions: that in which thoughts on the meaninglessness of life predominate, that with a neurotic religiosity and that which is an existentially philosophical explanation of life. She noted that, apart fr om medicinal treatment of such patients, which is selected by specialists who take into account the psychobiological peculiarities of adolescence, it was essential to work on the correction of the psyche and also that it was important for the people around to render proper social support. This complicated stage of biological and psychiatric restructuring is linked to huge external and internal changes, it requires great attention on the part of those close to the patient, the family and the Church. Knowledge of the clinical picture of affective manifestations in adolescence allows one to suspect in time a case of illness, send the youth to a pastor, psychologist or doctor, to begin the correct treatment without leaving the psychopathological manifestations to run their own course and without ascribing them merely to bad character or the incorrect upbringing of the adolescent.

Anna Gregorievna Alexeyeva, candidate of medical science, senior researcher for the group studying special forms of psychiatric pathology at the Scientific Centre for Mental Health, spoke of the affective disorders in adolescence. She noted that among affective patients in adolescence 65% are patients with depression, 19% with maniacal and 16% with mixed disorders. The neuro-physiological restructuring of the organism in adolescence leaves an imprint on the progress of depression when the clinical depressive picture is erased (there are no complaints of ennui and feeling low, no classic component of depression is manifested, indifference, apathy, adynamia, boredom and a gloomily irritable mood predominate), there dominate cognitive disorders of various degrees of expressiveness (from forgetfulness to difficulty in concentrating, the inability to study and remember what one has learnt), there appear also psychopathic looking disorders (aggressive violations during conflicts, the striving for independence, contrariness, contradiction in interests, a tendency towards anti-social behaviour and so on), there are often encountered and disorders centred on obsessive ideas. Depression may have a drawn-out nature lasting several years and suicidal tendencies. She spoke in detail of the clinical manifestations of depression in adolescence such as adolescent asthenic dependency, body dysmorphic disorder, psycho-asthenic manifestations and metaphysical searching with a fixation upon one’s ego, the striving for philosophical truths and the creation of ideological worldviews. Anna Grigorievna spoke also of the psychopathological peculiarities and clinical manifestations of maniacal and mixed conditions characteristic of this age group. In conclusion, she noted that the period of adolescence is a complex stage of psychological and biological restructuring with huge external and internal changes which require special attention on the part of people who are around the sufferer.

D.V. Tikhonov, candidate of medical science, senior researcher of the Scientific Centre for Mental

Health, in his presentation entitled ‘Non-suicidal Self-Harm among Young People’ defined this phenomenon as a ‘trans-nosological syndrome, that is, as arising under various ailments (depression, personality disorders, PTSS, schizophrenia, dependencies), consisting of pre-intentioned bodily self-harming with the aim of suicide as a type of socially unacceptable actions carried out to reduce the intensity of psychological discomfort.’ According to Russian research (2017), 10 to 14% of older schoolchildren and students aged thirteen to twenty-three spoke of cutting themselves, while 3% spoke of repeated self-cutting; in girls it was more frequent, while in boys more harmful. 18% of youths who are in detention centres had committed self-harming.

In speaking of the clinical varieties of self-harming, he highlighted those that belong to the impulsive, depersonalized, demonstrative, addictive and self-loathing categories. He noted that in some instances tattoos and piercings in their motivation and the way they appear may also be a variety of self-harming by means of instruments.

Apart from scars and injuries which sometimes may be life-threatening, self-harming is also dangerous in that it bolsters a type of behaviour at the basis of which lies the use of auto-aggression instead of constructive resolutions in complex life situations. With time this may grow into a suicide attempt. The risk of self-harming behaviour is influenced by both constitutionally personal factors (emotional instability, inadequate low self-esteem, intellectual inability, impulsive aggressiveness, schizoid behaviour, emotional dependency, uncompromising in one’s needs and rigidity in normal situations) and social factors (a high level of violence in society, bullying, the lack of adequate emotional support on the part of relatives, the loss of inter-personal contact, cruel treatment and physical violence in childhood, disharmonious relationships within the family, excessive use of the internet, the influence of social media and so on). He also determined how psychotherapeutic intervention could be used upon the discovery of nosologically self-harming behaviour by highlighting the factors which provoke and motivate self-harming; by teaching patients strategies of modifying their behaviour and skills in conflict resolution in order to cope with the desire to harm oneself; psychotherapy and so on. In concluding his presentation, D.V. Tikhonov emphasized that any non-suicidal self-harming is a cry for help. ‘The majority of adolescents who display signs of self-harming are deeply disturbed individuals who are seeking external help, warmth and understanding, but, unfortunately, often do not find it either within their family or in society. They seek out means bring to the surface their negative emotions, they seek out subcultural movement wh ere they often receive only an illusion and not genuine sympathy and warm relationships.”

Father Nikolai Ustinov, rector of the Church of Saint Euphrosyne the Grand Princess of Moscow, postgraduate student of Sretensky theological academy and director of a temperance society, gave a presentation entitled ‘The Role of the Family in Preventing Addictive Disorders among the Youth’. He touched upon the issue of the influence of the family model of relationships on the formation of both a

healthy and addictive personality. His presentation proposed the prevention and rehabilitation of people suffering addictive disorders with the help of the family approach which, in particular, is realized in the Orthodox parish family temperance programme for out-patients. The participants of this programme overcome their dysfunctional behaviour and also change their relationships within the family, which as a result leads to a transformation of the family as a whole as well as of each individual member of the family.

A.I. Magai, junior researcher at the group for special forms of psychiatric pathology at the Scientific Centre for Mental Health, gave a presentation entitled 'Non-chemical Dependency'. He spoke of the causes of the appearance and clinical manifestations of dependencies, as well as the types of preventative and rehabilitative work with those who suffer from dependencies. He noted the commonality of neuro-physiological mechanisms in the instance of both chemical and non-chemical types of dependencies. In preventative work with patients who are believers greater significance was attached to the setting up of therapeutic communities on the basis of church parishes.

O.A. Borisova, candidate of medical science, senior researcher at the group for special forms of psychiatric pathology at the Scientific Centre for Mental Health, spoke of the role of the family in the early identification of pathological pseudo-religiosity in adolescence. Taking into account the complex socio-spiritual conflict which arises under the distorted psychiatric illness of the religiosity of the patients (this is effectively a pathological pseudo-religiosity), it is possible to give help to these patients only in conditions whereby the families of patients, priests and psychiatric doctors work together.

She highlighted the types of behaviour characteristic of such patients: an acute disconnect between the declared religiosity and the forms of behaviour of the patients contradicting basic religious teachings; the acute steadfastness and inaccessibility in refusing any correction of their exaggerated religious beliefs; acute changes in lifestyle, the break-up from religious considerations of both their and their families' stereotypical lives; invasive thoughts, the content of which the patient finds it difficult to convey; the ebbing away, blocking and interrupting of thoughts, the sensation of emptiness within one's head, the imprecision and vagueness of ideas, the speaking aloud of thoughts, intermittent ideas of being persecuted and of being of particular importance. Knowing these characteristics will help, including within the families of patients, to identify at an early stage conditions which need medical treatment. A more detailed examination of cases is needed in which exaggerated religiosity is accompanied by particularly socially important violations of patients' behaviour, even if these violations reflect upon only the family of the patient, in order to give this patient medical aid. Otherwise, in time the illness will progress and the patient's condition will worsen.

R.I. Nadyuk, candidate of psychological science, dean of the faculty of further education for ministers at the pastoral department of the Evangelical Christians Seminary, gave a presentation entitled 'Pastoral

Work with Idealizations which Form the Basis of Neurotic Relationships'. He noted that the pastoral care of souls was the most accessible spiritual and therapeutic resource for most parishioners who encounter people suffering from neurotic complexes. The formation of neurotic relationships is often linked to the realization by family members of one or several strategies of satisfying their personal neurotic needs as described by the socio-psychoanalyst Karen Horney. Idealizations are a deeply personal, often irrational means of attaining personal well-being, which form dysfunctional relationships within the family, manifesting themselves in chronic and cyclically repeating disillusionments, offences, unpleasantness and anger. These elements are often brought out from the family. Competent pastoral work with disillusionment, offence, unpleasantness and anger, as with personal resources, helps us to highlight, examine and transform the idealizations into spiritual and therapeutic psychological situations for the patient. Spiritually orientated pastoral reflection of idealization enables one to become aware of the dysfunctional strategies of reaction, to acquire new meanings in the light of the experience of traumatic relationships, gives a motivation for emotional reexamination and helps to model spiritually orientated and socially mature behaviour by transferring the irrational resource of disillusionment into spiritually and socially approved activity.

N.V. Lazko, candidate of medical science, psychiatrist, colleague at the Serbsky Psychiatric Institute under the Russian health ministry in his presentation 'The Role of the Psychiatrist in Strengthening the Psychiatric Health of the Family' paid special attention to the common problems which mentally ill people living in a family encounter. Among these problems we may include: the need for diagnosis and treatment in pre-clinical manifestations of psychiatric disorders; the choice between treatment in a state-run hospital with an official designated diagnosis and treatment without verification of the diagnosis in so-called private clinics; the rejection of the diagnosis of a psychiatric disorder by the family; the complications of therapeutic cure; the problems of tactics and strategy in social adaptation. The presentation also noted problems and proposed the means of their resolution in relation to the mental health of families independent of age. Thus, for young families it is characteristically essential to ensure the stability of the psychiatric condition of mothers and to note the inadequacy of recognizing problems on the part of fathers. For families in middle age, we have to note the need to process invalidity and recognize that they are not always included in existing social programmes. In old age families there predominate the manifestations of cognitive deficiency in all spheres of activity; the worsening of the psychiatric condition as a result of progressing somatic pathology; the change in mutual relationships with the younger members of the family.

D.A. Ivanin, postgraduate student at Sretensky theological academy gave a presentation entitled 'Young People and Depression: What Can the Church Propose? The Experience of the Patriarchal Centre for the Spiritual Development of Children and Young People at Saint Daniel's Monastery'. He noted that church teaching has great potential from the perspective of helping young people who suffer from depression. It involves the development of value and meaning spheres, the awareness of the

positive meaning of suffering, the practice of repentance (the transformation of the way of thinking), thanksgiving, humility, attention and the struggle with thoughts, the overcoming of social isolation, the formation of a commonality, mutual care and so on. The ecclesiastical approach also possesses no little therapeutic and supportive potential: ‘Often it is the Orthodox parish which combines the opportunity for confession and a pastoral conversation with a priest, the presence of a parish Orthodox psychologist or consultant and psychiatrist who is a member of the parish. Being acquainted and belonging to the same parish and a single integrated field allows people to bring together a more effective interaction of these three specialists,’ he remarks. The inclusion of a young person in the life of the parish allows him or her to react more sensitively to the changes occurring within themselves and to the beginnings of depressive episodes. Being part of an environment orientated not only towards healing but also to a system of values important to the young person makes him more amenable to professional help. Of course, the main goal of the parish priest is to support a mentally ill person through a sense of Christ’s love and a sense of the dignity of the person made in the image of God. However, the pastor has the unique opportunity to be also the organizer of interaction between various services offered by the parish (youth work, consultation services and social workers) and its youth assets and professional parishioners (psychologists and psychiatrists). Today the pastor is faced with the task of preparing a parish to take on board the idea of giving support to young people who are in a state of depression as a special form of lay ministry, of widening the inclusivity of society and witness to the need of destigmatizing mental illness. This presupposes educational work, inviting specialists with lectures and instructing those who do this work, that is, the active core of the parish and their periodic supervision

Angelina Mikhailovna Belanova, psychologist at the 1602 military hospital at the Russian ministry of defense in Rostov-on-the-Don, in her presentation entitled ‘Maternal Psychotherapy: An Experiment in Orthodox Sisters of Mercy Helping Combatants’ spoke of her more than thirty years’ experience in rendering aid to wounded combatants through the Sisterhood of Saint Seraphim of Sarov in the city of Rostov-on-the-Don. The sisters’ tasks include caring for the wounded, inviting a priest for their spiritual needs, giving spiritual, moral and psychological aid to those in the military hospital. The sisters accompany their wards after being discharged from hospital and maintain contact with them and their families for years afterwards. ‘We have cared for wounded as though they were our own relatives, like a mother cares for her children. The well-known Orthodox psychologist F.E. Vasilyuk, who once visited us, called this “maternal psychotherapy”’ said Angelina Mikhailovna. In the period of the Second Chechen War with the help of a Russian round table there was set up a single church helpline bringing together sisters of mercy from various towns and cities who gave aid to the wounded in various hospitals in Rostov-on-the-Don, Moscow and the Moscow region, Saint Petersburg and Vladikavkaz. The sisters passed on the wounded hand to hand, and this continuity of sisterly care had great meaning, above all for spiritual and mental healing. The participants of this helpline and the senior sisters from the sisterhood of mercy shared their experiences with each other, coordinated their work and held meetings, including at the Department for External Church Relations in Moscow. Angelina Mikhailovna noted that

now in order to help the wounded in the special military operation there is needed the clearly organized work of well-trained and experienced sisters of mercy who take on not only the care of the patients, but also give them and their families psychological and spiritual help; they will also help priests who give spiritual comfort to combatants. At Orthodox parishes in various regions, it would be beneficial to create groups of self-help and spiritual and psychological support for women whose men are participating in the special military operation.

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[1]The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

https://www.who.int/ru/news-room/fact-sheets/detail/mental-health-strengthening -our-response

[2] John Chrysostom on Ephesians, 5.22-24. **https://azbyka.ru/otechnik/Ioann_Zlatoust/tolk_67/20**

[3] Digests. XXII 2. 1. Electronic resource: **https://rimpravo.ru/23-knig-digest-iustinian#gsc.tab+0**

[4] The Basis of the Social Concept of the Russian Orthodox Church. X.4.

[5] The legal code of the Russian Soviet Federal Socialist Republic on acts of civil marriage, family and guardianship rights of 1918. Paragraph 52. “Only civil (secular) marriage, registered in the State Registry Office, grant rights and obligations to spouses as outlined in the present section. Marriage conducted according to religious ritual and by religious ministers does not grant any rights or obligations to persons who have entered into it I it has not been legally registered.”

[6] Decree by the All-Russian Central Executive Committee on the dissolution of marriage. 19.12.1917. Paragraph 1. “Marriage is dissolved as a consequence of the petition of both spouses or at least one of them.”

[7] Alexandra Kollontai, ‘Doroga k krylatomu Erosu’ in Molodaya Gvardiya, 1923, no.3, pp.111-124.

[8] A.M. Möller-Leimkühler. Journal für Neurologie, Neurochirugie und Psychiatrie (Journal of Neurology, Neurosurgery and Psychiatry), 2005, vo.6, no.3, pp.29-35.

[9] Saint Nikolaj of Serbia (Velimirović). Kassiana. Homily 6. One hundred homilies on Divine love. **https://azbyka.ru/otechnik/Nikolaj_Serbskij/kassiana**

[10] N.N. Petrovas, Ye.N. Podolkhov, A.M. Gzgzyan, D.A. Niari, 'Psikhicheskie rasstroistva I lichnostno-psikhologicheskie osobennosti u zhenshchin s besplodiem pri lechenii EKO' in Obozrenie psikhiatrii i meditsinskoi psikhologii, no.2, 2013, pp.42-49.

[11] Saint Luke of Crimea, 'I budut dvoe odna plot' in Evangelskoe slovo, Moscow, 2007.

Source: https://mospat.ru/en/news/90014/