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THE GOLDEN THREAD OF FAITH: MENTAL ILLNESS AND THE SOUL

An Interview with Dr. Marina Busigina

In Ekaterinburg, Russia, *Road to Emmaus* was hosted by Dr. Marina Alexievna Busigina, an Orthodox psychiatrist and former staff physician for the Ekaterinburg Regional Mental Hospital, who spoke with us at length about her profession and her perception of mental illness and the soul.

RTE: Marina, how did you decide to become a psychiatrist?

MARINA: As a medical student I attended psychiatric lectures and became interested in the potential of the human mind, but my interest actually began in childhood. When I was young and heard people say, “He’s crazy, he’s stupid, he’s a loser,” I could see that the person called by those names began to behave in an inadequate way. He felt limited, that he really was as dull as other people thought. When a young person receives such negative suggestions at school or in the family, he often doesn’t have the strength of character to find out what he is capable of. He can’t tell himself that he is clever, that he has talents and can do something. It’s easier for him to think of himself as a fool.

This same pattern is repeated with mentally ill people. It is like Hans Christian Andersen’s wonderful fairy tale, *The Ugly Duckling*. A person can

be very talented and yet unable to fit into this barnyard of ours. He may even believe himself to be an “ugly duckling” when it simply isn’t true. In observing this, I became very interested in the power of positive suggestion in mental illness: how to show a person that he has a functioning intellect; that he has hidden abilities, talents, interests; and how to use them.

Society thinks that a normal man is one who can perform certain actions in the framework of society, but I was also interested in the potential of individuals. When we studied psychiatry, we saw clinically insane patients, and the possibility of working with them was thrilling to me. It impressed me so greatly that I chose it as my specialty.

RTE: So, your clinical experience began in medical school?

MARINA: Yes. In the fourth level of the medical institute I gave birth to my son, and as we needed more money, I went to work in the evenings as a nurse in the acute psychiatric ward of a mental hospital. I felt great com-



Marina Alexievna with son, Victor.

passion for my patients and I wanted to understand how they perceived their diseases. Although I was only a simple nurse, I began engaging each one in conversation, trying to help him remember his sane condition from before the disease, who he had been before he fell ill.

When I graduated from medical school, I was assigned to the regional mental hospital. My patients were men from 16 to 80 who were acutely ill with different pathologies. Some had been badly hurt by their environment, and others had difficult organic and endogenic illnesses, such as schizophrenia, where episodes occur at intervals. Others were sick from alcoholism and drug abuse. We had the whole range of acute mental illness.

RTE: Is there a predictable response when people are hospitalized?

MARINA: Yes. Usually, when someone first comes to a psychiatric hospital, he feels uncomfortable. The very fact of his being admitted is a shock. For a person with an acute psychosis, who is perhaps having hallucinations or delirium, it doesn’t matter where he is because he interprets everything around him in light of the imaginary situation in his mind. He can bring his

doctor, the clinic, and the other patients into his imaginary world, his delirious consciousness. Some ill patients may regress to an earlier level of their childhood when they were dependent on their mother, and with her help satisfied their desires; in this case the doctor may be given the role of mother. Also, those with psychological problems like severe neurosis or depression or with sensitive psyches, often become frightened around other psychiatric patients and look to the physician as a psychological defense. They immediately need to believe in their doctor, to be able to tell him of their deep feelings, emotions, and fears.

For an ill man, the doctor is a real connection between his inner condition and outer reality. A new patient often feels that no one can possibly understand him: he is convinced that his emotions, his nightmares, and the disasters he foresees are all quite real. The doctor must penetrate this inner world so that his patient is not alone with his nightmares, while he himself stands on sane and solid ground.

When a patient is taken to a hospital for the second or third time and sees a doctor he has become accustomed to, he is comforted by simply being in his presence. When I receive my former patients in the reception room and ask, “Are you anxious and afraid?” they often say: “Yes, I was anxious until I saw you.” They remember that they previously felt as bad as they do now, but that this was the person who helped them, and that he is present again.

Mental patients easily become attached to their psychiatrist, because he is often the only one who can walk with them through their nightmare. In psychiatry there is a condition called “The Albatross Syndrome,” when a patient literally follows his doctor from place to place. When I was transferred to another hospital, even though I had explained this change carefully to my patients, one of them found me somehow and said angrily: “How dare you leave me? Are you just a casual worker? I entrusted my soul to you, and what have you done?” These changes can be very difficult.

RTE: How does psychiatry differ from psychotherapy? Many of us aren’t clear on this.

MARINA: Psychiatry, unlike psychotherapy, doesn’t deal with psychological problems. It deals with disease and usually relieves symptoms by means of medication or electro-shock therapy. If a person is very ill he is often afraid of these methods, and it is important to have a familiar doctor with him during therapy. I did not do shock-therapy myself because I wasn’t trained in

the procedure, but I stood beside my patients while they underwent it and tried to reassure them. However, I am able to administer some drug therapies that help unblock the patient's cerebral cortex so that he can become uninhibited and freely express what is troubling him.

RTE: Do you agree with the need for such treatments? They have an ominous sound to laymen.

MARINA: Yes, I quite agree with them. Although it sounds so unpleasant to nonprofessional ears, I've seen very good results from both electro-shock therapy and psychiatric medications. A good prognosis is often obtained, and sometimes patients are relieved of their symptoms for several years. It is very important, though, for the patient to have a doctor he can trust when he feels vulnerable or out of control.

RTE: How do you calm a patient who is afraid?

MARINA: First of all, I tell him that this treatment isn't unique to him, it has been experienced by many people who came out of it safely. He needs to be patient for awhile and then he will begin to feel better. With specific drug therapies, the dosages are gradually increased until the brain begins to restructure itself into more normal patterns, and for this it is crucial that the patient trust his doctor. He needs to know that when he becomes vulnerable and unable to control his emotions, the doctor will not leave him, but will be by his side ready to help so that he will not come to any harm. Also, the side-effects of some psychiatric medications, such as feeling dull or unresponsive, will decrease as he recovers and the dosages can be adjusted.

In psychiatry and psychotherapy, the most important thing is the patient's trust in his doctor. Once you have established this, you have even very disturbed patients greeting you with phrases like, "I love you, I've been missing you." Then they will talk about their other feelings and problems.

RTE: I imagine you have had some real milestones in learning how to develop this trust.

MARINA: Yes. In fact, my very first patient had an acute form of schizophrenia with hallucinations and delirium, and refused to speak about himself. He just remained silent. I worked hard to bring him to the point of revealing his inner condition, but as he improved, his attitude gradually changed



Marina Busigina



Marina Alexievna with other staff doctors, 1980's.

to attachment. For five years he wrote me letters and sent me parcels telling me how much he loved me (this was not real love but a passionate delirium). His disease progressed until he finally became like a maniac, chasing me. I had to stop treating him and he was transferred to another department.

The physician in the new department once said to him as a joke, "I know that you are always writing letters to Marina Alexeyevna. I wish you would write me one as well." So, the patient wrote him a letter and the doctor read it, thinking, "Well, this is good, it's an improvement." Then he folded the letter and saw that the patient had written on the opposite side, all the way down the page, *Marinochka, Marinochka, Marinochka...*

Later, when I was on duty in the emergency room, this same man was brought in by ambulance. The attendants said, "He called the police and an ambulance to his house, saying that someone had been killed in the next room." When he saw me, he said, "I haven't seen you for ages, and I thought it was you who'd been killed." As the nurses took him to the observation ward he told me, "Now I feel quite calm, quite safe, because I see that you are alive."

RTE: Was he ever healed?

MARINA: He can never be healed in that sense. Schizophrenia is a progressive disease and it is reoccurring, so we can only treat the episode. We treat what is happening now, in the moment. A psychiatrist knows that no matter how long and how well he treats a schizophrenic patient, the disease will often continue to progress. There will be remission and then a new episode, which may be even worse than the previous one. Eventually, the patient may reach a state where his symptoms are chronic.

In psychiatry, different diseases are distinguished: organic problems, schizophrenia, epilepsy, traumas to the brain, manic-depression, psychosis.... The same disease can take different forms. In one person its effects are mild and it progresses slowly, in another it can be acute and sudden. It may stay at the level of a threat or slowly progress towards the disease itself.

With one acute form of schizophrenia, the patient's memory fails and his personality can change dramatically. Later, the personality, its nucleus, may even disintegrate and the patient can lose the sensation of nuances — joy, liveliness, creative activity. Even before I became a Christian, it was very interesting to me that a sick person, even if he is a complete mental wreck, still responds through his soul. He reacts to emotions, to attitudes, to love. If you love him, he will never feel aggressive towards you no matter how deeply or how far his schizophrenia has progressed. When you talk to him, not as to an outer shell of a disintegrated being, but as to a soul, he will almost always understand through his soul and experience emotions of love, warmth, and trust.

RTE: For laymen, a chance encounter with someone who is mentally ill can seem intimidating, as much from its unexpectedness as the person's abnormal behavior. One's first reaction is often a feeling of fear and a desire to escape. What practical responses can you suggest if we find ourselves in a situation with someone who is very ill?

MARINA: There is, of course, a difference between people who are mentally deficient or dysfunctional and those showing acute symptoms. People who suffer from some form of dysfunction, but not a maniacal disease, are harmless. One can see and feel this in their quiet, withdrawn, often untidy appearance. They may cause you discomfort, but they are not at all aggressive and are usually quite fearful themselves. For them, negative emotions

are usually expressed in tears rather than anger. They should be treated kindly. You can offer a small sweet, a kind word, a little money, simple assistance if they need it — charity in the Christian sense.

More obvious in public are acutely ill people whose behaviors become aggressive. They can be excited, talkative — but jumping rapidly from point to point, and emotionally unstable. If you encounter them it is better to step aside, realizing that they are having an acute flash of their illness and need the help of an expert. They may hear imperative voices, or speak excitedly and irrationally to themselves or to those around them. You should ignore what they say, and keep quiet yourself. It's quite effective in these situations to pray to God within yourself (not aloud). Then, these people will often calm down and go away on their own. Also, people in this state are almost always open to direct contact, and if they try to touch you or follow you, you can tell them clearly that you don't like this and that you want them to stop. They will almost always obey you.

Your task is just to endure their behavior until you part. Don't pour oil on the fire by interfering. It helps to understand that their aggression is just an indication that they feel bad, and that this is a defensive reaction. Where the mentally depressed person will weep, the maniac will shout, but it's the same expression of discomfort. Acutely ill people can make us afraid, not only because of spoken threats, but because of our human nature's subconscious fear of insanity. When we see our brother's insanity, we fear for ourselves. But we need to remember that mental illness does not appear without a cause. As with everything in life, we have to place our psychological health in the hands of God.

RTE: Thank you. You spoke just now of hearing imperative voices. I've heard some Christians, unfortunately, categorize this rather too quickly as evidence of demonic possession. Experienced spiritual fathers in Russia, on the other hand, often refuse to make a determination between possession and mental illness because they are aware that symptoms of acute illness can closely mimic popular conceptions of possession. Usually, when a person believes he is troubled by demons, they will refer him to an experienced hieromonk at St. Sergius-Holy Trinity Lavra, or the Kiev Caves Lavra, who can discern whether this is a spiritual problem or not. It frequently turns out to be a matter for a psychiatrist. Have you had any experience with this?

MARINA: I've worked with many patients who heard voices as an effect of psychoses and hallucination. Imperative voices that are a manifestation of



Marina Alexievna

an organic or endogenic disease can even command a person to do something, and he may follow it, but they are not demonic. We know this because a normal course of treatment can relieve him of these symptoms, which don't return after the treatment stops. These voices may manifest in his head, or outwardly as a man's or woman's voice, even without the patient's awareness, but even so, they are a part of his disease. I believe that there are true cases of possession, but I haven't encountered them.

RTE: How do you encourage a sense of self-dignity in mentally ill people who are conscious of their condition?

MARINA: I try not to let my patients feel that they are sick as personalities. No one identifies himself with his flu, his heart condition or his ulcer. He distinguishes between his personality on the one hand and his disease on the other, understanding that his disease is not himself. No one is ashamed of having a heart condition or any other somatic disease, but people are very ashamed to tell others they are mentally ill — although mental disorders are common because the brain is much more complicated than most internal organs. People with mental disorders are almost always ashamed of their disease and unfortunately, those who are mentally well tend to humiliate those who aren't.

Very often the mentally ill are a burden for the family, who will want to send them to a mental hospital. In Russia, no one can be admitted without their permission, unless they are a physical danger to themselves or others, and sometimes families will try to provoke aggressive action. In my practice there was one wife who laid out some knives on the table and then began to provoke her insane husband, telling him how much she loved another man and how she had brought that man home. Another patient told me that the neighbors in his block of flats laid the blame on him for any indecent episode. When a neighbor's dog went to the bathroom on the stairs they said: "Look, the crank ****." They didn't even say "the schizophrenic," but used a humiliating slang word. Mentally ill people are in a helpless position, they have no rights whatsoever. 'Normal' people even think it shameful to fall in love with someone who is mentally ill, although he might exceed them in ability and intellect.

RTE: What suggestions do you have for living with a family member who is mentally ill?



Marina with son, Victor, and daughter, Maria.

MARINA: First, he needs to be supported with therapy, medicine, visits to the doctor. A progressive disease requires immediate and regular medical treatment. Also, every person needs respect for his human dignity. As a rule, my male patients have quite faithful wives who take them to the hospital at the proper moment, give them their medicine, etc. These healthy women love their sick husbands and take care of them. Unfortunately, women schizophrenics have a different and much harder fate — their husbands usually leave them. Often, it is not the healthy society that needs to be protected from mentally ill people, but the ill who need to be protected from the sane, who try to take away their apartments, money, anything they have. Healthy people are often more cruel than the sick. I think that the humanity of any society can be measured by the attitude of its healthy members to those who are ill.

RTE: Besides giving medications and support, how can families participate in treatment?

MARINA: Work therapy helps very much, both in families and hospitals, but this cannot just be box-folding or other assembly-line work, as was formerly the practice. If a patient has been a professor or an artist, forcing him to make

boxes will only be an extra humiliation. Work therapy must take a person's abilities and intellect into consideration. Many of my patients are educated, they read quite a lot, write verse and prose, make inventions in different spheres. Yes, many of them are eccentric, but they aren't dangerous.

One of my patients wrote stories, which his parents then took away from him, tearing the papers to pieces. I asked his mother: "What are you leaving him with? Just the pills? What interest will he have in life? What will he live for? Let him write these stories." Having something to live for helps people with the most acute forms of disease to survive. Also, experience shows that even the most acutely ill schizophrenic, if he has love for his neighbor, can make progress. Actually, the more love he has, the better the prognosis. Often, it is not medical care that determines the prognosis in the end, but the patient's attitude towards others. If he is capable of sympathizing and helping someone else, he will have a better prognosis, even with the severest form of schizophrenia.

There have been many ill people in the history of psychiatry who became great. They did not stay on the level of their ailment but rose above it, and even became researchers of their own disease. They were able to give a full and sound account of the manifestation and influence of their pathology over their personality. An example of this is Kandinsky and his work on pseudo-hallucinations. A sane person cannot understand a pathology that he has not entered into. He can only study it from the outside, from the material that the ill man provides him with. Kandinsky observed himself: how he entered into the different phases of his illness and how he came out of them, and made a great contribution to our understanding.

RTE: Fascinating. Can you tell us which mental diseases are inherited or organic, and which come about environmentally, through upbringing, traumas, and attitudes?

MARINA: Mental diseases such as schizophrenia, epilepsy, and manic-depressive psychosis are inherited. They can't be caused by incidents. Neurotic diseases are caused by, or combined from, factors in the person's environment, upbringing, or education — these are functional diseases. Also, somatic pathology often causes mental and emotional disorder, or conversely, negative emotions and irrational ideas can cause somatic pathology, that is, become psychosomatic.



Dr. Marina Busigini, 1980's.

Most mental diseases have their origin in biological dysfunction, an abnormality in the body's physiological interchange. Mental diseases carry in themselves a distorted metabolism. Even with schizophrenia (which is not quite an organic disease, but endogenic), tests will reveal microscopic organic changes in the brain tissue. With neuroses there are no changes in brain tissue, these are functional disorders. A neurotic disease can be healed, but a person usually has to bear the cross of an organic disease all of his life.

Nevertheless, God has created this world and its ways and laws are in His hand. I believe that the sacraments of Confession, Holy Communion, and Unction, and daily prayer by and for the person, can lessen the effects and sometimes cure mental illness, even on the biological level. It can even bring about the recovery of brain structures. I've seen this myself.

RTE: How did you come to this kind of faith growing up in the Soviet period?

MARINA: I became Orthodox through my grandmother, Anastasia Nikolayevna, who died in 1984 at the age of 75, a deeply believing woman. As she lay dying, she became prophetic and was able to see things at a distance. She said: "I will pray for you all there," and kept repeating the words, "golden boy, golden boy," about my son who was then just three years old. When I knew she was going to die, I sent a telegram to my father, who lived a thousand kilometers away in Rostov-on-Don, asking him to come to us. He replied that he too was very ill and couldn't travel. Granny knew absolutely nothing of this, and in a state of half-delirium, with her eyes closed, she said to me: "Your father is sick, he's been to the hospital today." I was astonished. Later, when I went to see him, he told me that it was just as she had said. In her last days she also told me that my husband would stop drinking, which he did, and many things about people in different places that later proved true.

During her final hours it was difficult for her to breathe, but I knew she wanted to be alone, so I sat in the next room, just coming in to check on her. At one point, I felt a strong urge to be with her, but the neighbors said: "You needn't go to her, she's asleep." I went anyway and took her hand. At that very moment her pulse stopped beating, as if she had called me to see her off. She died on Pentecost.

RTE: And this was when you began seriously thinking about spiritual life?

MARINA: The subject of God was always present in our family. Before my grandmother died she blessed me to have the icons that her own mother had prayed in front of — St. Panteleimon and the Mother of God *Bogolyubskaya* [God-lover].

The following year I also lost my mother. I had never been inside a church, but I knew that a funeral service had to be sung. Earlier, we had always asked a *babushka* to go to church to order the service, but when mother died there was no one to ask and I had a strong feeling that I had to go myself, that this was the most important and urgent matter of all. So, I entered a church for the first time. But I didn't go again afterwards. I just did what was needed and went on living my own life.

Several years later a friend of my department chief's came to see him at work. This woman was a psychic of some kind and she began to tell the future, as if she was prophesying, saying that something bad awaited my daughter. I was frightened and immediately took my children to be baptized. We began attending church and received Holy Communion regularly. Later, we went to Diveyevo, three days and nights on the train to try to heal my son, whose knee was badly infected. The treatment the surgeons prescribed had not helped, but after we went to St. Seraphim's relics to pray and immersed ourselves in the holy spring, he recovered completely.

RTE: Wonderful. Did your experience of church life change the way you worked with your patients?

MARINA: It reinforced the feelings I'd always had for my patients. The improvements I tried to make were usually in little things. For example, one summer while going about my duties in the hospital I realized that the heat inside the wards was unbearable, it was almost impossible to breathe. I wanted my patients to have some relief, and as there was a pond on the territory of the hospital, I thought that perhaps I could take them swimming. Certainly, I was running a risk: they could have run away or drowned, and that would have been terrible. But there is almost always a risk in doing anything. You simply have to take the responsibility upon yourself and step out. Most of the staff didn't want new problems or troubles. They preferred to close their eyes and maintain the status quo and their peace of mind. They were hostile to my idea, but as I was deputy chief, I ordered it and they had to obey. They didn't think much of the plan or of me, but the swim was



Marina Alexievna with co-worker.

a great success. The patients enjoyed themselves very much. However, I left soon after and the experience was not repeated.

Although nowadays in Russia hospitalization is strictly voluntary and the patient himself must be willing to be cured before he is admitted, a mental hospital will always remain an institution, a closed place, even for patients who come there of their own will. But, of course, the atmosphere greatly depends on the doctors in charge.

Another thing I tried to do was to participate in my patients' lives in a real way. I also dealt with hypochondriacs, whose problem is that they are so concentrated on their health that it becomes the meaning of life. The proper treatment is to make them come out of the borders in which the disease has confined them, to enlarge their world-view and to help them see that there are many different activities such as running, swimming, painting, writing, and so on. I wanted them to realize that good health cannot be an aim in itself, but that you need it in order to work, to love, to create. When I suggested that one of my hypochondriac patients should do some jogging, he replied that he couldn't do it without me, so I began to run with him every day, to show him that life has many expressions. A person is master of his health and his illness; it is abnormal to let it master you. The disease belongs to you, you don't belong to the disease.

The hospital was also a great part of my own life. After my mother died, I had no one to leave my children with, and as our salaries were not high enough to allow me to pay for child-care, I had to take them with me to the hospital. My patients were always glad to see them. Children are spontaneous, lively, and pure, and they are a good contrast to the strict regime of the hospital. They were like a stream of fresh water, and they were grateful to the patients who played with them and amused them. The children's minds were not poisoned with the awareness of who was sane and who was ill — they didn't assess people by this criterion. Children only know "good people" and "bad people." They can tell the difference and this is what is really important to them.

RTE: You weren't afraid for your children?

MARINA: Never. I always loved my patients and they loved me, and I was grateful to them for looking after my children. My son, Victor, was eight at the time and Masha, my daughter, was three. This lasted for about a year, and they were at the hospital almost every day. Of course, they were not with

the acutely ill patients, but among those who walked in the corridors and did the everyday things that people do everywhere.

RTE: You seem to believe that love is as important as professional expertise in working with your patients.

MARINA: It can't just be expertise, and you can't use love as a technique. It must be sincere love. Love is felt by everyone, even by patients in the most acute, untreatable stages of mental illness. Even when there is almost no consciousness, a person knows on a deep level if he is accepted or not. In such a state, sick people are as sensitive as animals — they feel your attitude.

This isn't just situational relations, it's real love and real friendship, not just a "doctor-patient relationship." When my former patients meet me accidentally in the street, they greet me with great warmth and tell me their problems, believing that I can still help. Fortunately, many of them are also awakening to the need for spiritual life.

RTE: What effect has this had on them?

MARINA: After the churches in Russia reopened, many of my patients began going to services. We found that those who did so were being hospitalized less, and had more stable remissions of a better quality. Being close to holy things helped them and they received great benefit from Confession and Holy Communion. Now, there is even a church at the Ekaterinburg regional mental hospital dedicated to St. Panteleimon. The priest, Fr. Dimitry Baibakov, is also a psychiatrist. When I began working at the hospital they used to take everything away from a new patient, including his little cross, so as not to leave him any means of committing suicide with the chain (or so it was explained). Now, patients are better off, they can wear their crosses and have icons. Also, a person who is mentally ill feels better living in a Christian family. He goes to confession, he is more aware that he is ill, he sees his disease as a burden.

We want him to be aware of the burden of his disease because, once he is in satisfactory condition, he will be released from the hospital and must learn to monitor himself. Supporting therapy, visits, and medication are prescribed as necessary. Then, if an acute episode begins, the self-aware patient realizes, "I can no longer sleep at night, I'm depressed." He comes to the hospital and asks to be taken in for treatment. If he doesn't do this himself and

perhaps even stops taking his medicine, helpful relatives can add it to his tea or other food, which will help him become aware again that he is ill.

RTE: You said earlier that you believe that even acutely ill people, like schizophrenics, can improve if they receive the sacraments and pray, or if other people pray for them?

MARINA: Yes, I have had situations like this. Once, one of my former patients stopped taking his medicine, and left his family to live with another woman. His wife was upset because she knew that the young woman would just take his money and leave him. She knew her husband was sick and she was sorry for him, even though he had betrayed her. She came to me for help. The disease was in its acute stage, but the patient wasn't aware of his condition; he didn't understand what was happening to his psyche. So, at that critical period when he had lost his self-awareness, refused to take his medicine, and had left his family, the only thing I could do was to go to a monastery and order a *sorokoust*, forty-days of commemoration at liturgy, for "mentally ill Dimitry."

A few weeks later his wife called me, amazed and overwhelmed. At one particular moment after the prayers had begun, he had had a very distinct feeling that there was something wrong with him. He remembered that he had a family, and understood that, instead of living with them, he was at some other place with a woman who was, in reality, a stranger. He was shocked when he understood this. He couldn't sleep, he had headaches, and he kept asking himself the same questions: "Why am I here? What am I doing here?" Finally, he returned home, very grateful and loving to his family.

RTE: And you don't feel this wasn't just a natural reaction of the disease going through remission, but a result of the *sorokoust*?

MARINA : Yes. His wife, who had lived with his condition for many years, was greatly amazed. First, he had the little flickering idea that there was something wrong with him and his whole situation. This idea allowed all the further steps: being reunited with the family, getting treatment, etc. First came prayer, then God's help and his spiritual response. Only after that did everything go its usual way — medication, correcting chemical processes in his brain, etc.

RTE: You said earlier that the sacraments can help with the gravest forms of disease. Can you speak a little more about how Orthodoxy and psychiatry work together?

MARINA: Physical laws are subject to spiritual laws; physical and spiritual natures are interconnected. When you pray for a man he can become aware of his condition and give his consent to be treated. Because of the natural hierarchy of the body's submission to the soul, the soul has to come to certain realizations for the body to be successfully treated. Alcoholics, drug addicts, and patients with psychological problems that are not bound to organic or endogenic disease receive much help through conversations about the meaning of life, man's place in this creation, and God. They can distance themselves from their disease, and begin to work with it.

I frequently meet some of my former patients at church. Many of them (sometimes even those with organic diseases) no longer need to be hospitalized, and require less, or even no medication. They pray very much, attend church services and visit holy places. Their disease is still with them, their psyches remain altered, and though one can see they aren't normal, they are no longer dangerous to themselves or other people and don't need to be hospitalized.

One of my patients, when leaving church, says goodbye to the icons as we say goodbye to our friends. The saints are real people for him. For us, St. Nicholas the Wonderworker is part of history and belongs to the heavenly realm, but for my patient, the saint is a living person, a neighbor. Leaving the church he says: "Good luck, Nicholas, I wish you all the best, see you next time." I speak in such a way to other people, but he speaks so to the icons, smiling and bowing to each one.

RTE: Do you think that this simply his imagination, or has his illness somehow pierced a natural barrier to the other world?

MARINA: This isn't an hallucination. For him the two realities are equal, but he has no control or check over his perceptions. Nevertheless, ill people do sometimes have hallucinations: some of them see angels, others see demons. Clinically, it is always considered an hallucination or delirium, but I don't know if sometimes it might be a higher sensitivity that allows them to discern things beyond the average threshold of perception. I think that perhaps they perceive something that really exists, but they interpret the spiritual reality through the framework of their disease. It's not a simple objective experience.

RTE: In the West, it is increasingly frowned upon to talk about God in the workplace. Can you do this as a psychiatrist in Russia?

MARINA: Yes, times have changed and one can do it easily. There are always people who, when you begin to talk to them about God, say: "If I ever need to talk about God, I will go to a priest. I have come to you as a doctor." Then, I don't speak to them about spiritual life, but in every case, I attempt to.

After many years at the hospital, I left to work in a large bank as the resident psychologist. I am still there, and as I counsel people I pray mentally. Some people complain that they feel bad because of my "negative influence." They develop a headache or believe that I have affected them in an unconstructive way. Others become quite calm and decide to undergo treatment to quit smoking or drinking or whatever their problem requires. When people are very distressed, I sometimes read the prayer, "Let God arise..." aloud for them. A priest once asked me: "What right have you to read 'Let God arise...'?", but my spiritual father says that only demons forbid one to pray. So I pray. ✚