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The History of Religiously-Integrated Medicine and Prospects for Its Future Development

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Abstract. This article will systematize the remaining areas of tension between religion and science and discuss the possibilities for overcoming them by using the synergetic biopsychosocial spiritual methodology of psychiatric medicine as a paradigm of modern integrative medicine. The author's methodology makes it possible to evaluate the human body's resources as a biogenetic matrix of mentality: faith serves as a universal psychogenetic matrix of personality, stabilizing its structure and defining its lifestyle priorities; religion acts as an animogenetic matrix imbued with the image of a god possessing moral, philosophical, and ideological meaning; and the church serves as a sociogenetic component of social and state infrastructure. The religious potential of a four-dimensional mental epidemiology will be presented. Somatogenesis offers various forms of nutritional therapy and neuro-physiotherapy. Psychogenesis offers the potential of psychology and psychotherapy. Animogenesis offers the multi-confessional ethics of interpersonal communication. Sociogenesis offers various forms and methods of social service, compliance, and counseling. This article further highlights the particularities and scope of the new mental phenomenon of belief without religion, which is practiced by more than one billion people, a significant portion of the world's population. Later, this article will analyze the technological and socio-psychological resources of religiousness and spirituality, which raise the threshold for mental and social epidemics. In addition, this paper will discuss the roles that historical and modern forms of religious participation play in improving mental health and the treatment of mental illnesses. Religion remains the most ancient and universal protective and compensatory resource of civilization, fulfilling various human needs and structuring human mentality and identity. This paper systematizes the functions and algorithms that will help to realize the potential of religious resources in psychological, psychotherapeutic, psychiatric, and anti-addiction practice. Finally, this article will discuss promising areas for further research in mental epidemiology and Orthodox religious practice.

Keywords: religious mission, mental epidemiology, synergy, spiritual therapy, biopsychosocial spiritual methodology, sanogenetic therapy

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A systemic crisis in psychiatry has spurred on the search for new conceptual-methodological approaches, as well as the reconsideration of old ones, in order to improve the effectiveness of therapy. One of these new approaches is spiritually-integrated treatment. Based on the religious potential of both formal religious confessions and so-called "faith without middlemen," this new approach is becoming a resource for psychiatry and serves as a psychiatric paradigm for modern integrated medicine.

Mental medicine that incorporates a synergetic biopsychosocial spiritual methodology allows for the expansion of the preclinical field to improve both the implementation of religious resources in preventative-corrective mental healthcare and also the treatment and rehabilitation technologies of clinical psychiatry [1, 2]. This methodology allows researchers to measure the human body's resources as a biogenetic matrix of mentality. In this model, faith acts as a universal psychogenetic matrix of personality, stabilizing its structure and defining its lifestyle priorities; religion serves as an animogenetic matrix imbued with the image of a god possessing moral and philosophical meaning; and the church represents a socio-genetic component of the infrastructure of society and state.

This article aims to systematize the remaining areas of tension between religion and psychiatry and the possibilities for overcoming them; to examine the historical and modern forms of religion's role in strengthening mental health and

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in the treatment of mental illness; to evaluate the effectiveness of spiritually-integrated preventative-corrective and remedial-rehabilitative programs in psychiatry; to define the mechanisms for the realization of the religious resources; to indicate promising areas for further synergetic research in mental epidemiology.

Mental Health as a Canonical Religious Priority

Spiritual and moral values are a very important component of mental health. Indeed, the canon of every world religion includes the care of moral and spiritual health, as well as the prevention of stress and dependencies [3]. Only a truly healthy and free person can fully develop his spirituality and humanity.

The conceptual-methodological and operational-technological resources of all world religions formed over the course of centuries. In the most generalized terminology of mental medicine, the mission of any denomination is the adaptive management and control of social consciousness. The mechanisms for the realization of this mission depend on a person's chosen model for perceiving reality (Russian Orthodox or Catholic, Muslim or Jewish, etc.). Each of these models, however, allows a person to seek a higher power and the deep meaning of his chosen God.

Science's many attempts to place humans into predefined categories of socio-ideological trends have come a long way from the models of the social animal to the psychosocial human and the synergetic, or biopsychosocial spiritual, human [2]. Of course, no model comes close to replicating the multifaceted character of human nature, but rather it captures the methodological resources of its time. We can take the four-dimensional synergetic approach to the adaptive management of public opinion as its most recent definition. It is worth noting that Einstein's theory of general relativity was also applied to a four-dimensional field. It is therefore not a coincidence that the sanogenetic therapy [4, p. 453], developed at NSMU to be an adaptive biopsychosocio spiritual management of a patient or client's consciousness, is the scientific-technological embodiment of a basic multi-faith mission. Sanogenetic therapy has become a synergetic instrument of psychiatry, designed not only to heal mental illnesses and strengthen mental health, but also to ensure an adaptive protection of social consciousness (i.e., to implement the paradigm of mental national security).

Leaving aside the enormous volume of interesting studies on the relationships between theology, psychology, psychotherapy, philosophy and sociology, medicine and prevention, neurolinguistics and psychophysiology, we will discuss the religious potential of the four dimensions of mental medicine: somatogenesis, psychogenesis, animogenises, and sociogenesis.

The religious resource of somatogenesis comes in the form of various nutritional therapies (Christian Lent, Muslim Ramadan, the vegetarianism of Kundalini Yoga, and various forms of Brahmanism and Buddhism), neurophysiotherapy (tempo-rythmological and intonational-emotional subconscious resonant tuning of public consciousness of observance), and the mono- and binaural psychophysiological effects of church music and choral singing, church bells, trumpets, gongs, and drums, all harmonizing with the bioelectric activity of the brain and other parts of the body.

The religious resource of psychogenesis comes in the form of Christian, Orthodox, Muslim, Jewish, and other forms of psychology and psychotherapy (of which there are hundreds), huge, multi-faith prayers and meditations, inspired prayer practices which relieve and cleanse the soul through prayer, and the variety of ways in which people address God and thereby trigger the interactive mechanisms of internal dialogue, among other things.

The religious resource of animogenesis presents itself as the moral understanding of the Christian duty in the spirit of the Holy Gospel, Muslim duty in the spirit of the Quran, or Jewish duty in the spirit of the Talmud. Animogenesis also includes, among other things, the multifaceted and multi-faith ethics of interpersonal communication and the unity of the humanitarian and merciful mission of religion and medicine.

The religious resource of sociogenesis presents itself as the various forms and methods of social service, obedience, and guidance; behavioral and social models of confessional (or, in the theological understanding, church) social-state, social-private, and state-private partnerships, which ensure the building of the church and spiritual creation (e.g., various forms of religious

children's, adolescents', youth, and women's associations, sisterhoods of charity, volunteer movements, Sunday schools, religious societies of doctors and educators, social workers, teachers, patrons, benefactors, etc.).

Of the enormous variety in confessional forms of social service, I would like to discuss a few relevant examples. The basic principles of Orthodox counseling, which can very well be translated to any forms and methods of spiritually-integrated therapy, are the provisions that have been established in the St. John of Kronstadt Pastoral Center, The tenets include: 1) the confession of the Orthodox faith and the introduction of its spiritual truth and purity into medicine, psychology, and psychotherapy; 2) the basis of spiritual counseling in the religious-philosophical and psychological, paternal, and patristic tradition 3) the rejection of occult and mystical techniques; and 4) pastoral care (e.g., pastoral sermons and meetings; group lessons for studying the Sacred Text; introduction to church life – the Holy Sacraments of Baptism, Communion, anointing of the sick; liturgical life, performing prayers, and pilgrimages to holy places) [5].

In the history of the Russian Orthodox Church, the beginning of the twentieth century brought remarkable sociogenetic models for combating the social epidemic of drunkenness [3]. Curbing the spread of this social ailment was achieved only through the multi-leveled macro (state), medial (province, city, town), familial (family), and micro social (personal) mobilization and interdepartmental synchronization of state, social, and spiritual affairs, which worked to raise the nation's moral potential. Indeed, the short periods of effective control of drunkenness occurred only when the state legislatively regulated the production and sale of alcohol. The Church, meanwhile, strengthened social morality and spiritual immunity, which is the only "multivalent vaccine" against any social ill. The police did not turn a blind eye to violations in the production and sale of alcohol either and, therefore, helped to put a stop to these violations. Additionally, the police consistently reacted to alcohol abuse in society. Schools systematically introduced anti-alcohol education, the medical system performed its duties in detoxifying the ill, social groups formed the Society for the Preservation of National Health, together forming a united front against social ills. Thus, although Russia and the Russian Orthodox Church have experience in dealing with these issues, these issues are currently addressed bureaucratically (by the All-Russian Society of Orthodox Doctors and the Association of the Sisterhoods of the Russian Orthodox Church) and, therefore, without the multi-layered and inter-departmental system that has brought success in the past.

The actions of the American Jewish community a half-century ago present another historical example of an effective anti-drug campaign. During an epidemiological study, researchers discovered that around twenty percent of San Francisco's recovered drug addicts were Jews, and the drug addiction rate among Jewish children was nearing that of traditionally susceptible ethnic communities [6]. The Jewish community experienced a shock, encountering the Jewish religion's high tolerance toward the use of psychoactive drugs and its defenselessness before the growing scale of drug dependence. Eventually, panic began to sweep the Jewish community as parents quite literallylost their heads," inducing a surge in the amount of media stories on the new suicidal genocide of the Jewish nation.

As a response, the American Jewish community, with the partnership of the Israeli government, developed a comprehensive program to systematically mobilize resources from state, private, and social-state partnerships. Heavily relying on the network of religious congregations, the main focus of these efforts was the early prevention of drug addiction among families. Synagogues organized centers for Jewish people who were addicted to drugs. In addition, the Foundation of Jewish Philanthropies in New York organized a special Committee for the Affairs of Children and the Family. At that time, it was already clear that the prevention of destructive addictions meant the strengthening of adaptive dependencies on religious and spiritual traditions, the moral potential of the family, and capitalization of the Jewish nation's future by nurturing and educating children. At this time, the Halakha, an Orthodox Jewish document that strictly forbids true Jews from using drugs, especially marijuana, was revisited. Because the Torah is the official source for the interpretation and installation of ethics of interpersonal communication in Judaism, its recommendations

cautioning Jews against the use of psychoactive drugs were systematized. It is crucial that these "spiritual vaccinations" were not only against the use of drugs. They also served to form mental and behavioral models for the trajectory of fate, oriented toward health, success, wealth, and well-being, depending on your personal, family, and moral Jewish typology.

The positive results of this campaign became clear over a period of ten years. They are summarized in the first Jewish monograph on the battle with addiction, which, in a multidisciplinary manner, describes the religious, ethnic, ethical, psychological, sociological, and medical aspects of drug addiction [7]. The book, which was written by Leo Landman, was a precursor to the synergetic methodology in addiction prevention [3] and was especially pertinent to parents whose children were susceptible to drugs.

The effect of this psychopreventative program was due largely to its complexity and systemized nature, as well as the subtle and harmonic configuration of mental and behavioral models that take into account a multi-level matrix projection of Jewish religious traditions in relation to socio-political social design, family customs, and personal priorities. Only with this multilayered approach of "action as implicit judgment" (Rubinstein) yields the result of "spiritual anti-drug immunization".

The efficacy of the use of religious resources and preventative-corrective, rehabilitative, and spiritually integrated protocols and psychiatric programs has still not been sufficiently studied, as we currently have little scientific and longitudinal follow-up data.

Faith without Religion as a New Mental Paradigm

In the United States, the result of a 2012 General Social Survey showed that almost 15 percent of the population can be categorized as nonreligious believers. These are people who do not identify with any particular religion or believe in the need for churches or clergy. Several worldwide studies of world religion prove that this new phenomenon, sometimes referred to as "faith without middlemen," is occuring on a large scale. The world has encountered a new reality.

In 2012 at an international conference organized by Gallup and the Pew Research Center, one of the largest sociological centers in the world, the new nonreligious were given the designation "nones." At the conference, this group was shown to comprise a significant part of the Earth's population (more than one billion people) (Table 1). This group, however, still retains its own religious views: 30 percent of French "nones" and 68 percent of American "nones" believe in God, 44 percent of Chinese "nones" worship at the graves of their ancestors, although they do not consider themselves to be traditional believers. In a survey of "nones," nine out of ten people said that they are not searching for a religion that fits their preferences. They are not searching for anything, as they have already found their personal "no", signifying their relationship and communion with God without the intermediaries of organized religion.

While some Gallup researchers attempt to explain this phenomenon with people's new attitude toward labels and a decrease in stigmatization against nonreligious people, others call attention to the fact that the number of surveyed "nones" have increased only among those with liberal views, while conservatives maintain their beliefs in traditional established religions. These researchers perceive this behavior as liberals' symbolic protest against religious conservatives.

Table 1. Countries With the Highest Number of Believers Without Religion*

Country	Believers (thousands)
China	700,680
Japan	72,120
United States	50,980
Vietnam	26,040
Russia	23,180
South Korea	22,350
Germany	20,350
France	17,580
North Korea	17,350
Brazil	15,410

** Data from [8].*

All researchers note that "nones" generally belong to the same generation (those born from 1966–1975), though their predecessors and de-

scendants exhibit a greater degree of religious certainty and traditionalism.

Rejection of traditional religious labels has not yet led to a greater degree of openness or cooperation. According to data from the Pew Research Center, "nones" exhibit a tendency toward total disunity. They are inclined to say "no" not only to religion, but to other people as well [8].

Chairman of the Synodal Department for Church Charity and Social Ministry of the Russian Orthodox Church and Chairman of the All-Russian Society of Orthodox Doctors, Bishop Panteleimon, associates "nones" with what he calls "poor faith", which reflects a global decline in ethics and the demoralization of consciousness, as well as a reduction in levels of culture and education.

In the spread of the subpopulation of "nones," one may observe the modern tendencies toward individualism and separatism, but the scope of this phenomenon requires that we pay careful attention to the possibility of a future crystallization of this new religious paradigm into a single virtual space, for "no" is the first sign of a creative nonconformist.

The famous Russian religious philosopher Nikolai Aleksandrovich Berdiaev wrote: "The official people of the Church, the professionals of religion, tell us that the matter of personal salvation is the only necessary thing, that working or creating for this purpose is unnecessary and even harmful... A simple woman tells us that her salvation will be better than a philosopher's, and that her salvation requires not knowledge, but culture and other such things. But one doubts that God requires only simple women, for this would exhaust God's plan for the world" [9]. The church accepts a person based on what he has *not* done (e.g., he has not killed, committed adultery, or not stolen, etc.) However, the church does not ask, and is not even interested in, what he has done (e.g., created, written, discovered, invented) to nurture his God-given talents). But it is these deeds for which we are directly accountable to God and this is the key to understanding so-called poor faith.

In 2012, Sreda, a non-profit sociological organization, conducted a large study for the project *Atlas of the Religions and Nationalities of Russia* [10], surveying 57 thousand people in almost all regions of the country. According to these data, 41 percent of the population considers itself part of the Russian Orthodox Church, down from almost 80 percent in a previous study. In second place, at 25 percent of respondents, were people who believe in God, but do not practice any particular religion. Add to this number another four percent for the ecumenists, or Christians who do not subscribe to any confession. These "poor believers", not totalitarian sects, represent traditional religion's largest competition in Russia at the current time. So-called "poor believers" are largely educated people: at 46 percent, the rate of nonconfessionals is especially high among students. It is these people who could tomorrow make a breakthrough in the development of civil society, demanding new acceptable levels of mental health and a shift from non-conformism to constructivism [11]. In further support of this point, about a quarter of representatives from various religions in Russia, as well as believers without religion, hope to become closer to God (Table 2). In essence, this is an indirect marker of both recognized and unrealized resources of religiosity and spirituality that are increasing the threshold for the occurrence of mental and social epidemics [2].

Table 2. Would you like to believe in God more than you do now?*

Religious Group	Those Who Answered Affirmatively, %
Atheists	4
Those who believe in God (or a Higher Power), but do not practice a concrete religion	26
Christians who do not consider themselves Orthodox, Catholic, or Protestant	23
Russian Orthodox, belonging to the Russian Orthodox Church	21
Russian Orthodox, Old Believer	34
Russian Orthodox, but is not an Old Believer and does not belong to the Russian Orthodox Church	26
Catholics	31
Protestants	28
Sunni Muslims	23
Shiite Muslims	21
Muslims, neither Sunni nor Shiite	14
Jews	0

* *Data from [10].*

H.M. van Praag has noted the progressive loss of prestige of the church and other ecclesiastical institutions in the midst of increased religiousness, as a standard component of human personality [12]. The author is inclined to regard religiousness as biologically fixed and genetically determined, as evidenced by a recorded change in neural activity in the brain depending on the intensity and depth of religious experience [13, 14]. Neurobiological processes, however, only mediate religiousness, the psychological nature of which is filled with a multi-functional image of God as:

1) A symbol of unlimited creative potential and absolute morality;

2) An idealized form of fatherly and motherly qualities accumulated during God's creation;

3) A symbol of unity with a person's conscience, cleansing of sin and vice;

4) The finding of meaning and purpose.

The image of God is the most important instrument of personal support, which does not necessarily require the church. Religiousness is an attribute of the human mind. Religion is the mind's product, institutionalized within the church [12, 15].

If the traditional format of spiritual rehabilitative programs demands a tandem of priest and psychiatrist, then new realities will require that the professional community of psychologists and psychiatrists have a deeper spiritual and moral – as well as religious and cultural – training. Of course, a psychiatrist will never become a confessor in character, style, or mandate. Total stigmatization will largely prevent this, but within the confines of the biopsychosocial spiritual methodology of psychiatry, religious resources are becoming an integral element of spiritual therapy.

Animogenesis as a Pattern of Mentally and Spiritually-Integrated Psychological Correction and Psychotherapy

The Latin *anima* (soul), and *animus* (spirit), ideas expressed in the ancient Greek cultural phenomenon of the spiritual, developed with the stages of accepted thought about spirituality. If the anima (soul) is inseparable from its bodily vehicle, then the animus (spirit) has the status of autonomy.

Animogenesis is the ontogenetic moral and spiritual development of the individual that structures mental health and serves as the central part of the four-dimensional biopsychosocial spiritual model of psychiatry, allowing us both to evaluate and predict the trajectory of fractal conditions and diseases of the "synergetic person" and also to systematically build a multidisciplinary preventative and corrective (mental preventative) and rehabilitative (clinical psychiatry) treatment protocol [1, 12].

In Orthodox asceticism, the understanding of mental illness is actually much broader than in psychiatry. Asceticism's understanding focuses not only on clearly pronounced psychopathology, accentuation of character, borderline conditions, and various forms of personality disorder, but also the "immoral state of a person's mind and heart, a willful inability to be in a pleasant state" [16].

According to Metropolitan Anthonij Surojskij, it is important to distinguish between the spiritual and the mental: "Mentality and spirituality are often confused. If you ask people about their spiritual lives, they often answer by describing their mental state, as if spiritual life can be expressed through physical and psychological manifestations. If we turn to the Holy Scriptures, however, we see that, since the beginning of human history, there have been two clearly defined areas: the spirit and the flesh. And between them is the human mind and the human spirit, reminiscent of the strange twilight between darkness and light.

"The human mind is the area of imagination, fantasy, and false interpretations. It requires that God cleanses it, enlightens it, fills it with the image of Himself. Our task is to open ourselves up to Him through our own sobriety, through a relentless struggle with imagination. And yet, we can know neither God, grace, nor many relationships, except for on this level" [17].

There is a commandment in the Old Testament regarding relationships with one's doctor: "Honor the physician for the need thou hast of him: for the most High hath created him... The most High hath created medicines out of the earth, and a wise man will not abhor them... My son, in thy sickness neglect not yourself, but pray to the Lord, and he shall heal thee. Turn away from sin and order thy hands aright, and cleanse thy heart from all offence... Give place to the physician. For the Lord created him... He that sinneth in the sight of his Maker, shall fall into the hands of the physician" (Sirach, 40, 1–15).

Psychologsist T.A. Florenskaia notes, "The history of science in Russia demonstrates that a spiritless psychology ends up soulless as well. It is science without a soul. After becoming an official discipline of natural science, psychology categorized the soul into pieces, killing it. Just as a soul torn from spirituality loses itself, so psychology without a spirit loses its original calling. Psychology is beginning to intensely incorporate the global and domestic heritage of religious philosophy, the experiences of the confessors of the faith, and the devotees of the spirit. It is beginning to expand its experience working with a person's subjective world, his consciousness, and, most importantly, it is building a new view, a new perception of the human reality in its subjective view. The appearance of the second tier of psychological objectivity, spirituality, opens up to psychology the prospect of becoming a true leader, and in many respects, a sort of legislator in the system of human sciences" [18].

Moreover, the classics from various schools of psychotherapy demonstrate the importance of these spiritually-integrated approaches. Viktor Frankl, acclaimed Austrian psychiatrist and founder of logotherapy, believes: "The medical field is not attempting to replace that healing of the soul which only a priest can do. Then what is the relationship between psychotherapy and religion? In my opinion, the answer is quite clear: the goal of psychotherapy is to heal the soul, to make it healthy; the goal of religion is hardly different – to save the soul. But religion's wonderful side effect is psychohygienic. Religion gives a person a spiritual anchor with a sense of confidence that he cannot find anywhere else... It is impossible to reduce religion to a neurosis or a "collective unconsciousness." The spiritual dimension cannot be ignored, for it is exactly that which makes us human" [19]. Frankl reminded psychologists and psychiatrists that a final solution to a person's problems is impossible without his understanding of his relationship with God. "It seems that a religious person is distinctive from a nonreligious person in that he views his existence not as a task or problem but as a mission. This means that the religious person knows the Identity of He, from Whom the Task originates, he knows the Source of his mission. For thousands of years, this source was called God" [19].

James Bugental, President of the Association of Humanistic Psychology and Professor at Sabre University, shares Frankl's opinion. In "The Science of Being Alive", Bugental writes of the opportunities opened by the process of getting to know oneself and working to clear the way to the spiritual plane of human existence: "We are all looking for God. All of us. Atheists and agnostics no less than believers. We can avoid this search no more than we can stop the stream of our consciousness. Our thoughts are bound to compare that which is with that which we want, and quickly we begin to imagine ourselves as we might be, and so to embark on our search for God. I believe that the search for God coincides with a person's deepest personal aspirations" [20].

Renowned psychologist and psychiatrist Rollo May, a proponent of existential humanistic psychology, believed that, before beginning work with a patient, a psychiatrist should compose for his reference a portrait of this individual consisting of four components: freedom, individuality, social integration, and depth of religiousness. "A person's spirituality is a sign of greater possibilities. Spirituality is an occasion for celebration, for it is as if God's spark disturbed the darkness inside our earthly shell... The personality portrait will be incomplete without taking into account the person's inner spiritual intensity. Those systems of psychotherapy that diverge from purely natural principles are doomed to failure. We can therefore conclude that a healthy individual must creatively adapt to the understanding of the ultimate, and that the key to health is a conscious sense of spirituality. The task of the consultant is to teach the client to adequately cope with and accept the spiritual tension that is inherent in human nature" [21].

Robert Dilts, one of the leading specialists in the field of neurolinguistic programming (NLP), believes, "It is in no way possible to answer questions concerning a person's mission in this world without touching on the theme of God" [22]. Psychiatrists in this field use a table of logical levels to help their clients work through problems. Working in this way helps a patient to achieve a greater understanding of himself and his place in the world.

Psychiatrists who use NLP as their main methodology believe that, in order to rid a client of painful psychological symptoms, the person

eventually has to face the questions of his awareness of his place in the world, the meaning of his mission in life, and his relationship with God. It is therefore possible to say that the assertion that psychology, psychotherapy, and psychiatry can be atheistic is a myth, disproved by time and by specialists themselves.

Regarding spirituality, it is important to remember that one is responsible for oneself and one's own life. It is spirituality that is an especially significant area for people who take responsibility for their own lives. Christian anthropology regards the personality to be a unity of spiritual, mental, and physical qualities. And this unity can only be achieved when spirituality is the person's prevailing influence. According to St. Theophan the Recluse, a person's awe, fear of God, conscience, and search for God compose his spiritual realm [23]. "Spirituality is, first and foremost, a person's ability to distinguish between the highest values: good and evil, truth and falsehood, beauty and ugliness. Once a choice is made, the spirit seeks to subordinate the body and soul to its decision. Through his spirit a man communicates with God. Without communicating with God, a person's spirit is unable to find real criteria by which to distinguish between these highest values, for only God, who Himself is absolute glory, truth, and beauty, can point man to the right decision"[1].

From Spiritually-Integrated to Biopsychosocial Spiritual Psychiatry

The interaction between religion and psychiatry has a long history, full of vivid examples of complementary co-existence and unity in social service and charitable missions. In his book *Spirit, Soul and Body,* St. Luke, Bishop of Simferopol and the Crimea, quotes his distinguished contemporaries [24]. For example, I.P. Merzheevsky, one of the founders of Russian psychiatry and professor at St. Petersburg Medical-Surgical Academy, wrote: "The ideal notion of happiness... is expressed in the belief that it is possible in another life, in the afterlife. This is the only hope for those who have suffered and been wronged at the hands of life, the refuge that religion offers, especially Christianity, from all the suffering and grief for which there is no medicine." Another founder of Russian psychiatry and Rector of Warsaw University, Professor Pavel Kovalevsky, is the only among prominent psychologists to have graduated from seminary. Kovalevsky, the author of the resonant *Psychiatric Etudes of History,* wrote: "Knowledge and Faith find themselves to be worthy allies, and give a person comfort and reconciliation".

European psychiatrists have come to similar conclusions. Professor Richard von Krafft-Ebing wrote, "Happy is he, who finds in religion a trusted anchor against the storms of life". In his book *The Medicine of the Soul,* the French psychiatrist Loran adds, "Communion of the Sacred Mysteries is a great remedy for body and soul. It is a great comfort for the afflicted and bereaved, it uplifts the spirit and fills the heart with joy and hope." Professor of Psychiatry L.A. Koch also writes, "Nothing is achieved without religion, that is, without a personal relationship with God. The highest forces lie in religion... forces for the prevention of many psychological illnesses".

A quote from the book *The Psychology of the Soul* by famous French psychiatrist Professor Fleury illustrates the principle of subsidiarity, formulated in 1927 by Niels Bohr: "Both religion and science have their own methods and their own sphere. They can exist fantastically together, both fulfilling their purposes" [25].

A message from Archdiocese Luke to the priests of the Simferopol Diocese articulates the formula of religion's integral mission: "Are there many among you priests who are comparable to a serious doctor? Do you know how much effort and attention kind and experienced doctors give to the sick?.. But the task of the doctor is only to cure illness, and our task is immeasurably more important. After all, God gave us the great work of healing souls, of ensuring their deliverance from eternal torment". St. Luke concludes his book *Science and Religion* with the words of Nikolai Ivanovich Pirogov: "With the belief that the main ideal of Christ's teachings, in all their inaccessibility, remain timeless and will forever influence our souls seeking peace through an inner connection with the Divine, we cannot for a moment doubt that this teaching is destined to be an inextinguishable beacon on the twisting path of our progress" [26].

The period of difficult trials for the Orthodox faith that ended a quarter century ago has left terrible wounds and deep scars in Russia's public

[1] Orthodox Catechism, 2000.

consciousness and mental health. This period, however, clearly demonstrated how the light of God's beacon is inextinguishable.

The tension and mistrust between psychiatry and religion in the twentieth century were often the result of notions of the incompatibility of faith-based and science-based world views [27], psychiatrists' significantly lower degree of religiousness compared to the population as a whole [28], the professional psychiatrist society's underestimation of the role of religion in the healing and rehabilitation of patients [29], and the shortcomings of medical, psychological, and social education in regard to the mobilization of religious resources of mental health and the treatment of mental illnesses [3, 25, 30].

This situation began to change at the turn of the twenty-first century, as evidenced by the increase in the number of studies on spiritually integrated rehabilitative and preventative-corrective programs. Many studies support religion as the first and most available resource to which patients and clients turn. According to combined estimates, 50–90 percent of patients experienced a decrease in the severity of their symptoms when referring to religion, including a reduction in pain, a decrease in anxiety and stress, a reduction in anosognosia and earlier recognition of the problem, and improvements in coping strategies and compliance, self-regulation and social adaptation, finding life's meaning, peace of mind, self-esteem and self-confidence, acceptance and compassion, hope and love [29, 31–38]. It is safe to say that religion is civilization's oldest and most universal protective-compensatory resource, fulfilling a person's most varied requirements, and structuring his mentality and identity.

The effectiveness of spiritually integrated treatment was convincingly demonstrated in several varied groups of patients and clients: those with anxiety disorders and depression [39], schizophrenia [40], eating disorders [41], subclinical anxiety [42] and addiction disorders [3, 43], combatants [44] and women who had been subjected to sexual violence and were suffering from Post Traumatic Stress Disorder [45], and others.

In the fields of psychology, psychotherapy, psychiatry, and addiction studies, the religious resource of mental health fulfills several functions:

1) adaptation to problems or illnesses;

2) a source of sense and catharsis;

3) the achievement of emotional comfort and reduction of anxiety;

4) a means of self-regulation and self-development;

5) improvement of quality of life;

6) adaptive socio- and professiogenesis [46].

The evaluation of a patient's level of spirituality and his religious beliefs are not only important, but necessary moral-spiritual and socio-psychological components of diagnosis and treatment in psychiatry.

Only psychiatry allows doctors to widely and effectively deploy bio-psycho-socio-spiritual mechanisms to mobilize the resources for mentally and spiritually integrated therapy. These mechanisms of adaptation and compensation, protection and coping, release and training, immuno-modulation and restitution, restoration and regeneration, remission and chronicity, are all implemented in various fractals of the development of conditions and diseases. All the aforementioned mechanisms are combined in sanogenetic therapy, the adaptive biopsychosocio spiritual management of consciousness, the result of which is the destabilization of a sustained pathological state and the activation of personal resources and the body's reserves, as well as structural and functional life support systems [1, 3].

The creation of the section of the World Psychiatric Association (WPA) on "Religion, Spirituality, and Psychiatry", as well as the WPA's publication of manuals, "Psychiatry and Religion: Beyond the Borders" (2010) and "Religion and Health" (2012), published by the *Psyche and Spirit* information bulletin, played a significant role in explaining the complex relationship between religion and mental illness.

Similarly, in 2000, the Northern State Medical University (NSMU) established the Mental Health Service as a synergetic bio-psycho-socio-spiritual φ-cluster, providing mental health support, treatment, and rehabilitative help for those with mental illnesses. The Institute of Mental Medicine, established in 2009, coordinates the activities of the Mental Health Service. In 2011, NSMU, together with the Arkhangelsk Diocese, organized the Community Mental Health Department, containing five branches (moral-spiritual education, Orthodox medicine, demographic politics, protection of mental health and opposi-

tion of social ills, and Orthodox psychology and psychotherapy). A scientific-methodical council and a board of trustees direct the Department's work. The Department was established after ten years of work at NSMU on primary Orthodox educational courses, the Sisters of Charity's training courses, the creation of the Arkhangelsk branch of the All-Russian society of Orthodox Doctors, annual St. John's Conferences and readings of the works of St. Luke Vojno-Yasenetskij, as well as many practical scientific forums. The department's performance was evaluated based on a systematic monitoring of mental health [2].

Regarding promising areas for future research on the relationship between religion, psychiatry, and mental epidemiology, we should highlight the need to expand the field of multicultural research to include ways to identify religious problems and resources in diagnostics and psychiatry, the importance of longitudinal studies of the complex interactions between psychopathology and religiousness, the adaptive forms of religious life of those suffering from mental illness, and the etiopathological differences between religious and nonreligious psychopathological disorders. Another promising area for future study is the development and introduction of new courses of study for psychiatrists, clinical psychologists, social workers, and specialists in bioethics that take into account the religious and cultural components of spiritually-oriented methodology. It is also important that we perform spiritually integrated studies in all areas of mental epidemiology and psychiatry, study the impact of religion's involvement in health, make a differential assessment of dramatic spiritual experiences and mental disorders, and research the epidemiological connection between religion and health. Additionally, further research should be conducted in the following areas: the operationalization and instrumentalization of determining spirituality and measuring religion in the context of multiconfessionalism, the trans- and cross-cultural measurement of the particularities of certain religions, the resilience of religiosity and spirituality in prediagnostic and diagnostic fractals of the psychopathological and epidemic process, the role of religion in the formation of individual, social, ethnic, and professional identity, the religious components of spiritual immunity and the threshold of mental epidemics, and the size and quality of the religious component in mental and spiritually-integrated healing and rehabilitative programs [3, 29, 47–51].

Nobel Laureate in Physics Albert Einstein wrote: "To know that in the world there are things that are not directly accessible to us, but that nevertheless exist, that are known to us and that hide within themselves a supreme wisdom and supreme beauty, to know and feel this is the source of true religiousness. In this sense, I, too, am a religious person" [26]. Another Nobel Laureate in Physics, Werner Heisenberg, more vividly and concisely formulated the same thought: "The first gulp from the glass of natural sciences will turn you into an atheist, but at the bottom of the glass God is waiting for you" [25].

Within the confines of this universal logical model, Samuel George Hansdak and Raja Paulraj have noted that while yesterday psychiatry and religion were accidental enemies, today they are forgotten friends [52]. It is worth adding that tomorrow they will become partners in the synergetic methodology of mental medicine, and will open the door to a new paradigm of spiritual medicine.

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