



## The International Conference "Church care for mentally ill people" was held at DECR



### ***All the reports in PDF (download)***

On November 24-25, 2023 the V International Conference "Church care for mentally ill people: modern view of religious experiences in health and disease. Church and psychiatry: facets of cooperation" took place in the Department for External Church Relations of Moscow Patriarchate (DECR MP) on the blessing of H.H. Patriarch Kirill of Moscow and all Russia.

The conference was organized on the initiative of the Commission for Church Education and Diakonia of the Inter-Council Presence of the Russian Orthodox Church. The co-organizers were DECR MP, the Voronezh metropolia 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 Scientific Center for Mental Health (SCMH). The meeting was organized with the support of 'Kirche in Not' (Aid to the Church in Need) international charity. The joint working group of the Roman

Catholic and Russian Orthodox Churches on cooperation in the church and public sphere also participated in the preparation and holding of the conference.

It was attended by over 60 participants - representatives of the Russian Orthodox Church, Roman Catholic Church and Protestant Communities from Russia, Spain, Argentina, Egypt, Armenia, India, Iran and Italy. For the first time, representatives of the Oriental Churches took part in the conference: Coptic, Armenian Apostolic and Malankara, as well as the Assyrian Church of the East. 30 reports were presented by psychiatrists and psychologists, clergymen and theologians, teachers and students of theological faculties and schools.

The conference was moderated by **Metropolitan Sergiy of Voronezh and Liski**, head of the expert group on the development of "Pastoral care for 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 SCMH 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 the tradition of holding the annual international conference "Church care for mentally ill people" reflects the high interest for studying the influence of religious faith on mental health, which is observed worldwide, although in many countries religion is still pushed out of the scientific and public space into private life, and not everywhere there is an opportunity to hold such meetings.

He quoted statements by famous psychiatrists Viktor Frankl and D.E. Melekhov that religious faith is the most important personal resource for providing effective assistance to mentally ill people, and emphasized that a psychiatrist needs to have an understanding of the religious views and characteristics of the spiritual life of patients. "The Church of Christ offers its centuries-long experience to help people suffering from mental disorders. Clergy and medical professionals have the opportunity to teach patients to use trust in the help of the true "Doctor of Souls and bodies" – our Lord Jesus Christ to overcome the manifestations of mental illness," Metropolitan said. Speaking about the possibility of demons to influence mental health, i.e. demonic possession, which continues to be a stumbling block for religious doctors, he noted that mental illness can create favorable conditions for destructive demonic influence on the human soul, weakened by illness. "However, possession is less common than other health conditions caused by a sinful lifestyle. Therefore, doctors and priests must be extremely cautious about the claims of those who believe their torment is the direct result of demonic influence, rather than a consequence of their own actions, which require sincere repentance and conversion to God. Even in cases of demonic possession, liberation from demons is the fruit of serious spiritual efforts: both for the one who sought help and for the priest." Addressing the participants of the conference, Metropolitan Sergiy emphasized that its main purpose is to contribute to the improvement of assistance to mentally ill

people.

Conference co-moderator **V.G. Kaleda** addressed the participants with a welcoming speech on behalf of the Board of the Russian Society of Psychiatrists and its President N.G. Neznanov. He noted that 30 years ago, when the issue of pastoral psychiatry was first raised in church circles, many did not understand its importance. Today this discipline is already taught in many theological schools, in advanced training courses for clergy and young bishops. In many regions, conferences are held on issues of pastoral psychiatry. As a result of this work several years ago the Section on clinical psychiatry, religiosity and spirituality of the Russian Society of Psychiatrists has been established. International conferences “Church care for mentally ill people” also make an important contribution to the development of this topic. “Both psychiatrists and clergy still have a long way to go together in understanding the nature of mental illness and providing spiritual assistance to patients. We are firmly moving towards developing a common understanding of these issues for the benefit of people suffering from mental disorders,” concluded Vasily Kaleda.

The representative of the “Kirche in Not” charity **P.V. Gumenyuk**, welcomed the participants and emphasized that the conference is an important platform for dialogue between science and religion, which is aimed at strengthening mutual understanding and cooperation of those who are called upon to help people suffering from mental illnesses withstand trials.

**Professor Victor Sami Michael**, head of the Department of psychological counseling at the Pastoral Care and Education Institute of the Coptic Church (Benha, Egypt) spoke about the role of the Church in mental health promotion. He noted that as early as 5 thousand years ago, the Egyptian civilization of the pharaonic era adhered to the concept of a three-part person: body, psyche and soul. Already in those days, the symptoms of various mental illnesses were described and different types of treatment were used. In Egypt, the Holy Family found shelter, fleeing from King Herod, and later Egypt converted to Christianity. Today, the Coptic Church implements various types of social ministries, including helping those suffering from mental illness, fighting the stigma of mental illness, raising public awareness of its causes and of therapy through education and the media. The Coptic Church runs rehabilitation centers and hospitals for various categories of mentally ill people, nursing homes for people with Alzheimer's disease and other diseases, and provides psychiatrist's services to prisoners. Researchers – members of the Coptic Church – present theses on the issues of addiction, behavioral disorders and mental disorders in children and adolescents.

**Protoarchimandrite Shahe Ananyan**, rector of the Theological Academy of the Mother See of Holy Etchmiadzin (Vagharshapat, Armenia), made a presentation on “Basic principles of counseling in the light of the theological tradition of the Armenian Apostolic Church”. He spoke about how the tradition of his Church perceives the relationship between spiritual and physical illnesses; what is the role of the

clergyman as a spiritual doctor; and finally, what is the church model for spiritual healing. Every illness has not only physical, but also spiritual and mental roots; the physical and spiritual integrity of the body is trichotomous, i.e. includes soul, spirit and body; psychological and mental problems, from the point of view of Christian spirituality, are perceived, first of all, as a violation of a person's spiritual integrity. A priest receives during the ordination the power or gift of healing of "all diseases and evil ailments". This gift is passed on almost exclusively through the sacraments of the Church. This theological concept has an important place in the tradition of the Armenian Church; it is supported by the rules of Church Councils and canons. The Church places high demands on the priest, since he is a mediator between God and people: with God's help, he must be able to distinguish between the will of God, that is, good and evil, correct and wrong moral realities; he must have a certain amount of counseling experience in order to correctly diagnose various sins and spiritual illnesses and apply the appropriate healing "bandage" on them. Speaking about the church model of spiritual healing, Father Shage emphasized that pastoral care in the sense of restoring spiritual health is part of the Repentance sacrament, in which certain theological and canonical requirements are imposed on the priest, as well as requirements for building relationships with the confessant. At the end of his presentation, Father Shage said: "An illness, be it physical, mental or spiritual, according to the Christian understanding, has an explicit spiritual and moral cause and a healing mechanism. In the Bible, in the writings of the Church fathers and teachers, it is almost always associated with the spiritual condition of a person. When the spiritual condition is impaired, a person becomes ill, and when harmony is restored, he recovers. However, Christian thinking also clearly distinguishes psychophysical, mental and purely spiritual illnesses, which, accordingly, have their own special forms of healing. At the same time, while distinguishing them, it does not separate them, because it views the unity of the human body, mind and soul as a manifestation of one integral and unified personality. It is in this sense that in the modern time it may become possible to apply the achievements of modern psychology, in particular psychotherapy, within the Christian psychological tradition. There are striking examples of this in the Orthodox and Catholic church traditions."

**V.G. Kaleda**, Deputy Director of the SCMh, Professor of the Department of Practical Theology of St. Tikhon's Orthodox University for the Humanities, in his report "Church and Psychiatry: History of Cooperation (Russian Experience)" emphasized that the history of providing psychiatric care in Russia is inextricably linked with the Church. It is for a good reason that the early period of psychiatry is called monastic, since in Ancient Rus' it was in monasteries that mentally ill people received help and support, and some mental disorders were first described there. To date, enormous experience in cooperation between clergy and psychiatrists has been accumulated. Modern documents of the Russian Orthodox Church formulate the principle of separating the spheres of competence of a psychiatrist and a priest, while the sphere of mental health is an area of their joint responsibility. The course of pastoral psychiatry is taught in many higher theological schools; a section on pastoral psychiatry is included in the undergraduate curriculum on pastoral theology, which states that "... a priest should be not only a confessor, but also a bit of a psychiatrist: in any case, a priest needs to know at least the basics of

psychiatry.” The publishing house of the Moscow Patriarchate published a special guide for clergy - “Basics of Pastoral Psychiatry.”

**Archpriest Pavel Velikanov**, Associate Professor of the Department of Theology at the Moscow Theological Academy, in his presentation “Religion, religiosity, pseudo-religiosity, toxic faith, false religion: another attempt to agree on concepts” pointed out that among practicing psychiatrists, who are constantly faced with manifest mental pathology caused or masked by religiosity, ... the idea arose to describe the religiosity of a mentally ill person as false or “pseudo-religion”... Health and illness are respectively labeled as “true” and “false” in relation to religiosity. Thus, it is postulated that a mentally ill person, by definition, has “pseudo-religion”, and a healthy person has “true religiosity”. Father Pavel considers this position to be wrong; shows how religiosity, religion, faith and the inner world of a person are interdependent and stay in constant communication with each other. “It is hardly possible to say what exactly is primary in morbid religiosity: an organic mental disorder that inevitably imposes its “prism” on the entire perception of religion, psychological trauma that throws consciousness onto a long-trodden track, or an imposed image of God that justifies a diseased situation and gives it the status of truth.” He defines the concepts of healthy and unhealthy religiosity, analyzing these concepts in detail, and in conclusion notes the great importance of organic interaction “between the three main figures in the field of soul therapy – a priest, a psychologist and a psychiatrist: each of them, working in his field, is able to contribute to the harmonization of religiosity as such.”

Report by graduate student of Sretensky Theological Academy **D.A. Ivanin** was dedicated to the theological understanding of depression in various Christian confessions. Using official documents as an example, he analyzed the understanding and attitude towards depression in the Roman Catholic Church, the Russian Union of Evangelical Christians-Baptists and United Union of Evangelical Christians (Pentecostals) as well as in the Russian Orthodox Church, concluding that at the official level all the considered confessions declare that they accept the medical understanding of depression and cooperate with specialists of mental health services. Based on an analysis of the literature, including books on self-care, as well as articles analyzing the perception of depression and its treatment by representatives of various Christian confessions, the speaker identified the three most common models of theological understanding of depression: a spiritual illness, a means of spiritual purification and growth, and also a transformative potential. Each of these models of understanding depression is more consistent with the doctrinal emphasis of a particular Christian confession, but at the same time, all three models are shared by members of each denomination.

Deputy Director for Scientific Work of the SCMh, Leading Researcher of the Group for the Study of Special Forms of Mental Pathology Ph.D. **G.I. Kopeiko**, in his report “Religious Masks of Mental Disorders,” described special forms of mental pathology in which behind the façade of religious manifestations lies a mental illness that mimics traditional forms of religious behavior. Based on clinical

cases, he described criteria for paranoid states with religious content. These include the absence of a spiritual leader with such a patient; contradiction to the established cultural or religious tradition; lack of contact with the religious community; pseudo-religious concepts that promote alienation from people who adhere to traditional religious values, as well as from one's own family, etc. The correct assessment of these conditions from both a spiritual and psychiatric point of view is extremely difficult; but recognition of these disorders is of utmost importance for timely and correct treatment and for spiritual guidance.

Psychiatrist, psychotherapist **Hector de Escurra** (Argentina), in his report "Differentiation of spiritual experiences from mental disorders," spoke about the need to distinguish demonic influence on a person, which can be divided into extraordinary and ordinary, from manifestations of mental illness. Sometimes both of these phenomena can be present in a person simultaneously, which is why close cooperation between a psychiatrist and an exorcist priest is so important. He presented a comparative table with manifestations of a number of mental disorders and outwardly similar manifestations of possession. Using this table, a psychiatrist assisting an exorcist can determine whether the illness is a manifestation of psychopathology. And the exorcist, based on this information, makes a conclusion about the presence or absence of demonic action and the need for exorcism.

Scientific researchers of the SCM **O.A. Borisova** and **A.G. Alekseeva** in collaboration with **Archpriest Nikolai Martinkevich**, clergy of the Sts. Florus and Laurus Church in the village of Yam (Moscow region), and master's student of the Moscow State University of Psychology & Education **A.A. Tkachenko** presented a report on "Normal and pathological religiosity in depressive states in pastoral and psychiatric practice." The report discusses the features of pathological religiosity, which occurs in some religious patients with depressive disorders; this is relevant both for clinical psychiatry and for pastoral care of mentally ill people. The authors describe the clinical relationship between the content of religious experiences and the structure of depression. They cite the opinion of clergy helping depressed patients, that a common external manifestation is a lack of critical attitude towards one's spiritual condition, the inability of the individual for internal development, an obsession with negative thoughts and fears of a religious nature, a false belief that the sins one commits are "unforgivable", an inability to accept constructive advice (and even understand it), lack of peace and joy from repentance, despondency, suicidal thoughts. In such cases, the pastor should be guided by the principle of "stretching out your hands to the sinner and bearing the burdens of your brother," supporting a weak spark of faith, helping, as far as possible, this person to find consolation in his sorrow; help in resolving doubts about whether it is appropriate to consult a doctor in such cases.

**Dvoinin A.M.**, Ph.D. Sc., Associate Professor of the Department of Psychology, Faculty of Social Sciences, National Research University "Higher School of Economics", in his report "Content and psychological meaning of mental representations of heaven and hell among Orthodox believers",

presented the results of a psychological study conducted jointly with independent researcher A.S. Ivanova. Using the Centrality of Religiosity Scale by S. Huber and O. Huber, the method of controlled associations and the method of mini-essays, the authors studied the associative and figurative conceptual content of the individuals' representations of heaven and hell. It was found that mental representations of hell at the associative level are more detailed and ordered compared to representations of heaven. Since the level of detail in the image of a certain object is associated with the subjective experience of psychological distance to it, this fact can be considered as evidence that the psychological distance to hell is experienced (at an unconscious or weakly conscious level) as shorter than the distance to heaven. A.M. Dvoinin and A.S. Ivanova also found that the mental representations of heaven and hell among Orthodox believers reflect not only the canonical characteristics of these concepts, but also their cultural patterns. The psychological significance of mental representations of heaven and hell among Orthodox believers, according to researchers, presumably lies in the stimulation of behavior that from a Christian perspective is considered correct and morally justified.

**N.S. Rutkovskaya**, psychotherapist at the S.M. Kirov Military Medical Academy of the Ministry of Defense (MMA MD) of Russia (St. Petersburg) spoke on "Religious radicalism and psychopathology." In a report prepared jointly with Archpriest **Georgy Ioffe**, rector of the church to the Icon of Mother of God "Assuage my sorrows" in the psychiatry clinic of the MMA MD, lecturer of the St. Petersburg Theological Academy; professor **V.K. Shamrey**, MD, head of the department of psychiatry of the MMA MD; professor **E.S. Kurasov**, MD, head of the Psychiatry Clinic of the MMA MD, she noted that one of the key psychosocial factors behind the spread and persistence of religious radicalism in Russia and neighboring countries is a paternalistic approach to information, including religious information. The factor of information overload is directly related to this, when modern people unintentionally filter out the simplest resources from a huge flow of information. She cited clinical cases showing that for patients with mental pathology, religious radicalism is a factor that provokes refusal to take medications, and also contributes, in some cases, to suicidal behavior. According to the authors of the report, in order to reduce the influence of ideas of religious radicalism on religious patients, it is necessary to promote cooperation between psychiatrists and clergy, provide spiritual education for patients and medical professionals, and develop and apply various methods of spiritually oriented psychotherapy.

**G.V. Lyubegina**, medical psychologist, high level certificate practitioner, full-time psychologist of the social department of the Gatchina diocese of the Russian Orthodox Church, senior psychologist of the psychological support service of the project "Svyatograd" (St. Petersburg), in her report "Features of the spiritual life of mentally ill people" noted that believers with mental illness need not only medical, but also spiritual help, including participation in church sacraments. "I can testify that in patients who began attending church and participating in the sacraments, the course of the disease acquired a more favorable character: they were much less likely to require hospitalization, and outpatient care in a neuropsychiatric clinic was often sufficient for them," the speaker noted. In order to provide

comprehensive assistance to people with mental illnesses, it is essential that priests not only have a spiritual education but also knowledge in the field of psychiatry. According to her observations, there is already a tendency towards mutual understanding and a desire for cooperation between the clergy and mental health professionals in providing assistance to mentally ill believers.

**N.V. Lazko**, psychiatrist at the V. Serbsky Federal Medical Research Centre of Psychiatry and Narcology of the Ministry of Health of the Russian Federation, (Moscow) spoke about the role of a psychiatrist in helping patients with chronic mental disorders realize opportunities to participate in church and parish life. In her presentation she spoke about one of the aspects of the problem of adaptation in society of patients with chronic mental disorders. She noted that it is important to fully include such people in the Eucharistic and parish life. The report identifies the tasks of a psychiatrist in relation to parishioners with mental disorders and ordinary patients, which have both common features and certain differences, and the importance in inchoating in cases where pharmacotherapy is not applicable due to somatic burden. The speaker presented specific options for adapting in the context of parish life for people with endogenous mental disorders, neurotic pathology, and cognitive impairments. Based on the presented material, she confirmed the thesis about the need for the cooperative efforts of a psychiatrist, psychologist and priest in addressing the identified issue.

**B.A. Voskresensky**, Associate Professor of the Department of Psychiatry and Medical Psychology, N. I. Pirogov Russian National Research Medical University, spoke about “Religiosity and mental disorders – Religiosity and mental disorders – a norm and a pathology. A clinician's perspective. A clinician's perspective.” He noted that, although there is some superficial similarity between religious and psychopathological experiences, this makes the question of their distinction significant both theoretically and in practice. The basis for this analysis is a trichotomy approach: spirit-soul-body, which are closely interconnected. Questions of faith fall within the competence of the clergy. The competence of a psychiatrist covers mental disorders that manifest themselves through specific experiences that are not typical for the norm and, as a result, may lead to a weakening or loss of normal mental processes. In milder cases (“boundary psychiatry”), natural mental processes are transformed along special patterns. Spiritual life is normally dynamic and determined by many factors. Its “incomprehensible”, “amazing” changes can be rightfully qualified as psychopathological only in those cases where they can (should) be understood as manifestations of mental process disturbance. If this transformation turns out to be impossible, then there is no reason to speak of a mental disorder. The psychiatric norm of mental health is apophatic: it is the absence of illness. The variability of spiritual life as such is infinitely richer than the patterns of illness.

**I.Yu. Mashkova** and **N.N. Osipova**, associate professors of the Department of Psychiatry and Narcology, A. I. Evdokimov Moscow State University of medicine and dentistry of the Ministry of Health of Russia presented a report “Phenomena associated with religious experience in the structure of



affective disorders.” They discussed the problem of emotional disorders in somatic practice and the role of phenomena associated with religious experience in the development of the clinical picture of these disorders. The report discussed the findings of a clinical research study that suggests that assessing the phenomena of religious experiences can help differentiate between clinical and psychopathological symptoms and signs of spiritual distress. This interdisciplinary approach based on the bio-psycho-socio-spiritual model makes it possible to increase the effectiveness of treatment of affective neurotic disorders in somatic patients. And dialogue with a doctor helps the patient to form holistic understanding of the mechanisms of mental pathology, to reflect on experience and helps to pay more attention to his own spiritual life.

**M.M. Bazlev**, senior lecturer of the Department of History, Institute of Fundamental Problems of Social Sciences and Humanities, National Research Nuclear University MEPhI; Lecturer, Department of History of Religion, Educational and Scientific Center for the Study of Religion, Russian State University for the Humanities, presented a report on “Studies of the non-pathological etiology of hallucinatory experience in the light of the intentionality of religious consciousness.” Based on research of auditory verbal hallucinations, the author proposed a model to explain the experiences of spiritual voices and visions by the mystics. He suggested that this is the inner speech of a person, which he experiences in a situation of cognitive failure in the process of self-determination, as given by the Other. He noted that, in combination with other clinical diagnostic data, such experiences can be labeled as manifestations of psychopathology, but in a situation where such clinical data are absent they can be a phenomenon of normal experience in a certain cultural and religious context. Based on the research on internal speech, the author suggested the concept of polymorphism of thinking, which is implemented in various coding systems. This allows applying this model for polymodal experience. The content of what a person experiences is interpreted by him on the basis of those intentional attitudes that are characteristic of a particular person, which ensures the integrity of a person’s mental and spiritual life in a cultural environment.

Roman Catholic priest **Sergei Timashov**, licentiate in theology, rector of the Catholic Higher Theological Seminary “Mary – Queen of the Apostles” (St. Petersburg), made a presentation on “Contemporary practice of exorcism in the Catholic Church: discernment of spirits, supernatural manifestations, paranormal phenomena and psychopathology.” He recalled the biblical and doctrinal basis for the belief that Divine and demonic forces can interfere with human psychosomatic manifestations. This implies that in the medical care of patients the possibility of spiritual influence needs to be taken into account. At the same time, to perform an exorcism, the assistance of a psychiatrist is necessary in order to identify probable psychiatric causes of the observed phenomena and provide assistance in the event of possible psychiatric crises. Father Sergei also reminded of the need and methods of testing spirits if spiritual manifestations occur against the backdrop of illness.

The report of **L.E. Pishchikova**, MD, head of the department of gerontopsychiatry of the V. Serbsky Federal Medical Research Centre of Psychiatry and Narcology of the Ministry of Health of the Russian Federation, titled “Epidemics of mental disorders with possession syndrome: historical and clinical aspects”, presented data on epidemics of mental disorders that take the demonopathic forms, called in common terms demonic possession, obsession, hysteria, and hiccups. The speaker analyzed the causes, clinical forms, models, and stages of their development, as well as therapeutic and preventive strategies, are analyzed. She underlined that there is a similarity between the psychopathological disorders in the structure of these epidemics and the conditions described in the Gospel, and also in the works of psychiatrists of the past – i.e. epidemics of hysteria (V.M. Bekhterev, 1897, N.V. Krainsky, 1900), as well as in the works of modern psychiatrists (M.D. Uryupina, 1972, V.V. Medvedeva, 1980) – outbreaks of mental disorders with hiccup obsession syndrome, found in northern Russia. Lyubov Evgenievna noted that the clinical interpretation of these conditions is complex and ambiguous, that a spiritually oriented approach to their therapy, rehabilitation, medical and preventive measures is required, as well as the participation of not only a psychiatrist, but also a clergyman.

E.V. Gedevani, Ph.D., Senior Researcher of the Group for the Study of Special Forms of Mental Pathology of the SCM, made a report “The phenomenon of possession in mental disorders: clinical and psychopathological features”. She noted that the problem of studying the phenomenon of possession with religious contents is still relevant, since, on the one hand, it is recognized by almost all religions, while on the other hand it is of particular interest to the scientific community. The views of researchers on this phenomenon differ, this is due to both the structure of the syndrome itself and the psychopathological and clinical manifestations: the phenomenon of possession is considered both within the framework of dissociative disorders and of delusion of possession with religious contents. The report presented data from a study of religious delusions of possession, which was conducted from 2015 to 2023 in the Group for the Study of Special Forms of Mental Pathology under the leadership of Academician of the Russian Academy of Sciences A.S. Tiganov (until 2019) on the basis of the Department of Youth Psychiatry of the SCM. The results of the study of religious delusions of possession in schizophrenia have shown that its specific feature is the patients’ persistent delusional belief that they are possessed by some kind of hostile or powerful spiritual entity, which has entered their body or taken over their mind from the outside. The data obtained are important for the social prognosis, the choice of therapeutic strategies for these patients, as well as pastoral counseling.

Research Assistant of the Department of Psychology **Yu.S. Vitko** and senior researcher at the International Laboratory of Positive Psychology of Personality and Motivation, Associate Professor of the Department of Psychology, Ph.D. **A.A. Lebedeva** (National Research University “Higher School of Economics”) presented a report on “Spiritual meaning as a driving force for overcoming the spiritual crisis.” The report called on the community of helping specialists to discuss spirituality and religiosity, given the current state of deep socio-political unrest in the world. Concerns have been raised regarding

a number of initiatives in the foreign academic community that may have consequences in the form of desacralization of faith and religion. The report raises the issue of the significance of a thorough analysis of the negative experiences of clients/patients/parishioners associated with religion and spirituality. The relevance of this issue is acknowledged by the authors of various works. In the research conducted by the speakers, the spiritual crisis is proposed to be understood as a specific, super-existential situation that leads to the destruction of previous foundations of existence and challenges the system of meanings. According to a study in which mainly religious people took part, the resolution of the spiritual crisis among respondents is facilitated by their acquisition of spiritual meaning in the situation of personal disintegration. The spiritual meaning differs from other aspects of life in that it is not tied to specific areas or events in the current life. Its appearance can radically rebuild a person's value-meaning system, focusing on higher values, transcendent experiences, and the experience of communication with God.

Priest **Edward George Puttanil**, Director of the Santula Trust Hospital, Malankara Orthodox Syrian Church (India), in the report "Feeling of guilt - normal and pathological in pastoral practice," described in detail the different types of guilt: natural, survivor's guilt, compulsive, social, etc., as well as the differences between pathological guilt and normal guilt and guilt from shame. Guilt also manifests itself in various forms in mental disorders. In pastoral practice, dealing with guilt is a difficult task because there is a very fine line between natural and pathological guilt. He described the stages of pastoral work with natural guilt and noted that in the case of pathological guilt, psychotherapeutic intervention is also required.

Priest **Dayavosh Azizyan Ali Komi** (Iran), Assyrian Church of the East, Diocese of Iran, Armenia and Georgia, spoke about the role of prayer in supporting people with mental disorders. One of the key concepts in the field of mental health is "psychological safety," which implies a state in which a person feels protected, safe at the level of his emotions and thoughts, is not afraid of punishment and humiliation, is calm and cheerful. Lack of "psychological safety" causes serious damage to psychological health in general. Believers know from the Holy Scriptures that this can be achieved through a sincere connection with God, surrendering to Him one's thoughts, feelings and actions. Prayer helps us hear the Lord's instructions and understand His guidance. A life without prayer weakens the ability to hear Christ. "Psychological safety" means peace of spirit and mind.

Priest **Wenceslao Domingo Vial Mena**, professor at the University of the Holy Cross (Italy, Rome) made a presentation on "Spiritual maturity and mental health." Many personality disorders are characterized by a feeling of existential emptiness and difficulty communicating with other people: "nobody cares what happens to me." If a person feels that he is not alone, then this feeling becomes the basis of psychological security, which allows him to withstand life's difficulties and affirm his own worth. Even psychological traumas received in childhood take on a new perspective if there is someone who

cares about them. By letting a person know that he is not alone, we help him cope with his fears. For mental health, self-reflection is important, aiming at self-understanding and the development of an attitude towards preventing self-destructive behaviors. This involves taking responsibility for one's actions and lifestyle. Faith in a real God can help people to understand their own suffering and illnesses, stop blaming others for their problems, and approach life with humility. "Trust in God leads a person to greater control over his emotions, to a more tolerant perception of disappointments and acceptance of suffering... In other words, restore faith in God and you will live healthier and happier with other people, in the world, in our common home."

Priest **José Antonio Fortea Cucurull**, Doctor of Theology, specialist in demonology, possession and exorcism, hospital chaplain (Alcala de Henares, Spain) made a presentation on "Psychiatry and Pastoral Care: Analysis of a Complex Case." He shared a story from his pastoral practice when a girl, having entered a convent and not feeling the joy of monastic life, fell into deep depression, weakening day by day. Despite the advice of her confessor to leave the community due to fears for her life and health, she, in obedience to the abbess, still remained in the congregation. On Easter Sunday, her condition changed dramatically: she felt a surge of joy and happiness that stayed with her for later. Padre Fortea concluded that the Lord is the master the laws of nature, He has the power to heal any ailment, doing so contrary to natural laws.

**R.I. Nadyuk**, Ph.D., Dean of the Faculty of Further Education for Ministers, Head of the Department of Counseling at the Seminary of Evangelical Christians, spoke on the topic "Psychological resources in pastoral care in working with pathological and true feeling of guilt." A pastor is faced with the feeling of guilt when a person experiences sinful shame due to the awareness of individual sinfulness. Shame is an emotional reaction of the soul to the awareness of its sinfulness as a personal spiritual and moral "badness." Guilt is an emotional and constructive transformation of feelings of shame into personal responsibility for what has been done and acceptance of the just retribution, the need for atonement and correction. Guilt is a reaction to a sin committed as an offense, which is converted into acceptance of a strategy of correction. Feelings of guilt are always directed at a person's personality. This is an important difference between culpability and guilt. The pastor should differentiate the feeling of guilt and true culpability in the light of God's commandments and, observing the feeling of guilt, work, first of all, with culpability. A psychologist or psychotherapist works with feelings of guilt and, if the spiritual and moral reasons for this feeling are determined, delegates the person to a pastor. It is important for the pastor to understand that the person can experience guilt without sinful culpability, as a form of neurotic or religiously rationalized self-esteem. A true feeling of guilt is always a reaction to shame as a result of awareness of personal sinfulness, which is actualized in the light of clear spiritual and moral values and God's commandments, in which, by definition, the pastor is an expert. True guilt is neutralized through contact with pastoral resources of the Word of God, confession, repentance and sacred rites of the church and is transformed into a grace-filled experience of redemption, forgiveness and internal

restoration of the person. A pathological feeling of guilt can be identified by resistance to the spiritual influence of pastoral resources and may not be associated with sinful culpability, but be a form of religiously rationalized, irrational feeling of shame or an inferiority complex. Therefore, the pathological feeling of guilt is not converted into graceful states of forgiveness and redemption under the influence of pastoral resources, since it is associated not with the awareness of personal sinfulness, but with the psycho-emotional transfer of affect or traumatic experience from the experience of child-parent relations, in which the child had the experience of inferiority as a personal “badness”. In this case, the pastor could try to work with the transfer of the child-parent relationship from the perspective of a spiritual father and pastor, who would support and clarify the criteria for guilt. However, if resistance to pastoral influence arises, he could delegate psychological work on the irrational sense of guilt to a psychologist or psychotherapist.

**T.V. Vladimirova**, Ph.D Senior Researcher of the Department of Special Forms of Mental Pathology of the SCMh, and **E.V. Smirnova**, a graduate student in the Group for the Study of Special Forms of Mental Pathology at the SCMh, spoke in their presentation about “Delusions of guilt and suicidal behavior in depressive-delusional psychoses.” The report discusses the differentiation between normal feelings of guilt and sin and morbid experiences found in mental illness, in particular depression with delusions of religious content. The psychopathological picture of delusional states with ideas of self-blame and sinfulness, features of suicidal and auto-aggressive behavior of patients with similar conditions were described and an assessment of suicide risks was presented. In addition, the report raised the important issue of attitudes towards suicide in church communities and discussed the importance of clergy understanding the differences between the symptoms and syndromes of mental illness from the normal experiences of a believer and the specifics of the experiences of patients with a religious worldview.

In the report of a psychiatrist, junior researcher. **A.I. Magai** (SCMH) “A faith-based program for assistance to mentally ill people” discussed the experience of church therapeutic communities within a comprehensive program for helping mentally ill people. The program was developed and is being implemented by a Group for the Study of Special Forms of Mental Pathology at the SCMh and is based on the approaches and methods of spiritually oriented therapy and religious coping strategies. Therapeutic groups operate in church parishes in Moscow and within NGOs working in the field of mental health. The analyzed experience demonstrates the high effectiveness of the activities due to the use of value-based methods of psychotherapy and the development of coping mechanisms in religious behavior among participants in the program.

**A.Yu. Klimochkina**, Ph.D., lecturer at the Faculty of Social Sciences, Department of Psychology of the National Research University “Higher School of Economics”, in her report “Religiosity as a predictor of subjective well-being: a review of explanatory models”, spoke about empirical studies of the relation

between religiosity and subjective well-being. She noted that the results of these studies are contradictory. There are three main groups of empirical studies, one of which proves a positive linear relationship between religiosity and well-being, the second - a non-linear significant relationship, and the third one - the absence of an independent significant contribution of religiosity to well-being. In each group of studies, the authors offer a theoretical substantiation of the hypothesis about the contribution of religiosity to the subjective assessment of a person's quality of life.

Concluding the conference, Metropolitan Sergiy of Voronezh and Liski expressed his satisfaction with the growing interest of the medical scientific community in dialogue with the Church regarding mental health and the increasing number of participants from different countries attending international conferences. "Church care for mentally ill people." "Over the years of holding our conferences, our mutual trust has grown and the consideration of issues has become more in-depth. The speeches are of a serious scientific nature, and this is certainly beneficial for both our Church and psychiatry," the hierarch concluded.

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