

Department for External Church Relations  
of the Moscow Patriarchate  
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Voronezh Metropolia of the Russian Orthodox Church  
Scientific Center for Mental Health  
of the Russian Academy of Sciences

**CHURCH CARE FOR MENTALLY ILL PEOPLE:  
RELIGIOUS MYSTICAL EXPERIENCE  
AND MENTAL HEALTH**

*International Conference*

*Reports*

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This book presents reports of the International Conference “Church Care for Mentally Ill People: Religious Mystical Experience and Mental Health”, made by representatives of Orthodox, Catholic and Protestant religious communities – theologians, psychiatrists, clergy, teachers of theological schools, specialists of public health institutions from Russia, Belarus, the Netherlands, Great Britain, USA, Italy and Spain.

The conference was held with the blessing of His Holiness Patriarch Kirill of Moscow and All Russia. It was organized by the Moscow Patriarchate’s Department for External Church Relations, the Commission on Church Formation and Diaconia of the Inter-Council Presence of the Russian Orthodox Church, the Voronezh Metropolia of the Russian Orthodox Church, Scientific Center for Mental Health of the Russian Academy of Sciences. The conference was held with the support of the ‘Aid to the Church in Need’ Charity.

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# REPORTS

*Metropolitan Sergiy of Voronezh and Liski*

## **Mystical events in religious life**

Distinguished participants and guests of the conference!

I cordially greet all of you: psychiatrist doctors, psychologists and scientists who have gathered here to discuss the problem of relationships between religious mystical experience and mental health. It is already for the second time that we hold a conference on pastoral psychiatry here, in the St. Daniel Monastery. Our meeting today is conducted with a blessing of His Holiness Kirill, Patriarch of Moscow and all Russia and organized by the Inter-Council Presence's Commission for Church Education and Diakonia and the Department for External Church Relations with the support of the 'Kirche in Not' international charity. Allow me to express special appreciation to the researchers and experts who have come for our meeting from afar, from other countries including the Netherlands, Spain, Italy and the USA.

The whole life of the Church is abundantly filled with mystical events which are described not only in Holy Scriptures but also accompany people today too. As Prophet Joel said, "I will pour out my Spirit on all people. Your sons and daughters will prophesy, your old men will dream dreams, your young men will see visions» (Joel 2:28).

Meanwhile in the last decades, a tendency is strengthening in psychiatry to ignore the religious life of patients and to downgrade every mystical phenomenon to the manifestation of a mental illness. With this approach it seems quite possible that expressions of mystical experience among holy people could be easily described by today's psychiatrists as hallucinations, delirium or dissociative disorders.<sup>1</sup>

Since 1994, a diagnostic group on "religious and spiritual problems" has been introduced in "The Diagnostic and Statistical Guidebook of Mental Disorders" used in the USA and other countries. Proponents of this addition introduced in the classification of mental illnesses maintain that they wished to enhance mental health specialists' respect for religious life

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<sup>1</sup> Dissociative or conversion disorders are a partial or complete loss of the normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements.

and the cultural diversity of people. However, the transfer of religious and spiritual problems from church life to the sphere of psychiatry can also be assessed as a vivid testimony to the psychiatric communion's inadequate familiarity with religious issues and an inadmissible mixture of mystical events and the physiological level of human existence. To differentiate between psychopathological and mystical phenomena properly, it is necessary for a medical doctor to be open to spiritual life and for a pastor to have an adequate knowledge in the field of psychopathology.

A person often encounters phenomena not always understandable due to their nature pointing out to the existence of a different dimension of life, real one although not material. Mystical phenomena are events manifested as something extraordinary for our everyday life in such a way that people tend to relate them to direct actions that God makes on their spiritual life. These phenomena in themselves cannot be viewed as a sign of holiness. Moreover, holy fathers warned against "a sensual vision of spirits" as a very dangerous phenomenon that can easily tempt and destroy a person. Indeed, according to St. Paul, "And no wonder, for Satan himself masquerades as an angel of light. It is not surprising, then, if his servants also masquerade as servants of righteousness. Their end will be what their actions deserve" (1 Cor. 11:14-15). Mystical phenomena can be viewed as a part of the mental life of a person, including a mentally healthy one. They are only a testimony of the influence made on mentality by the spiritual world – the world of angels, demons, intercession of saints, the world that is not an object of learning by science.

Due to their unyielding to scientific methods, mystical phenomena seem mysterious to the human. Just as the Old Greek word **τό μυστήριον** (**mysterion**) means **secret, mystery**. Precisely this word is used in the New Testament in the text on the Divine Incarnation: "the great **mystery** (**τό μυστήριον**): "God appeared in the flesh, was vindicated Himself in the Spirit, was seen by Angels, was preached among nations, was accepted by faith, was taken up in glory" (1 Tim. 3:16). Actually these words of St. Paul point to the first and foremost Christian mystery, *to the very foundation of Christian mysticism*. God, invisible and almighty, entered the created world and became man visible in the Person of His Only-Begotten Son – the Lord Jesus Christ Who became the agent of mysterious divine manifestations in the world.

Christian mysticism has two principal forms. First, it is liturgical mysticism – participation of a Christian in the life of the body of the Church of Christ, participation in the Sacraments. Another form of Christian mysticism is revealed in asceticism, in which the ultimate ideals of the fullness of life are realized in the life to which the human being is called. Religious experience, especially the experience of Christian asceticism is very diverse. And it may sometimes seem to an outside observer that the life of Christian has psychological and even

psychopathological expressions. However, a mystical religious experience cannot be reduced to any of these expressions because a religious experience is first of all an experience of communion with God. Therefore, the spiritual life of a person should not be determined by the criterion of presence or absence of some extraordinary emotional phenomena.

On the other hand, for a psychiatrist it is important to have an idea of religious values and the faith of a patient in order to distinguish a mental disorder from expressions of spiritual, religious dimension of human life. A medical doctor and a priest should understand that no emotional expression or a psychiatric symptom can be torn away from the context of a one's established relations with one's neighbours and relatives, with the Church and, finally, with God. Symptoms of a mental illness destroying the human soul and mystical events in religious life perfecting one in the love of one's neighbour and God have different orientations. The former is a sign of destruction, while the latter is an expression of building one's soul. The discernment of what is one's mystical experience and what are expressions of a mental illness should be done *in the context* of the established tradition of one's religious and spiritual life; this requires some time for a doctor and a pastor to observe and communicate with those closest to a patient who is assumed to have a mental illness and, most importantly, requires respect and love for the patient.

Modern science has succeeded in studying the causes of many mental disorders. However we know that abnormal manifestations of people's mental state *before the emergence of psychiatry* were associated with the impact of demons. The theme of demonic impact on people's mental state remains relevant today too. However, modern medicine, which has always followed its scientific method, by its nature, cannot confirm the reality of the existence of demons, which creates difficulties for modern man to understand the world of demons. At the same time, any news related to this topic usually provokes in society and mass media an unhealthy interest. The religious vacuum characteristic of our European culture promotes the growth of interest in esoterica (occultism, sorcery, magic, Satanic cults, etc.). In one of his sermons, His Holiness Patriarch Kirill of Moscow and all Russia noted that "however critical may be the attitude of many people today to the theme of the presence of a dark force in human history", the task of the Church is "to remind them that this power is real and that anyone can be a victim of the impact of this power if one is deprived of an experience of prayer and has separated himself from God".<sup>2</sup>

We know that with the coming of the Kingdom of God, which was proclaimed by Jesus Christ, the kingdom of the Satan and demons will be destroyed, although this victory will be final only in the end of times. For

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<sup>2</sup> Patriarch Kirill spoke on the power of prayer and the rite of exorcism. Rossiyskaya Gazeta, reference date 31 October 2019.

the time being, evil spirits can harm human beings – by pushing them to sin, injuring their bodies, causing mystical visions and coming to possess their physical and mental resources (devil possession). Both the mentally healthy and mentally ill can be subjected to evil possession. Christ drove demons out and granted the Church the power to drive them out as part of her mission (Mk. 3:15; 6:12-13). This power of the Church begins to be realized from the moment of Baptism. According to Metropolitan Hilarion (Alfeyev) of Volokolamsk, head of the Moscow Patriarchate Department for external church relations, “In receiving Baptism and defying the devil, one receives at the same time a grace-giving power that will make it possible for one later on to get rid of evil in oneself and overcome temptations coming from the devil. During the catechumen prayers, it is stressed that devil’s power over people is illusory: armed with the power of grace, one overcomes temptations easily”.<sup>3</sup>

The rite of exorcism has existed in the Church from of old. Liturgically, this rite consists in the Church’s calling the Holy Spirit through reading special prayers. This rite is usually administered by only spiritually perfect and experienced pastors. However, it should be remembered that as the fallen spirit moves in one because of one’s sin, so it is sinfulness, not its consequence – possession that should be treated. In this connection, it would be a mistake to regard exorcism as the only effective way of deliverance from possession.

The Western European culture of the last decades has demonstrated a certain paradox. On the one hand, people continue speaking about religion and its private and public importance, but on the other hand, if a person begins participating in religious life a little more profoundly than those around do, it becomes very probable that he or she will be advised to turn to a psychiatrist, especially when their religious life begins to entail mystical events. There is a certain difficulty in discerning religious mystical phenomena, manifestations of demonic possession and mental illnesses. The possibility for mystical events in the life of mentally ill patients, just as the possibility for distinguishing mystical phenomena from pathological religiosity in mental disorders have not been sufficiently studied. There has been no sufficient discussion on the possibility of existence of mental illnesses among holy people or monastics, especially in the last years of their life. We should not forget either that a mental illness may be a providential way by which a person comes to God and that a mental illness may be a way leading to salvation. These and other issues will be considered by our speakers, and I call upon you all to take an active part in the discussion on the problems raised, so that our meeting could be really useful and interesting.

I wish us all fruitful work and invoke God’s blessing on you!

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<sup>3</sup> Metropolitan Hilarion (Alfeyev), *Catechesis. A Concise Guidebook on Orthodox Faith*, p. 109.

## **Welcome address**

Your Eminence!

Venerable fathers, dear conference participants!

I would like to cordially welcome all of you who have gathered to discuss issues of Church care for mentally ill people and, in particular, the impact of religious mystical experience on man's psyche.

The purpose of psychiatry is a person's mental health, which in the most general terms implies freedom of the psyche from morbid manifestations, relatively peaceful state of mind and calmness, and the ability to overcome various stresses.

Christian pastors are also called to help a person achieve inner peace, which in Biblical terms is called peace of Christ that frees a person from confusion and passions, and fills the soul with love and joy. A person may be caught in the most distressing and painful external circumstances, but they do not have power over him or her.

The task of Christian pastoral psychiatry, which is designed to open the soul of the patient to the healing power of the Creator, His grace, served in the Sacraments of the Church, is to help a person on the path of acquiring the world of Christ. The psyche is fraught with a lot of mysterious and unknown, so human resources are not always enough for effective treatment of mental disorders. But we hope that what is impossible to man is possible to God (Lk. 18: 27).

I pray for your fruitful work. May our Heavenly Doctor support you in caring for our mentally ill brothers and sisters.

*Priest Gabino Uríbarri Bilbao*

## **Was Jesus a Mystic?**

### **1. Was Jesus a Mystic?**

(1) If we were to affirm that Jesus was or was not a mystic, this argument would rely on the idea of a mystic that we have<sup>1</sup>. I would like to start this paper clearly stating the understanding of a mystic that I will work from. I shall follow the catholic theologian Karl Rahner. In a very famous essay, he states: «the Christian of the future will be a mystic, this means,

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<sup>1</sup> In this essay I gather ideas from my book: G. Uríbarri, *La mística de Jesús. Desafío y propuesta* (Santander: Sal Terrae, 2017).

someone who has experienced something, or he will not be a Christian»<sup>2</sup>. In light of this formulation, I will consider a mystic one who lives a personal encounter with God and who has a deep personal experience of God. To be even more precise, a mystic is a person who has been touched in his or her life by the real and profound mystery of God.

(2) Given this understanding of a mystic, can we consider Jesus a mystic? Without a doubt yes; we can and must do so. If we look at the best testimonies we have of Jesus Christ's life, the canonical Gospels, there we find two major elements that support our argument. First of all, the Gospels explicitly point out that Jesus prayed in several moments of his life. For instance, there are the following well-known scenes in which Jesus appears praying: the scene of the agony in the garden of the olive trees (Mk 14: 36 and par.; Heb 5: 7), the exclamation of jubilation (Lk 10: 21-22), and the more indirect scene of his teaching the Our Father (Mt 6: 9-13 and par.). In addition, the Gospels confirm his custom of retiring early to pray or of spending long periods in prayer (e.g. Mk 1: 35; 6: 46; Lk 5: 16), as seen in the prayer before the election of the disciples (Lk 6: 12-13). The evangelical texts also report his prayer before some miracles such as the multiplication of the loaves (e.g. Mk 6: 41; 8: 6) or the resurrection of Lazarus (Jn 11: 41-42), as well as the prayer on the cross (Mt 27: 46; Mk 15: 38; Lk 23: 46; Jn 19: 28), and the so-called priestly prayer (Jn 17). Consequently, we can consider Jesus as a man of prayer.

Secondly, we might ask ourselves: what happened during this prayer? We must acknowledge that we would like to have more information than we have. Nevertheless, we get a good hint as to Jesus' intimacy with God in prayer by way of the content of his prayer and its impact in his life. The content of his prayer is frequently thanksgiving (e.g.: Mk 8: 6 y par.: Mt 15,36; Jn 6: 11. 23; 11: 41-42; 1Cor 11: 23-24 and Lk 22: 19; Mt 26: 27 and Mk 14,23; Lk 22,17) and blessing God (e.g.: Mk 8: 7; Lk 9: 16; Mt 26: 27 and Mk 14: 23)<sup>3</sup>. In an even clearer indication of the content of his prayer, we have the scene before the crucifixion in the garden of Gethsemane, in which he uttered these words: «“Abba, Father, all things are possible to thee; remove this cup from me; yet not what I will, but what thou wilt”» (Mk 14: 36). Here, where the window of Jesus' relation with the Father is slightly opened, we grasp from a distance its depth and intimacy, its tenderness and openness. We receive the confirmation, that in fact Jesus' life really was touched and guided by the mystery of God, and that God was present in his life, transparent to his

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<sup>2</sup> K. Rahner, «Espiritualidad antigua y actual», in Id., *Escritos de Teología VII* (Madrid: Taurus, 1969), 13-135, here 15.

<sup>3</sup> Cf. A. Vanhoye, *Jesús, modelo de oración* (Bilbao: Mensajero, 2014).

conscience<sup>4</sup>.

The impact of prayer in his life is suggested through his obedience to the will of the Father. The whole life of Jesus can be understood as obedience to his Father: «“My food is to do the will of him who sent me, and to accomplish his work”» (Jn 4: 34; cf. Jn 5: 30; 6: 38; Rm 5: 19; Philp 2: 8; Heb 5: 8; 10: 9-10). The union with his Father through the Holy Spirit is the thread of his life, his action, his teaching, his options.

To conclude, we are right when we affirm that Jesus was a mystic in the sense that he did have a real experience of a deep encounter with God, that he was touched, in his humanity, by the real and profound mystery of God. Does this statement agree with Christological dogma? Let us take a look.

## **2. Jesus as a mystic in the frame of christological dogma**

When I speak of Jesus' mysticism or of Jesus as a mystic I am always speaking about his humanity. That his human nature had a real experience of the mystery of God can be defended by at least three reasons, gathered from the best of patristic theology.

(1) According to Irenaeus of Lyon, in the scene of Jesus' baptism (cf. Mk 1: 9-11 and par.), at the beginning of his public ministry, Jesus was anointed by the Holy Spirit. This anointing fell upon his humanity<sup>5</sup>. Through the anointing of the Spirit, the humanity of Christ started his messianic and filial ministry, which the next scene, the temptations (cf. Mk 1: 12-13 and par.) confirm. This means, then, that it was through the guidance and strength provided by the Holy Spirit over his humanity that Jesus Christ accomplished his work of salvation. We can presuppose as a theological and spiritual reading, without fear of making an extreme judgment, that this anointing of the Spirit on the humanity of Jesus implies a true, real, continuous and profound experience of connection with God in his mystery.

(2) The First Council of Constantinople condemned the position of Apollinaire of Laodicea (cf. DH<sup>6</sup> 151). It is well known, that Apollinaire rejected the presence of a human soul in the incarnate Word of God. The condemnation of Apollinaire himself and all derivations of Apollinarism means that we must defend the presence and activity in Jesus Christ of a

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<sup>4</sup> This is a main point in Joseph Ratzinger's book, *Jesus of Nazareth*. See G. Uríbarri, «La oración de Jesús según J. Ratzinger, teólogo y papa. Líneas maestras de una cristología espiritual», *Estudios Eclesiásticos* 91 (2016) 363-390.

<sup>5</sup> Irenaeus of Lyon, *Adv. Haer.* III, 9,6 (SCh 211, 206-208); III, 9,3 (SCh 211, 110s); III, 17,1 (SCh 211, 330); III, 18,7 (SCh 211, 364-370); IV, 14,2 (SCh 100, 542-544). See, for instance: A. Orbe, *La unción del Verbo. Estudios Valentinianos III* (Roma: Pontificia Università Gregoriana, 1961); L. F. Ladaria, *Jesús y el Espíritu: la unción* (Burgos: Monte Carmelo, 2013).

<sup>6</sup> H. Denzinger - P. Hünermann, *El magisterio de la Iglesia. Enchiridion Symbolorum et Declarationum de rebus Fidei et Morum* (Barcelona: Herder, 1999).

human soul, i.e.: a human intellect (*noûs*), a human will (*thélema*), and so on. This represents the main trend of patristic Christology, as for instance seen in Gregory of Nazianzus's rejection of Apollinaire's position<sup>7</sup>.

(3) With Maximus Confessor<sup>8</sup>, the first Lateran Synod (year 640; cf. DH 500), and the third Council of Constantinople (year 680-681; cf. DH 555-556) state the presence and the activity of a human will in Jesus Christ. This human will, was active in the obedience to the will of the Father. Through this human will Jesus Christ accomplished the work of salvation.

So, to summarize, the human will (against Apollinaire and with Gregory of Nazianzus), anointed by the Holy Spirit (Irenaeus) was really active in the work of salvation (Maximus Confessor). This means, the humanity of Christ, because of the intimate relation it had with the mystery of God, with the Father, lived as the true servant of God, as the real Son of God, as the one who always obeyed the Father. In this sense, Jesus was the highest mystic we can think of, his humanity lived in the deepest and purest experience and relation to the mystery of God.

### **3. Main features of Jesus' mysticism**

Five fundamental characteristics stand out in the mysticism of Jesus.

(1) It is a *filial* mysticism. What is transparent in Jesus' prayer is that he addresses God as Abba, as "Father". In this way he stands before God as "Son". Using a term like Abba, which comes from a more infantile language, he manifests a relationship of closeness, intimacy, and tenderness. However, the scene in which it appears, the prayer in the garden of Gethsemane, reveals that the filial relationship includes obedience to the will of God.

As a Son, then, Jesus lives in trust and surrender. He lives his filiation as an expression of mission: to fulfill the commission that the Father has given him. For this reason, his mysticism does not center him in himself, rather it centers him in God and in the mission of proclaiming the Kingdom of God. At the same time, this mysticism generates the confidence of knowing himself in the hands of the Father, of knowing himself as heard and sustained, even in the dark moments of the garden and the cross.

The Father, with whom Jesus relates in prayer, is the Father of mercies. For this reason, in his ministry of preaching the advent of the Kingdom of God, Jesus manifests a preferential and merciful love for the poor, the sinners. The parable called the "prodigal son" (Lk 15: 11-32),

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<sup>7</sup> Cf. Gregory of Nazianzus, *Ep. 101, ad Cledonium*, 32 (SCh 208, 50).

<sup>8</sup> Maximus Confessor, *Opusc.* 6 (PG 91, 65-69); 16 (PG 91, 184-212); *Disputatio cum Pyrrho* (PG 91, 288-353).

which could be called the “father of the lost son”, reflects the face of God that Jesus lives in his mystical prayer and fulfills in his ministry.

(2) His is a *praying* mysticism. In the Lord’s Prayer, the fundamental features of Jesus’ way of praying are revealed to us. If we follow the structure of the Lord’s Prayer, the first thing that is confirmed is the image of God as “father”, for that is how this prayer begins: “Our Father who art in heaven” (Mt 6: 9).

The seven petitions in the Lord's Prayer are usually divided into two parts. The first three, according to Matthew's version, which I am following, constitute what are called the “thou” petitions, because they are addressed to God:

“Hallowed be thy name.  
Thy kingdom come,  
thy will be done” (Mt 6: 9-10).

In these petitions, we perceive a clear theological dimension. They are addressed to God, and they do not seek immediate benefit for the person praying. They open themselves so that the adorable mystery of God may be recognized, so that his kingdom and his will may be implanted on earth. It is a prayer that floats over God’s glory, his holiness, his majesty. And he asks, with humility, that what divine majesty means may burst forth.

The remaining four petitions are called “we”, for we are the beneficiaries. They are the following:

“Give us this day our daily bread;  
And forgive us our debts, as we also have forgiven our debtors;  
And led us not into temptation,  
but deliver us from evil” (Mt 6: 11-13).

On the one hand, these petitions look towards daily life: the daily bread, which the Church Fathers will interpret as the Eucharistic bread, the authentic bread of life; the debts and the sins, which have to be forgiven by generating an authentic fraternity. The last two, temptation and evil, point towards the final fate of the individual and eternal life.

(3) It is a mysticism of *service*. From his filial relationship with the Father, Jesus gives himself to the service of the proclamation of the good news (Gospel) of the irruption of the Kingdom of God. His entire public ministry is structured around this service.

Jesus’ relationship with God situates him as a servant. He identifies himself with the Old Testament figure of the Servant of Yahweh. In the

washing of the feet (Jn 13), he performs a typical work of servants: washing the feet. This scene is a splendid manifestation of the mysticism of service that characterizes his life.

This service leads him to an important teaching activity. In this area the parables stand out. His teaching highlights that the mysticism of Jesus includes language about God, by means of symbols and images. It is not that God cannot be known, rather there are symbols that allow us to understand how he acts and how the Kingdom of God comes.

In this service, Jesus eats with sinners, and in this way he manifests the face of the Father, of the God of mercies. For this reason, the mysticism of Jesus includes, as a fundamental component, the community. Namely, he calls disciples as followers, and invites them to an experience of commensality: he gathers in houses to eat and is unafraid to sit and eat with sinners (cf. e.g. Lk 15: 1-2). The figure of Jesus that appears in the Gospels contrasts with the asceticism of John the Baptist and the rigorism of the scribes. In other words, the mysticism of Jesus is joyful and festive.

(4) It is a *combative* mysticism. In his ministry Jesus clashes with different groups. His ministry is accompanied by conflict, whose keystone is the image of God as Father. In other words, when Jesus translates into practice what God's fatherhood means, sparks fly.

He clashes with the Pharisees because he understands the Law differently. On the one hand, he does not comply with the laws of purity concerning food and utensils. But also, on the other hand, he skips the Sabbath observance and heals on Saturday. Thus, he shows not only that the Son of Man is Lord of the Sabbath, but also that God rejoices in the deliverance of his children who are oppressed by demons or diseases.

Jesus' criticism of the sacrificial system of the Temple clashed head-on with the Sadducees and the priestly families, to the point of leading to his death. With his critique of the Temple, Jesus presents an image of God who is not served unless there is the practice of mercy and justice; a God who does not discriminate between Jews and non-Jews, between pure and impure. Moreover, with the irruption of the Kingdom of God thanks to Jesus, the two great institutions of the OT, which mediated the relationship with God, the Law and the Temple, are relativized.

Thus, the mysticism of Jesus teaches us to face conflict, to not compromise with accommodations when the true image of God and the way of pleasing Him is at stake.

(5) Finally, the mysticism of Jesus is *paschal*. On account of this conflict, Jesus' mysticism led him to death. Jesus' surrender and fidelity to the mission entrusted to him reaches the point of death on the cross. That is why it is a *sacrificial* mysticism. His surrender to death is an act of obedience before God and of generosity for us, for our sins, as can be

deduced from the gestures and words of the Last Supper. God the Father accepts this sacrifice, delights in him to the point of raising him from the dead through the Spirit, exalting him, seating him at his right on the throne of glory, declaring him Lord of the universe and making him the source of all his blessings.

For all these reasons, Christian mysticism – in following Christ and conforming our lives to him by the gift of the Spirit and the sacraments – is a mysticism that is filial, prayerful, realized in service, combative and paschal.

#### **4. The Healthiness of Jesus' mysticism**

As we have seen, the mysticism of Jesus is closely intertwined with his prayer, calling God Abba, and with the active presence of the Holy Spirit in his humanity. Consequently, if we can pray precisely as Jesus did (cf. Mk 14: 36), also calling God in prayer Abba (cf. Gal 4: 6; Rm 8: 15); and if this prayer is induced in us by the same Holy Spirit that anointed and guided Jesus' humanity (cf. Gal 4: 6; Rm 8: 15), then we can partake, in a different level, in the mysticism of Jesus.

The mysticism of Jesus generates health and well-being in those who live it. I will only point out three reasons that justify this affirmation.

(1) We are created in the image of the Son (Gen 1: 26-27; Col 1: 15). Therefore, the filial mysticism of the Son responds to what we, as creatures, radically are: called to configure ourselves with the Son (cf. Rom 8: 29).

(2) The mysticism of Jesus does not require extraordinary abilities or special circumstances to be lived. It is for everyone, for daily life, for work, for the family, for situations of conflict that arise, for friction in living together. It helps us to live daily life from God and towards God and, as a result, with depth and peace.

(3) The mysticism of Jesus, the new Adam, teaches us the way not to lose ourselves in the face of multiple temptations under the cloak of good. The new Adam, with his filial life, teaches us the authentic virtues and the way to overcome the vices that threaten to ruin our path towards God, our authentic humanization<sup>9</sup>. Thus, the mysticism of Jesus includes the potential to teach us to overcome all situations from the roots in God, including conflict, abandonment, loneliness<sup>10</sup> and death.

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<sup>9</sup> Cf. J.-C. Larchet, *Terapéutica de las enfermedades espirituales* (Salamanca: Sígueme, 2014).

<sup>10</sup> Cf. O. González de Cardedal, *Jesucristo. Soledad y compañía* (Salamanca: Sígueme, 2016).

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### **“Sober inebriation” as antithesis of passion for alcohol drinking**

Health, as defined by WHO (World Health Organization), is a state of "complete physical, mental and social well-being".<sup>1</sup> I want to note that this definition contains the idea of "well-being".

Jesus Christ says that "*There is only One who is good*".<sup>2</sup> At the same time, the Lord calls on His followers to conform unto God, to gain spiritual wealth through God, saying, "*Be perfect, therefore, as your heavenly Father is perfect*."<sup>3</sup>

I want to note that in the IV century BC the ancient Greek philosopher and physician Aristotle the Stagirite came to the conclusion "that the ultimate purpose of human existence, and therefore of human

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<sup>1</sup> Off. Rec. Wld Hlth Org., 2, 100.

<sup>2</sup> Mt.19:17.

<sup>3</sup> Mt.5:48.

society as a whole (since man as a political animal cannot exist outside of society), is to achieve a life similar to God".<sup>4</sup>

This means that the achievement of complete well-being, both for a person and for society, relates directly to the renewal and enrichment of our mentality, to spiritual and moral development.

The human potential is not fully revealed through the ordinary, habitual, so-called "normal" state of consciousness, special states of consciousness, such as sleep, hypnosis, meditation, drug intoxication, drunkenness, etc. Renewal and enrichment of the mentality implies recognition of mystical and religious forms of consciousness.

Religious and mystical experiences are important concepts. "Various descriptions of phenomena, cross-culture, and historical immutability are the most important reasons to consider the descriptions of mystical experiences trustworthy," said the religion scholar A.M. Mironova.<sup>5</sup>

The American philosopher and psychologist William James (January 11, 1842, New York - August 26, 1910, Chokorua, Carroll County) wrote in his book "The Varieties of Religious Experience" (1902): "...our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus, and at a touch they are there in all their completeness, definite types of mentality which probably somewhere have their field of application and adaptation. No account of the universe in its totality can be final which leaves these other forms of consciousness quite discarded".

According to James, religious experiences are higher than mystical ones. People, to the best of their ability, only come into contact with the mysterious realm in their mystical experiences, while in religious experiences a person unites with the Divine. Apostle Paul says about such a union: "*I no longer live, but Christ lives in me*".<sup>6</sup>

How do these comments of William James relate to the theme of this report?

It's that providing care for mentally ill people, working for their good we often encounter in them addictive disorders. So, in particular, the

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<sup>4</sup> S.V. Mesyats. Blago. (Goodness) // P.P. Gaidenko, M.A. Solopova, S.V. Mesyats, A.V. Seryogin, A.A. Stolyarov, Yu. A. Shichalin. Antichnaya Philosophiya (Antique Philosophy): Encyclopedic Dictionary. - M.: Progress-Tradition, 2008.- P.209

<sup>5</sup> Mironova A.M. Metodicheskie problemy essentsialistskikh opredeleniy ponyatiya "misticheskiy" opyt. (Methodological problems of essentialist definitions of the concept of "mystical" experience). // Alina Mikhailovna Mironova. – Nauchnaya mysl' Kavkaza (Scientific thought of the Caucasus). - 2019. No.2, P.20.

<sup>6</sup> Gal.2:20.

medical scientists' studies show that "10 to 40 % of patients with schizophrenic disorder suffer from alcohol and drugs addictions".<sup>7</sup>

How should the priest position himself looking at this problem?

The "father of modern psychology" gives us a clue. He rightfully considers drunkenness a part of mystical consciousness.

Here's what he said about it:

"The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature, usually crushed to earth by the cold facts and dry criticisms of the sober hour. Sobriety diminishes, discriminates, and says no; drunkenness expands, unites, and says yes. It is in fact the great exciter of Yes function in man. It brings its votary from the chill periphery of things to the radiant core. It makes him for the moment one with truth. Not through mere perversity do men run after it. To the poor and the unlettered it stands in the place of symphony concerts and of literature; and it is part of the deeper mystery and tragedy of life that whiffs and gleams of something that we immediately recognize as excellent should be vouchsafed to so many of us only in the fleeting earlier phases of what in its totality is so degrading a poisoning. The drunken consciousness is one bit of the mystic consciousness, and our total opinion of it must find its place in our opinion of that larger whole".<sup>8</sup>

Yet, St. John Chrysostom says, "Wine can inebriate one who has not even tasted it, and one can still be sober though drinking wine".<sup>9</sup> It turns out that one can also experience spiritual sober inebriation.

What is the mysticism of this state?

Dwelling on the issue of spiritual inebriation in mysticism of Simeon the New Theologian, "very close to the subject of ecstasy and mystical joy", the memorable Archbishop Vasily (Krivoshein) [July 17 (July 30) 1900, St. Petersburg – September 22, 1985, Leningrad], Athos ascetic and pathologist, writes that "the pagan poetry and religious literature of the Greeks, Plotinus and the Gnostics have already intimate knowledge of the subject, and Philo, who constantly used this topic in his allegorical interpretation of the Bible, apparently borrowed it from them. Philo probably is the author of the famous oxymoron "sober inebriation", so vividly perceived by the Christian patristics".

A prominent representative of Jewish-Greek philosophy, Philo of Alexandria (c. 25 BC - c. 50 after Christ) used the oxymoron "sober inebriation" (Greek "ρηφάλιος μέθη"; lat. Sobria ebrietas), in his treatise

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<sup>7</sup> Shlyomina I.V. Clinica i terapiya shizotipicheskogo rasstoystva (maloproгредиyentnoy shizofrenii), sochetayushchegosya s alkogolizmom (Clinic and therapy of schizotypic disorder (sluggish schizophrenia), combined with alcoholism) // Psikhicheskoe zdorovye (Mental health). 2009. No5. P.39.

<sup>8</sup> Cit. ex William James. The Varieties of Religious Experience/translated by V.G. Malakhiev-Mirovich and M.V. Shick – M. Nauka (Science), 1993.

<sup>9</sup> Slovo protiv upivayushchikhsya i o voskresenii. Tvoreniya svyatogo ottsa nashego Ioanna Zlatousto, Arkhiepiskopa Konstantinopoljskogo, v russkom perevode. Tom 2, kniga 1. ( St. John Chrysostom Homily Against drunkards and on the Resurrection in Russian translation. Vol.2, part 1) St.Petersburg, Izdanie S-Peterburgskoy Akademii, 1896 (St.Petersburg Theological Academy Edition, 1896), P.475.

“On Flight and Finding” (Περὶ φυγῆς καὶ εὐρέσεως; De Fuga et Inventione).

His main theme is the question: what are the Bible runaways running away from, what and how do they find? The author begins his commentary with the story of the flight of Hagar from Sarah and her finding by the Angel of the Lord at the spring on the way to Sura (Genesis 16, 6-12). According to Philo, in the same way that the Angel of the Lord, and not a man, finds Hagar near the spring, symbolizing the Wisdom of God and Life, and convince her to return to her mistress and submit to her, so also the chosen, without their own effort, can attain the sacred wisdom which they are reveling in, remaining in a sober mind (διετέλεσε μεθύων τὴν μετ' ὀρθότητος λόγου νήφουσαν μέθην).<sup>10</sup>

Philo also devoted special writings to the problem of inebriation and sobriety, “De ebrietate” (On inebriation) and “De sobrietate” (On sobriety).

Prof. Richard J. Brunner, German linguist, analyzed the work of Hans Lewy “Sobria ebrietas. Untersuchungen zur Geschichte der antiken Mystik” (“Sober inebriation. A study on the history of ancient mysticism”)<sup>11</sup>, published in 1929, and showed that, Philo’s oxymoron “sober inebriation” is a proper expression to indicate the borderline between wisdom and rationality. Philo distinguishes between the rationality of the sophist and the wisdom of a true scientist in the treatise “De sobrietate”. Brunner notes: “Hellenistic rationality, according to Philo, does not comprehend the secrets of human life, it is only a remedy for stupidity disguised in religious orgies and bacchanalias. Wisdom, founded and affirmed in asceticism, due to its source and origin, is a God-pleasing way of life that can lead to the knowledge of the Divine Revelation truth and the observance of God's covenants.

Philo sees the true meaning of “rationality” in making the Word of God, which is always present in a veiled symbolic form in Scripture, tradition and historical events, audible and understandable. God speaks to us through history and Scripture, but what He says must be deciphered by a sober mind.

It is only in the light of wisdom that one can understand the truth of Scripture and the history recorded in it. Thus, σοφία (wisdom) is a source of the true faith”,<sup>12</sup> according to the analyst Richard Brunner.

I can’t but quote here monk Andronik (A.F. Losev): “Faith is the requirement of an extremely developed mind”.<sup>13</sup>

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<sup>10</sup> URL: [https://el.wikisource.org/wiki/Περὶ\\_φυγῆς\\_καὶ\\_εὐρέσεως](https://el.wikisource.org/wiki/Περὶ_φυγῆς_καὶ_εὐρέσεως) (logging in date: 31.10.2019).

<sup>11</sup> Hans Lewy. Sobria ebrietas. Untersuchungen zur Geschichte der antiken Mystik.(Sober enabriation. Study on the history of ancient mysticism) Gießen: Töpelmann, 1929.– 174 S.

<sup>12</sup> Brunner, Richard J.: Sobria ebrietas – Nüchterne Trunkenheit. Über eine den Kirchenvater Augustinus stark beeindruckende rhetorische Figur. (Sober enabriation. About one impressive rhetorical figure of the Holy Father Augustine). URL: <https://www.augustinus.de/einfuehrung/86-texte-ueber-augustinus/215-sobria-ebrietas-nuechterne-trunkenheit> (logging in date: 09.12.2018).

<sup>13</sup> Protoierey Alexey Baburin. “Bog vsyo predvidit i vsyo predopredelyaet”. Izvlecheniya iz besed monakha-philosofa Andronika (A.F.Loseva) s tserkovnoslužhitelem-medikom Alexeem Baburinym.

The theme “sober inebriation” has been brought up by many famous saints, starting from Cyprian of Carthage (210, Tunisia - September 14, 258, Carthage, Tunisia), who wrote in a letter to Cecilia: “The Lord’s cup will so inebriate drinkers that it will make them more sober”(calix Dominicus sic inebriet ut sobrios faciat)<sup>14</sup>. They interpreted the biblical texts mainly allegorically and symbolically: about the inebriety of Noah; about the prayer of Anna, the mother of the prophet Samuel; about the Cup, which inebriates; about the rapture from the fat of the house of God; about the wine that amuses a person’s heart; about the feast of Wisdom; about the “inebriety” of Apostles at Pentecost; about the Last Supper; about the rapture of the Holy Spirit.

In the descriptions of the Holy Fathers, the God inspired souls experience indescribable joy, delight, sweet, rejoicing, ecstasy, amazement, selfless ecstasy, reasonable and sober inebriation, when they are in contemplation of the One, in a reverent prayer unity with God, in Eucharistic communion with God, rapture the Word of God. "It is such a joy that is not overshadowed by any sinful filth"<sup>15</sup>. The ecstatic state of the God-loving and humble Christians is a gift of the Holy Spirit, “sober inebriation”, but not self-excitation.

The “sober inebriation” oxymoron sounds most impressive in the hymn of St. Ambrose (c. 340, Augusta-Treverorum, Belgica, Roman Empire - April 4, 397, Mediolanum, Italy, Western Roman Empire) “the Radiance of the Father's Glory ” (Splendor paternae gloriae)

"And may Christ be food to us,<sup>16</sup>  
and faith be our drink,  
and let us joyfully taste  
the sober **intoxication** of the Spirit".<sup>17</sup> [**inebriation**]

1980-1988 гг. // Sbornik materialov Mezhdunarodnoy nauchnoy konferentsii “XVI Losevskie chteniya – Philosov i ego vremena: K 125-letiyu so dnya rozhdeniya A.F.Loseva”, prokhodivshy 17-20 oktyabrya 2018 g. M.: “MAKS Press”, 2019. – C. 794 (Archpriest Alexey Baburin. "God foresees everything and predetermines everything. "Extracts from conversations of the monk-philosopher Andronik (A.F. Losev) with the clergyman-physician Alexei Baburin. 1980-1988 // Collection of materials of the International Scientific Conference “XVI Losev Readings - The Philosopher and His Time: On the 125th Anniversary of the birth of A.F. Losev”, which was held on October 17–20, 2018, Moscow: MAKS Press, 2019. - P.794).

<sup>14</sup> See: Corpus scriptorum ecclesiasticorum latinorum (CSEL). Vol. III. Pars I. S. Thasci Caecili Cipriani Opera ex recensione G.Hartelii. Epistulae LXIII. Cyprianus Caecilio Fratri S. - P. 710.

<sup>15</sup> Amvrosiy Mediolansky; ep. Sobranie tvoreniy [Text] : na latinskom i russkom yazykakh/ svt. Amvrosiy Mediolansky: [perevod s latinskogo D.E. Afinogenova, prot. A.Grinya,M.V.Gerasimovoy ; perevod so staroslavlyanskogo F.B. Alibrekhta]; Pravoslavny Svyato-Tikhonovskiy gumanitarny universitet.-T.1.- O tainstvakh. Beseda 5.3. Slovo:17.- Moskva: Izd-vo PSTGU, 2012.- S.241. (St. Ambrose; bp Collected writings [Text]: in Latin and Russian / St. Ambrose; [trans. from lat. D.E. Afinogenova, prot. A. Grinya, M.V. Gerasimova; trans. from the old Slavs. F. B. Albrecht]; Orthodox Sant Tikhon’s University of Humanities - Vol. 1.- On the sacraments. Conversation 5. 3. Part: 17. - Moscow: Publishing house PSTGU, 2012. - P. 241.

<sup>16</sup> Cf.: “For my flesh is true food, and my blood is true drink”. John 6:55.

<sup>17</sup> Christusque nobis sit cibus,  
potusque noster sit fides;  
laeti bibamus sobriam  
ebrietatem Spiritus.

In the Fourth Homily, the Monk Macarius of Egypt (c. 301, Lower Egypt, the village of Zhizber - 391), according to other sources, Simeon of Mesopotamia answers his discourses to the question of whether a person can constantly enter into a state of true, undistracted, selfless prayer experience. In his answer, the ascetic compares the prayer to the lamp: "Sometimes the fire flames out and kindles more gently and mildly. The light that it gives kindles up at times and shines with unusual brightness; at others it abates and burns low. The lamp is always burning and shining, but when it is specially trimmed, it kindles up with intoxication [inebriation] of the love of God (ἐν μέθῃ ἐξετάζεται τῆς ἀγάπης τοῦ Θεοῦ); and then again by God's dispensation it gives in, and though the light is always there, it is comparatively dull".<sup>18</sup>

Metropolitan Hilarion (Alfeev), a theologian and patrologist, doctor of philosophy and theology, in his monograph on St. Isaac the Syrian, Bishop of Nineveh (c. 640, Qatar - c. 700, Nineveh, Iraq) concentrates in detail on the topic of spiritual inebriation in the mystical theology of the great Father of the Church.

St Isaac says the following about the effect of a prayer on the ascetic soul: "Do you want to beautify your tenement through toilsome standing, or may be you want to make your soul pleasing to God? Then say just five words thoughtfully and you will be embosomed by inebriation".<sup>19</sup> Metropolitan Hilarion sees the Jesus prayer in the mention of the reverend father about "five words" - a brief, continually repeated prayer consisting, in its most classical form, of five words: "Jesus, Son of God, have mercy".<sup>20</sup>

Eusebius Pamphilus (263, Palestine - May 339, Caesarea National Park, Caesarea, Israel) uses this expression in his commentary on the Psalm

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Sobranie tvoreniy [Text] : na latinskom I ruskom yazykakh/ svt. Amvrosiy Mediolansky: [perevod s latinskogo D.E. Afinogenova, prot. A.Grinya,M.V.Gerasimovoy ; perevod so staroslavlyanskogo F.B. Alibrekhta]; Pravoslavny Svyato-Tikhonovskiy gumanitarny universitet.- Moskva: Izd-vo PSTGU, 2012.- T.6/ [sost. N. A. Kuljkova].-2016.- C.322-325. (Collected writings [Text]: in Latin and Russian / St. Ambrose; [trans. from lat. D.E. Afinogenova, prot. A. Grinya, M.V. Gerasimova; trans. from the old Slavs. F. B. Albrecht]; Orthodox Sant Tikhon's University of Humanities - Moscow: Publishing House PSTGU, 2012.- - Vol. 6 / [complier N. A. Kuljkova]. - 2016. – P.322-325.

<sup>18</sup> Dukhovnye slova I poslaniya [Text] : novoe izdanie s prilozheniem grecheskogo teksta, issledovaniyami i publikatsiyey noveyshikh rukopisnykh otkrytiy/ prp. Makariy Egipetskiy (Simeon Mesopotamsky); podgot. A.G. Dunaev i ieromonakh Vinsen Depre pri uchastii M.M. Bernatskogo i S.S. Kima. Moskva: [b. i.], Svyataya Gora Afon: Izd. Pustyni Novaya Fivaida Afonskogo Russkogo Panteleimonova monastyrya; 2015.-S.311-312. (Spiritual homilies and epistles [Text]: new edition with the application of the Greek text, research and publication of the latest handwritten discoveries / St. Macarius of Egypt (Simeon of Mesopotamia); preparation by A.G. Dunaev and Hieromonk Vinsen Depre with the participation of M.M. Bernatsky and S.S. Kim. Moscow: [publishing house is not mentioned], Mount Athos: publishing house of the Deserts of the Thebaid New Athos Russian St. Panteleimon monastery; 2015.-P. 311-312.

<sup>19</sup> Episkop Ilarion (Alfeev). Dukhovny mir prepodobnogo Isaaka Sirina. Izdanie vtroe, ispravlennoe i dopolnennoe. Spb.: Aletya, 2002.-S.336. (Bishop Hilarion (Alfeev). The spiritual world of St. Isaac the Syrian. Second edition, revised and supplemented. St. Petersburg: Aletheia, 2002.- P. 336.

<sup>20</sup> Ibid.

of David (35:9): “*They feast on the abundance of your house; you give them drink from your river of delights*”. He calls the House of God His Church. He understands the abundance of the house as spiritually beneficial God inspired words that cause sensible and sober inebriation (μέθη δὲ σώφρων καὶ νηφάλιος).<sup>21</sup>

St. Ambrose of Milan says that the abundance of the house of God that is “an abundance of grace”, and “the flow of rapture is the Holy Spirit”.<sup>22</sup>

The Christian writer Didimus the Blind, a representative of the Alexandrian theological school, interprets the same verse in a similar way, referring to the house of God as Church, full of ecclesial teaching, that can lead to sober inebriation (νηφάλιον μεθυσθήσονται μέθην).<sup>23</sup>

St John Chrysostom (circa 347, Antioch - September 14, 407, Comans of Pontius, Pontus) spoke of the same true drunkenness when he quoted the Epistle of the Apostle Paul to the Ephesians: “*Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit*”.<sup>24</sup> “Here is a wonderful inebriation; saturate your soul with the Spirit, so as not to saturate it with drunkenness; this is what your soul first should be filled in like a cup so that the devil can no longer put anything into it; you need not only to receive communion of the Spirit, but be filled with the Spirit, psalms, hymns, and spiritual songs that you have filled today”- the archbishop preached to his beloved parishioners for Easter in 395<sup>25</sup>.

It is to note that the Universal Teacher defines alcohol drunkenness “as an unnatural dullness of the soul, a perversion of thoughts, a lack of reasoning, absence of consideration.” And he adds: “And this does not come just from the intoxication of wine, but also from anger and indecent lust drunkenness”. And further down the line: “no drunkard can crave after divine sayings”<sup>26</sup>.

In the preface to the “Dobrotoliubie” (Philokalia) translated by St. Paisius (Velichkovsky) into the Slavic language, St. Nicodemus the Hagiorite (1749-1809) invites Orthodox people to “get drunk with truly

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<sup>21</sup> PG 23, 321 AB.

<sup>22</sup> “Domus ergo Ecclesia est; ubertas domus, redundantia gratiarum, torrens voluptatis, Spiritus sanctus”. Sancti Ambrosii Episcopi Mediolanensis Opera (“Therefore House is the Church; the abundance of the house, thanks to the overflow of voluptuous streams, Holy Spirit.” St. Ambrose, bishop of Milan works ) [SAEMO]: Opera omnia di Sant’Ambrogio. Vol.7. Commento a dodici salmi. Commento al salmo XXXV, 19. P. 135.

<sup>23</sup> Fragments of the interpretation of the psalms. Psalm 35:9a. Didymi Alexandrini. Expositio in psalmos. Psalmus XXXV. Vers. 9 A. //Patrologiæ cursus completus [Series Græca]: ... omnium ss. patrum, doctorum, scriptorumque ecclesiasticorum sive Latinorum sive Græcorum (Vol 39), Jacques-Paul Migne, 1863.- P. 1336.

<sup>24</sup> Eph.5:18.

<sup>25</sup> Slovo protiv upivayuschikhsya i o voskresenii. Tvoreniya svyatogo ottsa nashego Ioanna Zlatousta, Arkhiepiskopa Konstantinopoljskogo, v russkom perevode. Tom 2, kniga 1.( St. John Chrysostom Homily Against drunkards and on the Resurrection in Russian translation. Vol.2, part 1) St.Petersburg, Izdanie S-Peterburgskoy Akademii, 1896 (St.Petersburg Theological Academy Edition, 1896), P. 477.

<sup>26</sup> Ibid. P.475.

sober inebriation” (και μεθύσετε από μέθη πραγματικά νηφάλια)<sup>27</sup>, comparing reading of this book with a spiritual feast.

On the cusp of the 1st and 2nd millenniums, St. Simeon the New Theologian (949, Galatia - 1022, Chrysopolis) turned to a description of the features of divine inebriation, based on his personal mystical experience, in the 23rd Catechetical Discourse “On confession and fear of God “. “In order to heal from a deadly disease, what sin is, you must first recognize it, this action is driven by the fear of God, turn to God and implore Him for your salvation. God always answers our call, intervenes miraculously, saves, “dragging us by the hair”, and rewards with His gifts, the fruits of repentance, peace, dispassion and ecstatic joy, similar to spiritual inebriation, a vision of the light or the sun,” says the holy Father Simeon<sup>28</sup>.

Unfortunately, people often substitutes their innate aspiration for the grace-filled sober inebriation of the God’s love and the joy of mutual communication in God, by a sinful passion of drunkenness, which leads to the death of the soul. Man again faces a decisive moral choice. Through the ages God continues to appeal: “...I have set before you life and death, blessings and curses. Now choose life, so that you and your children may live and that you may love the Lord your God, listen to his voice, and hold fast to him. For the Lord is your life, and he will give you many years...”<sup>29</sup>.

Saving a person who has chosen life free from sin slavery, our Lord Jesus Christ invites us to commune in the sacrament of the Eucharist, by way of bread and wine, His True Body and True Blood, which release us from the seed of aphids and feed us for glorious eternal life.

The Lord said to the apostles: “*you may eat and drink at my table in my kingdom,*”<sup>30</sup> as the Holy Fathers interpret them, mean Love as food and drink, bread and wine, which are eaten by those who love God in His Kingdom. In this regard, Metropolitan Hilarion (Alfeyev) quotes St. Isaac the Syrian in his book on the Holy Father: “This is the wine which maketh glad the heart. Blessed is the one who partakes of this wine! Licentious people have drunk this wine and become chaste; sinners have drunk it and have forgotten the pathways of stumbling; drunkards have drunk this wine and become fasters; the rich have drunk it and desired poverty, the poor

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<sup>27</sup> Cit. ex: O.A.Rodionov. Predislovie k slavyanskomu “Dobrotolyubiyu”: istoriya teksta. Kapterevskie chteniya. Sbornik statey. Vypusk 12. Moskva, 2014. S. 180. (Preface to the Slavic “Philokalia”: the history of the text. Kapterevsky readings. Collection of articles. Issue 12. Moscow, 2014. P. 180.

<sup>28</sup> Apkhiepiskop Vasilij (Krivoshein). Prepodobny Simeon Novy Bogoslov. Chast’ II. Puti k Bogu. 1. Pokayanie [Electronny resurs]. URL: [https://azbyka.ru/otechnik/Simeon\\_Novyj\\_Bogoslov/prepodobnyj-simeon-novyj-bogoslov/2\\_1](https://azbyka.ru/otechnik/Simeon_Novyj_Bogoslov/prepodobnyj-simeon-novyj-bogoslov/2_1) (data obrascheniya: 31.10.2019). (Archbishop Vasily (Krivoshein). St. Simeon the New Theologian. Part II Ways to God. 1. Repentance. [Internet resource]. URL: [https://azbyka.ru/otechnik/Simeon\\_Novyj\\_Bogoslov/prepodobnyj-simeon-novyj-bogoslov/2\\_1](https://azbyka.ru/otechnik/Simeon_Novyj_Bogoslov/prepodobnyj-simeon-novyj-bogoslov/2_1) (logging in date: 31.10.2019).

<sup>29</sup> Deut. 30: 19-20.

<sup>30</sup> Luke 22:30.

have drunk it and been enriched with hope; the sick have drunk it and become strong; the unlearned have taken it and become wise”.<sup>31</sup>

Thus, the Holy Fathers show us that repentance, prayer for salvation, worship, understanding the Word of God, partaking of the mysterious Food, the Body and Blood of Jesus Christ, attainment of the Holy Spirit and being in It, lead to the all-embracing joy, which ascetics of piety compare with spiritual, reasonable, sober inebriation and, finally, with the delightful deification.

Let us compare the state of drunkenness caused by addiction to alcohol, drugs, other psychoactive substances and psychoactive actions, anger, indecent lust and similar addictions, with the rapture of love for God.

Both types of inebriation cause euphoria, help to escape from earthly cares, give a feeling of overcoming one's own boundaries. The difference is that the drunkenness from addictions leads to loss of self-control, dullness of mind, inadequate perception, memory loss, health and personality disorder, enslaves, violates interpersonal relationships, causes anxiety, sense of shame, sinfulness and guilt; and spiritual inebriation, on the contrary, enlightens the mind, makes a person sober, chaste, trustworthy, responsible, releases from sadness and guilt, vivify, helps him to transcend himself, strengthens faith, inspires, gives hope for salvation, gives an indelible, gracious sensation of joy and comfort.

So, let us, fathers, brothers and sisters, revel by sober rapture, and abstain from drinking!

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<sup>31</sup> Episkop Ilarion (Alfeev). *Dukhovny mir prepodobnogo Isaaka Sirina. Izdanie vtoroe, ispravlennoe i dopolnennoe.* Spb.: Aleteya, 2002.-S.336. (Bishop Hilarion (Alfeev). *The spiritual world of St. Isaac the Syrian.* Second edition, revised and supplemented. St. Petersburg: Aletheia, 2002.- P. 336).

## **The mysticism of Teresa of Jesus and John of the Cross as a way of inner healing**

I would like to begin my contribution by thanking God for the opportunity to participate in this conference. I would also like to sincerely thank for the invitation to be here and to express a cordial and fraternal greeting to all the authorities and organizers.

Many times, when people talk about mysticism they have an incorrect idea of it. In reality, the Christian's life is a constant invitation to live in the Presence of the Mystery, of God the Father, who accompanies us, of God the Son who has promised to remain with us until the end of the world, and of God the Holy Spirit, who, as St. Paul reminds us, lives in us, we are his temples, and he is the one who makes us say "Abba", Father.

From this perspective I also approach the Carmelite mystics of the Spanish XVI century. Teresa of Jesus and John of the Cross are both Church doctors and prayer teachers. They guide us to live in the consciousness of the Mystery, the awareness of faith that we are children of God and that by baptism we already participate in His death and resurrection.

Looking at both saints can help us understand, how an authentic spiritual life is the source of a person's true health, especially because they can guide us as to how to balance ourselves from within, how to strengthen the knowledge of ourselves, and how to learn to live in resilience, how to discover ourselves truly loved. These are just a few aspects that emerge in the process that they present.

I take into account a principle that I think is very important, when talking about the relationship between science and theology, between psyche and spirit. And it is the empirical dimension. We can hardly argue so many things of faith from scientific concepts. But the more we descend into the realm of the empirical, the demonstrable, the less fruitful space for dialogue and interaction is opened. And I do not mean it at this time, although it must be taken into account, that many investigations that have been made on the incidence of the practice of meditation on the brain, on the psychic and emotional balance of people. Mystical knowledge, after all, is demonstrated not only in ineffable experiences, nor can it be measured through the brain waves, but in the event of one's own life. The transformation that they themselves experience, the strengthening of their personality and psychism, are, in my opinion, a scientific and evident proof that "something has happened in their lives and transformed them". From that point of view, I will approach what Teresa and John and the mystics in general can bring to this area of psychic health.

Given the limited time of the communication in the context of this conference, and wanting to be faithful to the time granted, I will touch

practically only on two aspects that, even if they do not solve the disjunction, can guide us to understand, how a well-oriented spiritual life can be a great support, not only in mental health, but in underpinning a balanced and mature development of the person, of the believer.

The two aspects I am going to mention are the following:

- A biographical-existential approach to both figures, especially to the most difficult situations of their lives that without spiritual support, would surely have resulted in serious problems of psychic and physical health;

- Evidence of the psychic and spiritual dimensions that may be enhanced by a Christian spiritual path, based above all on the continuous practice of a conscious prayer and open to the personal relationship with God, with Christ.

## 1. **Biographical perspective**

### a. **Teresa of Jesus – a woman full of ailments**

It would take very long to try presenting the psychic and spiritual conditions of any person. This is true also in the paradigmatic case of Teresa of Jesus. I only mention some vital dimensions that possibly negatively affected her life and her health, both from a religious and human perspective.

Today we know very well, how a person's life conditions can produce a wrong conception of religion. In Teresa it is evident. As a young teenager she also had her time to seek to be liked by men, to dress up, to tempt private meetings, even if they were totally innocent. But for the mentality of that time that was a sufficient cause for suspicion and danger that the name of the family would be damaged.

For that reason she was taken to a convent of nuns as a young novice. There, she surely had a deep sense of guilt in her conscience, which will accompany her for years, and that would soon favor her physical illness.

The sense of guilt, linked to the fear of condemnation, exerted a very strong weight in her decision to become a nun. She recounts it in her autobiography: "This conflict lasted for three months. I used to try to convince myself by using the following argument. The trials and distresses of being a nun could not be greater than those of purgatory, and I had fully deserved to be in hell. It would not be a great matter to spend my life as though I were in purgatory, if afterwards I were to go straight to Heaven, which was what I desired. This decision, then, to enter the religious life seems to have been inspired by servile fear more than by love"<sup>1</sup>.

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<sup>1</sup> St. Teresa of Avila. Autobiography, Chapter 3, 6 (URL: [www.documentacatholicaomnia.eu/03d/1515-1582\\_Teresa\\_d'Avila,\\_Autobiography,\\_EN.pdf](http://www.documentacatholicaomnia.eu/03d/1515-1582_Teresa_d'Avila,_Autobiography,_EN.pdf)).

This decision, although not consciously and viewed from a negative motivation, was surely forging deep frustration in the development of her own life. The same realities that socially kept women practically discriminated against, did not help in the development of their personality.

This began to fester and to increase the risk of a bodily psychic weakening ending in a long illness and in a coma, where she was practically left for dead.

When she woke up, as she herself tells us, her nerves were totally shrunk and she was almost paralyzed for a year, in which she slowly regained mobility.

The recovery was opening a different panorama especially favored by the reading of various spiritual books: The morals of St. Gregory, the life of St. Jerome, the confessions of St. Augustine, etc. ... that opened her spirit to a different way of relating to God, from the so-called mental prayer or meditation. That road culminates in what we call her conversion, but that will happen only 20 years after she entered the convent. She had discovered that her life made sense, began to objectively look at herself, rediscovered God as the Merciful, who had already saved her in Jesus... A process that led her to know herself, to discover herself in her misery and worth, and to discover herself infinitely loved by God.

From then on her life made a radical change. And despite the consequences and conditions of the illness, she learned to live with her own limitations and conditioning factors in a healthy way.

#### **b. The case of St. John of the Cross**

In relation to John of the Cross, despite a life marked by poverty, the death of the father, the emigration from town to town, looking for job and food, having to work as a child, etc. ... I will only concentrate on one event of his life.

After several years of helping Teresa in the foundation and reform of Carmel, he was held by the friars of his old order and taken to a kind of dungeon in the city of Toledo. There, they had him locked up in unfortunate conditions for 9 months. The physical space was so small that he could hardly stand up, without light, without the possibility of cleaning or changing clothes, and badly fed.

He was psychically tortured with isolation and continuously humiliated in front of the other friars. Spiritually, they deprived him of all means and of the sacraments.

Nine months in which anyone could easily have been very damaged in his psyche. But here is the "great miracle." Inside, John of the Cross was deeply loved and comforted by God. And here, in these circumstances, were born the verses considered as the most beautiful love poems ever written in the Spanish language, the Spiritual Canticle, deeply inspired by the Song of Songs of the Bible.

Verses that at no time denote negativity, but quite the opposite: they only reveal beauty, nature, search and joyful encounter with the Beloved God. I consider it an obvious example of "resilience" that can enhance a spiritual life in the person.

These very simple biographical data help us to better contextualize the subject as something existential and not theoretical. That is what we are going to do next.

## **2. Emerging aspects of the spiritual life necessary for a healthy psychic life**

It is very interesting that one of the concerns of Teresa of Jesus in the formation of her nuns, always has been the issue of "melancholy", - a term, which at that time was used for psychic diseases related to depression. For the people, already demonstrating symptoms of certain severity, Teresa did not immediately recommend intense spiritual practice, but rather controlled and moderate one. She considers that non-firm or unhealthy minds must travel a path in which the mind does not have the field completely open, because it is dangerous for those, who do not control their psyche: they can fantasize, fall into extremes, etc. ... She will always advise that these people, in order to have a healthy spiritual life, have to do it suitably: that they sleep a lot, that they get distracted, walk in nature, and eat well.... I mention this so that we can see, that we are not offered a "miraculous" path, but have to be focused on empowering and developing human capacities at the service of a healthy and mature life; and that in the spiritual realm we find the space for a broad and harmonious development, always with the help of grace.

A first emerging element, in the prayer process presented to us by both Teresa and John, is the knowledge of oneself, a necessary aspect in the development of one's personality. It implies for our mystics the necessary realistic opening to the interior self. A knowledge, through which one becomes aware of his limitations, but also of one's great worth and dignity. It is not a simple process of introspection or psychoanalysis, but it goes deeper into what truly identifies and fulfills the person.

Beyond a negative religious conception, linked to a moralistic reductionism of life, the Spanish mystics position themselves in biblical anthropology, which starts from the theological vision of the human being as the image and likeness of God. For them that amounts to saying that the most beautiful creature of all those created by God is the human being, and that beauty is an integral part of his being, even if it is not known or veiled by ignorance or a life centered on superficiality, or by a moral and slave conscience of the senses and/or sin.

An authentic spiritual life cannot be built without a realistic look at one's own being. Moreover, the spiritual path - if this is true and open to God's action in the person - necessarily leads to a discovery of one's own

being. This implies – as John of the Cross emphasizes in the development of the phases of the dark night, – an increasing deepening of those realities or dimensions that condition or enslave the person, whether in the sensual realm, as in the spiritual realm. An example of this may be the “spiritual pride” of those, who already believe they are very advanced along the way, but in the end, all they are looking for, is their own personal satisfaction.

But beyond the cobwebs that one may have created in his soul, is the deepest center of being, an objective towards which spiritual life leads us. An inner center inhabited by God, and where the person comes to discover himself in his truth, only in the encounter with the divine Mystery.

Teresa of Jesus puts it as a starting point for a path that needs strong motivation, so that the person does not move away when initially discovering his poverty. Teresa compares the soul with a “castle of diamond”, which being the “house of God” participates in the same beauty of the one who inhabits it, because after all it is created in his image and likeness.

Towards that goal, which she considers from the same vision of St. Augustine, as the search for God (not outside, but within himself) brings us to the mystical and / or spiritual process. Knowing and discovering one self, inhabiting in the center of itself, from where the true meaning of life and outward positioning emanates.

A path that helps us to welcome reality and the mechanisms of our own being, is an important aspect that Teresa emphasizes as a remedy to so many evils: “O Lord, do Thou remember how much we have to suffer on this road through lack of knowledge! The worst of it is that, as we do not realize we need to know more when we think about Thee, we cannot ask those who know; indeed we have not even any idea what there is for us to ask them. So we suffer terrible trials because we do not understand ourselves; and we worry over what is not bad at all, but good, and think it very wrong. Hence proceed the afflictions of many people who practice prayer, and their complaints of interior trials – especially if they are unlearned people – **so that they become melancholic, and their health declines, and they even abandon prayer altogether**, because they fail to realize that there is an interior world close at hand. Just as we cannot stop the movement of the heavens, revolving as they do with such speed, so we cannot restrain our thought. And then we send all the faculties of the soul after it, thinking we are lost, and have misused the time that we are spending in the presence of God. Yet the soul may perhaps be wholly united with Him in the Mansions very near His presence, while thought remains in the outskirts of the castle, suffering the assaults of a thousand wild and poisoning creatures and from this suffering winning merit. So this must not upset us, and we must not abandon the struggle, as the devil tries

to make us do. Most of these trials and times of unrest come from the fact that we do not understand ourselves.”<sup>2</sup>

This vision not only brings us closer to the biblical anthropological understanding of the human being, but will be a fundamental element of the psychic-spiritual harmonic development. From this emerges, for example, the true and necessary self-esteem. Only to the extent that the person is known and discovered loved, valued, worthy of being and existing, the inner energy acquires that positively positions him in the face of life, and thus not only to know oneself, but learn to accept and love oneself.

In the process lived by the mystics this means reaching the discovery of knowing themselves infinitely loved by God. An experience that makes the person "born again" in the true sense of the word, and leads them to resize their own life with a new perspective. For Teresa especially, this was closely linked to her image of God. An image that makes prevail the dimension of God the judge, the punishing God, the God who watches over us, enhances a negative religious relationship, which is centered on fear and not on love, and where religion becomes a kind of retributive and even enslaving business.

The God of the mystics, who loves us, not because of our works, but because he is Good, he is Holy, he is Faithful, he is the Merciful, he can be the vital anchor to get out of so many traumas and wounds of life: discovering that God is Father, that Jesus is a friend, that they desire our good and happiness means to base life on what is even evolutionarily fundamental: that the child knows that he is loved and welcomed.

The experiential logic of the mystics centers their gaze here and their fundamental point from which all others emanate. In a way, like human life in its logical rhythm, the mystics place God's love as the starting point of a spiritual and healing process. And here the relational perspective emerges, necessary for the development and growth of the person, because he needs the other to know himself, to value himself, so as not to fall into narcissistic self-deception or the anguish of guilt. And in the encounter with God the person can discover the true meaning of his being and his life.

Not only because we owe our origin, being and redemption in the logic of the mystery of Salvation, but because it is the truth that defines the life of every human being. Teresa, when she defines prayer, presents it as a friendship “WITH WHOM WE KNOW LOVES US”. That is, to grow in the logic of knowing ourselves loved. Such is the proposal of John of the Cross, who begins his Spiritual Song with the verses: Where have you hidden BELOVED? That is, there is an initial awareness of knowing oneself loved.

All this stems from the same tradition of the evangelist Saint John, who in presenting God as love, ends up concluding that "he who loves knows God, because God is love" and "in this is love, in which God first

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<sup>2</sup> St. Teresa of Ávila, *The Interior Castle*, Mansion 4, Ch.1, 4.

loved us ". Similar was the position of St. Augustine in saying that the only way we truly have to know the Trinity is love.

If the love received in childhood enhances the way of positioning the person in life, the infinite love of a God who always accompanies us may be the best basis for a healing process, or at least would help integrate the limitation itself in a healthy way.

The awareness of being loved even in one's own weakness, poverty and sin, forges a healthy self-esteem, not conditioned by times or people or ideas, and can be a motivation strong enough to stimulate profound changes and transformations.

From here, the awareness of a sense of life also emanates that is given to us, for no reason, for the fact of being, and not for the external successes or recognitions that a person can achieve.

It is, as noted in relation to John of the Cross, a solid foundation for a psychic and spiritual resilience, capable of fitting the contradictions, problems, limitations and sufferings of life; and do it in a positive and constructive way.

The relational dimension of the person, as the mystics testify, is also enriched: the experience of God's love, if it is authentic, widens the heart, opens up to an empathetic and compassionate capacity, and discovers in the other that value and dignity that define and make him a unique being. Mystics, when they try to discern the authenticity of extraordinary mystical experiences, always point to an obvious symptom: the growth in love of neighbor. That is what ends up giving realism to the spiritual path, facing the risk of an individualistic and fantasy spiritualism. It is evident how the spiritual path enhances our empathic capacity and increasingly resembles the merciful God.

And the growth in humility goes along with the love of neighbor. It is curious how all authentic mystics agree in this regard: the mystic feels small, sinful. He is not arrogant, nor does he judge the other, he never believes himself superior, nor in possession of the truth ... He is humble, that is, he acknowledges the gratuitousness of God in everything. Teresa of Jesus defined humility as "walking in truth", aware of everything received from God, and open to putting our abilities at the service of others. Here two values of a mature and healthy personality come together: freedom and responsibility.

In brief and concluding: the contribution of the spiritual path and prayer to the integral health of the person would be based for our mystics on three main lines of healing:

1. Open to knowing the "true" image of God: because the image of God exerts an enormous psychic potential in the human being. A loving relationship with God can heal the image of God and discover one's own dignity.

2. Self-knowledge: to accept oneself totality and reconcile to one's own life, for the necessary "self-esteem" to live positively.
3. And the importance of the alterity: in the encounter with the Other, with Jesus, with God, the growth of the person takes place. Because I need the Other to know myself, and to have an objective view of myself, and to value my unique being, free of narcissism and egoism.

*Fernando Rodríguez Garrapucho*

## **Christian mysticism and inter-Christian dialogue**

### **1. The need for a spiritual way in modern ecumenism**

Today, the Christian movement towards *church unity complete and visible* is one of the most urgent tasks of Christianity. In recent years, an ever increasing number of theologians see in "*spiritual ecumenism*" one of the most effective means that could help in achieving the stated aim to overcome the difficulties of inter-Christian communion which seem insurmountable today.

Cardinal Walter Kasper states, "*Many believe that if we fail to return to our sources then the ecumenical compromise risks losing the impulse and hope for realisation of our limited human opportunities*"<sup>1</sup>, adding, "*Eventually, ecumenism and unity are spiritual events. In case of the achievement of an ecumenical consensus, it will be perceived as a gift (of the Holy Spirit) and a new Pentecost*".<sup>2</sup> The Pontifical Council for Promoting Christian Unity sees in spiritual ecumenism an opportunity for a real *renewal and transformation* of Christian Churches – a condition without which Christian unity is unthinkable.

In the ecumenical dialogue of recent years, churches have tended to realize that this dialogue is something much more than just a theoretical discussion. Indeed, the point is our coming closer together in faith, and here we rely on the providential action of God Himself or we will never achieve anything at all. Ecumenism in its sources stems from a gift of God and, therefore, the ecumenical movement depends on the spiritual transformation of the faithful.

According to Joseph Ratzinger, at present we should enter into ecumenical spirituality to understand that "*the Church is not created by ourselves but it is formed by the Lord, His Word and sacraments, that it*

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<sup>1</sup> W. Kasper, *Ecumenismo espiritual. Una guía práctica*, Clie-evd, Viladecavalls (Barcelona)-Estella (Navarra) 2007, 9.

<sup>2</sup> W. Kasper, *op. cit.*, 122.

*remains His property.*<sup>3</sup> To achieve this goal we should be ready to address our sources and transform the Church in order to get rid of all that prevents us from seeing the foundation of the Gospel. Therefore, he adds, “*We should always fulfil the commandment of love for God and the neighbour and, based on this love, seek to overcome the difficulties of our time*”.<sup>4</sup> It will be very late if we would want to seek resources for reconciliation and dialogue at times of increased confessional differences.

Ecumenical spirituality, focused on reconciliation, on personal and individual transformation of churches, on the inner transformation and purification of heart, is one of the most important ways through which God calls all churches today to realise the spiritual unity.

And here we come to the understanding of mysticism and holiness as an essential and the most important dimension of church life aimed to unite Christians.<sup>5</sup>

## **2. Basic features of “spiritual ecumenism”**

In documents of Vatican II, it is clearly stated that among various ways of achieving inter-Christian unity the first place belongs to “spiritual ecumenism” since this notion embraces the fundamental relations necessary for uniting both individual Christians and church institutions. The Vatican II decree on ecumenism *Unitatis Redintegratio* (Part 8) states, “*This change of heart and holiness of life, along with public and private prayer for the unity of Christians, should be regarded as the soul of the whole ecumenical movement, and merits the name, “spiritual ecumenism.”*”<sup>6</sup>

Already in the 60s, Paul Couturier’s disciple, great ecumenist Maurice Villain said, “*Our concern for unity is defined by the way in which we pray for this unity*”.<sup>7</sup> Since the inter-Christian unity will not arise as a product of our human reason and our efforts but as a gift of God, it should be only partly sought in our human resources, to a much greater extent – in prayer.

From the human perspective, the reunification of all Christians in one Church is impossible, as is stated by Vatican II (*Unitatis Redintegratio*, Chapter 24) that “human powers and capacities cannot achieve this holy objective – the reconciling of all Christians in the unity of the one and only Church of Christ”. However, this *human incapacity* makes us turn to something higher, to the grace of God Himself. Therefore, we pin all our

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<sup>3</sup> Ibidem, 231-232.

<sup>4</sup> Ibidem, 232.

<sup>5</sup> Cf. S. Spinsanti, “Ecumenismo espiritual”, en *Nuevo Diccionario de Espiritualidad*, San Pablo, Madrid 1983, 392-406; Max Thurian, “Ecumenismo”, en *Diccionario de Mística*, S. Pablo, Madrid 2002, 591-596; R. Copsy, “Mística anglicana”, en *Diccionario de Mística*, 1195-1198; S. J. Sierra, “Mística judía”, en *Diccionario de Mística*, 1221-1233; T. Spidlik. “Mística rusa”, en *Diccionario de Mística*, 1243-1257.

<sup>6</sup> Cuando UR 4a enumera los diversos medios con los que “por inspiración del Espíritu Santo” se trabaja hoy por la unidad, señala la oración en primer lugar. El orden que indica es: “la oración, la palabra y la acción”. Según Julián García Hernando el Concilio quiso expresar con ello una “gradación o jerarquía” de medios. Cf. *La unidad es la meta. La oración es el camino*, Atenas, Madrid 1996, 19.

<sup>7</sup> M. Villain, *Introducción al ecumenismo*, DDB, Bilbao 1962, 63-64.

hopes “on the prayer of Christ for the Church, on our Father's love for us, and on the power of the Holy Spirit”.<sup>8</sup>

As Pierre Michalon states: as we are approaching the understanding of the Lord's providence, we find ourselves beyond all the problems arising in theology, “*we are on the level of inner acceptance of what God grants us. The Church does not exist nor does it live in any other way than through the mysterious unity of the Three Divine Persons. Therefore, it is necessary that all the Christians, too, should live inside this mystery of the Trinity and that the prayer for unity should teach every one of us to be worthy of the loftiness of this mystery... because Jesus Christ has commanded unity to Christians. We cannot change what has been designed by God; this unity should be accepted in contemplations, in reverential silence, with the openness of heart which are appropriate to the level of faith on which God can show us His providence (for our unity)*”.<sup>9</sup>

*This understanding of the mystical nature of inter-Christian unity* takes us back to the sources of the Church and to the understanding of unity expressed by holy fathers in the early centuries of Christianity. They tell us about the unity of the Church as a mystery that has its last foundation exclusively on God: in the unity of the Most Holy Trinity.

As the Saviour said in His High-Priest's prayer, “May all of them be one, Father, just as you are in me and I am in you. May they also be in us”. Jesus gives in these words an exhaustive explanation of the mystical foundations of the unity of the Church. In the Trinitarian unity, in the very heart of the divine mystery, which is one God in Three Persons, the Church of Christ finds an explanation of why it is still the one Church despite inter-confessional differences.

Therefore, Christian unity – our unity as disciples of Christ is a gift of God Who builds His Church through the mission of the Son and the descent of the Holy Spirit. Unity is a reality making up the Church that has never perished because it is a gift of God and His faithfulness is above our sins. From here developed the doctrine of the Dogmatic Constitution of Vatican II from which it clearly follows that standing behind the existence of the Church – as one holy, catholic and apostolic – is a historical reality that has never ceased to exist despite our confessional differences.

### **3. Mysticism and ecumenism in monastic life**

If we recognize the mystical nature of church unity and prayer as the best way taking us into the mystery of that unity, then mystics play an exclusive role in bringing Christians to reconciliation. It is for this reason that monastic life in any confession has a direct relation to ecumenism. Pope John Paul II, in his Apostolic Letter *Vita Consecrata* said in 1996, “In the heart of the Church and the world, monasteries *have been and continue*

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<sup>8</sup> J. García Hernando, *La unidad es la meta. La oración es el camino*, S. Pablo, Madrid 2004, 16.

<sup>9</sup> P. Michalon, *La unidad de los cristianos*, 91-92.

to be eloquent signs of communion, welcoming abodes for those seeking God and the things of the spirit, schools of faith and true places of study, dialogue and culture for the building up of *the life of the Church* and of the earthly city itself, in expectation of the heavenly city (Par. 6).<sup>10</sup>

In addition, he stated straightly, *“In a special way, I entrust to the monasteries of contemplative life the spiritual ecumenism of prayer, conversion of heart, and charity. To this end I encourage their presence wherever Christian communities of different confessions live side by side, so that their total devotion to the “one thing needful” (cf. Lk 10:42) — to the worship of God and to intercession for the salvation of the world, together with their witness of evangelical life according to their special charisms — will inspire everyone to abide, after the image of the Trinity, in that unity which Jesus willed and asked of the Father for all his disciples (Par. 101).”*<sup>11</sup>

To illustrate how ecumenical spirituality is cultivated in monastic life, we will cite an example from the life of two monks, Matta el-Meskeen, a monk of the Coptic Orthodox Church from the Monastery of St. Macarius<sup>12</sup> (Desert Skete, Egypt), and Thomas Merton, a Catholic monk.

Matta el-Meskeen, in one of his writings entitled “On Christian Unity”, states that when we speak of the unity of the Church, the first place should be given to spiritual life and faith. It is impossible not to note that all the references and quotations in this work are taken exclusively from Holy Scriptures. For him, it is evident that Christian unity is a consequence of the true faith:

*“A Christian seeks unity because he seeks God, not vice a versa. This need for unity is measured in him by a measure of the presence of God in one’s soul. For this reason, Christian unity is the highest need of the faith: we seek to achieve it because it prays for itself from the depth of our heart... The principle of theological unity proceeds, above all, from the maturity of the faith and pre-abundant spirituality breaking the obstacles of hate, prejudice, differences of mind, mental disharmony, intellectual sophistication and physical chores. Unity is an ideal that overcomes human stagnation if it is sought on the divine plane alone. It ensues as a necessity and inevitability, as a direct consequence of the union of man with God”.*<sup>13</sup>

He believes that the impetus for unity based only on the human desire of Christian unification, on mental emotions, is a delusion that

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<sup>10</sup> Апостольское обращение Святого Отца Иоанна Павла II Vita Consecrata (часть 6) [Apostolic Exhortation Vita Consecrata of the Holy Father John Paul II (part 6)]. URL: <https://jan.by/lib/18-dakumety-kastsjola/198-vita-consecrata> (дата обращения 30.09.2019).

<sup>11</sup> Ibid, part 101.

<sup>12</sup> La voz de un monje de Oriente es muy significativa, pues como dice V. Codina, “Oriente nos ofrece un camino espiritual de excepcional riqueza”, en: V. Codina, Los caminos del Oriente cristiano. Iniciación a la teología oriental, Sal Terrae, Santander 1997, 8.

<sup>13</sup> Matta el Maskine (Mateo el pobre), L’unité chrétienne, [отец Матта Эль-Мескин. О христианской единстве] Monastère de Saint Macaire au desert de Scete Wadi el Natroum (Égypte), publicado por primera vez en el boletín Vers l’Unité chrétienne (Paris 1969). Partimos de la traducción al francés enteramente revisada y publicada en Irénikon (1985) 338-350. Traducción al español nuestra.

pushes us into sophisticated traps. The search for Christian unity, in his opinion, “*should go along spiritual paths without any interference of flesh and emotions or sensuality, because ‘Flesh gives birth to flesh, but the Spirit gives birth to spirit’ (Jn. 3:6). Satisfying one’s feelings, however right and beautiful they may be, still cannot satisfy the demands of truth, for truth ultimately destroys sensuality, as ‘those who are in the realm of the flesh cannot please God’ (Rom.8:8)’.*

The danger that he sees lies in this: “*If unity under the image of spirituality is based on sensuality, then it can only serve to praise one, to elevate one’s ego and in the process of such unity, God will become something secondary... ‘Self’ is truly a source of division that has spilt through the world and in a special way reigns in the Church. God demands unity among people so that He may be its head: ‘May they also be one in Us’ (Jn. 17:21). Therefore, the divine unity among people is equal to man’s renunciation of his individual and collective self’.*”<sup>14</sup>

“*... If Christian unity is not achieved in our time, then the cause lies, first, in that man seeks it without giving preliminarily all his heart, all his soul, all his thoughts to God, and secondly, because he does not seek it inside himself but outside in an attempt to come to it through debates as a way to solve a problem... but it is known that an interesting discussion always provokes opposite opinions and unsurmountable differences: its subject is considered from different angles, with each one approaching it from one’s own perspective right for one and completely unacceptable for the other’.*”<sup>15</sup>

It is not that the Egyptian monk denied the power of reason in a human person; indeed, “*reason points out human shortcomings and then makes a judgment about them’.*”<sup>16</sup> But, in his words, “*it is of little use’.*” Therefore, in the Coptic monk’s opinion, it is possible to build a truly Christian unity only on the level of mysticism and unity with God.

“*In the presence of God, the human understanding comes to the state of ‘response’ to Him, not to the state of ‘offer’.* This state is a result of extremely intensive reactions of heart becoming a response to inspiration that always accompanies the divine presence. That is why unity should be examined within oneself, that is, where it is felt through the divine presence and discerned. Outside this presence, there is nothing more than an idea, a subject for discussion or a vain attraction. In an opposite case, unity becomes a visible reality overfilled with a life-giving power, and many live by it. When Christ comes to the midst of a disunited gathering, the polemic stops by itself and at that moment each one should fill both one’s vision and heart with the meaning of true unity and prepare oneself for taking unity and giving it. Any question concerning unity, **raised on the**

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<sup>14</sup> Ibidem.

<sup>15</sup> Ibidem.

<sup>16</sup> Ibidem.

*theological level alone is a sufficient proof of the absence of Christ among those who have gathered... ”<sup>17</sup>*

The well-known Western monk of the Cistercian Order, Thomas Merton writes the same: *“If I have in me the thoughts and devotion of Christians of East and West, Greek fathers, Russian or Spanish mystics, then I prepare in my soul the reunification of divided Christians. This mysterious and inner unity can easily give birth to a visible and obvious unity of all the divided brothers... we should embrace in ourselves all the divided worlds and lead them to Christ”*.<sup>18</sup>

#### **4. Contribution of each Christian to the unity of the Church**

We ask ourselves a question: What about Christians who are not monks or nuns, can they make their own contribution to the church unity as lay people or clergy? Considering the previous remarks, it will be appropriate to recall the supposition made for the first time by Rev. Paul Couturiere, who believed that everybody could participate in the ecumenical spirituality of the Church. The point is his idea of “an invisible monastery”. Ecumenism seeks, according to Paul Couturiere, to build in the world a prayer network that, he says, can be called “a huge invisible monastery” consisting of Christians who pray and live for the sake of unity, something like a huge church in which the prayer of Christ to God the Father is continuously repeated: “may all be one”.<sup>19</sup> Who can pray for unity and how? The answer is simple: all Christians can and must do it in any situation in our life. Pierre Michalon put it very well in his remembrances about Paul Couturier:

“The essence of the question lies in seeking to promote an ecumenical prayer in all Christian communities, a prayer that recalls our profound suffering for the terrible sin of disunity. We all have sinned. We all should tirelessly pray on our knees for the miracle of complete reunification. Of course, we will not live to see it but our urgent duty is to prepare this unity however far it may be; Christ Himself awaits a unanimous prayer of all Christian communities so that He may assemble them whenever He wishes and however He wishes”.<sup>20</sup>

Allow me to conclude with a quotation from the text written by an Orthodox metropolitan of Sibiu, Romania, who has done much to promote dialogue between Christians:

“Father Paul Couturier, the founder of the Week of Prayer for Christian Unity, said that on a certain spiritual height, confessional differences lose their power and that holiness ignores all the divisions of

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<sup>17</sup> Ibidem.

<sup>18</sup> Thomas Merton, *Réflexions d'un spectateur coupable*, Paris 1970, 20.

<sup>19</sup> Sobre la doctrina del “monasterio invisible”, de P. Couturier, cf. J. García Hernando, op. cit., 109-129. Cf. también Paul Evdokimov, *Las edades de la vida espiritual. De los padres del desierto a nuestros días*, Sígueme, Salamanca 2003: 14 “El monacato interiorizado”, 135-155.

<sup>20</sup> P. Michalon, *Ecumenismo Espiritual*, 19.

the Church”. A practical expression of this idea was lied in his veneration of non-Catholic saints. Lev Aleksandrovich Zander from the Theological Institute in Parish supported this prayerful appeal to saints of any Christian Church, citing Metropolitan Eulogius, “It seems to me that St. Seraphim of Sarov and St. Francis of Assisi and other great saints have already implemented the unity of the Church in their spiritual life: these saints, citizens of the one Universal Church, have already overcome their confessional differences in the heavenly spheres, and from the height of their holiness they have destroyed the walls dividing us, about which Metropolitan Platon (Gorodetsky) spoke in his time”.<sup>21</sup>

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<sup>21</sup> A. Plamadeala, “Contribution monastique au rapprochement oecumenique”, en: *Collectanea Cisterciensia* 1 (1970) 22.

## **Religious belief and religious delirium**

### **Introduction**

France's Minister of Culture Georges André Malraux said that the 20<sup>th</sup> century was too rational and academic, a century of extreme materialism that can be considered a one of struggle with religion. The 21st century is a one of religiosity, with the religious filter playing an increasingly important role from year to year for both the individual and international and domestic policy.

The questions of the so-called normal religious faith appertain to the clergy, spiritual fathers, psychologists and religious studies scholars. Normally, psychiatrists avoid touching these problems as they deal with unhealthy conditions, with mental disorders. However, in speaking about the pathology of religious faith, such as religious delusion, it is necessary to mention briefly the peculiarities of today's religious situation and religious faith in Russia proceeding from the opinion of well-known spiritual fathers.

Archimandrite Ioann Krestyankin wrote: "A great many of young people have come to the Church from the crossroads of life, having gone through occultism and esoteric teachings. They have brought with themselves to the church this demonic knowledge. Having no strength or time and often even the desire to be free from that fearful knowledge about evil experience, they begin to invent on the Christian soil a new unprecedented faith of their own, in which lie and truth live together as equals".<sup>1</sup>

However, before speaking about distortions of religious faith (pseudo-religiosity and religious delusion), let me very briefly underline the basic features of true Christian religiosity.

Vissarion Belinsky<sup>2</sup> wrote that the basis of Christian faith is love or the living anxious feeling of penetration into the eternal truths of existence, which fill the human soul with ineffable and boundless bliss. He stressed that it is not by reason, cold and limited, that the evangelical faith is acquired but by those who have disowned their own selves, their personal interests to bring voluntarily to God their personality as a sacrifice, by those who, through tearing away the seeds of pride and self-delusion from their hearts, repeat together with the publican "I am sinful, O Lord, forgive me my sins", by those who "lie prostrated before the cross at the mysterious hour of midnight, praying, crying and sobbing in an appeal to the Invisible Witness to our secret intentions, "I believe, O Lord. Help my

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<sup>1</sup> Архимандрит Иоанн (Крестьянкин), Слово в Неделю 29-ю по Пятидесятнице. Спасение человека совершается только верой и только в Церкви [Archimandrite Ioann (Krestyankin), Homily on the 29th Sunday after Pentecost. The salvation of man is fulfilled only by faith and only in the Church]. URL: [https://azbyka.ru/otechnik/Ioann\\_Krestjankin/propovedi-raznoe/#1\\_3](https://azbyka.ru/otechnik/Ioann_Krestjankin/propovedi-raznoe/#1_3) (дата обращения 30.10.2019).

<sup>2</sup> Complete Works, Volume 3, Moscow, Publishing House of the USSR Academy of Sciences, 1953 Belinsky, V.G. (1953). Complete works: in 13 vols. T. 3. M.

disbelief”. (Expressed by a dry language: it is love, humbleness and repentance).

Therefore, there is a fundamental problem: how to distinguish normal faith from religious delusion (pathological pseudo-religiosity)?

Let me not consider historical aspects of this problem. I will only point out that in 1848 a two-volume edition by Karl Ideler came out entitled “An Attempt to Work out a Theory of Religious Delirium”<sup>3</sup>. In 1879 Krafft-Ebing described the «Paranoia religiosa»<sup>4</sup>. In 1928, renowned Kurt Schneider published «Zur Einführung in die Religionspsychopathologie»<sup>5</sup>. One of the most important in Kurt Schneider’s monograph was the conclusion: “It is psychologically impossible to distinguish faith, which has subjectivity as the only criterion, from delusion”. Nevertheless, today’s psychiatrists have made successful attempts in their works to distinguish faith from religious delusion.

### **Patients and methods**

In accordance with the 1975 Declaration of Helsinki and its revised version of 2000, after the Ethical Committee of the Mental Diseases Research Center approved and the patients signed an informed agreement to participate in the research, altogether 304 patients suffering from schizophrenia were examined and analysed (F20.01, F20.02 according to ICD-10) and manifestations of religious delusion were observed in their clinical picture. The patients were examined by clinical-psychopathological, clinical-catamnestic and experimental-psychological methods.

### **Results**

I can cite as an example a patient with religious delirium. This case was registered by Austrian and German psychiatrist Richard von Krafft-Ebing who, in the part of his monograph<sup>6</sup> on “Paranoia religiosa” published in 1895 in Sankt-Petersburg, described a case referred to here as a vivid example of the delirium on religious ground.

The case in point is patient F. There is no information about his development in his childhood. He married at the age of 25 and had children. When he was 28, a sharp change happened in him: he became absorbed in religious reflections and came to a belief that God preordained him for a special mission and, for this reason, he was to abandon all his occupations and leave his wife. At the age of 28 he embraced a second baptism in an Adventist community and became shortly its head. At the age

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<sup>3</sup> Ideler, K. W. (1848). Versuch einer Theorie des religiösen Wahnsinns: ein Beitrag zur Kritik der religiösen Wirren der Gegenwart (Vol. 1). CA Schwetschke.

<sup>4</sup> Krafft-Ebing, R. V. (1879). Über Geistesstörung durch Zwangsvorstellungen. Allgemeine Zeitschrift für Psychiatrie, 35, 303-328].

<sup>5</sup> [Schneider, K. (1928). Zur Einführung in die Religionspsychopathologie. JCB Mohr (Paul Siebeck).].

<sup>6</sup> Krafft-Ebing, R. (1895). Forensic psychopathology. SPb.: Rikker Publishing House.

of 28, he heard the “voice” of God who demanded that he should reject every carnal pleasure with his wife. The wife agreed with him. After that he came to the conclusion that God demanded that he should disavow his family and get prepared to deliver religious sermons. Three weeks before that event, he had a vision: a cloud went down on him, a storm blew up, a thunder grumbled and a voice resounded in his room saying that there was Jesus Christ standing in it. Three days earlier, his wife read in an Adventist newspaper about Abraham’s sacrifice. The patient began thinking about it and came to the conclusion that he should sacrifice his child as well. On the day of the crime, he woke up at night with a conviction that God demanded that he should sacrifice the child. F. got up and went to an adjacent room, sharpened a big knife and stroke his small daughter in her heart with all his strength. She died at once. F. was glad that God “heard” his prayer and spared the child from death agony. Then he laid down next to the dead child. Soon after the murder he had a new revelation, this time that the child would rise from death on the third day. Immediately after that he calmly fell asleep. The next day he gathered together about twelve villagers and told them about his visions, showed the child he had killed and announced that she would be raised from the death on the third day. The wife did not show the slightest anxiety in her firm belief in the resurrection of the child. F. was arrested. On the way to prison, he sang religious hymns and tried to make people believe in his apostolic mission. When in prison, he would say that he had never felt so happy and appeased and was convinced that he was close to the apostles and that Archangel Michael, Daniel and Jacob were incarnate in him. The prison officer later confirmed that the ill man often had visual and olfactory hallucinations. When in prison, he was obedient and calm, insisted on his religious mission, not at all concerned for his future, and resolutely opposed to the supposition that he had a mental illness. An expert psychiatrist confirmed the presence of delusions experienced by patient F., who considered himself the third person of the holy trinity and was convinced of his calling to eternal life and considered himself the savior of the world. In his opinion, he was chosen to sacrifice a child in order to deliver the whole humanity of sin and redeem it.

Krafft-Ebing concludes that in the height of the development of a psychosis, ill people such as that patient was are socially dangerous due to their readiness to undertake fanatical actions because of imperative hallucinations and religious delirium caused by an absurd interpretation of scriptural texts. Krafft-Ebing underscores that hallucination-delirium disorders are characteristic of special steadfastness and resolution as actions accomplished in the name of God and represent cases of religious insanity.

A similar case, which ended in a murder, was one of the patients observed in the clinic of the Mental Health Research Center. She was

admitted to the MHRC in a depressive state. In the process of thorough examination, doctors managed to ascertain that she had delirious ideas with a conviction that she was a close relative of Tsar Nicholas II, who, by that time, had already been canonised as a saint. After a course of treatment in the clinic, a remission was achieved and she was discharged to be under observation by a psychiatrist at her place of residence. However, she and her mother, being fanatically religious people, decided to continue “treatment” at a monastery where they went to soon after the discharge. In their opinion, the monastery had so “special spiritual atmosphere” thanks to the prayers of monks that all the medications recommended by the MHRC were cancelled. After the supportive therapy was cancelled, the girl soon began showing an expressed exacerbation of the psychosis. She entered into conflict with other woman-pilgrim who did not agree with the idea that the ill girl was a relative of Nicholas II and scoffed at her. At some instant, the conflict grew so sharp that the patient committed a murder guided by delirious ideas and seeking to prove her “kinship” with the saint. After an in-patient forensic psychiatric expertise, she was certified and sent to involuntary psychiatric treatment. However, that was not the end of this story. According to report we received after approximately a decade, after the involuntary inpatient treatment was completed, she came back home and continued insisting on her delirious idea, which led to a conflict with her own mother and ended in her murder.

If we now turn to a psychopathological analysis of these stories, it becomes evident that in these cases there was a gradual transformation of predominant ideas of a religious outlook kind into religious delirium. At initial stages of the development of the illness, the content of predominant delusion was limited by the predominant complex, which led to a mistaken assessment of these states as a religious outlook. The predominant delusion was psychologically clear, as it seemed to be motivated by religious beliefs.

At these initial stages, the unhealthy manifestations represented some predominant religious constructions, externally similar to exaggerated manifestations of normal religiosity. Thus, a young man M., an 11-grade schoolboy, having been fully absorbed by religion, attended church daily, devoting from 5 to 6 hour a day to the prayer rule, visited only those monasteries in which the liturgy was celebrated according to the full statute, without any abridgements. But if he had no time to read the prayer rule fully, he refused to eat. During fasting times, he took only bread and water once a day; he refused to read secular literature and to watch TV, calling it a diabolic culture. This was combined with coldness and indifference towards his relatives and peers calling them servants of the devil. Gradually his behavior began bearing the resemblance of a “domestic tyrant”; for instance, if on a Wednesday his mother cooked for him something creamy, he could hurl the plate into his mother’s face. He was firmly convinced of his rightness and stubbornly kept defending his

religious views; he showed a complete lack of criticism concerning his state and any struggle of motives.

Another patient K., also engulfed in religious ideas, gradually came to a conclusion that the liturgy in an ordinary church was not at all correspondent with the statute requirements. In this connection, he appealed to one of the vicar bishops of Moscow pointing to the alleged shortcomings he saw in the liturgy celebrated in monasteries. He was unsatisfied with the talk they had and tried to go first to a *starets* and then to ask for an audience with the Patriarch as the ruling bishop of Moscow. Gradually he ceased to obey priests calling them heretics. He prayed for hours at home faithfully following the Typicon and eventually came to a conclusion that he was the only one who preserved true Orthodoxy and actually invented a religious system of his own. On the days of major religious feasts, he refused to go to work, devoting all the days to prayer.

In spite of the fact that already at this stage the patients' behaviour was characterised by rude, pathological or absurd actions, nevertheless it reflected their religious or, to be more precise, pseudo-religious views. At this stage, the idea that they were ill did not enter in the heads of any relative. The patients were fully absorbed and "possessed" by the predominant delirious ideas; they abandoned all other pursuits and the family ignoring time and stayed up late reading religious books. In some cases, they even lived in misery, from hand to mouth, insisting that for them the religious theme is a question of life and death. Gradually they formed a whole delusional concept uniting not only those around them but a considerably broader circle of strangers and events. Observed was also a complication and further systematization of the delusion and the enhanced delusional activity.

Consequently, the delusional religious ideas would broaden to capture an increasing number of those around and to add some delusional ideas of attitude, persecution and re-evaluation of one's own personality, the delusion of one's grandeur and, in some cases, hallucinational manifestations that very soon acquired the nature of verbal imperative hallucinosis. Thus, the illness grew into to the paranoid stage of development. It is important to underscore that religious delusion, unlike predominant formations is not determined by a patient's personality pattern, and its content sharply contradicts both a patient's former personality pattern and the religious traditions objectively present in society. At this stage, the predominant delusional ideas with a religious content were now transformed into a complex delusional system, while the whole behaviour of patients became determined by delusional conceptions, or to be more precise, by the religious delirium, which in the above-mentioned cases led to a heavy and dangerous aggression.

## Conclusion

According to the data we received in an analysis of the medical history of 2523 patients who undertook an inpatient treatment in the Mental Health Research Center clinic in 2015, the number of patients suffering from delusional disorders with a religious content made up 31,1% of all the patients. At the same time, 10% of the patients with delusional disorder with a religious content showed a delirious behaviour that can be evaluated as having a distinct asocial nature.

In the MHRC Moscow-based group for research into special forms of mental pathology, there are over 1500 endogenous mental patients having to this or that extent an apparent religious outlook. The patients with a religious delusion make up 17,04% (304 people). According to the contents of their delusional ideas, they are distributed as follows:

- Religious delusion of possession - 36,8% (112)
- Delusion of sinfulness - 30,3% (92)
- Delusion of mission - 14,1% (43)
- Manichean delusion - 8,9% (27)
- Delusion of the end of the world - 8,9% (27)

The most widespread form of religious delusion has proved to be the syndrome of acquisition of a religious content (patients' conviction that a demonic entity has penetrated their body and soul).

It is also noteworthy that in 120 cases (39,5%) there was a combination of several types of religious delusions. More often it concerned the delusion of sinfulness, which in most cases (50 patients – 16,5%) were also diagnosed with the delirium of possession.

Therefore, summing up the above and researches made by foreign specialists, including Swiss psychiatrist Dr. Samuel Pfeifer<sup>7</sup>, the following criteria can be cited for distinguishing the normal faith from the religious delusion.

First, we will give a description of the criteria of religious (non-pathological) faith:

1. The faithful are largely guided by the conciliar and ecclesial opinion.
2. In most cases the faithful maintain a close contact with their religious community and their spiritual father.
3. The faithful have trust in the church hierarchy.
4. Religious faith is distinguished, on one hand, by the observance of canons, and on the other, by a living, dynamic nature of the faith, which contributes to a person's adaptation to stressful situations and to life.

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<sup>7</sup> Phänomenologie und Psychodynamik des religiösen Wahns) [Pfeifer, S., & Gasser, R. (2007, October). Phänomenologie und Psychodynamik des religiösen Wahns. In Ein interdisziplinärer Kongress „Religiosität in Psychiatrie und Psychotherapie“, Graz (Vol. 11, p. 13).]

5. The personality of believers is unchangeable in character; it does not have the signs of defect, but harmonious, integral and correspondent to the social norm.

Proceeding from these criteria, let us consider the criteria of religious delusion:

1. A mental disorder is a story of pseudo-religious conceptions that, as a rule, contradict canonical guidelines and contribute to alienation from both people who adhere to values traditional for their society and their own family.

2. Patients tend to maintain no contacts with their religious community, and they usually have no spiritual fathers.

3. Patients often have a negative attitude to the traditional religious institutions.

4. A religious delusion often reveals a high degree of non-critical thinking and rigidity and forms a specific delusional behaviour.

5. Patients have features of a personal defect.

In analysing these data, one can make conclusions concerning the apparent differences between religious views and religious delusional feelings.

*Cesare Maria Cornaggia*

### **Psychiatric support in distinguishing vocation and in crisis situations of monks and priests**

I intend to carry out the topic entrusted to me, starting from my clinical experience, mainly taking cue from some clinical episodes that I hope will make my thoughts more concrete.

I am going to report some of the cases that I am right now working with in Italy in order to make my ideas and theories as clear as possible.

As it's known, the plane of mental functioning, which we could also call psychological or emotional, must be, in our clinical experience as psychiatrists, very distinct from the plane of spirituality, although we know how these two planes are very close, so much so that sometimes they can be imbricated, particularly in situations where we are dealing with consecrated people.

As psychiatrists, we are called to look at and to take care of the person as a whole, and therefore of his body, which for us is the brain with all its biological influences, and of his mind, or psyche, with all his thoughts, his impulses, his emotions, his instances and deep conflicts.

Everything that belongs to spirituality is absolutely accepted by us, but it is part of a different level, which concerns the relationship that the person has with God (the God who is not an internal construction of a projected piece of Self, but is Another-than-Self that the person meets and interacts with).

I would like to start with two examples and work together on these.

First example: the person I have in front of me could tell me that he lives a time of great closure in respect to the future, a time in which he lives his present without being able to project anything of himself into perspectives that go beyond the present day. I could think that person is suffering from depression. But I could also think that that person lives a great spiritual difficulty, since only the certainty of our relationship with God makes us widen our gaze towards the future.

Without God, in fact, the future cannot exist. Modern society shows this very well. In its attempt to expel God, it moves in a dispersion of human relationships, defined by Bauman as liquid, so that the relational incapacity and the confusion about the future leads to what some authors call the epoch of the post-human, where the emerging pathology can be defined as the pathology of desire.

By "pathology of desire" I mean the inability to desire, which is followed by the substitution of desire with cravings, as shown to us by Benasayag and Schmidt. The inability to desire, or even the simple reduction of desire, is the consequence and expression of a fall of the Ego.

The word "desire" leads me to stop at some reflections, which, in my opinion, strongly enter the moment of the decision, for example, for a priestly or monastic vocation. The man is born and structured as a desiring subject, therefore desire is a fundamental component of a healthy Ego, as well as an indispensable resource for his human and spiritual journey. A vocational choice, which could appear to be characterized by withdrawal, for example from sex, cannot be understood as a renunciation of desire, but must be considered as the expression of a desire that proposes itself as greater than any other, including that of sex.

Let's stay on the examples and work on a second one, this time addressing not the future, but the past: the person in front of me tells me that he continually torments himself by remembering his childhood traumas, without being able to trust that something different than what happened in the past may happen for him. As a psychiatrist, I could imagine that this person cannot resolve his deep conflict and that he needs a long psychotherapy. At the same time, I could also think that that person has not met or wanted to meet a vital experience and that he prefers to remain anchored to the habit of continually (and narcissistically) retracing his misadventures in order not to face life, excluding the possibility of beauty (read: of God) for himself.

But then, how can I proceed in front of these two examples? What can help me, as a psychiatrist, who meets that person at that moment, distinguish the before mentioned levels (psychic and spiritual)?

I believe that, in this regard, after talking about desire, we need to talk about freedom. These are the two key-words in the thought that I will try to develop.

By the word "freedom" I mean the ability to stand before reality, knowing how to put all his own deep needs, impulses, emotions, and so on, in front of the reality, not excluding any of its constituent factors. It is from this freedom that desire is born, as an expression of a correspondence between one's internal needs and the reality before him. This ability is a psychological ability, that is, the person must be able to interact with his own internal world and with his own external world. Phenomenologists would talk about the two alterities that man must know how to communicate with.

Forgive the Gospel reference: let us think about the Samaritan woman at the well. Jesus does not ask her very much, what she was doing, but he looks direct to her desire (which the Samaritan woman had in mind): the water of life. Jesus responds to her desire not asking for anything else, especially not judging and not investigating that much (as a psychiatrist would do). The Samaritan woman, specularly, sees that what she has before her corresponds to her desire, without being minimally tied down by her past errors. In essence, the Samaritan woman is able to see what is in front of her, to identify her desire, without being blocked by her past. This allowed her the experience of change.

So, what we have to look at, in the cases described above, for example, is where the desire of the other stands and if this desire is free to express itself.

Therefore, in the first case, I will be careful if the person has the ability to look at himself and his future, or if his gaze is blocked. In the second case, I will look at whether the person has the ability to separate himself from his history, as very often our freedom arises from the ability to separate us from the ties of our past.

This is because we need, I would like to say, the "blessing" of the other, the loving acceptance (of "you are well the way you are"), that the father of the prodigal son taught us. The son was able to return to his father's house, because he was expected by his father, and, at the same time, because he was capable of recognizing, both his father as father, and his own desire of him.

In this regard, I am reminded of a large number of my patients, who, with increasing frequency, bring me, as a central issue of their problems, that of non-recognition. We are all born needy of the creative gaze of the other (needy to be, as mentioned, expected by the father). Think of the meeting between the "unnamed" and Federigo Borromeo in the Manzoni's

novel “the Betrothed” or that of Nathanael with Jesus, or at the same meeting of the Samaritan woman, where the gaze of the other signifies for them to experience who they really are.

My patients, in the vast majority of cases, bring me the traumatic experience of never having been looked at.

But the obstinate need to be recognized can lead to develop unexpected dependencies or to undertake paths that, over time, could prove to be false, precisely because they are chosen on the basis of a dearth and not of a free desire. I speak about the choice of both marriage and consecration.

This point introduces us to the first moment in which aspects of psychic fragility and aspects of spiritual lability could be confused. I speak of the moment of vocational choice, be it virginal consecration or marriage.

I like to say this: before marrying or before choosing for a monastery or the priesthood, a person should have "forgiven" his parents. By this I mean, that he should have loosened the ties we talked about earlier, the ties of his past, of betrayals, of disappointments or of anything else. This is not a spiritual problem, but a psychic ability that must be matured. The price, if not, is to carry around, sometimes forever, the person's own conflicts. Even worse, and more often, the person would make a choice based on his own conflicts, perhaps deluding himself that the choice would solve them, and this would produce nothing but the sure wrecking of his own choice.

By this I do not mean that a person, to marry or to make a monastic choice, must be psychologically perfect. How many great neurotics have been good parents, and how many consecrated men who became saints would have been, perhaps by us psychiatrists, hospitalized in an asylum! What I mean is that the psychological space of freedom and desire must be safeguarded.

To explain myself I will give an example: a young man who has experienced poor recognition from his original context, therefore with an inadequate perspective of himself, a low self-esteem or confidence in being loved, meets a particularly charismatic priest, that looks at him, welcomes and empowers him. This young man could, probably, before this his first experience of recognition, suddenly experience a life of great openness and self-discovery, which could however be confused with an actual encounter with a monastic call. What is essential to look at in such a situation? It is necessary to understand if that young man, at that moment, is living both freedom and desire, in other words if he is communicating with the two “alterities” mentioned above.

In fact, it could happen that we find ourselves in front of a young man who, having found his first gratifying experience with that priest and being afraid of not being able to live others, chooses, perhaps without full awareness, to follow the monastic life. In this case, however, we would be facing the reduction of desire and not its opening.

Two brief observations. In front of two married persons in crisis, it is very useful to look at their first moment of their history, their first infatuation. If it was a true meeting, it remains a resource. In the same way, for a consecrated person, it is essential to discover the first evidence when he or she was called by Christ as happened to Gedeone. If he or she does not discover this past evidence, it is very probable that he or she goes away.

This is not very different from what happens at the moment of a temporary or definitive "crisis".

Let us present an example: I have been called in a cloistered convent because a novice, in the convent for over two years, has begun to present serious discomfort in terms of anxiety, irritation, sensation of suffocation, generic depressive-like symptoms and almost epileptic-like crises, actually hysteriform-type. The novice mistress was rebuking this young woman quite strongly, considering these things an expression of a sort of insufficiently humble adherence to the rule. At the interview, which took place in a special space, I realized that the young woman was very irritated and reactive, made little reference to her questions or problems, but appeared to be vindictive, as if the others were not understanding her. I wondered, at that point, if the symptoms of anxiety, of claustrophobia were not the expression of her need to go out, and the hysterical crisis, that is a totally bodily expression, was nothing but a way to voice what she was absolutely unable to say, in particular to herself, meaning that she wanted to go out. After about 2-3 years, I learned that this young woman had found another place, not enclosed, in which she lived, in another form, her vocation.

Our body, in fact, can often be an expression of our unsaid discomfort, especially when our emotions cannot be understood and expressed.

The "crisis" can manifest itself in many ways, and what must remain at the center of attention is always the globality of the person. Many times the "crisis" is expressed with a "falling in love", and this infatuation, very often more imaginary than real, can be an expression of two situations:

- the first is when the infatuation is the result of a new experience of recognition, of being valued, desired, considered beautiful by another, as an experience that makes the person totally lose the adherence to reality, bringing back a trauma of non-recognition, perhaps unresolved and dormant over the years;
- the second situation is when the infatuation represents a pretext or an incentive to get out of no longer gratifying situation, and this also happens very often in marriages.

What are we facing in both the situations above? We are facing a confusion of desire, obviously not well determined, at least in several cases, since the beginning.

The confusion of desire, I believe, is also the basis of many scandals emerging today in the Church.

In fact, in both the situations mentioned above, we are still facing relationships of dependence, that is, of non-separation with respect to the original traumas, that produce a context of affective confusion. The intervention that we psychiatrists can do is to help the person read his own story and release his desire, in order to allow him to experiment or re-experience his freedom.

Allow me, in this regard, to cite Anna, a young consecrated woman who has come to my observation after two infatuations, with rather ill and very similar patterns. After a short journey together, she told me:

*"With you I understood the confusion that arises when one experiences an affection-dependence ... which is to keep very distinct from the affective relationship with Christ ... the dependence made me a slave, for example, I was feeling ill if a text message did not arrive from him ... the affection with Christ is at a level that does not lead to an obsession, where the world begins and ends in that particular detail, the text message ... in the obsession I felt alone, in the affection with Christ I feel now strong and free ... when the psychological tie was stronger than me, it was as if I had a limp and could not run ... but now I feel that I have the possibility to do something about it, so it is my choice, I can get on my knees and pray ... having named the psychological deficiencies I had, and having become aware of them, in the work with you, gave me a freedom that I finally can use in my relationship with Christ and this relationship is made new ... I realized that to make a real experience with Jesus we need to be free ... to name things is to take a distance and look at things from the outside ... "*

This is why I spoke about freedom earlier. It seems to me that the task of us professionals, when and if we succeed, is to dissolve the ties of freedom (even in terms of sick mental functions), so that the exercise of freedom opens up access to spirituality.

Let's go back to the second example given at the beginning, that of the person who is unable to break away from his traumatic past and remains anchored to the trauma. This person, as a result, is a slave to the recognition of others, he lives waiting for the approval of the other because he does not have a sufficient identity on his own without it. The psychiatrist would say: he cannot change his perspective because he has not yet elaborated the trauma; a spiritual vision would question whether, in addition to this or in place of this, he does not have a lack of faith, in the sense that he does not know how to speak with Jesus present, meaning with Him who truly recognizes him today with the merciful gaze of the father (for which John Paul II invited us not to be afraid).

But then, when does this person need a psychiatric or psychological intervention? That is, when, as mentioned before, is there a lack of freedom? When his traumatic experience produced an incapacity for him to

go out of himself and to dialogue with the other-than-Self, therefore also with God. If we do not recognize this incapacity and we blame the person for the "fault" of the crisis, attributing it to his insufficient faith, we can risk to become advocates of a terrible further violence (see the novice mistress of the previous story).

The ability to relate to the otherthan-Self originates in all of us in our very first relational experiences, when our identity and trust are formed. Trust that will serve us in every step of our life. We learn to live our self-confidence (that belief that something good in and for us can happen) within the narrow track that exists between the recognition and the betrayal we received from our original figures.

Let's start with another example. One day a young patient told me: *"I changed when I started to understand that I was loved without the need to be a reason for this ... and that was what I didn't believe possible in my life ... only then I became aware of myself ... I could understand that I had never been happy and that I could be happy ... "*

This patient showed me that is the experience of love (recognition) that produces change, in all of us. We must, however, be able to have this experience, that is, to have a sufficient degree of trust (precisely born between recognition and betrayal). If as children we have not had the opportunity to live sufficiently well this experience with paternity and maternity, as Winnicott would put it, we grow and live as structurally deficient (Father Luigi Giussani used the term "handicapped"), until we manage to live it again in the present. This is what can happen during the psychotherapy, which can allow the person to perceive that for himself joy is possible, with the experience of an ever increasing trust, as Spivak stated.

What do I mean by the term "structurally deficient"? I try to explain it through a passage written by Sandro: *"I cry, I'm sad. I pray. I cry. A feeling of loneliness invades me. A feeling of death owns me. I pray ... I feel everything as distant ... I hope to find peace at the end of the rosary. I was wrong. Nothing fills this dearth ... But how many faces does this dearth have? ... perhaps, most of all, I miss myself ... "* Freedom, in a case like this, cannot be brought into play, it is coerced, blocked, tied. I could say: The Ego is lacking, person fails to pass from being a lacking subject, as ontologically the man is, to be a desiring subject. And it is on this that we have to work on.

Sandro, in particular, is still stuck between his need to be recognized and his ability to open up to the world. My task now, I hope to succeed, is to open him to the possibility of entering a dialogue with the other-than-him, to re-experience trust in himself, raising back high his gaze. After that, he will be able to bring his freedom into play.

In conclusion, I consider psychiatric support very often useful for consecrated people, if it has the ability and humility to remain within the boundaries dictated by its technique. The technique would widen the

horizons of the other, allowing him to put into play the two key-words used by me, freedom and desire, essential to be open and receptive to spirituality.

Let me do a final provocation, which is the difference between a psychological and a spiritual intervention? Using the words before taken into consideration and looking at the examples before done, I think there is a very close difference, as both are directed and oriented to the human. When I speak of reduction of capacity, I also think that a person may have a reduction, but not a total exclusion of both freedom and desire.

*Gedevani E. V., Alekseeva A. G.*

## **Genuine religious vision and oneirocatatonic state**

### **Introduction**

The problem of distinguishing between true and false experience involving religious visions is extremely difficult. The most difficult for our understanding and definition is a genuine religious vision. Therefore, we were very scrupulous about it, and our conclusions, made in an analysis of cases involving genuine mystical experiences, were based on scriptural and patristic texts and experience of fathers of the Christian Church. The cited descriptions of pathological states accompanied with changed awareness and special visions, that is, oneirocatatonic states, are observations from our own clinical experience we had in the process of a research made at the RMACPE, department of psychiatry . Below is a brief historical survey of these states.

An oneirocatatonic state is a complex psychopathological syndrome and a special form of the qualitative disorder of consciousness, the so-called dreamy state.

In the early 20<sup>th</sup> century (1923), Karl Jaspers formulated the following signs of the altered state of consciousness:

- estrangement from the surrounding world;
- disorientation;
- thought disorder, when a contact with a patient is difficult or impossible;
- amnesia (loss of memory) for the period of an altered state of consciousness.

The oneirocatatonic state is characterized by the presence of all these signs – estrangement from reality, a distorted perception of the surroundings – and accompanied with fantastic dreamy experiences. In

addition, a disorientation in place, time and one's own personality is observed together with various degrees of amnesia. Other characteristic manifestations of this state are catatonic and affective disorders, and manifestations of an acute sensual delirium. Patients are fully estranged from what is happening and a contact with them is almost impossible.

Oneirocatatonic states were first mentioned by psychiatrists in the early 19<sup>th</sup> century. Their attention at that time was attracted to the states of patients who had movement disorders bordering on physical inactivity and apathy to the external world. It was impossible to establish any contact with them. Such manifestations of an illness first were assessed as “terminal”, “final”, “defective”. They were called “stupor”, “stupidity” and “confusion”. Despite the solidity of movement disorders, “the physical inactivity” of patients and their estrangement from the external world, their mental activity was preserved. Some researchers linked the inability to perceive the surrounding world with the abundance of these patients' fantastic experiences and illusions and their being overloaded with these experiences.

Although the descriptions of such pictures were still insufficiently systematized, fragmentary and discrete, a certain state gradually became standing out as part of “mental confusion” as different from others, comparable with a sleep resulting from special experiences – “day-dreams” observed in patients after they came out of psychosis. These descriptions can be found in the works of J. Baillarger, V. Griesinger, R. Krafft-Ebing, and K. Kahlbaum.

In the 20<sup>th</sup> century, one of the fundamental works concerning the oneiroid catatonia was produced by W. Mayer-Gross, entitled “Oneiroid Form of Experience”. He made a detailed analysis of patients' self-description of their own psychotic states with manifestations of mental confusions. This study is the fullest description of mental confusion manifestations in their modern understanding. The combination of the dreamy obscuration of consciousness with fantastic experiences as affectively packed scenes as well as movement disorders and inner experiences of a patient defined, according to W. Mayer-Gross, this form of mental disorder.

L. Meduna singled out a separate illness – “oneirophrenia” which included psychoses with confused consciousness. The author described the principal features of these states as a perception disorder manifested in a blurred, distorted and changed perception of the real world as well as an altered consciousness of the surrounding – a mental confusion.

Two more works, written a little earlier, are noteworthy. Among the Russian psychiatrists, a considerable importance was given to the study of I. G. Orshansky “On Dreamy Insanity”, in which he vividly described disorder in the mental activity of such patients. He pointed to the absence

of the awareness of reality, place, time and one's own self, "as if everything is covered with fog".

Such states called "dysnoia" (from Greek *dys* – disorder, abnormality, loss, and *noesis* – perception) are also described by S.S. Korsakov. A profound change of consciousness, in his opinion, was combined with a blurred perception of the surrounding and special images of imagination, which, as a whole, made the picture of the illness similar to a dream.

In the mid-20<sup>th</sup> century, there was a sharp increase in the Russian psychiatry's interest in the problem of oneiroid twilight state. It was prompted by an enhancement of the general level of psychiatric research and reflected a certain period of "heyday" in psychiatry as a science in general. The greatest number of studies on this subject was made by A. V. Snezhnevsky's staff.

A. V. Snezhnevsky wrote that oneiroid states are distinguished for a fantastic content of experience and fantastic content of consciousness, which, like a drama, unfolds in patient's consciousness. He noticed that a considerable role in the confusion of consciousness is played by the sensual delirium and that the combination of fantastic daydreams and sensual delirium constitutes the foundation of the syndrome. A study of affective disorders typical for oneiroid was made by V. N. Favorina. A detailed description of the dynamic of oneiroid catatonia attacks belong to S. T. Stoyanova. The types of oneiroid disorders within the syndrome, depending on the prevalence of affective, catatonic or delirious manifestation in it, were singled out by I. L. Akapova. V. G. Rotstein gave special attention to the description of Kandinsky-Clerambault Syndrome in oneirocatatonic states. D. P. Demonova singled out types of oneiroid manifestations on the basis of the gravity of mental confusion in various nosological forms – dream and illusion-fantasy oneiroids.

In the last decades, the interest in the problem of oneiroid catatonia has decreased. It has affected the number of researches and publications that, one way or another, concern oneiroid problems. In foreign literature, one can find only brief reports on the oneiroid confusion of consciousness that, while reflecting the existing views of various psychiatrist schools, basically state the fact of their existence without containing any clinical-psychopathological information.

A German research made by M. Schmidt-Degenhardt, though it does not concern endogenic illnesses directly, still allocates a certain place to oneiroid-catatonic states in psychiatry. The author, sticking rather to psychoanalytical conceptions, treats this form of the pathology of consciousness as a special subjective form of experience of the reality of imaginary things. The question of "imagination", a pathology of things imaginary is viewed as a basis of the structure of oneiroid.

In the publication of T. Hori and co-authors, the clinical case of “oneiroid form of experience” is considered on the basis of a description of such states made by W. Mayer-Gross. The researchers point to a decrease in the level of personality functioning combined with various alternating visual hallucinations, illusions and fantastic images. They see the result of their research in the statement of the fact of external provocation of an acute mental state and a possibility of a recurrence irrelative of any external circumstances.

The modern stand taken in other countries concerning the “comorbidity” of mental disorders is reflected in the work of D. Serata and coauthors. The researchers describe a clinical case with such manifestations as catatonia, oneiroid state and intellectual “inability”. These disorders are assessed not as one component of a patient’s endogenic status, but as “comorbid” disorders.

In addition, in foreign literature, even if there are such terms as “oneiroid” or “oniric”, normally authors consider completely different problems that basically have nothing to do with the oneiroid syndrome of the confusion of consciousness in its classical understanding.

### **Patients and methods**

At the RMACPE Chair of Psychiatry, in accordance with the 1975 Helsinki Declaration and in its 2000 revised version and with the ethical standard of the MHRC Treatment-Expertise Commission and of Alekseev N.A. Mental-health Clinic No 1, a research into oneiro-catatonic states in case of endogenic illnesses was carried out in the period from 2008 to 2015. The research included 68 patients with schizophrenic attacks containing the oneiroid confusion of consciousness in their structure. The patients’ conditions were correspondent with the diagnostic criteria of schizophrenia (F20, F23 according to MDC-10). The methods used in the research were clinical-psychopathological, clinical-catamnestic, clinical-therapeutic (assessment of therapeutic effectiveness), and clinical-statistical.

### **Results of the research**

Among the examined patients with oneiro-catatonic attacks, there were often religious themes in the structure of their state. The proportion of such patients was almost a half of the examined cases. Religious themes therefore were predominant among the examined patients regardless of sex and age.

It is worthwhile to give a description of a religious oneiroid from the point of view of the pole of affect (disposition) since it most vividly reflects the existing peculiarities. The depressive oneiroid is characterized by fantastic experiences that, in this or that way, concern the theme of hell and/or the end of the world. Patients spoke about awesome “visions”,

“daydreams” or “dreams coming to life”. Some described their state as “a loss of consciousness”.

The patients’ acute state was defined by the feelings of moving in space or a feeling of immersion into a dark corridor, a dark room, a novel space, for instance, that of a black-red color. They could feel how they departed from their own body, moved along a tunnel and flew. Some had a feeling as if they were drawn or fell into an unknown space. Sometimes, a patient’s surrounding, for instance, the flat with all its furniture and sometimes with the family began immersing into hell; there was a feeling that “the light is vanishing”, the space was plunged into darkness. Patients became suddenly aware that they found themselves “in the other world”, “in hell”. They had a feeling of being surrounded by “iron blackness”.

Some saw many rooms full of anthropomorphic monsters who were someone between devils and humans; or these rooms were filled with people holding knives, saws, scissors. Such states were accompanied with a pronounced feeling of fear.

If the perception of the surrounding partially retained, then the hospital ward walls could turn into the walls of a coffin, while the people around became angels and demons. For instance, nurses were perceived as angels, while other patients as sinners who, together with the patient himself or herself, awaited Doomsday in purgatory. Patients would hear people’s cries, felt that there were dead souls beneath them, saw demons around them and the devil in the form of a dark figure with horns, and tried to struggle with them through a prayer. It seemed to them that they either felt a putrid smell that they, in their imagination, compared to the smell of a mass of rotting human bodies after an atomic bomb explosion, and saw body parts, coffins, etc. They heard a choir of demons welcoming them to hell or entreaties for help coming from other people, possibly, even relatives. They felt how their bodies were burnt down in the fire of hell and saw how darkness fully swallowed them. They spoke about the agony they felt as if they were “eaten from inside”, “taken to small pieces”. Some patients felt dead. They hear “the devil’s ominous voice” threatening and cursing them or, on the contrary, “the voice of God” which gave orders and spoke about the imminent end of the world. This state is characterized by express feelings of fear, anxiety and despair.

Besides, some patients could have a feeling that their bodies were modified. For instance, there appeared “a nest of snakes” in place of the head, which produced many sounds and stirred. The form of the body could change, in this case accompanied by the feeling of turning into a snake, and in one case, into a square going down a dark corridor. Patients compared such experiences to “ordeals” believing that they would go through torments eternally to suffer for the whole humanity and that they fell to hell for good. On the whole, they spoke about quite tragic and painful experiences.

In case of the expansive oneiroid (elated mood), patients, on the contrary, would feel ecstasy and happiness. In these cases, there was a feeling of moving in space, like “through a flight” to find themselves suddenly in paradise. The visions of paradise included a shining gate, an extraordinarily bright and blinding light or a boundless space consisting of light. There were walks in this mysterious land, a feeling of warmth and happiness around, endless expanses – forests, seas and mountains, flower fields with their smell, and birds’ singing, a blue sky above.

Some patients had “visions” of saints or God in the form of an old man in white clothes or a dark shining silhouette. Talks with God, fulfilment of His tests, reading a prayer for coming back to the earth, communication with dead relatives, angels sitting in heaven – all this became the basic plot of patients’ fantastic experiences.

If there is an illusion-fantasy version of oneiroid, the surrounding space, for instance, a flat, becomes a paradise, a “home of the soul”. Patients feel to be gatekeepers of the gates for which the front door would be taken. The relatives at home or medical staff in a hospital became saints, angels of God. Interestingly, no reincarnation of the personality of a patient in case of this oneiroid version was observed.

We should mention also important changes related to the religiosity of patients who endured oneiroid-catatonic states with a religious content. Due to the progredience of the illness (schizophrenia) after attacks, negative changes of the personality of the patients emerged and grew, which was manifested in the development of infantilism, a limited range of communication and a loss of previous interests. The loss of interest in the developments, among other things, was accompanied with a lower religious interest. The departure from one’s inner religiosity led to the formation of an outward ritual form of religiosity and did not determine the behavior of patients and their motives.

In addition, a considerable part of the patients were observed to develop different states, such as express autization consisting in the development of a symbolic outlook abstruse for those around and leading one to the withdrawal from reality into a world of one’s own fantasies. The previous pronounced interest in religion gradually altered becoming less and less correspondent to the classical idea of religion. Patients borrowed ideas from several faiths at the same time, combining them in a certain way understandable to them alone, thus closing what they believed to be “gaps” in existing religions.

The former religious outlook was often fused with the experiences the patient had in psychoses or with residual unhealthy manifestations. Traditional religiosity was thus transformed into religious delirium. The faith of such patients, transformed as it was under the impact of the illness and combining unhealthy experiences without critical attitude and special

interpretation of the existing religious postulates, can be assessed as a pathological pseudo-religiosity.

No less important was the absence of any criticism with regard to particular manifestations of the illness and to the illness as a whole in both the immediate post-attack period and at the remote stages, in the period of remission, the absence of any need for support and help from the faith. Such patients quickly refused to observe the treatment-prevention regimen prescribed by the doctor. In spite of repeated hospitalizations soon enough after the discharge from hospital, the support therapy was cancelled, which caused a considerable decrease in the duration of the remission and repeated hospitalizations.

### **Conclusion**

Without any doubt, a priest should have an idea of these unhealthy states to be able to distinguish them from genuine mystical experiences. As some most vivid examples of genuine mystical experiences, one can cite three outstanding events: the first and the most significant among them is the Transfiguration of the Lord on Mount Tabor described in the Gospel (Mt. 17:1–6, Mk. 9:1–8, Lk. 9:28–36). The second significant miracle is the conversion of St. Paul on his way to Damascus. And the third one, much closer to our age, is the example of genuine mystical experience in the vision of the Mother of God to St. Sergius of Radonezh in the presence of his cell-attendant St. Micah.

In accordance with the text of Holy Scriptures and the Holy Tradition and to the experience of fathers of the Christian Church, we have singled out the following important points:

1. Early Christian ascetics (hermits) said that one should be very careful in seeking spiritual visions and attune others to be very thorough in dealing with these spiritual phenomena.

2. According to the patristic teaching, in coming in touch with spiritual mystical visions, it is necessary to show extreme prudence and reasonableness. At the same time, true ascetics were distinguished for the wonderful integrity of their inner world, profound humbleness and harmony of their souls.

3. The Orthodox patristic way is a way of sobriety and vigil, when one believes to be unworthy of such revelations and does not seek them. Moreover, one prays so that one could not have them. And one's attention is focused on one's inner world and the sins which has struck one. And the whole inner power of prayer, all the aspirations should be aimed, with God's help, at a cure from sinful ulcers that have struck one's soul. Thus, St. Isaac the Syrian, in his Homily 41,<sup>1</sup> says, "He who has come to feel his

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<sup>1</sup> Исаак Сирин Ниневийский, прп. Слово 41 О молчании // Слова подвижнические [St. Isaac the Syrian of Nineveh, Homily 41 On Silence // Ascetic Homilies. URL: [https://azbyka.ru/otechnik/Isaak\\_Sirin/slova-podvizhicheskie/41](https://azbyka.ru/otechnik/Isaak_Sirin/slova-podvizhicheskie/41) (accessed 30.09.2019).

sin is above him who raises the dead by his prayer; he who has been granted to see oneself is above him who has been granted to see angels”.

4. As a rule, at least most times, in case of genuine religious visions, several witnesses could confirm spiritual events.

5. Genuine religious visions always help one to repent and become humble, to change one’s condition and conscience. The fact of some mystical experience is not as important as it is important how it affects one’s own soul. And what should happen in one’s soul is repentance and appeal to Christ.

From our point of view, extremely suspicious is the behaviour of those who, having no profound spiritual experience and being neophytes begin addressing the world speaking about revelations allegedly made to them by angels. As St. Theophanes the Recluse said, “If we allow of these visual images, then there is a danger of our praying to a dream”.<sup>2</sup>

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*Eva Ouwehand*

## **Bipolar disorder and religious experiences**

### **Introduction**

I am honored to be able to share with you some results of my Ph.D. project on bipolar disorder and religious experiences. I studied theology in the eighties and I am a hospital chaplain in mental health care since 1988 and minister of the Protestant Church in the Netherlands. In our country we have a situation that spiritual care is part of all hospital care, paid by insurance companies or the government. Our country is very secularized in the sense that about two thirds of the population has no affiliation with a religious institution (church or mosque), and somewhat less than half of the population do not consider themselves as religious or spiritual. At the same time, all kinds of individualized spirituality are blossoming everywhere. This context definitely colors the results of the study that probably will be different in Russia.

As a hospital chaplain I often have met people with bipolar disorder who were admitted to the hospital and narrated about their religious experiences. My Ph.D. research started with the question how patients, when they would have been recovered, would evaluate their religious experiences when they were stable.

### **Research questions**

The general research question of the study was:

*How do stable patients with bipolar disorder interpret religious experiences that occur during both disease episodes and in stable periods and what are their expectations of how such experiences are approached?*

This question was divided into various sub-questions pertaining to the different types of religious experiences that people with bipolar disorder might have. Second, about the ways they interpreted the experiences they had had during mania and depression. And third, how often such experiences and interpretations occurred and whether they were statistically related to the disorder and to religiousness of the patients.

### **Bipolar disorder**

Bipolar disorder (BD) is a mental illness with a prevalence of 1-2% of the population. Previously it was named manic depressive illness. Bipolar disorders are characterized by two distinctive features: polarity and cyclicity. Manic or hypomanic episodes alternate with depressive episodes, with symptom-free periods in between, in a recurring cyclic rhythm. Mania, and hypomania to a lesser extent, are characterized by an elevated and expansive, sometimes irritable mood, often accompanied by feelings of grandiosity and excessive talkativeness, a decreased need for sleep, a flight of ideas and a drive for excessive action with often painful consequences. The two main variants of the illness are bipolar I disorder, characterized by the occurrence of mania and bipolar II disorder, characterized by hypomania. Mania implies more severe dysfunction in social life than hypomania and can have psychotic features. Persons with bipolar I disorder are more often hospitalized than patients with bipolar II disorder. However, the social and psychological burden of depression in both types of the illness is severe.

### **Theoretical framework**

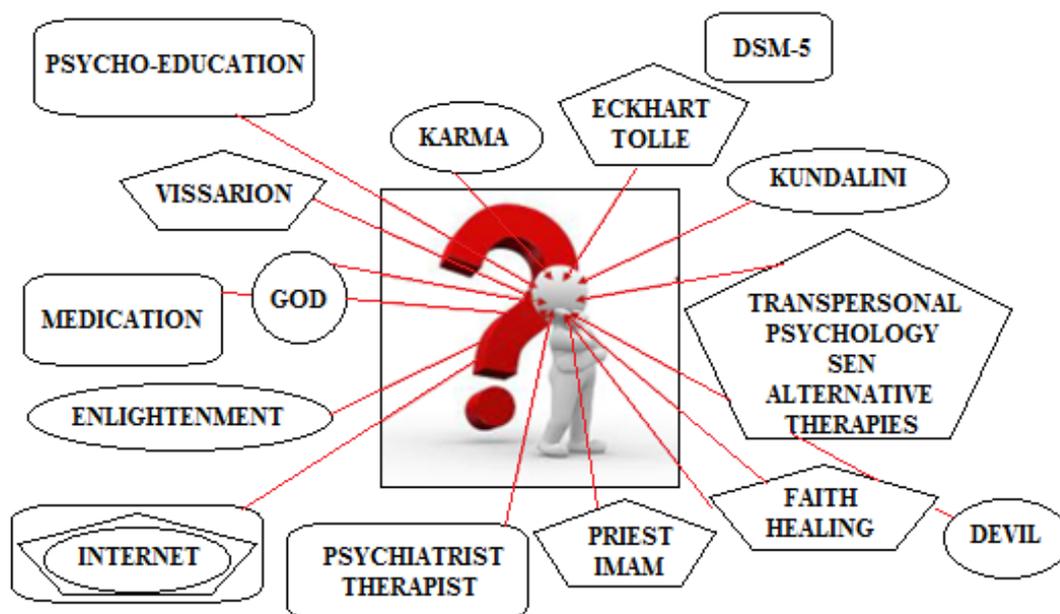
The theoretical framework of the study starts with the work of Kleinman (1988, 1991), a psychiatrist and cultural anthropologist. He discerns three types of explanatory models for illness experiences. His concept of explanatory models is applied to religious experiences related to BD in the present study.

1. Personal explanatory models refer to the ways patients themselves and their relatives explain illness experiences, in this case religious experiences related to bipolar disorder. Personal explanatory models often have religious or spiritual aspects. To give an example: Someone may have an experience of the presence of God in an evolving mania. A psychiatrist probably would view this as a hallucination.

2. The second type of explanatory model Kleinman refers to folk theories about health and illness. These are theories present in a society that explain illness in often more holistic ways than the medical model; it can be alternative medicine or healing theories in Churches or popular devotion and practices in churches etc.

3. The third type pertains to the bio-medical model that clinicians use in their daily work: the practitioner's or psychiatrist's perspective on the illness, knowledge about nosology and etiology of diseases, course of the illness and possible treatment. On the picture below you can see the different explanatory models for religious experiences.

## Conflicting explanatory models



To give an example: When persons become manic, they often feel a lot of energy and warmth and persons affiliated to new spirituality explain this phenomenon as a kundalini experience, an experience of strong energy going up and down the spine. It is part of kundalini yoga and the concept originates in the Upanishads, philosophical writings in Hindu tradition. A psychiatrist however, may diagnose this phenomenon as a developing mania. Conflicts or disagreement about treatment, for example about medication, is reported in some studies into BD and religiousness (Mitchell & Romans, 2003, Stroppa & Moreira Almeida, 2013). For patients themselves discernment between pathology and authentic religiosity is an issue, according to the qualitative study of Michalak and colleagues (2006).

## Methods

The study was of mixed method design, with a 34 qualitative interviews about religious experiences and interpretations thereof, and a quantitative part consisting of a questionnaire built on the qualitative results. Interviews, part of the analysis and writing was conducted both by a hospital chaplain and psychiatrist trainees. The questionnaire was conducted at a specialized department for BD of Altrecht Mental Health Care in the Netherlands (N=196).

## Results

Table 1. *Religious characteristics of the qualitative and quantitative samples, compared to the general population.*

	Qualitative N=34 (Altrecht Mental Health, patient organization, www.psychosen et.nl)	Quantitative N=196 (sample of Altrecht Bipolar)	General Dutch Population (Gin 2015) <sup>1</sup>
<b>Present religious affiliation</b>			
Roman Catholic	15%	19%	12%
Protestant	41%	20%	13%
Other Christians	-	1%	1%
Islam	9%	3%	5%
Other religions	-	5%	2%
No affiliation	35%	52%	68%
New or Hybrid Spirituality <sup>2</sup>	47%		
<b>Original religious affiliation</b>			
Roman Catholic	26%	34%	33%
Protestant	47%	30%	24%
Other or unclear	-	3%	-
Islam	9%	4%	-
No affiliation	18%	29%	35%
New or Hybrid Spirituality	2 persons		
<b>Self-definition</b>			
Religious <i>nor</i> spiritual		28%	47%
Only religious		9%	22%
Only Spiritual		28%	11%
Religious <i>and</i> spiritual		35%	20%

<sup>1</sup> God in the Netherlands, 2015, published in Bernts & Berghuijs 2016.

<sup>2</sup> Often mentioned together with another affiliation.

<b>Religious involvement</b>			
High importance faith <sup>3</sup>		30%	18%
High importance spirituality		30%	10%
Private practice daily		28%	19% (prayer)
Public practice $\geq$ weekly		16%	11% (regularly)
Public practice $\geq$ monthly		26%	

### **Religious experiences in mania and their lasting influence**

In the YouTube video <https://www.youtube.com/watch?v=MxrGvWr2zMg> the results of the qualitative part of the study is shown.

Table 2 shows different kinds of religious experiences (qualitative results, left column), their frequency in the quantitative part of the study and their frequency during mania (self-reported). In the right column you can see for some experiences how often they occur in the general population. Now you can easily say: those experiences are simply symptoms of mania, they are no real religious experiences.

Table 2. *Types of religious experiences in mania, and frequencies compared to the general population (Ouwehand et al. 2019).*

<i>Qualitative, n=34</i>	<i>Quantitative, n=196,</i>		<b>Netherlands</b>
	<b>Altrecht bipolair</b>	<b>mania*</b>	
	of total sample		
1. Intense experience of love, peace, happiness, beauty, freedom.	77%	66%	
2. Meaningfulness, synchronicity	68 %	77%	53-55%
3. Experience of oneness, mystical experiences	57%	66%	29%
4. Vocation/mission	51%	77%	
5. Presence of God/Light	44%	76%	32-50%
6. Insight, vision	37%	67%	30-31%
7. Apparitions	22%	55%	
8. Important r/s person	20%	89%	
9. Voices	12%	54%	
10. Negative experiences (only qualitative study because of small numbers)			

<sup>3</sup>As in God in the Netherlands, high importance means a summation of the scores for very high importance and high importance on a Likert scale from 1-4.

\* Of persons with this religious experience

In table 3, the assessment of participants of the lasting influence of religious experiences is shown. Lasting influence on people's lives is an indication for the religious nature of the experience. In all religious and spiritual traditions the transformative power of religious experience is stressed. William James (1902/1908) considered the fruits of religious experiences as an important criterion for their authenticity.

Table 3. *Types of RE and their self-reported lasting influence (LI)* (Ouwehand et al. 2019)

<i>Qualitative, n=34</i>	<i>Quantitative, n=196,</i>		<b>Netherlands</b>
	<b>Altrecht bipolair</b>	<b>LI*</b>	
	of total sample		
1. Intense experience of love, peace, happiness, beauty, freedom.	77%	36%	
2. Meaningfulness, synchronicity	68 %	25%	53-55%
3. Experience of oneness, mystical experiences	57%	28%	29% (12% LI)
4. Vocation/mission	51%	17%	
5. Presence of God/Light	44%	22%	32-50%
6. Insight, vision	37%	17%	30-31%
7. Apparitions	22%	11%	
8. Important r/s person	20%	4%	
9. Voices	12%	8%	
10. Negative experiences (only qualitative study because of small numbers)			
[*] Of total sample			

I will highlight two experiences: the experiences of unity or mystical experiences that can be compared to the general population. And the experience of feeling to be an important religious person. This is the experience that most clearly looks like a delusion of grandeur from a psychiatric view. And indeed, participants themselves did not assess it very often as a religious experience that had lasting influence on their lives. In table 2 and 3 you can see that mystical experiences are occurring twice as often in people with BD than in the general population. They are definitely related to the disorder, as they occur in 66% of the persons with such an experience during mania. Yet half of the persons with a mystical experience view them as having lasting influence on their lives. This is very different from the experience of being an important religious person,

which is assessed as occurring during mania by 89% of the persons with such an experience. Yet only one fifth of them considers this experience as having lasting influence on their lives. This shows that:

- 1. Religious experiences related to the disorder can have both pathological and religious features.
- 2. Persons with BD evaluate their experiences when they are recovered and discern themselves between those pathological and religious features.

### **Absence of religiosity during depression**

In table 4 it is shown that the most occurring experience during depression was the experience of absence of any form of faith or spirituality and secondly, the experience of the absence of the God. You can also see how much this was assessed as having lasting influence on the lives of respondents. During depression, former judgments about the nature of religious experiences that had happened during mania, were often put into question by participants. Religious doubt was an important theme in the interviews during depression.

Table 4. *Religious experiences during depression (Ouwehand et al. 2019).*

	<i>Qualitative, n=34</i>	<i>Quantitative, n=196</i>	
		Of total sample	LI*
1. Absence of faith/spirituality		43%	10%
2. Divine absence		36%	8%
3. Presence of evil/the devil (only qualitative study because of small numbers)			
4. Sin and guilt (only qualitative study because of small numbers)			
[*] Of total sample			

### **Explanatory models for religious experiences**

After having had these experiences, many people start a religious quest about their significance. Table 5 shows the various explanatory models participants used to interpret their experiences. Most frequent were a view wherein religious experiences, even when they had occurred during mania, were seen as part of spiritual development and a view wherein the experiences could have both pathological and spiritual features.

Table 5. *Frequencies of types of explanations of R/S experiences during illness episodes of bipolar disorder in a Dutch bipolar outpatient sample (Ouwehand et al. 2020).*

Type of interpretation	N <sup>[1]</sup>	Yes %	No %	Don't know %
1. They belong to my spiritual development, have deepened my faith	125	46	38	16
2. Such experiences have both religious/spiritual and pathological ('ill') features	124	42	33	25
3. I keep my distance from such experiences	121	31	53	16
4. I doubt if they are authentic ('real') religious experiences or belong to bipolar disorder	125	30	53	17
5. Such experiences belong exclusively to my illness	123	15	63	22
6. Such experiences are in fact a sign of spiritual crisis or crisis of faith	124	10	70	20
7. I can better keep distance from faith or spirituality altogether, because such experiences originate from my illness	124	4	81	15

[1] Includes participants who reported they had had religious or spiritual experiences during illness episodes.

### **Conclusions**

The religious quest related to religious experiences in illness-episodes, leads to (increased) religious involvement, especially in new spirituality, in some of this patient group.

The content of religious experiences that occur during mania is often not distinguishable from religious experiences described in the literature in the field of the sociology or psychology of religion; they are part of the religious idiom of a society.

Some experiences resemble psychiatric categories.

Existential suffering is clearly present during depression in bipolar disorder, but it is not always described in religious terms. It is experienced as an absence of the divine, but by others as an absence of religious experiences or of religiosity in general, the more so when people are more religious.

The process of interpretation of religious experiences is a continuous, never finalized process, influenced by mood swings, course of the disorder, original and present religiousness of the person and communication with others: relatives, mental health professionals, clergy. The lasting influence of experiences must be seen in the light of this process over the years.

The stable period is an excellent opportunity to reflect on religious experiences that have happened in illness episodes and the lasting influence thereof. Religiousness appears to be of influence in evaluating the experiences as having lasting influence.

The main conclusion is that people with BD can have experiences related to mania that have religious significance for them on the long term. The evaluation of this significance is important for pastoral care to find a balanced attitude towards such experiences.

### **Pastoral issues**

- Non-recognition or underestimation of pathology
- Overvaluing of religious experiences
- Excessive or intense religious practice
- Reducing religious experiences to pathology
- Religious identity in the context of mood swings
- Finding balance between different aspects of religiosity
- Deviant experiences from a religious tradition
- The right moment for reflection
- Vocations
- Stigma/isolation of persons with mental disorders

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*Appendix to the report*

## **Bipolar disorder in DSM-5**

### **Bipolar disorder.**

Since the publication of *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed), DSM–5, American Psychiatric Association [APA], 2013) ‘Bipolar disorder and related disorders’ are a stand-alone category within psychiatric nosology. This category is situated between the diagnoses ‘schizophrenia spectrum and other psychotic disorders’ and ‘depressive disorders’ to emphasize their place as a bridge between the two other diagnostic categories (APA, 2013, p. 123). Bipolar disorders are characterized by two distinctive features: polarity and cyclicity (Goodwin & Jamison, 2007). Manic or hypomanic episodes alternate with depressive episodes, with symptom-free periods in between, in a recurring cyclic rhythm.

Manic and hypomanic episodes are marked by a distinct period of abnormally and persistently elevated, expansive, or irritable mood, together with increased activity or energy. This change of mood and energy is accompanied by feelings of inflated self-esteem or grandiosity, decreased need for sleep, abnormal talkativeness or pressure to persistent talk, flight of ideas, distractibility, and a strong drive for excessive action with often painful consequences. Bipolar I disorder and bipolar II disorder are the two main distinctive variants within the bipolar disorder spectrum. Bipolar I disorder is characterized by mania, which can have psychotic features and implies more severe dysfunction in social life than hypomania does. Mania progresses through various stages from elation and irritability that increase

in severity to culmination in full psychotic disorganization, with much individual variation. In bipolar II disorder, hypomanic and depressive states alternate, whereby hypomania is described as the first stage of mania, not developing any further (Goodwin & Jamison, 2007). The distinction between hypomania and mania pertains to differences in impairment in social and occupational functioning and the absence of psychotic features in hypomania. Mania may lead to hospitalization, whereas hypomania does not. However, in DSM-5 bipolar II disorder is no longer viewed as the 'milder' because of the social and psychological burden of mood instability and depression it entails (APA, 2013).

Depressive episodes are in fact of longer duration and cause more burdens for most patients than (hypo) manic episodes (Kupka & Nolen, 2009). They are characterized by a persistent depressive mood, or diminished interest in normal activity, accompanied by significant weight loss or gain, insomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness and guilt, diminished ability to concentrate, indecisiveness and recurrent thoughts of death (APA, 2013, p. 125). Kupka and Nolen (2009) emphasize the similarities of depressive episodes in bipolar and unipolar depressive disorder, whereas Goodwin and Jamison (2007, p. 17) point to differences of which more psychotic features in depressive episodes of bipolar disorder is one. BD I patients are on average 32-36% of the time depressive, whereas this percentage for BD II is even higher: 37-50% (Kupka & Nolen, 2009).

Episodes of mixed symptoms demonstrate the fundamentally dynamic (Goodwin & Jamison, 2007) and complex (Kupka & Nolen, 2009) nature of bipolar illness. Patterns of manic and depressive symptoms often overlap; Goodwin and Jamison (2007) estimated the occurrence of mixed episodes at about 28%, (10 – 65% in various studies) of patients with a bipolar diagnosis. In DSM-5, the diagnosis 'mixed episode' is replaced with a 'mixed specifier' feature, "allowing 'mixed' to be used when subsyndromal depressive or manic/hypomanic symptoms are present in the alternate (opposite eo) syndromal episodes" (Ostacher, Frye & Suppes, 2016, p.1). Mixed states are particularly associated with increased suicidality and a suicide risk (Goodwin & Jamison 2007) and a greater level of distress than being depressed or manic alone (Cruz et al, 2010). In the present study, periods between illness episodes are referred to as 'stable periods'.

Two other conditions, cyclothymia and schizo-affective illness of the bipolar type, are located at the borders of the bipolar spectrum. Cyclothymia is characterized by chronic, fluctuating mood disturbance for at least two years. The alternating periods of hypomanic and depressive symptoms do not meet the criteria for BD II; Cyclothymia is a less severe variant of BD related to temperament (Goodwin & Jamison, 2007). Schizo-affective disorder of the bipolar type as a category marks the transition to

schizophrenic psychoses. Kupka and Nolen (2009) assert that a demarcation line between bipolar disorder and schizophrenia cannot be clearly drawn and that the genetic overlap between the disorders is considerable.

### **Delusions and hallucinations.**

The concepts ‘delusion’ and ‘hallucination’ are psychiatric categories. However, the question whether it is possible to make a clear distinction between pathological and ‘normal’ religiosity is a point of discussion in the literature (Cook, 2013, 2015; Jackson & Fulford 1997; Johnson & Friedman, 2008; Menezes & Moreira Almeida 2010; Sims 2016). In this section, the concepts are described according to the theory underlying current psychiatric practice.

Both in mania and in depression, psychotic features may be present. Approximately two-thirds of the patients with bipolar disorder (range 47 – 90%) experiences at least one psychotic symptom in their illness history (Goodwin & Jamison, 2007). The concepts ‘hallucinations’ and ‘delusions’ have to do with reality testing. In DSM-5 they are dealt with under the chapter Schizophrenia Spectrum disorders.

Hallucinations are defined as “perception-like experiences that occur without an external stimulus. They are vivid and clear, with the full force and impact of normal perceptions, and not under voluntary control” (APA, 2013, p. 87). Hallucinations are distinguished according to the different sensory systems, but auditory hallucinations, or ‘hearing voices’ represent the most significant type of ‘false’ perception in phenomenological psychopathology (Oyebode, 2018). The term ‘false’ is criticized by authors who stress the cultural influence on hallucinations and other psychotic-like phenomena which are normative and non-pathological in certain cultural or religious groups (Dein & Cook, 2015, Larøi et al., 2014). Keck and colleagues (2003) in their study into the phenomenology of psychotic symptoms in bipolar I disorder estimated the prevalence of auditory hallucinations at 37% and visual hallucinations at 32%. These percentages are higher than the 20% reported by Goodwin and Jamison (2007, p 59.) who reviewed several more studies over a 40 year period. Hallucinations are a sign of the graver states in both mania and depression. In mania, hallucinations often have an ecstatic and religious character and are of short duration (Goodwin & Jamison, 2007).

Delusions are defined as “fixed beliefs that are not amenable to change in light of conflicting evidence” in DSM-5 (APA, 2013, p. 87). The concept of delusions is a debated issue in psychiatry, because suggested criteria for delusions such as the statement they are ‘false judgements’, ‘held with extraordinary conviction’, ‘impervious to compelling counterargument’ or ‘their content is impossible’, are applicable to ‘normal’ beliefs as well (Oyebode, 2018, p.6). In clinical practice, a

pragmatic approach is usually employed, including a judgement of the clinician about the plausibility of the patient's assertions and the rigidity they are held with. Delusions may have different contents and the content is called 'bizarre' "if they are clearly implausible and not understandable to same-culture peers and do not derive from ordinary life experiences" (APA, 2013, p.87). The content of delusions is viewed as coincidental and related to accidental circumstances by some authors (Berrios in: Oyebode 2018, p.106). Others state that the content of delusions is determined by the developmental, emotional, social and cultural background of patients and is understandable when clinicians have enough in-depth knowledge about patients at their disposal (Oyebode, 2018).

Delusions are categorized in different types, of which religious delusions represent one, according to Oyebode (2018), although it is not clearly defined in this textbook on descriptive psychopathology. For research purposes this is problematic, because categories can overlap (Cook 2015). For example, grandiose or persecutory delusions may have religious features as well. Noort, Beekman, Van Gool, and Braam (2018) found that religious delusions often co-occur with other types of delusions in schizophrenia and psychotic depression in older adults. They argue that religious delusions may be regarded as "a denominator of existential distress or ways of coping using existential themes" (p. 2), which might be an indicator for assessing spiritual needs. DSM-5 does not specify 'religious delusions' as a distinct category and Mohr and Pfeifer (2009) even reject it as a theoretically valid category.

Keck and colleagues (2003) described various types of delusion in bipolar I disorder, namely (in descending order of frequency) reference (62%), grandiose (61%), persecutory (51%), thought control (16%), thought broadcasting (14%), somatic (13%) and bizarre (10%), but did not specify religious content. According to Goodwin and Jamison (2007), delusions in mania are often grandiose, expansive and religious, and not infrequently paranoid.

The prevalence of *religious* delusions in mania in the USA is estimated to be 15 – 33% (Appelbaum, Robbins, Roth, 1999; Koenig, 2009). Grover, Hazari, Aneja, Chakrabarti, and Avasthi (2016) found psychopathology with religious or supernatural content in 38% of a sample of Indian patients with bipolar disorder. Cook (2015) however, in a review study into the prevalence of those phenomena in psychotic disorder points to the lack of an agreed definition on the concepts of religious hallucinations and delusions. In empirical research they are often not clearly defined and the distinction with 'normal' religiosity is vague, because little or no attention is given to the religious context of the study participants.

In conclusion we can say that the estimation of religious delusions in bipolar disorder is 15 – 38%, but lack of clarity of what exactly is assessed

as a religious delusion makes the distinction with ‘normal’ religious beliefs and experiences difficult.

### **Bipolar disorder and religion**

Studies that examine the relation between religiousness and bipolar disorder are scarce, heterogeneous in design and show mixed results. Both positive and negative associations between religious variables and bipolar disorder are reported. Studies are conducted in various western and non-western contexts, where assessment of religiosity in the general population will vary considerably. They originate in psychiatry as a medical discipline and are usually focused on relations between religiousness and health outcomes. They investigate relations between religious variables and symptoms of bipolar disorder (Azorin et al., 2013; Stroppa et al., 2018; Stroppa & Moreira Almeida, 2013; Huguelet et al., 2016), measures of well-being or quality of life (Stroppa et al., 2018; Stroppa & Moreira Almeida, 2013; Huguelet et al., 2016) or measures of resilience (Mizuno et al., 2018). Two studies (Mitchell & Romans, 2003; Stroppa & Moreira Almeida, 2013) indicate that differences in explanatory models of bipolar disorder between professionals and patients can impair treatment.

Only three studies were identified that explicitly address religious experiences and bipolar disorder. Two quantitative studies (Gallemore et al., 1969; Kroll & Sheenan, 1989) described a higher incidence of religious experiences in a group of patients with BD compared to a healthy control group or the general population. However, the religious context (the USA, high odds of religious affiliation and involvement), was different from the context of the present study (the Netherlands, a secularized country with lower degrees of religious affiliation and religious involvement than in the USA). One qualitative study (Michalak et al., 2006) mentions the struggle to disentangle ‘real’ religious experiences from hyper-religiosity as an important theme for the participants with bipolar disorder for whom religiosity was important.

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## **Religious experience and mental health in studies of Russian psychiatrists**

The problem of an analysis of religious experience and mental health and relations between psychiatry and religion has been in the center of almost the whole history of Russian psychiatry beginning from the first textbook on psychiatry written by P. A. Butkovsky (1934) to today's studies. The topicality of an analysis of the problem of religion's influence on mental health is determined by the socio-political transformations which have happened in our country in the last decades and which have been accompanied by an increasing number of people who count themselves belonging to religious confessions and by a growing role given to religious values by people with mental disorders.

The Church is associated with the history of care for mentally ill people. Monasteries and churches were the first institutions in which people with mental disorders could find support and consolation. The historians of the 20<sup>th</sup> and 21<sup>st</sup> century Russian psychiatry<sup>1</sup> single out a special "monastery" stage that covered the period from the 11<sup>th</sup> to the 13<sup>th</sup> century. As T. I. Yudin noted (1951), "precisely the high unique culture led to the high original development of monastery medicine, including psychiatry". It was in the monasteries, that various forms of mental disorders were described for the first time. By the end of the 11<sup>th</sup> century, three centuries before the opening of Bedlam (St. Mary of Bethlehem) in London, the treatment and care of ill people in the Kiev Monastery of the Caves had reached such a high level that a special facility ("cave") was allotted to "wild" patients.

The care of mentally ill people in monasteries, which originally developed spontaneously, later was legalized by state regulations. The first such regulation was issued in 1551 when under Ivan the Terrible the Council of One Hundred Chapters worked out an article on the need of care for the poor and sick mentioning among them those "who are possessed by the devil and deprived of reason". They were to be put up in monasteries "so that they may not stand in the way of the healthy" and "may be brought to reason or led to the truth". In 1723, Peter the Great forbade sending "the foolish" to monasteries and charged the Chief Magistrate with the duty to arrange hospitals. However, due to a lack of such, in the consequent decades, the mentally sick were still sent to monasteries. In 1775, when Russia was divided into provinces, Public Care Boards were established, which opened mental wards in hospitals and built special houses for the insane.

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<sup>1</sup> Каннабих Ю.В., 1928; Юдин Т.И., 1951; Александровский Ю.А., 2013 [Kannabikh Yu. V., 1928; Yudin T. I., 1951; Alexandrovsky Yu. A., 2013].

In 1834, the first manual written by P. A. Butkovsky on psychiatry was published in Russian entitled “Mental Illnesses Expounded in Accordance with the Principles of the Present Teaching of Psychiatry in General and Particular Theoretical and Practical Content”. In the theoretical part of the manual, the author, proceeding from Christian anthropology, identifies in man, along with his body and soul, a spiritual component - “the spirit is a thinking and discerning principle of the soul through which we study and learn the truth, the universe and our own nature”. Describing some endogenous psychotic conditions by the term “sophistry” (*paraphrosyne*), he gives a description of their prodromal stage of which religious bigotry and fanaticism may be typical with their “philosophizing and speculating on the chasms of human knowledge, foolish... incited by the passion of reading the Bible...”. As some researchers note<sup>2</sup>, what we have in his works is the first description to be given in literature on psychiatry to the phenomenon of “metaphysical intoxication”, which was to be described in more detail by Theodor Ziehen as late as in 1924.

The problem of religiosity had never been an object of a special psychiatric study. However, this problem was indirectly touched upon by some Russian scientists. F. Kondratyev (2012) poses this problem in an expressly sharp way. What should be the modern man’s attitude to religiosity? Is it his prejudice, mistake, mental defectiveness, pathology or is it his emotional richness, lofty spirituality, mental fullness while a lack of religiosity implies exactly spiritual defectiveness?” S. S. Korsakov (1901) noted, “The religious feeling is more or less inherent in every normal human being”, while he considered atheism to be a sharp manifestation of secret religiosity. V. P. Osipov (1923) singled out among the characteristics of moral insanity not only a lack of moral sense but also other lofty feelings, aesthetical and religious. A. A. Portnov (1967), in a polemic with the idea of Sigmund Freud (1959) that “religion is the common human neurosis of obsession”, contended that religion cannot be considered a mental illness but a complex multiform social phenomenon.

The issues of psychopathology and clinical mental diseases with a religious content are reflected in the studies of many Russian psychiatrists. In classical Russian manuals on psychiatry<sup>3</sup> following V. Grizenger (1867), descriptions were given of psychotic states with a religious delirium. S. S. Korsakov pointed out that those inclined to mysticism from their childhood are prone to religious paranoia. The delirious period is characterized by rapid development of the idea of magnificence, a delirium of holiness, closeness to the godhead while the ideas of magnificence are also manifested in the ideal of persecution (hostile influence of evil spirits,

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<sup>2</sup> Двирский А.Е., Яновский С.С., 2001 [Dvirsky A. E., Yanovsky S. S., 2001]/

<sup>3</sup> Корсаков С.С., 1901; Сербский В.П., 1912; Сикорский И.А., 1910 [Korsakov S. S., 1901; Serbsky V.P., 1912; Sikorsky I. A., 1910].

people of other faiths, the antichrist. F.E. Rybakov (1916) described a religious paraphrenia in which “a period of the delusion of meaning and appraisal, surpassing a period of the delusion of persecution, ends in a delusion of magnificence...”, while the process of disease ends in imbecility.

A special place in studies of Russian psychiatrists of the late 19<sup>th</sup> – early 20<sup>th</sup> centuries is occupied by the phenomenon of hysterics («shrieking»), a special state observed in the Orthodox religious environment, predominantly in village churches and some monasteries in central Russia. This problem was dealt with by many psychiatrists<sup>4</sup>. A special study of this phenomenon was carried out by N. B. Krainsky (1900). In the preface to it, V. M. Bekhterev noted that the basis for these states was determined by the hysterical neurosis (1900). F. E. Rybakov (1916) considered this phenomenon as part of a hysterical derilium the attacks of which with a demonic content of delirious ideas were more often observed among underdeveloped and superstitious people who were not observed to have unhealthy manifestations after the end of the attack until a new one. V. F. Chizh (1911) noted that the initial insanity among hysterical people essentially had nothing to do with real paranoia but a religious delirium in these cases was almost always based on an illusion of the senses and on allegoric explanations of anesthetics and paresthesias.

In a research made by M. S. Uryupina (1972) on the syndrome of possession by “evil spirits” (hiccups) among northern peoples in Russia, references were made to the elements of heathenism with a belief in magicians, and this syndrome was considered to be a combination of pathological ideas of evil eye and possession with somatic illusions and sometimes bodily hallucinations and very peculiar speech motor paroxysms. This phenomenon is considered in the structure of hysterical hypochondriac states, with its expression sometimes reaching the psychotic level in a neurotic reaction, hysterical psychosis, hysterical-neurotic and reactive delusional pathological development of personality.

A decline in the relevance of religion in social life since the late 19<sup>th</sup> century and in the 20<sup>th</sup> century brought down the number of psychoses with a mystical content while the rest of religious plots were formed mostly in the framework of traditional religions. In the last three decades, there has been an increase in the number of psychotic states with religious delusion, including the development of absurd quasi-religious ideas propagated by various new cultic entities<sup>5</sup>.

V. E. Pashkovsky (2007, 2017) detected in the structure of psychotic states a high occurrence of not only traditional religious but also archaic views based on superstitions and magical idea. In this connection, he singled out a religious-archaic delusion complex (RADC) which includes

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<sup>4</sup> Даль В.И., 1880; Краинский Н.В., 1900 [Dal V. I., 1880; Krainsky N. V., 1900].

<sup>5</sup> Кондратьев Ф.В., Лашинина Ю.А., 2000 [Kondratev F. V., Lashchinina Yu. A., 2000].

the following variety of delusion: mystical, messianic, reformist, sinfulness, magic and possession. He pointed out that modification of the religious component during a delusional psychosis goes from a normal religious experience to its chaotic transformation expressed on the level of perception, intellect and behaviour – all including incompatible and manifold mystical or occult ideas. The delusional behaviour of patients with the RADC is characterized with a broad range of expressions beginning from a disordered drift towards non-uniform para-religious and occult assemblages in the initial period of delusional psychosis to rough and brutal forms. The height of the RADC psychotic manifestation falls on the young age from 20 to 25 and on the period from 36 to 40 years of age with a considerable prevalence of these psychoses among women (74,5%).

According to the data of some researches,<sup>6</sup> the inclusion of religious-archaic ideas in the structure of delusional experiences determines a more severe progress of paranoid schizophrenia, which is correspondent to the findings of some foreign researches<sup>7</sup>.

A special place in the work of Russian psychiatrists is given to the syndrome of possession<sup>8</sup> characterized by a combination the delirium of possession with other forms of the delusional complex and physical hallucinations.

Among the problems, that are insufficiently developed, there is the issue of identification of factors conditioning the formation of delusional ideas with a religious content in the structure of psychotic disorders. P. M. Logutinenko (2014) singled out the experience of mental induction – an appeal to healers, paranormalists, sorcerers at the initial state of the illness. The researches of specifics of the religious delusion with endogenic attacks in the young age, confirm that relevant to its formation is one's previous religiosity, including the presence of a predominant religious outlook of "metaphysical intoxication" kind<sup>9</sup>. At the same time, among such patients, the duration of pre-manifestation stage – the period of "untreated psychosis" and hospitalization, proved to be longer. Noticeable is the tendency to a growing level of religiosity after an attack, which is especially characteristic of attacks with formation of a delusional plot through an interpretative mechanism (with a delusion of sinfulness and devil possession).

The works of Russian psychiatrists also reflect the phenomenon of "metaphysical (religious or philosophical) intoxication" implying domination characteristic exclusively of young people in a mental life affectively charged with one-sided intellectual activity, which sometimes

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<sup>6</sup> Логутиненко Р.М., 2014 [Logutinenko R. M., 2014].

<sup>7</sup> Siddle R.et.al., 2002; Bhavsar V., Bhugra D., 2008.

<sup>8</sup> Пашковский В.Э., 2017; Копейко Г.И., 2017, 2019; Каледа В.Г., 2017 [Pashkovsky V. E., 2017; Кореуко G. I., 2017, 2019; Kaleda V. G., 2017].

<sup>9</sup> Каледа В.Г., Попович У.О., 2017 [Kaleda V. G., Popovich U. O., 2017].

comes to possess all one's thoughts and actions<sup>10</sup>. The basic components of this state are predominant disorders, a unilaterally intensified attraction to cognitive activity (spiritual attractions, according to Griesinger, Jaspers) and affective disorders. In their researches, L. B. Dubnitsky in 1977, M. Ya. Tsutsulkovsky, et al, in 1992, singled out the following four basic versions of this syndrome: 1) classical, characterized by the even expression of basic structural components, which is found mostly in the personality schizoid disorder; 2) affective version (with prevalent predominant formations of affective nature), found mostly in atypical pubertal attack; 3) autistic version (with domination of ideational disorder and schizoid disorder of personality; 4) a version with the predominant component of unilaterally intensified "spiritual attraction", found mostly at the initial state of paroxysmal schizophrenia.

A number of researchers<sup>11</sup>, point to the phenomenon of a distorted religious life among the mentally ill with developing "a morbidly distorted interpretation of particular dogmata" with a lack of sensual depth in understanding the essence of religious actions, with a distortion of critical attitude to one's own personality and formation of a pathological religious behaviour inconsistent with the criteria of harmonious and healthy faith<sup>12</sup>. At the same time, they point to the repression of aspirations for a full-fledged spiritual life by an exaggerated performance of religious rituals. This phenomenon is registered against the background of preserved psychopathological symptoms.

It should be pointed out that whereas in the foreign scientific literature of the last century, there was an active research into relationship between religion and psychiatry, and its impact on the human mental health was analysed, it was not characteristic of Russian psychiatry due to then predominant Marxist-Leninist philosophy. Actually, Prof. Dmitry Melekhov (1899-1979) was the only Russian psychiatrist who focused on this problem. He was the most prominent psychiatrist of the last century, known as one of the founders of social psychiatry who did much to work out the theoretical and practical foundations of rehabilitation of the mentally ill. His work "Psychiatry and Issues of Spiritual Life" (1970), in which he, following P. A. Butkovsky (1834), proceeded from the trichotomic understanding of human personality, has become a fundamental guideline in the area of religious psychopathology of human personality for today's generation of psychiatrists. He understood the spiritual sphere as an area of ultimate moral values. Accordingly, he conditionally separated the spheres of competence between somatologists, psychiatrists and priests. In the opinion of a number of modern

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<sup>10</sup> Циген Т., 1924 [Ziehen T., 1924].

<sup>11</sup> Борисова О.А., 2017; Кондратьев Ф.В., 2017; Бровченко К.Ю., 2017 [Borisova O. A., 2017; Kondratev F. V., 2017; Brovchenko K. Yu., 2017].

<sup>12</sup> Arterburn S., J. Felton 2001.

researchers<sup>13</sup>, the trichotomy of body-soul-spirit introduced to the literature on psychiatry by D. Melekhov should be adopted and assimilated in scientific and practical psychiatry. They point out that religiosity and religious faith represent the most important components of the spiritual sphere, and the human personality should be considered in the unity of its physical and spiritual-mental organization<sup>14</sup>. At the same time, the question is posed about the need to add a bio-psycho-social strategy to a bio-psycho-spiritual psychiatry<sup>15</sup>. On the basis of the trichotomic understanding of human personality, D. Melekhov wrote in 1979 that it was necessary in some cases to give a patient a “spiritual diagnose”, with the diagnose of “spiritual crisis of personality” being justified and servicing as an addition to the psychiatric diagnosis and that in some cases a spiritual recovery could lead to a psychiatric and physical recovery.

In many studies, the need is noted for a psychiatrist doctor to have an idea about religious views and peculiarities of patients’ spiritual life<sup>16</sup>. Thus, P. I. Sidorov called to give more attention to patients’ religious experiences<sup>17</sup>, while F. V. Kondratiev (2017) pointed out that the religious sphere is uniquely individual and expresses the personality essence. I shall quote the statement on this problem by the great Austrian psychiatrist Viktor Fankl, “The spiritual dimension cannot be ignored as precisely it makes us human beings”.

D. Melekhov (1979) pointed to the twofold nature of religious experience among the mentally ill: on one hand, in case of pathology, it can be an immediate reflection of symptoms of an illness, while on the other, it can be a manifestation of a healthy personality and then, even if there is an illness, religious faith helps an ill person to resist the illness process, adjust to it and compensate the defects instilled by the illness in the personality of a patient. Therefore, D. Melekhov was one of the first at the modern stage of the development of Russian psychiatry to consider religious faith as the most important personal resource for conducting rehabilitation measures. He formulated this attitude on the basis of his clinical experience since he had no opportunity to make a scientific research in the last century 60s and 70s. However, his thesis has been reconfirmed in many clinical researches today.

In a special study into the role of religious coping strategies in rehabilitating the mentally ill, G. Kopeiko and others (2016), on the basis of comparison made between the value-meaning structure of the personality of patients with a religious and non-religious outlooks and their

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<sup>13</sup> Полищук Ю.И. и др., 2010; Овсянников С.А.; Воскресенский Б.А. 2015; Кондратьев Ф.В., 2017 [Polishchuk Yu. I. et al., 2010; Ovsyannikov S. A.; Voskresensky B. A. 2015; Kondratev F. V., 2017].

<sup>14</sup> Токарева Н.Г., 2015 [Tokareva N. G., 2015].

<sup>15</sup> Сидоров П.И., 2015; Носачев Г.Н., 2014 2017; Полищук Ю.И., Летникова З.В., 2010 [Sidorov P. I., 2015; Nosachev G. N., 2014 2017; Polishchuk Yu. I., Letnikova Z. V., 2010].

<sup>16</sup> Савенко Ю.С., 2001; Логутиненко Р.М., 2014 [Savenko Yu. S., 2001; Logutinenko R.M., 2014].

<sup>17</sup> Сидоров П.И., 2015 [Sidorov P. I., 2015].

juxtaposition with corresponding groups of healthy people, various types of confessionally oriented coping strategies were established for people with schizophrenia. The researchers believed that the religious factor should be taken into account as a potential resource that can be used by a patient suffering from a disease and other existential stresses. This research also conformed the position taken by a number of foreign researches<sup>18</sup>, i. e., that religion (including spirituality and religiosity) is very important in the life of patients suffering from schizophrenia and the schyzo-affective disorder.

Today's Russian researchers<sup>19</sup> also point to the relevance of religious strategies of coping among patients with anxiety and depression disorders and disaster relations at a late age. Besides they underscore the great risk of forming a pathological reaction resulting in a depressive disorder among those who do not use religious resources to overcome crisis situations<sup>20</sup>. At the same time, the strategies of religious coping should not be used in isolation but as one of the means and ways of supporting the ill persons as part of complex approach to their rehabilitation<sup>21</sup>. A number of authors<sup>22</sup> emphasize that the psychotherapeutic method in various models cannot include religiosity and basic religions, cannot be assimilated or used in both theory and practice. In the opinion of B. A. Voskresensky (2007), religious faith helps soften the disease and for this reason, it is important that religious components should be included in the psychotherapy of the mentally ill. It should be noted that V. M. Bekhterev (1994) did recognize the possibility for a religious impact of suggestion and self-suggestion against the background of religious exaltation states. Some psychiatrists single out Orthodox psychotherapy as a separate type of psychotherapy<sup>23</sup>. Some researchers<sup>24</sup> recognize traditional Orthodox religious communities as "alternative support systems", a leading type of social support in which the emotional, problem-oriented support is fully accepted by the surrounding.

In many researches, religious faith is viewed as an anti-suicidal factor, as most of traditional religions strictly prohibit suicide<sup>25</sup>. In this connection, the high psycho-preventive and psychotherapeutic potential of religious values can be used in programs for preventing suicidal behaviour. At the same time, it is pointed out that some religions, which are not widely

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<sup>18</sup> Mohr S. et al, 2006.

<sup>19</sup> Баскакова С.А. et al. 2009; Полищук Ю.И. et al, 2017 [Baskakova S. A. et al. 2009; Polishchuk Yu. I. et al, 2017].

<sup>20</sup> Богатырева Н.Л., 2017 [Bogatyreva N. L., 2017].

<sup>21</sup> Слоневский Ю.А., 2017 [Slonevsky Yu.A., 2017].

<sup>22</sup> Носачев Г.Н., Носачев И.Г., 2017 [Nosachev G.N., Nosachev I.G., 2017].

<sup>23</sup> Братусь Б.С., 1997 [Bratus B.S., 1997].

<sup>24</sup> Казьмина О.Ю., 2017; Милев В., 1988; Москаленко А.Т., Чечулина А.А., 1979 [Kazmina O.Yu., 2017; Milev V., 1988; Moskalenko A.T., Chechulina A.A., 1979].

<sup>25</sup> Пашковский В.Э. et al, 2015; Байкова М.А., Меринов А.В., 2017; Рутковская Н.С., 2017 [Pashkovsky V.E. et al, 2015; Baykova M.A., Merinov A.V., 2017; Rutkovskaya N.S., 2017].

spread in our country, as well as some sectarian trends, not just permit but even encourage suicides<sup>26</sup>.

The Russian psychiatric literature highlights, that faith along with the psychotherapeutic, makes also the pathogenic impact on psyche<sup>27</sup>. Thus, in A. A. Portnova's study made together with M. I. Shakhnovich, the leading Soviet specialists in "scientific atheism" (1967), asserts, "in the spirit of time", an extremely negative influence made by religion on mental health and attributes not only a pathoplastic but also pathogenic role to religious beliefs. Most researchers<sup>28</sup> point to the pathogenic influence made on psyche by some sects with destructive cults. A similar point of view was held by P. B. Gannushkin (1901). A description of the psychopathology of mental disorders arising in religious sects, in which religious "vigils" are accompanied with ecstatic states with attraction disorders, is given in his special article on "Voluptuousness, Cruelty and Religion". S. S. Korsakov (1901) noted, "Religion in itself has no influence on mental illnesses but religious fanaticism and superstitions cause mental illnesses. The belonging to some sects, in which religious cult is combined with a strong emotional excitement amounting to ecstasy, contribute to the development of mental illnesses". This statement was confirmed by today's foreign researches<sup>29</sup>, in which it is shown that the further an individual religious experience diverts from traditional religious norms the higher the risk of developing a mental disorder. Several authors<sup>30</sup> point out to the high frequency of mental deviations among those who belong to certain non-traditional religious organizations using psycho-technologies that make a destructive impact on the mental health of their members. They consider these disorders to be a result of psychological manipulations they were subjected to in the cult and to correspond to the criteria of "dependent personality disorder" (F60.97 according to ICD-10). At the same time, as the researchers note, among those involved in the activity of sects, there are many people with already existing mental disorders, and participation in some of these organizations is a triggering factor contributing to their exacerbation.

In an analysis of the religiosity of a patient, it is important to ascertain the time of its emergence in relation to the manifestation of mental disorders<sup>31</sup>. P. M. Logutinenko posed a question of the need to collect the religious anamnesis with a separate identification of traditional religious experience and the experience of extreme mental induction

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<sup>26</sup> Рутковская Н.С., 2017 [Rutkovskaya N.S., 2017].

<sup>27</sup> Воскресенский Б.А., 2017 [Voskresensky B.A., 2017].

<sup>28</sup> Полищук Ю.И., 1995; Кондратьев Ф.В., Бондарев Н.В. 2006; Кондратьев 2009 [Polishchuk Yu.I., 1995; Kondratiev F.V., Bondarev N.V. 2006; Kondratiev 2009].

<sup>29</sup> Beit-Hallahmi B., Argyle M., 1977; Sanderson S. et al., 1999.

<sup>30</sup> Полищук Ю.И., 1995; Кондратьев Ф.В., Бондарев Н.В. 2006 [Polishchuk Yu.I., 1995; Kondratiev F.V., Bondarev N.V. 2006].

<sup>31</sup> Пашковский В.Э., 2005, Логутиненко Р.М., 2014; Воскресенский Б.А., 2016; Кондратьев Ф.В., 2017 [Pashkovsky V.E., 2005, Logutinenko R.M., 2014; Voskresensky B.A., 2016; Kondratiev F.V., 2017].

(appeal to healers, sorcerers, psychics, etc.). At the same time, a religious faith in case of its emergence after mental symptoms can be both genuine and pathological with a religious vocabulary and one's own rituals and in some cases can lead to the initiation of new cults<sup>32</sup>.

Many researchers<sup>33</sup> point to the underdeveloped problem of distinguishing an individual non-pathological religious experience from mental illnesses with a religious content and to a lack of assessment criteria of religious-mystical states out of the framework of mental disorders. The complexity of the problem lies in that religiosity and psychopathological symptoms often intertwine and co-exist concurrently<sup>34</sup>. At the same time, many point to the complexity of this differentiation, especially in case of a religious ecstasy state, which V. P. Osipov (1923) viewed as a pathological disorder while indicating that the borderlines between a pathological affect in the form of ecstasy and a similar physiological affect are difficult to define.

V. E. Pashkovsky and I. M. Zislin (2005), who regard the recognition of the fact of existence of special religious-mystical states different from psychosis as a most important achievement of the psychiatry in the last decades (in American literature these states are designated as “spiritual emergency”), affirmed that despite a similar plot of experiences, ecstatic mood, existence of a changed perception, these states are essentially different. Their differentiation is possible on the basis of the traditional clinical-psychopathological approach with a collected anamnesis (existence of a previous religious experience), examination of the mental state (existence of accompanying psychopathological disorder) and analysis of personal constitution peculiarities. At the same time, in a number of cases, similar religious-mystical states should be assessed as versions of religious experience, while in other cases as psychotic states. The right assessment of religious plots as delusional is enhanced if they do not correspond to the religious-cultural traditions to which a patient belongs<sup>35</sup>. F. V. Kodratyev noted that a religious feeling can be “anthropogenic” (i.e., artificial by human design) and exalted up to the feeling of visual communication with divine or satanic images”.

As an instrument for researching into the role of religiosity/spirituality in the development of mental disorders, mechanisms of coping, effectiveness of psychotherapeutic interventions and overcoming consequences of a mental trauma, a Russian version of the questionnaire

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<sup>32</sup> Кондратьев Ф.В., 2017 [Kondratiev F.V., 2017].

<sup>33</sup> Мелехов Д.Е., 1979; Логутиненко Р.М., 2010; Пашковский В.Э., 2005; Минаков А.А., 2017; Двойкин А.М., 2016 [Melekhov D.E., 1979; Logutinenko R.M., 2010; Pashkovsky V.E., 2005; Minakov A.A., 2017; Dvoikin A.M., 2016].

<sup>34</sup> Мелехов Д.Е., 1979; Пашковский В.Э., et al, 2005 [Melekhov D.E., 1979; Pashkovsky V.E., et al, 2005].

<sup>35</sup> Пашковский В.Э., 2007 [Pashkovsky V.E., 2007].

MI-RSWB (the Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSWB) with its good psychometric properties is offered<sup>36</sup>.

In today's Russian literature<sup>37</sup>, there is a discussion on the so-called neuro-theology based on attempts to create neuro-biological models of religious faith, that is, to establish a correlation between processes in the nervous system and subjective spiritual experience and to construct hypotheses for explaining this phenomenon with the use of neurophysiological, neuro-visualization and neuro-chemical approaches for the analysis of neurobiological processes going on in the brain during various religious-mystical states. A hypothesis is offered about the existence of certain biologically active compounds that can work as triggers of religious experiences<sup>38</sup>. According to Russian authors, these studies go beyond strictly scientific researches, are quasi-scientific, have a low heuristic potential and actually explain almost nothing.

Several Russian psychiatrists deal separately with the problem of the medical staff's attitude to patients' religious views. Thus, D. Melekhov (1979) pointed to the need for a respectful attitude of doctors to the religious sphere of patients and raised the problem of advanced training of psychiatrists in peculiarities of religious outlook and attitude. V. F. Kondratyev (2012) emphasized that a psychiatrist should not seek to correct the spiritual life of a patient since it cannot produce a result but only cause a negative reaction. It should be pointed out that today's foreign researches also pose the question of whether specialists of the mental health services need to have an elementary knowledge of religious doctrines and rituals and take into account the structure of religious communities.<sup>39</sup> Many Russian authors underscore the importance of cooperation between psychiatrists and priests in treating mental patients with a religious outlook<sup>40</sup>, while noting, as Yu. S. Savenko (2013) points out, that even their cooperation by default considerably enhances the effectivity of the therapy. A special mention is made about the productivity of cooperation in a number of cases involving an Orthodox psychotherapist<sup>41</sup>.

According to a number of psychiatrists, in many cases religion represents an important and primary resource addressed by patients and their relatives in encountering a serious chronic or lethal disease<sup>42</sup>. In this connection, a question is posed at present about the need for a special psycho-educational work to be carried out among the clergy concerning

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<sup>36</sup> Агарков В.А. и др., 2017 [Agarkov V.A. et al., 2017].

<sup>37</sup> Борисова О.А., 2015; Малевич Т.В., 2013 [Borisova O.A., 2015; Malevich T.V., 2013].

<sup>38</sup> Strassman R. 2001.

<sup>39</sup> Greenberg D., Witztum E., 1991.

<sup>40</sup> Мелехов Д.Е., 1979; Сидоров П.И., 2015; Полищук Ю.И., 2017; Воскресенский Б.А., 2016; Каледа В.Г., 2012 [Melekhov D.E., 1979; Sidorov P.I., 2015; Polishchuk Yu.I., 2017; Voskresensky B.A., 2016; Kaleda V.G., 2012].

<sup>41</sup> Полищук Ю.И., 2017 [Polishchuk Yu.I., 2017].

<sup>42</sup> Сидоров П.И., 2015; Борисова О.А., Казьмина О.Ю., Копейко Г.И., 2016; Каледа В.Г., 2008 [Sidorov P.I., 2015; Borisova O.A., Kazmina O.Yu., Kopeiko G.I., 2016; Kaleda V.G., 2008].

mental disorders' basic manifestations and patterns of progress<sup>43</sup>. The first educational aid for pastoral psychiatry was written by D. E. Melekhov. Unlike the study by K. Schneider (1929) "Towards Introduction to Religious Psychopathology", it, along with a description of mental pathology, contains a perception of the disease and the attitude to it from Christian perspective. He formulated the conception of a special course on "Pastoral Psychiatry" for Orthodox educational institutions. It is noteworthy that by that time Prof Archimandrite Cyprian (Kern), in his special handbook on pastoral service, already had a separate chapter on this problem. In recent years, modern educational aids on psychiatry have been written, adapted for future clergy<sup>44</sup>.

In analysing the role of religious-philosophical guidelines in the professional work of psychiatrists, a conclusion was made that their availability enhances the adaptive potential of professional work<sup>45</sup>, while pointing out that the level of religiosity among psychiatrists is comparatively lower than that of the population as a whole<sup>46</sup>.

A "religious renaissance" that has taken place in the last decades in Russia with a higher proportion of persons with a religious outlook among the mentally sick poses the question of the need for conducting special studies into differentiation between pathological and normal religiosity and for a possibility of using the religious resource of a person in psychotherapeutic work. There are still many underdeveloped aspects of endogenic mental illnesses with a religious plot in delusional disorders including conditions for their formation, peculiarities of psychopathology and formation of remissions with a predominant religious outlook, peculiarities of distorted religious life in patients with a mental pathology including a consideration for the age factor and gender distinctions. The results of many foreign studies on this problem cannot be fully taken in consideration in the work with similar patients due to the existence of respective religious-cultural differences. Especially urgent is the conduct of special psycho-educational programs for workers of religious organizations with regard to manifestations of mental pathology and for specialists of mental health services with regard to basic religious traditions and peculiarities of work with patients with a religious outlook. All this justifies the posing of a question of the need to separate in the general psychopathology of mental disorders a special section on religious psychopathology.

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<sup>43</sup> Мелехов Д.Е., 1979; Воскресенский Б.А., 2016; Каледя В.Г., 2012, 2017; Тупикин Р.В., Осипова Н.Н., 2019 [Melekhov D.E., 1979; Voskresensky B.A., 2016; Kaleda V.G., 2012, 2017; Tupikin R.V., Osipova N.N., 2019].

<sup>44</sup> Воскресенский Б.А., 2016; Каледя В.Г., 2018 [Voskresensky B.A., 2016; Kaleda V.G., 2018].

<sup>45</sup> Башмакова О.В., Семенихин Д.Г., 2017 [Bashmakova O.V., Semenikhin D.G., 2017].

<sup>46</sup> Shafranske E.P., 2000.

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### **The virtue of discernment and mystical experience**

The question of distinguishing genuine spiritual experience from what seems to be the one is the most difficult in theology. Diacrisis, or the virtue of discernment, is essential in spiritual work, according to many Holy Fathers and ascetics, because otherwise it is easy to fall into self-deception and take a deceptive state that only seems to be spiritual, for the true one. "Believe not every spirit, but test the spirits, whether they are from God" (1 Jh 4:1), writes St John the Theologian. "Discernment (discretionem) is the source and root of all virtues", St John Cassian the Roman elaborates on the Apostle's thought<sup>1</sup>.

The epistles of Apostle Paul mention this virtue as a gift of the Holy Spirit. In his First Epistle to the Corinthians, the Apostle refers to the gift of discerning spirits (σείς σείς) (1 Cor 12:10). In his epistle to the Hebrews, St Paul speaks of the "perfect", who "have their senses exercised to discern (διάκρισιν) both good and evil" (Heb 5:13-14, KJV).

*Abba Isaiah of Scetis Ascetic Discourse* speaks of the three most important virtues of mind: reasoning (the ability to discern one from another), anticipation of everything in advance, and disagreement with anything alien. In interpreting these words, Archimandrite Emilian (Wafidis) writes, "A man who has no reasoning always throws himself into

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<sup>1</sup> Иоанн Кассиан Римлянин, прп. Собеседования 2, 9. [St John Cassian the Roman, Collations 2, 9].

temptations in which neither God nor himself can help himself. Lack of discernment leads to disappointment and fatigue»<sup>2</sup>.

What is the virtue of discernment according to the Holy Fathers? Let us make note of some of the most important aspects.

1. Discernment is not at a prove of high IQ, education, or intelligence, however strange this may sound. Above all, it is a gift of the Holy Spirit that not everyone possesses. For example, St. Anthony the Great received this gift after 35 years of ascetic feats. "It is extremely important for everyone who is a soldier in this spiritual warfare to seek the gift of discernment from God", writes Evagrius Ponticus<sup>3</sup>.

2. According to the Holy Fathers, the gift of discernment is not attached to issues requiring worldly wisdom, but rather to complex and ambiguous phenomena of spiritual life, such as the distinction of spirits that affect man. The main problem is that demons, like Satan himself, take the form of angels of light in order to seduce (2 Cor 11:14). Note that light is a traditional symbol not only of the nature of God's angels, but also of God Himself. "I am the Light of the world", says Christ the Saviour about Himself (Jh 8:12). Thus, demons are very insidious and skilful in implanting something evil in the soul under the guise of good ("light"). The devil always *wraps* his destructive *message* into a harmless *package, meaning for the greater good*. The gift of discernment means that he who possesses it can separate a truly good thought from just what seems to be *good* without opening the *wrapper*. For this reason, an analytical reflection on the *package* itself seems meaningless, if not dangerous and very harmful, from the viewpoint of the Fathers, especially for the beginners: studying what is depicted or written on the *package* does not help to understand what is disguised underneath – something it states or the opposite. Evagrius writes that demons "disguise themselves in the images of feelings and memories to mislead the soul rushing to experience Christ"<sup>4</sup>.

3. Being a gift, the ability to discern spirits is not something supernatural for man, but it is inherent to his nature and was given to him at the moment of creation. Availability of this faculty (gift) made our ancestors responsible for breaking the commandment. This is an important point: even before they tasted the fruit from the Tree of Knowledge of Good and Evil, Adam and Eve had been able to distinguish the truth from a make-believe – otherwise they would not have been free sinners, but helpless victims of the devil's manipulation with a predetermined result.

In his *Perelandra*, C.S. Lewis describes with sophistication how this extra-rational distinction, diacrisis between the proper and improper could

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<sup>2</sup> Эмилиан (Вафидис), архим. Толкование на подвижнические слова Аввы Исаии. - 2-е издание. - М., 2015. с. 208. [Archimandrite Emilian (Wifadis), Commentary on Abba Isaiah of Scetis Ascetic Discourse].

<sup>3</sup> Евагрий Понтийский. Послание 4, авве Лукию 5. [Evagrius Ponticus, Scholia 4, to Luke 5].

<sup>4</sup> Евагрий Понтийский. Послание 4, авве Лукию 5. [Evagrius Ponticus, Scholia 4, to Luke 5].

have happened. Mr Ransom, the protagonist of the phantasmagory, found himself on a planet where everything was in the paradisiac sinless state, and got very tired and hungry at some. "Now he had come to a part of the wood where great globes of yellow fruit hung from the trees-clustered as toy-balloons are clustered on the back of the balloon-man and about the same size. He picked one of them and turned it over and over. The rind was smooth and firm and seemed impossible to tear open. Then by accident one of his fingers punctured it and went through into coldness. After a moment's hesitation he put the, little aperture to his lips. He had meant to extract the smallest, experimental sip, but the first taste put his caution all to flight. It was, of course, a taste, just as his thirst and hunger had been thirst and hunger. But then it was so different from every other taste that it seemed mere pedantry to call it a taste at all. It was like the discovery of a totally new genus of pleasures: something unheard of among men, out of all reckoning, beyond all covenant. For one draught of this on Earth wars would be fought and nations betrayed.... As he let the empty gourd fall from his hand and was about to pluck a second one, it came into his head that he was now neither hungry nor thirsty. And yet to repeat a pleasure so intense and almost so spiritual seemed an obvious thing to do. His reason, or what we commonly take to be reason in our own world, was all in favour of tasting this miracle again; the child-like innocence of fruit... Yet something seemed opposed to this "reason". It is difficult to suppose that this opposition came from desire, for what desire would turn from so much deliciousness? But for whatever cause, it appeared to him better not to taste again. Perhaps the experience had been so complete that repetition would be a vulgarity-like asking to hear the same symphony twice in a day. As he stood pondering over this and wondering how often in his life on Earth, he had reiterated pleasures not through desire, but in the teeth of desire and in obedience to a spurious rationalism...".<sup>5</sup> Here Lewis uses the artistic form to show how diacrisis strongly differs from rightmindedness or rationality – it is deeper, more primary and holistic than actions of a formal intellect.

This faculty of pre-conscious discernment has weakened considerably because of the Fall, disintegration of the powers of the soul and dominance of sin; however, it can be restored through the feats of internal doing and prayer.

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<sup>5</sup> C. S. Lewis, *Perelandra*, Ch. 3. In Chapter, 4 Mr. Ransom faces again a similar temptation, not with food this time, but with a shower that refreshes and give more than a mere replenishment of energy – it gives life an extraordinary high quality.

"Looking at a fine cluster of the bubbles which hung above his head he thought how easy it would be to get up and plunge oneself through the whole lot of them and to feel, all at once, that magical refreshment multiplied tenfold. But he was restrained by the same sort of feeling which had restrained him over-night from tasting a second gourd. He had always disliked the people who encored a favourite air in an opera—"That just spoils it" had been his comment. But this now appeared to him as a principle of far wider application and deeper moment. This itch to have things over again, as if life were a film that could be unrolled twice or even made to work backwards . . . was it possibly the root of all evil? No: of course the love of money was called that. But money itself-perhaps one valued it chiefly as a defence against chance, a security for being able to have things over again, a means of arresting the unrolling of the film".

4. Discernment is capable of penetrating, "seeing", into the very essence of an event or phenomenon and, thus, recognizing the disguised slyness of demons. St. Anthony the Great, following Erm's and Origen's tradition, says that different spirits undertake different actions in the soul, and through this you can recognise them: the state, the soul rushes in, can quite accurately indicate what the "wrap" hides. St. Antony "sets the golden rule for this distinction: good suggestions create "unspeakable joy in the soul, good mood, courage, inner renewal, firmness in thought, strength and love to God", while the others, on the contrary, bring "spiritual fear, confusion and disorder in thought, sadness, hatred for ascetics, despondency, depression, memory of relatives, fear of death and finally evil desires, cowardice in virtue and lack of order in habits". Angels inspire *κατάστασις* ("peace, tranquillity") in the soul, while demons bring *ακαταστασία* ("confusion, excitement"). "Thus, we can say that angelic inspiration is "congenial (to the soul)", "secondo natura", while demonic inspiration disturbs the good natural order".<sup>6</sup> At the same time, it should be noted that this "good natural order" opens up in its entirety only in dispassion, which was the central concept of the entire ascetic system for Evagrius Ponticus. In the state of dispassion (*ἐπιγνώ*) – which also has its own dynamics, from imperfect to complete victory over all demons<sup>7</sup> – the ascetic "easily recognizes (*ἐπιγνώσεται*) the schemes of enemies"<sup>8</sup>. The intensions of the soul return from the state of passionate domination to their original places determined by the God-created nature – the "haze of passions" that has clouded the "eyes of the soul" disappears – and then the ability to discern reveals itself.

"If I find – writes Gerhard Tersteegen – that man lives in humble and unexalted godliness, that his feelings and thoughts, soul and spirit are calm and peaceful; that conversation with him is edifying; that, having experienced unusual spiritual phenomena, he becomes even more pious and humble; that he does not aspire to high spiritual states, does not boast of them, but abides not yearning for them in fear of God; that he remains faithful to God until his blissful death; that the contents of his revelations, visions, etc. accord with the Holy Scriptures, or at least does not contradict them in the slightest (Gal 1:8), but serves to glorify God and brings others to Him; and, above all this, that his prophecies could not have been obtained by natural means, but come true upon their delivery – if, I say, such signs are found in the man and in his extraordinary spiritual gifts, then I will be guilty of great impudence and unforgivable ingratitude towards

<sup>6</sup> *Фома Штидлик. Духовная традиция восточного христианства. Систематическое изложение. М., 2000. С. 290. [Spidlik T. The spirituality of the Christian East: A systematic handbook].*

<sup>7</sup> Дунаев А. Г., Фокин А. Р. Евагрий Понтийский // Православная Энциклопедия, том 16. 2012, С. 557-581. [A.G. Dunayev, A.R. Fokin, Evagrius of Pontus // Orthodox Christian Encyclopaedia, V.16. 2012]

<sup>8</sup> Евагрий Понтийский. Слово об [аскетическом] делании, или Монах 83 [Evagrius Ponticus, Homily on [Ascetic] Doing, or Monk].

God, rejecting such testimonies of God's grace, and paying no heed to them, instead of accepting them with appropriate reverence"<sup>9</sup>.

5. St Gregory the Theologian and St Basil the Great correlate the virtue of continence with discernment. "Continence in everything is perfection (Πάντων μέτρον ἄριστον) – St Basil the Great liked to repeat this saying of Greek philosophers and follow it. In his Homily On Thanksgiving, St Basil shows how it is necessary to look for the extremities – including in doing good – as without understanding thereof it is impossible to determine the "golden mean" or "Divine measure". "Invoking the memory of the measure (μέτρα), given to us by the Lord, let us never step beyond the limits of eunoia"<sup>10</sup>. "The Holy Father illustrates what the "mean" looks like with the example of the virtue of courage: the lack of courage makes a man timid, and excessive courage makes him impertinent. Just the way the line turns into a curve, diverting either to the right or to the left, so does the man "become stubborn, when he is now elevated by arrogance, now humiliated by sorrows and anguish"<sup>11</sup>.

6. St. Gregory of Nyssa calls Jesus Christ the main criterion for distinguishing between good and evil. "Any doing, word or thought that is not directed to Christ, is necessarily directed to the things that oppose Christ", so he who is "honoured with the great name of Christ" must "carefully distinguish (φυλοκρινεῖν) thoughts, and words, and works in himself... And it is very easy to discern them (διακρίσεως)". What the person thinks or does under the influence of a passion, "has no agreement with Christ and bears the features of the opponent", and what "is clear of any passionate disposition, is directed to the One who is the beginning of all dispassion, which is Christ"<sup>12</sup>. Discernment is a God-granted ability to realize relevance and timeliness, which lies underneath thinking, feeling and desire. The one who has the virtue of discernment, "sees" the appropriateness or, conversely, the inconsistency with the Divine purpose (logos). Discernment can equally be called a special "spiritual hearing," which can distinguish the "pure" sound from a "false" one.

7. Spiritual mentors are allotted special importance in the development of the virtue of discernment, since they have already become

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<sup>9</sup> См. Г. Терстеген, «Об отношении к особым духовным дарам, видениям, откровениям и тому подобному». [G. Tersteegen, On the Attitude to Special Spiritual Gifts, Visions, Revelations, etc.] [http://sdsmp.ru/ns/item.php?ELEMENT\\_ID=3417&fbclid=IwAR1YSkyuajZA-JYKVXYOzO8mQ1DqLiO5a4OOr6fr\\_AK3rhEMY3X-mGPaTd0](http://sdsmp.ru/ns/item.php?ELEMENT_ID=3417&fbclid=IwAR1YSkyuajZA-JYKVXYOzO8mQ1DqLiO5a4OOr6fr_AK3rhEMY3X-mGPaTd0)

<sup>10</sup> Василий Великий, свт. Беседы. Беседа 4 «О благодарении» 7. [St Basil the Great, Homily. Homily 4 On Thanksgiving].

<sup>11</sup> Рябинин Глеб, свящ. Дар различения (рассуждения) по творениям святых отцов и церковных писателей II — нач. V в. //Магистерская диссертация, г. Сергиев Посад, 2018. С. 68.[Rev. Gleb Ryabinin, The Gift of Discernment (Reasining) in the Works of Holy Fathers and Church Writers of 2-early 5 cent.// Masters degree paper, 2018].

<sup>12</sup> Цит. по: Рябинин Глеб, свящ. Дар различения (рассуждения) по творениям святых отцов и церковных писателей II — нач. V в. //Магистерская диссертация, г. Сергиев Посад, 2018. С. 77. [Rev. Gleb Ryabinin, The Gift of Discernment (Reasoning) in the Works of Holy Fathers and Church Writers of 2-early 5 cent.// Masters degree paper, 2018].

dispassionate and therefore "perfect" in recognising spirits, and can teach this to their followers. The mind of such an ascetic, who "has cleansed all his inner strength from all kinds of evil" and reached dispassion, "will become light-like and join the truth and highest purity, and will somehow become transparent in it, imbued with light, and will become light", thus the soul acquires the ability to "see God"<sup>13</sup>.

8. Anger, as a manifestation of a passionate action of the soul, blocks discernment, even if it is obviously present in a person. "The obscured eye of the soul, as if in a night battle, cannot distinguish (διακρίναι) friends from enemies and the honest from the dishonest"<sup>14</sup>. Jealousy produces the same action, as the person "easily believes everything and, equally opening his ears to all, cannot distinguish (διακρίνειν) slanderers from non-slanderers"<sup>15</sup>. According to archimandrite Emilian (Wafidis), discernment is "the Divine grace penetrating into us, and therefore it is impossible to acquire it unless you have sown the seeds of the Spirit"<sup>16</sup>. Discernment develops first of all through silence, by which "we mean silence in your heart and mind, in your whole being, as well as in your surroundings, at work: some calm, quiet and peaceful state. You have a calm smile, a calm voice, a calm thought, a calm prayer. And Divine jealousy never destroys the true tranquillity, which is the foundation, the beginning of cleansing ... If there is no such silence, it is impossible even to assume that one day we would be able to achieve a good result"<sup>17</sup>.

The question of discerning between spiritual phenomena has always been a key one for divinely revealed religion. Who, if not God Himself, was interested in the objectivity of His entering into a specific human experience? The story with Judge Gedeon is quite typical. Gedeon "saith unto Him, 'If, I pray Thee, I have found grace in Thine eyes, then Thou hast done for me a sign that Thou art speaking with me" (Jdg 6:17). Twice he asks God to confirm that what he hears is neither the product of his own fantasy nor the work of some evil spirit, but the direct work of God the Creator Himself (Judges 6:36-40). And God works a miracle twice: first the dew falls on the wool in the morning, while it is dry around, then the opposite happens. Then fire comes out of the stone and burns the offered sacrifice in the same miraculous way. Unlike man, it is not characteristic of God to "take offence" when a man shows "prudence" – the initial discernment – in the face of supernatural.

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<sup>13</sup> Григорий Нисский, свт. О девстве XI, 2. [St Gregory of Nyssa, On Virginitу XI, 2].

<sup>14</sup> Иоанн Златоуст, свт. О священстве III, 14. [St John Chrysostom, On Priesthood III,14].

<sup>15</sup> Иоанн Златоуст, свт. О девстве LII. [St John Chrysostom, On Virginitу LII].

<sup>16</sup> Эмилиан (Вафидис), архим. Толкование на подвижнические слова Аввы Исаии. - 2-е издание. - М., 2015. с. 418. [Archimandrite Emilian (Wifadis), Commentary on Abba Isaiah of Scetis Ascetic Discourse].

<sup>17</sup> Эмилиан (Вафидис), архим. Толкование на подвижнические слова Аввы Исаии. - 2-е издание. - М., 2015. с. 418. [Archimandrite Emilian (Wifadis), Commentary on Abba Isaiah of Scetis Ascetic Discourse].

As can be derived from the above, discernment as such is inherent in human nature and, in this sense, is a natural virtue. However, it reaches its fullness only in dispassion, when all aspects of the soul stop passionate movements and turn to its centre, i.e. Jesus Christ. If the initial discernment can be seen through certain formal features (kind and peaceful state of mind, lack of anger, non-contradiction to the Holy Scriptures, moderation in all kinds of activity, the "golden mean", etc.), discernment in its entirety – capable of distinguishing, manifesting, extraction of the hidden meaning – is the realm of those who have succeed in dispassion.

Thus, the gift of reasoning is not "rationalization", or "analysis", or some other form of discrete thinking. Reasoning is about seeing with the heart that has been cleared of passion, rather than about thinking carefully, weighing all the pros and cons as it may seem at first sight.

Let me conclude with a phrase from "Little Prince" by Antoine de Saint-Exupery, "It is only with the heart that one can see rightly; what is essential is invisible to the eye"<sup>18</sup>.

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<sup>18</sup> Antoine de Saint-Exupery, Little Prince.

## **Hesychasm and mental health**

I came into contact in a significant way with the Orthodox Church while I was a student in Oxford in the late 1960's.

As I was able to sing a little, it seemed a good idea at the time to join the Church choir. In this way I was not only able to learn the order of the various services, but also take my first steps towards reading Church Slavonic.

I distinctly remember the days leading up to Great Lent in that first year, and singing the words of the psalm of exile "By the rivers of Babylon" for the first time. This was a little while before this psalm entered the popular imagination with the version of the hymn sung by the group "Boney M" a few years later.

In our church music books, the last two verses of this psalm were crossed out. These are the verses which refer to "dashing children upon the rocks", an extremely violent and unpleasant image.

I remember talking to our starosta, Elizabeth Obolenskaya about these verses, and discussing why we did not sing them. She pointed out that although most people objected to the content of these verses in their literal meaning, in Orthodox understanding these words applied not now to real living children (which had most certainly been the original interpretation), but to our "thoughts".

Obviously, since I still remember them, her words made a great impression on me. I was at Oxford University, one of the greatest centres of learning in the western world, where "thought" and "thinking" were deemed to be the highest contribution to man's advancement. Yet here, in that same city, was a tiny Orthodox Church where a different view was held: that our thoughts were not always our best feature.

During my time as a student, I was also introduced to the collected writings of the Philokalia, both in its Greek and Russian forms. This book, or collection of books, perhaps more than any other, is the textbook of Hesychasm. Its contents are somewhat haphazard, at least in the Greek version, since Nikodemos of the Holy Mountain appears to have been more of a collector than a scholar. Not easy to read in any language, the Philokalia nevertheless provides us with the clearest picture of the importance of Hesychasm for the Orthodox Church. The word "hesychasm", rather ugly in English, is based on the more beautiful Greek word "hesychia" meaning silence or stillness. Hesychast living informs almost every aspect of Orthodox life, and far from being an optional extra, it is, in so many ways, the clearest exposition of what it means to be Orthodox.

Going forward some years, I became a priest, then a monk, but mainly a monk living in the world, fulfilling the role of parish priest first in

Greece, then in Britain, then in the United States , and most recently in the Netherlands... I went through a number of transformations, not least a struggle with addiction, a Ph D in Psychological Counselling and eventually Licensure as a psychotherapist. And all the time the information contained in the Philokalia was playing somewhere in the back of my mind.

Years later, I came across a translation of a particular piece written by St Theophan the Recluse which severely shook my world view, and allowed the various notions I had about Hesychasm to become a matter of personal experience rather than of theoretical speculation.

In corresponding with one of his spiritual children, Saint Theophan writes:

“You’ve got to get out of your head and into your heart. Right now your thoughts are in your head, and God seems to be outside you. Your prayer and all your spiritual exercises also remain exterior. As long as you are in your head, you will never master your thoughts, which continue to whirl around your head like snow in a winter’s storm or like mosquitoes in the summer’s heat... If you descend into your heart, you will have no more difficulty. Your mind will empty out and your thoughts will dissipate. Thoughts are always in your mind chasing one another about, and you will never manage to get them under control. But if you enter into your heart and can remain there, then every time your thoughts invade, you will only have to descend into your heart and your thoughts will vanish into thin air. This will be your safe haven. Don’t be lazy. Descend! You will find life in your heart. There you must live”<sup>1</sup>.

Here we find St Theophan speaking in a plain and concise way about what it feels like to be a human being *on the inside*. He is aware of the dynamic of the internal struggle, he describes the symptoms very cogently and, above all, he provides a remedy for our pain. In the spirit of the hesychast fathers of earlier ages: St Maximos the Confessor, St Symeon the New Theologian, St Hysechios the Priest, St Gregory Palamas and, above all, Evagrius of Pontus, St Theophan, in a few well-chosen words, gives us a road map we can follow, a practical guide towards communion with God.

It strikes me that these words imply that Hesychasm already has an anthropology of its own, and a psychology of its own... we do not need to start our spiritual work by borrowing from other sources. The inner workings of the human individual are clearly defined in these hesychast writings, both in terms of how he or she is put together, and also in terms of how our inner dynamics are expressed in our inner behaviour and also in our relationships with other people.

One point of clarification:

Most of the Fathers in the Philokalia wrote in Greek, and even some of those who did not are recorded in Greek.

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<sup>1</sup>Письма о христианской жизни [Letters about Christian life]. 26, 28.

In Greek there are basically two words used to describe thoughts. One is “skepsis” and the other (important for our study) is “logismos” or in the plural “logismoi”.

In the most basic of terms, the former, skepsis, is generally beneficial, consisting of thoughts that we use to solve problems, to communicate with each other, and to manoeuvre our God-given ability to use various forms of logic.

The other, “logismos” denotes an intrusive thought, useful for nothing, with which we are bombarded day and night.

Both forms of thought are important, yet they are extremely different.

You can tell this difference easily, if you are a little bit focussed. Once a thought arises, you are free to ask: “Did I make this thought happen, or did it arise somehow automatically”? If the answer is the former, it is a legitimate thought. If the latter... well, it is just another logismos.

Let me explain in another way.

When asked what logismoi are actually like, my usual reply is that they are what you might experience as you lie in bed at four o'clock in the morning, should you happen to be awake. Too tired to get up, too awake to get back to sleep, you are, at that moment, a prisoner to your own thoughts. Usually you will experience a string of logismoi, followed by a somewhat feeble attempt on the part of the heart or “nous” to make sense of the logismoi. The heart or “nous” is gentle and hesitant in comparison with the logismoi, and the logismoi tend to be brutish and loud. However, while the thoughts of the heart have eternal significance, the logismoi have none. They are simply a waste of spiritual and emotional energy.

Actually, this bombardment by logismoi is true all of our waking hours; it is simply more noticeable in the middle of the night, since there are no other distractions.

If you take the trouble to actually listen to your logismoi - and everyone (even the greatest of saints) has them - you will notice that about 80% of them consist of fear in one form or another. Most often, these fears appear in the form “What if such-and-such a thing were to happen?”. What if I have cancer? What if my child fails at school? What if the world runs out of food? What if the economy collapses? And so on. Some are sensible. Some are, frankly, stupid. But they flow together almost all the time.

Such questions are always fear-inducing, since our thinking processes can take us to places of great pain, and simply leave us there to deal with the situation.

The other 20% of this sort of thinking (these numbers are based on experience, but may not be particularly accurate) consists of desire. Although on the face of it desire appears to be a positive influence, the reality is that unmet desires are as great a source of pain to us as fear itself.

Desiring what we cannot have (a new house, a better job, fame, fortune and so on) can be as painful as being told that a loved one has a fatal illness. This looks strange, but is almost always true. When we experience an emotion, we quickly try to decide whether it is pleasant or painful. Only then, when we start thinking about it, do we try to decide how strong the feeling might be.

Very often, desire expresses itself in thoughts which begin: “If only...”. Thus: “If only I had a better job”. “If only I had married that person”. “If only I could win the lottery...” and so on.

Russian (and Slavonic), like English, Dutch and French, does not have a special word for “logismos” both are described simply as “thoughts”... yet to come to an understanding of what the Hesychast fathers (and now St Theophan) are talking about, we perhaps need to start using it.

A “logismos” is a thought-gone-wrong, emerging not as a result of rational thought, but arising simply from what we might call our “brokenness” as a result of the Fall. As we have seen, logismoi emerge from somewhere in our thinking processes every second of every waking hour and bombard us with negativity, fear, self-loathing and despair, but also (strangely) an inflated self-image. They may play a role in our dreams also, but that is an area of speculation outside the scope of this present paper.

Most of the time, we try to avoid listening to these thoughts automatically. We get into the car... and turn on the radio. Actually, we try to avoid sitting in silence altogether, and modern man has found thousands of ways to distract himself. Sometimes we use alcohol and other artificial means to quieten the logismoi, but unfortunately, once the drinking is over, the logismoi come back, usually stronger than ever.

The ultimate punishment in Dutch prisons is to be placed in solitary confinement, where prisoners are punished, basically, by the contents of their own thoughts. Hesychast men and women, by contrast, long to find precisely that silence that God gives them in solitude. St Theophan’s writing gives an exceptionally clear explanation of why that is the case.

When, a number of years ago, I received the blessing to hear Confessions in Russian even though my Russian is very poor, one of the first words I learned was “уныние” - despair or despondency. In other contexts, particularly in psychological counselling, a more useful and usual translation of this word might be “depression”.

The second word I had to learn was “гордыня” - arrogance or pride.

Both despair and arrogance exist in us as the direct influence of the logismoi in our heads. Indeed, together they form a classic example of how logismoi work:

The logismoi will often inform us that we are a) “the most important person in the universe” but also b) “a piece of garbage” ... at precisely the same moment.

No wonder most of us feel crazy some of the time.

One inference I would like to share with you is this: If a person, any person, listens to his or her own logismoi and takes them seriously, he or she **will be** depressed.

I am not sure what is going on here in Russia, but in Western Europe and in North America the ‘number one’ complaint of the human race is depression. Everyone is listening to and, to a certain extent, believing, their logismoi.

In the spiritual sphere, the Fathers are quite explicit in their diagnosis that every sin is a direct result of the action of the logismoi. Each sin starts out as a tiny thought, but if we give these thoughts any attention they grow and grow, until they become passions. Actually, passions are simply logismoi brought to their own, rather illogical, conclusion.

Can we turn off the logismoi, or get rid of them altogether?

The answer of the Fathers, including Theophan, is quite clearly “no”. The logismoi are with us until the body dies. Even Christ Himself had to deal with logismoi, in His case delivered by Satan himself, after the forty-day fast in the wilderness.

But that is not the whole picture.

St Theophan says “We need to “get out of our heads and into our hearts”.

What does this mean in practice?

What St Theophan suggests is that the head is a noisy place, and contrasts with the heart, which is a place of stillness.

As I hinted a little while ago, this picture is made a little more complex when we learn that the Hesychast Fathers tend to place the “nous” not in the head (as happens in western psychology) but in the heart. The finest commentators on the Greek text of the Philokalia, in a team led by Metropolitan Kallistos of Diokleia, define “nous” in this context as the “place of spiritual intelligence” and associate it with the heart, not the head.

“Descend!” says St Theophan. “If you remain in your head, God appears to be outside you”.... i.e. if you descend to the heart, there you will find Communion with God to be unforced... a perfectly natural phenomenon.

The classic method of making this descent is to use the Jesus Prayer, or some other short, easily repeated, words of prayer. Focussing on what is going on inside us, we are invited to seek the place of silence in the region of the heart, and to pray the words of the prayer gently yet firmly in the direction of that silence. Using the breath to give this process rhythm is perfectly fine, although we could note that the teaching of Metropolitan Anthony of Sourozh was that it would generally be unwise for modern

people, outside the context of a very disciplined monastic life, to use any “method” of limiting the breath in any way. Leave that to the experts.

Indeed, the very word “method” when linked to prayer, is itself outrageous. How can any form of deep communion with God ever be described as a “method”?

When we have descended to the heart, we are closer to the silence, and further away from the noise in the head. The noise continues, but it is less intrusive, less “in your face”. But being closer to the silence is, of itself, spiritually beneficial, and the more accustomed we become to being close to the silence (which St Maximos calls “the voice” or “the language” of God Himself), then the greater the distance we are from the negative effects of the logismoi.

Is there any physical movement involved in this descent? Probably not. What is being described is a “spiritual movement” rooted in our very real physicality, but not testable in any scientific way. Hesychasm places the body firmly within the action of prayer, but not in a way which can be measured.

In terms of mental health, there is a further step that can be taken.

Modern psychology talks about the ego, although often with very little precision. Freud invented and adapted new ways of talking about the inside workings of the human being, and came up with the “ego”, the “id” and the “super ego”. It is unfortunate that Freud’s analysis of these three parts is not particularly relevant or useful in most spiritual encounters. Whilst it is fine to quote St Theophan to someone in confession, it is not so fine to quote Sigmund.

What I would like to suggest, for reasons of pure practicality, is that now we, following the traditions of hesychasm, have a definition of the ego from our own spiritual tradition.

Please allow me to explain.

Some logismoi are so outrageous that we can dismiss them entirely, almost without thinking about it. If, for example, we were to question a large number of Muscovites as to whether they have ever contemplated jumping in front of a Metro train, the response would, most probably, be alarmingly high. Certainly, a survey conducted in London (on the Underground), and another in New York (on the Subway), confirms this notion. Walking onto a metro platform tends to invite us to contemplate suicide, much more than, for example, a walk in the forest. Yet does that mean that we are all suicidal? Absolutely not... except perhaps for a tiny minority.

Other thoughts are simply fanciful in a way that precludes them ever being put into practice. Inappropriate sexual thoughts often come into this category. Good sense (which, as we have seen, resides in the heart, not the head) quickly brushes such thoughts aside.

However, the really dangerous logismoi are those which have a ring of truth about them. Carefully consider the words of the Tempter to Christ in the desert. The thoughts we find most obvious, most attractive and sometimes most logical, are the same logismoi that get us into serious spiritual trouble. Christ had the power to resist. We, often, do not.

Remembering that we are sometimes fascinated by fearful topics, we often find that some of the logismoi are attractive for one reason or another. They have a sort of sticky nature. These thoughts, in particular, are very dangerous. What they tend to do is stick to other, similar, logismoi... accumulating into a sort of lump of sticky, painful thoughts. Here, I think, we can justifiably bring the word “ego” into play. The ego, on these terms, is a whole sticky mess of thoughts that we use to try to make sense of our world. These thoughts probably begin in utero, and are added to... up to the present moment. We can also think of the ego as a lens... through which we see the world. Indeed, the ego tries very hard to become our entire world-view, to dominate us through our thoughts, and to distract us from the Kingdom. The “still, small voice” in our hearts, however, continues to offer an authentic invitation to eternal life.

Another strength of the ego is to join these logismoi together in such a way that they form a story, just as our nighttime thoughts in dreams are almost always story-based. In fact, the story-line which joins the thoughts together is often stronger than the thoughts themselves. If we were to name this story, it would almost certainly be something like: “Why I never really got what I wanted out of life”. The logismoi stick together, and our minds make a story out of them. Unfortunately, it is not a story which God would recognise.

Whether the logismoi emerge from demonic influence, or whether they emerge simply from human brokenness, is beyond the scope of this paper. However, I would like to suggest that in the vast majority of pastoral cases that we encounter within the church, it really does not matter what the source of a logismos is, but rather how we, as individuals, react to them.

A further useful level which can be extrapolated from hesychast teachings is that there is a possibility of people having collective logismoi. Such logismoi may be around an ideal (national, political, ideological...) or even something relatively unthreatening, (such as allegiance to a particular football team). This phenomenon would account, largely, for the prevalence of such things as the rise of the Nazi party, and other similar situations, where a logismos was shared by a huge number of people. In this process no one person actually feels responsible for having the logismos in the first place (with the possible exception of Adolf Hitler) and so seemingly normal people can be caught up in extremely self-centred and cruel behaviour quite easily. The relatively modern phenomenon of “haters” on the internet falls within the same category.

Can these basic hesychast principles be used in everyday pastoral situations, including Confession? My own answer would be strongly in the affirmative.

What I am discussing here may be an appropriate tool to use for many different sorts of people. The vast majority of people, including those of us in this room, fall under the category of the “almost well”. We, the “almost well” are in as much need of healing as those who carry more serious diagnoses. And, even in terms of prayer, there are indeed those who need special treatment. The average priest, hearing confessions, needs to know how to treat people, not as a staretz, but simply as a human being. For example, there are some people who present themselves complete with clear counter indications for this sort of prayer: those suffering from Obsessive Compulsive Disorder do not do well with repetitive prayer, for example, and those who suffer from personality disorders in particular and psychosis in general need to be treated with great care. And the rule for all sorts of mental health practitioners, including psychiatrists, psychologists and others... that one of the first things to learn is the limit of our own capability, applies to priests as well: when confronted with some situation that lies beyond one’s own capabilities, refer the ‘patient’ to a specialist.

So, in summary, seeking the silence in the heart *before* embarking on prayer, or any other activity, would seem to be a logical outcome of this teaching, and a life-long task. Attempting to pray from the head, from the mind, is (by comparison) an unlikely, even risky, business.

If each of us can learn to “get out of our heads and into our hearts”, as St Theophan suggests, we will, I feel sure, be in a much better position to welcome the Kingdom of Heaven into our present reality.

### **References:**

1. The Philokalia, collecting texts from the 4th to the 15th centuries in editions by St Nikodemos of the Holy Mountain (in Greek, 19th century), St Paisiy Velichkovsky (in Slavonic, 1793), St Ignatius Bryanchaninov (in Russian, 1857) and St Theophan the Recluse (in Russian, 1877), *passim*.
2. St Theophan the Recluse, Letters about the Christian Life nr. 38.

## **Human flourishing: a promising construct at the interface of religion and psychiatry**

### **Introduction: Flourishing**

Nowadays, there is a growing awareness on what is called positive psychology and positive psychiatry. In short, the whole idea of positive psychology and positive psychiatry is based on a shift from predominantly weakness-oriented thinking and practicing to strength-oriented thinking and practicing (Oades & Mossman, 2017, pp. 7-23). Health, well-being and flourishing are more than alleviation of symptoms. This change of orientation presents us with new questions. What are the factors that enable a person to flourish, even in case of a physical or mental illness? What are characteristics of flourishers? What makes a person flourishing intrapersonally (biologically, emotionally, cognitively), interpersonally (relationally) and collectively (culturally, even globally)? Personally I think this is a very important and promising development. Therefore I want to reflect on the meaning of human flourishing as a construct of wellbeing, and I will connect this to religion and spirituality, since religion and spirituality are clearly components of human flourishing (see also Schotanus-Dijkstra et al., 2016).

There are several wellbeing constructs: wellbeing (with a number of adjectives like hedonic, eudaemonic, psychological, social, positive and optimal) mental health, life satisfaction, happiness, and flourishing (Oades & Mossman, 2017, pp. 8-10). As Oades and Mossman comment, all constructs combine in a certain way 'feeling good and functioning well' (2017, p. 8). The reason why I prefer the construct of flourishing is that according to VanderWeele, flourishing encompasses more than the constructs of wellbeing and life satisfaction do, human flourishing includes 'something beyond psychology', 'something more than one's mental state and how one feels about various aspects of life', as he writes (2017, p. 8149). Flourishing indicates a state of wholeness, contrary to languishing (Chan et al., 2017). I look for a construct that is broader than psychological wellbeing. Flourishing seems to offer that, as we will see.

### **Clinical, functional and personal recovery**

To start with, one of the interesting and promising consequences of strength-oriented thinking is the following. This is an important change going on in mental health care with regard to our understanding of recovery! Until very recently our view on recovery meant *clinical* recovery. And clinical recovery meant in the first place, and it still does, cure in the sense of reduction of clinical symptoms and signs. A reduction that we can measure in an objective way. And in fact that reduction is rated by the clinician, and it applies in almost every clinical case. Moving beyond

clinical recovery, there is functional recovery: restoring the premorbid level of social functioning (e.g., employment, education, social functioning, and daily functioning).

However, what we have discovered is that some patients report themselves as being recovered, even when they experience ongoing symptoms. This is a new perspective, a new understanding of recovery, and it is called *personal* recovery. This is very important and represents a fundamental shift in the values of mental health services. Of course, it does not mean that clinical and functional recovery is no longer important. They really are, but it basically is a weakness-oriented approach, and that is no longer the only way of looking at recovery. Despite clinical and functional impairments, it is possible to live a valued life.

So what do we mean with personal recovery, and in what way is it different from clinical and functional recovery? Personal recovery, to start with, has a different focus than clinical and functional recovery. Personal recovery emphasizes the centrality of hope, of identity, of meaning, and of personal responsibility. Personal recovery is not a state of remission of symptoms, but a process, it is subjectively defined by the person him- or herself, it is evaluated by the person him- or herself, who is considered the expert on his or her recovery. And of course, formulated this way, recovery means different things to different people, although many aspects are shared by a lot of people (Chan et al., 2018; Slade & Wallace, 2017, p. 25).

To determine the thoughts to some extent, here is one, out of many, definition: ‘Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles in view of physical and mental illness. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness’ (Slade, 2009, p. 38; Slade & Wallace, 2017, p. 25). This means a fundamental shift in psychiatric thinking and in our therapeutic approach. It is not just about weakness (e.g., symptoms, disorder, and illness); it is about strengths (e.g., connectedness, identity, empowerment, meaning and purpose).

### **Human flourishing: determinants and pathways**

We can put it in another way. Human well-being or flourishing is not just a matter of a single disease state, or a positive outcome on a certain clinical measure. Human well-being or flourishing consists in a much broader range of aspects of life, of course it includes mental and physical health, but it also encompasses happiness, life-satisfaction, meaning and purpose, close relationships. In fact based on empirical studies we are able to identify the major determinants of human well-being and flourishing. In fact there are five major determinants for well-being (VanderWeele, 2017, p. 8149):

- 1) happiness and life-satisfaction
- 2) health, mental and physical
- 3) meaning and purpose
- 4) character and virtues
- 5) close relationships

Based on empirical research we are also able to distinguish pathways that lead to and sustain flourishing in the sense of these five determinants. By pathways VanderWeele means those aspects of human life that have a relatively large impact on each of these five domains. There are four major pathways (VanderWeele, 2017, p. 8150):

- 1) family
- 2) work
- 3) education
- 4) religious community

These pathways contribute to the domains of flourishing and there is empirical evidence for the effects of each of these pathways. Each pathway is connected with the five domains of human flourishing. The conclusion of all this is that supporting participation in these pathways has impact on flourishing.

Thus, personal recovery could be defined as a personal way to well-being and flourishing despite remaining signs and symptoms of mental illness. And although the pathways are often harder to handle for people with a mental disorder than for people without such a disorder, these pathways are not different for both groups, and must be included in a treatment plan, and broaden the scope of recovery beyond merely clinical and functional recovery. In fact personal recovery can on its own have impact on flourishing regardless clinical stability and functioning (Chan et al., 2018).

If it is the case that the family, work, education and religious community are important pathways to the various aspects of human flourishing and well-being, then this must have implications for mental health policies. In fact structures, policies, laws, finances that contribute to family, work, education and religious communities are important contributors or obstructions to a flourishing society itself! (VanderWeele, 2017, p. 8153)

### **Human flourishing and religious community**

We now focus on the importance of the religious community, or local church with regard to human flourishing, especially when one has to cope with a mental disorder.

It is clear from a lot of empirical research that participation in a religious community or local church is associated with the domains of flourishing. Attending religious services is associated with better health, greater longevity, lower incidence of depression and better outcome, lower

rates of suicide, better survival from cancer, and other outcomes (Koenig et al., 2012; VanderWeele, 2017, p. 8152). It is the communal form of religious practice that is helpful, in different ways. It may be healing, it may be that the community is a safe haven, or that the community helps to control and to canalize deviant behaviour.

Attending the religious community is associated with greater meaning in life, happiness and life satisfaction. The relationship between religion and virtues is positive for pro-social behaviour, generosity and social engagement. Encouragement to prayer increases forgiveness, gratitude and trust. And finally, attending religious services is positively correlated with making new friends, enduring relationships and social support.

Let us have a closer look at these findings. Recovery is not just relief from mental illness, but also from its emotional, physical, intellectual, social and from its religious and spiritual consequences. And today we become more and more aware of the fact that mental health services can support healing in this broad sense, including religious and spiritual development. Slade presents a list of recognizable spiritual (and religious) themes that are important and helpful (Slade, 2009, pp. 94-97):

- to nurture or restore a mature view of the self, connected e.g. with self-compassion with regard to difficulties and setbacks.
- to perform religious practices like reading scripture, prayer, attending the religious community, promoting forgiveness.
- to foster secular experiences through exposure to art, literature, poetry, music, science and nature.
- to create opportunities for self-discovery in therapy, in keeping a diary, in writing a letter to someone important, writing a life narrative.
- to give back to others in voluntary work, in having responsibility for something or someone.
- to learn other thoughts, e.g. by learning to meditate.
- to develop social and cultural activities.
- to participate in mutual support groups.
- to work according to a personal recovery plan.
- to learn to take time to think.
- to learn to engage in life rather than disengaging from life.

It is immediately clear from this list that spirituality is used in a broad sense. If you do not pay attention everything becomes spiritual. That therefore requires sensitivity to what spirituality means for this or that patient. It asks at the same time for a different way of working in mental health care, but it promises to be worthwhile. And, it asks for partnership among mental health professionals and other care professionals and care providers, including pastors, fathers, and other volunteers.

The religious community or local church can take part in all of this, and in my view they should take part in it. Not because the church knows best in a rather self-convinced way, but because church is of all places the community where the treasure of all these human issues is to be found. And by doing so, church will foster its beneficial and salutary meaning and grace upon those seeking refuge and support, to find and to discover the givenness of the truth that the Lord's strength is being fulfilled in our weaknesses.

### **Religious and mystical experience**

With regard to religious and mystical experiences, the descriptions of elite people of their mystical experiences should be taken as descriptive in an exemplary way and not as being exclusive, isolated or rare (Steinbock, 2007, p. 31). It is what is 'already going on in the inter-Personal sphere' - Personal with a capital P - (the inter-Personal sphere with the Holy), it is already going on 'for all of us and open in principle to all of us' (Steinbock, 2007, p.31), including the weak, the disabled, and people suffering from psychiatric illnesses. Mystical experiences are not limited to the healthy; that would be very stigmatizing.

Religious and mystical experiences are also not limited to experiences of union only; 'rather, it consists in service to God, the redemption of the world, and the participation in establishing loving and justice' (Steinbock, 2007, p.26).

### **Human flourishing: A theological theme**

Human flourishing became also a theological theme and several theologians (e.g., Kärkkäinen, 2015; Kelsey, 2009) have paid a lot of attention to it, and I'll concentrate on Volf and Croasmun (2019) and what they propose in their recently published book.

In fact human flourishing is not new in theological thinking. The good life is a classical theological theme. And if I understand them correctly, Volf and Croasmun want to develop a positive theology. A positive theology is focused on a positive goal: the good life as it is lived for God. That seems somewhat parallel to what we call positive psychology and positive psychiatry: a shift from weakness-oriented to strength oriented-thinking, without wanting to fall into one-sidedness. At the same it is their claim that theology, as they understand it, is an indispensable partner in the (scientific) search for a 'genuinely flourishing live' (Volf & Croasmun, 2019, p. 51).

Their inspiring point of departure is St. Paul's statement in his letter to the Romans, ch.14, vs. 17: 'For the kingdom of God is not food and drink but righteousness and peace and joy in the Holy Spirit.' Volf and Croasmun point to the parallel between these words of Romans 14: 17 and Galatians 5: 22 (love, joy, and peace; 2019, pp. 164-170). Love, as that

which sums up the law, together with peace and joy in the Holy Spirit, based on our freedom by our salvation through Jesus Christ, spell the flourishing life, even under the unfitting conditions of our fallenness, from a Christian perspective. It means life led well (righteousness, love), going well (peace) and feeling as it should (joy). Love is the heart of it, peace is about flourishing circumstances particularly in relationships, and joy is affective flourishing. So their approach helps us connect our concept of human flourishing with profound theological insights! What is more: with the Gospel.

### **Conclusion**

The concept of human flourishing seems to be an enriching concept; it broadens the scope of recovery. Personal recovery actually has a salutogenic effect on human flourishing. Together with family, work and education, the effect of a religious community can be significant. This requires major changes in mental health care and policies and interdisciplinary collaboration including with clergy and spiritual and humanistic caregivers.

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*Archpriest Ilya Odyakov*

## **Repentance, Confession and depressive delusion**

By God's will for almost quarter of a century I have served as a hospital priest at the Academy of Sciences' Mental Health Research Center (MHRC) and at the same time as a pastor in several parish churches in Moscow. Due to widespread depressive illnesses in society, in each of those places I have encountered various forms of their manifestations. These encounters may happen in both heart-to-heart talks and, more often, at Confession. In any case, I see an attempt to make Confession as a regret for a committed sin and to express a fear of the future.

So I would like to highlight a few issues.

In the biblical understanding, repentance is literarily "a change of mind", "a change of thoughts", the awareness of one's sins against God, people and oneself. Repentance is accompanied by both a radical reconsideration of one's particular views and one's system of values as a whole. Repentance is always a constructive action. "Turn from your evil ways, each one of you, and reform your ways and your actions", Prophet Jeremiah exclaims (18:11). Repentance always precedes Confession and accompanies it. It can be both a transient action and a lifetime process.

Confession is an external expression of Repentance. It is made when, standing before a priest as a witness from the community of the faithful, one confesses one's sinful thoughts, feelings or actions. St. James calls, "Confess your sins to each other and pray for each other so that you may be healed" (5:26). The external forms of the sacrament of Confession that we use today have been known since the 3<sup>d</sup> century. Thus, the holy martyr Methodius of Patara points to the need always to "show to priests [your] heart's mischief"<sup>1</sup>.

Today, for those who live an active Christian life, the need for Confession is its integral part. According to the well-known spiritual father of the 19<sup>th</sup> century, St. Ignatius (Bryanchaninov), it is "a fervent repentance

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<sup>1</sup> священномученик Мефодий Олимпийский, епископ Патарский. К [С]истелию о прокаже. Глава 6, пар. 4 [Hieromartyr Methodius of Olympus in Lycia, Bishop of Patara. On Leprosy, chapter 6, par. 4] URL: [https://azbyka.ru/otechnik/Mefodij\\_Olimpijskij/k\\_istely\\_o\\_prokaze/](https://azbyka.ru/otechnik/Mefodij_Olimpijskij/k_istely_o_prokaze/) (дата обращения: 7.11.2019).

of the heart, a thirst for purification caused by the feeling of holiness”.<sup>2</sup> Confession is often short in time but sacramental in significance.

Undoubtedly, this is a kind of ideal attitude to Confession. More often, in making Confession one seeks to express in words one’s pain and shame for a committed evil action, to add a lot of details about the circumstances of these sins and numerous complaints about one’s life in all its manifestations. And, certainly, one sets forth a description of the physical and spiritual painful states causing one’s anxiety, burden, torments and suffering.

It is my conviction that the right tactics of spiritual care is that a priest cannot ignore the flow of the pain poured out at the analogion, since for a believer the form of Confession as a Sacrament is the only way for pouring out his or her distressing thoughts and feelings.

And now a task may well arise before the confessor as to how to distinguish a real lament about one’s sins and a fervent desire to change one’s life from a pretended feeling of sinfulness without any intention to live a different life. Regrettably I have to testify that more often than not it is just an attempt to make Confession only in form, without real Repentance. I will repeat however, this discernment is especially important in encounters with those who show basic symptoms of mental illnesses when they are similar to – speaking in terms of Christian asceticism – passions. Therefore, the knowledge of mental disorders and patters of their progress is of great importance for a priest.

This knowledge makes it possible to distinguish, so to say, “seeds from thorns”, to distinguish what is really the subject of Confession together with the accomplishment of the feat of Repentance from what has to do with an illness and is neither a sin nor an area of the personal responsibility of an ill person.

One of such “thorns”, weeds of the sacrament of Repentance is **depressive delusion** since it always arises from an unhealthy basis. This state is always connected with a disorder of thinking. Modern medicine describes delusion as a set of unhealthy ideas, notions and conclusions reflecting reality in a distorted way. Patients in delusion are completely confident of the validity of their mistaken ideas; by no means can they be dissuaded by an outsider. Their delirious constructions are extremely important, bright and important to them; they influence the whole thinking process and define words and actions of the sick.

A depressive delusion is always emotionally negative; it is guided by pessimistic stances against the background of apathy, loss of interests, feeling of guilt, uneasiness, anxiety and other manifestations of mood disturbance.

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<sup>2</sup> Цит. по: Святитель Игнатий (Брянчанинов). В помощь кающимся [Quoted after: St Ignatius Brianchaninov. To Help The Penitent].

Most often, a priest would encounter the **delusion of sinfulness**, self-condemnation without any evident reason. In the consciousness of a repentant, the remembrance of some past, often inessential, trespasses are transformed into the feeling of a grave guilt before God. An ill one considers oneself guilty of almost everything, beginning from the statement that “in sin did my mother conceive me” (Ps. 51:7) to the unshakeable confidence that all one’s subsequent life after the birth was a continuous chain of “dark deeds and dirty crimes”. “There is no sin I have not committed”. “By my sins I am guilty of the illness and death of my loved ones, relatives, friends, neighbours, pets”. “The moment I think up something evil it happens”; I have committed “the most amoral things indecent to say about loud”.

It is important to remember here that **true Repentance** presupposes not only the feeling and awareness of one’s sinfulness (“showing the roguery of the soul”) but, according to St. Methodius of Potara, also “the thirst for purification” with a hope for God’s granting mercy and strength “to rectify one’s ways”.

Whereas **delusional ideas** show literarily one’s possession with one’s sinfulness and absolute confidence in that it is impossible both for God to forgive one’s sins and for one to change one’s fallen state.

A different firm conviction of oneself being a full nonentity is called the **delusion of self-humiliation**. Typical expressions heard at Confession are these: “I am good for nothing”, “in life I have done nothing good”, “I am a burden on everyone”, “I am a bad son, husband, parent, worker, etc.”, “my whole life is a continuous chain of mistakes”, “I am not worthy of being called a human being”, “But I am a worm and not a man, scorned by everyone, despised by the people” (Ps. 22:6), “I am an outcast”, “I provoke disgust among those around”, “I cannot fulfil myself anywhere”, “I take a place in a church, monastery, hospital in vain”, “I have disgraced the human race”.

It can also be said here that everybody around seems pointing to this purposelessness: the attitude, looks, words of one’s own people, neighbours, colleagues, parishioners, the priest – all, “even saints from icons or Christ Himself looking at me from the cross with condemnation and disdain”.

In the delusion of self-humiliation, there is almost a complete absence of the ability to be aware of one’s own positive qualities and to accept oneself as “a lost sheep” or “a prodigal son”.

In addition, this unhealthy humiliating self-appraisal sometimes provokes a corresponding behavior: “The worse and more unworthily I behave, the more I feel soothed”. “I am that same dog who always comes back to his spew”.

At the same time, the depressive psychosis is often accompanied with **the oppressive expectation of an inevitable punishment**: “There is no penalty on the earth and in hell that would be adequate to my sins”.

This can amount to manifestations of **sensual delusion** when everything around appears to be apocalyptically changed, with an arising feeling of “the Last Judgement” happening to a repentant here and now. In both reality and nightmares, one sees the deceased, coffins and death in its various manifestations, as well as demons dragging the soul to hell, etc.

Sometimes an ill person demands an immediate “fair judgement” and “deserved punishment” not from God but now from people. This state often leads to false confessions during Confession and at home (“I was not faithful”, “I am a thief”, “I am a murderer”), when one’s inessential mistakes and misdeeds are presented as “crimes”.

It often happens that a repentant with such delusional ideas would speak of imposing various punishments on himself: “strict fasting” (food without meat but with bread and water alone), wearing fetters, rejecting home comforts and electricity, sleeping on bare floor, taking food from a waste bin, wearing minimal clothes even during frosts, self-inflicting wounds, mutilation up to suicide. All this is almost always accompanied with a literarily fierce prayer (especially at nighttime) and obsession with making the sign of cross and sprinkling holy water.

A particular form of depressive delusion is the so-called **hypochondriacal delusion**. Characteristic of it is the delusional belief that one is afflicted with a lethal disease and the continuous fear of an early death in agony.

Thus, one of the women parishioners would ask weekly for a benediction to be given for a consultation with yet another specialist and for undertaking still another analysis for cancer, AIDS and leprosy. She was stopped only by an insistent advice of the priest to see a psychiatrist.

At the same time, I have sometimes heard from a man who looks physically quite well that his internals are atrophied: “there is nothing to breathe with because my lungs have gone rotten”, “there is no heart at all”, “no thoughts because my brain has dried up”, “that is why a prayer sticks”. On the other hand, the man may be really ill with something but he ignores this real illness concentrating fully on an imaginary one. This form of delusion is called **the delusion of negation**.

I cannot help mentioning still another manifestation of depressive delusion. It is a **false belief** that “I am made ill by an evil will (for instance, that of my mother-in-law)”, “the evil eye has been put on me”, “I have been cursed”, “bedevilled”, “bewitched”. It results either in a search for and persecution of the one who “infected” me, or in numerous visits to sorcerers, “old witches” or a resort to various forms of exorcism and repetition of special prayers.

Several times I encountered the assertion that it is not only one's own family who are suffering from "the terrible cardinal sin" committed by the repentant but also "the whole world is suffering because of it" since there is no limit in time or space for his guilt. "I am poisoning the whole nature by my breath", "I am cursed by the whole world", "Everything around has suddenly died and I am to blame for it".

**Therefore**, when in the process of Confession or in a confidential talk a priest encounters the characteristic features of depression, especially in its acute form, he should be guided by a number of rules to help a believer rather than to aggravate the severity of his illness.

- A priest on no account should agree with delusional ideas, so to say, "not to let them in himself", or support the ideas of self-blame, unhealthy belief in the sinfulness, guilt and inevitability of a punishment.

- At the same time, he should not express horror and indignation at what he has heard. He must not try to argue, to talk a repentant out of his delusion, to prove anything, to ask clarifying questions. It is not only useless but can also aggravate the existing disorder.

- It is necessary to show patience and to hear out calmly and attentively all the beliefs of an ill person.

- Whenever possible, he should pray together with a repentant.

- At the same time he should try to involve the family of an ill person to explain them the pathological nature of their loved one and the need for anyone with a depressive illusion to undergo an in-patient psychiatric treatment. Otherwise, it all can have an early and terrible outcome.

*Priest José Antonio Fortea Cucurull*

### **Internal voices, external voices: how to distinguish what is pathological and what is supernatural? (video lecture)**

How to distinguish if a person is really hearing the voice of God or if he has become a victim of self- deception or is experiencing hallucinations? On the one hand, one has to consider God can surprise us and be unpredictable. On the other hand, it is clear that there are cases of obvious pathology, obvious to sane people, when all the voices and images come from an insane mind, not thinking in a right way. Similar pathologies related to religious themes are typical for many patients with schizophrenia.

At the same time, we, as believers, fully accept that God can speak to us. And we believe that if He wants to tell us something, he will choose as

a "transmitter" a person whom we trust, and not one who will not be trusted because of his sins – because of his falsehood, or lust, or a propensity to steal. Many people find it difficult to believe that God would send us a message, and if the "transmitter" is not of the best quality, then no one will believe it at all.

So a person who has heard the voice of God must be worthy of it. Speaking to us, God, in His infinite wisdom, always acts most intelligently. As in the case of an obvious pathology, we are quite clear also when the voice of God is heard by a person whose Holiness is indubitable, who works miracles and has a prophetic gift from God.

However, between these two extremes – obvious pathology and unquestionable Holiness – there are less obvious cases when we cannot definitely decide whether this is a prophet of God or a person who is listening to morbid hallucinations. In most of these cases, time helps us come to a final conclusion: some "prophets" give us more and more absurd, groundless messages day by day. It is not God who speaks to such people, but their illness, their insane mind.

As I have already mentioned, God can surprise us, because His incomprehensibility extends immeasurably beyond our thinking, ideas and plans. God is beyond our limited thinking, and therefore we must approach each case of hearing the voice of God as humbly as possible.

Sometimes, the sanctity of the person who hears the voice over time becomes obvious. So, in addition to the problem of criteria and the level of our own insight, we should always consider that correct evaluation always requires time. For over time it will be revealed, what exactly we are dealing with in the case of the particular person, whose condition we are trying to understand: is it pathology or holiness. Sometimes it takes months, or even longer than a year. The middle part in the breakdown of such cases has also cases that are a combination of a genuine spiritual life with a mental problem.

A mentally ill person can live a wonderful spiritual life in prayer, in self-sacrifice. At the same time, his brain – a completely material organ – does not function well, generating images or voices. It will be recalled that when it comes to the invisible, immaterial, God is able to surprise us.

Generally speaking, the question we are discussing is beyond the competence of a psychiatrist. A psychiatrist can perfectly distinguish between norm and pathology. Indeed, in many cases, it is enough for him to assess the situation, so to speak, strategically, to determine: "Yes, this person is ill".

But if we consider the message received by someone who seems to be normal, who lives well in family, works successfully, his then this is a mystical moment. Such case should be analyzed by a spiritual person. He is experienced. His knowledge is derived from this experience, accumulated as he progresses along the spiritual path, and not from clever books.

It should be noted that sometimes the ways and goals of the Lord remain inscrutable even for a highly spiritual person. Therefore, for him, too, humility is a necessary condition for correct discernment. Humility warns against jumping to conclusions. The right judgment will come, it will become clearer and clearer. One can compare this process with the sunrise: it rises up, and its light becomes brighter and brighter.

If the reason for hearing voices lays in the mental disorder, then in a month, after the righteousness of the person hearing voices clearly wouldn't have grown, this reason will become more obvious. If the sanctity of a person increases, this will also become clearer over time. For example, when you cast a glance at sunrise or sunset, it is easy to confuse them. In the same way, it is not possible to decide within a short moment whether we see the dawn of the day of holiness or the twilight of the coming night – the night of the mind.

Sometimes it is difficult to determine the truth even for a priest because of his personal problems. Imagine: the daylight is failing, the light thickens and becomes confusing in color and intensity; then, reflecting from the mountain slopes, the light briefly becomes brighter, valleys are filled with shifting shadows. Sometimes valleys or mountains prevent us from a clear vision... The same happens in the human soul – and the priest is a human being. Ideally, he should be impartial to everyone – to a nun or to a married woman with children. Whether they are truly communicating with God or not, he must recognize that his own prejudices will prevent him from approaching the case impartially. Only very pure holy people are free from prejudices and other personal hindrances. Others are hindered by bias, prejudice, and distorted perceptions. We must stay alert, always think that perhaps this very incident will change our view of this and other mystical events.

Similar reasoning is appropriate in cases involving the manifestation of dark forces, diabolic possession, demonic influence, various negative mystical personalities. Many believe that in such cases it is very easy to discern, because a person interacting with a demonic force would walk on the ceiling, or levitate, or tell me all my sins. In fact, such obvious phenomena are extremely rare.

Cases of possible demonic influence upon a person have to be approached in a complex way: we must take into account how this person works, how is his family life, his everyday life, how he behaves in other situations. We can suggest that he come every week: I will pray special prayers for him, and we will see if the demon would reveal himself in something extraordinary. And, of course, in most cases that make one suspect the intervention of evil spirits, the final conclusion also needs time.

So, although sometimes we come across people with very vivid manifestations of diabolic possession, when everything is clear from the very beginning, still in the most cases we should observe the person for a

certain time, and not diagnose him based on our theoretical knowledge. What exactly happens to him, we will know from his reaction to our enhanced prayer. This approach should be applied not only in cases of possible diabolic possession, but also when evaluating any mystical manifestations in humans.

The best basis for final conclusions is our common sense. Relying on a certain set of criteria, we narrow the mystical field, reduce the richness and variety of phenomena associated with the diabolic activity.

The most cases, where there is no clear evidence of diabolic possession should be judged only on the base of common sense, faith and experience, and recognition that the demonic influence that people suffer from is exactly what it is, and not what we imagine it to be. When a new exorcist arrives in the diocese just having completed his training, he always has his own ideas. But as he gains experience, he discovers that demons and their activities are what they are, not what he thought they were when reading books that describe many extraordinary events.

In our imagination everything seems to us more visible, distinct, clear – so that one cannot possibly confuse possession with mental pathology. But it happens that a person with diabolic possession needs an exorcist or sometimes also a psychiatrist, because the unfortunate person has mental disorders. Such a person needs prayers, but at the same time he needs a doctor who will treat with him in the long term, because his psyche has been distorted by vicious life and sins. And this person needs more than just a priest to be healed.

If we are sure that a person receives messages from God, then, as a rule, we can be sure that he does not have a mental pathology. It is not wise to put God's messages and mental problems in the same category. God understands that if a mentally distorted person receives a message from Him, we will not believe this person.

But sometimes the people with whom God communicates have certain moral failings. Of course, the more holy a person is, the sooner we will believe that God is speaking to us through him. However, the Bible describes prophets with similar shortcomings – for example, the prophet Jonah, who resisted God (see Jn 1-3). At the same time, he was a true prophet.

It must be emphasized once again: the mystery of God far exceeds our understanding. Therefore, we must understand that His "means of communication" may be such that we cannot imagine, especially since the message of God is directly related to the person who received it. God expresses himself in a mysterious way, and we should treat His possible messenger with all humility. This does not mean that we will believe immediately a person who tells us: "God told me..." But we must refrain from making a diagnosis, from passing judgment until we come to a final conclusion, because here judgment is a matter of "clear vision", not an

intellectual decision. This is why we must treat the person we work with, with respect and great care.

Some priests, as well as some psychiatrists, make peremptory judgments – as if a self-righteous big boss is judging his subordinate. This arrogant approach is a direct violation of the God-given freedom of man, especially if it happens in the moment, when God decided to reveal something to him.

In conclusion, I repeat that it is the holy man, who will judge best what we are dealing with. Usually his holiness allows him to determine how holy the other is. He will understand whether the other person is in a relationship with God that does not exclude that God can communicate with him.

Once again, I would like to draw your attention to the fact that even in an hour-long conversation, it is almost impossible to distinguish between hearing the true voice of God and hallucinations. This usually takes months, by condition that this person meets with the priest every week. Sometimes an ordinary priest of an ordinary parish, observing a person, will better understand what is going on, than a major psychiatrist or an academic theologian, passing their judgement after a single conversation.

The merciful Lord has shown his Holiness in this world by using the methods described in the Bible. This is, for example, Balaam 's talking donkey (see Num 22:28) or strange, mysterious events with the prophet Elijah (see 1 Ki 17:6; 19:5-7; 2 Ki 2:11, etc. ). Holy Scripture is always the best guide that teaches us to see how complex and incomprehensible are the wonderful phenomena that sometimes happen in our earthly world.

*Hieromonk Damian (Voronov)*

### **Neurotheology: natural sciences grounds of religious experience objectivity?**

He who would study organic existence,  
First drives out the soul with rigid persistence;  
Then the parts in his hand he may hold and class,  
But the spiritual link is lost, alas!  
Faust, by Johann Wolfgang von Goethe  
(Translated into English by Bayard Taylor)

One of the first examples of a controlled study that lasted ten days reflecting the influence of religion on a person is described in the book by

the prophet Daniel (605 BC)<sup>1</sup>, where two groups of young men selected for court service are compared: the first was composed of the sons of Judah (Daniel (Balthasar), Ananias (Shadrach), Misael (Meshach), and Azariah (Abednego), who strictly obeyed the Law of Moses and did not defile themselves by the potions from the royal table. The second one included their idolatrous Babylonian peers, who daily ate from the king's table. The results impressed the head of the eunuchs Amelsar, who played the role of an independent observer: the first group seemed not only more handsome and dignified in their body by the end of that period, but there was no one equal to these young men in terms of knowledge and wisdom<sup>2</sup>. It is clear that biomedical research has made significant progress since the times of the Prophet Daniel.

Never before has the brain captured people's imagination on such a large scale. Functional neuroimaging has become a new stage in centuries long attempts to systematize and understand the connection between the brain and the psyche, and triggered enthusiasm in scientists and naturalists. It is no longer Bohr's planetary model of the atom, but brain images that have become the symbol of science. As a new cultural artefact, the brain is depicted in paintings, sculptures and tapestries, and is exhibited in museums and galleries. Neuroscience has merged with many disciplines in recent years, giving rise to new scientific fields: neuro-ethics, neuro-law, neuro-philosophy, neuro-marketing. Obviously, the brain is at its peak: high profile press releases saying that the centre of faith has been identified, or claims that love has been found in the brain, promise to expose the mental life of man, offering a spectacular study of motives, thoughts, feelings and actions. The brain has rightly been declared one of the latest front lines of science<sup>3</sup>.

Despite its low weight (about 1.5 kg), the human brain is the most complex structure known in the Universe. Nowadays, knowledge about the brain allow us to conclude that it is extremely complex in its structure. The organ contains about 100 billion nerve cells, each of which interacts with about 1000 other nerve cells – an impressive picture<sup>4</sup>. However, despite advances in science and technology, humanity has not gone far in understanding how the brain works. Neuron<sup>5</sup>, the main structural unit of the brain, was identified 130 years ago. The human brain has become a favourite

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<sup>1</sup> Ринекер Ф., Майер Г. Библейская энциклопедия Брокгауза. [Rieneker F., Mayer G. Brokgauz Biblical Enciclopedia]. М.: РБО, 1999. С. 224-225.]

<sup>2</sup> Дан. 1:3-20

<sup>3</sup> Сэйтл С. Нейромания. Как мы теряем разум в эпоху расцвета науки о мозге. [Sally Satel, Scott O. Lilienfeld BRAINWASHED: The Seductive Appeal of Mindless Neuroscience]. М.: Изд-во «Э», 2016. С. 36.]

<sup>4</sup> Collins F. The Symphony Inside Your Brain // National Institutes of Health [E-resource]. URL: <https://directorsblog.nih.gov/2012/11/05/the-symphony-inside-your-brain/> (reference date: 12.10.2019).

<sup>5</sup> The German anatomist Henrich Waldeyer (1836-1921) was the first to introduce the notion of neuron (from old Greek νῆρον – fibre) back in 1881, suggesting that it is the main functional unit of the nervous system. In fact, is an electrically excited cell which processes, stores and transmits information with the help of electric and chemical signals.

subject in the media, and its study is one of the most exciting areas of modern biomedical research with millions strong funding.

Tom Wolfe (1930-2018), an American journalist who wrote about the breath-taking discoveries of neuroscience at the dawn of the 21<sup>st</sup> century, argued that mankind is on the verge of forming a single theory, which will have the same powerful impact as Darwinism. Reflecting his views on the greatest miracle of science - neuroimaging - in his essay *Sorry, But Your Soul Just Died*, he wrote that the brain does not have a single place for the consciousness or self-consciousness, it is nothing more than an illusion generated by the nervous system. Consciousness and religious thinking are its product. Since the brain is deterministic from birth, thus *free will* is out of question, it is *a ghost in the machine*. And if we consider the fast-growing capacity and complexity of computers, they will soon be able to predetermine life events of any person, which no 16<sup>th</sup> century Calvinist could think of. A human being is an analogue chemical computer, processing bubbling streams of information flowing from the environment; there is neither soul nor consciousness in it<sup>6</sup>. Like Nietzsche, who proclaimed back in 1882 that “God is dead,.... and the Christian God is no longer a credible source of absolute moral principles”<sup>7</sup>, our contemporary, leaning on the achievements of neurobiology, will probably say, “The greatest of mysteries – the soul – the last repository of values, died because educated people no longer believe in its existence, because the mind for neurobiology is an evolutionary product of genetic history, an absolutely physical phenomenon”.

Evolutionary psychology sought to explain the phenomenon of faith in God and argued that primitive people who believed in supernatural reality were more likely to pass on genes to their descendants than cavemen who did not have such faith. It encouraged geneticists and neurobiologists to search for such a gene - the switch of God in the human brain. On October 29, 1997, the first publication of the Indian neurologist V.S. Ramachandran and M.A. Persinger (1945-2018) reported that the “dwelling place of God” had been found in the human brain. Volunteers in the experiment – Franciscan nuns, Tibetan Buddhists and Pentecostals – described their religious sensations (deep sense of unity with supreme reality, joy and serenity) triggered by the application of transcranial magnetic stimulation (with the help of “the God helmet”<sup>8</sup>) across their temporal lobes.

In their want to find out whether brain activity during mystical experience is actually localised in the temporal lobe and whether mystical contemplation really produces brain states not related with ordinary experiences, radiologist Andrew Newberg and his colleagues conducted a

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<sup>6</sup> Wolfe T. *Sorry, but your soul just died* // The Independent. URL: <https://www.independent.co.uk/arts-entertainment/sorry-but-your-soul-just-died-1276509.html> (reference date: 8.10.2019).

<sup>7</sup> Nietzsche F. *The Joyful Wisdom*. London: T.N. Foulis. 1910. P. 275.

<sup>8</sup> Beauregard M. *The Spiritual Brain: A Neuroscientist's Case for the Existence of the Soul*. NY: HarperOne. 2008. P. 79-80.

study using single photon emission computed tomography (SPECT), which produced images of blood flow and metabolism after the injection of some radioactive substances<sup>9</sup>. The analysis of the data revealed a significant increase in regional cerebral blood flow (rCBF) in the prefrontal cortex, inner parietal lobes and inner frontal lobes. In addition, there was a significant positive correlation between the change in rCBF in the right prefrontal cortex and right thalamus. The change in rCBF in the prefrontal cortex correlated negatively with that in the superior parietal lobe on the same side<sup>10</sup>. Scientists, interpreted the obtained data from the point of mechanistic theory and suggested that meditation happened through a simultaneous activation of several cerebral areas and systems – the human brain is designed to believe in God.

The persistent curiosity of inquisitive minds of naturalists, their desire to explore the astonishing phenomenon of religious viability and the rapid development of brain sciences has led to the emergence of neurotheology, which is a unique field of multidisciplinary research where theology, philosophy, religious studies and practices, intersect with psychology and anthropology. Its key method is functional neuroimaging, reflecting the real-time activity of different brain areas immediately at the moment of meditation which is considered the basis of religion from the point of experimental psychology of William James (1842-1910) and Herbert Spencer (1820-1903), who supported the ideas of functionalism, according to which any psychical phenomenon can be defined in terms of causal and effect of the observed psychic conditions, environment and the individuum's behaviour.

Interestingly, the Russian scientist I.M. Sechenov (1829-1905), founder of the first school of physiology in Russia, who provided evidence in support of the reflex based nature of conscious and unconscious behaviour, strictly followed the materialistic approach to explain the spiritual life of man. This eventually led to his conflict with the Orthodox Church and ecclesiastic censorship<sup>11</sup>. Prof. Sechenov, inspired by the ideas of G. Spencer, presented his views on the nature of human mental activity in *Brain Reflexes* (1863), asserting with confidence that it was based solely on physiological processes. “Absolutely all qualities of external manifestations of brain activity, which we characterize by such words as spirituality, passion, mockery, sadness, joy, etc., are nothing but results of stronger or weaker contraction of some muscle group, which we know as a purely mechanical act. Even the most hardcore spiritualist cannot but agree with this. The brain is the organ of the soul, i.e. it is such a mechanism,

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<sup>9</sup> Newberg A. The Measurement of Regional Cerebral Blood Flow During the Complex Cognitive Task of Meditation: A Preliminary SPECT Study // *Psychiatry Research*. 2001. Vol. 106. P. 113.

<sup>10</sup> Beauregard M. *The Spiritual Brain*... P. 260.

<sup>11</sup> Мумриков О., иерей. Концепции современного естествознания. Христианско-апологетический аспект: учебное пособие для духовных учебных заведений. [Rev. О. Мумриков, Concepts of modern natural sciences. Christian apologetic aspect]. Сергиев Посад, М.: Паломник, 2013. С. 507].

which, being set in motion by some reason, ultimately produces the series of external phenomena, which characterize the mental activity”<sup>12</sup>. Sechenov wrote with excitement and enthusiasm that the time would soon come when the analyses of external manifestations of brain activity would be as accessible and clear for people as it is for a physics, who easily characterises the phenomenon of a freely falling body<sup>13</sup>.

A century later, James Ashbrook (1925-1999) and Eugene d'Aquili (1941-1998)<sup>14</sup>, became the pioneering scientists who decided to study this problem of “religious” neuroscience and laid the foundation for the subsequent development of this field, confidently followed by such scientists as James Austen, Rayne Joseph, Mario Beauregard, Patrick McNamara and Gregory Peterson<sup>15</sup>. Dr. Ashbrook wrote that mankind needs to focus on the key issue of mind-brain interrelatedness, identify the ground of our being, the source of all, which is called “God”. “We must not only passively observe how physical matter – the human brain – generates a range of cognitive processes and subjective religious experience, but seek to comprehend this phenomenon as Homo sapiens, as Homo religious”<sup>16</sup>.

Despite the ambitiousness of neurotheologists, the question remains whether measurements of the subjective nature of religious experience in different cultures and traditions are reliable; its quantitative and qualitative evaluation is also difficult due to the lack of standardized adequate scales in scientific literature<sup>17</sup>. It should be noted that most of the applied scales require the subject to answer the following questions, “How did you feel it? What feelings did you experience? What do you think about your experience?”<sup>18</sup>, which, on the one hand, seems to be very valuable for the researcher of neural correlates of religious experience, since the answers can be correlated with the dynamic nature of psychological, affective and cognitive processes in the brain. However, on the other hand, the most interesting thing would be to scan the “praying person” to discover that there are no changes in this moment of his meditative religious experience, excluding cognitive, emotional or sensory factors, which would make it possible to register essentially spirituality without any biological correlates.

Although methods of neuroimaging contribute greatly to our understanding of how human brain works, each of them has both cons and

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<sup>12</sup> Сеченов И.М. Рефлексы головного мозга [Sechenov I.M., Brain reflexes] // И.М. Сеченов. М.: АСТ, 2015. С. 5.

<sup>13</sup> *Ib.* p. 6.

<sup>14</sup> Wentzel J. Encyclopedia of Science and Religion. NY: Thomson Gale. 2003. P. 617.

<sup>15</sup> Newberg A. Principles of Neurotheology. Surrey: Ashgate. 2010. P. 12.

<sup>16</sup> Ashbrook J. “Mind” as Humanizing the Brain: Toward a Neurotheology of Meaning // Zygon: Journal of Religion and Science. 1997. Vol. 32. P. 312. [https://onlinelibrary.wiley.com/doi/epdf/10.1111/0591-2385.00093?purchase\\_referer=onlinelibrary.wiley.com&tracking\\_action=preview\\_click&r3\\_referer=wol&show\\_checkout=1](https://onlinelibrary.wiley.com/doi/epdf/10.1111/0591-2385.00093?purchase_referer=onlinelibrary.wiley.com&tracking_action=preview_click&r3_referer=wol&show_checkout=1)

<sup>17</sup> Newberg A. Principles... P. 116.

<sup>18</sup> Hill P. Measures of religiosity. Religious Education Press. Birmingham, Alabama. 1999. P. 79.

pros. For example, an fMRI<sup>19</sup> that captures changes in cerebral blood flow helps to conclude that a particular brain area is active during a specific task because its fulfilment is accompanied by an increase of the blood flow. Relative concentration of oxygenated and deoxygenated blood in a small area of brain tissue creates a so-called BOLD (blood-oxygen-level-dependent) signal. The higher the ratio of oxygenated blood to deoxygenated blood in a certain brain area, the higher its energy consumption. The images obtained are based on statistical differences between BOLD signals. The blood-flow-activity ratio, combined with anatomical scanning during a session, allows the precise localization of specific brain regions activated during prayer. However, actual activity may not be related to cerebral blood flow in case of head injuries, stroke or pharmacological effects of medication. fMRI is also unable to identify the role of neurotransmitters - such as dopamine and serotonin- in religious experience<sup>20</sup>. In turn, PET, where an injected radioactive tracer is *trapped* in the brain, can reflect cerebral activity more accurately, evaluating both long-term and short-term effects of prayer experience, taking neurotransmitters into account.

Thus, the interpretation of findings of functional brain research ultimately leads to the problem of determining causal links between brain processes and subjective experience of the subject. Brain structures rarely perform a single task, therefore, it is practically impossible to establish one-to-one correlation between specific brain regions and certain mental states. Perception of brain images resembles a kind of high-tech test of Rorschach's ink spots, but speculation on what one wants to see on the basis of multivalued results is a serious violation of falsifiability. Is it at all possible to translate the complex pattern of neural activity into the language of simple interpretations? Although neuroimaging has deepened our knowledge about the brain structure and functions, its populist application tends to reinforce the misconception of the brain as a mechanism consisting of individual modules controlling specific abilities in the field of thought and feeling, which is reminiscent of the once discredited phrenology by Franz Gall (1758-1828), who identified personality traits and talents by reading bumps and dents in the skull. There is nothing petrified in the brain, it is constantly re-adjusting in response to learning and experience, and it instantaneously changes the strength and pattern of connections between its parts the countless number of times. Even when brain activity is detected in a certain “hot spot”, it is not always clear what is happening there. A statistical activation chart may show brightly (as supposedly

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<sup>19</sup> Functional magnetic resonance imaging (fMRI) in combination with the structural brain imaging produces pictures that reflect the local activation of nerve cells during psychic activity. It produces detailed spatial images, but the method cannot be used to register fast processes of changes in cerebral activity (low time resolution). fMRI makes it possible to track the nature of activity of deep brain structures (not only the cortex) that are responsible for emotions.

<sup>20</sup> Baert A., Sartor K. Diagnostic Nuclear Medicine. Berlin. Springer. 2006. P. 18-19.

“increased brain activity”) areas of inhibiting neurons that do not stimulate the activity, but, on the contrary, work to suppress it. Conversely, dark spots may appear where the activity goes on. Moreover, if we judge only by the degree of activation, a certain brain area may deceptively appear less involved in the task than it actually is. It is not easy to answer the question how to compare observed physiological changes with subjective religious experience? It is also not clear where is the level of relevance of changes, at 5 or 10, 20 or 30 percent? The time period during which the person's dynamic spiritual and physical development takes place, is also a significant factor. An adequate assessment of this can be given only years after, in which case targeting visualization is impotent.

Summing up, Christian anthropology, describing man as the entirety of the immortal soul and body, created in the image of God, opposes materialism – neuroreductionism being the latest form thereof – which reduces the soul with its mind, feeling and will to the level of epiphenomena of the body, identifies the manifestations of soul properties with the simultaneous coherent activity of functionally combined neural ensembles, leaving no room for the life-giving Spirit<sup>21</sup>. The results of neurotheology come into conflict with Christianity and other world religions, though not explicitly, trying to show their incompetence, reducing the religious experience to molecular biology, without giving a satisfactory answer to epistemological and ontological questions arising in the context of scientific research. One can see man in many ways: as a set of organs and systems, as a set of billions of atoms and molecules, as body and soul<sup>22</sup>, as the image of God. However, Our Saviour said about such people that “they seeing see not, and hearing, they hear not”<sup>23</sup>. We may refer to ambiguous images (reversible figures) which allow to see, for example, a vase or two human images (Rubin’s vase is a classical example of the figure and the ground correlation). The image of the former and the latter is possible only as a result of a conscious choice of perception undertaken by the subject. Obviously, it makes no sense to ask which of two the images is more real; likewise, it is senseless to try to decide what comes first – the vase or profile – until someone perceives it. A similar situation exists with religious consciousness, which belongs to the properties of the soul together with the mind, feeling and will, that are being reduced by modern neuroscience, as it was shown above. The fact that consciousness is not irreducible to brain activity can serve as an apologetic answer to the modern challenge of Christian faith considered in the research. This is a limitative question for modern science – all subjective processes are reduced to brain activity, except for consciousness, science has no tools available to assess and describe the subjective reality.

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<sup>21</sup> John. 6:63, Jackob. 2:26, Luke. 8:55.

<sup>22</sup> Gen. 2:7.

<sup>23</sup> Is. 6:9-10, Mathew. 13:13-15.

When a scientist looks at his subject – a living carrier of consciousness – it ultimately depends on the former what he will perceive - a spiritualized body or a soulless set of organs and systems, functioning according to the laws of determinism.

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## **The religious delusion of the World End**

Traditionally, psychiatry used two terms to denote the religious delusion of the World End as synonyms: apocalyptic delusion and eschatological delusion.

However, pilot studies of clinical cases of the World End delusion revealed significant differences both in a psychopathological picture of these conditions and in mechanism of the delusion formation, the disease course type, severity of the condition, the syndromological features, the disease outcome type, a social danger degree and consequences.

Preliminary data make it possible to distinguish two types of the religious delusion of the World End (2 varieties): eschatological (semantically – as a doctrine of the World End) and apocalyptic, as a direct experience of the World End at the present moment or at the moment of its imminent approach.

We revealed the apocalyptic delusion, mainly in patients with the picturesque delusion (twelve patients). It was accompanied by an intense sensory component: the patient experienced a feeling that the World End, apocalypse happened at that very moment. This is usually accompanied by the antagonistic delusion. Patients feel themselves at the center of the world struggle between good and evil, see heralds of the impending World End. They see in the people around them transformed accomplices of the Antichrist, who follow them or want to do some harm. These conditions come with an explicit sense of fear, a feeling of impending catastrophe, a change in the actual environment surrounding them, fake action being played around them. In some cases, they are not able to respond to a speech addressed to them being at the height of their state, their actions are conditioned only by internal pathological experiences and are usually not focused. Patients can crawl, wriggling on the floor, expose themselves or hide. In addition, they can be aggressive, grab people by the hair, push them from a height. One of our patients made an attempt to jump out of the window with her little daughter, "in order to escape from the Last Judgment."

Patients saw menacing visions, clouds gathering around them. They felt moving in space: plunging into darkness, falling somewhere, finding themselves in a space with no air; the world collapsed, they felt the presence of devil, tried to escape.

**Eschatological delusion** (six patients) is an interpretative delusion, which is based on a peculiar understanding of the World End interpretation in some version, a new reading of the Holy Scriptures followed by finding of delusional evidence of this option in real life and in the actions of others. This type of a delusional disorder is a distorted, pathological doctrine of the World End that cannot be corrected. It is accompanied by highlighting

heralds, predictions of the World End, identifying individual characters of future events and possible behaviors that would let avoid death. The interpretative mechanism of the delusion formation prevails when patients form gradually their idea of the Second Coming of Christ. One of the clinical examples: information that the World End should be preceded by the appearance of two animals, was regarded as a forthcoming appearance of not one, but two antichrists; the patient realized that one would appear in Russia, and the second at the UN. The manner of behavior, the smile of the monastery abbot allowed the patient to presume, and then convince himself that he is one of the Antichrists. In the future, these beliefs were only strengthened by certain facts, social events and books read. So, in a new book, the name of the monastery was typed in capital letters in large print, which was regarded as a change in the monastery name, and, therefore, as a surrender of the Savior's name. After some time, the patient concluded that the desecration of the Savior's name could lead to a change in the traditional covering of the Cup during the Liturgy and conversion of the Eucharist into a theatrical action, depriving it of its very essence, etc. Then the development of paranoid symptoms was characterized by a more complex systematization of paranoid ideas, discovery of new details, for example, with a more detailed study of the Holy Scriptures or by detection of new confirmations of previous beliefs. Paranoid symptoms developed for quite a long time – from 5 to 8 years.

It is necessary to note the dissonance, a gap, a contradiction between the way those patients behaved and what beliefs they professed. They follow the traditional rules of church life (they attend church regularly, maintain relations with parishioners and sometimes even participate actively in the life of the church and community, organizing charity activities and helping patients). They can observe fasts, confess, receive communion, but at the same time they avoid confessing their special opinions and beliefs regarding interpretation of the basic dogmas of the Orthodox faith. If they have stenic features, they can induce others with their ideas.

In syndromological perspective, the eschatological conditions can be regarded as delusional disorders of the paranoid level. Nosologically, such conditions usually develop in a post-attack period after an affective-delusional attack within the paroxysmal schizophrenia or schizoaffective disorder.

## Two types of the End of the World delusion comparison

	<b>Eschatological</b>	<b>Apocalyptic</b>
Mechanism of delusion formation	interpretive	sensory
Syndromological	paranoid delusion	delusion of pretence, antagonistic delusion, acute paraphrenic delusion, oneiric-catatonic states
Degree of systematization	systematized	weakly systematized
Time direction	towards future	towards present moment, it is experienced directly in the present and immediate future moment
Type of disease progression	continuous, sluggishly progressing or schizoaffective	paroxysmal
Severity of the condition	chronic	acute
Period of detecting disease and contacting a psychiatrist	after a long course	immediately after the development of an acute attack
Socially dangerous consequences	provocation of others, delusional behavior	inappropriate behavior in an attack

Thus, a study of patients with the World End delusions revealed the heterogeneity of these delusional states, the appropriateness of dividing them into two groups, which differ in mechanism of the delusion formation, type of the disease progression, severity of the condition, syndromological features, social danger and consequences, type of the disease outcome. It requires further study of these types of the World End delusions to develop these patients surveillance and provide preventive measures for socially significant behavioral disorders.

## **Pathological religiosity**

### **What is religiosity**

- The Greek word for ‘religion’ is derived from the ancient word that implies ‘ascend’, and therefore, with the term ‘religion’, the ascent of man towards God is implied.
- Faith/religiosity is a personal relationship with a transcendent reality, named God, that takes shape and is lived through or experienced in practice.

### **Types of religiosity**

- Allport and Ross’s (1967) <sup>1</sup>
  1. Extrinsic Religiosity: refers to a “means” approach, in which a person uses religion as the means to some secular end, like ego reinforcement or social approval, and is generally found to correlate with higher levels of psychological distress, less effective coping abilities, and a higher likelihood of prejudice, intolerance, and socially inappropriate behavior.
    - The extrinsically religious person uses religion as a means of obtaining security or status.
  2. Intrinsic Religiosity: refers to an “ends” orientation, in which the belief and practice of the religious life is the goal; this style of worship is related to greater well-being, more realistic and effective coping, and more appropriate social behavior
    - The intrinsically religious person internalizes beliefs and lives by them regardless of social pressure.

### **What is religious maturity (mature religion)**

**Religious maturity = Integrated faith = Mature faith**

It means that one’s faith is integrated in one’s daily life and one’s daily life, in turn, is integrated in the perspective of one’s faith.

### **Criteria of mature religiosity**

**Factor I: Orientation to higher values out of a sense of inner freedom**

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<sup>1</sup> Allport G.W., Ross J.M. Personal religious orientation and prejudice. // Journal of Personality and Social Psychology. 1967. V. 5. № 4.

- Willingness to look for answers to existential questions about death, freedom, isolation, meaninglessness
- Deciding on one's own attitude both freely and responsibly
- An orientation to 'being' rather than 'having'
- Striving for the highest values of love, truth and justice out of a sense of inner freedom
- Developed along with the personality
- Supportive of one's sense of self-esteem and identity
- Sincere rather than out of obligation or fear
- An open and at the same time serious quest for God
- Being guided by values that transcend mere biological and social adaptation

**Factor II: Trust in God pervades the entire life**

- Finding meaning and significance in one's life in relation to God
- The sense of integration in a relationship with God
- Trust in God, also in times of trial and tribulation
- A move toward entrusting oneself more and more to God
- The experience of God in one's life motivates one to take difficult decisions for the sake of the good
- Knowing God's love as fundamental for one's entire life

**Factor III: Responsibility for fellow humans and creation**

- Praying for and doing justice to as being inextricably linked
- Willingness to account to God and one's fellow humans for one's own faith and actions in the world
- Applicable to all areas of life
- Striving to love one's fellow human beings as they are, out of the knowledge of God's love for human beings
- Accepting that one's personal freedom is limited by responsibility for God's creation
- Realizing that all aspects of the personality are comprehensively involved

Attitudes toward oneself, toward God and toward one's fellow man and creation are well expressed in the above three factors and their labels.

They are also recognizable in the biblical golden rule. Jesus's command contains all other commands and, in the way it is put, amounts to a promise as well (Luke 10:27): 'You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself.'

The main purpose of religion is not to make people healthy, but to help them fit themselves into the Creator's context for them'  
(Allport, 1964)<sup>2</sup>

### **What is pathological religiosity**

*"When pure light of spirituality, emanating from the mystical source passes through the prism of human experience, it transforms into a spectrum of radiant religious colors. Each color has its own beauty, but the more it distances itself from the source of light and tries to be exclusive, the deeper it falls into the darkness of unhealthy religiosity"*  
(Xavier, 1987: 197).<sup>3</sup>

*"Whenever the religious experiences or practices injure the psychical or physical condition of the individual or group, or retard their growth so that they cannot think, act, or feel in relation to their environments, in accordance with the standards normal to their stages of development, they are positively pathological"*  
(JOSIAH MOSES, 1906)<sup>4</sup>

### **Forms of pathological religiosity**

#### **I. Religious psychiatric patients incorporating religious elements into their symptomatic presentation**

- Delusions with religious contents in Mania, Depression and Schizophrenia: persecutory (often involving Satan) – grandiose (messianic delusions) – guilt delusions.
- Hallucinations with religious contents: seeing and hearing demons, spirits, saints – seeing visions and receiving commands from God.
- Obsessive compulsive religious rituals in OCD and OCPD patients: religious rituals aiming to address and absolve dysfunctional guilt. Common scrupulosity rituals related to PG include prayer, confession, purification/washing, mental neutralization, and pact making (with God).
- Religious grandiosity and narcissism in Hubris Syndrome, Narcissistic Personality Disorder and Paranoid Personality Disorder.
- Death anxiety in Thanato-phobia (phobia of death).

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<sup>2</sup> Gordon W. Allport. Mental Health: A generic attitude. //Journal of Religion and Health. Vol. 4, No. 1 (Oct., 1964).

<sup>3</sup> Xavier N.S. The two faces of religion. Tuscaloosa, AL: Portals. 1987.

<sup>4</sup> Josiah Moses. Pathological Aspects Of Religions. Worcester, Mass.: Clark university press. 1906.

- Religious experiences associated with Temporal Lobe Epilepsy: ictal – postictal – interictal.
- Pathological dissociation, depersonalization and derealization in Pathological Trance Disorder and Dissociative Identity Disorder.

## **II. Psychopathology lying behind wrong religious attitudes, dogmas and heresies**

- Repressed sexual Drive lying behind Gnosticism – Manichaeism – Pathological Misogyny and celibacy – Self-Castration.
- Pathological guilt and religious masochism lying behind wrong asceticism and wrong mortification practices.
- Hopelessness and despair lying behind Fatalism.

## **III. Pathological religiosity among clergymen and monks**

- Abuse of power and authority.
- Spiritual abuse.
- Perfectionism.
- Messiah-Complex.
- Pharisaism.
- Narcissism.
- Hubris Syndrome.
- Paranoia.
- Repressed sexuality.
- Fanaticism.
- Workaholism.

### **Conclusion**

- Religiousness remains an important aspect of human life and it usually has a positive association with good mental health.
- Faith and belief systems are very important constituents of psychological well-being and could be fruitfully utilized in psychotherapy.
- Yet, when religiosity deviates from soundness it has a great negative influence in psychiatry including symptoms, phenomenology, and outcome.
- Increasing awareness about pathological religiosity among clergy, church leaders and congregations is a must.

**Jesus said, “*I have come that they may have life, and that they may have it more abundantly*” (John 10:10)**

**True sound religiosity must then fulfill this ultimate goal of our Lord Jesus Christ**

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