Durham University

Durham E-Theses

Participating in God: A Pilot Study of a Novel Intervention for Depression Based on the Spirituality of Evagrius Ponticus

JIH LIRNG JANG

How to cite:

JANG, JIH LIRNG (2018) Participating in God: A Pilot Study of a Novel Intervention for Depression Based on the Spirituality of Evagrius Ponticus. Doctoral thesis, Durham University.

Use policy

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a https://etheses.durham.ac.uk/id/eprint/12937/ is made to the metadata record in Durham E-Theses
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the full Durham E-Theses policy for further details.

Academic Support Office, The Palatine Centre, Durham University, Stockton Road, Durham, DH1 3LE
e-mail: e-theses.admin@durham.ac.uk Tel: +44 0191 334 6107
https://etheses.durham.ac.uk

PARTICIPATING IN GOD:

A PILOT STUDY OF A NOVEL INTERVENTION FOR DEPRESSION BASED ON THE SPIRITUALITY OF EVAGRIUS PONTICUS

Dove Jih-Lirng Jang

Dissertation submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy (PhD)

Department of Theology & Religion
Durham University

2018

Table of Contents

Abstract vi

Abbreviations vii

Declaration ix

Statement of Copyright ix

Acknowledgements x

Chapter 1: Prologue 1

Chapter 2: Christian Prayer Intervention Needed 22

2.1 The limitations of medical treatments 25

2.1.1 Antidepressants 26

2.1.2 Psychotherapy and ECT for depression 33

2.2 The suitability of spiritual interventions 39

2.3 A new spiritual intervention needed 52

Chapter 3 Evagrian Prayer and the Health of Souls 58

3.1 The most suitable spiritual model of healing 58

3.2 Evagrius as spiritual father 65

3.2.1 His spiritual formation 69

3.2.2 The first stage of healing and transformation 76

3.2.3 The second stage of healing 79

3.2.4 The third stage of healing 81

3.2.5 The evidence of his transformation 86

3.3 Evagrius' prayer teachings 89

3.3.1 What is Evagrian prayer? 91

3.3.2 The essence of prayer 95

3.3.3 How to pray? 103

3.4 Conclusion 116

Chapter 4: Methodology—Developing the 3R Intervention 118

4.1 Designing a qualitative evaluation of a spiritual intervention 119

4.2 Translating Evagrian prayer into a contemporary intervention 121

4.2.1 The programme length and time arrangement 122

4.2.2 The selected themes based on the eight thoughts 123

4.2.3 The experiential exercises 126

4.2.4 The psalmody arrangement 131

4.3 Developing a manual for the 3R programme 133

4.3.1 The considerations in the formation of the manual 134

4.3.2 The process of developing the manual 138

4.4 Implementing the pilot study 141

4.4.1 The consideration of a control group design 141

4.4.2 The assessment and evaluation 142

4.4.3 The recruitment plan and the venue of delivery 147

4.4.4 Ethical Approval 148

Chapter 5. Discoveries in Delivering the 3R Programme:

Outcomes of a Pilot Study 150

5.1 Participants 150

5.1.1 Recruitment and Retainment 150

5.1.2 Background Characteristics 152

5.2 Interaction with exercises in each session 154

5.2.1 Session 1: Taste and See 155

5.2.2 Session 2: Embraced by God 157

5.2.3 Session 3: Security and Spiritual Wealth 162

5.2.4 Session 4: Transforming Sadness 169

5.2.5 Session 5: Calming your Anger 173

5.2.6 Session 6: Persevering in Despondency 181

5.2.7 Session 7: Celebrating God's Recognition 185

5.2.8 Session 8: Growing Humility 188

5.3 Chanting psalmody 192

5.3.1 Positive responses in class 193

5.3.2 Challenges encountered in class 199

5.3.3 Responses to home practice 208

5.3.4 More questions and comments 213

5.4 The caring exercise 215

5.5 The self-report and follow-up results 217

5.5.1 The self-report scores 217

5.5.2 Self-evaluation 220

5.5.3 Follow-up results 226

5.6 Conclusion 229

Chapter 6: Discussion I—the 3R Programme in Scientific and Theological Context .. 232

6.1 The changes the 3R programme effected in participants 232

6.1.1 The kinds of changes that the 3R brought about 232

6.1.2 The extent of the changes the 3R programme effected 237

6.1.3 Limitations of the pilot study 238

6.2 Comparison with other studies 244

6.2.1 Comparison with MBCT 248

6.2.2 Comparison with RCBT 261

6.2.3 Comparison with the study of Quantum Change 269

6.3 Conclusion 272

Chapter 7: Discussion II: Theological implications and reflections 273

7.1 The placebo effect or hope in God 273

7.2 Psalmody and prayer 277

7.2.1 Psalmody as spiritual therapy 280

7.2.2 Psalmody as spiritual weapon 288

7.2.3 Lament and prayer of tears 300

7.2.4 Encountering Christ 308

7.3 Suffering and fellowship with God 311

7.4 Conclusion 314

Epilogue 316

Appendix 1: The 3R Therapy Manual 323

Appendix 2: the initial interview questions 398

Appendix 3: Self-evaluation questions 399

Bibliography 400

Abstract

Participating in God: A Pilot Study of a Novel Intervention for Depression Based on the Spirituality of Evagrius Ponticus

Dove Jih-Lirng Jang

This thesis has three parts. The first is to investigate the spirituality of Evagrius Ponticus to see whether it is suitable for constructing a spiritual model to meet the challenge of depression. The second is to translate Evagrian teachings and practices of prayer into a novel, manual-based intervention to help people suffering from depression, which is designated as the 3R (reconnect, reorient, reintegrate) programme. The third is to report on the design and execution of a qualitative pilot study to test the feasibility and preliminary efficacy of this intervention. The results of the pilot study demonstrated improvements in symptom reduction and clinical benefits. The overall evidence suggests that the 3R intervention does hold therapeutic promise for alleviating depression. The 3R programme is believed to be the first manualised spiritual intervention for depression, and the first theologically-based Christian intervention.

Abbreviations

Works by Evagrius:

Ant. (*Talking back*)	*Antirrhêtikos against the Eight Thoughts*
33Ch.	*Thirty-Three Ordered Chapters*
Ef.	*Epistula fidei (Letter on Faith)*
Eight Thoughts	*On the Eight Thoughts*
Eulogios	*To Eulogios: On the Confession of Thoughts and Counsel in their Regard*
Exhortations	*Exhortations to Monks*
Foundations	*Foundations of the Monastic Life: A Presentation of the Practice of Stillness*
Gn.	*Gnostikos*
In Eccl	*Scholia in Ecclesiasten*
In Prov	*Scholia on Proverbs*
In Ps	*Scholia on Psalms*
KG	*Kephalaia Gnostika*
Lt.	*Letters*
LM	*Letter to Melania*
Maxims	*Maxims 1-3*
Monks	*To Monk in Monasteries*
Our Father	*Notes on the 'Our father'*
Praktikos	*The Monk: A Treatise on the Practical Life*
Prayer	*Chapters on Prayer*

Skem (Ref)	*Skemmata (Reflections)*
Thoughts	*On Thoughts*
Vices	*On the Vices opposed to the Virtue*
Virgin	*Exhortation to a Virgin*

Declaration

This thesis is the product of my own work and does not include work that has been presented in any form for a degree at this or any other university. All quotation from, and references to, the work of persons other than myself have been properly acknowledged throughout.

Statement of Copyright

The copyright of this thesis rests with the author. No quotation from it should be published in any format, including electronic, without the author's prior written consent. All information derived from this thesis should be acknowledged appropriately.

Acknowledgements

It has been an overwhelmingly lonely journey since embarking this research project. However, every day I counted the blessings I received from people surrounding me and from my homeland far away. My peers, David Merrill, Charidimos Koutris, Samuel Tedder, Siiri Toiviainen, James Lim and Justin Lee, have broadened my views and enriched my life. The occasional conversations with Dr. Krastu Banev, Prof. Simon Dein and Prof. Walter Moberly brought me great encouragement. I deeply appreciate the friendship and prayers from Dr. Jane Heath who led me to explore the ancient small chapel and the scenery route in Durham. I had been away from home and my church for three years. When I finished the clinical pilot study and returned home to complete data analysis and thesis writing, I was warmly received and generously supported by my family, close friends, brothers and sisters in the Lord. I shall always remember their grace towards me: Wen, Esther, Helen, Ying, Thomas, Daniel and Lewis for their various help and prayers; Sympascho and Frederick, for their assistance in proofreading. Victor, the one who wishes to hold my hand till we are old, has sacrificed the most but is determined to offer his love and service to carry me through all physical obstacles. However, first and foremost, I want to thank my supervisor, Professor Chris Cook. Without his support and guidance, this journey would not have been possible. He is the most gentle, humble yet knowledgeable and eloquent teacher that I have worked under. Since my research is in a multidisciplinary field, in the process of exploration, I was like an innocent sheep that needed shepherd's constant guidance. Otherwise, I could have easily gone astray in a wild open field and become lost. On one hand, I am deeply blessed by his generous vision which has allowed me to go to the open field in an

uncharted adventure; on the other hand, his incisive wisdom and critical comments are like a rod and staff that comfort me. Therefore, to Professor Cook, a trailblazer in the field of theology, spirituality and mental health, I dedicate this thesis.

Chapter 1: Prologue

> Dad, it's really obvious I'm not going to be healed of this mental illness. We've gone to the best doctors in the nation, I've taken the best medicine, got the best therapy, we've had prayer, lawyers, intercessors, everything you can imagine and nothing has worked. Why can't I just die and go to heaven?
>
> Matthew Warren[1]

Matthew Warren was diagnosed with clinical depression when he was only seven years old.[2] He had access to the best healthcare, but when every available treatment had failed to give relief, at age 17, he asked his dad[3] what the point was of suffering this mental illness— "Dad, I know I'm going to heaven. Why can't I just die and end this pain?"[4] With support from family and close friends in their church community, he courageously battled another ten years against relentless emotional pain and suicidal thoughts until "in a momentary wave of despair at his home, he took his life"[5] at age 27.

---

[1] This quote was taken from Rick Warren's recollection of Matthew Warren's dialogue with him when he was at age 17. In Justin Brierley, "Profile: Rick Warren," *Premier Christianity*, July 12th, 2014, https://www.premierchristianity.com/Past-Issues/2014/July-2014/Profile-Rick-Warren (accessed August 10th, 2017).

[2] This information was provided by Kay Warren. Meron Moges-Gerbi, "Mom Finds New Calling after Son's Suicide," *CNN*, May 13th, 2016, http://www.cnn.com/2016/05/13/health/iyw-kay-warren-mental-health/index.html (accessed August 10th, 2017).

[3] Rich Warren has been an influential church leader in the USA for more than 30 years. According to *Premier Christianity*, one of his works, *The Purpose Driven Life* has sold more than 30 million copies since its publication in 2002 and is the second most translated book in the world after the Bible. Thus, his global influence is writ large.

[4] This quote is taken from Rick Warren's prayer request email to his staff at Saddleback Church in California. Alan Duke, "Rick Warren's Son Lost in 'Wave of Despair'," *CNN*, April 8th, 2013, http://www.cnn.com/2013/04/07/us/matthew-warren-suicide/index.html (assessed April 8th, 2013).

[5] Ibid. This is Rick Warren's description of that final moment.

Five months after this tragedy, LifeWay Research conducted a telephone survey of 1,001 Americans and found that 35% of respondents agreed with the following statement: "With just Bible study and prayer, ALONE [*sic*], people with serious mental illness like depression, bipolar disorder, and schizophrenia could overcome mental illness."[6] The research divided respondents according to their religious beliefs and age. When responses were analysed according to religious beliefs 48 percent of evangelical, fundamentalist or born-again Christians agreed that prayer can overcome mental illness, but only 27 percent of other Americans agreed with that statement. In respect to age, the age group with the highest proportion of agreement was the 18-29 year old group, in which 50 percent agreed with the statement. Amanda Holpuch, writing for *The Guardian,* interpreted this as "Nearly half of evangelical Christians believe mental illness can be overcome by Bible study and prayer instead of medical intervention, according to a survey,"[7] while Ed Stetzer, president of LifeWay Research, viewed the result as a worrisome sign, indicating that "some Christians see mental illness as a character flaw rather than a medical condition."[8] Kate Shellnutt, an associate editor at

[6] Bob Smietana, "Half of Evangelicals Believe Prayer Can Heal Mental Illness," *LifeWay News*, September 17, 2013, http://blog.lifeway.com/newsroom/2013/09/17/half-of-evangelicals-believe-prayer-can-heal-mental-illness/ (accessed September 19th, 2013).

[7] Amanda Holpuch, "Evangelicals largely believe prayer can cure mental illness, survey finds," *The Guardian*, September 18, 2013, https://www.theguardian.com/world/2013/sep/18/evangelical-christians-prayer-mental-illness (accessed September 19th, 2013).

[8] http://blog.lifeway.com/newsroom/2013/09/17/half-of-evangelicals-believe-prayer-can-heal-mental-illness/

Christianity Today magazine, also commented on this result that "mental illness continues to be seen as a spiritual deficiency or character flaw by some Christians."[9]

These comments seem to place too much emphasis on the acceptance of a very particular statement that does not, in fact, refer to any mental illness as a spiritual deficiency or character flaw. Although the comments might be intended to raise awareness and thus to reduce stigma about mental illness and to encourage more Christians to embrace medical interventions, agreeing with the statement in the survey does not necessarily mean that the respondent is dismissing medical intervention. Moreover, the implication of the survey might be that 35% of respondents have much more confidence in healing mental illness by prayer and Bible study than medical intervention.

Indeed, another survey found that there was a small but consistent proportion of people in the USA use prayer as a coping mechanism when suffering from depression, even among those with health insurance.[10] The types and specific content of such prayers were not identified, however, and a closer assessment is needed of the

[9] Kate Shellnutt, "Rick Warren Tells Story of Son's Suicide on CNN," *Christianity Today*, September 18, 2013, http://www.christianitytoday.com/news/2013/september/rick-warren-tells-story-son-matthew-suicide-cnn.html (accessed September 19th, 2013).

[10] The study found that the proportion of people using prayer for depression was steady at 6.9 % across time, while the proportion of people using prayer as a protection mechanism for health concerns when they were not depressed increased from 40.2% in 2002 to 45.7% in 2007. The analysis was based on data collected from the National Health Interview Survey (NHIS) in 2002 and 2007, with a sample of 31,044 adult individuals in 2002 and 23,393 adults aged 18 or above in 2007. See: Amy B. Wachholtz and Usha Sambamthoori, "National Trends in Prayer Use as a Coping Mechanism for Depression: Changes from 2002 to 2007," *Journal of Religion and Health* 52, no. 4 (2013): 1356–68.

characteristics of the prayers being used to cope with individuals' depression to decide the effect of prayer.[11] There are also case reports from psychiatrists and therapists who have employed prayer methods and the Scripture as therapeutic techniques to help patients,[12] but only three empirical studies have been conducted focusing on prayer intervention in the context of depression.[13]

It is very likely that Matthew Warren had been involved in Bible study and prayer since he was a lifelong member of Saddleback church and had led people to Christ. It seemed clear that both the best interventions that healthcare could offer and the best prayer warriors and intercession that the Christian communities could provide were not enough. Even love was not enough, as his father maintained: "If love could have kept my child alive, he'd be alive today, because he was incredibly loved."[14] Indeed, the complexity of mental illness is beyond our understanding as we cannot fully fathom the complexity of the human mind. The story of Matthew's struggles with mental illness may be unique, but the despair he encountered was not a rare one. Annually, close to

[11] Wachholtz and Sambamthoori, "National Trends in Prayer Use," 1366.

[12] John Rossiter-Thornton, "Prayer in Psychotherapy," *Alternative Therapies in Health and Medicine* 6, no. 1 (2000): 128, 125–27; Mary Anne La Torre, "Prayer in Psychotherapy: An Important Consideration," *Perspectives in Psychiatric Care* 40, no. 1 (2004): 2–40; Siang-Yang Tan, "Use of Prayer and Scripture in Cognitive-Behavioral Therapy," *Journal of Psychology & Christianity* 26, no. 2 (2007): 101–11.

[13] Doris Rajagopal et al., "The Effectiveness of a Spiritually-Based Intervention to Alleviate Subsyndromal Anxiety and Minor Depression Among Older Adults," *Journal of Religion and Health* 41, no. 2 (2002): 153–166; Peter A. Boelens et al., "A Randomized Trial of the Effect of Prayer on Depression and Anxiety," *The International Journal of Psychiatry in Medicine* 39, no. 4 (2009): 377–92; Zoran Vujisic, "The Impact of Orthodox Christian Neptic-Psychotherapeutic Interventions on Self-Reported Depressive Symptomatology and Comorbid Anxiety" (Th.D. diss., University of South Africa, 2009), http://uir.unisa.ac.za/handle/10500/3192 (accessed March 09, 2014).

[14] https://www.theguardian.com/world/2013/sep/18/evangelical-christians-prayer-mental-illness

800,000 people commit suicide as a result of depression; globally, more than 300 million people of all ages are living with depression at any one time.[15] Facing such a grave challenge to human lives, a pastoral theologian like myself cannot help but reflect on the "spiritual importance" of the quest of personal mental health as "an aspect of authentic Christian existence."[16] Given that the best healthcare and prayer resources are not enough, this PhD project seeks to discover additional support that the Christian faith can provide to those struggling with mental illness.

The New Testament records abundant witnesses to Jesus' actions in healing the sick, casting out demons from the captive and forgiving sinners. Once, before healing a paralytic, Jesus pronounced God's forgiveness of his sins. In so far as sin is portrayed as a broken relationship with God, this particular healing case indicates the spiritual dimension of a physical illness.[17] On another occasion, when questioned about why he had shared a meal with tax collectors and sinners, Jesus explained that just as the sick need a doctor sinners need his company to aid their repentance, implying the restoration of their spiritual health.[18]

[15] This data is taken from the most recently updated factsheet posted in February 2017 by the World Health Organization. http://www.who.int/mediacentre/factsheets/fs369/en/ (accessed August 1st, 2017).

[16] Alister E. McGrath, "Christianity" in *Oxford Textbook of Spirituality in Healthcare*, ed. Mark Cobb, Christina M. Puchalski, and Bruce D. Rumbold, (New York ; Oxford: Oxford University Press, 2012), 25–30.

[17] Mark 2: 1-12.

[18] Luke 5:27-32.

The Gospels present Jesus' healing of both physical and spiritual illness as a manifestation that God's kingdom has come. Nevertheless, living between the first and second comings of Christ, all creation is still waiting for the final fulfilment of the kingdom of God when pain, sickness and sorrows will exist no more. In this period of "already and not-yet,"[19] does Jesus heal mental illness here and now?

As early as the second century Ignatius of Antioch employed a metaphor of Christ as physician. He wrote: "There is only one Physician, both carnal and spiritual, born and unborn, God become man, true life in death, sprung both from Mary and from God, first subject to suffering and then incapable of it—Jesus Christ our Lord."[20] Clement of Alexandria and Origen were also making use of the imagery of Jesus as "the sole sacred physician" of souls and bodies.[21] They analogized salvation of Christ with medical healing and charted Christian spiritual development with two stages, progressing from healing towards growth in spiritual knowledge. Clement views "the soul's illness" as the 'wounds' of the passions,[22] referring to the disordered human nature distorted by disoriented desires. Origen defines 'health' as the union with God, through which God is gradually restoring the health of the soul like a wise physician.[23]

---

[19] George Ladd, *A Theology of The New Testament,* rev. ed. (Grand Rapids: Eerdmans, 1993), 66-67, 409-10.

[20] Ignatius of Antioch, *Letter to the Ephesians* 7.2. in *The Epistles of St. Clement of Rome and St. Ignatius of Antioch*, trans. James Kleist, (Westminster, MD: Newman Bookshop, 1946), 63.

[21] Luke Dysinger, *Psalmody and Prayer in the Writings of Evagrius Ponticus*, (New York: Oxford University Press, 2005), 106.

[22] Clement first developed this 'wound' concept in his *Quis dives salvetur* 29.3, cited in Ibid., 106.

[23] Dysinger, *Psalmody and Prayer*, 108.

By the end of the fourth century this image of Christ the physician was well-established. Many patristic authors employ medical imagery to illustrate spiritual principles.[24] For example, Gregory of Nyssa in his fourth sermon of *The Lord's Prayer* introduces the subject of health spoken by a contemporary "medical expert," quoting that "the principal cause of a state of illness" is an imbalance, "the deviation from the right proportion of one of the [internal] elements," and "the cure of the cause of illness" is to restore the balance and "to weaken those elements in us which were particularly stirred up to disorder by the proper strengthening of the opposite element."[25] He then applies this insight to explicate the healing power of the Lord's Prayer to "the well-being of the soul" by re-establishing the balance by virtue through prayer.[26] He explains, "Therefore, the true Physician of the diseases of the soul, who shared the life of man for the sake of those who were sick, gradually weakens the cause of disease through the thoughts contained in the prayer and so restores us to spiritual health."[27] This understanding that praying godly thoughts which are formed by the words of God can revive spiritual health is shared by Evagrius Ponticus.

---

[24] Ibid., 104–23. Dysinger's discussion of "the physician of souls" includes authors like Clement of Alexandria, Origen, Eusebius of Caesarea, Athanasius, the Cappadocians and Evagrius Ponticus. In these writings, authors like Origen, Gregory Nazianzen, Gregory of Nyssa, Basil of Caesarea and Evagrius display a certain familiarity with Hippocratic medical theory and terminology, and show their respect to the art of medicine.

[25] Gregory of Nyssa, *The Lord's Prayer: The Beatitudes*, trans. Hilda C. Graef. Ancient Christian Writers, no. 18. New York: Paulist Press, 1954, 57.

[26] Ibid, 58.

[27] Ibid.

Like other church fathers, Evagrius frequently uses classical medical theory and imagery to discuss spiritual life. In *Thirty-Three Ordered Chapters*, he allegorises sixteen biblical ailments as passions of the rational soul.[28] These illnesses block the way of contemplation and make the pursuit of virtue difficult. He believes that as the Word of God, only Christ has the knowledge and skills to "lift up to health those who have been wounded" by passions.[29] Does the range of healing of the wounded soul expressed in these patristic writers encompass those whom we would now define as suffering from mental illness? How is one expected to approach this physician of souls?

Evagrius' anthropology may shed more light on whether the illnesses of "the soul" encompass the range of mental illness. First, following Genesis 1:26-27, Evagrius' image of man is created in the image of God.[30] This God's image is in the *nous*,[31] the personal core with the capability of participating in God.[32] Since God is incorporeal, Evagrius thinks that the *nous* must also be incorporeal and is thus "susceptible" to God,[33] capable of receiving "the knowledge of the Father" through the Son and the

[28] Evagrius, *33Ch*. in *Evagrius of Pontus: The Greek Ascetic Corpus*, trans. Robert Sinkewicz (Oxford: Oxford University Press, 2003). Most citations that I used from Evagrius Greek works are taken from Sinkewicz's translation, but sometimes I also used Dysinger's and A. M. Casiday's translation.

[29] Evagrius, *KG* 3.46, in *Evagrius's Kephalaia Gnostika: A New Translation of the Unreformed Text from the Syriac*, trans. Ilaria Ramelli, (Atlanta: SBL Press, 2015), 165-166; Evagrius, scholion 9 on Psalm 106: 20 (1), cited in Dysinger, *Psalmody and Prayer*, 115, note 53.

[30] *KG* VI.73; Gabriel Bunge, *Despondency: Dragon's Wine and Angel's Bread: The Teaching of Evagrius Ponticus on Anger and Meekness*. Crestwood, N.Y: St. Vladimir's Seminary Press, 2009, 13.

[31] *Thoughts* 19.

[32] *Prayer* 3, 35.

[33] *KG* III.32.

Spirit.[34] Thus, *nous* equates to the spirit of a person. Consequently, Evagrian usage of *nous* is rendered as "intellect," "spirit" and "mind" in various contemporary English translations.[35]

Still, these terms cannot fully convey Evagrius' notion of *nous*.[36] He uses metaphors to signify "the mind" as the right eye of the soul, and "the heart" (*kardia*) as the left eye of the soul.[37] He observes that while thoughts arise in the heart,[38] the mind also acquires thoughts from the physical senses.[39] Since the mind's function cannot be separated from the heart, Evagrius sees a union between the mind and the heart. This 4th-century notion of mind (the heart within the mind) comprises the source of thought and will, the seat of emotions and reasoning, as well as the perception of intelligible and transcendent realities.

[34] *LM* 16.

[35] For example, in Evagrius' *On Prayer*, *nous* is often translated as "the intellect" by G. E. C. Palmer, Philip Sherrard, and Kallistos Ware. While both Sinkewicz and Augustine Casiday render *nous* as "the mind," John Eudes Bamberger translates it as "the spirit." Nevertheless, Luke Dysinger uses the term *nous* untranslated most of times in his version of *On Prayer*, and only occasionally renders it as "the mind" in some chapters of *Skemmata*.

[36] For example, the English term "mind" can represent anything which occurs in our inner world, including senses relating to thoughts and memory, states of thoughts, feeling and mood, mental/psychic faculty for awareness, volition and judgement etc., which cannot specify what Evagrius means by *nous*. While the term "intellect" might often be used to denote the reasoning faculty of the mind or soul, or analytic intelligence, this can also be misleading. See Kallistos Ware, "Prayer in Evagrius of Pontus and the Macarian Homilies." In *Introduction to Christian Spirituality*, 14–30. London: SPCK, 1999, 16.

[37] *Thoughts* 42; *Ref* 24. Here, the heart does not refer to the pumping organ.

[38] *Eulogios* 13.12.

[39] *Ref* 19.

Second, Evagrius describes the functions of the soul by means of a tripartite model that follows Gregory of Nazianzus and Origen, with some modifications.[40] He differentiates the rational soul into three parts, each with a designated function. The rational power (*logistikon*) is linked to the part of the soul meant for contemplation, the concupiscible power (*epithymētikon*) is that part of the soul that desires virtue, while the irascible power (*thymikon*) is the part that battles for virtue.[41] When each faculty of the soul plays its natural role, prudence, understanding and wisdom arise in the rational part; chastity, love and abstinence arise in the desiring part; and courage and perseverance arise in the irascible part.[42] This healthy condition of the whole soul is achieved by overcoming the passions of each part through the body.[43]

When any part of the soul is driven by passions to counteract its natural function, psychological conflicts and division ensue. The concupiscible and irascible parts of soul are grouped together as the passionate or irrational element of the soul,[44] indicating their "greater vulnerability" to passions than the rational part.[45] The irrational part of the soul

[40] *Praktikos* 89; Michael O'Laughlin, "Elements of Fourth Century Origenism: the Anthropology of Evagrius Ponticus and Its Sources." In *Origen of Alexandria*, 357–373. Notre Dame, IN: Univ of Notre Dame Pr, 1988; Kevin Corrigan, *Evagrius and Gregory: Mind, Soul and Body in the 4th Century*, (Farnham, England: Ashgate Pub. Ltd, 2009), 43.

[41] *Praktikos* 86.

[42] *Praktikos* 89.

[43] *Monks* 21.

[44] *Praktikos* 84.

[45] Chris Cook, *The Philokalia and the Inner Life: On Passions and Prayer.* Cambridge: James Clarke, 2011, 15.

is what we have in common with animals,[46] which is sometimes called the "soul."[47] In his scholia on *Ecclesiastes*, Evagrius notes that the irascible power is "joined" to the heart and the concupiscible power to the body.[48] This implies that overcoming the passions requires cooperation of mind (heart), soul and body, since they are not viewed as "discrete entities" but as "a dynamic co-extensive continuum of different potential relations or configurations."[49]

Third, Evagrius thinks that a blessed and joyful life may only be obtained by unifying the body, the spirit (mind) and the soul as the *trinity* of a human being bonded by peace.[50] His notion of *the human trinity* imparts a complex but integral vision of mind/soul/body that maintains affinity to the Hebrew concept of the soul (*nephesh*), which refers to the whole living person, including body and spirit, as an indivisible being.[51] From this viewpoint, mental illness can be discussed under the illnesses of the soul, since the illnesses of "the soul" signifies disintegration and disharmony arising from the innermost self, and a disturbed or despaired mental state does not meet Evagrius' vision of a healthy functioning of human trinity.

---

[46] *KG* VI.85; *Ref* 40; *Thoughts* 18.

[47] In *Ps.*107:3.

[48] *In Eccl* 72.

[49] Corrigan, *Evagrius and Gregory*, 47.

[50] *Eulogios* 6.6.

[51] Walter Moberly, *Old Testament Theology: Reading the Hebrew Bible as Christian Scripture* (Grand Rapids, MI: Baker Academic, 2013), 21.

Four, to maintain the health of this human trinity, Evagrius emphasises the importance of practising spiritual prayer. He exhorts, "As bread is food for the body and virtue for the soul, so too is spiritual prayer food for the mind."[52] To pursue spiritual prayer is a lifelong challenging task, however. Since Evagrius considers prayer as having a "twofold" mode:[53] one is active, which involves combating evil thoughts and diminishing passions,[54] the other is contemplative, which comprises contemplation of both nature and the Trinity.[55] To pray, the soul must be first purified by virtues to stabilise the mind in "an unshakable position" which renders it able to "receive the desired state."[56] This state denotes freedom from passions so as to be able to engage in contemplation. Further, natural contemplation can "expand the heart" wherein the contemplation of the reasons of providence and judgement can "exalt it."[57] The summit of prayer, however, is theological contemplation—spiritual prayer, where one concentrates on participating in the communion with the triune God without interference from images and intellections relating to created beings.[58]

[52] *Prayer* 101.

[53] *Prayer* Prologue.

[54] *Eulogios* 15.15; *Praktikos* 87.

[55] *Prayer* Prologue.

[56] *Prayer* 2.

[57] *Monks* 135.

[58] Gabriel Bunge, "The 'Spiritual Prayer': On the Trinitarian Mysticism of Evagrius of Pontus," *Monastic Studies* 17 (1986): 191–208; *Lt.* 58*; Prayer* 36, 57.

Thoughts (*logismoi*) and passions (*pathe*) are closely related concepts. Sometimes, passions are synonymous with thoughts.[59] When warning of the destructive aspect of desire (*epithumia*) and irascibility (*thumos*), Evagrius describes them as passions, since "with these two passions are connected almost all the demonic [tempting-] thoughts that lead the *nous to disaster and destruction*."[60] Desire or irascibility turns into "passion" when inflamed to engage with a thought that has a demonic origin. Thus, "anger is a passion that arises very quickly" when the irascible part is "boiling over" with the thought of anger.[61] As Cook suggests, therefore, the relationship between thoughts and passions is rather complex and ambiguous since it involves both internal and external phenomena almost simultaneously.[62]

For example, on the one hand, Evagrius recognises that thoughts originate from angelic, human, or demonic sources.[63] From the demonic thoughts, he categorises eight tempting suggestions as the generic sources of passions which affect feelings, unbalance temperament and disturb inner harmony of human beings. On the other hand, he also writes clearly on how demonic thoughts introduce "concepts of sensory concerns" into the soul,[64] and that the mind is affected by these "incomplete images," such that if it

[59] *Eight Thoughts* 1.3, 2.12, 3.1; *Praktikos* 11.1, 23.4. Cook, *The Philokalia and the Inner Life*, 54.

[60] *Thoughts* 3.5;

[61] *Praktikos* 11.1, 23.4.

[62] Cook, *The Philokalia and the Inner Life*, 260, 55.

[63] For the implementation of the pilot study for the 3R intervention, the definition of the three types of thoughts and the detailed discussion on demonic thoughts can be found in the 3R Therapy Manual, 331-336, under the heading: "Examining Troublesome Thoughts."

[64] *Thoughts* 2.

does not actively battle against these mental representations, they will remain in the heart to stir up passions that will cloud the mind.[65]

If the above illustrates a psychological ambiguity in Evagrius' description of the origin of demonic thoughts and passions, it also shows that the interplay of demonic instigation, mental images (*noemata*), sensation, impassioned memory, ideas (*ennoia*) and will is complex.[66] While the demons launch the thoughts and incite the passions in a person, it is exactly these damaging pleasures that encourage the mind to engage in improper use of God's creatures through the human consent.[67] It appears that demonic thoughts support and encourage human weaknesses; they are mutually stimulating.[68]

Examination of thoughts is therefore the foundation of the pursuit of spiritual prayer for Evagrius. He emphasises "empirical observation," in a similar way to Galen (130-210 AD) the famous Greek physician and medical philosopher,[69] to note carefully the subtle phenomena of his own inner struggle. His observation of the spiritual conflicts happening within the depths of the soul provides a vivid account of the tempting

[65] *Thoughts* 25.

[66] *Thoughts* 1-4, 19; *Praktikos* 39, 42, 4, 38, 34, 37; *Ref* 59; Columbia Stewart, "Evagrius Ponticus and the 'Eight Generic *Logismoi*'," in *In the Garden of Evil: The Vices and Culture in the Middle Ages*. ed. Richard Newhauser, (Toronto: PIMS, 2005), 23.

[67] *Thoughts* 19.

[68] *Praktikos* 30.

[69] Dysinger, *Psalmody and Prayer*, 119; Galen, *On the Doctrines of Hippocrates and Plato*, trans. Phillip De Lacy. Berlin: Akademie-Verlag, 1978, 294-297, 312-13; Michel Barnes, "Galen and Antony: Anger and Disclosure," *Studia Patristica* 30 (1997), 136-143.

thoughts. One of his discussions of these "demonic thoughts" warns his readers of the importance of tracing the formation process and the interaction of these thoughts:

> If any monk wishes to experience of the savage demons and to become acquainted with their art, he should observe his [tempting] thoughts and note [down]
> their intensification
> and diminution,
> and their interconnectedness,
> and their timing,
> and which demons produce what,
> and which demon comes after another,
> and which does not follow after which;
> and he should seek from Christ the inner meanings [*logoi*] of these things
> They dislike those who approach the ascetic life with greater knowledge, for they wish to *shoot [arrows] in darkness at the upright of heart* (Ps 10:2).[70]

To understand one's inner struggle with thoughts and to nurture a pure mind and upright heart is the way to approach the physician of souls.

In the field of psychiatry, there has been an emerging affirmation of the positive clinical significance of religion and spirituality.[71] Clark Aist delineated this positive change from five underlying influences (culture, ritual, belief, neuro-spirituality, and recovery narratives) in the American Psychiatric Association's 2011 Oskar Pfister Lecture.[72] Two areas of his evidence are most relevant to my quest. First, empirical researchers have found that the function of belief is central to human personality.[73] Ana-

[70] *Praktikos* 50.

[71] Clark Aist, "The Recovery of Religious and Spiritual Significance in American Psychiatry," *Journal of Religion and Health* 51, no. 3 (2012): 615–29.

[72] Ibid.

[73] Ibid, 623.

Maria Rizzuto contends that "there is no psychic life without believing," and observes that at all stages of life "believing is linked to the satisfaction of needs".[74] She explains: for a person at any given stage, the way her needs evolve determines her optimum type of belief.[75] This implies that to meet the concrete needs for survival and contentment, a person must evaluate her approach to believing in, perceiving and interpreting realities in order to determine the optimum type of belief.

Second, research surveys have consistently found that 80 percent of psychiatric patients find that their faith has a "positive impact on their recovery."[76] In a national conference, when 500 mental health patients were asked "what is the most important support for your recovery and life in the community," their most frequent answer was "God."[77] This seems to indicate the patient preference for using religion and spirituality (RS) resources, especially their faith in God, to facilitate recovery. A patient-centred approach will allow those who are mentally ill not just to be treated for the symptoms of disorders but to be treated as a person with a history of entanglement in a complex physical-psycho-social-spiritual web.

---

[74] Ibid. These quotes are taken from Aist's summary of the paper of Ana-Maria Rizzuto, *Belief as Psychic Function. Oskar Pfister Lecture*. San Diego, CA: American Psychiatric Association, May 19, 1997. Unpublished manuscript.

[75] Ibid.

[76] Ibid, 626.

[77] Ibid.

Over the past 30 years, a growing body of medical research has examined the relationship between health, religion and spirituality.[78] Before the year 2000, over 700 studies had investigated this relationship, with nearly 500 of these studies showing "a significant positive association with better mental health, greater well-being, or lower substance abuse."[79] A systematic review of original research between 1990 and 2010 focused on the relationship between mental disorders and RS also found a positive association across all studies on dementia, suicide and stress-related disorders, as well as for 79 % of the studies on depression and 67% on substance abuse.[80] Although psychiatrists might frequently encounter patients with an unhealthy form of RS involvement that makes them resistant to make a necessary life change, the majority of these studies find religious involvement is related to better coping and better health (both physical and mental) across different ethnic backgrounds and different continents.[81]

In the research on depression and RS, 443 quantitative studies are identified and reviewed by the *Handbook of Religion and Health*, from both its first edition (covers

[78] Sasan Vasegh et al., "Religious and Spiritual Factors in Depression," *Depression Research and Treatment* 2012 (2012), 1-3; Harold Koenig, Dana King, and Verna Carson, *Handbook of Religion and Health*, 2nd ed. (Oxford: Oxford University Press, 2012); Harold Koenig, Michael McCullough, and David Larson, *Handbook of Religion and Health*, 1st ed. (New York: Oxford University Press, 2001).

[79] Harold Koenig, "Religion, Spirituality, and Medicine: Research Findings and Implications for Clinical Practice," *Southern Medical Journal* 97 no.12 (2004), 1195.

[80] Raphael Bonelli and Harold Koenig, "Mental Disorders, Religion and Spirituality 1990 to 2010: A Systematic Evidence-Based Review," *Journal of Religion and Health* 52, no. 2 (2013): 657–73.

[81] Harold Koenig, "Research on Religion, Spirituality, and Mental Health: A Review," *Canadian Journal of Psychiatry* 54, no. 5 (2009): 283–91.

years 1872-2000) and the second edition (covers years 2000-2010).[82] Among these, however, only a few are interventional studies,[83] and most of these religiously-integrated/spiritually-oriented interventions are modified from recognised psychological therapy, such as CBT. Thus, we have accumulated little knowledge on how to use RS resources to design effective concrete interventions with healthy forms of RS involvement. We also know little about the mechanism through which RS effects healing. Questions such as: "Does religion facilitate the resolution of depression if mobilized in response to it, and are certain types of religious behaviors or cognitions more effective?" still need answers.[84]

My aim is to explore this neglected field and, specifically, a prayer-based intervention for depression constructed through research into the spirituality of Evagrius Ponticus. Here, by spirituality, I mean spiritual theology and practices that enable a person who learns them to participate in the divine life and to experience transformation. To the best of my knowledge, this has not hitherto been attempted. Enlightened by the patristic conviction of Christ the physician, and informed by research in the field of psychiatry, I endeavour to develop a manualised theological intervention based on Evagrius' theory of spiritual progress and his model of well-being. I use Evagrius' analysis of tempting thoughts, and his practices in terms of overcoming these thoughts, to structure the 3R intervention. I propose the implementation of a pilot study which

[82] Koenig et al., *Handbook of Religion and Health*, 2nd ed. 172.

[83] Wachholtz and Sambamthoori, "National Trends in Prayer Use," 1357; Bonelli and Koenig, 670.

[84] Koenig et al., *Handbook of Religion and Health*, 171.

would simplify the ideas so that participants with depression would not be confused by the complex relationships between thoughts, passions and demonic influence. Hence it is crucial to write an accessible manual to deliver the intervention for the pilot study.

Thus, I conduct a pilot study and use primarily qualitative research methods to evaluate the feasibility of delivering it. I name this intervention the 3R meditative prayer programme. 3R stands for *Reconnect*, *Reorient* and *Reintegrate*, aiming to reconnect people with their true self, reorient their desires and reintegrate their mind-soul-body into a resilient whole.

This theological intervention is a spiritual intervention, not a psychological one, because it does not use any existing psychological theories as its therapeutic foundation or tools.[85] Although Evagrius' complex notion of *nous* involves the human psyche, and his spiritual schema tackles those cognitive and psychological conditions that block spiritual progress, there is a danger of anachronism in seeing his spiritual model and practices as a kind of psychological therapy. These difficulties of distinction, however, will be addressed in the discussion chapter.

I invited people with a history of depression to join this spiritually strengthening programme for their spiritual growth, hoping to facilitate their participation of the divine

[85] Alex Harris distinguishes two types of R/S intervention. The first type of intervention inserts R/S content into "existing psychological interventions" which are based on "secular theories." All kinds of R-CBT belong to this type. The second type of intervention "originated in religious traditions" which "are viewed to be therapeutically independent of secular psychological theories. The 3R belongs to this type. See Alex Harris et al., "Spiritually and Religiously Oriented Health Interventions," *Journal of Health Psychology* 4, no. 3 (1999): 415.

healing presence. To alleviate their pain and to guide them into the journey of healing is the basic goal of this intervention. In the ensuing dissertation, I will map out how I conceive this exploration and what have I achieved. This has involved seven stages.

1. In chapter two I argue that it is necessary to develop a spiritual intervention for depression due to the limitations of contemporary medical treatments and currently available spiritual interventions. I posit that Evagrian prayer can serve as a spiritual model for a healing journey.
2. In chapter three, I provide a description of Evagrian prayer as well as its underlying theology. I propose that Evagrian prayer is the most suitable model for spiritual intervention because its relationship with the health of souls.
3. In chapter four, I explain how I translated the principles of Evagrian prayer into the process and methods of the practical treatment programme I created. A detailed treatment manual can be found in Appendix 1.
4. In chapter five, I present the results of the pilot study. Using the discussions and reflections of participants arranged by each session and exercise, I attempt to present the vivid interactions between the participants and the programme as well as their progress throughout the programme.
5. In chapter six, I evaluate the outcomes of the pilot study and analyse its meanings and implications. I also compare the results of the pilot study with two manualised spiritually-oriented psychotherapy, Mindfulness-based Cognitive Therapy (MBCT) and Duke's Religiously-Integrated Cognitive Behavioral

Therapy (R-CBT), to illustrate the uniqueness and effectiveness of the Evagrian intervention.

6. In chapter seven, I provide additional theological reflections, particularly with respect to the therapeutic functions of psalmody.
7. In the epilogue, I discuss options for the further improvement and development of the intervention, especially its application to conditions other than depression. Finally, I reflect the journey of this exploration as a listener and companion to co-participate in the grace of God.

Throughout the stages of exploring a Christian remedy for mental illness, I found that healing the wounds and growing in virtue are inseparable in the journey of divine participation.

Chapter 2: Christian Prayer Intervention Needed

In contemporary life, depression has been recognised by WHO as a pervasive health problem—the leading cause of illness and disability worldwide,[1] with a high mortality rate of up to 9 percent from suicide alone.[2] Although depression is treatable, treatment-resistant depression is a common phenomenon.[3] Even among those who have responded to treatments and reached remission, the rate of recurrence is high, ranging from 40% to 85%.[4] When depression develops into a serious chronic illness with multiple relapses and consequent long-term medical treatment, it often suffocates the hope and courage of those who are suffering from it, resulting in psychosocial impairment and a diminished quality of life.[5] Since the existing medical treatments for depression cannot reliably curtail these devastating conditions, it is necessary to consider a new and different approach.

---

[1] http://www.who.int/mental_health/management/depression/en/ [last assessed February 2018]

[2] Harold G. Koenig, Dana E. King, and Verna Benner Carson, *Handbook of Religion and Health*, 2nd ed., 145.

[3] With the prevalence rate from average 21.7% in primary care across Canada to 33% in the large STAR*D trial in USA. See: Sakina Rizvi et al., "Treatment-Resistant Depression in Primary Care across Canada," *Canadian Journal of Psychiatry* 59, no. 7 (2014): 349–57; John Rush et al., "Acute and Longer-Term Outcomes in Depressed Outpatients Requiring One or Several Treatment Steps: A STAR*D Report," *The American Journal of Psychiatry* 163, no. 11 (2006): 1905–17.

[4] Shannon Hughes and David Cohen, "A Systematic Review of Long-Term Studies of Drug Treated and Non-Drug Treated Depression," *Journal of Affective Disorders* 118, no. 1 (2009): 9–18.

[5] John Swinton, "Living with Meaningless: The lived Experience of Spirituality in the Context of Depression," in *Spirituality and Mental Health Care: Rediscovering a "Forgotten" Dimension* (London: Kingsley, 2001), 93–136; Noel Kennedy et al., "Long-Term Social Functioning after Depression Treated by Psychiatrists: A Review," *Bipolar Disorders* 9, no. 1–2 (2007): 25–37; Daniel Taylor et al., "Which Depressive Symptoms Remain after Response to Cognitive Therapy of Depression and Predict Relapse and Recurrence?," *Journal of Affective Disorders* 123, no. 1–3 (2010): 181–87; Laurel Pellegrino et al., "Depression in Cognitive Impairment," *Current Psychiatry Reports* 15, no. 9 (2013): 1–8; Aleksandra Kupferberg, Lucy Bicks, and Gregor Hasler, "Social Functioning in Major Depressive Disorder," *Neuroscience & Biobehavioral Reviews* 69 (2016): 313–32.

The term depression used here refers to a "psychiatric disorder" which is generally conceptualised with nine criterion symptoms described in DSM-5.[6] However, there are 1030 unique symptom profiles that have been identified by researchers, meaning that the characterisation of Major Depressive Disorder (MDD) encompasses substantial heterogeneity.[7] Furthermore, the causes and nature of depression remain under debate, with scholars especially questioning the "chemical imbalance" explanation of depression and a "mythical account" of biology.[8] Although there are no

[6] American Psychiatric Association and DSM-5 Task Force, eds., *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed. (Washington, D.C: American Psychiatric Publishing, 2013), 160-171. Note 1: DSM symptoms were collected by clinical consensus rather than empirical evidence. Note 2: The UK National Institute for Health and Care Excellence (NICE) clinical guideline 90 (published in October 2009, last updated in April 2016) has adopted DSM-4 criteria rather than ICD-10, which was used in the previous guideline (NICE clinical guideline 23) because "DSM-4 is used in nearly all the evidence reviewed and it provides definitions for atypical symptoms and seasonal depression (p.6)." nice.org.uk/guidance/cg90

[7] Eiko Fried and Randolph Nesse, "Depression Is Not a Consistent Syndrome: An Investigation of Unique Symptom Patterns in the STAR*D Study," *Journal of Affective Disorders* 172 (2015): 96–102; Eiko Fried et al., "What Are 'good' Depression Symptoms? Comparing the Centrality of DSM and Non-DSM Symptoms of Depression in a Network Analysis," *Journal of Affective Disorders* 189 (2016): 314–20; Charles Olbert et al., "Treatment Outcome Variation between Depression Symptom Combinations in the STAR*D Study," *Journal of Affective Disorders 201* (2016): 1–7.

[8] E. Frank et al., "Conceptualization and Rationale for Consensus Definitions of Terms in Major Depressive Disorder - Remission, Recovery, Relapse, and Recurrence," *Archives of General Psychiatry* 48, no. 9 (1991): 851–55; Eero Castrén, "Is Mood Chemistry," *Nature Reviews Neuroscience* 6, no.3, (2005), 241-246; Allan Horwitz and Jerome Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder* (New York: Oxford University Press, 2007); Joanna Moncrieff, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment* (Basingstoke: Palgrave Macmillan, 2008); Giovanni Fava and Nicoletta Sonino, "The Biopsychosocial Model Thirty Years Later," *Psychotherapy and Psychosomatics* 77, no. 1 (2008): 1–2; Brett Deacon and Grayson Baird, "The Chemical Imbalance Explanation of Depression: Reducing Blame at What Cost," *Journal of Social and Clinical Psychology* 28, no.4 (2009), 415-435; Stephen Strakowski, Caleb Adler, and Melissa DelBello, "Is Depression Simply a Nonspecific Response to Brain Injury?," *Current Psychiatry Reports* 15 no.9 (2013), 386-94; Edward Shorter, *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown* (New York: Oxford University Press, 2013); Charlotte Blease, "The Duty to Be Well-Informed: The Case of Depression," *Journal of Medical Ethics* 40, no. 4 (2014): 225–29; David Healy, "Serotonin and Depression: the Marketing of a Myth," *BMJ* 350, (2015), h1771; Catherine Belzung, Paul Willner, and Pierre Philippot, "Depression: From Psychopathology to Pathophysiology," *Current Opinion in Neurobiology* 30 (2015): 24–30.

lack of theoretical constructs of its aetiology and of corresponding treatments, depression is on the rise with "an increase of more than 18% between 2005 and 2015."[9] Despite having been recognised and studied for centuries, depression remains "something of a mystery," and many gaps in our knowledge still remain.[10]

Three aspects of the treatment of depression will be addressed in the following to argue for the necessity for a theologically-based spiritual intervention, particularly a Christian therapy based on Evagrian prayer. The first identifies the limitations of available medical treatments. The second evaluates the suitability of available spiritual interventions. The third considers the needs for a new intervention and suggests Evagrian prayer as a suitable candidate for developing a spiritual intervention for depression.

[9] http://www.who.int/mental_health/management/depression/en/ [last assessed February 2018]

[10] Lauren Alloy et al., "Mood Disorders," in *Psychopathology: Foundations for a Contemporary Understanding*, ed. James Maddux and Barbara Winstead, 3rd ed. (New York: Routledge, 2012), 229. The authors state that as early as the fourth century BC, Hippocrates described both depression and mania in detail as clinical entities (p.196).

2.1 The limitations of medical treatments

Currently, medical practitioners follow a symptom-based disease-centred medical model for the management of depression.[11] In order to establish evidence-based interventions, this model relies primarily on assessing the efficacy of treatments by determining the statistical significance of the outcomes of interventions monitored through randomised controlled trials (RCT).[12] These medical treatments for depression can be divided into three forms, namely, medication, physical treatment and psychological treatment. Antidepressants and psychotherapy mainly serve as the first line treatment. Electroconvulsive therapy (ECT) is used for acute severe depression, while other physical treatments are used in some special cases, such as deep brain stimulation, which has been tested on a small number of patients with treatment-resistant depression, and repetitive transcranial magnetic stimulation (rTMS) for depressed patients who have not responded to antidepressant medication.[13]

[11] Tony Kendrick and Robert Peveler, "Guidelines for the Management of Depression: NICE Work?," *The British Journal of Psychiatry* 197, no. 5 (2010): 345; Horwitz and Wakefield, *The Loss of Sadness*, 214-215; Moncrieff, *The Myth of the Chemical Cure*, 1-13, 218-224.

[12] Kendrick and Peveler, "Guidelines for the Management of Depression," 345; Hugh Middleton et al., "NICE Guidelines for the Management of Depression," *BMJ* 330, no. 7486 (2005): 267; NICE cg90, Depression in Adults: Recognition and Management.

[13] E. Paykel and J. Scott, "Treatment of Mood Disorder," in *New Oxford Textbook of Psychiatry*, eds. Michael Gelder et al. 2nd ed. (Oxford: Oxford University Press, 2012), 669-679; Yinming Sun et al, "Deep Brain Stimulation Modulates Gamma Oscillations and Theta–Gamma Coupling in Treatment Resistant Depression," Brain Stimulation 8 (2015), 1033-1042; For rTMS, see the NICE interventional procedures guidance [IPG542], published in December 2015. nice.org.uk/guidance/ipg542

As noted briefly,[14] academics and clinicians have begun to doubt the ways in which psychiatry deals with depression. Some, such as Eiko Fried and Randolph Nesse, even claim that "available treatments are ineffective for many patients."[15] In the following sections, the limitations of three major treatments will be discussed to consider to what extent their claim may be true and an alternative spiritual intervention may be needed. A full discussion of the literature on treatment of depression is beyond the scope of this dissertation. The interpretation of research findings presented here reflects my own assessment of the best interpretation of the evidence at the present time, and reflects the views of many (but not all) experts in the field.

2.1.1 Antidepressants

Antidepressants have long been criticised, given that their development is based on the unproven hypothesis of monoamine deficiency.[16] Although they are claimed to be effective, many patients do not respond to any kind of antidepressants at all. The prevalence rates of treatment-resistant depression range from an average 21.7% in primary care across Canada to 33% in the combination of psychiatric and primary care in the USA.[17]

---

[14] In footnotes 6 & 7.

[15] Fried and Nesse, "Depression Is Not a Consistent Syndrome," 96.

[16] Pedro Delgado, "Depression: The Case for a Monoamine Deficiency," *The Journal of Clinical Psychiatry* 61, no. suppl 6 (2000): 7–11; Christopher France, Paul Lysaker, and Ryan Robinson, "The 'Chemical Imbalance' Explanation for Depression: Origins, Lay Endorsement, and Clinical Implications," *Professional Psychology: Research and Practice* 38, no. 4 (2007): 411–20.

[17] Sakina Rizvi et al., "Treatment-Resistant Depression in Primary Care across Canada," *Canadian Journal of Psychiatry* 59, no. 7 (2014): 349–57; John Rush et al., "Acute and Longer-Term

Moreover, the reported evidence-based efficacy may be spurious due to selective publication bias.[18] Among 74 FDA-registered studies for 12 antidepressants from 1987 to 2004, 22 studies having negative results were unpublished, while another 11 studies with questionable results were published conveying a positive outcome against the FDA conclusion. Thus, according to the FDA analysis, only 51% (38/74) of the studies were positive, but according to the published literature, the impression about these clinical trials was that 94% reported positive outcomes. In this section, I will discuss the effectiveness and the serious side-effects of antidepressants from recent "real world" trials.[19]

The first is the Sequenced Treatment Alternatives to Relieve Depression study (STAR*D), the largest prospective clinical trial of MDD involving 4,041 "real world" outpatients.[20] It sought to improve clinical outcomes for MDD patients seen in actual

---

Outcomes in Depressed Outpatients Requiring One or Several Treatment Steps: A STAR*D Report," *The American Journal of Psychiatry* 163, no. 11 (2006): 1905–17.

[18] Erick Turner et al., "Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy," *New England Journal of Medicine* 358, no. 3 (2008): 252–60; Irving Kirsch, *The Emperor's New Drugs: Exploding the Antidepressant Myth* (London: Bodley Head, 2009). Note: These 74 studies involve 12,564 patients.

[19] "Real world" outpatients in SATR*D are relatively more representative than most clinical trials which use strict exclusion criteria that do not recruit participants who have coexisting general medical or psychiatric disorders. STAR*D study entry criteria are broadly defined and inclusive, recruiting patients with MDD but without a primary diagnosis of bipolar disorder, obsessive-compulsive disorder, an eating disorder or a history of a seizure disorder.

[20] Bradley Gaynes et al. "What Did STAR*D Teach Us? Results from a Large-Scale, Practical, Clinical Trial for Patients with Depression." *Psychiatric Services* 60, no. 11 (2009): 1439–45; Bradley Gaynes et al., "The Aims and Design of the Sequenced Treatment Alternatives to Relieve Depression (STAR∗D) Study," *Psychiatry Weekly* 12 (2005), 36-41; Michael E. Thase et al., "Cognitive Therapy Versus Medication in Augmentation and Switch Strategies as Second-Step Treatments: A STAR*D Report," *The American Journal of Psychiatry* 164, no. 5 (2007): 739–52.

practice, and developed four levels of treatment/trial, aiming to evaluate and determine better treatment strategies for those who cannot tolerate an initial antidepressant treatment and do not reach remission. The treatment outcomes were as follows. After 12 weeks of level 1 treatment by Citalopram (a single selective serotonin reuptake inhibitor-SSRI) for all enrolled patients, only 27% of patients reached remission as measured by HAM-D (Hamilton Rating Scale for Depression).[21] In the level 2 trial, after consideration of patient preference, the unremitted patients were randomly assigned to either the switch strategy group (727) or augmentation strategy option (565), while each group had a subgroup with the choice of cognitive therapy (CT).[22] In the level 3 trial, 235 unremitted patients switched medications, and 142 patients received medication augmentation. In level 4 treatment, the switch strategy was used for 109 unremitted patients. The results are shown in Table 1.

Table 1: STAR*D treatment strategies and remission rates

Level 2 switch	sertraline (SER)	venlafaxine-XR (VEN)	bupropion-SR (BUP)	cognitive therapy
Remission rate	18%	25%	21%	25%
Level 2 augmentation	citalopram (CIT) + bupropion-SR	citalopram+ buspirone	citalopram+ CT	
Remission rate	30%	30%	23.1%	
Level 3 switch	mirtazapine	nortriptyline		

[21] Remission here is defined as occurring when the individual no longer meets syndromal criteria for the disorder and has no more than minimal symptoms as measured by the HAM-D. In total, only 2,876 patients with analysable data completed level 1 treatment, implying that data from 1165 individuals was either missing or unattainable due to withdrawal.

[22] Augmentation basically means that the antidepressant is used together with a non-antidepressant drug.

Remission rate	12%	20%
Level 3 augmentation	lithium augmentation + 4 subgroups: SER/BUP/VEN/CIT	T3 thyroid hormone augmentation + 4 subgroups SER/BUP/VEN/CIT
Remission rate	16%	25%
Level 4 switch	mirtazapine+ venlafaxine-XR	Monoamine oxidase inhibitor tranylcypromine
Remission rate	14%	7%

Over the course of 48 weeks of treatment, the study calculated that "the theoretical cumulative remission rate was 67%" for the four levels of treatment but it also observes that "those who had required more treatment levels had higher relapse rates" during a 12-month naturalistic follow-up phase. The study does not provide the data for these relapse rates but other studies that have investigated long-term outcomes of depression reveal similar results. In a review of 27 studies, Hardeveld et al. found high recurrence rates for MDD in specialised mental health care, specifically 42% after 1 year, 56% after 2 years, 60% after 5 years, 67% after 10 years and 85% after 15 years.[23] Jenny Yiend et al.'s research into primary care depression, meanwhile, found a 64% recurrence rate from a follow-up over 23 years.[24] Another naturalistic follow-up

[23] F. Hardeveld et al., "Prevalence and Predictors of Recurrence of Major Depressive Disorder in the Adult Population," *Acta Psychiatrica Scandinavica* 122, no. 3, (2010), 184-191; James H. Kocsis, "Recurrent Depression: Patient Characteristics, Clinical Course, and Current Recommendations for Management," *CNS Spectrums* 11, no. Supplement S15 (December 2006): 8, https://doi.org/10.1017/S1092852900015200.

[24] Jenny Yiend et al., "Long Term Outcome of Primary Care Depression," *Journal of Affective Disorders* 118, no. 1 (2009): 79–86.

study of depression in childhood by Kovacs et al. shows 72% episode recurrence within 3-5 years among those youths who had recovered from a first episode of MDD.[25]

These figures are alarming; the so-called evidence-based antidepressants seem not to cure many patiently adequately in the long term. Moreover, in the SATR*D study, its response rates were 47% as measured by QIDS-SR,[26] which did not meet the standard of 'clinical response.'[27] However, "most of the severely depressed patients who show a clinical response are still depressed at the end of the clinical trial."[28] Without qualitative data to evaluate these clinical responses, these response rates shed little light to their actual conditions.

Further, three particular points from the 12 clinical implications reported from the SATR*D study are worth mentioning here. First, remission rates in the 41 participating clinics were much lower than the reported remission rates of 35%-40% in other clinical efficacy trials of antidepressants. Second, "there is no clear medication 'winner'" for those patients who do not attain remission after one or more levels of "aggressive" dose of medications[29]. Third, it finds no association between either sociodemographic factors or the symptom patterns and the predicted differential

[25] Maria Kovacs, Scott Obrosky and Charles George, "The Course of Major Depressive Disorder from Childhood to Young Adulthood: Recovery and Recurrence in a Longitudinal Observational Study," *Journal of Affective Disorders* 203 (2016), 374-381.

[26] QIDS-SR: Quick Inventory of Depressive Symptomatology-Self Report.

[27] A so-called clinical response must have more than 50% reduction rates in depression scores after adequate treatment duration. See Rizvi et al., "Treatment-Resistant Depression," 355.

[28] Irving Kirsch, *The Emperor's New Drugs*, 58-59.

[29] Gaynes et al. "What Did STAR*D Teach Us?" 1443.

benefits. Thus, it suggests that the "common practice of selecting treatments based on symptom patterns has little empirical support."[30] Overall, these findings point to the fact that while various medications aim to reduce different symptoms via different proposed mechanisms, they produce similar effects regardless of symptom patterns. Whether this result means that none of the antidepressants has an intrinsic mechanism for curing depression is worth further investigation.

Many scholars have investigated the true drug effects of antidepressants. A patient-level meta-analysis done by Fournier et al. identifying six published randomised placebo-controlled trials, including two FDA-approved antidepressants for MDD, shows that, compared with a placebo, the drug effects of antidepressants were "nonexistent to negligible among depressed patients with mild, moderate, and even severe baseline symptoms."[31] The other examination done by Pigott et al. reviews four meta-analyses of FDA efficacy trials suggesting that "antidepressants are only marginally efficacious compared to placebos."[32]

[30] Ibid.

[31] Jay C. Fournier et al., "Antidepressant Drug Effects and Depression Severity: A Patient-Level Meta-Analysis," *Journal of the American Medical Association* 303, no. 1 (2010): 51. These two drug classes are the tricyclic antidepressant imipramine and the selective serotonin reuptake inhibitor (SSRI) paroxetine.

[32] Edmund Pigott et al, "Efficacy and Effectiveness of Antidepressants: Current Status of Research," *Psychotherapy and Psychosomatics* 79, no. 5 (2010): 267.

Nevertheless, it was suggested that antidepressants might show a larger effect for patients with very severe depressive symptoms.[33] In fact, a relatively comprehensive study identifying 47 clinical trials obtained from the FDA, including both unpublished and published data of antidepressants such as fluoxetine, venlafaxine, nefazodone, paroxetine, sertraline and citalopram, found that "efficacy reaches clinical significance only in trials involving the most extremely depressed patients, and that this pattern is due to a decrease in the response to placebo rather than an increase in the response to medication."[34] This clinical significance is shown by an average four point drug-placebo difference on Hamilton scales in these relatively small-scale studies.[35]

Even if antidepressants work by placebo effects, as long as it works, what are the issues here? Due to the space limitations of this thesis, I do not intend to cover all the side-effects, medications and social costs here, but one serious risk cannot be ignored—the hidden harm of antidepressants, such as the potential contribution of SSRI-induced suicides from the three major SSRI antidepressants.[36] Specifically, very recent analysis including 70 clinical trials with 18,526 patients has found that the use of SSRI and SNRI (serotonin and norepinephrine reuptake inhibitors) doubles both suicidality and

[33] Fournier et al., "Antidepressant Drug Effects and Depression Severity: A Patient-Level Meta-Analysis," 51. Fournier et al argued that antidepressant medication was superior to placebo for patients with the highest levels of baselines depression severity, but this conclusion was based on only six published studies.

[34] Irving Kirsch et al., "Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration," *PLoS Medicine* 5, no. 2 (2008): e45 (0265–66).

[35] Irving Kirsch, *The Emperor's New Drugs*, 31–33.

[36] David Healy and Graham Aldred, "Antidepressant Drug Use & the Risk of Suicide," *International Review of Psychiatry* 17, no. 3 (2009): 163–72.

aggression in children and adolescents.[37] Another cohort study from Sweden also shows a link between SSRI and violent crime convictions; with age stratification, this association becomes increasingly significant for individuals aged 15 to 24.[38] Given that there has been a nearly 400% increase in the use of antidepressants in the USA among all ages, from 1988-1994 through 2005-2008 and 11% of Americans aged 12 and over took antidepressants in 2005-2008,[39] as long as antidepressants remain the preferred treatment for moderate to severe depression, (according to American Psychiatric Association guidelines),[40] we may foresee the continuing exacerbation of social and behavioural problems.

2.1.2 Psychotherapy and ECT for depression

Now let us turn to examine the limitations of psychotherapy and ECT. These are both substantial areas of research that it will not be possible to explore in depth here, but an overview is important to provide the general context for the work in this thesis.

---

[37] Tarang Sharma et al., "Suicidality and Aggression during Antidepressant Treatment: Systematic Review and Meta-Analyses Based on Clinical Study Reports," *BMJ* 352 (2016): i65; Diana Kwon, "The Hidden Harm of Antidepressants," *Scientific American*, [accessed February 18, 2016]. http://www.scientificamerican.com/article/the-hidden-harm-of-antidepressants/

[38] Yasmina Molero et al., "Selective Serotonin Reuptake Inhibitors and Violent Crime: A Cohort Study," *PLOS Med* 12, no. 9 (September 15, 2015): e1001875, https://doi.org/10.1371/journal.pmed.1001875.

[39] Laura Pratt, Debra Brody, and Qiuping Gu, "Antidepressant Use in Persons Aged 12 and Over: United States, 2005-2008," *NCHS Data Brief, NO. 76, Hyattsville, MD: National Center for Health Statistics.* October 2011, http://www.cdc.gov/nchs/data/databriefs/db76.htm.

[40] American Psychiatric Association. Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition. Washington, DC. 2010, [accessed May 9, 2016]. http://psychiatryonline.org/guidelines.

Currently, seven major forms of psychotherapy for depression have been studied and evaluated; these are cognitive-behavioural therapy (CBT), interpersonal psychotherapy (IPT), behavioural activation (ACT), problem-solving therapy (PST), psychodynamic therapy (DYN), social skills training (SST) and supportive counselling (SUP).[41] Whether these are equally effective has been an ongoing debate for more than four decades, nevertheless, most reviews show that these psychological treatments for depression do not differ greatly in their efficacy.[42] Concerning efficacy, a 2015 systematic review and meta-analysis found that the judgement of efficacy in clinical trials of psychological interventions had been overestimated due to publication bias in the same way as for the reported efficacy of antidepressants.[43] Further examination of this bias is beyond the scope of our discussion here, however.

According to the STAR*D analysis, there were similar remission rates between those switching to CT (25%) and those switching to antidepressants (27.9%) in the level 2 treatment; however, those whose medication was augmented with CT had a lower remission rate (23.1%) than those who were augmented with other medications

[41] Pim Cuijpers et al., "Psychotherapy for Depression in Adults: A Meta-Analysis of Comparative Outcome Studies," *Journal of Consulting and Clinical Psychology* 76, no. 6 (2008): 909-922; Jürgen Barth et al., "Comparative Efficacy of Seven Psychotherapeutic Interventions for Patients with Depression: A Network Meta-Analysis," *PLOS Med* 10, no. 5 (2013): e1001454.

[42] David F. Tolin, "Is Cognitive–behavioral Therapy More Effective than Other Therapies?: A Meta-Analytic Review," *Clinical Psychology Review* 30, no. 6 (2010): 710–20;

[43] Ellen Driessen et al., "Does Publication Bias Inflate the Apparent Efficacy of Psychological Treatment for Major Depressive Disorder? A Systematic Review and Meta-Analysis of US National Institutes of Health-Funded Trials," *PLOS ONE* 10, no. 9 (2015): e0137864.

(33.3%).[44] Another pragmatic trial in an outpatient mood disorders clinic in The Netherlands shows that, overall, 20% of patients remitted after eight weeks of treatment, including four groups assigned by patient preference (CT alone, CT combined with pharmacotherapy, IPT, IPT with pharmacotherapy).[45] After 26 weeks of treatment, the CT cohort reached a 37% remission rate compared to a 29% remission in the CT+ antidepressants cohort, whereas there was no great difference between the IPT group (36%) and IPT+ antidepressants (33%).[46] These findings suggest that psychotherapy is as effective as antidepressants especially if CT is used alone instead of working in combination with medications. Other studies also suggest that psychological interventions are better than pharmacological ones in two respects: first, most psychotherapy trials have smaller dropout rates than pharmacotherapy trials;[47] second, the effects of CT are more likely to extend beyond the end of treatment.[48]

If a patient neither responds neither to medications nor to psychotherapy, ECT can be another treatment option. ECT has been claimed to be "the most effective treatment in severe depression,"[49] and was viewed as more effective than

[44] Michael E. Thase et al., "Cognitive Therapy Versus Medication in Augmentation and Switch Strategies as Second-Step Treatments: A STAR*D Report," 748.

[45] F. Peeters et al. "The Clinical Effectiveness of Evidence-Based Interventions for Depression: A Pragmatic Trial in Routine Practice," 2012. *Journal of Affective Disorders* 145, no. 3 (2013): 349–55.

[46] Ibid.

[47] Pim Cuijpers et al., "Are Psychological and Pharmacologic Interventions Equally Effective in the Treatment of Adult Depressive Disorders? A Meta-Analysis of Comparative Studies," *The Journal of Clinical Psychiatry* 69, no. 11 (2008): 1675–85.

[48] Steven D. Hollon et al., "Prevention of Relapse Following Cognitive Therapy vs Medications in Moderate to Severe Depression," *Archives of General Psychiatry* 62, no. 4 (2005): 417-422.

[49] Paykel and Scott, "Treatment of Mood Disorder," in *New Oxford Textbook of Psychiatry*, (2012), 671.

pharmacotherapy,[50] but the treatment effect does not last beyond a few days, often not enduring beyond the end of a course of treatment.[51]

In fact, the efficacy and safety of ECT are still under debate. Many empirical researchers think that the pre-treatment procedures of ECT which involve an "unusual amount of care and attention", together with "the psychological meaning of the treatment to the patient" may enhance a placebo response during therapy.[52] In fact, in the review of twelve ECT studies with sham ECT trials, the outcomes of the first six studies have rates of recovery or improvement between a third to a half of those in the sham groups and the outcomes of the latter six studies have 25% to 50% reductions of the scores in the sham groups.[53] One exceptional high reduction in the sham group resulted in a 23-point reduction in HAM-D scores compared to a 25-point reduction in

---

[50] The UK ECT Review Group, "Efficacy and Safety of Electroconvulsive Therapy in Depressive Disorders: A Systematic Review and Meta-Analysis," *The Lancet* 361, no. 9360 (2003): 799–808. A recent naturalistic study of ECT shows a similar remission rate between ECT (either alone or with antidepressant pharmacotherapy) 58.1% and non-ECT (antidepressant pharmacotherapy alone) 58.7% to patients during hospitalisation. The response rates were 84.3% in the ECT group compared to 75.5% in the non-ECT group. See Lucas Alves et al., "A Naturalistic Study of High-Dose Unilateral ECT among Severely Depressed Inpatients: How Does It Work in the Clinical Practice?," *BMC Psychiatry* 16 (2016): 396.

[51] Ibid., 806; John Read, "Electroconvulsive Therapy," in *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia*, eds. John Read, Loren Mosher, Richard Bentall (New York, NY: Brunner-Routledge, 2004), 85-99.

[52] N. Q. Brill et al., "Relative Effectiveness of Various Components of Electroconvulsive Therapy: An Experimental Study," *A.M.A. Archives of Neurology & Psychiatry* 81, no. 5 (1959): 115; John Read and Richard Bentall, "The Effectiveness of Electroconvulsive Therapy: A Literature Review," *Epidemiology and Psychiatric Sciences* 19, no. 04 (2010): 333–347; Charlotte Blease, "Electroconvulsive Therapy, the Placebo Effect and Informed Consent," *Journal of Medical Ethics* 39, no. 3 (2013): 166–70.

[53] Keith G. Rasmussen, "Sham Electroconvulsive Therapy Studies in Depressive Illness: A Review of the Literature and Consideration of the Placebo Phenomenon in Electroconvulsive Therapy Practice," *Journal of ECT* 25, no. 1 (2009): 54–59.

the ECT group.[54] Thus, they argued that "ECT is marginally more effective than sham ECT."[55]

Regardless of whether it works due to placebo effects, ECT has relapse rates ranging between 30% to 60% if conducted without pharmacotherapy as a maintenance treatment.[56] The most worrisome outcomes of ECT are its side effects—memory impairment and adverse cognitive functioning. Given that there is a lack of consensus among ECT guidelines as to the optimal frequency of treatment for patients,[57] and the more effective forms of ECT "tend to cause more memory impairment,"[58] the use of ECT as a treatment option for depression is not desirable. Even when cognitive training is developed to minimise the adverse memory side effects of ECT, no significant clinical benefit is found.[59]

The above treatments all focus on symptom reduction with generally limited results. Since more than one thousand symptom profiles of depression have been identified, however, treatment strategies focusing on only a few symptoms are hardly

---

[54] Ibid, 55.

[55] Charlotte Blease, "Electroconvulsive Therapy, the Placebo Effect and Informed Consent," 166.

[56] Ellen Frank, Jordan Karp and John Rush. "Efficacy of Treatments for Major Depression." *Psychopharmacology Bulletin* 29, no. 4 (1993): 465.

[57] Fiona Charlson et al., "ECT Efficacy and Treatment Course: A Systematic Review and Meta-Analysis of Twice vs Thrice Weekly Schedules," *Journal of Affective Disorders* 138, no. 1 (2012): 1–8.

[58] The UK ECT Review Group, "Efficacy and Safety of Electroconvulsive Therapy in Depressive Disorders," 806.

[59] Jimmy Choi et al., "Cognitive Training to Improve Memory in Individuals Undergoing Electroconvulsive Therapy: Negative Findings," *Journal of Psychiatric Research* 92 (2017): 8-14.

likely to be truly effective. The course of depression may be diverse, complex and involve multi-dimensional pathways, and since treating depression concerns treating the person who is depressed, all dimensions of a person, the physical-psychological-social-spiritual, must be considered. The spiritual dimension of depression has often been neglected, however, while physical, psychological and social aspects of impact are addressed.

A long tradition in psychology has sought to reduce spiritual concerns to what are presumed to be more underlying problems; through this lens, spiritual emptiness becomes merely a symptom of depression, anger at God is seen a sign of anger at the father, and so on.[60] Recently, however, clinical evidence has begun to recognise that spiritual struggles and psychological problems are interrelated.[61] These interwoven aspects of psychological and spiritual distress together affect physical health, and can thus be associated with a multitude of immune, endocrine and proinflammatory dysfunctions and alterations in brain functioning.[62] These complex pathological dynamics cannot easily be cured by conventional medical treatments.

[60] Kenneth Pargament. *Spirituality Integrated Psychotherapy: Understanding and Addressing the Sacred*, New York: Guilford, 2011, 177.

[61] Ibid., 177-181.

[62] Harold Koenig, "Religious versus Conventional Psychotherapy for Major Depression in Patients with Chronic Medical Illness: Rationale, Methods, and Preliminary Results." *Depression Research and Treatment* 2012 (2012): 1–11; Catherine Belzung, Paul Willner, and Pierre Philippot. "Depression: From Psychopathology to Pathophysiology." *Current Opinion in Neurobiology*, 30 (2015): 24–30.

The pain of severe depression is inexplicable, as Dan Blazer points out—it cuts straight "to the heart of one's spiritual being."[63] In the depressed patients' existential struggles and embodied emotional suffering lie a spiritual quest for something bigger than the self—a Transcendent Other—to answer their groaning. Although it is out of scope to address the social dimension of depression here, a good spiritual intervention will cover the psychological, physical and social dimensions of life as Kenneth Pargament maintains that "The power of spirituality lies in the fact that it is fully embedded in the fabric of life."[64]

2.2 The suitability of spiritual interventions

In this section, I will introduce the available spiritual interventions for depression, and discuss the reasons why a theologically-based prayer therapy is needed.

There are several religious-augmented psychotherapy or spiritually oriented interventions for depression, but most of these lack a comprehensive theory of spirituality as a healing foundation, nor do they provide any analysis of the spiritual dimension of depression from the perspective of the spirituality they integrate. These interventions can be divided to two types.[65]

---

[63] Dan G. Blazer. "The Depression Epidemic: Why We're More Down Than Ever -- and the Crucial Role Churches Play in Healing." *Christianity Today* 53, no. 3 (2009): 22–31; John R. Peteet. *Depression and the Soul: A Guide to Spiritually Integrated Treatment*. New York: Routledge, 2010, 194. Peteet asserts that spiritual answers are important to existential questions even in conditions that involve a biological component.

[64] Pargament. *Spirituality Integrated Psychotherapy*, 21.

[65] Alex Harris et al., "Spiritually and Religiously Oriented Health Interventions," 413–33.

The first type of interventions simply incorporates religious values or spiritual practices into psychotherapies, which are called either religious-incorporated or spiritually-oriented psychotherapy. For example, a R-CBT, based on the researchers' understanding and interpretation of a specific faith tradition, makes use of religious scriptures to label patients' unhelpful thoughts defined by CBT and encourages them to follow the corresponding religious teaching to change their ineffective ways of responding to depressive stimuli. In resorting to clients' own religious traditions, these therapists adhered to the same principles and techniques of conventional CBT, aiming to change clients' thinking habits so as to reduce depressive symptoms.[66]

There are many differences between a mechanistic worldview, upon which the theoretical foundation of psychotherapy is built, and a larger worldview in which spiritual resources are embedded. Without further reflection on and reconciliation of these differences, these spiritual resources can easily become simply "another problem-solving tool" attempting to "maximise the control" that patients have in their lives.[67] Very likely therapists unwittingly adopt "scientific" worldviews that "enclose human freedom within a prison of causality in which man is determined inwardly by his genetic code and outwardly by his environment."[68] Thus, they might neglect the more complex

---

[66] Michelle J. Pearce, et al. "Religiously Integrated Cognitive Behavioral Therapy: A New Method of Treatment for Major Depression in Patients with Chronic Medical Illness," *Psychotherapy* 52, no. 1 (2015): 58.

[67] Pargament. *Spirituality Integrated Psychotherapy*, 11-12.

[68] Alexis Trader, *Ancient Christian Wisdom and Aaron Beck's Cognitive Therapy: A Meeting of Minds.* New York: Peter Lang, 2011, 38.

aspects of spiritual resources that require them to look through a different lens into clients' struggle with human finitude and to consider clients' yearning to connect with the transcendent. Addressing this inner tension and discrepancy of religious or spiritually-based psychotherapy is important for the better use of religious/spiritual resources. This type of interventions will be discussed in detailed comparison with the results of the 3R intervention in the first discussion chapter.[69]

The second type of intervention has been the subject of five studies to date. Three of these focus on teaching structuralised prayer formats or spirituality education programmes as self-help techniques to develop clients' spirituality. The remaining two are explicit Christian interventions. One example of the first group, the Prayer Wheel, developed by Canadian psychiatrist Rossiter-Thornton, is a non-denominational prayer format, containing eight components: 1) 'Count your blessings' and give thanks and praise, 2) Sing of love, 3) Request protection and guidance, 4) Forgive yourself and others, 5) Ask for needs, yours and others, 6) 'Fill me with love' and inspiration, 7) Listen with pen in hand, 8) 'Your will is my will'. While these prayer ideas may be drawn from Christian resources, they are directed towards "the collective unconscious, one's higher self, or the Maker of Life."[70] Rossiter-Thornton believed that "religion is man-made, spirit/spirituality is God made."[71] He also believed that "Prayer is no

---

[69] It is not immediately relevant to the flow of argument here, but it will be much easier for side-by-side comparison if this discussion is reserved for chapter 6.

[70] John Rossiter-Thornton, "Prayer in Psychotherapy." *Alternative Therapies in Health and Medicine* 6, no. 1 (2000): 125.

[71] John Rossiter-Thornton, "Prayer in Your Practice." *Complementary Therapies in Nursing and Midwifery* 8, no. 1 (2002): 23.

difference than exercise" and he claimed "One does not have to believe in exercise to get fit, one just has to exercise to get fit. Prayer works if you use it, whether you believe in it or not."[72]

Empirical tests of the prayer wheel do not show great therapeutic benefits, however. In Doris Rajagopal et al.'s study, this prayer wheel format was tested on 22 older adults who were living in continuing care retirement communities.[73] In the individual use of Prayer Wheel cohort (eight participants, six of whom had minor depression and two dysthymia), there was no change in post-intervention depression outcome measured by CES-D but a 19% decrease in anxiety measured by STAI.[74] In the group use cohort (14 participants, 12 with minor depression and two with dysthymia), there was no change in post-intervention anxiety outcome, but a trend towards a 16% decrease in the second screening CES-D compared with the post-intervention CES-D (means: 22.93 vs. 19.29, p= .07).

In this study, most participants were Christians (seven of the eight participants in the individual use group and eleven of the 14 participants in the other group). Using the prayer wheel only as a technique without exploring the meaning of faith in God in life seems to have no great effect on improving depressive conditions. Particularly, it seems

[72] Rossiter-Thornton, "Prayer in Psychotherapy," 126.

[73] Doris Rajagopal, Elizabeth Mackenzie, Christine Bailey, and Risa Lavizzo-Mourey. "The Effectiveness of a Spiritually-Based Intervention to Alleviate Subsyndromal Anxiety and Minor Depression among Older Adults." *Journal of Religion and Health* 41, no. 2 (2002): 153-166.

[74] CES-D: Center for Epidemiology Studies Depression Scale. STAI: The Spielberger State-Trait Anxiety Inventory taken from the State-Trait Personality Inventory (STPI).

not to be suitable for Christians. The key issue may be that in this intervention God was treated as a concept, a vague idea, rather than the personal, relational God revealed in the Christian Bible. Thus, the intervention may not be able to guide depressed Christians to find a way to experience the healing presence of God.

Another spirituality teaching programme has been developed by Canadian psychiatrist Dr. Badri Rickhi, which contains 8-sessions lectures and stories about spirituality in audio CDs for home study.[75] The program focuses on self-transcendence, and the related key issues are the quest for meaning and purpose, connectedness and values.[76] It teaches breathing and guided visualisation exercises and also introduces concepts such as forgiveness, gratitude, self-acceptance, detachment and compassion, based on its faith in a divine presence, the divine aspect of the self, and surrender to divine plans. Although these components are meant to "assist the user in developing a more spiritual outlook on life," nevertheless, without a systematic theory of spirituality, participants may not fully comprehend what makes them divine and to what will of which deity they should submit themselves.[77] Moreover, without scriptural contexts about the divine will, they may stumble on ambiguous "divine plans" which may be interpreted as coincidence or fate.

[75] Sabine Moritz, et al. "A Home Study-Based Spirituality Education Program Decreases Emotional Distress and Increases Quality of Life-a Randomized, Controlled Trial." *Alternative Therapies in Health and Medicine* 12, no. 6 (2006): 26–35

[76] Ibid., 27.

[77] Ibid., 27, 28.

The results of the spirituality group in the randomised control trial are not significant. 56 self-referred participants (53 were females) entered the trial with a mean POMS score of 94.4, which dropped to 51.3 at the end of 12 weeks' home study (with ten dropouts).[78] During this period participants were not restricted in the use of either mood-improving medications or counselling. Despite a 14-point reduction in the POMS depression subscale, the overall score decrease from the baseline was 45.7%, which did not exceed the 50% standard of clinical response rate and the post-intervention score was still higher than that seen in the female adult normative sample (POMS: 33).[79]

The third spirituality-based intervention was designed by Colleen Delaney et al. for a pilot study tested with 41 community-dwelling adults with cardiovascular disease.[80] They selected available spiritual materials and combined chosen meditative interventions to enhance the three domains of spirituality that they found to be most important: self-discovery, relationships and eco-awareness. Their intervention included a 12-minute *Blessings* CD, developed by Suzanne Jonas in Inner Harmony Health Center which gives teachings on general spiritual care, and instructions for another three techniques: 1) Mindfulness Meditation—focusing on breathing, intending for self-discovery, and reflecting on meaning and purpose in life, 2) HeartTouch meditation—by envisioning a small circle of light moving from the head to heart and enlarging to cover

[78] POMS: the Profile of Mood States.

[79] Ibid., 34.

[80] Collen Delaney, Cynthia Barrere, and Mary Helming, "The Influence of a Spirituality-Based Intervention on Quality of Life, Depression, and Anxiety in Community-Dwelling Adults with Cardiovascular Disease," *Journal of Holistic Nursing* 29, no.1 (2011), 21-32.

the entire chest to recall a situation of feeling loved or loving others. The purpose of this meditation is "to connect with a higher power and the other individual to send and/or receive loving energy."[81] 3) Environment/Prayer—by contemplating on a perceived healing environment, such as a garden, to enhance the transpersonal aspect of spirituality.

Participants were assigned into eight interventional groups with the CD or adding one or more of the three techniques. By listening to the CD and practising each technique for 15 min three times a week for one month, the results show no significant changes in either depression scores (baseline CES-D mean: 19.49 vs. post intervention: 18.75) or anxiety scores (STAI 24.03 vs. 24.90).

The above three spiritual interventions are not very effective. The pragmatic approach of selecting useful spiritual concepts out of their religious context and avoiding referring back to any particular religion in order to be "applicable to people with various cultural and religious backgrounds" is problematic.[82] In Pargament's words, this kind of approach risks "trivializing spirituality" by reducing it to a set of psychological techniques, for it overlooks the sacred purpose of these spiritual resources, which are meant to facilitate a specific spiritual journey.[83] Through a spiritual lens, healing becomes a spiritual journey, and yet without a clearly marked map, those

[81] Ibid., 26.

[82] Ibid., 27.

[83] Pargament, *Spirituality Integrated Psychotherapy*, 12.

who go on the journey will risk getting lost. Thus, even though a pragmatic approach may temporarily expand personal boundaries and enhance self-awareness, it may not stand the test of the harsh realities of life and human finitude, and may end up throwing patients into confusion in the long run.

For those Christians who may worry that the theoretical constructs of these interventions seem to contradict with their faith, these intervention are not suitable. The following two Christian interventions for depression are much more effective.

Peter Boelens et al. conducted a controlled trial to test the effectiveness of a prayer intervention with statistically significant results in both depression and anxiety scores, with these improvements being found to persist for at least one year.[84] Six weekly prayer interventions for 48 participants were ministered by a single nondenominational Caucasian who was in her late sixties, with prayer training by Christian Healing Ministries at Jacksonville, FL.

This was an individual therapy with a personal history taken to delineate particular issues for prayer. Each prayer session lasts for 60 minutes, except for the first one running for 90 minutes. Within each session, the lay prayer minister employed various form of prayers according to the history of the participant; through "direct

[84] Boelens et al., "A Randomised Trial of the Effect of Prayer on Depression and Anxiety," *International Journal of Psychiatry in Medicine* 39, no 4 (2009), 377-392; Boelens et al., "The Effect of Prayer on Depression and Anxiety: Maintenance of Positive Influence One Year after Prayer Intervention," *International Journal of Psychiatry in Medicine* 43, no.1 (2012), 85-98.

person-to-person prayer" the participant often joined in the prayers, hurts-releasing prayers, forgiveness prayers, prayers about specific stressors, prayers of blessings on those who had offended them and, if needed, for childhood traumas and for repentance of behaviour. This trial was conducted from 2005 until 2008 in Mississippi, part of the US "Bible-belt", with 95% of the participants being women, 57% African American, 43% Caucasian, with average age of 48.

The researchers hypothesised that once the prayer interventions worked, positive emotions would be enhanced and salivary cortisol would be lowered. After the intervention, however, the lessened depression and anxiety and the elevated level of optimism and spirituality were not reflected in the salivary cortisol concentration. Nevertheless, participants' perceptions of healing did relate to resolving the feelings of self-reproach, guilt and remuneration found in the Hamilton-D item #2, as the researchers reviewed. In particular, the participants reported that traumatic memories were no longer able to trigger negative emotions. The researchers interpreted these phenomena as "directed and attentive mental efforts" and believed that participants "intentionally activate a form of prayerful self-directed neuroplasticity."[85] Without theological reflections and an understanding of what truly happened in the inner self of these participants, it may be very difficult to replicate this intervention, without this specific lay minister and a similar cohort of participants.

[85] Ibid., 388-390.

The other Christian interventional study was conducted by Zoran Vujisic, who employed existing Orthodox Psychotherapy in the form of a Neptic-Psychotherapeutic intervention for depression and anxiety.[86] The intervention was a twelve-week individual treatment plan with homework consisting of a 'Jesus Prayer' Curriculum, a Fasting Module and a weekly 30-minutes one-to-one discussion with the researcher. The Prayer format follows step-by-step instructions, with a "psychosomatic technique described by St. Nicephorus the Hesychast and St. Gregory of Sinai."[87] This requests participants to repeat the Jesus Prayer,[88] 100 times per day following the same breathing technique with a *chotki*, the prayer rope.

The result showed a statistically significant correlation ($p < 0.05$) between the intervention and the self-reported scores of BDI (Beck Depression Inventory) and BAI (Beck Anxiety Inventory). Thus, Vujisic claimed that the hypothesis that "neptic-psychotherapeutic techniques, i.e., fasting, prayer, physical postures, etc., would reduce the intensity of self-reported depressive symptomatology and comorbid anxiety among participants regardless of religious affiliation or orientation, thereby signifying the universal and inherent efficacy of those techniques,"[89] was true. It is, however, unclear whether this result can be generalised or replicated, for two reasons.

---

[86] Vujisic, "The Impact of Orthodox Christian Neptic-Psychotherapeutic Interventions on Self-Reported Depressive Symptomatology and Comorbid Anxiety," (Th.D. diss., 2009). I will use more space in discussing Vujisic's study, because it is a thesis which contains more details to be discussed than previous papers, and also because it uses the Jesus Prayer which is based on Orthodox theology that is relevant to Evagrian prayer.

[87] Ibid., 254.

[88] Jesus Prayer: Oh Lord Jesus Christ, Son of God, has mercy upon me, a sinner.

[89] Ibid., 212.

The first concerns the particularity of its participants. The study "purposely selected" 15 San Juan residents in Puerto Rico, including eight women and seven men, consisting of five Orthodox Christians, three Roman Catholics, two Protestants, and five agnostics.[90] The participants' duration of depressive and anxious symptoms were no more than three years, while none of them had ever sought medical testament for depression, either psychological or psychiatric. In particular, none of them had ever had any suicidal attempts. It seems clear that these participants cannot represent diverse clinical patients, even within Christian communities.

The second concerns the practice and rationale of its Fasting Module. First, when the researcher made use of the fasting practices of the desert fathers who are the foundation of the Hesychasm upon which his Jesus Prayer resources are based,[91] he did not translate it well. He instructed participants to practise "fasting" following his *Fasting Guidelines Table* and *Fasting Calendar*.[92] This is a very detailed fasting

[90] Ibid., 123. Dr. Vujisic set a delimitation clause for the recruitment to allow "Only residents of San Juan, Puerto Rico were eligible for participation (p.12)." Since he established St. Spyridon's Orthodox Mission in San Juan in 1996 and served there for long, perhaps, he had enjoyed a good reputation there since he had the titles of the Right Reverend Archimandrite and Doctor of Ministry in Marriage and Family Therapy to facilitate him to earn trust and to select suitable participants to meet the specific design of the study. It is unclear whether his conclusion of this study can be generalised in other areas of the world because even though the study was part of his Th.D. degree requirements at the University of South Africa, he did not recruit people from the surrounding areas of this university.

[91] Elisabeth Behr-Sigel, *The Place of the Heart: An Introduction to Orthodox Spirituality* (Torrance, Calif: Oakwood Publications, 1992), 64; Benedicta Ward, trans. *The Sayings of the Desert Fathers: The Alphabetical Collection*, (Kalamazoo, MI: Cistercian Publications, 1984), 131.

[92] Vujisic, 252-253, 256-258. He requested that all participants obtained a physician's permission to participate in this Fasting Module while none of these Fast Days would deprive them of food consumption.

schedule that labels days into four types on the *Calendar*: listing which food items are prohibited on certain Fast Days along with which food items are permitted on other Fast Days, while during the whole fasting period, the following food items were still allowed to be consumed: shellfish (lobster, shrimp, crab, oyster, etc), vegetables and vegetable products, grains and cereals, fruits and nuts, and beverages (juices, beer, malt drinks, sodas, teas, etc) including on some non-fast days. The only difference in consuming the "all the time food" on all Fast Days is between some Fast Days on which "the amount of food consumed and the frequency of eating must be regulated," and some specific Fast Days on which oil, wine and fish consumption are permitted and "the quantity and frequency of meals are not restricted."[93]

This design contrasts with the fasting in the ascetic practices of the fathers greatly, as the former fasting practices focus on prayer of purification of the soul but Vujisic's focuses on eating selectively to "purify cells throughout the body." The fathers' "exercise regimen" of daily discipline of diet consisted of the simplest forms of food, such as bread, salt, water, a little oil, or vegetables, and normally they ate at most once a day.[94] This symbolises a life committed to prayer alone, as Evagrius shares:

> Fast as much as you are able before the Lord. Fasting completely purifies your transgressions and sins; it exults the soul, sanctifies your way of thinking, drives away demons and prepares you to be close to God. Eating once a day, do not

[93] Ibid., 256.

[94] William Harmless, *Desert Christians: An Introduction to the Literature of Early Monasticism* (New York: Oxford University Press, 2004), 61, 286. Gabriel Bunge, *Earthen Vessels: The Practice of Personal Prayer According to the Patristic Tradition* (San Francisco: Ignatius Press, 2002), 87–95; Ward, *The Sayings of the Desert Fathers*. This book has numerous examples of fasting; to list them all would take too long here.

> desire to eat a second meal lest you become extravagant and trouble your thinking.[95]

Second, Vujisic provided a scientific rationale of fasting to his participants, so a spiritual practice appears to have a scientific underpinning; however, without providing corresponding evidence. He wrote,

> Fasting is beneficial for physical health. In fasting, the body experiences the following: (1) detoxification [through lipolysis, i.e., the breaking down of fat stores in the body in order to produce energy], (2) healing [through the diversion of energy from the digestive system to the immune system], (3) a drop in metabolic rate [through blood sugar level reduction and the use of glucose reserves in liver glycogen], (4) lowering of body temperature [due to a lower basal metabolic rate], and (5) rejuvenation [due to efficient protein synthesis, increased hormone production, enhancement of the immune system, etc.].
>
> The physical and psychological benefits of fasting cannot be separated. Fasting purifies cells throughout the body, including those in the brain. Negative mental states, e.g., depression, anxiety, tension, fear, etc., are often associated with physical states. When the brain is free of toxicity, the mind is liberated both physiologically and psychologically.[96]

His explanations clearly distract the spiritual purpose of fasting. Interestingly, the treatment compliance rates are very high, five participants had 100% compliance for both fasting and prayer practices; these were four Orthodox Christians and one agnostic. In fasting practice, the average compliance rate was 90.33% and the average prayer compliance rate was 96.2 %, while no one withdrew from the study.

Overall, the Vijusic study represents an important piece of research on a spiritual intervention drawing on Orthodox spiritual practices, but the significance of its findings

[95] Evagrius, *Foundations* 10.

[96] Vujisic, 251.

are limited due to sample size and methodological concerns. Fasting, is supposed to be a spiritual practice to prepare people for prayer by disciplining the person's mind-soul-body to focus on God and to nurture humility before God, to concentrate fully on God's presence.[97] Vujisic's fasting method could be too distracting to facilitate prayer for people in other cultures.[98]

The above evaluation of available spiritual interventions suggests that a suitable spiritual intervention for a wider range of Christians who suffer from depression is still wanting. Given that the Christian population is over 2.3 billion, and is the largest religious group globally,[99] and considering the preference of mental health patients to employ prayer and address spiritual struggles,[100] more spiritual interventions for depression based on Christian spirituality are urgently needed.

2.3 A new spiritual intervention needed

[97] Bunge, *Earthen Vessels*, 92; Evagrius, *Foundations* 10; *Eight Thoughts* I.12, 14, 15; John Cassian, *Conferences*, trans. Colm Luibheid, (New York: Paulist Press, 1985), 61.

[98] Although he acknowledged that "Orthodoxy teaches that there is power in the name of Jesus, and that the invocation of this Divine name acts as a mystery and is a medicine that mortifies the passions, (p.254)," he interpreted words from John Chrysostom's Homily III that "Fasting is a medicine" (p. 251) to highlight the medicinal nature of fasting, which distracts from the true purpose of fasting.

[99]http://www.pewresearch.org/fact-tank/2017/04/05/christians-remain-worlds-largest-religious-group-but-they-are-declining-in-europe/ [accessed 24 Feb 2018]

[100] Pargament, "A Rationale for a Spiritually Integrated Psychotherapy" in *Spirituality Integrated Psychotherapy*, 3-26; Siang-Yang Tan and Brad Johnson, "Spiritually Oriented Cognitive-Behavioral Therapy," in *Spiritually Oriented Psychotherapy*, ed. Len Sperry, and Edward Shafranske, (Washington, DC: American Psychological Association, 2005), 77-103.

Currently, Mindfulness-Based Cognitive Therapy (MBCT) for the prevention of relapse into depression is perhaps the most popular spiritual intervention. It is commonly categorised to the first type of spiritual interventions that we have discussed previously. On the surface, it incorporates religious resources from the Buddhist tradition into the existing CBT. On a deeper level, however, its mindfulness meditation and decentering practice directly impose the religious values of Buddhism as a way of life on depressed patients.[101] Many Christians may not feel comfortable using MBCT; however, when they turn to their Christian heritage, there are few alternative spiritual interventions available.

Although there are three articles offering acknowledgement that studies in this area would be helpful, none of them provide directions for developing applicable interventions. Firstly, Finney and Malony introduce contemplative prayer, including the Jesus prayer, arguing for its potential for therapeutic use as a supplement to psychotherapy when a treatment goal is spiritual development; however, they do not delineate the map for this spiritual development.[102]

---

[101] John D. Teasdale and Michael Chaskalson (Kulananda), "How Does Mindfulness Transform Suffering? I: The Nature and Origins of Dukkha." *Contemporary Buddhism* 12, no. 1 (2011): 89–102, and John D. Teasdale and Michael Chaskalson (Kulananda), "How Does Mindfulness Transform Suffering? II: The Transformation of Dukkha." *Contemporary Buddhism* 12, no. 1 (2011): 103–24. These papers come from Teasdale's lectures for instructors of MBCT/MBSR (Mindfulness-based Stress Reduction group programme). He directly points out that the theoretical framework of MBCT is based on the Buddhist doctrine of suffering. He elaborates the Buddha's teachings on Four Noble Truth and believes that the cessation of human suffering must go through the Buddha's Noble Eightfold Path, where Mindfulness is the basic practice of this path. Thus, he recommends that Mindfulness is the way of life, not just for depressed patients but also for instructors of MBCT/MBSR. The further discussion of MBCT will be reserved for chapter 6.

[102] John Finney and Newton Malony, "Contemplative Prayer and Its Use in Psychotherapy: A Theoretical Model," *Journal of Psychology and Theology* 13, no. 3 (1985):172-181.

Secondly, David Bradford, a clinical psychologist, examines "the psychology and neuropsychology of early Christian asceticism as represented by Evagrius Ponticus," and maintains that Evagrian therapy for anger is "a self-administered form of cognitive therapy" and "also comparable to systematic desensitization, a treatment for disturbing anxiety."[103] He also mentions Evagrius' viewpoints on *acedia*, "a distinct passion and a type of demon," and attempts to capture its psychological and religious dimensions by coining the term "depleted fervor" to describe *acedia* as the "culturally shaped depressive syndrome"—"an intersection of physiology, psychology, and spiritual aspirations."[104] His investigation of Evagrius' asceticism provides insights into theological texts with psychological interpretations; unfortunately, he has not devoted his time to further develop these insights into a concrete contemporary spiritual intervention.

Thirdly, Joshua Knabb argues that "centering prayer overlaps considerably with MBCT," as he considers that "both offer depressed individuals the ability to decenter from unhelpful cognitions and live in the present moment;" thus, he suggests using centering prayer as "a suitable treatment alternative" for Christians who seek help from the Christian tradition to reduce depression relapse.[105]

---

[103] David Bradford, "Brain and Psyche in Early Christian Asceticism," *Psychological Reports* 109, no. 2 (2011): 461, 507.

[104] Ibid., 484-485.

[105] Joshua Knabb, "Centering Prayer as an Alternative to Mindfulness-Based Cognitive Therapy for Depression Relapse Prevention," *Journal of Religion and Health* 51 (2012), 908, 922.

While noting that "none of the [observed] benefits of centering prayer are empirically supported in the psychological literature," he has not designed a relevant intervention to test the claimed psychotherapeutic effects of centering prayer.[106] Nor have studies examined centering prayer as a spiritual intervention for depression. Nevertheless, Knabb did refer to a pilot study that explores the feasibility of implementing centering prayer alongside chemotherapy treatment for women with recurrent ovarian cancer.[107] During three successive chemotherapy infusions taking place over nine weeks, a paid teacher, who had a credential in spiritual direction with training in centering prayer, led each participant through three one-to-one one-hour sessions in a private chemotherapy treatment suite. The ten participants were mostly Caucasian Christians who attended religious services very frequently and prayed daily. The study found that the POMS means scores of anxiety were reduced by 10, of depression by 9.4 and of anger by 6.1 at the completion of intervention, although six months after the intervention the anger subscale had increased by 13 points. The researchers were cautious in asserting that the results were caused by the intervention due to lack of a control group; nevertheless, the study indicates the potential clinical benefits of centering prayer.

[106] Ibid., 917.

[107] Mary Johnson et al. "Centering Prayer for Women Receiving Chemotherapy for Recurrent Ovarian Cancer: A Pilot Study." *Oncology Nursing Forum* 36 (2009), 421-428.

William Meninger, Basil Pennington and Thomas Keating, three Trappist monks, developed the practice of centering prayer largely based on the teachings of *The Cloud of Unknowing* but their use of the name "centering" was inspired by the writing of Thomas Merton.[108] From Merton they quoted, "Monastic prayer begins not so much with 'considerations' as with a 'return to the heart.' Finding one's deepest center, awakening the profound depths of our being in the presence of God, who is the source of our being and of our life."[109] Merton is known for his dialogues with Buddhism; however, he clearly noted the distinctions between the two traditions—"In Christianity the inner self is simply a stepping-stone to an awareness of God," while in Buddhism "there seems to be no effort to get beyond the inner self."[110] Merton's contemplation of God's presence through the prayer of the heart is influenced by Hesychasm, the Christian East apophatic tradition.[111] Hesychasm, a word from Greek *hesychia* meaning tranquillity and inner silence,[112] is a creative movement which contributes a distinctive understanding to the essence of prayer. The pursuit of *hesychia* practices "holding far

[108] Knabb, "Centering Prayer as an Alternative," 913-14. *The Cloud of Unknowing* was written by a 14th-century Carthusian priest; its content focuses on developing the authentic contemplation to achieve a state of union with God. It belongs to Christian *apophatic* tradition. However, the author warns that the book is only suitable for any "perfect follower of Christ" who "is doing all that he can, and has been, presumably, for a long time past, to fit himself for the contemplative life by the virtues and exercises of the active life." See James Walsh, ed., *The Cloud of Unknowing*, (Mahwah: Paulist Press, 1981), 9, 101-102.

[109] Ibid., 914.

[110] Ibid., 913; Thomas Merton, *The Inner Experience: Notes on Contemplation*, (San Francisco, CA: Harper San Francisco), 11.

[111] Berndette Dieker and Jonathan Montaldo, eds. *Merton and Hesychasm: The Prayer of the Heart: The Eastern Church* (Louisville, KY: Fons Vitae, 2003).

[112] Kallistos Ware, "Ways of Prayer and Contemplation: I. Eastern," in *Christian Spirituality: Origins to the Twelfth Century*, ed. Bernard McGinn and John Meyendorff (New York: Crossroad, 1985), 400.

off the remembrance of wrongs suffered and pride of spirit," which preserves the contemplative from the hurt and disturbance produced by them.[113] This form of prayer cultivates a non-discursive, imageless awareness of God's presence.

Both Hans Balthasar and Irénée Hausherr name Evagrius as "the Father of Byzantine Hesychasm."[114] Balthasar comments that Evagrius "is almost the absolute ruler of the entire Syriac and Byzantine mystical theology, and that he has influenced in a decisive manner western ascetical and mystical teaching as well."[115] Evagrius Ponticus (AD 345-399), a name shadowed with obscurity, is in fact a brilliant spiritual director who has guided the route of Christian perfection for over sixteen hundred years. Finally, after all above considerations, Evagrius' teachings and spiritual practices stand out as a solution candidate for developing a spiritual intervention for depression. Further arguments will be elaborated in the next chapter.

[113] Ward, *The Sayings of the Desert Fathers*, 210.

[114] Behr-Sigel, *The Place of the Heart: An Introduction to Orthodox Spirituality*, 69.

[115] Hans von Balthasar, "The Mataphysics and Mystical Theology of Evagrius", trans. *Monastic Studies* 3 (1965), 183.

Chapter 3 Evagrian Prayer and the Health of Souls

This chapter builds on the discussion of interventions for depression, and specifically spiritual interventions, in the previous chapter in order to investigate the relationship between Evagrian prayer and the health of souls. Three aspects will be addressed here. First, I will argue Evagrian prayer is the most suitable candidate to apply Christian spirituality to meeting the challenge of depression. Second, I will examine the details of Evagrius' personal crisis and his inner life journey to see whether his spiritual practices truly facilitate the transformation of a deeply troubled mind and bring about healing and restoration of well-being. Third, I will expound Evagrius' writings on prayer and examine its connection with the health of souls.

3.1 The most suitable spiritual model of healing

There are at least three reasons to support the choice of Evagrian prayer as the most representative Christian spiritual model. First, Evagrius' spirituality is rooted in the patristic tradition, the Trinitarian theology of the early Christian Church.[1] Twentieth-century scholars have recognised Evagrius as the "father of our literature of spirituality,"[2] the constructor of "the first complete system of Christian spirituality,"[3]

[1] Bunge, "The 'Spiritual Prayer': On the Trinitarian Mysticism of Evagrius of Pontus."

[2] Owen Chadwick, *John Cassian*, 2nd ed (London: Cambridge U.P, 1968), 86.

[3] Louis Bouyer, *The Spirituality of the New Testament and the Fathers*, History of Christian Spirituality 1 (New York: Seabury Press, 1963), 381.

and "the teacher of prayer par excellence."[4] Evagrius' writings are the fundamental resource in understanding authentic Christian prayer.

Second, Evagrius' teachings reflect the collective wisdom of the Coptic desert fathers from about the time of St. Antony (AD 251-356) and Amoun of Nitria (AD 295-353) onwards.[5] These desert fathers practised strenuously with various forms of prayer day and night for the healing and salvation of theirs' and others' souls. Prayer to them was "a lifetime of striving to re-direct every aspect of body, mind and soul to God."[6] This experience of orientating towards God through prayer allowed them to know God intimately and to overcome challenging situations. This abundant "participatory knowledge" of prayer can serve as a valuable comparison with the results of clinical trials for the effect of prayer on well-being.[7]

These numerous individual desert cases resemble participants in the studies of spiritual interventions, as they had experienced the impact of a wide variety of prayer

[4] Augustine Casiday, ed., *Evagrius Ponticus* (London: Routledge, 2006), 3.

[5] Mark DelCogliano, "The Quest for Evagrius of Pontus: a Historiographical Essay" (American Benedictine Review, December 2011), 387-401; Michael O'Laughlin, "Closing the Gap between Antony and Evagrius," in *Origeniana Septima*, ed. Wolfgang Bienert and Uwe Kühneweg (Leuven: Peeters, 1999), 345–54. Evagrius was the first to write down the oral teachings about the spiritual life transmitted from generation to generation among the ascetics of Nitria and Scetis. He was also the most representative of the desert fathers' insights.

[6] Ward, foreword to *The Sayings of the Desert Fathers*, xxi.

[7] Here, I take participatory knowledge to mean that this knowledge is gained by those who truly enter into communion with the Christian God, the Holy Trinity. It is not gained by subject-object observation or mental speculation. This knowledge is not merely an individual, personal, experience, but is developed through participating in the biblical revelation of the communion of the Holy Trinity wherein through Christ and the Holy Spirit one can approach the Father.

experiments on their physical, mental and spiritual health. Consequently, the value of this knowledge may go beyond clinical trials, because these desert cases are like a longitudinal study of prayer over a much longer time span (about three generations, 150 years) and much greater sample sizes (thousands of people) than ordinary studies of a spiritual intervention. In light of this, Evagrius' writings are very important because no other desert father has written any treatise on prayer or related topics.

Third, in his writings, Evagrius has shown clear familiarity with the problem of depression and he seems to offer helpful counsel for his fellows to overcome this affliction. The discussion of depression is under the thoughts (*logismoi*) category of acedia (a transliteration from the Greek term *akêdia* which can be translated into English *despondency*). For Evagrius, *logismoi* are "tempting persuasions,"[8] prompted by the demons, that first arise in the heart, and will take root in the mind if passed there without examination, ultimately provoking outward actions if human consent is given.[9] Thus, a merely tempting thought can soon turn into a passion (*pathos*), a "disordered impulse,"[10] if the person does not resist or contend against the evil suggestion. The passions are illnesses which distort human nature and misdirect human life.

Evagrius' diagnosis of acedia is briefed as follows. Firstly, he conceptualised the passion of despondency as a demonic attack and named the demon of acedia "the

[8] Gabriel Bunge, *Despondency: The Spiritual Teaching of Evagrius Ponticus on Acedia* (Yonkers, N.Y: St. Vladimir's Seminary Press, 2012), 41.

[9] *Eulogios* 13; *Thoughts* 19; *Praktikos* 75.

[10] Kallistos Ware, "Ways of Prayer and Contemplation: I. Eastern," 397.

noonday demon," since it often disturbed the monks between 10 am to 2 pm in the desert environment, but it was no less active during the night when the monks kept vigil.[11] The intensity perhaps makes Evagrius think that it is "the most oppressive of all the demons,"[12] as he describes: "Other demons are like the rising or setting sun and affect only one part of the soul; but the noonday demon generally enfolds the whole soul and suffocates the mind."[13]

Secondly, he observed that the demon stimulated the feelings of tedium, ennui, emptiness, listlessness, made the heart anxious and the mind unable to concentrate on a single task.[14] As he describes, "Then it assails him with hatred of his place, his way of life and the work of his hands; that love has departed from the brethren and there is *no one to console* him."[15] After the demon has lingered longer, the soul would fall into a deep depression. Evagrius articulates this grave condition with clarity so as to exhort the soul to combat the demon:

> Against the soul that, due to the thoughts of sloth and listlessness that have persisted in it, has become weak, has been brought low, and has dissipated in the miseries of its soul; whose strength has been consumed by its great fatigue; whose hope has nearly been destroyed by this demon's force; that has become mad and childish with passionate and doleful tears; and that has no relief from anywhere.[16]

---

[11] *Praktikos* 12; *Eulogios* 9.

[12] *Praktikos* 12, 28.

[13] *Praktikos* 36. Trans. by Dysinger, http://www.ldysinger.com/Evagrius/01_Prak/00a_start.htm

[14] *Vices* 6.4; *Eight Thoughts* 6.1, 6.10-16; Bunge, *Despondency*, 45-47.

[15] *Praktikos* 12. Trans. by Dysinger.

[16] *Ant* VI 4.38. in Evagrius, *Talking Back : A Monastic Handbook for Combating Demons*, trans. David. Brakke (Trappist, Ky.: Cistercian Publications, 2009).

Thirdly, he discovers that anger and a frustrated desire have a synchronised relationship with the movement of despondency.[17] He states: "Acedia is a simultaneous, long-lasting movement of anger and desire, whereby the former is angry with what is at hand, while the latter yearns for what is not present."[18] Bitterly confused, when the soul is plagued by acedia, she becomes very irrational—hating what is available, desiring what is unavailable,[19] because both anger and desire are coming from the irrational power of the soul.[20] He also acknowledges that sadness is "the immediate cause of despondency,"[21] but he distinguishes sadness from despondency, pointing out that "Sadness is one who dwells over loss,"[22] and "is constituted by the frustration of an appetite [of the flesh], and an appetite is joined to every passion."[23] Since these misused passions and frustrated desires are entwined with each other to paralyse the soul, if one is to heal the illness of despondency it is essential to deal with the roots of all passions together at the same time. This means that one must deal with the thoughts (*logismoi*), where the passions originate from, including all eight categories.

[17] Bunge, *Despondency*, 54-57.

[18] *In Ps* 118.28, trans. in Bunge, *Despondency*, 54.

[19] *Lt.* 27.6, trans. in Bunge, *Despondency*, 57.

[20] Anger comes from the incentive power, (*thymikon*) and desire from the desiring power (*epithymētikon*).

[21] Bunge, *Despondency*, 84.

[22] *Vices* 4.

[23] *Eight Thoughts* 5.10.

In the unbearable situation, the demon of acedia can drive the depressed person to suicide. As Evagrius describes:

> If he lingers on [as despondency], then he plants thoughts which advise the soul to escape [the body] or coerce it to run far away from its present abode. This is also what the saintly Job pondered once and endured, when he was troubled by this demon: "O that I could bring myself to lay hands upon myself, or at least ask someone else to do this for me![24]

Although it is understandable that the hopeless soul desperately attempts to free herself from the endless torture of despondency as quickly as possible, Evagrius strongly advises against this option, as he warns: "The one who is liable to passions and prays that his departure may occur soon is similar to a man who is ill and asks the joiner to break up his bed soon."[25] For Evagrius views the present life of any Christian in a mortal body as the preparation stage of an engaged virgin for purification, spiritual growth in virtues and participation in the divine communion that prepares the embodied soul to enter the wedding with her bridegroom, Jesus Christ, in the new heaven and earth.[26]

If this unrelenting condition does not go that far, despondency may still make the soul "unfeeling" which is spiritual death.[27] He uses the image of a dark army overpowering the soul to depict spiritual death: "The demons prevail over the soul when

---

[24] *Thoughts* 12, trans. Bunge, *Despondency*, 84.

[25] *KG* IV, 76.

[26] *Virgin* 55.

[27] Bunge, *Despondency*, 90-91.

the passions are multiplied, and they render man insensible by extinguishing the powers of his sense organs for fear that by perceiving a nearby object he will make the nous ascend as from a deep well."[28] Overall, for Evagrius, despondency is clearly a spiritual-psychosomatic condition, an illness for the whole being.

The above descriptions of despondency are very similar to the contemporary phenomenon of depression: feelings of emptiness, a lack of motivation and energy to live, a lack of control over automatic negative thoughts, a sense of disconnection and hopelessness. Evagrius not only provides a clear analysis of depression but also of its remedies. To list a few here: He suggests that perseverance is the key virtue to combat the demon of acedia.[29] He also sees the rewards of winning this battle, in that it trains the soul to the highest degree and will drive away the demons of vainglory along with it.[30] He encourages the nurturing of thankful acceptance in the face of severe attack, seeing this as purifying the spiritual eyes to "perceive more clearly the grace of assistance," rather than to flee and avoid such battles because this action "teaches the mind to be unskilled, cowardly and evasive."[31]

All of these qualities and capacities to fight such battles are developed through the practices of Evagrian prayer, as will be discussed later in this chapter. In brief,

---

[28] *KG* IV, 85. Trans. Dysinger, http://www.ldysinger.com/Evagrius/02_Gno-Keph/00a_start.htm

[29] *Eight Thoughts* 6.17; *Eulogios* 8; *Praktikos* 28; *Vices* 6.4.

[30] Ibid.

[31] *Eulogios* 8; *Praktikos* 28.

Evagrius' participatory knowledge in tackling depression is deeply rooted in patristic theology and wisdom of three generations of desert trials. His investigation of the influences and interactions of eight "demonic thoughts" is most suitable for constructing a spiritual model of healing for depression.

3.2 Evagrius as spiritual father

It is necessary to examine Evagrius' life as a case study for the impact of prayer. One may think that focusing only on Evagrius' writings will suffice to illustrate his viewpoint about prayer. This approach is not workable for two reasons, however. Firstly, we cannot separate Evagrius' "theory" from his "practice" because this would violate the spirit of his teachings which is embodied in his prayer life. As he says: "If you are a theologian, you pray truly; if you pray truly, you are a theologian."[32] By this he means that the "knowledge" of God and the "experience" of prayer always go hand-in-hand. If we want to examine his experiential teaching of prayer properly, we must not skip his private practice of prayer. Secondly, the scholarly consensus is that, not only Evagrius, but all "the desert fathers taught their disciples through the example of the life they led."[33] If we want to understand why a desert father suggests a certain form of prayer as a remedy for a certain malaise of the soul, we must look into his life and

[32] *Prayer* 60. William Harmless' translation. In his *Desert Christians: An Introduction to the Literature of Early Monasticism* (New York: Oxford University Press, 2004), 350.

[33] This quote is from Michael O'Laughlin from his "Origenism in the Desert: Anthropology and Integration in Evagrius Ponticus," (ThD diss., Massachusetts: Harvard University, 1987), 7. Nevertheless, most scholars shared this viewpoint, such as John Eudes Bamberger, Gabriel Bunge, William Harmless, Douglas Burton-Christie.

milieu. Without cultivating the affinity of the immediate context of Evagrius' life, we cannot fully comprehend his writings and teachings, since there is a cultural gap of at least 1600 years between us.[34]

To know Evagrius' life, fortunately, we have the first-hand eyewitness reports written by his disciple, Palladius (AD 363-431).[35] He was with Evagrius and shared his private experiences for nine years, saying that "He never hid anything from his disciples."[36] Evagrius' life circumstances can also be confirmed by his own writings and are enriched by other contemporaries' letters and accounts.[37] We also have some brief accounts written by other younger contemporary historians adding more information about Evagrius.[38] The framework of Evagrius' life provided by these historical sources

[34] For the discussion of affinity, see Columba Stewart, "'We'? Reflections on Affinity and Dissonance in Reading Early Monastic Literature." *Spiritus: A Journal of Christian Spirituality* 1, no. 1 (2001): 93–102.

[35] Palladius the bishop wrote *Lausiac History* as his "memoir" at the request of Lausus the royal chamberlain at the court of Theodosius II, for Lausus' strong wish "to be taught the words of true edification." It has always been the principal source through which all Evagrian scholars seek to construct Evagrius' biography.

[36] Tim Vivian, trans. *Four Desert Fathers*: Pambo, Evagrius, Macarius of Egypt and Macarius of Alexandria: *Coptic Texts relating to the Lausiac History of Palladius* (Crestwood, NY: St. Vladimir's Seminary Press, 2004), 86.

[37] Here and there Evagrius' own writings would show traces of his earlier experiences and his 64 letters are especially useful in identifying his feelings and reflections within the context. We know some additional details of his life through the Letters of Gregory Nazianzus, Basil, and Jerome, and also *Historia Monachorum* (both Greek and Rufinus' Latin translation) and *Apophthegmata patrum*.

[38] Socrates, *Ecclesiastical History; According to the Text of Hussey*. (Oxford: Clarendon Press, 1878), 4.23; Sozomen, *The Ecclesiastical History of Sozomen: Comprising a History of the Church from A.D. 324 to A.D. 440.* (London: H.G. Bohn, 1855), 6.30; Gennadius of Marseilles, *De viris illustribus* II. Translations are found in *Nicene and Post-Nicene Fathers*, 2nd series, v.2 &3 (reprint: Edinburgh: T&T Clark, 1989).

is consistent with the basic sequence of events of his life depicted in the *Lausiac History* and the Palladian material.[39]

The historian Socrates Scholasticus (AD 380-450) recommended Palladius' treatise as a reliable source:

> Should anyone desire to become acquainted with their history, in reference both to their deeds and experiences and discourses for the edification of their auditors, as well as how wild beasts became subject to their authority, there is a specific treatise as on the subject, composed by the monk Palladius, who was a disciple of Evagrius, and gives all these particulars in minute detail.[40]

---

[39] Palladius' *Historia Lausiaca* has come down to us with various redactions. Dom Cuthbert Butler was at pains to examine "numerous patently tendentious variants in the Greek manuscripts and the several versions in order to decide the original form and language in which it was written. His critical edition strongly relies on the Paris manuscript (P), the so-called G text: *The Lausiac History of Palladius: A Critical Discussion Together with Notes on Early Egyptian Monachism* (Cambridge: Cambridge University Press, 1898-1904; reprint, Hildesheim: George Olms, 1967). Its English translation was done by Robert T. Meyer, *Palladius*, The *Lausiac History*, Ancient Christian Work 34, (New York: Newman Press, 1965; reprint: Paulist Press). Other Palladian material relating to the *Lausiac History* has been preserved in the Coptic liturgical tradition, however, which contains four brief *Lives* of the monks: Pambo, Evagrius Ponticus, Macarius the Egyptian, and Macarius the Alexandrian. Originally, Butler's judgement was that the four *Lives* seem to be translations, reworkings, and expansions of materials drawn from Palladius. In the early 1990s, however, two leading scholars, Adalbert de Vogüé and Gabriel Bunge, argued that these four *Lives* are not translations of material from the *Lausiac History*, but that the materials come from Palladius' earlier writing, thus they are called the Coptic Palladiana (see Gabriel Bunge and Adalbert de Vogüé, *Quatre ermites égyptiens: d'après les fragments coptes de l'Histoire Lausiaque*, Spiritualité Orientale 60 (Bégrolles-en-Mauges: Bellefontaine, 1994). One part of the evidence for this is that in Socrates' *Church History*, there is a story about Pambo, where Socrates acknowledges that the material is drawn from "the monk Palladius" (not the later bishop Palladius). But this same story does not appear in the Greek version of the *Lausiac History*; instead, it exists in the Coptic *Lives*. Another reason is that the Coptic *Life of Evagrius*, though fragmentary, preserves a more accurate detailed account of Evagrius, whereas Butler's G text only uses a few sentences to relate the event. For example: from the Coptic *Life*, the debate between Evagrius and three demons disguised as clerics is theologically accurate, for we can find corresponding ideas in his writings and in the challenge of his contemporary church and it is very unlikely to come from the later post-Chalcedonian Egypt. (This story has survived in a large fragment of Greek text which was published by J–B. Cotelerius, in *Ecclesiae Graecae Monumenta III* (Paris, 1686) and reproduced from Paris GK1220 f. 27IV by Butler. According to William Harmless, "the authenticity of the material contained in the longer Coptic version is now generally accepted." (in *Desert Christian*s, 303). According to De Vogüé and Bunge, therefore, the four Coptic *Lives*, are not an expansion of the *Lausiac History*; instead, the Greek *Lausiac History* is an abbreviation of these *Lives*. Discussion of the possible reasons for a later "purified" abridged version can be seen in De Vogüé and Bunge, *Quatre ermites égyptiens*, and Tim Vivian's introduction of *Four Desert Fathers: Pambo, Evagrius, Macarius of Egypt and Macarius of Alexandria: Coptic Texts relating to the Lausiac History of Palladius.*

[40] Socrates, *HE* 4.23.

The details about Evagrius' inner life that can be gleaned from the Palladian material can therefore be said to carry the weight of a first-hand historical account. Although Palladius openly acknowledges his indebtedness to Evagrius' teaching and exemplary life, at the same time he is fully aware of critical judgement, as he writes: "In order that someone not think that I am praising him or showing favouritism towards him, as Christ is my witness I saw the majority of his virtues with my own eyes as well as the wonders that he performed."[41] This "open partiality" of Palladius shows that he exercises his self-consciousness and reasonable judgment in writing Evagrius' account.[42]

Moreover, even though Palladius saw the wonders that Evagrius performed, he relates none of these wonders in his memoir, so it is evident that his writing of Evagrius' account is selective and self-restrained.[43] As a close companion by Evagrius' side, Palladius does not whitewash Evagrius. Instead, he is willing to let Evagrius speak for

---

[41] Tim Vivian, 73.

[42] Reiner discusses Halphen's idea that open partiality in an historian has the advantage of warning us against his limitations. L. Halphen, *Introduction à l'Histoire* (1946), 30, discussed in G.J Reiner, *History: Its Purpose and Method*, (London, Great Britain: George Allen & Unwin Ltd, 1950), 250.

[43] Even though Palladius did not record these wonders, the later historians seem to have reliable sources to support this memory of Evagrius. For example, Socrates writes: "miracles were done by his hands as numerous and important as those of his preceptors" and Gennadius also briefs Evagrius' life as "mighty in signs and miracles." See Socrates, HE 4.23; Gennadius of Marseilles, *De Viris Illustribus* II. For the exercise of selectivity and self-restraint, in our contemporary criteria of historiography, as James Bradley and Richard Muller observe, entire objectivity and total reproduction are not attainable because "it is of the very essence of sound historiography that it be selective." They also confirm that the objectivity of history can still be achieved by "a willingness to let the materials of history speak in their own terms while the historian, at the same time, exercises a combination of critical judgement and careful self-restraint." See James Bradley and Richard Muller, *Church History: An Introduction to Research, Reference Works, and Methods.* (Grand Rapids, MI: Wm B. Eerdmans, 1995), 48-49.

himself as Palladius carefully reveals what he heard from Evagrius about his past secret, failures and inner struggles. Therefore, Palladius' account is a valuable historical source for us to trace out Evagrius' spiritual journey of healing and transformation.

Now, let us examine Evagrius' quest for his salvation in order to find out how he attains inner freedom and wholeness. To do this, we need to first analyse his life circumstances because they shed light on his teachings.

We know little about Evagrius' youth, and his early career; nevertheless, with the help of the aforementioned sources we can piece together a coherent picture of Evagrius from these fragments and decipher his life circumstances and psychological background.

3.2.1 His spiritual formation

Evagrius was born about AD 345 to a Christian family, of the native of Ibora in Pontus (Roman Cappadocia, present-day Turkey).[44] His father was a chorbishop, whose role entailed the responsibility to travel around to oversee many churches, so it is very possible that he could not stay at home with Evagrius as often as he wished.[45] Since a chorbishop was under the jurisdiction of a metropolitan bishop, this signals that his

[44] Ibora was located almost directly north from Caesarea, two-thirds of the way to the Black Sea coast, near the junction of the Iris and the Lycus River.

[45] Robert Meyer notes in *LH*: In the early church a chorbishop (*chorepiskopos*) "was a bishop of a country district in full episcopal orders, but with restricted powers," since he "could confer only minor orders and was under a metropolitan bishop." Meyer, *LH*, 200. n. 340.

father would have a regular contact with his neighbouring metropolitan bishop, and in 370 this see was taken over by Basil who had become the bishop of the Cappadocian metropolis of Caesarea. Even before 370, very likely, Evagrius' father would have already known of the household of Basilius and Emmelia, since this was a famous family of Cappadocia and Ibora lay just a short distance from Annisa, where the Basilian family estate was located.

When Basil returned from Athens and retreated to Annisa for an ascetic life in about 358, as one of the trailblazers in the monastic movements, Evagrius was in his early adolescence; later in his twenties, he was ordained as a lector by Basil (as bishop from 370-379) and was thus admitted to the clergy of Caesarea. We can see the influence of Basil in Evagrius' later spiritual development: such as Basil's ascetic orientation, the emphasis on "give heed to thyself" and Basil's consistent awareness of the interrelationship between inner silence, prayer, and spiritual transformation.[46]

The most distinctive mark that Basil left on Evagrius is in the famous *Epistula fidei* with its remarkable elaboration of Trinitarian theology. Although this letter was long attributed to Basil as his *Letter* 8, until in 1951 scholars started to vacillate on whether Basil or Evagrius should be credited and they finally found it was composed by

[46] Basil of Caesarea. "Homily on the Words, 'Give Heed to Thyself'" in *Ascetical Works*, translated by Monica Wagner. Fathers of the Church 9. (Washington, DC: Catholic University of America Press, 1950), 431-446; Anne Gordon Keidel, "Hesychia, Prayer and Transformation in Basil of Caesarea," in *Studia Patristica Vol 37* (Leuven: Peeters, 2001), 110.

Evagrius.[47] Basil's close influence in shaping Evagrius' theological contour remained evident even after he had himself become a famous desert father, as can be seen in his willingness to quote Basil in *Gnostikos* 45:

> That column of truth, the Cappadocian Basil has said: the Knowledge which comes from men is strengthened by careful meditation and diligent exercise; however, the [knowledge] that by God's grace has come to be within us [is strengthened] by justice, by refusal to indulge anger, and by compassion. The first [knowledge] can be received by those still subject to passion; the second [knowledge] is received only by those [who have achieved] *apatheia*—those who are also able at the time of prayer to contemplate the illuminating gentle radiance proper to their *nous*. (*Gnostikos* 45).

From this statement, we can recognise that the key components of Evagrius' spiritual progress (careful meditation, diligent exercise, God's grace, passion, *apatheia*, and the illuminating radiance) are embedded in the seed of truth sowed by Basil.

In addition, the heartfelt gratitude that Evagrius expresses to Basil's best friend, Gregory of Nazianzus, suggests that he may have played an even more decisive role in Evagrius' earlier spiritual formation: "to the prayers and intercessions of Gregory the just who planted me" (*Praktokos*, Epilogue).[48] The word "planted" indicates an earlier fundamental influence, but Palladius' account only shows that, soon after Basil's death, Evagrius left his native Cappadocia to follow Gregory's steps to Constantinople, and that happened in 379 when he was already about 34. Under what circumstances he made

[47] For the attribution discussion see: Saint Basil, *Letters*, translated by Agnes Clare Way. Fathers of the Church 13, (Washington, DC: Catholic University of America Press, 1951), 21-40; Harmless, *Desert Christians*, 313.

[48] In this Epilogue, Evagrius gives thanks to three levels of help, the first one he names is Gregory, who planted him, and the holy fathers are those who watered him, and Christ Jesus is who has granted him growth. In this list, Basil's name is not mentioned.

this major transition in his life may not be easily identified; nevertheless, the explanation to his friends in his homeland in his *Epistula fidei* may shed some light on the cause of his inner situation. In this letter he admitted to "have become a fugitive" and his friends "were trying with bonds of nostalgia to draw a fugitive back to his own people" so he explained the reason as follows:[49]

> First and foremost, I was caught out by an unexpected event and could not keep hold of my thoughts, as happens when by sudden noises people are utterly taken by surprise; but fleeing, I travelled far away and have dwelt for some time away from you. Furthermore, a certain longing for godly teachings, and for the philosophy pertaining to them, overtook me. 'For how', I asked, 'could we conquer the evil that dwells within us? Who would be my Laban freeing me from Esau and leading me to the highest philosophy?' But since, with God's help, we have as far as possible attained our goal by having found a 'vessel of election' and a deep well-spring—I mean Gregory, the mouthpiece of Christ—a little time, I beg you, grant us a little time! We ask this, not because we welcome life in the cities (for it has not escaped us that the Evil One devises deceit for men by such means)—but rather because we judged that the society of holy men is most helpful. For in speaking a bit about godly teachings, and more frequently in listening, we are acquiring a habit of contemplation that is not easily lost. This is how it currently is with us. (*Epistula fidei*, 1.2-3)

Based on this passage, Luke Dysinger deduces Evagrius' reason for joining Gregory in Constantinople as that "[e]motionally shattered by Basil's death, he fled Caesarea" and "after recovering from the shock of Basil's death he was overcome by 'a longing for divine teachings and their attendant philosophy.'"[50] While this might be true, I would suggest that Basil's death may not have caused such a traumatic effect in Evagrius' heart since his letter did not show any mourning or a strong attachment to Basil; rather, his disturbance and bewilderment may come from the church politics

[49] *Epistula fidei* 1.1. Trans. Casiday in *Evagrius Ponticus*, 46.

[50] Dysinger, *Psalmody and Prayer*, 9-10.

involved in deciding the successor to Basil in Caesarea immediately after his death, and it was this that was the "unexpected event" that provoked the urge to seek "godly teachings" to "conquer the evil that dwells within us."

As for his association with Gregory, according to Sozomen, Evagrius "had studied philosophy and the Sacred Scriptures under Gregory, bishop of Nazianzen, and had filled the office of archdeacon in the church of Gregory at Constantinople."[51] Although this passage reports that Evagrius was under Gregory's tutelage it does not indicate when this happened. If Gregory's formative influence on Evagrius only began in Constantinople, would he have had the time to pay personal attention to Evagrius and to "plant" him in the midst of the intense struggle against the Arians, within such a short and turbulent period?[52] Indeed, he was plagued by unending intrigues and soon resigned his archiepiscopacy in the middle of 381. A more plausible deduction offered by

[51] Sozomen, *HE* 6.30; here, the term "philosophy" means asceticism as J. Gribomont explains: "a classic term in the language of Gregory of Nazianzus or Gregory of Nyssa for signifying monasticism, and Basil himself recognized this meaning. (In this period, a wise professor, stranger to ecclesiastical affairs, was not called a philosopher, but a sophist.)" in Gribomont, "Eustethe le Philosophe," 117, cited in O'Laughlin, "Origenism in the Desert," 25. Also see the discussion in Douglas Burton-Christie, *The Word in the Desert: Scripture and the Quest for Holiness in Early Christian Monasticism*, (Toronto: Oxford University Press, 1993), 49. There, Burton-Christie notes that by the second century C.E. the philosophical schools were focusing more on their ways of life, not merely as intellectual schools of thought, so religious question were central to them. Thus, "the term 'philosophy' came increasingly to mean the quest for God" in daily language.

[52] Socrates, *HE*, 5.6-8; O'Laughlin, "Origenism in the Desert," 28. (In this period, Gregory served as a called foreign bishop in a small church, later called Anastasis, within this capital city with a majority Arian population, (watching the Emperor Theodosius depose and expel the Arian bishop, Demophilus, in 380, and escort the Nicene congregation to the central church of the Apostles and "understanding that some murmured at his preferment because he was a stranger,) so in order to achieve Christian witness in peace and union he resigned the bishopric of Constantinople, resembling himself as Jonas, giving himself up as a victim for the safety of the ship.

Michael O'Laughlin, and supported by Augustine Casiday, is that while Evagrius was in his teens, Gregory had tutored him personally.[53]

The evidence for this comes from Gregory's letter to a certain Evagrius (addressed as "Your Excellency" as would be fitting to his chorbishop dignity), to discuss the education of his son, Evagrius, then 15 years old.[54] In this letter, Gregory describes that Evagrius was already endowed with eloquence and needed no further teaching in rhetoric. But, in Gregory's tuition, he valued one thing above all others, that is, to have instilled in him "the fear of God and the decision to disdain temporal concerns."[55] He also mentioned that "we have prayed together and still pray the most beautiful prayers to Him, that those principles which he receives from us he will in the end bring to fruition and we will receive some "fruit" for our diligence."[56]

Comparing the above closely to Evagrius writings, this deduction seems to be correct, for the fear of God and the ascetic practice do lie at the foundation of Evagrian prayer and it explains well why Evagrius attributes most of his theological framework to

[53]O'Laughlin, "Origenism in the Desert," 12- 15, 20-26. Augustine Casiday, *Reconstructing the Theology of Evagrius Ponticus: Beyond Heresy*, (Cambridge, UK: Cambridge University Press, 2013), 13-17.

[54] *Epistula* 3 of Gregory of Nazianzus is translated by Michael O'Laughlin with its Greek original text in his "Origenism in the Desert," 13. Between about 357 or 358 and 361, Gregory joined Basil's retreat in his family estate at Annisa, and in this period, they together compiled their anti-Arianism collection of excerpts from Origen, the Cappadocia *Philokalia*, cf: Gregory of Nazianzus, *Letter 1, 4, 5, 6*, 115. trans. by C. G. Browne and J. E. Swallow, in *Nicene and Post-Nicene Fathers*, 2nd series, VII, (Oxford: Parker, 1894): 446-448, 472.

[55] Gregory, *Epistula 3*. O'Laughlin's translation.

[56] Ibid.

Gregory (addressed as the just Gregory, our wise teacher), and not Basil or Origen.[57] Moreover, Evagrius fully integrated Gregory's theological orations to his writings, to an extent that "[e]lements of similarity between Gregory's and Evagrius' thinking are beyond dispute," asserts Casiday.[58] They also maintained a life-long mutual affection, as shown in Gregory's will.[59] Given that their association began very early, it is not surprising that Gregory "took note of his fitness" and ordained him archdeacon right after Evagrius arrival in Constantinople, rather than subjecting him to any trial period prior to being chosen as the right-hand man of the bishop.[60]

From Evagrius' writings, we can see that he was not only good at oratory, but was also familiar with Greek classics, including knowledge of medicine and mathematics. In our contemporary terms, his education was well-rounded. Indeed, he was very useful in assisting Gregory's ministry and it may even be possible that Evagrius was involved in the drafting and editing of Gregory's great orations defending

[57] The fear of God and abstinence are established in his fundamental schema, as showing in *Praktikos* 8, 81; *Monks* 3-4, 68-9. Evagrius would be familiar with Origen's works but he never mentioned Origen's name in his works; rather, when he talks about the tripartite anthropology he attributes this to Gregory. This may due to him having learned about Origen's concepts from Gregory's teachings and interpretation through the Cappadocian *Philokalia* in his youth, so he totally depended on Gregory as his source.

[58] For example, Gabriel Bunge notices that Evagrius' Christological statement in *KG* IV. 18 is a citation of Gregory's *Oration* 30. I also find that in the *Letter to Melania*, Evagrius' Christology, his concept of Christ's incarnation, is clearly developed from Gregory's *Oration* 30. His Trinitarian arguments in *Epistula fidei* also closely connect to Gregory's orations delivered in Constantinople in 379-380. See Dysinger, *Psalmody and Prayer*, 208. Casiday, *Reconstructing the Theology of Evagrius Ponticus*, 17.

[59]Gregory bequeathed Evagrius, in thanks for his steadfast support, 'a shirt, a tunic, two cloaks, and 30 gold pieces'. In Gregory Nazianzus, *Exemplum Testamenti*, PG 37.393, cited and translated in Dysinger, *Psalmody and Prayer*, 10.

[60] Palladius, *LH* 38.2.

Nicene theology.[61] In Gregory's *Testament* of 381 he especially mentions his assistance and support: "To Evagrius the deacon who labored and strove together with me, and who so often proved his good will, I render thanks before both God and men."[62]

His character and talents were highly recommended such that upon Gregory's resignation in 381 he was left to Nectarios, Gregory's successor as archbishop. In Nectarios' service, especially during the Ecumenical Council of Constantinople, Evagrius demonstrated exceptional rhetorical skills, "confuting every heresy with youthful exuberance."[63] As a result, he won the honour of the whole city.[64] During this period, from Evagrius' late-twenties to his thirties, we can see that though he was a well-rounded young adult he was still in need of mentorship. Unfortunately, both of his spiritual fathers left him in an untimely fashion, one by death and the other by unexpected circumstance. Thus, on one hand, a promising ecclesiastical future was waiting for him; on the other hand, when the spotlight was turned on him, the unexpected test also came.

3.2.2 The first stage of healing and transformation

[61] J. McGuckin, Saint Gregory of Nazianzus: An Intellectual Biography (Crestwood, NY: St Vladimir's Seminary Press, 2001), 276-278. Casiday, *Evagrius Ponticus*, 8; Casiday, *Reconstructing the Theology of Evagrius Ponticus*, 17.

[62] Gregory Nazianzus, *Exemplum Testamenti*, PG 37.393.

[63] *LH* 38.2.

[64] *LH* 38.3; Vivian, 75.

Not long after Gregory's departure, Evagrius fell into temptation. As Sozomen elaborates, Evagrius "was handsome in person and careful in his mode of attire,"[65] thus, he was attractive even to a married woman. Later in his life, having overcome this temptation, he revealed a secret to Palladius that because of his pride and arrogance he became ensnared in inebriation of desire for a married woman.[66] Through his fear of God and with respect to his conscience, he pondered how much delight the enemies of God would gain, and how much disgrace he would receive from those heretics defeated by his forceful eloquence, so he prayed humbly before God to free him from this passion and warfare. Indeed, he had no power to break the bonds of concupiscence because "the woman persisted in her madness for him to the point that she made a public spectacle of herself …and his thoughts were held captive by pleasure *like a child*."[67]

Yet, he beseeched God continuously and swiftly God came to his aid. Via an angelic vision at night, Evagrius experienced a dramatic arrest: with iron collars around his neck, chains bound his hands and feet, soldiers of the governor were taking him before a judge, without telling him the charges. While waiting for trial along with forty other thieves, his own conscience convicted him on account of the affair with the woman and he thought this trouble was caused by her husband's accusation. Then the angel who had brought the vision changed the scene, appearing as one of his friends, coming to pay him a visit and comfort him while he was in custody anxious about the

[65] Sozomen, *HE,* 6.30.

[66] *LH* 38.3.

[67] Vivian, 76.

outcome. Through the conversation, the angel convinced him that it would not be good for him to stay in this city. If he would swear on the Gospel that he would not remain in the city and that he would show concern about the salvation of his soul, the angel would save him from this trouble. Accordingly, he did swear by the Gospel, asking for one day to pack his clothes and would then leave. As soon as he finished the oath, he woke up from the vision and immediately took the action, loading everything aboard ship and sailing for Jerusalem. For he decided: "even if this oath was made in my vision, nevertheless, I did swear it."[68]

From this experience perhaps Evagrius learned the first lesson that passionate thoughts can be healed through renunciation. When seeking God's intervention via prayer, one must not only believe that God has the power to effect a release from personal crisis, but one must also be willing to entrust oneself fully and humbly to God's sovereignty. This means cooperating with God's plan, following his guidance no matter how one feels. This kind of prayer may be answered on the basis that God's good, pleasing and perfect will may be done on earth as in heaven. Through prayer, Evagrius' life was rescued from shameful ruin, meaning that he would not live in guilt-laden regret struggling with a broken integrity. Even though the fire of lust almost consumed him, prayer made use of this fire to allow God to purify and strengthen his inner self. This signals the first stage of his transformation, initiated by prayer, cultivated by renunciation. As he later reflects: "The first renunciation is voluntary abandonment of the objects of this world for the sake of knowledge of God" (*KG* I.78).

[68] *LH* 38.7.

3.2.3 The second stage of healing

In Jerusalem, Evagrius was welcomed by Melania, a Spaniard of Roman senatorial rank, who accommodated Evagrius in her hospice monastery on the Mount of Olives, co-governed by Rufinus. Even so, having lost the prospects of a glamorous career in Constantinople and with little hope of returning to his home community in Cappadocia,[69] his mind was likely to have been filled with uncertainty and anxiety. Moreover, having fled Constantinople in secret and in shame, and given his honourable family background and great connections with Basil and Gregory, his heart was probably deeply troubled and depressed. Palladius therefore relates that "his heart doubted and became divided" but even in such a dilemma, he kept his secret to himself.[70] Furthermore, "on account of his boiling youthfulness and his very learned speech, and because of his large and splendid wardrobe (he would change clothes *twice a day*), he fell into vain habits and *bodily pleasure*."[71] Again, he had to combat disoriented desires in his heart, but this time not so much with a desire for a certain woman as with a passion of self-love.

Soon he contracted an illness that lasted for six months and the persistent fever consumed his flesh until he became "as thin as thread."[72] The doctors were puzzled by

[69] Evagrius, *Evagrius Ponticus*, ed. by Casiday, 8, 205, note 28. Casiday mentions Guillaumont's provisional account about the woman's husband that he was the city's prefect and a Cappadocian known to Gregory Nazianzus, hence it was impossible for him to return at that period.

[70] *LH* 38.8; Vivian, 78.

[71] Vivian, 78.

[72] Vivian, 78.

his illness and unable to cure him, but Melania asked him directly: "Son, I am not pleased with your long sickness. Tell me what is in your mind, for your sickness is not beyond God's aid."[73] So Evagrius poured out his heart before her. Upon learning of his painful past, like the angel in that vision she asked him: "Give me your word that you will take the monastic habit and, although I am a sinner, I will entreat my God through his grace to make you whole."[74] He did and within a few days he was fully recovered. Thus, Palladius comments that it is God, who always hinders destruction for us all, who sent this tempest of fever. After receiving the monastic habit, he set off to Egypt. Socrates notes that Gregory "went with him into Egypt."[75]

By this case, we learn that disoriented desires can be harmful, not only psychologically, but also physically. Ever since Evagrius made up his mind to lead a solitary life in prayer. He said: "The ascetic is one who is concerned solely with the achievement of perfect freedom in the portion of the soul subject to compulsions." (*Gnostikos* 2) Therefore, he kept reminding himself, even after being a famous teacher:

> Sit in the desert, O guilty soul, serve the Lord with fasting and prayer; do not consider the world that has hurt you so often, in so many different ways. Remember your old shipwrecks: recall how often pirates have sunk you; do not forget the sea and the wild waves. Do you not remember how after passing into the harbor of chastity your ship went down, together with all your chaste mental images? Do you not know what struck you when your ship crashed on the rock of your hard[-hearted]ness, cracking your ship's keel, the waters of resentment

---

[73] *LH* 38.9.

[74] Vivian, 78-79.

[75] Socrates, *HE*, 4.23.

> pouring in, swamping the ship and destroying your whole cargo of prayers? (*Letter* 52.2)[76]

This signals the second stage of his transformation. Although Palladius did not report that Evagrius was particularly praying for God's intervention as he seemed to be impeded in a confused state of loss; nevertheless, he was healed through the caring intercession of his community leader, Melania. This experience may form the foundation of Evagrian prayer theology that it is the Holy Spirit who takes the initiative to pray for us.[77] This experience also compels the second renunciation: "the laying aside of vice, which happens through divine grace and human diligence" (*KG* I.79). Indeed, divine grace is what he recognised, for it is through the workings of this grace that he gradually realised how vulnerable his humanity was, how urgent his need for healing. Later, he shared with his siblings when his father has passed away: "just as the son's illness grieves the father, so the disorder of the soul grieves God. At the sickening of the son the father calls the physician; but, God has sent the physician of our souls from heaven, so as to enchant human beings, thus bringing wickedness to virtue and ignorance to the knowledge of God." (*Letter* 57. 3.)[78]

3.2.4 The third stage of healing

Around 383 Evagrius settled in the mountain of Nitria, 30 miles south-east of Alexandria. With a strong sense of purpose and identity he received an initial cenobitic

[76] Dysinger's translation from Syriac version. www.ldysinger.com/Evagrius

[77] *Prayer* 62.

[78] Dysinger trans. http://www.ldysinger.com/Evagrius/11_Letters/00a_start.htm

training for two years and then moved to the remoter desert of Kellia (the Cells), a hermit colony about 15 miles south-west of Nitria.[79] There, he submitted himself under the discipleship of Macarius the Alexandrian, the priest of Kellia, and maintained regular visits to Macarius the Egyptian in Sketis, about 36 miles south-west of Nitria. Through these two famous Marcarii, he became familiar with the wisdom accumulated since the first generation of the desert fathers, and he thanks them as "the holy fathers who now water me" (*Praktikos*, Epilogue)

Like other intellectuals such as Arsenius, he found that these Egyptian peasants "had discovered a new alphabet, the subtle inner lettering of the human heart."[80] It seemed that these desert Christians made the human heart their text to be analysed in light of the Scriptures and to be mastered by their daily appropriation of the Scriptures. Following in the same way, Evagrius worked diligently to purify his heart and acquired from these fathers "the philosophy of deeds, whereas before he knew only a philosophy of words."[81]

During his fourteen years in Kellia, Evagrius had been fervently practising the spiritual training advised by his spiritual fathers, aiming to conquer his passions and work out his salvation. For he saw clearly that "although I promise spiritual withdrawal from the world, within my soul I have ceaseless interactions with human beings. Behold

[79] Dysinger, *Psalmody and Prayer*, 13, note 27. The site of Kellia was discovered by A. Guillaumont in 1964 and was confirmed as such by archaeological excavations in 1965.

[80] Cf: Arsenius 6, Ward, *The Sayings*, 10; Harmless, *Desert Christians*, 311.

[81] Historian Socrates' remark in *HE* 4.23, and I uses Harmless' translation in Harmless, 315.

I knock at every *door* and investigate every *city*, to see whether I can purchase the provisions of vainglory, to satisfy my miserable, vanity-loving soul." (*Letter* 7.1) Therefore, he comments, "Faith and baptism will not save you from the eternal fire without works of righteousness" (*Exhortations* 2.39). This works are meant to pursue virtues in cooperating with the Holy Spirit so that both his interior and exterior life will experience and show the effects of salvation; as for Evagrius, the practical life and contemplative life must meet each other.[82]

Thus, he led an intense and austere lifestyle, and lived with a very strict ascetic regimen in order to overcome the "demon of fornication."[83] Indeed, he fights against this temptation constantly, and he shares how he fights against this "thought of fornication that depicts in my intellect a married woman" (*Antirrhêtikos* 2.1). As a man raised in a delicate and refined manner of life, he purposely trained himself like an athlete competing for the heavenly prize. Once he remarks: "As it is impossible for an athlete to receive the crown without having competed, so it is impossible to become a Christian without a struggle" (*Exhortations* 2.17). Indeed, it was in the context of these competing demons who sought to defeat him in the race that Evagrius came to develop such a stringent regimen.

[82] *Monks* 121.

[83] *LH* 38. 11; cf. Vivian, 79-81 and note 70, 74. Where Macarius the Alexandrian advised him on how to oppose the spirit of fornication: "Do not eat anything in order to be filled up, neither fruit nor anything cooked over a fire." Thus, he learned that gustatory and sexual appetites have a strong connection and so he chose not to touch any green vegetable or fruit to give the body pleasure but only had bread. In the last two years of his life, he started to eat some herbs or barley gruel or porridge, due to the pain that occurred in his rectum and bladder.

Consequently, before his death, he could say: "This is the third year that I am not tormented by carnal desires."[84] Perhaps, because his personal history where he had once almost failed at the hand of fornication and he had been struggling continuously with this same demon, Evagrius led a rigorous ascetic life. Nevertheless, he had a balanced view of ascetic practices. For example, he employed the saying of Macarius the Egyptian to advise on maintaining the body's abstinence in balance: "The monk must ever hold himself ready as though he were to die tomorrow, and in turn must treat the body as though he would have to live with it for many years" (*Praktikos* 29)

Including the dietary discipline, his daily routine was sustained by prayer. In fact, Palladius, who spent nine years living in Kellia as his disciple, witnessed that Evagrius' victory over the passions was achieved after "a life of such toil and labour and continual prayer!"[85] With regard to sleep, Evagrius only slept four hours—a third of the night for the rest of the night he spent in pacing in his courtyard praying and mediating on biblical texts; during the day he did not take any nap, he would walk again in his courtyard to fight off sleep and kept meditating, examining his thoughts and praying.[86] Indeed, most of his waking time was devoted to prayer. Although he had to labour for bread like any other desert monk, he managed to do just enough scribal work to earn as much as he ate.[87] While copying, he recited the text so he would have meditated on it

[84] *LH* 38.13.

[85] Ibid.

[86] Vivian, 81, 82.

[87] *LH* 38. 10; 7.5. Palladius said the Oxyrhynchus calligraphy produced by Evagrius was very graceful so he must have had a high pay; whereas other monks mainly worked with their hands at weaving

during writing; in moments of manual labour he would retrieve these texts from his memory so as to maintain incessant prayer.[88]

His prayer life was structured, and he kept the canonical office twice a day like most other desert hermits in the late fourth century; in every office they prayed twelve psalms, by chanting each psalm with a pause for prayer in each interval.[89] Moreover, he was deeply immersed in the rhythm of psalmody and silent prayer throughout the day. Palladius observed that Evagrian prayer included 100-text prayer units each day.[90] This indicates that in addition to the 24 "psalm-prayers" he must have offered another 76 text-prayers in between the offices. According to the calculation made by Gabriel Bunge, on average, Evagrius would "have chanted a psalm and prostrated in prayer every ten minutes."[91]

---

flax, making linen or stitching up basket, and plaiting rope, so would have to have worked for a longer time to support their daily bread.

[88] This information about Evagrius' copyist work is found in Columba Stewart, "Imageless Prayer and the Theological Vision of Evagrius Ponticus" *Journal of Early Christian Studies* Vol. 9, No.2 (2001), 185.

[89] During the later fourth century the Book of Psalms became increasingly prominent in Christian worship, both in the assembly and in private devotion and gradually replaced other biblical texts used in the canonical prayers. By the 380s, the central place of Psalmody in the monastic discipline was well-established. Apart from Saturday and Sunday, however, those hermits did not gather together in the church to keep the appointed prayer times, instead, they observed the Vigils and Vespers in their own cells. Palladius, *LH* 7.5; Dysinger, *Psalmody and Prayer*, 62.; James McKinnon, "Desert Monasticism and the Later Fourth-Century Psalmodic Movement," *Music & Letters*, Vol. 75. No.4, 1994: 506-507.

[90] Columba Stewart thinks Robert Meyer's translation of this phrase of Palladius (*LH* 38.10) into "he composed one hundred prayers" is misleading; other scholars who employ this phrase all agree with Stewart's reading of the Greek, cf. Butler, *The Lausiac History of Palladius* (1967), 2:120.11; Columba Stewart, "Imageless Prayer and the Theological Vision of Evagrius Ponticus," 184-185 and notes 51-52. Corrigan, *Evagrius and Gregory*, 166. Dysinger, *Psalmody and Prayer*, 62.

[91] Gabriel Bunge, *Das Geistgebet, Studien zum Traktat 'De oratione' des Evagrios Pontikos* (Cologne: Luthe-Verlag, 1987), 29-32, cited in Luke Dysinger, "The Significance of Psalmody in the Mystical Theology of Evagrius of Pontus," *Studia Patristica*, Vol. 30 (1997), 178.

To modern eyes this periodicity seems improbable, yet at the least it is evident that Evagrius' daily transaction must have been interspersed with regular periods of prayer, including his copying work, his own writing, and his consulting with those who sought for spiritual guidance; "five or six visitors a day."[92] Like other desert fathers, who longed for ceaseless prayer,[93] prayer became the way of existence for Evagrius. All day long his mind and heart were trained to focus on God through the Word of God and through silent adoration in prayer. In this way, his thoughts and emotions, and eventually his whole being, were oriented towards Christ, the heavenly bridegroom whom he encountered in these text-prayers. No wonder this way of life brought about profound and lasting transformation in him.

3.2.5 The evidence of his transformation

First, obviously, Evagrius changed from a person imbued with pride to a person admired for his humility. One anecdote recorded in the *Apophthegmata* is a clear demonstration of this humility. In an assembly to discuss some matters at Kellia, Evagrius "held forth" so the priest rebuked him: "Abba, we know that if you were living

[92] Vivian, 84; cf. Stewart, 185. On average, Evagrius received five or six visitors each day at his hermitage. Those who had come from foreign lands to listen to his teachings included both monks and laypeople. He entrusted a steward to take care of his earned money and gifts to provide his visitors with food and goods while staying with him.

[93] Cf. Luke Dysinger, *Psalmody and Prayer*, 50-51; Stewart, note 52. There Dysinger reminded us that Paul of Pherme offered 300 prayers each day and Abba Apollo offered 200 prayers each day and Macarius the Alexandrian offered 100 prayers each day, while Macarius the Egyptian prayed 48 prayers while crawling back and forth through the tunnel from his cell to a secret cave half a mile away.

in your own country you would probably be a bishop and a great leader; but at present you sit here as a stranger."[94] William Harmless remarks, "even the right to the public voice normally accorded the educated" was denied to him, nevertheless, Evagrius accepted this rebuke with gentle humbleness.[95] "He was filled with compunction, but was not at all upset, and bending his head he replied, 'I have spoken once and will not answer twice, but I will proceed no further.' (Job 40.5)"[96] He accepted the opportunity to nurture deeper humility, for he saw this as the healing treatment of God. He once shared: "nor do I turn away from the physician of souls, who restores me to health with the bandages of contempt." (Letter 52.4)

In the past he was famous for his eloquence but by now he was remarkable in the purity of both his intelligence and language,[97] for his perspective on this world was changed by his contemplation of biblical texts day in and day out. No longer driven by vainglory, he was secure in his identity as a desert hermit so that he rejected the temptation of an elevating ecclesiastical career when Theophilus, the archbishop of Alexandria, tried numerous times to ordain him as bishop of Thmoui.[98] Nevertheless, as

[94] Ward, *The Sayings*, Evagrius 7, 64.

[95] Harmless, *Desert Christians*, 316.

[96] Ward, *The Sayings*, 64.

[97] Vivian, 80, 82, 87. In this *Coptic Palladiana*, there is more description about his purity, such as "he did not judge anyone" and "[i]t was impossible to find any worldly word in the mouth of Aba Evagrius or a mocking word."

[98] Vivian, 84.

a "true monk" he was no less productive and useful than a bishop and even more has his influence benefited later generations.[99]

Second, through his strenuous prayers, he not only successfully cultivated virtues but was also able to gain freedom from the oppression of distorted desires. According to Palladius, at one time when demons had greatly increased the desire for fornication in Evagrius' heart, such that he thought that God had abandoned him, he spent the whole night standing and praying; another time, the spirit of blasphemy so tormented him that he had to spend forty days praying without entering his cell; another time, the demons came to injure him physically several times in the same night, his disciples heard their voices but did not see them; in fact, they saw his wounds like being struck by ox-hide whips on his body.[100] It seemed that God allows him to suffer so long before he gained victory.

Although this is a mystery, this reminds us of what the Apostle Paul experienced (2 Cor 12:1-10). Since he had received great revelations, to keep him from becoming conceited, he was tormented by a thorn in his flesh.[101] God allowed a messenger of Satan to torment Paul and three times he pleaded with the Lord to release him from this

[99] Epiphanius, Bishop of Cyprus, once commented: "The true monk should have prayer and psalmody continually in his heart." In Ward, *The Sayings*, 57.

[100] Vivian, 84-85.

[101] Vivian, 86. One anecdote in *Coptic Palladiana* records Evagrius' mystical ascent and his vision is very similar to Paul's: once while he was meditatively reading at night, he was "suspended in the clouds and [he] looked down on the whole inhabited world." He did not know whether he was "in the flesh" or "in the mind." But at the same moment, he did hear God's instruction, saying that "be compassionate, humble, and keep your thoughts pointed straight to God."

affliction, but his prayer was not granted immediately. God's power is made perfect in weakness as Paul later testified. Truly, when Evagrius gradually gained freedom from the domination of desires, his new self was forged from tearful confessions through God's sufficient grace by God's power.

This whole process of struggling for healing enabled him to receive "the gift of knowledge and wisdom and the discernment of spirits."[102] As an experienced warrior trained by God in spiritual battles, he became the channel of God's healing grace. For example, there was a tribune's wife who was possessed by an unclean demon and the demon taught her not to enjoy anything from all of creation and she had even refrained from sleeping with her husband for many years. When Evagrius encountered her, however he healed her "by means of a single word and a single prayer."[103] By God's grace, through his discernment and prayer, Evagrius brought about her reconciliation both with God and with her husband.

In brief, Evagrius' personal journey of combating passions did show prominent transformation and restoration of well-being. This means that his spiritual practices are worthy of investigation for the application in depression.

3.3 Evagrius' prayer teachings

[102] *LH* 38.10, 113.

[103] Vivian, 87-88.

Evagrius' spiritual journey provides us with a valuable and representative case of healing and transformation. Now, I shall explore more of his teachings about prayer and the health of the soul. I first discuss the outlook and then the essence of Evagrian prayer, then I explore his approaches on how to pray.

3.3.1 What is Evagrian prayer?

Evagrius uses the term prayer in two senses: one is broader, covering many aspects of spiritual practices, and the other is narrower, referring to the soul's participation in the communion of the Holy Trinity, namely "pure prayer" or "imageless prayer"—the highest form of prayer and the way to salvation.[104] In the first sense, he acknowledges Paul's instruction in 1 Tim 2.1: "I urge, then, first of all, that requests (*deeseis*), prayers (*proseuchas*), intercession (*enteuxeis*) and thanksgiving (*eucharistias*) be made for everyone." Therefore, in the *Skemmata* (*Reflections*) 27-30, we find his definition for four types of prayers:

> Prayer (*proseuchē*) is a state of the mind that arises under the influence of the unique light of the Holy Trinity.
> Petition (*deēsis*) is a converse of the mind with God accompanied by supplication: it comprises assistance or request for good things.
> A vow (*euchē*) is a voluntary promise of good things.
> Intercession (*enteuxis*) is an entreaty brought to God by a superior being concerning the salvation of others.[105]

Very likely, these four chapters are corresponding to Paul's teaching in 1 Timothy 2:1, so, in essence, this writing style is a kind of biblical commentary called *scholion*—it is not composed in a verse-by-verse fashion, but rather, it is a crisp,

[104] Cf. Bunge, "'The "Spiritual Prayer": On the Trinitarian Mysticism of Evagrius of Pontus.,'" 203. Bunge argues that the ultimate goal for Evagrius' prayer practice was to enter into "the dynamic of the intratrinitarian life" through "spiritual prayer." All the following terms: pure prayer, true prayer, spiritual prayer and imageless prayer, refer to the same prayer practice.

[105] This translation is taken from Sinkewicz, but the added Greek transliterations in the bracket are taken from William Harmless and Raymond Fitzgerald, "The Sapphire Light of the Mind: The Skemmata of Evagrius Ponticus," *Theological Studies* 62, no. 3 (2001): 505–6.

reflective annotation on selected verses.[106] Clearly his *scholia* arose from his daily exercise of contemplative exegesis; and therefore, these comments were derived from his actual practice of various aspects of prayer. This is not an all-encompassing list, given that he had rich experience in prayer. Whenever the term "Evagrian prayer" is used in this thesis, it refers to the broader sense of prayer, comprising all spiritual aspects of Evagrius' practices.

Some scholars tend to label Evagrius as an intellectualist as they interpreted his prayer teachings and practices as "philosophical" contemplation.[107] Thus, the first impression about Evagrian prayer may be restricted to the silent imageless prayer. Evagrius' catena *On the 'Our Father'*, however, implies that he prayed the Lord's Prayer frequently and meditated profoundly on the meaning of its every phrase. Reading his notes on the phrase O*ur Father who art in heaven*: "This word is for those who can enter with boldness into the presence of God, as a son draws near to his father's bosom,"[108] we sense that this confidence is drawn from a real encounter with strong

[106] Cf. Sinkewicz trans., *Evagrius of Pontus, Reflections* Commentary 21, 286; Harmless and Fitzgerald, "The Sapphire Light of the Mind", 506. In this paper, the authors compare Evagrius' definitions of prayer with Origen's and suggest that Evagrius probably noticed that Origen had observed that "'prayer' *(proseuche)* was often used in ways synonymous with its root-meaning, 'vow' *(euche)*"; therefore, Evagrius carefully distinguished these two terms in order to reserve the word "prayer" for imageless prayer.

[107] Cf. Guillaumont, "Un philosphe au désert: Évagre le Pontique," *RHR* 181 (1972) 43-44; cited in O'Laughlin, "Closing the Gap between Antony and Evagrius," 345. Guillaumont is one of those who categorised Evagrius as an intellectualist. He assumed that Evagrius' mystical theology was "the fruit of personal speculation, nurtured by his previous exposure to theology and philosophy outside the desert"; cf. Hans Urs von Balthasar, "The Metaphysics and Mystical Theology of Evagrius," *Monastic Studies* 3 (1965): 183. Balthasar recognised Evagrius' absolute influence in Byzantine Hesychasm but he did not appreciate Evagrius teaching of imageless prayer for he thought, "the mystical teaching of Evagrius in its fully developed consistency stands essentially closer to Buddhism than to Christianity. The subtle idealism of Mahayana is really the basic experience of Evagrius."

[108] Casiday, *Evagrius Ponticus*, 151. This portion of Catena was preserved in its Coptic and Arabic version and edited by Paul de Lagarde in 1886.

mutual affection. Also, he did not practise only one form of prayer or repeat one biblical verse constantly as the formula to resist all temptations. Indeed, in his *Antirrhêtikos,*[109] he employed 492 prayers for 492 temptations. Evidently, his prayer method of "*antirrhêsis* —talking back" uses diverse biblical texts, so we cannot demarcate Evagrian prayer as simply apophatic.

Nevertheless, Evagrius does attach a specific meaning to the term prayer (*proseuchē*) as pure prayer. For example: "You cannot practise pure prayer while entangled in material things and agitated by continuous concerns, for prayer is the laying aside of mental representations" (*Prayer* 70). Clearly, pure prayer involves no image. But he also suggests practising psalmody when developing pure prayer, such as: "Pray as is fitting and without trouble, practise psalmody with understanding and harmony, and you will be like a young eagle soaring in the height" (*Prayer* 82). On the one hand, we know psalmody is full of multi-images and on the other hand, we recognise that this height resembles the imageless prayer. This suggests that image and imageless prayers, cataphatic and apophatic practices must go hand-in-hand in order to reach the height of Evagrian prayer.

In his statement: "The state of prayer is an impassible habit, which by means of a supreme love carries off to the intelligible height the spiritual mind beloved of wisdom" (*Prayer* 52), three stages of spiritual progress are identified by father Gabriel

[109] Evagrius, *Talking Back (Antirrhêtikos).*

Bunge, a well-respected Evagrian scholar and hermit.[110] Evagrian prayer journey begins in cultivating a habit of combating demonic thought which provoke passions. The goal of the first stage is to nurture impassibility (*apatheia*), a state of mind which is free from the disturbance of passions.[111] From impassibility a supreme love (*eros*) is born,[112] which reorients the soul's desire to God; this is the second stage. By the drive of this fervent longing for God, with the help of the Holy Spirit and the Word of God,[113] the soul is elevated to the highest rapture of communion with God—the final stage of spiritual progress (the intelligible height).

This indicates that pure prayer is not a single-step, not an independent practice; it is connected closely with other forms of prayer to prepare the heart and the mind to develop a genuine relationship with the Holy Trinity. Thus, he exhorts those who long for pure prayer to "knock on the door of scripture with hands of the virtues. Then the impassibility of the heart will dawn for you and during prayer you shall see your mind shine like a star" (*Th.* 43). Because he believes that those who keep "the words of the Holy Spirit" are able to watch over their irascibility, and physical desires,[114] in this way

[110] Sinkewicz trans., *Evagrius of Pontus*, Commentary on *Prayer*, note. 37, page. 279. He cited Gabriel Bunge, *Das Geistgebet: Studien zum Traktat De oration des Evagrios Pontikos*, Schriftenreihe des Zentrums Patristischer Spiritualität Koinonia im Erzbistum Köln, 25 (Cologne: Luthe, 1987), 75-6.

[111] I will discuss more about apatheia in a later section.

[112] *Praktikos*, Prologue 8.

[113] According to Sinkewicz (and Bunge,) the allusions to the spiritual mind and wisdom are "ultimately [sic] references to the mind's relationship to the Son and the Holy Spirit." In *Evagrius of Pontus*, 279.

[114] *Thoughts*, 43.

the exterior, spiritual practice of the Lord's words paves the foundation to the interior, true prayer.

3.3.2 The essence of prayer

Evagrius' view of prayer is much more complex than we might expect. If we put together every component in the right place, his prayer model is like a double helix,[115] a heavenward spiral ladder made up by various forms of prayer: one side involves all the cataphatic, practical components, while the other side includes the apophatic, contemplative features. In between these two sides there is a constant circular interaction, connected by some common essence, just like those hydrogen bonds which hold those nucleic acids pairs to form a stable double-helix. This indispensable essence of Evagrian prayer has the following attributes.

First, for Evagrius, prayer is to develop a personal relationship between a trusting individual and the unseen God, namely the Holy Trinity. He said, "Prayer is the mind's conversation with God–so what sort of state does the mind need to be able to reach out unalterably towards its Lord and commune with him without intermediaries?" (*Prayer* 3)[116] On the one hand, the word conversation (*homilia*) involves two parties, so

[115] Cf. Luke Dysinger, "Exegesis and Spiritual Guidance in Evagrius Ponticus." In *Studia Patristica* Vol.47 (Leuven: Peeters, 2010), 210-11. Dysinger imagines Evagrius' model of spiritual journey as a helix; nevertheless, I prefer a double-helix imagery.

[116] Here, I use Casiday's translation for *Prayer* 3, because the term *'homilia'* appeared twice and was richly translated in two English terms to expand its dimension. Whereas Sinkewicz only translated this term as communion, "Prayer is a communion of the mind with God. What sort of state does the mind need so that it can reach out to its Lord without turning back and commune with him without intermediary."; cf. Sinkewicz, *Evagrius of Pontus, Prayer* Commentary 7, 275. Here, Sinkewicz indicates

it indicates a direct, mutual action. On the other hand, this statement presupposes a listening God whose constant presence and loving willingness guarantee that he is listening unceasingly to our prayers. It also implies a listening mind that is attentively seeking the Divine address, meaning that the mind must clear away all intermediaries on its part that might interfere with this intimate encounter.

Second, "Prayer is the ascent of the mind towards God" (*Prayer* 35); the ascent signals a spirit of striving to the heights to receive the vision of God, "just as Moses ascended Mount Sinai."[117] This ascent means prayer needs strenuous effort, not just sitting comfortably praying and enjoying a self-created tranquil atmosphere.[118] Rather, the mind must be trained for this mystical journey, making every effort until meeting its God. To develop any relationship is costly, and God is not cheap. Therefore, Evagrius maintains, "It is impossible for the mind to be saved without ascending this mountain, for the intelligible mountain is the knowledge of the Holy Trinity erected on a height

---

that Clement of Alexandria provides a similar definition of prayer in *Stromateis* 7.7.39.6: "Therefore, to speak more boldly, prayer is converse with God. So even if we speak to him silently in a whisper without moving the lips, we cry out interiorly. For God listens unceasingly to all our interior converse." Although, Sinkewicz noticed "Clement uses the term *'homilia'* in a way that suggests some sort of interior conversation with God, nevertheless, Sinkewicz preferred to suppose that Evagrius "probably excludes this notion in favour of something like a communion of constant presence, free of words and forms." His evidence was "the qualifications attributed to the state of prayer: 'without turning back' and 'without intermediary'." I am not convinced by Sinkewicz's explanation, so I choose to combine both meanings of *'homilia'* as signifying a conversation (voiced or silent) and a communion of embracing each other's presence.

[117] Sinkewicz, *Evagrius of Pontus*, Commentary on *Prayer*, note 24, 277.

[118]For example, some of our contemporary prayer events like to light some candles and have light music played as a background to create an atmosphere and sometimes even encourage people lying comfortably on the floor or sitting with pillows. Although all of these are meant to facilitate prayer, about which I do not protest; nevertheless, I would like to point out the contrast in Evagrius' context, for the desert fathers would be either standing or prostrating themselves in a much more serious pursuit of prayer. Cf: Bunge, "Prayer gestures" in *Earthen Vessels: The Practice of Personal Prayer According to the Patristic Tradition*, 138-186.

difficult of access. When the mind has attained this, it leaves all the intellections associated with objects" (*Letter* 58, G1.143).[119]

This implies that leaving behind all mental representations is a process and result of the mind's ascent, not just something the mind needs to achieve before prayer. Because the mind sees the glory of God, it is naturally occupied by this ultimate Beauty, and no other images can compete with this vision. By this insight, we may understand properly why Evagrius says: "Prayer is a state of the mind destructive of every earthly mental representation" (*Reflections* 26). This prayer state does not equal to the emptiness of the mind, because it only forgets all "earthly" images yet is filled with heavenly beauty instead. Therefore, Balthasar was wrong to assume that Evagrius' prayer teachings and experience is "closer to Buddhism than to Christianity."[120]

However, some scholars interpret these texts as being representative of the fact that Evagrius' view of prayer focuses on "philosophical" contemplation.[121] At first glance "the ascent of the mind" does bring to mind the imagery of Plato's charioteer driving towards the rim of the heavenly vault (cf. *Phaedrus*);[122] and Evagrius seems to

[119] Cited in Sinkewicz, *Evagrius of Pontus*, Commentary on *Prayer*, note 24, 277.

[120] Balthasar, "The Metaphysics and Mystical Theology of Evagrius," 183. More on the differences between Evagrian prayer and Buddhist meditation will be discussed in chapter 6.

[121] See footnote 107.

[122] Plato, *Phaedrus*, 246-248, 253, trans. by. Robin Waterfield, Oxford World's Classics (Oxford University Press, 2002), 28-38.

associate prayer with the mind instead of the heart. However, further inspections of all Evagrian texts on prayer show this generalization is untrue.

For example, despite in Plato's analogy the charioteer resembles the "inner ruler" of the soul, the intelligence, which can guide the soul to see true being in the region beyond heaven, Plato never makes any connection between the charioteer and prayer.[123] Moreover, in Plato's *Republic*, Socrates "offers neither prayer nor sacrifices to the Good."[124] Whereas for Evagrius, who is not only familiar with Greek classics but also deeply immersed in biblical traditions, I suggest that his concept of "ascent" may come from several biblical sources. It includes Moses' mountain and Jacob's ladder, but perhaps the most relevant source is the imagery of burning "incense" in Revelation 8:3-4. This imagery is directly connected with the prayer of all the saints rising before God. Indeed, in Evagrius' *Scholia on Psalms* 140 he comments that "Let my prayer be set forth as incense before you" is from those who can say we are the fragrance of Christ to God.[125] In brief, Evagrian prayer is not a philosophical contemplation based on the activity of mind.

[123] In addition, the charioteer must overcome his troublesome team of horses and wait for his wings to grow back in order to continue his journey, yet he never mentions asking for help from Zeus or the other gods. This adventure is solely for the soul to train its own ability to escape the worst reincarnation. As for true being, that is an object to be gazed upon so it is certainly excluded from being prayed to.

[124] Mark Edwards, *Origen against Plato*. Ashgate Studies in Philosophy & Theology in Late Antiquity. (Hants, England: Ashgate, 2002), 51.

[125] English translation found in www.ldysinger.com/Evagrius/08_Psalms/00a_start.htm. Evagrius' Psalm 140 is in NIV Psalm 141:2. He connects this verse with 2Cor 2:15.

Third, Evagrius emphasised the mind-heart union as the faculty of prayer. As mentioned previously, his prayer journey is enacted by the mind; however, for Evagrius, when the mind performs its natural functions, it cannot be separated from the heart. For he relates the mind and the heart closely as the eyes of the soul,[126] and it takes both of them to perform the same functions during prayer. He maintains, "it is impossible to acquire prayer without having devoted oneself to God with an upright heart" (*Exhortation.* 2.19);[127] and "[a] chaste heart is a haven for contemplations" (*Maxims* 3.9). Moreover, he employed many different metaphors to express one central reason for such a union, such as in these two examples:

> Just as it is impossible to transport water to a height without it being enclosed on all sides so it has no way out, so too the mind cannot ponder sublime realities and be in the realm of the incorporeals without having purified the heart, for it must turn towards those things by which it is held. Just as it is impossible to see one's own image in water that has been disturbed, so too the mind will not be able to see the Lord as in a mirror without having set right its interior state and without having purified the soul of passionate attachments to material things. (*Exhortation* 2:4-5)

Therefore, in order to see the Lord, the mind, as the mental perception centre of a person, needs to work inseparably with the heart. He further elaborates, "just as the senses are befitting to sensible things, so too is the mind to mental things" (*Epistula fidei* 11.38). [128] He thought that the mind has a God-endowed natural capacity to

[126] In *Thoughts 42*, Evagrius links the heart to the left eye of the soul and the mind to the right eye of the soul.

[127] Another example, "Do not give your soul to evil thoughts, lest they defile your heart and place pure prayer far away from you" (*Virgin* 38). Here, thought, soul, and heart are all related to prayer, and yet he does not use "the mind."

[128] Casiday's translation in *Evagrius Ponticus*, 57. Here Evagrius also emphasises that "the mind discerns mental things and perception."

perceive mental things; just like sight can perceive colours or shapes naturally without the need to be taught. In a similar way,

> The mind also possesses five spiritual senses with which it grasps matter proper to itself. Thus, sight shows it intelligible objects nakedly. Hearing receives the reasons which concern these. The sense of smell enjoys their fragrance, uncontaminated by any falsehood, and the mouth receives their taste. Through touch it is confirmed in the accurate demonstration of the things perceived. (*KG* II.35)[129]

We can see how he corresponds the mind's spiritual perceptions to our sense perceptions, and how he depicts the mind as discerning truth and falsehood. In fact, in his *Epistula fidei* 11.38, he argued that if the senses are ill, they only require care to restore their functions, so the mind— "which is linked to the body and filled with bodily fantasies—needs faith and right conduct, which 'make its feet like the feet of the hart and steady it on high places'"[130] By faith and right conduct he means by practising one's faith through unceasing prayer to produce virtues, to experience freedom and be lifted up to high places.

In addition, he emphasises that "The mind is the temple of the Holy Trinity" (*Reflections* 34). This metaphor describes the reality that the mind is where God chooses to meet us. This expression of the mind arises from his experience, since he has seen the

[129] I used Jeremy Driscoll's translation in *Steps to Spiritual Perfection: Studies on Spiritual Progress in Evagrius Ponticus* (New York: Newman Press, 2005), 40.

[130] Casiday, *Evagrius Ponticus*, 57.

holy light in the eyes of his mind at the time of prayer, so he names the mind as the temple of God.[131] Nevertheless, this is not photism, since

> The mind could not see the place of God within itself, unless it has transcended all the mental representations associated with objects. Nor will it transcend them if it has not put off the passions that bind it to sensible objects through mental representations. And it will lay aside the passions through the virtues, and simple thoughts through spiritual contemplation; and this in turn it will lay aside when there appears to it that light which at the time of prayer leaves an impress of the place of God" (*Th.* 40).[132]

Clearly, for Evagrius, the mind (*nous*) is not equal to the brain.[133] The mind is the incorporeal "image of God,"[134] which is especially made for perceiving spiritual knowledge and participating in communion with God.

---

[131] In Evagrius' *Antirrhêtikos* 6.16, he reveals this experience and he also relates how he and his friend Ammonius travelled a long distance to consult John of Lycopolis, the seer of Thebes, concerning "whether it is the nature of the intellect to be luminous and thus it pours forth the light from itself or whether it (the light) appears from something else outside and illumines it (the intellect)." John's answer was: "No human being is able to explain this, and indeed, apart from the grace of God the intellect cannot be illumined in prayer by being set free from the many cruel enemies that are endeavouring to destroy it." Upon reflection, Evagrius decides that it is God who breathes into him this "connatural light" (*Skem.* 2) and this light of the mind only reflects "the light of the Holy Trinity" (*Skem.* 4) as the moon's light reflects the sun's light.

[132] Evagrius, *Evagrius of Pontus*, 273, n.62. In *Thoughts* 40 Sinkewicz's translation of this phrase "leaves an impress of the place of God" confuses us, since *Thoughts* 41 makes it quite clear that the mental representation of God leaves no impress. Fortunately, G. Bunge suggests a different interpretation, which he translates as "expresses the place of God", meaning "the place of God becomes visible only when the light of the Holy Trinity is present."

[133] "Mind" in English refers to the human faculty of intellect; it generally signifies anything running in our inner world—thought, consciousness, feeling, etc. In addition, the prevalent contemporary view of mind is associated with the brain mechanism (brain-dependent), where consciousness is produced by the brain, and one's mental state is identified as a brain state. Therefore, mind cannot exist as some immaterial substance without the brain functioning. "Mind" in the Greek sense, however, has far more varied denotations than its English counterpart, which includes feeling and experience as fundamental to its function. This causes difficulties in understanding Evagrius' usage of words like mind, soul, spirit, and heart. In Evagrius' anthropology, depending on a long biblical tradition and yet using 4th-century contemporary Greek vocabulary, mind and body are not regarded as two "things" (as in Descartes). Instead, he holds a complex and integral view of mind/soul/body/spirit that includes various psycho-somatic capacities. Cf: Kevin Corrigan, "Mind, Soul, Body: an Overview of Evagrius' and Gregory's Thoughts," in *Evagrius and Gregory: Mind, Soul and Body in the 4th Century*, (Farnham, England: Ashgate Pub. Ltd, 2009), 37-51.

[134] *Thoughts* 19.

Fourth, Evagrius holds an integral view of mind/soul/body, and he believes that prayer is meant to restore harmony of the temperament and to bring integration to the whole person. In time of prayer he observed, while the demons "produce thoughts or ideas and contemplations in the *nous* through changes in the body. God, however, does the opposite: he mounts the intellect itself, inspiring it with knowledge as he wills and by means of the intellect clams the body's disharmony" (*Prayer* 64).[135] Although the demons could indirectly disturb the soul by touching the body, changing its normal physiological functions, producing tempting images in the mind, the key to regain the mind/soul/body harmony is the true knowledge attained through the mind's encounter with God. This is participatory knowledge through God's direct inspiration, not learned knowledge via one's own mental exertion.

He further instructs his readers to seek the bond of peace to maintain the harmony of their whole being:

> But it is not only among people that the bond of peace (Eph. 4.3) is to be sought, but also in your body and in your spirit, and in your soul. When you unify the bond of this trinity of yours by means of peace, then, unified by the commandment of the divine Trinity, you will hear: 'Blessed are the peacemakers for they shall be called sons of God' (Matt. 5:9). For if you pacify with ascetic labours the flesh which lusts against the spirit (cf. Gal. 5:17), you will possess the glory of the Beatitudes for eternity, because you have won the war which is waged in your body against the law of your mind and which holds you captive by the law of sin which is in your members (Rom 7:23). Great is the bond of peace in which has also been united the joy that enlightens the eye of the intellect for the contemplation of the superior goods. (*Eulogios* 5-6)

---

[135] Dysinger, *Psalmody and Prayer*, 122. This is Dysinger's own translation, based on Tugwell's edition of *De oratione* 64.

Here, Evagrius applies Paul's exhortation to maintain the unity of the Spirit among Christians through the bond of peace to a person's own trinity, body/spirit/soul. In the last sentence he united the bond of peace with the joy, which is alluded to in *Philippians* 4: 4-7, "Rejoice in the Lord always… And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus." Being familiar with the Scripture, he may reasonably practise the middle part of this passage "by prayer and petition, with thanksgiving, present your requests to God" as an effective way to maintain this bond of peace. Moreover, from Evagrius' expression of "this trinity of yours", we know that he seeks to maintain the unity of the body/spirit/soul as an undividable whole, like the Holy Trinity, and that it is prayer that brings about this integration.

3.3.3 How to pray?

In the prologue of *Chapters on Prayer*, Evagrius clearly teaches that there are two sides to the way to pray, one is practical, and the other is contemplative. We have also discussed that there are stages. Now let us start from his very basic approach to prayer.

1) The first step: confession

"Pray first to receive tears, so that through compunction you may be able to mollify the wildness that is in your soul, and, having confessed against yourself your transgression to the Lord (Ps30:5), you may obtain forgiveness from him" (*Prayer* 5).

What makes a person confess to an unseen God in order to make peace with him? How can a person produce tears if their minds are ignorant? The key is to fear God through the enlightenment of the words of God by the Holy Spirit.[136] Here Evagrius emphasises that tears are received, because this grace is given by God. Through praying the Scriptures, the Holy Spirit enlightens the innermost part that makes a person weep and repent. The biblical passages are like a "mirror of the soul,"[137] while the word of God functions like a "double-edged sword" which "judges the thoughts and attitudes of the heart."[138] Repentance is the first step of prayer because it not only clears impurity and burden but also prepares the refreshed mind to re-centre the life upon God.

Further, he declares, "The beginning of salvation is condemnation of yourself" (*Maxims* 1.1). Condemnation becomes a blessing because he who is slow to condemn himself has already ruined his own life and can hardly start the prayer journey for his salvation. For Evagrius, to judge oneself, first according to one's conscience and second according to the commandments of the Lord, one must cultivate courage and honesty. This is a gained through right condemnation.

2) The second step: discern one's thoughts and purify one's mind/heart

"Pray first to be purified from the passions, second to be delivered from ignorance and forgetfulness, and third from all temptation and abandonment" (*Prayer*

[136] *Maxiam* 3. 14. "If you fear God, know it by your tears;" he also recommends: "may the words of the Holy Spirit not leave you" (*Th* 43).

[137] Dysinger, *Psalmody and Prayer*, 69.

[138] Hebrews 4.12.

37). Like the previous step, the most fundamental thing is working on the passions in the soul. Previously, I briefly addressed the nature of the passions, which are the illness of the soul that distorts human nature. Now, therefore, it is time to review Evagrius' understanding of human nature.

In the context of the integral view of mind-soul-body, and following the teaching of Gregory of Nazianzus, Evagrius depicts the rational soul as tripartite, composed by a rational part, an irascible part and a concupiscible part.[139] The nature of these parts are to develop virtue: the rational part is meant for cultivating "prudence, understanding and wisdom;" the irascible part is meant for growing "courage and perseverance;" the concupiscible part is meant for nurturing "chastity, love and abstinence;" and when virtue "penetrates the entire soul," justice is formed to maintain "concord and harmony between the parts of the soul."[140] All these powers of the soul are intended for virtue, so the human nature is created without evil.

Evagrius further reflects,

> "If all vice is naturally engendered by the *logistikon*, by the *epithumetikon*, or by the *thumikon*, and of these powers is possible for us to use them well or badly, it is evident, therefore, that it is by the use against nature of these parts that vices later happen to us. And if this is so, there has never been anything created by God that is evil" (*KG* 3.59).

[139] *Praktikos* 89.

[140] Ibid. The function of justice is to watch over the rational, irascible, and the concupiscible part in right proportion so they could maintain a balance, not run into extreme.

To be troubled by passions is against human nature, and it only happens because we misuse our natural abilities. Evagrius ascribes this disorientation to the work of demons who act on the mind through the bodily perceptions to stir up "a pleasure" or a storm of "dangerous reasoning" which results in passion.[141] He therefore recommends that one should "judge the thoughts in the tribunal of your heart" through prayer.[142]

This practice of thought examination does not equate to introspection or fault-finding because it does not depend on our own moral standard or feelings of guilt. Thoughts, however tempting, are not sins. Moreover, Evagrius did not deem these thoughts as coming from the inner self; rather, he described that these thoughts were added from the outside world into the inner self, like raindrops.[143] He expresses, "Shake off the praise of people from your inner self that you may also get rid of the thought of ostentation that precedes it" (*Eulogios* 4.4). Indeed, in the preface of *Talking Back*, he reveals that the demons are constantly firing at us via these arrow-like thoughts.[144] By meditating and praying the Scripture in his heart daily, he was able to expel these

[141] *Thoughts* 19, "but a pleasure hostile to humanity, born of free will, and compelling the mind to make improper use of the creatures of God;" Corrigan, *Evagrius and Gregory*, 38. Corrigan translated *logismoi* into "dangerous reasoning," meaning the tendencies of thinking, imagination, or concepts as means of temptation.

[142] *Eulogios* 13.12.

[143] *Eulogios* 2.2. "Shake off the raindrops of these thoughts from his inner self."

[144] Evagrius, *Talking Back*, 49; David Brakke, "Making Public the Monastic Life: Reading the Self in Evagrius Ponticus' *Talking Back*." In *Religion and the Self in Antiquity*, edited by David Brakke, Michael Satlow, and Steven Weitzman, (Bloomington, IN: Indiana University Press, 2005), 226, 231.

thoughts from his heart.[145] Another method he suggests to counteract these demonic temptations is to hurl back a short, intense, opposing prayer.[146]

After "lengthy observation" Evagrius could clearly distinguish three types of thoughts: human, angelic and demonic.[147] He further classifies the demonic thoughts into eight kinds: gluttony, fornication, avarice, anger, sadness, acedia, vainglory and pride and analyses how these thoughts interact with each other. Again, this is not an all-encompassing list, for he clearly warns against "self-love" as the mother of the eight thoughts.[148] He also adds a discussion on jealousy and self-satisfaction.[149] The tricks of the demons are not limited only to tempting thoughts, however; they will also attack a person by outward or inward "terrifying fantasies" to make them anxious and fearful or to drive them mad.[150] Learning to discern these demonic attacks and purifying the mind are important tasks in prayer.

This prayer of examination produces true knowledge which could elevate the mind and dissipate the thoughts and make the demon flee.[151] Through this process of purification and nourishment of knowledge, the mind attains imperfect impassibility

---

[145] *Eulogios* 19.

[146] *Prayer* 98.

[147] *Thoughts* 8.

[148] *Reflections* 53.

[149] *Eulogios* 17,19.

[150] *Eulogios* 27.

[151] *Thoughts* 19.

(*apatheia*),[152] and the rational soul could be restored to its natural function ready to perceive the contemplation of beings.[153]

3) The third step: combating the demons through contemplative prayer

Evagrius found two methods to be very effective in fighting against the demons. The first one has just been discussed. The second method is through the contemplation of nature (*physikē*), examining creation. This does not imply the scientific study of nature, but through contemplation to acquire the gift to "treat each thing as a sacrament, to view the whole of nature as God's book."[154] The form of contemplation includes two levels: the first is "second natural contemplation" by contemplating the visible magnificence and the whole order of created beings perceived by physical senses; the second is "first natural contemplation" by penetrating the visible realities so as to begin to grasp the principles of spiritual realities.[155]

On this practice, Andrew Louth comments:

> In the fallen world [these invisible principles] are no longer clear to us: we tend not to see God's meaning in the world and all its parts; rather we tend to see the world in relation to ourselves and read into it our meaning. As a result, the world becomes an arena for human conflict, for we all see it differently, in a way that is focused on separated selves. To see the *logoi* of the natural order is to see it as it is and to be freed from private prejudices, which are rooted in the disorder

[152] Cf. *Praktikos* 60. Impassibility means freedom from the passions, but there are degrees, like perfect impassibility and imperfect impassibility.

[153] *Praktikos* 83, 86; *Thoughts* 42. When a mind has acquired impassibility, it will easily detect the cunning of the demons, like one fight in the daylight.

[154] *Praktikos* 92; Ware, "Ways of Prayer and Contemplation: I. Eastern," 398.

[155] Ibid; Harmless, *Desert Christians*, 349.

> created in our hearts by the passions. It is also to understand the providence and judgement of God, as Evagrius puts it, that is to understand how God has constituted the cosmos as a kind of arena in which fallen souls learn how to turn back their attention to God.[156]

In this world, we are encouraged to form our independent viewpoints and interpretations of things by becoming critical of others' opinions. But we care much about whether others accept our viewpoints and meet our expectations. With each individual holding a relative standpoint and diverse interpretations, we only see our reasoning as legitimate in interpersonal conflicts and thus easily become entangled in our passions and feel hurt. Evagrius' contemplation of nature could banish demons of passions and cure the disorder of the emotionally wounded person by shifting the self-centred viewpoint to the interpretive viewpoint of the author of creation.

For Evagrius, an important aspect of this practice is to contemplate on "the inner meaning of Holy Scripture,"[157] so as to acquire the knowledge of discernment, the *logoi*, reasons of things, or "ultimate principles of the warfare."[158] This knowledge of discernment is sought from Christ,[159] mostly through meditation on the psalms, because Evagrius "regarded the practice of psalmody as an encounter with Christ."[160]

---

[156]Andrew Louth, *Maximus the Confessor*, (London: Routledge, 1996), 37.

[157] Ware, "Ways of Prayer and Contemplation," 398.

[158] Sinkewicz, *Evagrius of Pontus*, *Praktikos* Commentary 56, 255.

[159] *Praktikos* 50.

[160] Dysinger, *Psalmody and Prayer*, 69.

The *logoi* can also be acquired through the Eucharist, as he identifies participating in the Eucharist is the first natural contemplation: "Blood of Christ, contemplation of beings; one who drinks it will receive wisdom from him."[161] Surprisingly, even leading a solitary life, Evagrius viewed receiving Eucharist regularly in the church as an important prayer practice. This sacramental reality of the flesh and blood of Christ nourished him and prepared him to attain perfect impassibility and to enter into the highest level of contemplation—true prayer.[162] Even to the point of death, his last request was to receive the Eucharist in the church in order to die in the breast of his beloved Lord.[163] From this, we can see how his prayer life is centred in the crucified Christ and in the waiting for the coming King.

4) The fourth step: impassibility and *hesychia*

According to Evagrius, "Impassibility is the tranquil state of the rational soul, constituted by gentleness and chastity" (*Skem.* 3). It indicates that in his prayer journey, *apatheia and hesychia* are two important signposts which are closely related.[164] In fact, *hesychia* is the precondition which leads to *apatheia*, but they are not separate states; rather, they are interdependent and mutually-enhancing states intertwined together. They involve degrees and fluctuations through ongoing battles against demonic thoughts and passions. Therefore, Evagrius recommends "unceasing prayer" because only prayer can

[161] *Monks* 119; *Epistula fidei* 4.16-22.

[162] *Monks* 118-121, here are statements about flesh of Christ, blood of Christ, breast of Christ, and how Christ connects the practical and gnostic life.

[163] Evagrius, *The Praktikos ; Chapters on Prayer*, trans. John Eudes Bamberger, Cistercian Studies Series 4 (Spencer, MA: Cistercian Publications, 1972), xlvii.

[164] *Hesychia* means inner stillness and tranquillity, while *apatheia* translated as impassibility means freedom from passions.

keep invigorating and purifying the mind for the struggles, and enable the body to put into practice "those things which heal the passionate part of the soul."[165] In times of severe temptations, Evagrius suggests using "a short and intense prayer" to sustain the journey.[166]

Concerning the practice of *hesychia*, Evagrius advises, "Do anything and everything so you can cultivate stillness and devote your time to diligent application to the will of God and to the struggle with the invisible ones" (*Fnd.* 5). "He who does not preserve stillness brings warfare to his soul from the senses associated with sights, but the person who loves stillness guards the senses and makes war on thoughts" (*Eul.* 13). Evagrius highlights that this stillness is "spiritual rest" which is better than "bodily rest."[167] To attain stillness, he recommends practicing psalmody.[168] Again, psalmody plays an essential role in Evagrian prayer.

Concerning Evagrius' concept of *apatheia*, many people have misunderstood this term and linked it back to the callous imperturbability demonstrated in the lives of the Cynics or Stoics.[169] However, apatheia is not a "*lack* of feeling" (*a-patheia*), nor a

[165] *Praktikos* 49

[166] *Prayer* 98.

[167] *Foundations* 5.

[168] *Monks* 98.

[169] Corrigan, "The Meaning and Scope of Impassibility or Purity of Heart in Evagrius and Gregory," in *Evagrius and Gregory*, 53-72.

"spiritual invulnerability."[170] The term was also willfully distorted by Jerome to suggest that *apatheia* means that the soul is moved by "neither thought nor vice, and… is [like] a stone or God."[171] In fact, before Evagrius, Ignatius of Antioch and Athanasius applied the notion of *apatheia* to Christ.[172] Therefore, for Evagrius, apatheia is a gentle and well-controlled state emanating from a pure heart. The impassibility of the rational soul is "the blossom" of spiritual combat and "the wedding garment" awarded by God.[173] This gift engenders love, and "[love] brings patience to the fore and it has a cooling effect on boiling irascibility; it promotes humility and topples pride. Love possesses nothing of its own apart from God, for God is love itself (1John 4:8)" (*Eul.* 21). That is why impassibility serves as the indicator of "the health of the soul."[174] A healthy soul must have the undeniable sign of inner peace and overflowing love.

According to Evagrius, before a person reaches impassibility, he cannot pray without disturbance; but after he attains imperfect impassibility, it cannot guarantee that he has already found true prayer.[175] Like an experienced tour-guide, Evagrius warns about the potential distractions and deceptions, so his readers would not lose their way in the spiritual journey.

---

[170] Ibid, 53.

[171] Columba Stewart, "Evagrius Ponticus and the Eastern monastic tradition on the intellect and the passions," *Modern Theology* 27, no. 2 (April 2011): 275. n 42. Discuss Jerome's *Letter 133 to Ctesiphon*.

[172] Corrigan, *Evagrius and Gregory*, 54.

[173] *Praktikos* 81; *Thoughts* 22; Cf. *Virgin* 55.

[174] *Praktikos* 56.

[175] *Prayer* 55.

5) The fifth step: true prayer

The highest state of Evagrian prayer is silent and imageless. This silence specifies an attitude which restrains babbling words and thoughts but is not absolutely wordless or thoughtless.[176] This prayer of silence resembles someone unceasingly, trustingly leaning on God with love and hope. In Biblical tradition this silent adoration is well attested to, as David prays: "Truly my nefesh waiteth silently [*in submission*] upon Elohim; from Him cometh my Yeshuah (salvation)" (Ps. 62:1, OJB). Yet this silent adoration is imageless. Evagrius says: "When you pray do not form images of the divine within yourself, nor allow your mind to be impressed with any form, but approach the Immaterial immaterially and you will come to understanding." (*Pry.* 66)

In this advanced stage of prayer, Evagrius does not encourage his readers to pray with their imagination, to portray God with human form or with action which they have experienced. Rather, he suggests approaching the triune God with faith. Because the Holy Trinity is spirit that human mind cannot see, any image created from human imaginations in times of prayer cannot fully represent God and may be misleading. For Evagrius, "there are no images of God, for God is not seen but heard."[177] When one prays simply with faith, one can be delivered from seeing things or God within the axis of his self-centredness, and expand his limited experience in the world. Thus, he may be

[176] Nowhere does Evagrius' text substantiate interior wordless prayer. In silence, unspoken groaning is natural, as is amazed sighs.

[177] Katos, "Humility as the Harbinger of Imageless Prayer in the Lausiac History," 114,115. Vivian, *Four Desert Fathers*, 86.

free to enter into luminous darkness with the assurances of the Biblical promises: "Come near to God and he will come near to you" (James 4:8a).

Further, true prayer is to embrace God as *Person*. This is a meeting for the virgin soul and her bridegroom. As Evagrius describes:

> Virgin eyes shall behold the Lord, and the ears of virgins shall hear his words. The mouth of virgins shall kiss the bridegroom, and the nose of virgins shall be drawn towards the odour of his perfumes. Virgin hands shall touch the Lord, and their chastity of the flesh shall prove acceptable. The virgin soul shall be crowned, and she will live with her bridegroom always. A spiritual garment shall be given to her, and she will keep festival with the angels in heaven. She shall light an inextinguishable lamp, and the oil will not fail in her vessels. She will receive eternal wealth and will inherit the kingdom of God. (*Virgin* 55)

This rich description of such a spiritual encounter is not based on his own imagination; in fact, these spousal images are drawn from the Scripture.[178] Pure, fervent love is the main drive for such a meeting. Not every rational soul who reaches impassibility has already engaged in pure prayer. Since she may be more used to engage in meditation on the reasons of things, the mental representations impressed by contemplation of beings may be constantly distracting her eyes to look away from God.[179]

For this reason, Evagrius offers two preliminary prayers to help his readers to pursue true prayer. One is by calling upon the Father "who bestows prayer on one who

[178] Driscoll, *Steps to Spiritual Perfection*, 40. n. 6. A comparison with the Greek text of Scripture shows that Evagrius' vocabulary, word by word, is based on 1John 1:1 and on the Canticle in LXX. His analogy of the virgin also draws from Pauline texts such as 2 Cor 11:2 "I promised you to one husband, to Christ, so that I might present you as a pure virgin to him."

[179] *Prayer* 55-57.

prays" through the Lord's Prayer.[180] The other way is to ask God to increase *erōs*, desire, for him.[181] For only "by means of a supreme love" could the longing soul be carried to the height of pure prayer. When the task is too difficult to achieve, he assures the readers that angels, the Holy Spirit, and the "giver of prayer" will all come to their aid.[182] Ultimately, one can experience pure prayer not by human endeavour but by grace.

In the state of true prayer, the soul is no longer distracted, and when the surrounding mental representations have dissipated from the mind; she may enter easily without barriers into the inner chamber to meet her Lord. This state may occur naturally the moment after a person has finished praying her psalmody or the biblical texts, since her Lord is waiting for her after her offering silent adoration to the Holy Trinity.[183]

Like David describes in Psalms 131:2 "But I have calmed and quieted myself, I am like a weaned child with its mother; like a weaned child I am content." The focus of the imageless prayer is to be filled with God's sweet presence. Love and joy and renewal of strength are the outcome of this sublime meeting. Although the bride of

---

[180] *Prayer* 58.

[181] Cf. Columba Steward, "Imageless Prayer and the Theological Vision of Evagrius Ponticus," 192. *Prayer* 119: "Blessed is the mind that prays without distraction and increases in desire. Here, "*erōs*" is translated to "desire" by Stewart, and it also appears in Casiday's translation, but it does not appear in Sinkewicz's translation.

[182] *Prayer* 74-75, angel; *Prayer* 62, Holy Spirit; *Eulogios* 27, *Prayer* 58, the giver of prayer.

[183] In Evagrius' time, he might prostrate himself or remain standing when offered this silent adoration, and the silence time is not long, up to three minutes. cf. Dysinger, *Psalmody and Prayer*,71. Note 36, 37.

Christ must have gone through a series of preparation and purification to meet her Lord and King,[184] yet once her work is done, this consummation is fulfilled by faith and grace. Coming to God and desiring God becomes the spring of healing and source of transformation for any person who prays truly.

3.4 Conclusion

Evagrian prayer is relevant in many ways to the healing of mental illness. First, it enhances a true understanding of one's inner self, to distinguish the origin and process of disturbing thoughts and frustrating desires. Through praying the biblical texts, "the mirror of the soul," one could constantly reflect and examine where one's thoughts come from and how they direct one's desires. This practice would facilitate the growth of inner-transparency and self-knowledge. It, in turn, reveals one's self-disguise and cultivates the ability of discernment to see through the mask of demonic deception.

Second, through the contemplation of God's creation, one learns the *logoi* of God's providence and judgement. This realisation in turn gradually shifts one's self-centeredness for survival to a new axis of one's existential reliance upon God's grace and power. When God is the centre, of meaning and of existence, one need not treat any other beings as one's object and means. This reflexive I-Thou relationship may bring

[184] *Virgin* 55.

about reconciliation between one and others (including, other humans, animals and the environment) in a consumer-orientated world.

Third, through practicing pure prayer, all the oppressive images, mental representations, and memories are abandoned; in the silence, a new self emerges, embraced with unspeakable joy and freedom. At the same time, a new identity is formed: a purified virgin and bride of Christ. All the wounds, no matter old or new, deep or small, in the breast of Christ—the bridegroom of the soul—in the silence of loving communion, can be cleansed and healed by this overflowing, unfailing love of God. The impulsive, disoriented desires could be transformed into holy *eros*, the desire for God. All the destructive energy can be channelled into this stream of love, an unceasing longing for union with God. Therefore, Evagrian prayer is therapeutic for it can transform a bewildered, fragmentary soul into a loving wholeness.

Chapter 4: Methodology—Developing the 3R Intervention

Christian heritage hands down to us from the desert fathers that emotional disorders originate from demonically inspired thoughts. Evagrius' battles with these thoughts and his transformation along the course of his spiritual journey provides us a valuable case study to understand the dynamics between prayer and the restoration of inner harmony. Evagrian prayer is potentially effective in treating misdirected desires and uprooting the harmful thoughts that instigate disturbance and discord in the soul. His prayer practices involve tearful confession, prayerful examination of the inner movement of thoughts, scriptural refutation of unhelpful desires, contemplative reflection on the spiritual principles of creation and immaterial realities, and perceptive participation in the divine presence. His interpretive framework of passions, thoughts analysis and prayer practices are all very relevant to depression, as demonstrated in the last chapter.

To respond to contemporary demands for depression treatment, I have designed both a spiritual intervention based on Evagrian prayer and a pilot study to put this to the test. In this chapter, I first discuss the overall study design of the intervention. Then, I reflect on how I translate the principles of Evagrian prayer into an applicable intervention. Finally, I relate the process of developing the treatment manual and preparing the pilot study.

4.1 Designing a qualitative evaluation of a spiritual intervention

To turn the ancient prayer practices into a working intervention requires an accurate understanding of the meaning and purpose of these practices. This has been done through careful research, contemplative reading and the constant appropriation of Evagrian prayer in my personal life so as to extract the applicable principles. It is much more challenging, however, for a theologian to design an empirical study to test the feasibility of the intervention. From the beginning, I planned a qualitative study of an eight-week intervention for people with a history of depression, regardless of their religious affiliation. The importance of a qualitative interventional study design is argued as follows.

First, in discussing the research agenda for the field of mental health, Harold Koenig maintains that "emotional disorders, especially depression and anxiety disorders, need study because they are so prevalent."[1] There, he emphasises "a particular need for intervention studies that examine the effects of R/S interventions."[2] While he recognises that it is "expensive to implement, difficult to execute, and sometimes misleading, intervention studies can help determine whether R/S involvement actually affects mental health, rather than simply being correlated with it."[3] Although to date, most research

[1] Harold Koenig, *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources* (West Conshohocken, PA: Templeton Press, 2011), 49.

[2] Ibid.

[3] Ibid, 50.

design for interventional studies has been quantitative, Koenig suggests that "qualitative studies are ideally suited for R/S-health research, as they have the potential to explain how and why R/S affects health in ways that quantitative studies cannot."[4]

Second, quantitative studies obtain data about depression only by means of the symptom scores of assessment instruments, and their evidence of efficacy shown by statistical analysis of pre-interventional and post-interventional scores may not indicate the clinically significant benefits since they only measure the limited symptoms defined by DMS criteria and the definition of remission is varied according to the artificial cut-off score of each instrument. Hence, a state of recovery as suggested by these scores may not in fact indicate a state free of illness or better emotional and social functioning.[5]

Third, concerning the impression of statistically significant efficacy, the critics of the "evidence-based approach" point out that "the trial conditions are not replicable in day-to-day clinical care and the trial's mean score does little to inform the individual case."[6] Since most clinical trials use strict exclusion criteria in recruitment but only offer mean scores of the results, this kind of research design cannot add much information to our understanding of treatment effect to each individual of depression. Whereas the

[4] Ibid., 70.

[5] Cf: The 3R therapy manual footnote 1, which explains the definition of the terms used in clinical depression suggested by Ellen Frank et al.

[6] Janice Morse, "The Politics of Evidence," in *Qualitative Inquiry—Past, Present, and Future : A Critical Reader*, ed. Michael Giardina and Norman Denzin, (Walnut Creek, CA: Routledge, 2015), 122; Richard Kravitz, Naihua Duan, and Joel Braslow, "Evidence-Based Medicine, Heterogeneity of Treatment Effects, and the Trouble with Averages," *Milbank Quarterly* 82, no. 4 (2004): 661–87.

critics suggest "a process-oriented view of causality" since "they emphasize the importance of context" and the necessity to incorporate the reality of mental phenomena in our understanding and explanation of depression.[7] I therefore chose a qualitative design to observe the process and impact of the intervention from participants' self-disclosure during the course of intervention and in the follow-up period. Nevertheless, in the study, I also employed the quantitative element of depression and anxiety scales with pre-test/post-test design as a reference for the purpose of comparison with other studies.

4.2 Translating Evagrian prayer into a contemporary intervention

Five elements are extracted from Evagrian prayer to form the backbone of the intervention. These are developing spiritual senses, examining troublesome thoughts, chanting psalmody, "talking back" with divine assurance, and nurturing inner silence. I decided to make this intervention a group programme since this might foster a sense of community which would be beneficial to those who were isolated by depression. Thus, I added one more element—caring for others, which is also practised by Evagrius. Since virtues are developed in the interaction with people, I hoped participants could practise caring for each other during the programme, so I added the element of intercessory prayer. To turn these elements into an interventional programme, I too account of the following considerations.

[7] Joseph Maxwell, "Evidence: A Critical Realist Perspective for Qualitative Research," in *Qualitative Inquiry—Past, Present, and Future: A Critical Reader*, 91.

4.2.1 The programme length and time arrangement

In the field of depression, most group therapy sessions range from 8 to16 weeks. I had two concerns in deciding the length of the intervention. First, in order to compare the results of the pilot study with MBCT, it is better to keep the programme the same length as the eight sessions typical in MBCT. Although the intention is to use Evagrius' eight thoughts as a framework for the programme, I could have designed a 10-session layout to begin with a Session 1—motivation for change and to end by a Session 10—planning for continuing growth. Second, as the intervention has been in its pilot study stage, I was afraid that too long a programme would prevent potential recruits to commit their time to participate. Thus, I decided to make use only eight sessions as minimum to establish the basic understanding of Evagrian eight thoughts.[8]

Concerning the length of each session, I estimated that 110 to 120 minutes would be optimum from the calculation of each activity in each session. The format starts from the breathing exercise to prepare each participant's heart for the session, and then enters into a section expounding the theme of the session, where participants are invited into a discussion to address any concerns relating to this theme and the new perspective. The second experiential exercise is then introduced and practised, to gain further concrete understanding of the theme and the corresponding perspective through this new experience. Further, there is time for reflection and discussion of this experiential exercise. The third exercise is chanting psalmody. Two psalms which closely relate to

[8] Please see Appendix 1: the 3R Therapy Manual. Part 4, with the eight session, each session contains a theme section which discusses one thought.

the theme are practised with reflective feedback in between. Finally, there is a caring exercise for participants to practise intercessory prayers singing a Taize song in the intervals before they depart.

4.2.2 The selected themes based on the eight thoughts

I used Evagrius' eight categories of demonic thoughts to compose eight sessions for the intervention. These eight forms of temptation or dangerous reasoning are gluttony, fornication, avarice, sadness, anger, despondency, vainglory and pride. The interpretation of these eight areas of challenge relating to depression is written by each session in the Part 4 of the treatment manual.[9]

To be inviting, I used a hopeful, encouraging tone in the topics. For example, I have named Session 1: "taste and see" instead of "against gluttony," shifting the focus from moderating food-consumption driven by a distorted desire to conscientiously consuming spiritual food, the Word of God. The reasons for this rendering are twofold. First, some depression treatment plans would include lifestyle changes, such as healthy eating, but I want to raise awareness of the need for spiritual food in order to develop participants' spiritual senses to be reconnected to God. Healthy eating is common knowledge, and participants can easily be educated from many resources, while eating disorders are much more complicated which need specific treatment plans. Thus, neither of these will be addressed in the manual. Second, although Evagrius deals with gluttony

[9] See Appendix 1.

by moderate "abstinence"—controlling one's stomach and diminishing the desire for food,[10] I transfer this desire for food to a desire for God, since the purpose of Evagrius' practice of abstinence is to hinder extravagance and disobedience and to develop eagerness in prayers.

Session 2 is named "embraced by God" instead of "against fornication." Because I interpret sexual desire as the desire for intimacy (both physical and spiritual), I treat the thought of fornication as a distorted desire for intimacy. Not everyone who is depressed has been in the grip of an obsession with sex, but a deep yearning for lasting, faithful relationships seems to exist persistently in every anguish heart. I hypothesised that this deep yearning can only be fully satisfied by God's warm embrace, which has been elaborated in the metaphor of the virgin (a human being) and the bridegroom (the Lord, the incarnate Son of God) in Evagrius' and many church father's writings. I estimated that through developing a time-space for receiving God's warm embrace the connection of human-and-the divine will be re-established and from this intimate basis the process of healing and transformation could start.

Session 3 is called "security and spiritual wealth" rather than "against avarice." This is because I interpret the thought of avarice as a tempting way out for insecurity, where wanting for more is associated with identifying one's self-worth with material possessions. As a result, visible ownership becomes a way to display one's dignity and

[10] *Vices* 1; *Eight Thoughts* I.1, 2, 10, 11, 12, 14, 15; *Thoughts* 35. Evagrius' abstinence includes fasting and prayer. He recommends bread, oil and water as the best regimen, while warning not to pursue it to satiety and limited it to once a day.

to numb the feeling of insecurity. In this session, I used two stories to explore what is the anchor of our humanity in order to shift one's desire for goods to one's desire for God. Both of the stories involve a beggar and a rich man; though they either highlight the reward or the value of a beggar, the stories are in contrast with each other in order to show where our spiritual wealth lies—God's unfailing love and the love for our neighbours.[11]

Following the same logic, I changed the topic of the other sessions from "against" certain thoughts to "transforming" sadness, "calming" anger, "persevering" in despondency, and replaced "against vainglory" with "celebrating" God's recognition, and "against pride" by "growing" humility.

[11] One is from Luke 16: 19-31, "The rich man and Lazarus," and the other is a real story in the second world war from Paul Tournier, *A Place for You: Psychology and Religion*, (London: SCM Press, 1968).

4.2.3 The experiential exercises

The primary principle of constructing the experiential exercises is to create a new experience. By this I mean while acquiring a physical experience, participants may also gain new insights and perceive themselves and things differently. Bodily experience in the 3R intervention is very crucial to broaden one's horizons and transform one's perspectives. I created eight playful group activities to correspond to the themes of the sessions to stimulate interests and open the heart. Particularly, the activities were attached with new meanings which were intended to enhance the understanding of the spiritual meaning and allow them to experience the spiritual reality of related themes.

In the process of conceiving these exercises, I not only designed them but also tested them in a pre-pilot study group to see whether each of them would have the effect that I hoped to induce. As a result of this pilot I abandoned two exercises, modified some and added others. Later, in every run of the programme I kept evaluating and improving the way to perform them. On the way to the third run of the programme new insights kept coming so I modified some visual aids and employed more objects for mental representations to develop more effective experiential exercises.

For example, in the experiential exercise in Session 4, I hand-made all visual aids associated with the performance of a drama about a girl and a tree she was using to swing under its strong branches. The tree was gradually wrapped up by ivy and became

unrecognisable and indistinguishable from the leaves of the ivy.[12] I used freshly cut tree branches, wild ivy vines and a cardboard constructed tree trunk to portray a contrasting view between the image of a healthy, leafy tree and a dry, dying, yet still budding tree. In the process of playing this therapeutic exercise, participants quickly identified this tree as themselves, and were invited to attach their bitter sadness to the leaves of vines via self-written stickers each of which listed one of their named sources of sadness. In the final act of this co-story-telling, they were encouraged to make their own decisions about whether to cut off their bitter sorrow by tearing off the vines from the tree. All participants came forward voluntarily and solemnly to tear vines, which were loaded with named stickers, from the tree with vigour in order to set this tree free.

This bodily experience, setting a tree free, is transferable through reflectively acting out their own narratives in this story-telling play; in fact, they were experiencing a profound drama of freedom from bitter sadness. It was hoped that this experience would keep impressing and empowering them to exercise the same kind of determination and courage to nip invading thoughts (*logismoi*) in the bud in their daily life.

In another exercise relating an inner conversation with oneself, I acted out a scene in order to help participants realise that they may treat themselves harshly—looking down on themselves all the time and without giving themselves any credit—in

[12] In Evagrius' *Eulogios 7*, he distinguishes sadness into two kinds, godly sadness and the bitter sadness. For him, the bitter sadness is "a disease of the soul and the flesh; it takes the former captive and it withers the latter on the spot."

contrast to their compassionate and encouraging attitude towards their friends in similar situations. By employing a stuffed animal acting as my inner self and nagging at her without understanding and sympathy for her unsuccessful attempts, I showed how, unwittingly, we seemed not to love ourselves as we love our neighbours. And then each participant was provided with one stuffed animal to act as their inner self and was encouraged to talk to themselves like they would normally do to their friends in distress, under the assumption that if we do not know how to love ourselves better how should we love our neighbours as ourselves as Jesus advised. Immediately, participants perceived their problems and intended to change their mentality towards themselves. It was hoped that the images of this drama would keep reminding them to treat themselves in a more gentle and encouraging way. This exercise was inspired by Evagrius' advice on how to fight against the demon of acedia—"with tears let us divide the soul, and have one part offer consolation and the other receive consolation."[13]

It was very difficult, however, to design an exercise to convey Evagrius' idea of anger in opposition to prayer as Evagrius notes that those who remain in anger cannot pray without disturbance.[14] My first attempt was to use the dog image that I found in Evagrius' discussion on anger by designing a picture of a house with barking dogs outside it, where the house was alluded to as being a praying mind and dogs the demon of anger.[15] As soon as this design was reviewed by my supervisor, it was pointed out to

[13] Evagrius, *Praktikos 27*

[14] Evagrius, *Praktikos 11, Prayer 21*

[15] Evagrius, *Thoughts 5*

me that this might be problematic for British people who love their dogs. Thus, I considered this mental representation would not work. In the next attempt, I made use of a bottle of lime flavoured sparkling water to allude to the boiling heat of anger. In a game, participants of pre-pilot study were offered this drink of anger as much as they desired, hoping to induce a feeling of an inflated stomach near the edge of outburst which alluded to that whoever prefer to hold onto their anger would not have the capacity to drink another cup of mercy—still coconut juice.

The outcome of this game did not turn out as I anticipated. For some participants just did not like to drink much while one person was very thirsty at that moment and did not want to stop drinking, as lime flavoured water was one of his favourites.

Meanwhile, it remained difficult to construct an exercise that portrayed the Evagrian understanding of conflict between anger and prayer. Eventually a tug-of-war exercise was developed to experience this opposition between anger and prayer. I divided participants into two teams to play a tug-of-war, without telling them the hidden meaning of it. Only after the game, did they raise the expected question, "what does this mean?" For they anticipated that I must have attached meaning to this experiential exercise to allow them to perceive something new. So, I explained that one team represented anger and the other team represented prayer. Fortunately, the prayer team won this time and each of the teammates was awarded a balloon so that they could fly their prayer in the air.

In appearance, the breathing and bread exercises seemed to be similar to other meditative exercises that have already been published; in reality, they are produced from a very different framework and with a different purpose. In comparison, the key exercise of 3-minute Breathing Space taught by MBCT focuses on feeling the physical sensation of breath so as to anchor oneself in the present moment in order to cultivate an awareness of the mode of being moment by moment.[16] The 3R breathing exercise, in contrast, focuses on feeling and appreciating the grace of God which turned the dust of ground into a living being via breathing the breath of life into the man Adam.[17] Through each conscious act of breathing in and out, the exercise was intended to impress that our being is relying on the breath of life which was initiated by God and is still circulating and maintaining life within us.

The 3R exercise is also different from Sadhana's breathing exercise, where he emphasises the air that we are breathing in is "charged with the power and the presence of God" as he thinks of the air "as of an immense ocean charged with God."[18] His practice focuses on imagination: "While you breathe in imagine God's Spirit coming into you…Fill your lungs with its divine energy…While you breathe out imagine you are ejecting all your impurities."[19] Whereas, the 3R breathing exercise uses bodily sensation to register a new understanding of God's grace flowing in with the breath of

[16] Zindel Segal et al., *Mindfulness-Based Cognitive Therapy for Depression*, 383-390.

[17] The image is drawn from Genesis 2: 7.

[18] Anthony de Mello, *Sadhana: A Way to God*, (Anand: Gujarat Sahitya Prakash, 1998), 33.

[19] Ibid., 34.

life. Via this simple exercise in the beginning of each session, I prepared participants' heart to be calm and attentive in order to receive more grace of God in the session.

If anyone had tried the raisin exercise in MBCT, they would feel familiar with the bread exercise. Whereas the focus of the raisin exercise, however, is to nurture awareness of present moments through the physical sensations of observing and tasting a piece of raisin. In contrast, the bread exercise involves using all physical senses to explore a piece of bread in order to get Evagrius' point that just as our physical senses are endowed with each of their unique innate capacities for exploration in the material world without needing education, so too are our spiritual senses for the immaterial world. Through this understanding, it was intended to encourage participants to explore the spiritual food, the Word of God, to encounter God, and to find spiritual meanings and purposes for their lives.

Overall, the experiential exercises produced bodily experiences to register new perceptions and understandings in order to prepare the mind-heart to practise the main exercise—chanting psalmody.

4.2.4 The psalmody arrangement

To select which psalms to match with the theme that each session explored, firstly I read through Evagrius' selection of psalms in his *Antirrhêtikos,* and took notes on which psalms could be used for combating each thought considering contemporary

society.[20] Secondly, I examined all 150 chapters of psalms, and noted down what I thought would be suitable for the function of each session and its corresponding home assignments. I gave up most psalms relating to Israel's history and its national struggles out of the concern that if some participants were not Christians they might not be familiar with the history of the Old Testament. I also had to put aside psalm 119 because it has 176 verses. Thirdly, comparing Evagrius' selection with mine, I pondered again and then merged both lists into a list of psalms for each theme by which I hoped to offer a new thinking framework for my participants. Fourthly, considering Walter Brueggemann's typology of function,[21] I arranged weekly assignments of psalmody by mixing different types of psalms in order to allow them to sense and appreciate the different literary styles of orientation-disorientation-reorientation in their daily practice. Finally, I used 112 psalms, where 48 of them are individual laments and seven are community laments, about half of the total selection. It was intended that through chanting these laments, participants would find new ways to voice out their frustrations, complaints and protests to God so that the misdirected irascible part would be calmed and they would become ready to enter into the therapeutic silence in between chanting.

In summary, it was hoped that through the intervention, the depressed persons would first learn that to approach God they needed to develop spiritual senses. Second, that they would learn to analyse thoughts and identify the sources of their inner

[20] Evagrius, *Talking Back: A Monastic Handbook for Combating Demons.*

[21] Walter Brueggemann, "Psalms and the Life of Faith: A Suggested Typology of Function," *JSOT* 17 (1980), 3-32.

conflicts. Third, that they would learn new perspectives from chanting psalmody that would enable them to face the harsh realities of life. Fourth, that they would learn to rebut oppressive thoughts by using the divine assurances that they had discovered in the psalms. Finally, in chanting psalmody, I believe the "world-creating" text would guide their spiritual senses to participate in the spiritual reality of God,[22] and in the contemplative silent intervals between each psalmody that they would become immersed in God's healing presence and acquire inner peace.

4.3 Developing a manual for the 3R programme

Having discussed the first two drafts of my research methodology with my primary supervisor, it was decided to construct a manual for the 3R intervention, for the following reasons. First, a manual would help me to implement the intervention more consistently and reliably. Kenneth Pargament advocates that "treatment manuals are the critical vehicle for defining and evaluating new methods of psychotherapy" and "manualized spiritual interventions provide guidelines and standards for treatment."[23] Second, although it would increase the workload, I chose to write a manual in order to assist the further development of research in this field, since as far, as I was aware, there

[22] Theologian Stanley Grenz coins the phrase "the world-creating function of the text" to explain how the Holy Spirit helps us to appropriate the theological meanings of Scripture. He states: "Although the Spirit's illocutionary act is to appropriate the text in its internal meaning (to appropriate what the author said), the Spirit appropriates the text with the goal of communicating to us in *our* situation (p.362)." Stanley Grenz, "The Spirit and the Word: The World-Creating Function of the Text," *Theology Today* 57, no. 3 (2000): 357–74.

[23] Kenneth Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* (New York: Guilford Press, 2011), 320, 325.

had been no previous manualised spiritual intervention for depression before I embarked on this project. Another benefit of preparing a treatment manual was to train therapists in practising basic Evagrian prayer and in delivering the 3R programme "with a reasonable degree of standardization,"[24] so others may replicate the experiment.

4.3.1 The considerations in the formation of the manual

Before the scheme of the manual was finalised (Table 4.1), there were practical issues to be considered. The first question that came to mind was about who was to deliver the programme. It seemed to be clear that the researcher must be the therapist to deliver this intervention since no one else could accurately implement these practices other than the designer of the new intervention. Also, with limited resources, training another person to be the therapist to conduct the pilot study for a PhD project was impossible.

The second question was about who were to receive the programme. After discussion, I decided to make this intervention available to all people, and not restricted to Christians alone, on the condition that the Christian ethos must be respected. This would make the work of translating Evagrian prayer into practice more difficult, since due to ethical concerns considering non-Christians, it was not appropriate to make the intervention a programme for the teaching of Christian spirituality that directly uses the terminology and concepts familiar to most Christians. Thus, I designed this intervention

[24] Ibid., 320.

as an experiential programme, in order to allow participants to explore and experience the spiritual realities by themselves rather than to be taught. Without introducing the conceptual framework of Christian tradition as the foundation, however, I was not certain whether non-Christians could comprehend and practise the spiritual exercises well. Also, it was uncertain whether restricting the use of theological language to explain the meaning of these prayer practices in a Christian context would limit the extent to which the intervention would help Christians in depth. Most importantly, in the manual, I must provide the reasons for allowing Christian prayer to be used for non-Christians without compromising its essence.

Based on seven assumptions, I proposed that the 3R intervention could be used for anyone in need. These are: 1) God is love, 2) Jesus Christ, Son of God, is the physician of souls, 3) Renewing the mind and not conforming any longer to the tempting thinking patterns is a spiritual act of worship, 4) "Prayer with perception" is essential in order to experience transformation, 5) Praying to God can be as natural as breathing, 6) Body-soul (mind)-spirit is the trinity of human beings to interact with the triune God, 7) The notion of sin. In order for therapists to accurately grasp these principles, I have elaborated these assumptions in Part 1 of the manual.

Table 4.1 The Scheme of the Manual

The Order	The Headings of the Sections
Part 1	Introduction and Rationale
Section list	Introduction
	Background of the 3R Intervention
	Who is the 3R Programme for?
	Five Essential Spiritual Practices of the 3R Programme
	Seven Theological Assumptions of the 3R Programme
Part 2	Instructor Training and Preparation
Section list	Baseline Training
	General Attitudes
	Setting Preparation
	Session Format
	Session Length
	Handing a Crisis
Part 3	The Initial Interview
Part 4	The Structure of Sessions

Each potential participant of the programme was separately interviewed prior to the intervention in order to explain the rationale of the intervention for depression in addition to the information sheet and to demonstrate the main practice of the programme. This helped to build rapport and to facilitate the administration of the depression assessments. The interview was designed to encourage potential participants

to share their views and ask questions. The details of how the interviews were conducted are illustrated in Part 3 of the manual.

For the qualification of a 3R therapist, the basic training and necessary preparation are listed in Part II of the manual. Since the 3R intervention is portrayed as a guided healing journey towards a resilient whole, one crucial factor to its success relies largely on the therapeutic relationship, whereby therapists have lived a life experiencing the healing of their passions through their pilgrimage of salvation. Thus, in guiding the 3R journey, this experience would allow them to stand in solidarity with participants in their battles against oppressing thoughts with gentleness, patience and unceasing hope, even though therapists themselves may not have suffered from depression.

There were more practical issues to be solved, which will be discussed in the chapter describing the implementation of the pilot study. The manual underwent revision in the light of experience gained from a pre-pilot test and the pilot study.

4.3.2 The process of developing the manual

The process of developing the manual was lengthy. Five kinds of resources were drawn upon in the course of designing and writing the manual. The first step was to consult other available treatment manuals to have a basic idea about what kind of general content and style would be involved in the manual. The chosen templates were two treatment manuals for alcohol abuse and dependence.[25] Later, another two manuals of religious-incorporated CBT for depression were consulted for comparison. These were *Mindfulness-Based Cognitive Therapy for Depression* and *Religiously Incorporated Cognitive Therapy for Depression*.[26] The 3R programme was supposed to be a purely spiritual intervention, however, not a cognitive therapy; and since no manual for spiritual intervention could be found, a completely new model had to be constructed.

The second step concerned the clinical applicability. Since the researcher had never worked in a mental health clinical setting, an application to Tees, Esk & Wear Valleys NHS Foundation Trust was filed to allow her to work as a volunteer chaplain at West Park Hospital (a mental healthcare facility) in Darlington. The regular visits to

[25] William Millers et al., *Motivational Enhancement Therapy Manuel: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence*, (Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, reprinted 1995); Shamil Wanigaratne et al., *Relapse Prevention for Addictive Behaviours*, (Oxford: Blackwell Scientific Publications, 1990). My supervisor suggested these as a starting point based on his prior use of them.

[26] Zindel Segal, Mark William and John Teasdale, *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*, (New York: Guildford Press, 2002), 1st ed.; Michelle Pearce et al., Religious Cognitive Behavioral Therapy (Christian Version): 10-Session Treatment Manual for Depression in Clients with Chronic Physical Illness, 2014. https://spiritualityandhealth.duke.edu/images/pdfs/RCBT%20Manual%20Final%20Christian%20Version%203-14-14.pdf

hospital patients was very important for the researcher to have personal interactions and close observations with local people who had mental health problems. During the hospital visits, three difficult inpatient cases were apparently relieved by employing psalmody. Via the chaplaincy connection, the researcher was able to sit in a MBCT programme to observe what actually happened during the eight weeks period of that programme. This experience not only helped the researcher to break down step-by-step what should be happening in each session, but also enhanced her understanding of MBCT in a concrete sense to form the foundation for future comparison.

The third step concerned the language used in the manual. It was suggested not to use dry academic language, but an intellectual language appropriate for therapists and an easier level of language appropriate for potential participants, while both must be used in the different parts of the manual. The most difficult task was to write both accurate yet appealing descriptions to make Evagrius' concepts and terminology accessible to depressed people, particularly for those being ill for long having impaired cognition. Andrew Solomon's *The Noonday Demon* was consulted, because it relates his detailed depression history and numerous personal interviews of other depressives.[27] It was hoped that the book will enrich and deepen the understanding of various intrapersonal and interpersonal struggles of depressed people which in turn might inspire producing the suitable language.

[27] Andrew Solomon, *The Noonday Demon*: An Atlas of Depression, (New York: Scribner), 2001.

A further step was taken to test the first draft of the manual in the researcher's home church.[28] With two exceptions, most participants at this stage were friends of the researchers. They were all eager to try out the new intervention to either deal with their inner struggles or enhance their mental health. This pre-pilot test included one depressed atheist who the researcher did not know but who was introduced into this programme. It seemed that he was happy about the programme and would like to learn more after completing the programme. There was one Christian, who the researcher was not familiar with, who withdrew after Session 3 due to her physical circumstances. This experience was helpful in testing the effects of the written scripts of themes, the session format and the experiential exercises.

Consistently, the most vital help came from my supervisor. Since the researcher wrote the manual from her intuition and imagination without any previous formal training in the field of mental health, the contributions of the supervisor in discussions, in offering criticisms of and suggestions for the manual catalysed the process of formation. During the course of the three pilot trials, further minor improvements were either made or noted for future refinement of the manual.

[28] This was a preliminary test group run like a church programme in Vancouver, BC. Thirteen people joined the group. All received a written introduction about the programme and signed the informed consent.

4.4 Implementing the pilot study

4.4.1 The consideration of a control group design

The pilot clinical trial was originally planned with a two-group study design, comparing potential treatment effects between those receiving the 3R intervention and control subjects. Much consideration was given to the design of a control group. The earliest plan was to compare the 3R programme with MBCT because these two interventions are most comparable. Due to limited resources and circumstances, however, a certified MBCT instructor could not be hired. Since it might not be suitable for the researcher to conduct both interventions for the study, the idea along with the possible training as a certified MBCT instructor must be dropped. The second proposal was to form a group with subjects maintaining their antidepressant medication with unchanged dosages during the eight-week 3R intervention period compared to another group containing subjects with a similar degree of severity of depression but without medication treatment during the 3R intervention period, provided that each patient's preference was considered and the consent was given. This design was meant to test whether the 3R intervention would bring about a change in health when applied without medication since all MBCT trials' patients must be subjected to maintenance medication treatment; therefore, in receiving MBCT none of them were in medication-free condition. Because the researcher was not a medical doctor, however, it was suggested that the NHS ethics committee would be very likely to reject this proposal, hence it was abandoned.

The eventual proposal made to the ethics committee in the Department of Theology and Religion, was therefore not for a two-intervention group study design but one in which a control group with participants in the waiting list was compared to the intervention group. Ideally, 24 participants would be recruited to meet the two-group design, but significant difficulties were encountered in the recruitment process and the original design had to be abandoned, resulting in a single-group design. The problems of recruitment will be addressed in both the results and the discussion chapters.

4.4.2 The assessment and evaluation

Nine types of research instruments are used to collect quantitative and qualitative data (Table 4.2) to evaluate whether the intervention succeeded in helping participants as intended.

Table 4.2 The methods of assessment

Research instruments	**Generated data or phenomenon**	**Administered Timeframe**
PHQ-9 (PHQ: Patient Health Questionnaire)	Depressive symptoms	Pre- and post-intervention
GAD-7 (GAD: Generalized Anxiety Disorder)	Anxiety symptoms	Pre- and post-intervention
CES-D (Center for Epidemiologic Studies Depression Scale)	Depressive symptoms	Pre- and post-intervention
Initial Assessment Questions in S/R Domains	The experience of S/R	Pre-intervention
10 initial interview questions	Desires and values	Pre-intervention
Sessional recordings along with the researcher's own transcription documents	Verbal descriptions of participants' experiences, opinions and attitudes towards the intervention during interactive exercises and discussions	During the intervention
Field notes	Written documentation of the researcher's personal observations, feelings and experiences in interacting with the groups and interviewing individual participants	Pre-, during, and post-intervention
6 self-evaluation questions	Changes, benefits or concerns	Post-intervention
Follow-up interview recordings	Open-ended interviews for further reflections	Post-intervention

The first kind of instrument used were assessment questionnaires for depression and anxiety in order to understand the baseline conditions and to detect any post-intervention change. The paired t-test was used to analyse the results. Three self-report questionnaires for depression and anxiety (PHQ-9, GAD-7, CES-D) were chosen because their reliability, validity and sensitivity have been studied and accepted as measures of depression and anxiety,[29] and also because they are freely accessible in the public domain.

The PHQ-9 instrument evaluates the presence of nine symptoms of depression based on DSM-4 by means of nine questions, which takes about two minutes to administer. The GAD-7 scale uses seven items to detect symptoms occurring over the preceding two weeks in order to screen for and measure the severity of generalised anxiety disorder. Because depression and anxiety often co-exist, evaluating the severity of anxiety is clinically meaningful. This scale takes 2-3 minutes to administer. The CES-D scale measures the level of depressive symptoms during the past week and was used as a comparison to PHQ-9. It has 20 items to answer, so takes 5-7 minutes to administer.

These quantitative assessments served the purposes of attaining a basic understanding of participants' depressive symptoms to verify comparability with results from other interventional studies. Although the 3R pilot study was intended to provide a qualitative

[29] Luann Richardson, and Kathryn Puskar. "Screening Assessment for Anxiety and Depression in Primary Care." *The Journal for Nurse Practitioners* 8, no. 6 (2012): 475–81; Karen Smarr and Autumn Keefer, "Measures of Depression and Depressive Symptoms," *Arthritis Care and Research* 63, no. S11, (2011), 454-466. See Appendix 2 for the scales.

evaluation, this quantitative data sought to indicate whether the intervention had a measurable impact. The qualitative evaluation, meanwhile, depended on other kinds of research instruments that serve to capture the experiences of participants before, during and after the intervention. They seek to provide a richer and more phenomenological account of the changes in the participants. These evaluation tools were Initial Assessment Questions in Spiritual/Religious Domains,[30] the researcher's initial interview questions, in-session audio-recordings with transcription, the researcher's field notes, participants' written response to the outcome self-evaluation questions and follow-up interviews.

Two sets of initial interview questions were used. The first set, Initial Assessment Questions in Spiritual/Religious Domains contains five questions. These were intended to explore participants' spiritual and religious experience, particularly if these experiences have any relation with depression. Since potential participants might not be willing to address their specific problems in the initial interview, the researcher designed another set of ten questions to engage with them. These explored the specific areas of their feelings, desires and current functioning, based on Evagrius eight thoughts.[31] These initial interview questions were intended to stimulate meaningful reflection for participants to prepare for the intervention and to facilitate the researcher's familiarity with participants' worldviews and values.

[30] See the 3R Manual footnote 58.

[31] See Appendix 3.

The outcome self-evaluation form contains six questions which was developed by the researcher.[32] It was intended to allow participants to reflect on the process and influence of the intervention, whether they were subjectively satisfied with or benefited from the intervention. It also served to stimulate follow-up interview questions to allow them to share more from what they wrote. The follow-up interview was planned to be done at three-, six- and twelve-month intervals with open-ended conversation to allow each participant to share freely what they consider as important to communicate. This was intended to produce an account from the framework of the participant.

Qualitative data collection began from a position of attentive listening by the researcher, who was open, sensitive to tracing changes in the whole process during the intervention through open-ended questions, without imposing precontrived motives or frameworks on participants. Through the eight week process of interactions and discussions, participants were provided with ways to identify their therapeutic needs and to voice out their concerns and reflections. Data analysis started by listening to the MP3 recording several times, by transcribing 72 recording files, by reading and re-reading the text, including transcriptions, participants' written response, and my field notes. I considered the quality of the data and categorised information. I identified themes or patterns such as concepts, phrases used, attitudes, actions, or incidents. I organised them into coherent categories.

[32] See Appendix 4.

4.4.3 The recruitment plan and the venue of delivery

The pilot study was planned to recruit at least 24 subjects for a two-group design. Originally, it was considered to recruit subjects from clinical settings but due to the lengthy application process to the NHS Ethics Committee, the researcher turned to a social care institute, Waddington Street Centre, which provides mental health resources for clinical populations in the region of Durham. Although its manager welcomed the 3R programme, she requested that it was up to the Centre to do the recruitment, not the researcher, meaning that the researcher was placed in a position where it was not easy to do any publicity for the programme, other than providing the information sheet and consent form.

Over two-month period in the summer of 2015, the centre did not recruit enough people for the initial interview and the researcher had to expand the recruitment to community-based populations through St. Nicholas Church Durham, King's Church Durham, St Anthony's Priory and St John's College Durham via the information sheet, oral/written announcements, network emails, the open day poster and word of mouth. In total it took over six months to recruit 24 people for the screening interview.

The programme needed a quiet and spacious room to facilitate exercises and contemplation. Three institutes provided the venue for the three runs of pilot study: Waddington Street Centre, St Nicholas Church and St John's College. Only the venue of St John's College was appropriate since the room at Waddington Centre was very small

and the location of St Nicholas Church was very noisy during traffic hours. Nevertheless, the reality and timing did not allow for other choices.

4.4.4 Ethical Approval

Conducting a study with integrity must consider ethical issues. When using human beings as experimental subjects, the researcher's first concern must be to protect participants' rights. Participants must be well-informed about the research purpose and methods via the detailed participant information sheet, as well as the possible benefits and risks of taking part in the programme, and the plan for follow-up should also be included. The information sheet was designed by the researcher according to the standards and guidance issued by the NHS National Patient Safety Agency and National Research Ethics Service.[33] It lists the inclusion and exclusion criteria for recruitment.[34] In addition, the design for the initial intervention interview and open day (in the third run) would allow the researcher to demonstrate the key practices of the programme in a face-to face question and answer setting so that potential participants could know more about what the pilot study expected from them.

The protection of participants includes informed consent, which must clearly emphasise that participation in the study is fully voluntary and participants have the

[33] NHS National Patient Safety Agency and National Research Ethics Service, "Information Sheets and Consent Forms. Guidance for Researchers and Reviewers," Version 3.6.1 March 2011.

[34] Originally, I wanted to include Participants' Information sheet in the appendices. However, due to the specific request of thesis margins, the information sheet cannot fit in. If the format of the sheet is changed, some of the content will either lose or distorted, so I must give up having it in the appendix.

right to withdraw at any time without giving any reasons so that they have the full freedom and assurance in considering this programme.[35] The consent form must inform the plan of audio-recording the weekly sessions but ensue anonymity and data protection. The consent form was based on the template provided by the Department of Theology and Religion but was modified according to the specific concerns entailed in conducting research to NHS standards.

Overall, to obtain the ethical approval, the researcher had to show that she understood her own responsibilities and would take care to do no harm to participants. Participants' rights had to be protected and confidentiality maintained. The necessary measures for risk control were also written in the manual. This study received ethical approval from the Department of Theology and Religion at Durham University on 29 July 2015, at which point it was ready to commence the manual-based intervention study.

[35] For the same reason, the consent form cannot be included in the appendices

Chapter 5. Discoveries in Delivering the 3R Programme: Outcomes of a Pilot Study

The journey of testing the 3R programme took 15 months, from the beginning of recruitment up to the final follow-up. To capture participants' vivid emotional responses and subtle changes through the course of the eight sessions, I chose to present this chapter in the style of anthropological observation in an effort to allow the readers an objective insight into how the participants were responding to the intervention.

5.1 Participants

5.1.1 Recruitment and Retainment

The original plan was to recruit people through the Waddington Street Centre. Due to insufficient people fitting the criteria there, the recruitment was expanded to four other organisations in Durham. The recruitment process took over six months, with 27 people contacting the researcher during that time to express an interest in learning about the programme. Of these, three people could not join: one person was living too far to commute weekly to the class; one person was a Crammer ordinand whose mandatory intern responsibility was in time conflict with the programme; and another person contacted the researcher too late to join the programme.

Consequently, 24 people came to the interview, and 23 consent forms were signed. The only person who did not return the consent form was influenced by her family. Her husband informed the researcher that he did not want his wife to join the

programme, emphasising that she should not see herself as having mental illness because her medication was sufficient. This woman had been on medication for decades with occasional ECT. The couple were practising Christians and believed that chemical imbalance in the brain was the cause of depression.

Among the 23 recruits, three individuals were subsequently found not to meet the inclusion criteria since they had various other significant conditions in addition to depression, which were Factitious Disorder (Munchausen Syndrome), borderline personality disorder with a sexual offence record and schizophrenia. In addition, another recruit was forbidden from joining the programme by the Waddington centre's manager, due to his occasional disruptive behaviours. Further, one person changed her mind two hours before the first session due to a scheduling conflict with national polo training. Finally, therefore, only 18 people qualified and were able to participate.

Not all of these 18 could attend the course at the same starting point, however. It was therefore necessary to deliver the programme three times across three different locations with smaller groups, six at Waddington Street Centre, seven at St Nicholas Church, and five at St. John's College. Of these 18, only 12 people finished the whole course. Of the six who failed to complete, two people dropped out after week 2, three people after week 3, and one person after week 5.

5.1.2 Background Characteristics

To better understand the outcomes of this qualitative study, some insight into of each participant's background is necessary because we are considering each person with a unique history, not simply treating them as one of the experimental subjects. To detect any clinically significant benefit, we must bear in mind the dimensions of treatment-effect heterogeneity.[1]

Table 5.1 is a sketch of the demographic characteristics of the 18 participants. The names used are pseudonyms, functioning as a label to maintain anonymity.

Table 5.1. Demographics

participant	age	education	religion	symptoms/ treatments[2]
GroupW: 6				
Bella	>40	tertiary	Anglican	low mood + anxiety + depression since 16 years old, but now the main problem was fatigue/ has not withdrawn from antidepressants for 24 years up to now; has received many different forms of counselling and CBT, including Mindfulness (MBCT), and very intense psychoanalytical therapy
Chase	>55	secondary	believes in a higher being	PTSD + clinical depression starting 16 years ago/ had CBT+ MBCT on multiple medications

[1] Richard L. Kravitz, Naihua Duan, and Joel Braslow, "Evidence-Based Medicine, Heterogeneity of Treatment Effects, and the Trouble with Averages," *Milbank Quarterly* 82, no. 4 (December 1, 2004): 661–87.

[2] This column outlines the participant's suffering history via the symptoms and treatments if they had received any.

Dominic	>55	tertiary	believes in the Great Spirit, does not trust church and religion	depression + anxiety + deep anger + being easily paranoid/ had CBT + MBCT + psychotherapy; on multiple medications over two years, and was still having counselling when attending the 3R programme
Gavin	>40	secondary	Catholic	OCD (25 years) + parasomnia (10 years) + paranoia + depression/ had CBT + MBCT and on medications
Macy	>35	secondary	Protestant	Anxiety + anger + low mood, 15 years in domestic violence and 19 years in drug addiction/ became Christian for six years, being clean from substance abuse for six years and from alcohol for one year
Olivia	<25	post-graduate	agnostic	struggling with depressive mood <1 year
GroupN: 7				
Haley	>60	post-graduate	Anglican	complex traumatic disorder started five years ago/ had CBT but felt it was very irritating and had person-centred counselling 5-6 times
Joseph	>25	post-graduate	Anglican	feeling depressive mood + anxiety <1 year
Luke	<25	tertiary	pro-Christian	anxiety + depression started 4 years ago/ had Mindfulness meditation
Matthew	>55	post-secondary	Catholic/ Charismatic movement	experienced lethargy and melancholy since 12 years old + being diagnosed with depression 4 years ago/ had medication for 1 year
Ryder	>55	secondary	was a member of a spiritualist church	PTSD + nervous breakdown 30 years ago + several attempted suicides/ on medications and CBT
Sophia	<25	tertiary	Protestant	struggling with depression for over two years + with suicidal thoughts

Wendy	>55	tertiary	Anglican	depression due to loss of relationship for over ten years
GroupJ: 5				
Abigail	<25	tertiary	Anglican	feeling depressive mood + anxiety <1 year
Fiona	>60	post-secondary	Anglican	depression > 40 years/ on medication + CBT + MBCT+ CPN primary care over 40 years
Grace	>60	tertiary	Anglican/ Pentecostal	depression > 40 years/ initial medication + many counselling sessions
Mara	>35	post-graduate	Catholic/ Protestant/ Buddhist/ agnostic	experienced domestic violence since very young + suffering from voice-hearing and oppressive spirits since 20 years old + deep trauma, frustration, and anger/ practising Mindfulness Meditation
Willow	<25	tertiary	Anglican	depression + physical disability caused by faulty surgeries + chronic pain due to surgical injuries + IBS + endometriosis/ taking antidepressants since 16 years old

5.2 Interaction with exercises in each session

In this section, I summarise the participants' reactions according to the theme of each week with the aim of allowing readers to observe whether the themes and exercises facilitated the healing process during the eight weeks. I aggregate and analyse the results of the three groups together but still show the unique dynamics of each group whenever needed. Their responses to the practice of chanting psalmody will be covered in another section.

5.2.1 Session 1: Taste and See

The groups in the first session worked well. Most people were excited and keen to learn new exercises.

5.2.1.1 The Breathing Exercise

The preparatory exercise of breathing was well-received by participants, and they surprised me by lingering on this simple exercise. Olivia and Gavin expressed that it was very relaxing. Olivia and Mara also wished to spend longer on this exercise. Fiona, however, who had been practising breathing taught by the MBCT programme, did not grasp this exercise on her first attempt, as she was asking: "when should I breathe out?"

5.2.1.2 The "Bread"[3] Exercise

The sampling process was stimulating. In Group W, it was especially filled with the spirit of fun and laughter. For example, Macy was squeezing her rice ball and making up a noise "gua gua gua" to represent its sound in exploring the question: "Does it sing a tone?" All participants were exploring the food by their five senses

[3] Due to concern about some participants' food allergies, I had to prepare and create different kinds of "bread" to suit each group. In Group W I made sushi style rice balls with wrapped seaweed and bits of cooked fish. In Group N I used seaweed rice cake. For Group J and two catch up sessions I made different kinds of bread to serve different needs.

enthusiastically but slowly. Many admitted that they were used to eating too quickly and did not use their senses to enjoy food fully.

Some shared a feeling of surprise, such as Olivia. She said she used to be very proud of her tasting ability, but she was surprised that she did not detect the taste and smell of lemon and almond from the bread.[4] Luke also found something unexpected, "I wasn't expecting the sweetness of it. The sweetness surprised me. Because the seaweed, what it looks like, my experience of seaweed, I was surprising."

The instructor also discovered something unexpected. Some participants repeatedly used their reasoning rather than their senses to mistakenly guess what was inside the bread. For example, after having detected banana, they assumed the presence of nutmeg and cinnamon when both were absent. Surprisingly, Fiona confidently misidentified a chunk of apple as pineapple.

In addition, some of those who had participated in MBCT tended to assume the bread exercise was just like "The Raisin Exercise."[5] Their reflections focused on having awareness in what they were doing at that moment. Until I introduced Evagrius' excerpt on "the mind also possesses five spiritual senses"[6] and encouraged them to transfer the

[4] I only told her after the sampling that it was a lemon almond bread.

[5] The Raisin Exercise in MBCT for depression is designed to raise the awareness of people's "automatic pilot" mode, in order to disengage them from "the usual automatic pilot way of doing things." See Zindel V. Segal, John D. Teasdale, and J. Mark G. Williams, *Mindfulness-Based Cognitive Therapy for Depression*, 2nd ed (New York: Guilford Press, 2013), 115. Instead of a raisin, however, my participants were offered an apple when doing the Raisin Exercise.

[6] Evagrius Ponticus, *KG* II. 35, this except was included in the session handout 1.1.

physical exploration of bread exercise to appreciate spiritual food such as psalmody by spiritual senses, did they understand the purpose of the bread exercise.

In the discussion of the need to develop spiritual senses to feel God's healing presence, Gavin responded that "I always believe in God, but I'd never felt the sense of God's presence…though I think God is omnipotent, he's all around you…" Grace remarked that "It's physical, isn't it, the five senses. But you're connecting. It's sort of in the body. But you're connecting it to the Spirit, I think." Luke grasped Evagrius' concept immediately, saying that "spiritual senses are within us, for us to allow them to flourish." Immediately, Macy applied what she learned from Evagrius' excerpt in contemplating Psalm 23, and said, "I was trying like to smell the oil my head was anointed with. And like the cup overflows and I was trying to feel and taste it, imagine it. I was like use my senses." There was a real sense among participants of increased eagerness to engage with and develop spiritual senses.

5.2.2 Session 2: Embraced by God

This session continued to incite much fun and laughter across the groups which helped to form a sense of shared openness and conviviality.

5.2.2.1 Pillow fight exercise

Despite a great range of ages, most participants enjoyed playing the pillow fight, except three individuals responded differently. During the exercise Fiona stood still holding her pillow close to her chest, saying, "I don't know how to play," while watching others having fun with admiration. After the exercise, when I enquired about how they felt about the physical contact it involved, Haley responded, "I don't mind that. I just didn't enjoy it." Later the instructor learned that she disliked rough play since her childhood because of her brothers' way of playing it. Wendy also disclosed, "Wasn't so much the touch. Just I had a torn ligament to my shoulder that I haven't had repaired to be able to move it."

The instructor was quite surprised to learn of Wendy's condition. Since before the exercise, I had already asked whether anyone would feel uncomfortable with a pillow fight, but no problems were declared or objections raised. It occurred to me that Wendy liked to pillow fight a lot despite her unrecovered injury. It was only when actively engaged in the fight that she found: "When I went down to hit one of the boys, something went in my neck; because the way, the angle attached to that so I didn't enjoy after that." Thus, the instructor noted that in future she must explicitly ask if there are any physical/medical reasons why participants might not be fit for this exercise.

Among those who benefited from this exercise, their responses fell into three categories. First, it brought a sense of relief.

> Sophia, "I feel relaxed and happy."
> Matthew, "it gets rid of some pent-up energy."
> Joseph, "I enjoyed it and it's just good, fun. And helps others to expand."

> Luke, "I also felt, sort of releasing tension, to an extent. I enjoyed when people hit me with their pillows."
> Gavin, "It makes me laugh…makes you feel positive and good."

Second, it brought back a child-like heart.

> Gavin, "I supposed the pillow fight makes you feel innocent… that takes you back to childhood."
> Dominic echoed, "Childhood innocence."
> Chase, "Like a small child at school."
> Bella, "It's so long since I have done anything…"

Third, it brought up new insights.

The responses of Willow and Macy shed more light on what the pillow fight had achieved. At first, Willow's constant physical pain and disabled condition concerned me, but she still chose to play the pillow fight on the condition that we played it gently. With caution, amazingly, we still had great fun and they almost could not stop playing until I had to repeat a stop signal. When I asked, "Are you tired?" Willow responded exuberantly, "I am tired from laughing too much!" Willow's response amazed us—all her heavy-laden pains seemed to disappear at that moment. We started to discuss the themes from "returning to a childlike heart"[7] to "not to care about our achievement more than our being."[8] By the end of the discussion, we all agreed—what we play and what we enjoy also form who we are, not just what we have accomplished.

[7] This childlike heart refers to Matthew 18: 3 when Jesus said: "I tell you the truth, unless you change and become like little children, you will never enter the kingdom of heaven."

[8] This concept was induced by Willow's reflection since she could not accomplish her dreams of doing arts and music since she was handicapped by effects of unsuccessful operations.

Macy also expressed her concerns, for she was worried about being hit or if she would cause someone injury. However, she still joined us. After the exercise, Gavin and Dominic both pointed out to her that she seemed to enjoy it very much. She admitted that "It has united us all, isn't it…? When we are all like hooked and embraced, I feel like safe then." While everyone kept laughing, the instructor concluded: "Yes. Union is such a beautiful thing even in such a short time. I would like to assure you that union with God is much sweeter."

5.2.2.2 Praying with spiritual senses

Upon reviewing praying with spiritual senses via psalmody, some participants initially misunderstood because they had prior experience and confidence with their own particular meditation and their own sense of what spirituality is.

For example, early on, Chase spoke frequently about seeing colours with eyes shut in silent moments but in this Session he promoted his approach heavily in the group as an excellent practice. Provided that his background as a drug addict and his loss of the sense of smell, he strongly suggested that only spending 5 or 10 minutes seeing colours brought him pleasure. As he replaced relishing the words of psalmody (spiritual food) with his own approach, his remarks stirred up a commotion among participants. Macy, who also used to be a drug addict, supported him and Dominic, Chase's former social worker, was surprised and asked him more questions, while most others kept silent. Gavin disagreed with Chase, however, politely pointed out that "some people

hear music in colours; it's called synaesthesia." Being careful not to hurt Chase's feelings, Gavin elaborated more of his point, hinting that Chase's experience "was not a spiritual experience, but a neuro-experience."[9]

In another group, when reviewing if they encountered any difficulties in praying in a spiritual sense, Matthew responded that "I don't find it difficult to pray to God but I certainly don't feel as well as hearing." When I probed what caused difficulties, Haley remarked that "we got so much noise going on in our own heads we cannot hear God clearly." To my further question, "Why so much noise?" Matthew responded: "Life," and Wendy echoed this immediately. No one denied that in their life, they are often bombarded by the various inner noise, causing distress and turmoil. When they were seeking God, the harder they tried to quieten down and listen to God, the louder the noise was.

5.2.2.3 Examining demonic thoughts

In reviewing three types of thoughts, I was struck by the extent in which participants did not feel that the demonic terminology posed a threat to them; rather, they seemed to have an affinity with the metaphorical description of this concept.

For example, to the question "What are demonic thoughts?" Dominic responded immediately: "that's the chatterbox." He further explained that he believed there are two

[9] Gavin told me this comment in private, but in class he only hinted at this idea.

voices in his chatterbox, talking all the time in his head, and they tormented him, arguing within him, "What's going on? This is a nice person." "No, this isn't. This isn't." Similarly, Gavin joined in: "we have both, don't we?" Since it was unexpected, I asked around, "So you all know what demonic thoughts are?" They all agreed.

When introduced to the example of Andreas Lubitz to illustrate the presence of evil influence in disturbing thoughts , I emphasised the reason why I reconceptualised disturbing thoughts as demonic, namely so that participants might recognise the need to distance themselves from these thoughts as they do not belong to "human thoughts." No participants were hostile to this teaching. They also welcomed the idea that humanity is created in the image of God and accepted Evagrius' interpretation[10] that within human mind there is no evil. Indeed, they took up the idea that demonic thoughts neither emerged from human nature nor were inserted by an evil spirit, but that they originated from the evil influence they received. Overall, they seemed to be able to relate to the concept.

5.2.3 Session 3: Security and Spiritual Wealth

5.2.3.1 Talking Back exercise

Following the examination of thoughts the previous week, this exercise aimed to help the participants distinguish demonic thoughts from human thoughts and to use angelic thoughts to cut off demonic thoughts. Many participants adopted this method

[10] Evagrius, *On Thoughts* 7, 8, 19.

right away, but some misunderstood it as a positive self-talk due to prior experiences with other approaches. Overall, most participants were willing to investigate the nature of their thoughts, even though there were barriers to this exercise.

Their responses were as follows: Haley suggested that the thought "I am a failure" is demonic because it is "undermining." She also explained how external influence caused one to accept this demonic thought:

> Because if you heard it enough times either from your childhood or whatever, you come to believe it. Like you are stupid or you are dumb. You will never make it. You might not say these things. But, actually, it's going on in your head. And then, something happens that makes you feel you are stupid or dumb or a failure. And it's just like an affirmation. So when that happened. Yah, you see I told you…

Interestingly, when I taught them an arrow prayer by using the words in the Psalms to talk back to the disturbing thought, she demonstrated her specific way of talking back with a gesture of cutting away, while shouting "Get away from me, Satan! I cut you away. I do not allow you to come into my life." She said she learned this method from a workshop a few years ago and felt it was effective.

Abigail tried to describe how she recognised her depressive thought as demonic:

> I think I get it. So, I guess, sometimes when I have been on my own and then the thoughts came in, like thinking that I can't do something or I won't bother to do something, and take that as a demonic thought, something that I fear or that is not true… I guess that's the thoughts of 'I can't be bothered' or boredom. By that, I take that as not of God and not helping me be, em, more he wants me to be who I am, really. Does that make sense?...

> And there is all like it gets you quite dull, and so you end up sitting there thinking come on what's the point doing it anyway, and you end up doing something that's not fulfilling or meaningful.

But, Fiona did not get the point, questioning Abigail:

> But how, you mean, you get thoughts of depression, but you do something anyway. But like I make myself do something like cook something, or do some gardening or take the dog for a walk, or make myself write this card. Surely that's a good thing?

In addition, Fiona resisted the idea of combatting demonic thoughts because she had been using all kinds of CBT for depression about 40 years, and she preferred to continue to use the method instructed by her CPN. While admitting that her mind was a battlefield, she was unwilling to combat disturbing thoughts, as she insisted that, "I just want to be able to find some peace of mind so I can think really what I should be doing instead of panicking." Until one day, she held me for a private talk, asking "are you trying to teach us to use the sword of the Spirit to cut off dark thoughts?"

Bella also cast doubts on the method of Talking Back, due to her CBT experience; but her reasons were different from Fiona's, in that she assumed Talking Back was like CBT, a kind of reasoning exercise. She commented on the thought examination process:

> I find that a bit harder. I can do the identifying a bit. But, actually, although I can identify a different way of looking at it, whether my head believes it or not is a different question. Because I had CBT before, where you tried to look at things in a different way. That's just didn't work for me. Because I've never really believed in a different way of looking at things.

While Gavin was doing well with the Talking Back exercise, he sympathised with Bella's experience with CBT, saying that “It was the same with me; I’ve never believed what they were trying to say was truthful.” “Trying to teach your brain, weren’t they?” Dominic added his remark on CBT. And he further commented on the methods of the 3R, “What this group is all about is the spirit. Isn’t it. That’s different. My angels and demons are my good will and bad will. That’s what I was at. Rather than the angels and demons being the same thing anybody feels. I do understand that.”

Similar to Dominic, Matthew admitted that the two voices were competing within him; even though he appreciated the goodness of angelic thoughts, in his mind, the opposite thought was much more convincing to him. Nevertheless, he agreed to try the Talking Back method to engage himself in the fight.

Olivia found that the practice of thought examination was very different from her way of reasoning with herself. She was used to analysing the reasons when her emotions arose and to force herself to solve the problem. Although it took time to be used to new way of analysing thoughts, she found her real difficulty was in lacking angelic thoughts, especially being unfamiliar with the Bible, she could not find suitable verses to talk back to the demonic thoughts.

While long-established barriers remained to be overcome, many participants did get it right and started to experience the benefit. For example, Luke understood that angelic thoughts were to “make us feel actually it is possible that we have value in

ourselves as a worthwhile human being." Armed with this good thought, he said he was able to fight against the thoughts of anxiety and self-doubt. Gavin also reported, "If I had a bad thought, I was like cracking the bad thoughts straight up. Something like the angelic and demonic one following each other" Both he and Sophia reported how they began to gain more confidence and relief after applying this method in their struggles with depressive thoughts. Mara also shared an awareness of the need to use angelic thoughts to counteract her thoughts of frustration and anger. Especially when things were not going her way and stirring up her feelings of bitterness, she found that using the arrow prayer to get protection from God was very helpful.

5.2.3.2 Security and identity

The theme of security plus the related experiential exercise sparked rich discussions and lengthy personal disclosure. Most participants appreciated the idea that it is necessary to anchor security in something more meaningful and unchangeable rather than relying on material/physical relationships.

Initially, most participants only located security in family, but some revealed that family was not a source of comfort, safety and security. Having suffered from violence of his drunk father and a schizophrenic brother, Ryder exclaimed that "all I want is peace." Recounting her long struggles with her abusive father and possessive mother, Mara asserted that, "Human beings cannot be a shelter to human beings."

The issue of unemployment and finance evolved, as Bella professed: “I find finance makes me feel insecure.” To probe this line further, I suggested: “Sometimes people would tie their security or even identity to their material possessions.” Dominic reacted immediately, interrupting me to say that “definitely, my ex-wife does that.” While making lengthy complaints about his wife’s materialistic mentality, however, he also insisted that money is important as he viewed it brought security, freedom, stability, confidence as well as happiness. Moreover, he claimed that it was easy for him to transfer his physical experience with money into spiritual senses. He explained, “because a lot of my good feeling is because I manage the money I get so well. I mean I conquer it, you know. It is spiritual. I can enjoy these things.”

Other participants, however, reported that it was difficult for them to develop their spirituality by means of their experience with money or material life. In fact, both Gavin and Bella were alarmed and concerned about the temptation posed by consumerism through the internet. Gavin especially regarded the “shopping compulsion” as a “real disorder” and felt the need to curb himself from consuming goods.

Moreover, Fiona, Mara and Willow all shared a feeling of insecurity when they were comparing with or compared by peers who were leading an affluent life. This contrast made Willow not only feel insecure, but isolated and greatly depressed. To Mara, now a medical doctor, the memory of being compared financially and being belittled by her wealthy fellow medical students still made her angry and she admitted

that these experiences made it difficult for her to develop a trusting relationship with people.

When the instructor proposed the need to explore the source of security and to identify the basis of their spiritual wealth, Gavin responded that "I think this is so. You taught us like spiritual senses. I think the idea like something better when you die is quite a nice, secure feeling as well…" When I pointed out the assurance must be experienced not only until after death but also here and now that we could hold unto daily to live with dignity, Olivia responded that "it is so hard, because we live in this kind of values in society. Every day we are just frightened and become convinced by those kinds of things."

Only Grace spoke out clearly that she should anchor her security in God's love, as she shared:

> Most of my life I look for the security in my family. But it does not work because my father died when I was 22. And I was just broken. The security he brought to my life was not there. Hasn't been for many years. Then, I have my mother, and I felt safe because I belong to her. Then, she died 20 years ago. So I struggle with the whole issue of security all my life. Then I thought mother's gone, but I got my church, and then I got my friends, but it's not enough. I think I have been looking for security in people. Or even wanting to have a perfect boyfriend. That didn't work. So I am changing all the time, getting closer and closer. Stop looking out for this or this or this. It's coming closer and closer. I am looking out for my security now in God, God's love. It's hard, because I always wanted it in family, but they are not there. My parents are gone. My two sisters are happily married, hundreds of miles away and they don't need me. They don't contact me... I need some meaning, value and significance that won't be taken away.

After the instructor's suggestion that they need a new framework to see their life from God's perspective, Grace responded:

> God's perspective—maybe he is proud of me, instead of me thinking of myself as a failure. Maybe God is very proud of me that I managed to live all these years without family, without security, without everything I wanted…

5.2.4 Session 4: Transforming Sadness

The concept of godly sadness was delivered, and the practice of praying with tears was introduced, but it appeared that some participants needed more time to digest these new ideas so that they could put them into practice. Nevertheless, they all involved themselves enthusiastically in identifying four kinds of losses; and they were all amazed at the image of the tree wrapped in ivy. When they acted out the method of nipping bitter sadness in the bud via the visual aids, the atmosphere was very touching.

5.2.4.1 Praying with tears

No one objected to the idea that a healthy grieving process is necessary. Dominic added that sadness is a part of the cycle of life. In reviewing whether they practised freely releasing tears in prayers and allow their spirits to cry out to God alone, I was aware that some participants, especially local Britons, were not used to crying. Gavin expressed that he did not "openly cry very often" but rather "feel kind like sad inside," because "most men don't cry openly." Immediately, Dominic responded with "I don't." Bella also quickly misunderstood this exercise treating it only as a way of dealing with

emotion. She said, “I know somebody, a girl, who has never cried since she was a little kid. But she just deals with her emotion in a different way; she has a different way of expressing it.” Gavin felt he understood, adding: “like sort it out intellectually.” Bella replied, “Maybe, a bit like that, but she will also go out to do some aggressive sport to get it out.” Grace also commented on British culture, saying it was very reserved so that it discouraged the practice of showing emotions.

5.2.4.2 Labelling and matching exercise

The labelling exercise, employing the visual aid to perform the story of a dying oak tree, worked well. By gradually wrapping the tree with invading shoots of ivy while telling the story, participants quickly recognised this story as a parable of depression and could resonate with the struggles of the tree as the image of dark sadness, represented by the ivy, steadily overwhelmed the identity of the tree.

Rich reflections came out from the contemplation of this parable, especially when they identified the tree as their self and attached their written stickers, which described their experience of loss, to the ivy leaves. To list a few: Joseph recognised that when we allowed dark sadness to define us, we forgot who we were. Matthew acknowledged that “it’s very easy to keep feeding it” and Haley echoed this. Indeed, most participants agreed that depression did not just change their mood but also changed the vision of their identity and destiny.

Dominic, however, insisted that even in the process of being conquered by ivy, there is a possibility to strengthen the resilience in the life of a tree. Grace also saw hope in the new buds of dying branches.[11] The instructor used Grace's finding to encourage the group that as long as the tree keeps breathing and absorbing the grace of God from the sun, rain and soil, not giving up living, its inner force would keep sustaining the tree and outlive the ivy. The instructor saw tears were beginning to well up in some participants' eyes. Then, she exhorted them to come to rescue the tree, by pulling all the ivy shoots off the tree and destroyed all the labels of dark sadness. They all responded swiftly but solemnly. This action was intended to create a lasting image in their hearts in order to enhance their will power to uproot the dark sadness. The following week they still remembered this image, with Dominic remarking that "the tree is absolutely amazing."

The matching exercise also effectively facilitated participants to appreciate more fully the prayer context of personal laments in the Psalms. By finding four types of loss and matching these with corresponding prayers from nine psalms, participants compared and commented on the losses that the psalmists might have experienced. Most of them could identify these dimensions of sadness and reflect on the actual situations. All participants engaged fully in the exercise. Unexpectedly, this was the first time that the instructor saw Matthew smile in the class even though the discussions were centred on the serious theme of sadness.

[11] Fortunately, I was able to find real budding branches and arranged them in the cardboard made tree trunk

The instructor made a small change in the third group, however. Because of Willow's constant physical discomfort, she could not possibly endure a long exercise such as matching and discussing texts within a paired group. Consequently, the instructor replaced the texts with several stuffed animals and then left the room for a few minutes, leaving a recorder with the participants. The following are their recorded reflections.

As soon as the instructor left, the participants immediately engaged in playing with their objects. Mara started to chat, "So cute." Grace responded, "This is so cute. I cannot imagine anybody being horrible to this." Everyone interacted light-heartedly with cheerful noises. Grace continued, "I get what she is talking about. Because sometimes I am kinder to other people than I am to myself. I know what she is saying. I think she is trying to encourage us to be kind to ourselves." Abigail agreed. The atmosphere soon quietened down. Mara whispered, "Right." Willow responded in a slow, ponderous way, "Yeah, I've always been able to be kinder to other people than to myself." Grace interrupted, "Me, too. I don't know whether that's bad." Willow continued, "Or give advice to other people and then can't do it for yourself." Everyone laughed loudly. Grace joined in, "I need somebody else to give advice to me. I am nervous if I am too nice to myself, I will just slip to self-pity and feel sorry for myself. That's not a good thing, either. It's difficult." This exercise worked like a mirror revealing their hidden self, but at the same time the group dynamics aroused much fun and compassion.

5.2.5 Session 5: Calming your Anger

This session was probably the most challenging one. First, it set out to question the popular conceptualisation of anger and invited participants to verify this common concept with their actual experiences. Second, it reconsidered the nature and purpose of anger/irascibility as regards rectifying injustice by directing anger against the evil but not against the evildoer/perpetrator(s). These new perspectives could be hard to digest. Thus, it was tricky to guide my participants to navigate through the discussion on anger and to avoid arousing their own hidden anger.

5.2.5.1 Discuss an incident of anger and its relationship with prayer

The experiential exercise for this session, Incident Drama Game, was not successful. While most participants agreed with the American Psychological Association's statement that anger is natural and necessary, they were reluctant to share concrete examples of overt anger. When two non-native speakers managed to give accounts of unfair incidents that had come close to provoking their anger, two older participants mislabelled and misinterpreted these personal cases. The seniors' comments showed that they were preoccupied by their prior experiences so that they were not aware of their lack of understanding and sympathy. In the third run of the 3R, therefore, the instructor replaced this exercise with another game "tug of war", with one end representing anger and the other end representing prayer. The competition between these opposing forces demonstrated that anger destroyed participants' prayer capacity. This

game was fun for the participants and helped to impress upon them during the subsequent reflective discussion that prayer and destructive anger are incompatible.

5.2.5.2 Introduce new concepts on anger

None of the participants had ever thought that expressing anger could be either constructive or destructive; rather, most of them simply saw anger as normal or as a legitimate way to respond to unfair situations. Haley explained the anger she felt at her ex-husband's smile, as she believed he was suppressing his anger as a Christian, so she felt that "behind his smile he was very controlling." She claimed the smile was "a very clever way as he knew how to really wind me up." She asked me to teach the class to find a way to unleash anger, such as "scream," because she thought that "we have this thing with us that you can't express anger because it is not Christian." Whereas both Willow and Grace stated that the British culture made them feel bad about expressing anger making it difficult for them to deal with it.

From biblical perspectives, the instructor assured them that anger was not necessarily a sin and she drew their attention to think about the effect of anger, especially the fact that it often released destructive forces towards oneself when justice could not be attained. This appeared to resonate with many participants, as half of them admitted having experienced being angry at themselves. Gavin emphasised that destructive anger could "eat you up and spoil your life."

In a catch-up session, Matthew related two recent incidents that had made him angry at himself and also angry at God. The first case was concerning his own mistake in repeatedly purchasing the wrong size of wood when he was attempting to renovate his house. The second case involved his locker being raided when he had gone swimming to make himself fit. Even though he did not lose anything, he was furious that his complaint to both the counter staff or the swimming pool manager did not have any good result. He was frustrated because "why should I bother, when I want to do good." His reason for anger was, "because I have been told all my life that I am a failure." Why was he willing to listen to this oppressing voice and blame God? His answer was: "But why you (God) did not protect me? You ignore me again? Because I am trying to pray every day for spiritual protection. But I did not see the difference." The instructor drew his attention to evidence that he could give thanks to God for both cases and demonstrated how to use his anger constructively—by talking back to the accusing voice of failure: "You are the loser, not me. Don't try to fool me, because I am in the winning side. Jesus has defeated you!" He tried both and felt a sense of relief.

Because of the abovementioned experiences, the instructor restructured Session 5 in the third run, by starting the discussion in the following order: anger at others, oneself, and God. We had a very open discussion on anger, because one participant was very eager to learn "a spiritual way" of dealing with her deep-seated anger. Here is her account on angry at others:

> …I realised I have…very powerful anger towards this same person…I just said to God before I came here: "I have all of this anger but I don't know what to do with it."…I don't like to admit, after all these years, you know. I repented the

> wrong weighted attitude. It's still there, I still have it. I need to know today what to do with anger from the past that keeps coming to my mind… Even though I keep thinking that I am set free. I still can't quite forget it. I do need help, you know…It's a bit difficult because it's about my family. I don't really like to talk about my family. It's too difficult…My parents died…It's just how one family member has treated the other family member very very badly and I'm just very angry about that and I was never able to change it…I was very very angry with the person, the way…and I couldn't do anything about it. If I tried to stop the person, it got even more, very, em, unpleasant and aggressive. I couldn't control or discipline my, this parent. But this parent was very disrespectful to the other parent. And I used to feel as if I have been ripped into two… And I just live with this unresolved pain all my life. There are other similar things… It's too late I couldn't do anything at that time and it's too late to do anything now. So I think it's probably just handing it all over to God…

In examining the statement on anger written by the American Psychological Association, initially participants all thought this was good, but after discussion, they found that the APA statement was not realistic in many ways. For example, they felt that many people become angry not because they must fight for their survival but because things are not going their way. To answer Grace's question—why do people get angry so easily?—we focused on the observation that people prone to anger want to control the environment because of a fear of being threatened, because they were wounded souls, too. Grace then suggested, maybe forgiveness is the way to deal with anger, but the instructor pointed out that quickly jumping into the conclusion of forgiveness might not be a good way to solve the issue. Everyone agreed.

When the instructor asked who had been angry with God, Grace was eager to offer her example again:

> One day I was very angry with God. I can't remember what else I was angry with, but it was a very deep-seated anger. You know, you have taken my parents away; they were young when they died; my siblings are all happily married. I am very lonely. They've got children and I haven't got any. Why have you forsaken me? Why were you not blessing me as you blessed other people? Why do I have

> such a difficult life while the others are happy?... You are not going to believe this. But I have just to tell you the truth… I couldn't even believe I said it. I said: "You know God, I hate you"… I don't ever say I hate anybody. I normally love everybody. And I hate you for this…I hate you for that. And God was very pleased with me. He said: "Good. Now we are getting somewhere, [Grace]." Instead of me just pretending everything was all right when it wasn't. God didn't mind me telling that. I thought he was just going to kill me and I will be dead. No. No. But he said good, good. We are getting somewhere. He thinks that's very good and healthy that I tell him that I hated him. I was not very proud of myself but he didn't seem to mind…I don't think I want to start hating God all the time.

Right away, Mara comforted her: "I think God loves you. Don't worry." Everybody laughed, and Grace started to sing a tune.

Immediately after Grace dropped her last note, the normally quiet Willow started to share her story:

> I experienced a lot of anger… not any like that violent anger…socially taught expression, can be taught to that it's a bad thing to express your anger. It's certainly something I have always been. When you internalise it, it's like you are saying, it attacks you and you attack yourself, because you have no way of expressing it. I think, yeah, I said a lot of that people in the past to hurt me, but I have not been able to express any anger to anyone. My dad died when I was very young (nearly five). I have always been angry about that because he drowned…he'd just gone out for swimming like he normally did, and mom was just praying and praying that he will be OK. And then he wasn't and he died. I think since then I felt this kind of like that's being my biggest sort of barrier between being able to believe in God but also the biggest thing that means I can't just forget it and not think about it. Because then that would mean that em that's the end of him, and I can't really, that's kind of unbearable. That is also unbearable that God didn't do anything and so if he is powerful and loving and my mom was praying like that he would come back to us. Em but he died and all my illnesses and all the things that happened at school that was only like a cycle after he died. So if he'd never died, none of those things would have happened. So it's like, it's all these feelings, I don't know if I always call it anger or…like just sort of…it's, yeah, something that you cannot really, don't really know how to reconcile with God. When you feel like he could have em, if he was there surely, and if he loves you surely, he would have saved my dad and then none of these other things would happen…I always, my main thoughts is like…Oh, if

> you did save my dad that day, none of these thing would happen. So why? All the minuses were always internal. And then you attack yourself that it's all your fault…Maybe you have done something wrong for these things to happen. Or maybe… Not really knowing what to do with both anger at yourself and anger towards God. I've always being taught that expressing anger is a really awful thing.

These disclosures brought them to the important questions: Who is this God that they were angry at? Why had he remained silent in their suffering? Due to time limits, the discussion was just a beginning, and the instructor encouraged them to keep exploring this theological quest and never gave up dialoguing with this God. Everyone accepted this challenge.

The other challenging discussion was around how we could direct our anger against the embodied evil but maintain tender compassion towards the evildoers. In response to the instructor's personal story about using righteous anger not only to pursue justice but also to develop a compassionate character—so as to "hate evil but love sinners," the group reacted emotively.

Gavin responded: "No, I'm still furious at people." This was because he was concerned with the instructor's safety, so he could not separate the "sinners" from the "evil" acts of harassment. Dominic joined in: "I am furious now." His initial reaction in the midst of hearing the story was "I want to slap their face" but after listening to the conclusion, he protested: "No. I can't understand people. I know going to hell is really extreme. But you hear about something like their daughter got murdered up, a ripping thing, but they still got to say: 'I forgive them.' Gee. What? To me, it's my duty to

protect my children. My children, my family being hurt, it's my duty, me being responsible as a person, not just a man." For Dominic, his own prayer practice for anger focused on gaining "support to get through it," this practice of forgiveness and entreating God's mercy on behalf of evildoers seemed to irritate him greatly.[12]

The instructor raised another example involving a larger scale of fighting injustice, such as Dietrich Bonhoeffer who fought against the Nazis and participated in the scheme of assassinating Hitler. When he used his irascibility to fight against an evil regime, he was very gentle and prayerful even while being detained in prison and awaiting execution. Then, Olivia reckoned doubtfully: "Yes, I know what you mean, but it's hard to separate because that evil is presented by that person. How do you separate that?" While the instructor was assuring her that through a regular spiritual practice to nurture a righteous and compassionate character this was doable, Bella was eager to share something that she learned from her former work as an occupational therapist. She said:

> …I worked with a few patients, who were child sex offenders, and lots of people refused to work with them. But all the people I worked with had been victims of child sex abuse when they were children. It does not make what they did ok. But it makes you understand them better. It's the behaviour that is evil, not them. They have been damaged, you know, they themselves are broken people… And society has failed that person; they failed to protect that person as a child. They have not healed them as they grow, so they got this whole wrong perception of the world and life.

[12] He stopped coming to the 3R after this session, even though before leaving the class he expressed to me personally that "I love the discussion and I think this group is fantastic."

While Dominic agreed with Bella's view, Gavin found it quite hard to understand as he believed that those who have been through such painful experiences would never want to abuse children. Thus, Bella used another example to illustrate:

> Well, for example, one of my friends herself was abused as a child by her father. And he had been abused as a child by his father. She was abused persistently over many years, and it very much damaged her. She was very angry; she is not so much angry any more. She does recognise now that that was the way he learned to express love and he did not understand any other way to express love. Somehow…This may put you in context the reasons behind people's behaviours.

This story was a shocking example of distorted humanity, which showed an evil influence passed through generations. Since it was difficult to understand and unethical to agree with the interpretation of the daughter that her father's abuse was a way of expressing love, the instructor channelled the discussion from further digging into the details of this complicated story to focus on the power of distortion by evil influence, and its grave chain reaction. Moreover, she encouraged participants to examine possible distortions they might receive from their family and experiences and think about how they could be restored to their loving nature. There were no more questions on having compassion to sinners.

Overall, this session produced much intellectual stimulation on handling anger astutely. First, participants learned there is another way of dealing with anger besides repressing it by convention of culture or unleashing it according to the standards of popular psychology. Second, they learned to deal with anger constructively either by directing the anger to talk back to the demonic thoughts or by using the anger to seek justice against evil itself. Third, they became aware that evil could exert its influence on

its victims through a chain reaction to distort humanity; thus, to cultivate compassion and forgiveness towards the malefactors is a necessary virtue because the real enemy is the evil, not the malefactors. Finally, they were encouraged to pursue the mystery of God's silence in human suffering.

5.2.6 Session 6: Persevering in Despondency

Every week participants would report some findings from doing their homework, such as by Week 2, Luke had already experienced the effect of psalmody which brought him assurance and stability; by Week 3, Gavin already found that his sleep disorder had improved significantly. By the end of the previous session, participants had learned the Jesus prayer and the way of walking around praying out loud in times of agitation or anger. In this session, they started to report the impact of the Jesus Prayer.

5.2.6.1 The practice of Jesus prayer

Matthew pointed out that using the Jesus prayer helped him to calm down in time of stress. Luke echoed: "I have similar experiences that when I was feeling anxiety, or nervous confusion, that repeating this to me, was very comforting, reassuring. It was not necessary that I was walking, but just sort of sitting in my room, just doing, having it as almost like a safety network which captured me, when I felt particularly overcome by anxiety and confusion." Mara also noticed that "this prayer is very powerful," because "just call upon the name, my anger goes down." Why is this was the case? She explained that because she experienced what I told them in anger, she could not pray,

but in practising the Jesus Prayer, she found: "My intention and whole energy move to Mother Mary and Jesus, so my anger goes down, and I can start to pray. It's a very good way."

Haley, however, questioned whether it is necessary to use the name of Jesus. Since she often used the short prayer such as "please God, please God, please God, help me," and she thought that was sufficient. Fortunately, Gavin in the first group had already experienced a big difference between the practice of invoking the name of Jesus and that of calling upon God's help.[13] His report of getting protection against "sleep rape" by the name of Jesus became a valuable source of discussion.

In addition, Grace's report on responding to an insult using the 3R practices showed the overall effect of what she had learned so far. The incident happened an hour before Session 6; though still in shock, as this sudden verbal "attack" from her neighbour was "powerful" and "evil," she was able to "stay strong." In processing it, she remembered what I taught about our identity in the Lord,[14] and she recognised that "in the past, it will take me about 2 weeks to overcome this incident. Now I am learning to face this by our practices. I am starting to really grow." Moreover, when the instructor

[13] Once Gavin was under attack by sleep rape, but by using his usual prayer to elicit God's help, he was shocked by an even louder noise and stronger shaking. When he brought this case to me, I suggested that he call upon the name of Jesus instead of a general name "God." Afterwards, he reported to me that this practice immediately quietened the noise, stopped the shaking and bringing him peace.

[14] In session one, after chanting psalm 34, she had asked a question about whether we feel insults or not if we take refuge in the Lord. Five weeks later, after this street insult happened, she remembered my answer and applied it right away.

invited everyone to pray for her for this incident she was earnestly praying for the healing of the neighbour who had bipolar.

5.2.6.2 Theological reflection on the themes

The terms sin and sinner were used in the Jesus Prayer, and, in order to avoid confusion, we discussed these concepts in this session. Some participants felt that in British culture, sin was a common, vague idea, which was often equated to guilt. As a non-native speaker, meanwhile, Olivia was unsure what the word sinner means. She asked whether we used the term sinner to describe people's reactions of feeling bad about the bad things happened to them. Even though Bella was an Anglican, she was also not sure why we needed mercy when someone else made us angry, asking if this was because of our reaction to it.

The instructor employed a medical expression, saying that sin is a diagnosis from God's perspective, if we believe that Jesus is the physician of souls and that the whole concept of sin is trying to help us to gain a godly perspective and to have hope for restoration of our humanity. Surprisingly, everyone accepted my explanation without arguments. Gavin reflected on his parents' divorce, saying that: "This is called sin because it hurts somebody else." By referring to this as sin, however, he did not mean to condemn anyone, and he defined sinners as, "one wants to be accepted by God, knows that he was not perfect, and wants God to help him." Luke, although not yet a Christian, responded that praying this phrase "have mercy on me a sinner" helps to remind us the shared reality of our sinner nature which makes it much easier for us to forgive others.

In the discussion of despondency, participants had no problem in learning the concept of *acedia* and found the description of "noonday demon" interesting. Some admitted that the terrible memories indeed came up and tormented them during this state. The experiential exercise of the praying-walking rhythm was going well, except that some participants forgot to bring their materials for manual work. Thus, the instructor had to invent something else for them to practice while others were sewing and knitting in the intervals between chanting.

When exploring despondency in Group J, there was a discussion on the darkness of the night. When the instructor explained how the physical senses were purified through darkness and how they were gradually transcended and developed into the spiritual sense to feel the divine presence, Grace looked amazed. She then explained,

> I am very interested. I have been through it, you see. And now you are helping me to understand what I have been through and how I coped with it. And I still get patches like that, and not to say it is a negative thing but it's an opportunity to grow. I am trying to turn the negative into positive. That's what I am trying to do.

Abigail added, "It's like an opportunity to reflect then, isn't it?"

Grace continued,

> As you are talking I am listening because I have never thought of it in such a positive way. Because normally it's very soul-destroying and I wake up exhausted. I feel as if there is a darkness which is stopping me from growing, and coming into life, or becoming the person I am meant to be. For years, it's going on and on and on. But just, I don't want any more of it…

5.2.7 Session 7: Celebrating God's Recognition

In this session, people continued reporting on their progress. For example, Luke noticed that he was "increasingly feeling able to be more focused," because he was thinking "lots about what [the instructor] said about the demonic and angelic thought process, and recognising it in [himself]." He recognised that thoughts such as "I should stop trying" or "I should just give up" have hindered him from being capable of doing what he needs to do, so he tried not to follow it. "I realise how much it (the demonic thought) takes up my brain space, stops me from being able to do other things." Moreover, he was trying to do the opposite, encouraging thoughts. How did he achieve this? I was surprised to learn from his answer: "I would say pretty much largely just your analysis of that process." The thought examination equipped him to know "what the angelic feels like, trying to allow for that," since he was able to recognise that "both have happened (the angelic and demonic thoughts)."

Further, Matthew seemed to gradually come out of his apathy and melancholy by persevering in doing all spiritual practices he had learned in the 3R. In the previous session he shared a recent experience, that he was enveloped by painful memory, "like a thick cloud descended on me, no thought actually coming and going." By the end of this session, however, he prayed with contemplative pauses: "Sweet Jesus, we just ask you to open our eyes and our ears, and our hearts to you this week. And help us to breathe you into our lungs (our breathing exercise). I ask you to baptise us in your Holy Spirit. So maybe we can get the gifts we need to get through this week. And to shine. May I

ask in sweet Jesus's name. Amen." Compared to Week 2, when he said that his faith was totally ruined, by Week 7, had Matthew clearly recovered his confidence in prayer.

5.2.7.1 Discussion on vainglory

Vainglory is an old expression and not an easy concept to convey. When the instructor used Evagrius' image of vainglory, a horse, to describe the desire for honour and human praise, some participants were surprised but some found it interesting. Initially, participants were not aware that they had this struggle; however, they reflected on something very similar to this phenomenon. For example, Haley reported that sometimes there was a deep sadness that suddenly washed over her, for example after she had won her work tribunal case but lost her job as a senior nurse: "So it might be wrong, Christmas time for me, because I am a sociable person… So I miss my work, I miss the Christmas party… I miss the fun that I used to have. I used to dance to work…" She added that when she was overtaken by this huge sadness, in the past she would shout "Get away from me, Satan" but she was unaware that this sadness might link to her yearning for recognition since she mentioned that she "was well-recognised" in her particular field.

Most participants admitted that being lonely and not being recognised by others upset them. Mara shared that once she felt a lot of anger and self-pity because her high-school friend claimed that she had finally triumphed over her. This conclusion drew comparison between the friend's high-status husband and Mara's unmarried status, since

the friend used to feel inferior than Mara due to Mara's higher academic achievement. In addition, both Abigail and Willow fully agreed with the American Psychological Association's observation that research suggested that "too much Facebook leads to envy and depression."[15] Willow provided a reason for that: "because everyone else's life looks amazing and perfect and you compared yourself to what they are doing." She further revealed that going on Facebook was "really bad for my self-esteem" which only made her feeling much sadder and lonelier.

The next discussion was concerned with the root of this thinking pattern. Abigail commented, "it's a fear, isn't it? What other people think…the expectation that you might put on yourself as well." They also shared feelings about being an outsider in a social gathering, and of feeling excluded. Abigail disclosed that "I guess I'm quite a quiet person. I don't like to sell myself. And I found some adults when you say something, they just don't care, or that's not interesting to them because it's not exciting…That's frustrating more than loneliness…it frustrates me and saddens me, I guess." Willow added that when she found no one to sit with in her college's dining hall, she became very self-conscious and critical of herself because she felt that she was not accepted, and she thus began comparing herself with others. Finally, Grace revealed that "I feel I have no worth because I am not a mother… I feel inferior because I have less significance than other woman…" Finally, they all found that comparing themselves with others and desiring people's recognition were truly causing them problems.

[15] I have cited this in my manual and shared the research in the class.

Unexpectedly, this discussion of vainglory did not irritate them. Instead, via exploration of the theme, they were able to identify and name their frustration and sadness which helped them to release burdens. In addition, Grace wanted to learn more about distinguishing between seeking human praise from needing affirmation.

5.2.7.2 Self-image and identity

The exercise of looking the self in a mirror and drawing a self-portrait on a paper induced much fun and laughter, though at first some did not feel comfortable with the exercise. Nevertheless, all accepted this invitation to reflect on who they really are. The first finding was that many of them did not like to look at themselves in a mirror because they did not see themselves as handsome and worthy. The second finding was many could not see themselves from the perspectives of the heavenly Father. After sharing and annotating their drawings, however, they were encouraged to see themselves in light of being the children of God, prince and princess of the heavenly King. To this, Grace responded that: "A royal identity… Eventually, I got the message… I am the princess of the heavenly King. I am going to write it down. I am going to repeat it to myself. I am a princess. Gush!"

5.2.8 Session 8: Growing Humility

Guiding participants to explore the topic of seeking humility was not easy since taking pride in oneself is the standard mode of thinking in contemporary culture. Our discussion started from diverse views on humility but finally most participants agreed on

the value of humility and were delighted to practise the exercise of thanksgiving in cultivating the virtue of humility.

5.2.8.1 Discussion on humility

The discussion centred on the nature of humanity. Firstly, it was concerned with misconceptions of humility. Initially, Haley was not attracted to the idea of humility as she considered that humility was a "culturally" relative thing and she perceived that sometimes humility "gets misconstrued as subservience." Grace also did not know how to distinguish cultivating humility from becoming a doormat. Joseph commented that humility was easily misunderstood as "that your senses are bowing to other people's will, kind of like closing in on yourself, more like being timid or reserved, and thus seemed like a negative thing. You don't have confidence in yourself. Contemporary language like valuing yourself, value what you want…" Luke responded that "I think there is absolutely no space for humility in contemporary culture. That it's totally optimum to everything that people think is a good way of behaving in society and towards others that betraying themselves."

Secondly, it related to exploring the meaning of humility. Joseph defined humility as, "I suppose, a sober understanding of your identity, your value vastly in relation to others, in relation to God. So you don't think too highly of yourself. You recognise that in your knowledge and in your power, you are controlled, you are limited, you are a creature essentially…" But he also recalled a source saying, "there is no

humility without humiliation; that's something I have experienced. Because humility is such, I suppose, a difficult thing to cultivate, because the more aware we are, sort of more liable to corruption." True humility does not accede to the connotation that humiliation carries. Carefully, the instructor identified the subtle differences between them while acknowledging that these were complicated issues; then she shifted the focus to participants' debts to others' indispensable influences, urging them constantly to recollect the blessings they received, because before encountering humiliation, one can always nurture humble gratitude.

Thirdly, their understanding of humility was broadened by discussing the practice of the psalmists. The instructor guided them to compare the difference between pride and confidence, to consider the connections between humility and dependence, between humility and community life, between humility and freedom, and finally humility with eschatological hope. Gradually, they were convinced that humility could be cultivated by giving thanks in all circumstances. They also learned that one of the functions of chanting psalmody is to grow a "long-term infinite, eternal vision"[16] in order to sustain the pursuit for humility. Overall, they thought that this was a difficult project, but they did not object to trying.

5.2.8.2 Stretching and thanksgiving exercise

[16] That wording was from Luke's question on how to have such a vision.

All participants were doing this exercise with enthusiasm, including Willow. Luke felt it was very awakening and enjoyable, and both Haley and Sophia echoed this. Grace emphasised that this was exactly what she needed physically and spiritually. Joseph was surprised to find that this exercise brought up important memories: "There were two or three people that I have not really thought about for a very long time. Yeah. It struck me a lot just how much they had a formative and positive influence." It seemed that this exercise did show them the possibility of nurturing an indebted humility.

5.2.8.3 Final reflection

Matthew reviewed his 3R journey, saying that "The course actually has helped me. But I still feel as though there is a long way to go… I have been improving and slip back and then improving and then slip back, I find that hard to take, because I want to keep improving." Using the analogy of climbing a mountain, the instructor helped him to see his frustration came from the "unrealistic" aspiration that he wanted to "keep climbing onto the summit," never descending into "the valley." To the inquiry that whether he felt knocked down to the position he had originally started at, he confirmed that "I don't think I am going down;" indeed, considering his long term "lethargy,"[17] he maintained that, "I know I am going up." To handle himself in this challenge, the instructor encouraged him to see the ups and downs in his upwards journey as a way of growing his resilience, and he accepted this.

[17] He said what he called lethargy, the problem of getting himself motivated, is what the instructor called *acedia*.

Gavin reflected on the course, saying that “It’s quite a lot to take in at first” as he thought that “the content was intense.” Nevertheless, he remarked that “in the class itself, I feel a sense of well-being,” and “after the class I was relaxed.” He kept reporting that “my sleep disorder has improved a lot; it’s not happening as regularly as it was.” He said that would like to join the second run of the programme.

Some participants wished that the duration of the whole course was longer. Grace suggested that the programme should have been at least 12 to 16 sessions so that they could digest the content fully. Five of them wanted to know how to continue developing what they had learned from the 3R. Some of them felt a bit sad because they just found the instructor to be a “friend” who “truly understands” them but now it was very likely that they might not see her again. Finally, Grace concluded that “your course has been challenging, but it gets me through. It is a vital step. Today, for the first time, I felt more peaceful.”

5.3 Chanting psalmody

Given that chanting psalmody is the core spiritual practice in the 3R programme, it is worth examining participants’ responses in detail. Surprisingly, all participants followed the chanting method well in group practice right from the beginning, even though none of them had ever learned the free-style chanting before. Over two-thirds of participants expressed that this practice was helpful in various aspects. The content of the assigned psalms evoked rich discussions among participants, not only because the

wording of these praying poems moved them and stimulated their thinking, but also because the worldview of the Psalms seemed to challenge their perspectives on life. After only a few sessions, some participants reported that they received benefits from chanting psalmody. By the end, those reporting improvements in their mental health were those practising psalmody regularly with appropriate understanding and who were able to apply the newly acquired perspectives into their life.

5.3.1 Positive responses in class

On the whole, the group chanting exercise was well-received. Drawn from their reflective discussions during classes, I group their reactions into the following categories.

5.3.1.1 Encouraging interaction

Before starting the first class, participants who had undertaken the initial interview and listened to the demonstration of chanting psalmody agreed that this is what they wanted to do. From their class sharing, nevertheless, some participants showed that they worried about their individual performance at first. In discussion, those who were worried were encouraged by other participants and finally agreed with the instructor's notion that they all have the innate capacity to chant. The following section serves to illustrate the group dynamics.

When participants were asked whether they encountered any difficulties in chanting, Bella said cheerfully, “it was less difficult than I expected it to be.” Other people agreed excitedly and interrupted her with laughing noises, such as Dominic jested: “Yes. Its image did it on and on; what it did scream is like a little guinea pig.” “Yeah!” Chase shared that before chanting he was “scared stiff” because he “was afraid to say the wrong words” but after chanting he exclaimed “Yeah! Nice.” Hearing this, Bella responded, “that was brilliant,” and Macy added “well-done” shyly. In turn, Bella praised Macy, saying: “You’ve got an amazing voice.” Chase added: “It's all very good.” Immediately, Macy thanked them and beamed brightly. Right from the beginning, the group developed an encouraging rapport, as Gavin remarked, “the feeling of being accepted.”

5.3.1.2 Meaningful Collaboration

After two sessions, Bella expressed that it was much easier to do the chanting in the class than practising it on her own, though she did not know the reason for this. In this regard, the instructor observed that in group chanting most participants had the ability to pick up the final tone of the preceding person and to make their tone harmonise with the preceding one if they listened attentively; she illustrated this to them by saying that they were connected in chanting like pearls are connected in a necklace. Such a collaborative exercise made the chanting experience versatile and intimate. Olivia admitted that “it’s easier because I can follow others’ voices.” Dominic agreed that this formed a kind of “bonding.” He further commented,

> I did relate to it a lot more than home practice (Gavin and Chase agreed with him)…I think one of the things I like about the group, and also about the group chant—do it three times and three minutes contemplation wondering a little bit—is that it gives you time to digest it. Because you are saying your words: I can hear them but I am not listening to them, because I am reading them out. And then on the next one, when my colleague is reading the words, I've got time to digest them and think about them…

Moreover, even the simple act of listening to psalmody touched them, as Macy said to the instructor in the group: "When you first started to chant, I got tears in my eyes. I was like 'that's beautiful'. And when we were going on…I felt safe and secure in myself to like actually open up and connect with my feelings. Yeah, I felt safe and secure." Gavin and Dominic also reacted in a similar way, saying that the instructor's chanting is "relaxing" and that they felt safe in the group.

5.3.1.3 Helpful annotation

Originally, the instructor intended to avoid teaching the text of the Psalms so as to leave mental space for participants to meditate on the text with their own spiritual senses. Even if participants found that some phrases were hard to understand, they were encouraged to explore them using their heart.[18] If they asked the instructor direct questions which stirred up discussion and there was adequate time for her to answer, she felt obliged to offer an explanation to help them better comprehend the meaning of the texts. In reflecting on the instructor's teaching, Willow said: "I got a peaceful sense

[18] For example, when Macy reflected on psalm 34, she said she did not understand the phrases "evil will slay the wicked" and "to blot out their name from the earth." But since she did not ask me to explain the meaning, I just left it for her to contemplate further on her own and in her own time.

when you are talking," because "you annotate it (the psalm) in a different way. It's a different way of reading." Mara also remarked that she used to have "psychological trauma" after listening to some ministers teaching the Old Testament, so she did not read the Old Testament, but she found the instructor's teaching helped her understand "the deep meaning" of the psalms and "learned a lot to pray."

5.3.1.4 Beneficial effects

From the first session onwards, participants reported that they found chanting psalmody helpful. Their multiple reactions can be classified as follows:

1) Feeling peace and tranquillity

Dominic's remark of feeling "really relaxed, peace and tranquillity" was commonly shared among participants. Gavin repeatedly emphasised that chanting made him "feel very relaxed." Grace noticed her change of state after practising psalmody, saying that "I am actually feeling calmer." Why?

Grace reflected on:

> I know I don't sit in silence enough at home. I tend to rush about doing as many jobs as possible. I don't like being on my own, so I found people for a chat…But this is deeper. I don't have to be anybody or do anything. It just is very good to sit still and allow… [Pause] the stillness to come into my head which I need...Maybe concentrate on the peace going on inside rather than trying to keep everything right around me. Trying just enjoying. [Pause] No, get peace from inside, rather than get peace from outside, you know.

Abigail added:

> I think it's a great exercise for calming. For resting a bit. When you do repeat a few times, different things popped out and different verses and you have enough space to just let them pop into your mind, which is quite relaxing, and then bringing, I guess when you are coming to the end, you can, I guess, pray those things and ask for God what is in the psalm. Yep, that's a very peaceful practice.

2) Finding comfort and protectiveness

When engaging with the psalms spiritually, some participants related the texts to their own situations and a found deep sense of personal comfort. For example: Gavin and Luke both employed the same verse "even though I walk through the darkest valley I will fear no evil, for you are with me; your rod and your staff, they comfort me" to describe their feeling after chanting Psalm 23. Gavin felt "with the sleep disorder"[19] he "could relate to" and recognised that the value of chanting is on "spiritual side of it,"[20] not on making melody. Luke also found those words "are so powerful" which "open up my heart and that sense of companionship or sense of comfort and safety."

After chanting Psalm 34, by drawing a picture Gavin explained: "I gravitate towards the bits of texts which are saying about the Lord like being protective against evil which is what I have drawn as well, I drew the sun and rays, kind of like of shining down on me in protecting me from bad things happening." Bella shared Gavin's finding:

> There were two bits, kind of, when we were going through chanting really that comforted me: The Lord is close to the broken-hearted, and I've just got him, the Lord's hand holding a broken heart. And also the one who takes refuge in him. And that's the Lord's protection, kind of thing. And it's wonderful, and it's like

[19] He had experienced 'sleep rape' for about 10 years which was evil and dark to him.

[20] In our discussion, he agreed that the psalms are like his spiritual food, for he learned to contemplate the psalm like chewing the words as food.

> when you are doing the chant, you can feel this place of calm, protectiveness and peace and safety.

3) Inspiring a sense of intimacy with God

When participants were guided to appreciate the poetic imageries in Psalm 23 through their spiritual senses in order to connect better with God, Grace found that this familiar psalm became personal to her: "It's lovely. I have not even thought about it. To this extent I must say it about a thousand times, but I have never really imagined myself *in* the picture."

While many were stimulated by the imageries of the psalms, Joseph's reflection was going beyond images of objects to secure his confidence in God's presence,

> There are lots of things that I felt very familiar to me, like green pastures, and waters, and oil and the rod and staff but I realised that that kind of intimacy or familiarity I have with those imageries is nothing compared to the intimacy that I have with God. When God is with me, he is not at a distance like these things are, but he actually sustains these very things that are close to me. So, you know even if God were a physical object with a rod and staff that I might feel secure but I'm infinitely more secure when I know even the rod and staff and myself and my sensation are held by God. Does this make sense?

4) Hoping for improvement

The instructor was initially concerned that the notion of sin and the language of confession in Psalm 51 might offend some participants, their responses gave her great relieve. Especially, when Gavin said "[this psalm] is about improving your own spirit" and that it "makes me think that's very important, kind of like perfecting myself." Bella shared Gavin's view by revealing that because she had been "feeling guiltful last week," she identified much more with Psalm 51. She said: "It was very meaningful to me

because it's got, you know, it's about that hope of forgiveness, and rejoicing of being made pure again."

5) Growing awareness of thought processing in one's inner self

While reading the Psalms as daily devotion was not new to a practising Anglican, Abigail found that the practice of psalmody via the 3R method has made a difference to her compared to her previous psalm reading following *The Book of Common Prayer*. Particularly during the silent interval after each chant, she noticed that "I tend to be more aware of what comes out to me now than I did." This growing awareness helped her to see what affected her and to realise the time in which thought emerged. For example, in the past, she had struggled with fear, fear of speaking in public, with groups of people; now, however, through the practice of examining thoughts and fighting demonic thoughts via psalmody and silence, she has become aware of what is going on inside her, "knowing when this fear sets in, and how to, I guess, decide I don't want to listen to it. And that is not the truth. It's helpful day to day to keep my mind healthy."

5.3.2 Challenges encountered in class

Participants were encouraged during the reflective time to share if they encountered any difficulties in class chanting. Their reports concerning challenges seemed to fall into three categories. The first kind was concerned with their personal

circumstances at that moment. The second kind was concerned with the technique of chanting. The third kind was concerned with the content of the psalms.

5.3.2.1 Personal circumstances

Some people only managed to come to the class weekly with great effort, either because of some newly emerging personal situation that upset them, or the exacerbation of some chronic physical pain that they were experiencing. Although they appeared to follow chanting well in the group practice, they reported difficulties in silent contemplation (these silent intervals lasted between 1-2 minutes).

1) Session 1

Matthew, after chanting Psalm 23, responded: "I struggle to bring anything into my mind, and other things start creeping in when I am trying to be quiet." After chanting Psalm 34, he said: "Just that I feel difficulties in accepting the words because the way I am right now… I haven't experienced these recently…this morning it was very very difficult to come here…"

Fiona, after practising Psalm 23, said: "I am finding it hard to focus; my mind keeps going on all the things that I am worrying or concerned about… I feel guilty for sitting so long and I am not used to sitting for so long. I find it difficult…" One of the reasons she provided was that "I am being discharged from primary care on Wednesday (the next day) and I am scared." She also shared that "It reminds me of when I was

young, growing up, we used to chant the Psalms in the church. But I didn't really like doing it. I much rather sat and listened to music."

2) Session 2

After chanting Psalm 51, by the picture she drew, Macy reflected on:

> So I got—born a sinner, guilty at birth, blot out my 'insecurities'[21]—I've got anxiety, can't really concentrate. Anxiety about the situation I've got after here. And then I've got Glen, my partner, is for us, not against us. And then so I feel anxiety, I am fighting about going to a place tonight where my friends there who care about us and love us, and I am fighting to go. I am fighting to go because people will be kind and loving towards us, and I might smile and I might be happy but—and I might get connected, but I feel I might fail—and I don't understand at all. So I am trying to write it down just to get it out to see if I can make sense of it. I am interested to know… why am I segregated myself…

3) Sessions 4 and 5:

After Session 5, Willow revealed to me that when the group became bigger in Sessions 4 and 5,[22] that some people were asking questions and sharing feelings at length, she felt "quite stressful" and "mentally distracted" due to her physical pain. This condition impacted on what she could "take in" from the psalmody and the related teaching. She described, "My pain really blocks that, really frustrating."

5.3.2.2 The chanting method

[21] The original text in Psalm 51:9b was "blot out all my 'iniquities'," so I was not sure whether she was recalling it wrong as 'insecurities' or she just invented a new phrase to fit her feeling at that moment.

[22] I combined two subgroups into one since session 4 in the third run of the programme. After Willow's disclosure, I provided a one-to-one class for her for Session 6 due to her physical disability and then invited her to try a small group with the other participants for Session 7 and 8 to facilitate her learning experience despite of her constant pain.

The group chanting went well, and no one objected to the way of chanting until Session 6 when Haley appeared to change her mind. Initially, she expressed that she enjoyed the way of chanting that I demonstrated and she followed the method well in the group. She often said that she found psalmody helpful. When coming to Session 5 she mentioned that "I was cross with myself for being stressed" the past week because of the close submission deadline of her school assignments and her habit of procrastination. Then she said, "Em, I can't remember which psalm that it was, but I don't find it quite helpful, I have to say. I don't do the chanting. I do the reading." This was the first time, she expressed her preference for reading over chanting because of one particular psalm. Then, in Session 6, she commented on the method of chanting, saying that "I love to sing. I have no problem in singing. I love to sing. I sing my heart out. But personally I find I can't, I find I take the words, the meaning in more when I read them. And I think about what I am saying. I actually find it's quite irritating to chant."

After having expressed my understanding of Haley's preference for reading, I explained to the group that the 3R chanting method is used for training our whole being, body-mind-soul, to participate vigorously in praying the Psalms, whereas the ordinary reading method involves mainly our mental faculty to comprehend the meaning. I encouraged the group to continue practising chanting, and to pour out their whole heart to the Lord through uttering in tones the words of the Psalms, while I allowed Haley to choose her way if she preferred reading aloud instead of chanting. Consequently, when it came to Haley's turn, she broke the chanting pattern once or twice by reading her verses, but most of time she still joined the chanting relay as usual. Interestingly, having

listened to Haley's comment about her irritation about chanting and her vigorous recitations of the Psalms, other participants still chose to stick to the 3R method, though they could not chant as skilfully when Haley did her recitation.

5.3.2.3 The content of the psalm

From the second session onward, most psalms that the instructor selected for class chanting belonged to the genre of individual lament. These Hebrew praying poems were intended to serve as a window to allow participants to peer into each psalmist's inner life and to acquire a vibrant language of prayer which may enable them to give voice to their wounds and to entreat God's healing boldly. During the contemplative exploration of these verses, some participants were provoked towards emotion and reflection by their particular vocabulary and poetic images. Their reactions were stimulated by the following conditions:

1) The scenes of persecution

After chanting Psalms 35, Luke shared: "This psalm, em, brought up, em, all sorts of situations, so maybe, several years ago in my life, I was feeling very persecuted by people around me. And this sense of reaching out towards God. And it left me with a bit of pain in my heart."

Fortunately, he did not stop here. He adopted the method that the instructor advised which was about not just to notice and distance the painful memory as

Mindfulness teaches but to face reality with courage. Through the language of psalmody, he invited God to minister to him in during the silent contemplation in order to heal the wound. The feeling of pain in his heart did not dissipate immediately, but he kept practising psalmody and developed "psychological resilience" as he reported by the end.

2) A provoking metaphor

After chanting Psalm 22, Matthew gathered all his courage to express the following opinion with many pauses:

> I find difficulties applying it to me. Em, I do not—the Old Testament in some way to me seems detached. I find much more humanity in the New Testament. And so are the, yeah—ways it explained, em have difficulties thinking it. [For example in this psalm? The instructor asked.] 'I am a worm and not a man, scorned by everyone, despised by the people.'[You don't like the phrases he used? The instructor asked.] No. No. I—Is he just using, it's saying that—he is not worth anything? Is this saying that he is worthless?

To answer his question, the instructor explained that a worm was a poetic imagery, a literary device, which uses a vulnerable organism, which can be crushed easily and then disappears, to describe a vulnerable, fragile life form. When the instructor was explaining, he immediately responded that he could relate that to himself. He revealed that sometimes he felt his life was worthless and that he could be easily crushed, frustrated and just said "I won't bother."

3) The metaphor of enemies

The vocabulary of enemy or foe is a common motif in some psalms that the instructor used, which struck participants' various emotions and stimulated rich discussion. In the first group, people had no difficulty to relate the term "enemies" to their personal situations. When they read Psalm 35, Chase saw enemies as "evil." Gavin understood it as the "regular sort of people who have gone to putting you down" as well as a "spiritual term" to describe "something bad." Then, the instructor explained that we might not have many enemies as persons, but we might have another kind of enemy hostile to our lives. Bella responded, "Yeah, even if health or poverty or whatever it is, they are sort of enemies." When the instructor further added "something oppresses you, threatens you, or makes you not free, trying to enslave you," Macy remarked, "I like that because it goes deep. I like that analogy."

In the second group, however, the question on the meaning of enemies was not raised until Session 6, where Joseph said,

> Well, there is something, em, I think I am having difficulty for a while. That's the language of the psalmists that speaks of the judgement of the enemies. Because I recognised our God can judge, em can send judgement over any kind of evil or injustice, but em I find it more difficult to understand what it means for enemies of persons to stand under judgement. I find it difficult to locate the enemies in my life in the position that David does if that makes sense. I find difficulty to see people I suppose as ultimately my enemies because I wouldn't want to rule out the possibility that they can actually reconcile with God. When I find myself being maybe angered by someone, I don't like thinking of them as enemies. The New Testament talks about praying for enemies, the relationship with our enemies isn't just a simple one, wanting God's judgement. So the judgement of persons, not the judgement of evil. That's I find difficulty.

To this, Haley responded by saying that "I found it quite comforting actually when I read this." Then she related her experience with those colleagues who "accused"

her in the employment tribunal, saying that "it was like a whole army of people against me," so she found the language of the Psalms is "really helpful" and "I do feel they are my enemies."

To this, Joseph further reflected on,

> That is helpful. I think probably the sort of wrongs, if I can put it that way, against me in day-to-day life in Durham are relatively trivial ones. I think it might be different between more grievous sorts of harm done against and feeling perhaps more trivial things. And I recognise that all these wrongs will be made clear sort of. I am sympathetic with the idea of judgement being sort of being transparent to God, and transparent to others. I think when I hear judgement, I think sort of everlasting separation from God that seems like a very weighty sort of things to be praying against anyone. And did you see what I mean?

In the third group, the question was initiated by Mara, who was disconcerted by the term enemies, asking "what does that mean?" She was also concerned with the way of praying against one's enemies, saying that "in my view David's enemies might pray the same thing to God," since she assumed that the author of Psalm 35 was David and the enemies that he viewed as evil and asked God to defeat were just his political opponents. Thus, she disapproved of this kind of expression in prayer, insisting that we shall not "say to defeat some human beings only because of different political views."

After the instructor's explanation, however, she reflected more deeply and was willing to follow David's prayer. She said, "After your explanation, [this psalm is] much more like a private confession…when I prayed to God, I didn't pray the most important thing." As she realised that whenever she was hurt, she often said to herself that it "must be my fault" and "the cause is on me," so she "always prayed around other things" and found that "always something hurt me in my heart" because "I don't want to blame

others." But now she laughed and uttered embarrassedly: "Maybe I can pray in this way. I can just put my pain. I think if my prayer is not righteous, He will not admit it, so I don't judge by myself. I just put it—I think this way and He can judge it."

She raised another question, "but if I can find some reasons inside of me, and I agree on their criticism, because I made some mistakes, but it's still very heart-broken, you know, at that time, how can we pray?" The instructor employed the verses in Psalm 69, especially "You, God, know my folly; my guilt is not hidden from you "[23] to illustrate that even when we recognised our folly, we still could ask God's help boldly as the psalmist did. They all happily accepted this.

4) The vocabulary of evil, wickedness and punishment

Before the instructor's explanation, Willow also had difficulties appreciating the prayer of lamentation, struggling with its particular vocabulary; she shared: "I don't like all the focus on evil and punishing bad people. I feel like the focus on evil and punishment, I find really hard to read and to say and believe." But after Mara's sharing, Willow disclosed her feeling against those who wronged her as she was bullied at school and wronged by surgeons, especially after her operations went wrong and left her in physical disability and constant pain. Going on, she revealed,

> So I often feel, like really, like even though those people are in the past, like the bullies and the surgeons, like they are still controlling me now. They are still controlling my— the surgeons are creating pain, so they are controlling and then the bullies, you know, confidence and myself and who I am. And everything they took away so much. And, but I always have struggle, because I always felt

[23] Psalm 69: 3-5, "I am worn out calling for help; my throat is parched. My eyes fail, looking for my God. Those who hate me without reason outnumber the hairs of my head; many are my enemies without cause, those who seek to destroy me. I am forced to restore what I did not steal. You, God, know my folly; my guilt is not hidden from you."

like blaming them, and felt really badly toward them. But when I prayed, I feel that I am in the wrongful feeling, bad towards other people. So when I pray, I try to, you know, ask for—help me to forgive these people, rather than em, whereas I think what it's always been more like this: They ruined everything for me, and they don't even know. Their lives are fine and nothing, they haven't suffered for it. But then it always comes with the feeling of guilt and that I then pray, I then said sorry for feeling like that or help me to forgive them. That's such a, yeah.

5.3.3 Responses to home practice

Most participants tried to do their psalmody homework, except two. I extract their reactions as follows.

5.3.3.1 Follow their own ways

After the first homework reflection, Chase announced that he did not do homework. Instead, he was eager to share a practice which he had been doing quite a while—shutting eyes, seeing colours, enjoying pink, blue, nice colours for 5 or 10 minutes, saying "it's just my way of doing things; I don't know. It's just me." In class chanting practice, he appeared to have difficulties in figuring out some words, and later he told me that he had dyslexia. Thus, chanting/reading might be demanding to him; however, in Session 2 he volunteered reading one Evagrius' excerpt.

Macy agreed with Chase, saying that:

> I think God wires everybody differently. That's conversation I was having this morning. Like God made us all individually and not going use the same treatment, as you like… It's going to affect us differently. If we receive God's healing what we need in our life, he gives us that hope and enjoyment. If that's by colours and that's how it works for you."

Macy did not do the homework, but she said that she felt happy when she was reading the Psalms and that she found they really helped her in dealing with grief.

5.3.3.2 Methodological confusion

There was one devoted Anglican participant, Wendy, who missed Session 1; thus, she did not learn the method of chanting psalmody from the group practice. Nevertheless, she did the homework after having listened to the instructor's demonstration of psalmody in the interview. In Session 2, she shared her experience of self-taught chanting as follows:

> Because I only met Dove on Thursday, not very long space. I tried chanting it, and shut my eyes and I have no idea what the words were. But I just chant it. All I can think about is the tune, how do we do it right. Or what was the ritual of the music. I have no idea what the words were because I have spent so long trying to make it into music; but the words have completely escaped me. When I try it without music, slowly and rhythmically, I knew what the words were, but not when I sang them.

Her attempts at chanting seemed to imply that if people were used to Anglican chant, they might spend more time to make a beautiful tune to put the words in, rather than uttering harmonic tones from their heart following the lead of the words.

5.3.3.3 Difficulties in the home environment

Gavin was afraid that his downstairs neighbours might hear him chanting and spread rumours about him. He made the group laugh loudly by saying: “I said to Dove like I’d probably get beaten up by me neighbours if I got caught doing this.” So he tried to find a private space at Waddington Centre to practise psalmody on weekdays.

Joseph, a practising Anglican, did not practise much chanting due to his worry that his three female flatmates would hear him. “I am a bit self-conscious, especially when I can’t sing very well.” Bella also pointed out that it was difficult to do the chanting when she was on her own. “It’s harder at home, I don’t know why.” Many others also agreed on this point.

5.3.3.4 Physical limitations

Willow, who suffered constant physical pains, described her difficulties in doing homework as such:

> I think for me, it may be going to take a while to start because I found while I was, I think mainly because being unwell and having the depression sort of clouds my mind, and my physical pain clouds the rest. So I think trying to focus on it, was very difficult. So, I don’t know, I think it may take me a bit, a bit longer to respond in that way and but em, yeah….yeah, I tried a little bit chanting. I did not manage to keep up with them every day, the two. But I was trying to do the reading, again sometimes while I was reading them, like my mind start questioning what it was saying rather than trying to…

5.3.3.5 Ambivalent feelings

Dominic, who experienced inner self-talk all the time, said of the Psalms,

> They gave me pause for thoughts, and I was slowed down, and then sit and read the book. It was quite good. I have to say, from another point of view, it's a bit biblely for me, yeah it is biblely. (He laughed) I understand that. While I am very very spiritual, it's quite hard getting used to it. I see religion as if you don't do what they tell you, you'll go to the hell, and I was picking up a little bit in there. It's something from my childhood, so I was disturbed by that…I am mature into something that I am not afraid of religion. That's how I view religion, because in the past the religion is threatening people.

Fiona also held mixed feelings towards the Psalms. She is a practising Anglican and used to church chanting in her youth. On the one hand she announced that "the Psalms is my source of comfort." On the other hand, she held strong aversion against laments in the Psalms, saying they were "depressing and distressing." Even though the instructor explained that those prayer of laments were meant to serve as "the mirror of souls" to stimulate intimate dialogues between their inner self and God to expose the wounds to the healing presence of God, she did not believe that this practice of psalmody would help her, saying that "I am scared that I lose control when I share with God. I am scared that I get hysterical because the pain is so bad…because I am afraid…I don't want to be attacked by the Psalm."

5.3.3.6 Finding the home practice helpful

Since Mara was not a native English speaker, sometimes she could not fully understand the words. But when she could not agree with the worldview of the psalmists, she noticed that the psalmody still helped her. She said:

> "More strength. More encouragement. ["Do you know why?" the instructor asked.] Because even my brain is thinking other things, while I read/sing the words, my body and my heart respond to the words. I get some strength from it.

> Because my understanding or my intellectual knowledge might not agree with all those words but my heart agrees on those so…"

Both Bella and Olivia reported that whenever they practised chanting at home, they felt a soothing effect. Bella, however, was wondering how long the chanting effect would last and Olivia was wondering whether any kind of chanting would work no matter what the wording was.

Matthew began the programme with deep anguish and apathy, and seldom gave comments. Concerning the chanting homework, however, he disclosed to me that he invited his wife to practise psalmody with him daily and I noticed that he started to smile since Session 4.

From the very beginning Luke enjoyed psalmody very much; he said of the home practice, "which I found very em engaging and which stayed with me throughout the day… And I appreciated that very much. I would often want to take a whole hour on it." Even though sometimes he encountered pain in his heart, he still kept practising psalmody with good results.

Grace enjoyed chanting in class and was determined to get healing, so she changed her daily routine for the homework: "I stop buying silly newspapers and stop watching so many TV programmes and immersing in some silly things from that, but spend time in chanting. Because I want to give Him the chance to heal me."

5.3.4 More questions and comments

5.3.4.1 Concerning the God of the Bible

1) Limitations

Olivia expressed that as a non-native speaker, her English ability hindered her understanding of the wording of the Psalms, and in turn this limited her comprehension of this Hebrew poetry. She also said because she had not believed in this God, and was suspicious about the promises in the Bible, she could not relate the verses to herself. For example, she questioned that if there is a God who cares for the broken-hearted, why is there so much suffering in this world. Nonetheless, she found that the words of the Psalms still touched and overwhelmed her.

2) Trust issues

In the initial interview, Dominic said, “I don’t trust churches. I don’t trust religion.” He had never read the Bible but enjoyed reading many self-help books because he was “more afraid to read things because of brain-washing.” Due to his turbulent childhood experiences he thought of religion as “if you don’t give me all your money, you will go to hell.” As a former social worker, he viewed churches had “taken up poor people.” He explained that churches “would take advantage of” vulnerable people, such as people with mental illness or substance abuse. He related that his mother was cast out of a Jehovah’s Witness church along with her five children when his father abandoned them, so they had to leave the village. When they were extremely poor, he was put in foster care and experienced bullying and abuse. He seemed to attribute all his

hurts to the Christian Church, even though he knew Jehovah's Witnesses did not belong to the category of orthodox Christian churches. He also despised the Church of England, saying they were taking lands and properties. Thus, his daily prayer focused on enlightenment to avoid confusion with religion rather than to seek more intimate connection with God. When he decided to join the 3R programmes, the instructor was surprised since she had already emphasised that the programme would use the Christian Bible and had demonstrated chanting psalmody to him.

In Session 2, he shared that his chatterbox going on his head never stops, judging people and things, but that when they practised chanting psalmody around the group, he said, "I am finding that's going calmer. So that's helping me a lot. So, I find the unity. And I find it quite challenging as well." He further explained, "That's because of being able to relax for those. And I like that. Because it used to be that when people are nice and kind, I go the other way, I am crying. And I can't. I am like, you know…I fight anybody, you know what I mean, so a lot good inside we are, we live a boy. I find that within the group, you can't do that. You can relax…I like it." However, when he was alone at home, his childhood turmoil and busy lifestyle seemed to be in conflict with reading the Psalms. Soon, he gave up doing homework.

5.3.4.2 Concerning the words of the Psalms

1) Struggling to believe

Haley once said the words of God was very helpful and she had to hang onto that in times of trouble, but she also admitted that "I didn't always believe that." Grace's reflection on Psalm 16 also articulated a similar struggle:

> I know this is good, I know this is the truth, I believe it but do I really take refuge in God? Apart from you, I have no good thing, is that true? Got a house, that's important to me, you know. You alone are my portion and my cup, you make my lot secure. I believe it. But you alone? There are lots of other things make me feel good about life that I treasure. Em. The boundary lines have fallen for me in pleasant places. No, they haven't. They have a lot of, em, suffering has been included in my life. You know, I am saying the words that I believe in them. With him at my right hand, I shall not be shaken. Is that really true. I don't know. I believe the word of God. I am not going to argue. I love singing these, beautiful words. Just something inside, slightly nervous that it's not true. I believe, I don't want to be em… ["You have not yet fully experienced that?" the instructor asked.] No, I haven't.

5.4 The caring exercise

Following the manual, the last spiritual practice of every session was a caring exercise. For most participants, they followed the lead to sing a Taizé song happily and took their turn to practise their intercessory prayer without difficulty. Their prayers showed that they gave thanks to God for what they had received in the class and were willing to care for others. For example: Dominic thanked God "for having the pillow fight" and Gavin blessed Dove "for bringing me to this group, for being receptive to my problems and trying to help me, and trying to help everybody else, for making her fruitful and successful." Bella prayed for Macy "during the coming week and especially

for her anxiety about this evening," while Macy prayed for Dominic's "inner voices," asking God "to quiet them, reveal yourself to him, Lord, God will overwhelm, overtake those negative voices, your joy and hope and perseverance will push through…"

While participants were allowed to use their most comfortable way to pray, including praying in silence or not to pray, all but one participants chose to pray out loud. The instructor observed that this exercise especially helped Gavin to enlarge his capacity for blessing others, as before this he only prayed for his immediate family circle at night in silence, but now he was happy to enlarge his blessings to people surrounding him.

The instructor also saw the second group used this exercise as an opportunity to raise their prayer requests and allowed their private concerns to be cared for. For example, quiet Matthew asked us, "I like to be prayed about my apathy. I am really struggling with my apathy at the moment…I just feel like stuck in concrete, not able move. You know, like my faith are ruined to the ground. I am not able to have enough to get up and go and do things that need doing." His initiative encouraged all other participants to also raise their prayer requests, including praying for "a clear head in my studies," "motivation to do things," "in clarifying my thoughts for academic work that I have to do, and also for liberation from feelings of anxiety." Finally, Sophia, who seldom talked, also raised her prayer request: to "clear up my thoughts, be focused on my academic work and my time management skills as well."

Unfortunately, in the third session, one participant disrupted the agreed rule for the intercessory prayer by insisting on herself praying an extra turn for her favourite participant when another newly joined participant who had been supposed to pray for this same person chose not to say his prayer because this was his first session and he had not yet familiarised himself with the practice in the group. The instructor's hesitation failed to stop her action at that immediate moment,[24] and this incident might have been associated with the dropout of that seemingly embarrassed participant right after that session.

5.5 The self-report and follow-up results

5.5.1 The self-report scores

Table 5.2 shows the results of the self-evaluation conducted by the 18 participants. Although only 12 people completed the course, including the baseline scores of the assessments of those dropouts makes it possible to see that there was significant difference between the dropouts and those who completed the programme in terms of age, years of suffering and severity of depression and anxiety.

Table 5.2 Pre- and post-intervention (*) scores for the 18 participants plus overall self-evaluation

Participant	PHQ-9	PHQ-9*	GAD-7	GAD-7*	CES-D	CES-D*	Self-Evaluation
Group W: 6							
Bella	7	11	3	4	14	23	benefited/ recommend

[24] The instructor had low fever and headache on that day so was slow in responding to the situation.

Chase	16		9		26		dropout
Dominic	23		15		35		dropout
Gavin	14	3	13	0	39	15	benefited/ recommend
Macy	15		18		24		dropout
Olivia	11	3	11	7	23	12	benefited/ recommend
Group N: 7							
Haley	5	23	8	17	15	41	benefited[25]
Joseph	3	2	3	3	16	7	benefited/ recommend
Luke	10	9	8	7	25	14	benefited/ recommend
Matthew	15	2	10	2	35	4	benefited/ recommend
Ryder[26]	1st: 27 2nd: 26		21 21		56 47		dropout
Sophia	19	9	9	4	28	17	benefited/ recommend
Wendy[27]	?						dropout
Group J: 5	PHQ-9	PHQ-9*	GAD-7	GAD-7*	CES-D	CES-D*	Self-Evaluation

[25] Because Haley "strongly disliked the pillow exercise," she hesitated to recommend the programme to her friends, as she wrote: "I am not sure—it would very much depend on the person as I feel I could not recommend it in its present form."

[26] The first assessment was done on 17 August 2015, but Ryder failed to attend the first run. And then he asked to join the second run, so the second one was assessed on 20 October 2015.

[27] In the initial interview, Wendy complained about the design and wording of these questionnaires—which could not express her conditions accurately, and their interpretations are problematic. So, she refused to do them. However, she promised to reconsider the matter and brought them in when she came to the session. But she forgot to bring them in and after Session 2 she could not continue the course due to an injury preventing her from driving, so I had never had a chance to get hold of her assessment papers.

Abigail	4	2	2	0	12	1	benefited/ recommend
Fiona	14		17		44		dropout
Grace	4	4	4	4	15	17	benefited/ recommend
Mara	1	4	1	3	6	4	benefited/ recommend
Willow	19	21	13	13	49	47	benefited/ recommend

The t-test: paired two sample for means revealed no statistical significant differences between the pre- and post-test assessment for the 12 non-dropouts. If the data of two outliners, Haley and Willow, who did not attend the first session and the third session, is removed, comparing the baseline and post-intervention measures for the remaining ten participants who completed all eight sessions did reveal statistical significance ($p<0.05$).

There is a discrepancy between the interpretation of these scores and participants' self-evaluation. For example, Grace's scores remained unchanged (for the digit differences are either 0 or less than 3); however, she wrote that she was progressing to her healing. Similarly, Willow wrote that she felt more hopeful but her scores did not reflect this. These symptom-based assessments cannot measure hope, but hope is very essential to motivate someone like Willow who had lost hope in living with her physical disabilities, illness and severe depression. Some participants expressed that these questionnaires could not capture the full realities of their mental health, while some complained that they had difficulties in selecting suitable digit numbers in answering the questions because their conditions were in between the range of scales. I therefore only

used these scores as a reference but relied more on participants' oral-disclosures during the programme and individual interviews, written-evaluations, and resulted actions as more accurate ways to trace changes.

5.5.2 Self-evaluation

In the participants' self-evaluations, they all reported experiencing benefits, while eleven of them would like to recommend the 3R programme to their friends. Their words were examined and the categories, trends and connections that emerged were compared with their in-class interaction and disclosures. From these analyses, I found three noticeable themes that most participants reflected on: their relationship with God (10 people), chanting psalmody (8 people), and a different way of thinking and combating distorting thoughts (7 people). The significant benefits they described are presented in the following emergent categories.

5.5.2.1 A different perspective and a new/renewed connection with God

1) It's an interesting challenge to think about things in a different way. It helps me to think more in terms of me and my health and my relationship with God in a more complete way. I think it is connecting with God in a different way that I haven't particularly experienced before.

Bella was a lifelong Christian and had struggled with depression for over 25 years. After session 5, she commented that CBT did not work for her because she had never believed in a different way of looking at things,[28] and so she was doubtful of the thought

[28] See a cross-reference at page 164-165.

examination and combating exercises in 3R. Surprisingly, in the end of the programme, she found that she experienced a different way of thinking and connecting with God that is thorough.

2) The 3R programme provides me the other way of thinking which is different from my own way of analysing my feelings. The 3R is much softer. In the past, whenever dealing with my emotions I only focused on rationality. Or I would let go of myself, crying as freely as I felt like to, thinking everything would be all right after having finished crying. But it does not work. The 3R opens a window for me to dialogue with God in times of struggling instead of only dialoguing with myself… My soul can resonate with some verses of the psalmody… I found that the way to come closer to God is not very difficult.

Olivia did not believe in the God of the Bible but she recognised that her soul could connect with God through chanting psalmody, and the 3R prayer method helped her to find a way of thinking that was more effective than her own analysis and reasoning in terms of helping her to deal with her struggles.

3) I have met many corrupt ministers in South Korea. I was so sick and tired of their fundamental and narrow interpretation of Biblical text…

I sometimes thought that I'd rather be a deaf person than to listen to their horrible words… it left me with psychological trauma sometimes…

However, at least, this course with Dove, I learned a lot to pray according to David's words of prayer…

If someone gets to know Dove as a teacher, they will learn not only the words of Psalm, but also the deep meaning…

1) I started to read the Old Testament. 2) I listened to another person's teaching of the Bible, which I had thought that such thing would never happen again. 1) and 2) means that I have partially overcome the deep trauma from Korean minister and churches.

Mara was deeply wounded by fundamentalist Christians and ministers and she was easily angered by some words in the Bible. Now, however, she renewed her connection with God and learned a new perspective through chanting psalmody regularly.

5.5.2.2 New insights and new orientation/hope

1) The programme has provided me with a resource for identifying the origin of diverse classes of thought (many of which would likely have remained unanalysed e.g., sloth, anger etc.) and locating them within a distinctly Christian vision of life. I feel as though I am coming to a more honest view of my habits of thought, feeling and action and have a clearer grasp of those areas of my relationship with God and others which require much growth.
Through the programme I have been equipped with practices which enable me to better combat negative and distorting thoughts and desires – e.g., deploying biblical promises, contemplative silence and prayer for others.

Joseph had studied theology and was an intern in a church. He did not practise much chanting at his residence because he was afraid that his female housemates would laugh at his voice. In the end, however, he gained insights and motivation for spiritual growth from the 3R thoughts exercises and in-class contemplative silent practice during chanting psalmody.

2) The 3R programme helped to provide me with a spiritual and psychological grounding. I was pleasantly surprised to see the difference in myself which practising the daily psalm chanting led to… During the programme I noticed that I would look forward to my daily chanting practice and derived a strong sense of wellbeing and accomplishment from it…It brought both a sense of purpose and meaning to my daily life. I felt more attached to and engaged with reality as a result of it…

It was particularly helpful to study the thought patterns/structures which we may encounter. Understanding our thoughts as potentially demonic meant that I was less susceptible to falling into this way of thinking. Instead, I sought to notice and cultivate angelic thought patterns…

The programme brought about a noticeable change within myself – in my attitude to my work, my person, the past and others. I was helped in ways which I would like others to be helped in as well.

Luke had struggled with depression for four years before attending the programme. Whenever he got anxious or depressed, he spent time in blank apathy. He often felt

psychological and physical pain in his heart when his memories of being bullied were stirred up. By practising psalmody and combating demonic thoughts, however, he was able to engage with reality in a more courageous and resilient way.

3) Overall, I think the thing I benefited from most is the methodology to organise and redirect thoughts actively…

   For my life and emotion and thought, I still have many confusions. But I do get back my hope and trust in the Lord via the programme. That leads me to know the importance to manage my thoughts actively rather than passively bearing and struggling with demonic thinking myself. I shall proclaim the authority of God and pass over my worries to seek peace. The way to solve the mental struggling is to confront actively.

Although, Sophia had been in despair to the extent of becoming suicidal, she was inspired by the practices of examining and combating the demonic thoughts, and was empowered to reorient her life in hope and trust in the Lord.

4) The programme has provided me with different ways of praying when feeling vulnerable.

   It has helped me to see the Psalms in new light…On a personal level, I found chanting the Psalms, prayer walks, breathing and stretching exercises etc. are all very calming exercises…This helped my mood as before the programme I was feeling down and unable to direct/plan my daily activities well.

Abigail had studied theology, and was very familiar with the Psalms through daily devotion by the Book of Common Prayer. She found the 3R way of praying psalmody to be much more insightful and relevant to her depressed mood, however. She also learned another way of praying to combat demonic thoughts and to reorient her daily life well.[29]

5) The 3R programme has shown me a different way to approach prayer and to find some level of peace through doing so, but it will take some time to be able to develop this and feel this on a more everyday level.

[29] See cross-references at page 163-164, 187.

> I think this prayer programme could be useful to anyone wanting to explore different ways of praying and thinking about God, and would probably open their minds to ways of doing this that they hadn't thought of.
>
> I am still suffering from all the same mental and physical health problems, but I feel more hopeful that there is a way to find peace with God on a more spiritual level, above the pain; I haven't experienced this yet but I feel that with more time and practice it may eventually be possible.

Willow once said that "I do not like myself, since being ill; hate my body, pain, illness. Nothing keeps me going." Although during the pilot study period she was limited by her physical pains and could not participate fully in class or practise psalmody at home, Willow gained insights and hope, knowing that there is a way of solving her deep-seated anger against God and suffering.

5.5.2.3 Therapeutic

1) This programme encouraged me to continue pursuing emotional healing. The journey towards emotional healing and overcoming depression has been a long one for me. Towards the end of the course, the course itself and my baptism, accelerated the healing I was longing for. I felt accepted, understood, listened to and supported on the course. (I enjoyed the course.) Chanting the Psalms, on the sessions, and at home, was therapeutic…

   I think the course helps to correct wrong mental attitudes.

   I think the course is helpful because no matter how we are feeling and no matter what we have been through (difficult or damaging experiences), God can help us (if we let Him).

Grace had been struggling with depression for over 40 years, feeling abandoned by God. She grew up in a respected vicar's family, but only after attending the 3R programme, did she learn about combating demonic thoughts and chanting psalmody. She recognised that combating "wrong mental attitudes," especially bitterness, and chanting psalmody contributed to healing. Finally, her anger against God was dissolved and her trust in God was rebuilt.

2) It has benefited by committing to regular prayer. Making me feel less anxious about things. Making me have the ability to undertake more tasks as it lifted my mood.

    This meant I undertook tasks in the house which made me feel of more value. I seemed to have more energy and it helped me start to apply for jobs. I had something to talk about to my partner in discussing the psalms and meetings.

Matthew had been struggling with lethargy and despondency for over 40 years. Throughout the programme he practised psalmody faithfully and even invited his partner to practise together with him at home. The 3R prayer methods helped him regain energy and courage to undertake more tasks at home, which eventually helped him to find a job after having been unemployed for several years.

3) The 3R programme has made me realise that perhaps praying and invoking Jesus' name in prayer may have helped my sleep disorder. Directly after the classes I also used to feel relaxed.

    The sleep paralysis disorder which included hallucinations and attacks in the night, did get less frequent after doing the class. Hence, I have continued to say some prayers before I go to sleep every night. It led me to conclude that there might be something in it.

Initially, Gavin was not confident that the 3R approach would help his parasomnia when he enrolled in the programme. He then experienced the improvement after only two sessions, but asked whether this was a placebo effect. Nevertheless, by the end of the programme, he concluded that chanting psalmody and invoking the name of Jesus might have something special about it.

5.5.2.4 Friendships

Six participants commented that they appreciated the new friendships that they had made through the group. For example, Haley greatly valued the “interaction with others,” the “time to reflect and share,” and expressed that “I have made some friends and that, for me, was the best bonus.” Willow also wrote, “I have felt blessed through

the new friendships I've made on the course and really value the care, compassion, love and understanding they have shown to me."

5.5.3 Follow-up results

The post-intervention interview was scheduled at three, six and twelve month intervals. In practice, however, some participants had moved away from Durham and some participants were not available at the designed follow-up period. Thus, there were no consistent follow-up times for each participant. By the first fellow-up, ten participants had personal interviews, one had sent a written reflection from overseas, while it was not possible to contact another of the participants. Later follow-ups sometimes included Skype meetings if the personal interviews could not be arranged.

The follow-up results showed that ten out of eleven participants mentioned that they wanted to review the 3R handouts and to keep practising psalmody. While each participant's life situation was unique, seven of them moved on, to find jobs, to graduate from the university and enter a master's programme, to be able to take new responsibility or volunteer for a new role in the community. None of their conditions got worse. Those who once experienced improvement kept the effects with them, while many of them seemed to have new strength and courage in dealing with their difficulties and to have a deepening relationship with God. Overall, after giving due weight to the materials reported to me, I summarised the reflections and individual experiences of the participants as follows:

- Olivia—after 5 months

It really gives me a new window for releasing my stress… Somehow, it's a way to understand different perspectives of life difficulties. Then these various responses may provide me with more ways to get out of the bad mood. The lyrics of poems [the verses of the psalms] is the other part that the 3R programme that benefits me. Sometimes I would be touched by the overwhelming lyrics.

- Gavin—both at 5, 17, 21 months

He had continued to experience improvement in his sleep disorder, and still kept practising the Jesus prayer and sometimes including psalmody. He had more communion with God.

- Joseph—at 6 months

He was doing well. Having facing some bad news that had frustrated his career plan, he had the courage and vision to explore other alternatives.

- Haley— after 4 months

She admitted that she probably misunderstood the purpose of doing the pillow fight and the method of chanting psalmody, as she had missed the introduction session [the teaching and exercise of spiritual senses and the explanation of the group chanting method]. She shared that as soon as having finished the 3R programme, she went travelling with her friend on a Mediterranean cruise during the Christmas period. At the time of the follow-up, she was helping a friend's daughter prepare and shop for wedding materials. She was also preparing a journey to Oregon, USA, for another friend's wedding and would then head north to Canada for a holiday. She looked fine and energetic, although at that period she was dealing with some demanding, complicated, issues in relation to money and people close to her that irritated her, but she showed no sign of depression.[30]

[30] Haley's post-intervention scores were higher than the baseline scores; however, her movement, interaction with people, expressions and actions during that two weeks meant that she could not be counted as having experienced a relapse into depression according to my clinical judgement. On the day of the final session when she filled the self-report scales, she came to the class very tired and impatient due to her daytime obligations, but she fully participated the session's discussions and exercises. In addition, after the session, she stayed for the farewell dinner chatting and enjoying conversation. Even after the tiredness meant that she had to lie on a sofa, she insisted on waiting for the party to finish and offering a lift to Sophia even though she could easily take bus home. Moreover, her selected scores to the questions could not represent her actual condition. For example, her answer to the question 9 of PHQ-9 was 2—indicating that "thoughts that you would be better off dead or of hurting yourself in some way" appeared more than half the days over the last 2 weeks, while she wrote beside the question underlining "better off dead" that "yes, but not suicidal" and "no" of hurting herself. In short, she clearly had a bad mood triggered by the Christmas season, but her scores could not be used to represent an accurate manifestation of severe depression.

- Luke—at 6 and 9 months

He had overcome anxiety, depression and lack of confidence in his academic capacity. Having graduated from university on time, he got into his dream master's programme successfully. He was feeling the grace of God and a sense of peace and security. He had planned to review the handouts of the eight sessions and to keep practising the 3R prayer methods.

- Matthew—at 6 months

He found a job 15 days after having finishing the programme. Even though after having worked a few months, the new manager bullied him and forced him to resign, he had the strength, resilience and wisdom to deal with the problem and the loss (he left this job after five months working there, and found another job two weeks afterwards). He also hoped to continue his growth in the direction the 3R pointed to.

- Sophia—at 6 and 9 months

She had overcome her fear and depression in respect to academic challenges, graduated from the university on time and got into a master's programme which met her dream. She started to break free from her isolation and comfort zone, and became enthusiastic to share the psalmody with other students who had similar struggles to her. In a church fellowship, she was able to open up herself to other members and ask for their prayer support. She said this was because of the experience of sharing with Dove who was the first person since her childhood until then with whom she had ever shared the details of her inner agony and struggles. She found herself changed, because when she became sad she now had the determination to persevere through the difficulties, not just crying, giving up and isolating herself all day long. She liked to review the handouts and to keep practising the 3R prayer methods.

- Abigail—at 5, 8, 16 months

She was very well, had found a job, had more energy, and had a baby girl. She still kept practising psalmody and had occasional fellowship with Grace and prayed together.

- Grace—at 4, 8, 11, 16 months

She continued to experience improvement, "getting a bit easier." By the fourth month after having finished the course, she was able to deal with her anger, hatred, bitterness and resentment and found that her long-term irritable bowel syndrome was gone. She said she would never have believe it, but now realised that the wrong mental attitudes did relate to physical health. She also gained emotional resilience, especially when facing the impending loss of her dying

brother, as she found that she was “rooted more securely in Jesus, not so nervous, not so scared as before.” She shared that when she “desires God first, that will place every other desire in order.” Finally, she was doing fine and was ready for a new relationship and would continue to practise psalmody.

- Mara—at 2, 16 months

She had been wounded badly by parents, peers and fundamentalist ministers, but she had now become closer to God via the course. She still used the arrow prayers taught by the course as well as her Zen Mindfulness meditation, but she found that the 3R prayer methods were more powerful and effective than Mindfulness. She started to make confession after having learned from David’s prayer in Psalm 51. In the past she only asked for protection but now she could pray directly by making confession for her sins and seeking closeness with God through confession. Finally, she revealed that since her youth she had been hearing a voice that oppressed her and pressed her to harm herself or others or even attempt suicide, but, after the 3R, although the voice and the battle were still ongoing, she had gained “equanimity” and was feeling more comfortable after prayer.

- Willow—at 2, 7 months

Two months after the course, when we arranged a time to meet, she suggested that we “stroll along the river or go to a cafe ☺.” When we met for a walk, her face was shining and laughed a lot. She was willing to keep practising the 3R prayer methods. By seven months, her email to me reported that “I'm slowly reducing the dose of my current antidepressant medication with the aim to eventually stopping it completely, as I feel it has only made things worse... but stopping it has horrible mental and physical side-effects.”

5.6 Conclusion

From the results, both the qualitative and quantitative data suggest that the 3R intervention works. The pilot study demonstrated improvements in clinical symptoms and the alleviation of depression. The overall evidence gives support to a view that the 3R programme may well impart clinical benefit to its participants.

The PHQ-9 for measuring depression severity showed that 50% of the participants who completed the eight sessions achieved score reductions of between 50% and 87%. The CES-D for identifying persons at risk for clinical depression indicated that pre-intervention scores of 58% of non-dropouts were over 16 (the cut-off score), while after the intervention only 25% of them had such a score. The GAD-7 for anxiety severity also showed a reduction from 58% of non-dropouts having clinical symptoms of anxiety (cut-off score 8) to 17% of people. When considering the qualitative evidence, it indicates that most participants have experienced therapeutic change, demonstrating either no or less depression. They perceived themselves as becoming more hopeful or courageous in facing their challenges, except one participant who report no change.

Moreover, the qualitative results reveal much about the inner conditions of how the intervention brought about concrete changes in participants. For example, many participants shared how the 3R thought analysis and the method of confrontation with demonic thoughts were very helpful. This different framework of the 3R not only helped them to develop a different way of thinking about the realities of life and suffering, but also resulted in their cultivation of courage and perseverance. In addition, this intervention enabled them to discuss their pains, complaining about God's silence or abandonment, in turn releasing their anger, healing their bitterness, and building up their resilience in dealing the traumatic memory of suffering. Also, the practice of psalmody had created powerful effects in lifting up their spirits, regardless of whether they trusted

the words fully or not. The implications and meaning of these findings are worth discussing.

Obviously, this pilot study has its limitations and difficulties to be solved which leave many questions to be explored further – some of which will be considered in the next chapters.

Chapter 6: Discussion I—the 3R Programme in Scientific and Theological Context

The results of the pilot study show the feasibility and preliminary efficacy of the 3R intervention. The qualitative findings provide an in-depth account of the inner process through which the participants' perspectives on life and their relationships to God, themselves and others were changed. The clinical benefits they received seemed to remain with them during the follow-up period. The majority of participants seemed to achieve some form of reconnection and some form of reorientation that the 3R aimed for. The stage of reintegration seemed to have barely started, however, since there was no strong evidence to suggest an experience of complete transformation. In this chapter, I will reflect on the meaning of these changes and on the success and failures that I experienced in the process of delivering the programme. The discussion focuses on two topics: 1) the changes that the 3R programme effected in participants, 2) comparison with other studies of spiritual intervention.

6.1 The changes the 3R programme effected in participants

6.1.1 The kinds of changes that the 3R brought about

The results presented in chapter 5 demonstrate that the 3R programme did effect change in its participants. These changes were evident in three domains: feelings, thoughts and actions. There was also a tendency for change in the spiritual domain, in that participants reported exploring spiritual ways of understanding the realities of life,

contemplating higher purpose and meaning in their struggles, and making/restoring a connection with the Divine presence.

In the feeling domain, all participants apparently experienced a difference, from feeling anxious, dejected, fearful, hopeless, insecure, lonely, uncertain and unsettled, to feeling much more connected, calmer, grounded, hopeful, invigorated, motivated, peaceful and relaxed. In the thoughts domain, many appeared to form a new perspective of selfhood. In the process, they reported developing a new understanding of their problems and an increased level of clarity in respect to their mental attitudes. In the action domain, several participants reported making changes to their weekly routines, adding some productive activities to foster their spiritual growth. Some apparently gained the courage and confidence to find a job, or to pursue a postgraduate degree which they originally thought they would be unable to achieve.

In the spiritual domain, those who had previously reported having spiritual struggles or feeling abandoned by God with unbearable life situations, reported finding hope and peace. Their views of God were transformed. One reported that she no longer identified God as a policeman always imposing rules and punishments, while the other stopped thinking that he was falling short of God's grace. Participants confessed spiritual conflicts within their minds and learned to respond to this new awareness by actively cutting off "demonic" thoughts with "angelic" thoughts. There were profound changes in their physical and spiritual well-being such as reduced frequency of parasomnia, complete recovery from long-term irritable bowel syndrome, returning to

worship in their faith community, and relinquishing their bitterness against God. The above-mentioned cases demonstrate that the 3R programme was effective in bringing about important physio-psycho-spiritual changes and might justify an assertion that the pilot study showed clinically significant benefits.

Most forms of psychotherapy rely on the actions of therapists to produce change for better client functioning.[1] In contrast, the 3R programme initiated change from a starting point of the spiritual perception of encountering God. It did not follow the rationale of persuasion by a therapist, nor did it employ the psychological model of information processing. The researcher served as a spiritual guide who guided participants to reflect on Evagrius' eight thoughts and to enter into the assumptive world of the psalmists so as to encounter the Divine presence. The experiences broadened participants' inner world, which resulted in a different understanding of their experiences of suffering and a different way of responding to their problems. Through the conceptual framework of Evagrius and the psalmists, participants were introduced to the categories that would enable them to identify good and evil influences upon their lives, and to enact spiritual responses to those influences. These spiritual practices engaged holistically with the mind, soul and body of participants to value the essence of life, and to foster spiritual growth which in turn yielded emotional stability and a sense of coherence.[2]

[1] Ian M. Evans and Amber Fletcher, "Focus on Change: Implications for the Understanding and Evaluation of Psychological Interventions," *Psychologia* 56, no. 2 (2013): 113–30.

[2] Monica Eriksson and Bengt Lindström, "Validity of Antonovsky's Sense of Coherence Scale: A Systematic Review," *Journal of Epidemiology and Community Health*, vol. 59, no. 6 (2005): 460–66.

The 3R is a spiritual intervention, since it emphasizes developing spiritual senses in perceiving the Divine presence and combating demonic thoughts to maintain inner peace, while purely psychological interventions or theories do not explore these spiritual struggles and promote spiritual growth. The distinction between a purely spiritual intervention, i.e. Harry's type-2,[3] and a form of CBT using spiritual language, i.e. Harry's type-1, are subtle, however. As Harold Koenig pointed out, while there is "no uniform definition of spirituality," the modern-tautological version of spirituality defines spirituality as "positive human traits or good mental health," and this creates ambiguity between spiritual and psychological effects.[4] Moreover, this "positive psychological' interpretation of spirituality also "completely eliminates the possibility" of identifying conditions that associate spiritual quest with existential struggles and turmoil.[5] Peter Hill and Kenneth Pargament maintain that when spirituality is understood as "a search for the sacred," it is this idea of the sacred that distinguishes spirituality from other phenomena.[6]

Although the 3R was conceived as a spiritual intervention, therefore, the changes it produced involved both spiritual and psychological dimensions, given that the

[3] See page 19, and footnote 86.

[4] Harold Koenig, "Concerns about Measuring 'Spirituality' in Research." *Journal of Nervous and Mental Disease* 196, no. 5 (May 2008): 349–55.

[5] Ibid, 350; John Peteet. *Depression and the Soul: A Guide to Spiritually Integrated Treatment*. New York: Routledge, 2010, 29.

[6] The sacred includes concepts of the transcendent, the divine and God, etc. Peter Hill and Kenneth Pargament, "Advances in the Conceptualization and Measurement of Religion and Spirituality: Implications for Physical and Mental Health Research," *American Psychologist* 58, no. 1 (January 2003): 65.

Evagrian notion of *nous* encompasses spirit, mind and heart, which are all relevant to the psyche. In respect to the psychological benefits that the 3R created, other possible interpretations are as follows: 1) The benefits of being a part of a group, 2) the benefits of therapist compassion, 3) the relief of sharing, 4) the benefits of learning, 5) the soothing effect of psalmody.

For the first three reasons, participating in a group and sharing feelings and experiences without being judged can indeed create a sense of relief and friendship. Whether these were causing the changes observed needs further examination, however. Because those participants recruited from the Waddington Street Centre had enjoyed all of these three factors with their classes and case managers in their recovery community before the 3R, such as Gaven, nevertheless, Gaven's case manager expressed that throughout his more than two decades in the Waddington Centre, Gaven had never experienced such a relief and spiritual growth until attending the 3R programme. While two other participants from the Waddington Centre who liked the 3R group very much nonetheless dropped out of the programme because of its biblical values. Moreover, Haley, meanwhile, enjoyed the group very much because of the opportunity to make friends, but she did not show any signs of change.

In respect to the learning benefits of the 3R, spiritual knowledge was indeed found to inspire a new way of looking at their situation and of enlightening the root of their problem. Nonetheless, not every new knowledge of psychotherapy can persuade a patient and give new insight, as Bella's comments about CBT suggested. On the one

hand, the Evagrian model of health and progress is distinctive from other psychological theories in providing spiritual answers; on the other hand, what motivated those who learned the Evagrian prayer to continue to want to practise it regularly is worth further investigation.

For the psychologically soothing effect of psalmody, one might take for granted that this occurs naturally for everyone who chants it; in reality, several of participants did not always experience this soothing effect. For example, Luke mentioned his heartfelt pain when the words of the psalms recalled his memories of being "persecuted" in high school. Fiona, meanwhile, doubted that psalmody could release her since she disliked the laments (the genre of psalms we used most in the class), labelling them as "depressing and distressing" and saying that "I don't want to be attacked by the psalms." Haley, Grace and Matthew all expressed that sometimes they struggled to believe the comforting words in the psalms, because they had not yet experienced this comfort. Whether the psalmody itself is able to effect psychological change in every participant requires further research, therefore.

6.1.2 The extent of the changes the 3R programme effected

Considering the extent of change, except for a few individuals who already reported substantial changes, it is possible that the change was superficial. After all, many of the participants had been ill for decades and they only attended the programme for eight weeks. As a primarily qualitative study, the pilot study was also limited in its

ability to measure the extent of change, although the quantitative data do give us some reason to believe that the extent of change was significant.

"Proponents of EBM [Evidence-Based Medicine] recognize the value of different kinds of evidence, the importance of clinical judgment, and the role of patients' values"[7] even though most established EBM relies on "average effects"[8] estimated by statistics produced from large clinical trials. Because patient diversity will contribute to heterogeneity of treatment effects, when assessing the effectiveness of the 3R programme we shall weigh the complex factors against each participant's context of illness and process of recovery more than relying on the statistically significant data. Unsurprisingly, there were areas in which the programme did not effect change in its participants, and this might be partially due to different mediators of responsiveness in each individual.

6.1.3 Limitations of the pilot study

The present clinical research is only a pre-experimental groundwork which seeks to provide preliminary evidence in respect to this novel intervention to inform a future larger research project. As it was designed and conducted by a single researcher with limited resources, it has shortcomings and limitations. Five of the most important issues

[7] Kravitz, Duan and Braslow, "Evidence-Based Medicine, Heterogeneity of Treatment Effects, and the Trouble with Averages," 662.

[8] Ibid., 661.

will be discussed here. The first limitation is about the study design and the recruitment. The original experimental design of this study was a pre-test/post-test two-group design, comparing an intervention group to a control group (waiting list group). This required the recruitment of at least 24 people, 12 for each group. Due to difficulties in recruitment, however, the researcher had to give up the initial plan. In addition, the 18 participants were not recruited during the same period; thus, they could not be divided into a 9+9 two-group design.

The lack of a control group was a weakness of this study. Although Harold Koenig, an influential figure in the field of spirituality and health research at Duke University Medical Center, recognised that "an experimental study that does not involve a control group can provide preliminary evidence that an intervention is effective,"[9] this kind of study cannot generate information concerning potential improvement due to the natural course of depression in a control group compared with an intervention group.

The second limitation relates to language and cultural differences between the participants and the researcher. Given that the pilot study recruited people from North-East England, about ten participants grew up in the region or nearby; moreover, four of them spoke with a Geordie dialect, and one with a Manchester accent. The different accents created a barrier to instant understanding in respect to some details they shared in a group mixed with native speakers and non-native speakers. Three participants were non-native speakers, international students coming from three different countries, each

[9] Harold G. Koenig, *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources* (West Conshohocken, PA: Templeton Press, 2011), 91.

participating in a separate group. The researcher is also a non-native speaker and unfamiliar with local geography and customs, and was therefore viewed as an outsider by some participants in some conversations in the group. All of these might influence some group dynamics in sensitive listening and communications and hinder the development of a trustful therapeutic relationship.

The third limitation relates to the delivery style of the programme. Since the pilot study was a testing stage of a new intervention, the researcher held an open attitude, hoping to gain new information for a perplexing illness by objectively observing the process of interactions. Thus, she purposely avoided taking an authoritative stance, not acting as conventional psychotherapists, i.e. "healers of culturally assigned status."[10] She emphasised that the healer is God and identified her equally vulnerable human nature with all participants in the groups. It seemed that many participants appreciated this attitude, and some commented explicitly about how the researcher's "open, transparent and humble"[11] qualities enabled them to disclose their pain and secret burdens to her attentive and compassionate listening.

Nevertheless, one participant appeared more dominating and judgemental after some sessions. She did not pay attention to classroom rules, and was prone to dispense with the researcher's encouraging responses to another participant's inquiry and gave

[10] Renato D. Alarcón and Julia Frank, eds., preface to The Psychotherapy of Hope: The Legacy of Persuasion and Healing (Baltimore, MD: Johns Hopkins University Press, 2012), xvi.

[11] These descriptive words were from Grace.

her own advice instead; she also insisted on doing exercises in her own ways.[12] Consequently, she experienced less change than the other non-dropouts, even though she finished the course.

Managing classroom dynamics requires authority and skill. Following instructions in doing exercises requires participants to respect and trust the instructor. Having served as a pastor for decades, and with several master's degrees in theology and in science, the researcher found her credentials and experience were overlooked by some Christian participants.[13]

A question arising from this observation that merits further investigation is whether the 3R programme must be delivered in a region or country in which potential participants would value and trust the credentials and experiences of the instructors even when they hold a non-healer stance[14] or whether the style of delivering the programme must be adjusted to meet potential participants' specific cultural expectations.

[12] One of these examples about Haley is reported in 5.4 section.

[13] One potential recruit (who was very interested in the programme but could not attend the programme due to personal circumstances and time conflict) told the researcher that because she was a foreigner and that her ordained pastoral experiences and credentials were obtained outside of the UK, many local Christians would probably think she was "nobody." An Anglican chaplain also confirmed this observation by saying that she had noticed and was worried that many British Christians thought the best Christian teachings come from the UK due to national pride, and that they would assume people from other countries should come to learn from British Christianity not the other way around.

[14] The researcher had delivered a preliminary 3R programme for her pre-pilot-study observation in Vancouver, BC during the period between December 2014 and January 2015. Through her home church announcement and network, within one week, 12 people were recruited. Both Christian and non-Christian participants, including an atheist, held the researcher in great respect when following the instructions to practise these novice exercises.

The fourth limitation relates to the challenges involved in a theologian conducting scientific research from a department of theology. Most research in the field of spirituality and mental health is conducted by either psychiatrists or psychologists, and their teams can recruit more people from the local hospitals or the regions where they have a clinical networks because they already have a reputation in the hospitals/regions and have a culturally assigned status as medical scientists or scientist-practitioners. In contrast, a scientifically trained pastoral theologian delivering a Christian spiritual programme for depression seemed to be much less attractive for potential recruits even within a Christian network.

It appeared that some Christian patients in the North-East region trusted science more than spirituality and they seemed to assume a theologian would not have adequate knowledge on depression compared to themselves. Interestingly, none of these people that the researcher encountered had received substantial scientific education, but the scientific soundness of a research project from a department of theology seemed to lack persuasion for many potential recruits.

Some Christian participants questioned the researcher, asking if she was a psychiatrist, whether she knew depression was caused by chemical imbalance in the brain, whether she had ever experienced mental illness, and whether following the researcher's spiritual approaches would contradict with the homework taught by community psychiatric nurses. Some attempted to educate the researcher that depression is genetically predisposed, indicating that depression cannot be truly healed because

they believed a born "sick mind"[15] could not be changed. One Anglican patient was also sceptical about the potential healing effect of psalmody since she had plenty of experience in her church choir practising Anglican chanting during her youth. Although she could do chanting well, she was resistant to the ideas. For them, doing theology seemed to be irrelevant to medical interventions.

The fifth limitation related to the content and length of the programme. The programme focused on guiding participants to exploring their inner self in the structure of Evagrius' eight thoughts with experiential exercises. The content did not focus on teaching Christian spirituality or doctrines so as to avoid giving non-Christian participants the (incorrect) impression of proselytising. The benefit of this design was that it made the programme accessible to people with all kinds of beliefs or non-belief, but it also limited the depth of the impact due to the lack of enough teaching on specific subjects. Both Christian and non-Christian participants raised important theological questions relating to the meaning and purpose of their suffering, regarding the views of Christian eschatology, in terms of justice, hell, hope and eternal felicity, but the researcher lacked adequate time to respond to their inquiries.

The eight-week time limit for the 3R programme was intended to allow a comparison of the results with the trials of MBCT. At the end of the pilot study, some participants expressed either that they would like to learn more or to join the programme again if they had a second chance. Indeed, the length of the 3R programme was

[15] One participant who was a nurse formerly used this phrase and the other who used to work in a mental health hospital also took the same view; both are Christian.

relatively short compared to other spiritual interventions, for example: MBCT has a full day retreat in the middle of the eight weekly sessions. The researcher found that some participants had not yet fully understood the materials of the course due to their limited literature comprehension abilities; and some were hindered by their prior experience of cognitive therapies and held biased assumptions or mistaken expectations about the course. One participant, whose deeply ingrained distrust of Christianity caused him to be frequently offended by the wording of the psalms, dropped out of the course after having enthusiastically participated for five sessions.

These reactions might be resolved by adding some introductory sessions to the course to teach the views of a bio-psycho-social-spiritual approach to illness compared with a biomedical model to disease, to clarify the differences between the 3R and CBT, to enhance understanding of Hebrew poetry by some exegetical elaboration, and to explain the potential benefits of chanting psalmody by illustrating crucial patristic writings. Thus, the course might be less intensive for those who were not familiar with Christian materials and might be more beneficial for those Christians who were confused or misunderstood Christian teachings.

6.2 Comparison with other studies

Since the 3R is the first manualised group spiritual intervention for depression based on Evagrian prayer, it would be sensible to make comparisons with the results of other manualised group spiritual interventions for depression. There is, however, a

surprising lack of manualised spiritual interventions given that, ten years ago, Kenneth Pargament had already explained the importance of developing treatment manuals as "the critical vehicle for defining and evaluating new methods of psychotherapy"[16] in his famous book *Spiritually Integrated Psychotherapy*. Having examined several systematic literature reviews and meta-analyses[17] on religious and spiritual interventions combined with manual searches for any potential omissions,[18] only two manualised spiritual

[16] Pargament, *Spiritually Integrated Psychotherapy* (2007), 320.

[17] Harris et al., "Spiritually and Religiously Oriented Health Interventions;" David Hodge, "Spiritually Modified Cognitive Therapy: A Review of the Literature.," *Social Work* 51, no. 2 (2006): 157–66; T. Smith, J. Bartz, and P. Richards, "Outcomes of Religious and Spiritual Adaptations to Psychotherapy: A Meta-Analytic Review," *Psychotherapy Research* 17, no. 6 (2007): 643–55; Amber Paukert et al., "Integration of Religion into Cognitive-Behavioral Therapy for Geriatric Anxiety and Depression," *Journal of Psychiatric Practice* 15, no. 2 (2009): 103–12; David Hodge, "Using Spiritual Interventions in Practice: Developing Some Guidelines from Evidence-Based Practice," *Social Work* 56, no. 2 (2011): 149–58; Dorte Viftrup, Niels Hvidt, and Niels Buus, "Spiritually and Religiously Integrated Group Psychotherapy: A Systematic Literature Review," *Evidence-Based Complementary and Alternative Medicine*, (2013), 1-12; Anderson et al., "Faith-Adapted Psychological Therapies for Depression and Anxiety: Systematic Review and Meta-Analysis," *Journal of Affective Disorders* 176 (2015): 183–196; J. Gonçalves et al., "Religious and Spiritual Interventions in Mental Health Care: A Systematic Review and Meta-Analysis of Randomized Controlled Clinical Trials," *Psychological Medicine* 45, no. 14 (2015): 2937–2949.

[18] The search for comparison included the original studies of mindfulness-based cognitive therapy for depression, the most recent research of RCBT vs. CBT investigated by the Centre for Spirituality, Theology and Health at Duke University, and two dissertations (one written for a Doctor of Psychology degree and the other for a Doctor of Theology) which were not included in any databases and were found online via Google search. These are: Teasdale et al., "Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy.," *Journal of Consulting and Clinical Psychology* 68, no. 4 (2000): 615–23; Segal et al., "Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression," *Archives of General Psychiatry* 67, no. 12 (2010): 1256–64; Pearce et al., "Religiously Integrated Cognitive Behavioral Therapy: A New Method of Treatment for Major Depression in Patients with Chronic Medical Illness." (2015); Koenig et al., "Religious vs. Conventional Cognitive Behavioral Therapy for Major Depression in Persons With Chronic Medical Illness: A Pilot Randomized Trial," *Journal of Nervous and Mental Disease* 203, no. 4 (2015): 243-251; Koenig et al., "Effects of Religious vs. Standard Cognitive Behavioral Therapy on Therapeutic Alliance: A Randomized Clinical Trial," *Psychotherapy Research* 26, no. 3 (2016): 365-376; Pearce and Koenig, "Spiritual Struggles and Religious Cognitive Behavioral Therapy: A Randomized Clinical Trial in Those with Depression and Chronic Medical Illness," *Journal of Psychology & Theology* 44, no. 1 (2016): 3–15; Vujisic, "The impact of Orthodox Christian neptic-psychotherapeutic interventions on self-reported depressive symptomatology and comorbid Anxiety" (Th.D. diss., 2009); Jennifer J. Good, "Integration of Spirituality and Cognitive-behavioral Therapy for the Treatment of Depression" (Psy.D. diss., Philadelphia College of Osteopathic Medicine, 2010). http://digitalcommons.pcom.edu/psychology_dissertations [accessed February 25, 2016].

interventions out of 25 empirical studies on depression were suitable to be compared with the 3R programme.[19]

To date, there appears to be only one manualised group spiritual intervention for depression, namely, mindfulness-based cognitive therapy (MBCT).[20] There are, however, five manualised individual spiritual interventions for depression in the literature from 1980 until the present time, but these have either used the principles and techniques of cognitive behavioural therapy or just followed Beck's et al.'s (1979) CBT treatment manual, with some modifications according to particular religious/spiritual rationales.[21] These six therapies all belong to the first type of spiritual intervention that originated from existing CBT models.

Good's manual in her 2010 dissertation is more like a protocol and has a weak design. It does not contain a rationale section and its session plans and materials are not properly organised. Since Good's spiritually-informed cognitive-behavioural treatment

[19] These are Segal et al.'s MBCT and Pearce et al.'s RCBT.

[20] Segal, Williams, and Teasdale, *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. The first edition published in 2002 was widely used while its second edition was published in 2013. There is one more group therapy for depression, which was developed in Thailand to treat people with diabetes and comorbid depression. It used Buddhist principles and mindfulness approaches with an unspecified protocol. Due to its lack of a treatment manual and a weak study design, I will not use this study in comparison. Cf: Somporn Rungreangkulkij, Wiwat Wongtakee, and Sawitta Thongyot. "Buddhist Group Therapy for Diabetes Patients with Depressive Symptoms." *Archives of Psychiatric Nursing* 25, no. 3 (2011): 195–205.

[21] These are 1) David Pecheur and Keith Edwards. "A Comparison of Secular and Religious Versions of Cognitive Therapy with Depressed Christian College Students." *Journal of Psychology & Theology* 12, no. 1 (1984): 45–54; 2) Propst et al., "Comparative Efficacy of Religious and Nonreligious Cognitive-Behavioral Therapy for the Treatment of Clinical Depression in Religious Individuals." (1992); 3) Russell D'Souza and Angelo Rodrigo, "Spiritually Augmented Cognitive Behavioural Therapy," *Australasian Psychiatry* 12, no. 2 (2004): 148–52; 4) Good, Psy.D. diss., (2010); 5) Pearce et al., "Religiously Integrated Cognitive Behavioral Therapy."

did not contain any original theories or practices other than teaching existing cognitive-behavioural strategies dotted with randomly-arranged spiritual materials, it is not worth further comparison, especially given that the manual was tested on only two participants who were selected according to the criterion of strong Christian commitment.[22]

The other type of spiritual intervention employed religious and spiritual teachings and practices but viewed these resources as "therapeutically independent" from secular psychosocial theories.[23] The 3R programme belongs to this category. To date, there were about five published studies that fall under the second category;[24] two studies are Christian prayer interventions, and the other three employ values drawn from mixed religious/spiritual resources. These were discussed in chapter two. None of them designed a treatment manual.

[22] This manual has twelve sessions but only two of these deal with religious/spiritual topics. Furthermore, its spiritual interventions contain a dispersed mixture of scriptures and existing Christian materials, such as in session 9, Surrender and Control, reviewing serenity prayer and discussing unconfessed sin, using a guided imagery exercise taken from popular inner healing practice and using a breathing exercise taken from Edmund Bourne's workbook on anxiety and phobia. The study used "a multiple person case study design;" however, it only provided one participant's detailed information, such as in the sections of "reason for referral and presenting problems," "diagnosis," "background and relevant history." The second participant was selected "to protect potential dropout" but the study did not include any of the second participant's problems or background information. Even in the sections of "case formulation" and "clinical impressions," the first participant's case was not elaborated in sufficient depth for such a case study.

[23] These two categories are discussed by Harris et al., "Spiritually and Religiously Oriented Health Interventions," 415.

[24] Rajagopal et al., "The Effectiveness of a Spiritually-Based Intervention to Alleviate Subsyndromal Anxiety and Minor Depression Among Older Adults," (2002); Moritz et al., "A Home Study-Based Spirituality Education Program Decreases Emotional Distress and Increases Quality of Life-a Randomized, Controlled Trial," (2006); Vujisic, Th.D. diss., 2009; Delaney, "The Influence of a Spirituality-Based Intervention on Quality of Life, Depression, and Anxiety in Community-Dwelling Adults With Cardiovascular Disease," (2011); Boelens et al., "A Randomised Trial of the Effect of Prayer on Depression and Anxiety," (2009).

In the following sections, I will compare the results of the 3R with the results of two manualised interventions, Segal et al.'s MCBT and Pearce at al.'s RCBT-Christian version.

6.2.1 Comparison with MBCT

6.2.1.1 The effects of its clinical trials

First published in 2002, *Mindfulness-Based Cognitive Therapy for Depression* was developed by Segal, Williams and Teasdale, after ten years of research and a clinical trial. The manual was based on the principles and practices of the Mindfulness-Based Stress Reduction programme (MBSR) founded by John Kabat-Zinn.[25] Although the manual contains some elements of Beck's cognitive therapy, such as addressing automatic thoughts, the programme "was closely modeled on MBSR."[26]

There have been many publications on MBCT since then, showing "considerable homogeneity,"[27] with many of these trials being conducted either by the original MBCT developers or by one or more of the developers.[28] Thus, I will only discuss three MBCT

[25] The programme was founded in 1979 but a detailed description was only published in 1990. Jon Kabat-Zinn, *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (New York: Delacorte Press, 1990).

[26] Zindel V. Segal, J. Mark G. Williams, and John D. Teasdale, *Mindfulness-Based Cognitive Therapy for Depression*, 2nd ed. (New York: Guilford Press, 2013), 60.

[27] Katherine Clarke et al., "Can Non-Pharmacological Interventions Prevent Relapse in Adults Who Have Recovered from Depression? A Systematic Review and Meta-Analysis of Randomised Controlled Trials," *Clinical Psychology Review* 39 (2015): 63.

[28] Meagan MacKenzie and Nancy Kocovski, "Mindfulness-Based Cognitive Therapy for Depression: Trends and Developments," *Psychology Research and Behavior Management* 9 (2016): 131.

studies targeting at prevention of depression relapse; these are the initial clinical study of MBCT led by Teasdale, Segal and Williams, the developers of the manual,[29] and the further studies led by Segal in 2010[30] and Williams in 2015,[31] which have some added elements worth discussion.

1) 2000 Initial Clinical Trial

The purpose of the initial study was to evaluate whether MBCT could reduce relapse for recovered patients who had a history of recurrent major depression. The results were presented in separate analyses for two samples[32] each with two groups divided by the number of previous episodes of depression to compare the outcomes between TAU (treatment as usual) and MBCT treatment conditions.[33] Among those with two previous episodes of depression in the intent-to-treat sample 56% (9/16) of MBCT participants experienced relapse/recurrence compared with 31% (5/16) of TAU participants over the 60-week study period. In the per-protocol sample, the figures were

[29] Teasdale et al., "Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy."

[30] Segal et al., "Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression."

[31] Ietsugu et al., "Gradually Getting Better: Trajectories of Change in Rumination and Anxious Worry in Mindfulness-Based Cognitive Therapy for Prevention of Relapse to Recurrent Depression," *Mindfulness* vol. 6, no. 5 (2015): 1088–94.

[32] Two samples are defined as the following: An intent-to-treat sample (n=145) comprised all patients in the random allocation; a per-protocol sample (n=132) comprised all patients allocated to the TAU condition (n=69) and those patients allocated to MBCT who received a predetermined "minimum effective dose' of MBCT (n=63). This meant there were 13 patients who allocated to MBCT (17%) not included in the per-protocol sample analysis; in fact, six failed to attend any sessions and seven withdrew after attending fewer than four sessions.

[33] The design was to compare TAU treatment (patients continued treatment with medications as usual) with MBCT treatment (patients received their usual medications and were given *additional* training sessions in MBCT).

54% (7/13) relapse/recurrence rate for the MBCT group compared to 31% (5/16) relapse/recurrence rate of TAU group. It is apparent that MBCT is associated with a higher relapse rate in both samples. Among those with three or more previous episodes of depression in the intent-to-treat sample, 40% (22/55) of MBCT participants experienced relapse/recurrence compared with 66% (33/55) of TAU participants. In the per-protocol sample, the figures were 37% (18/49) relapse/recurrence rate in the MBCT group compared to 66% (33/55) relapse/recurrence rate of TAU group.

The study summarised the findings by emphasising that MBCT was effective in reducing relapse/recurrence rate in participants with three or more previous episodes of depression. It was evident, however, that even the 37% of MBCT relapse/recurrence rate in the per-protocol sample "was clearly substantially above the expected annual incidence rate of MDD among those with no prior history of major depression in a general population sample."[34] Based on this, they also admitted that "it is clear that the intervention did not reduce risks of major depression to the 'normal' range."[35] Although the researchers "suggested that the benefits of MBCT to patients with three or more previous episodes were both statistically and clinically significant," they admitted that "the design of the present study does not allow us to attribute the benefits of MBCT to the specific skills taught by the program versus nonspecific factors, such as therapeutic

[34] Teasdale et al., "Prevention of Relapse/Recurrence," (2000): 621. They did not provide a figure for this 'expected annual incidence rate' nor a figure for the 'normal' range.

[35] Ibid.

attention and group participation,"[36] since this MBCT programme was an additional treatment on top of usual antidepressant medications.

Indeed, if we compare the results of the initial MBCT study with another study which examines maintenance antidepressant (AD) users over a 2-year follow-up period, patients who stopped using AD since remission experienced a significantly lower relapse/recurrence rate at 26% and if the AD nonuser group received additional preventive cognitive therapy, this condition reduced the relapse/recurrence rate to 8%.[37] With this contrast, it is disputable that MBCT is a better alternative to reduce relapse for recovered patients with a history of depression.

Comparing the results with this study, the 3R pilot study appeared to be a more promising programme than the initial MBCT research. The relapse rate is 0% of the 3R sample versus 37% of the per-protocol sample of the MBCT sub-group marked with a history of three or more episodes of depression. Remarkably, none of the 3R participants experienced a relapse of major depressive episode over a similar length of study period. We must note that all MBCT participants were deliberately selected "to exclude patients who were not largely recovered or remitted" by previous AD medication before they started the clinical trial.[38] The 3R programme recruited a greater variety of participants,

[36] Ibid., 622.

[37] Claudi Bockting et al., "Continuation and Maintenance Use of Antidepressants in Recurrent Depression," (2008): 22–23. This study also reported that 60.4% of continuous user of AD relapsed compared with 63.6% of intermittent users of AD. This implied that the patients in this study seemed to have three or more previous episodes of depression, corresponding to the MBCT study where the TAU group had a 66% relapse/recurrence rate.

[38] At baseline assessment, patients must score less than 10 in a 17-item Hamilton Rating Scale of depression (HRSD) to be qualified to participate the trial. HRSD scores between 0 and 6 indicate no

however. Only six participants out of 18 were in a state of minimal/mild depression, assessed by PHQ-9,[39] before joining the 3R. While 75% of the 3R non-dropouts were experiencing moderate to moderately severe depression, and two dropouts were experiencing severe depression; it was assumed that their participation in the programme might be affected by depression-related difficulties in concentration. Nevertheless, 75% (9/12) of the 3R non-dropouts achieved better mental health[40] on completion of the programme while the other two continued their use of antidepressant medications during the programme and did not change much in terms of symptom scores.

2) 2010 Segal's trial

Following the initial study in 2000, Segal et al.'s (2010) study only allowed patients who met the criteria for remission to participate the MBCT programme, but its inclusion criteria was stricter than the previous study to "ensure that those randomized would have a minimum of 3 past episodes."[41] It also had a much more complex and lengthy treatment design than the previous study design. It contained two study phases. The first was an acute phase in which all patients were treated with a two-step,

presence of depression, scores between 7 and 17 indicate mild depression. They used <10 as a cut-off score to allow for the fact that some mild depressive symptoms could be present in a remission state.

[39] Scores of PHQ-9 are categorised as minimal (1-4), mild (5-9), moderate (10-14), moderately severe (15-19) and severe depression (20-27). I used ≤ 9 as cut-off score to indicate largely recovered state.

[40] I used both PHQ-9 ≤ 9 and CES-D ≤ 19 to indicate a less symptomatic, largely recovered, state.

[41] Segal et al., "Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo," 1257.

standardised antidepressant monotherapy for a minimum of seven months (eight weeks to meet clinical remission criteria and five months of additional treatment). Then patients entered the maintenance phase, where participants were randomly assigned to M-ADM [maintenance antidepressant medication], medication taper plus MBCT, or medication taper plus placebo with clinical management.

In the acute treatment phase, 216 participants were eligible for inclusion, selected from 478 patients who were screened from 937 interviews. Only 160 patients received AD monotherapy, however. After the acute phase, only 84 remitters were left for randomisation, because 50 patients failed to meet the remission criteria, 16 patients withdrew and 10 patients refused randomisation. In the acute phase, these patients met with their study psychiatrist biweekly for step-1 treatment (eight weeks) and monthly for step-2 (five more months). In the maintenance phase, 26 people were assigned to the MBCT group, where study psychiatrists met with them biweekly (the first four weeks), monthly (the next three months) and bimonthly (another 19 months), with additional MBCT group meetings of two hours' duration and a retreat day, plus an optional monthly one hour mindfulness meditation class throughout the 23-month maintenance phase.[42] Given the above-mentioned exclusion process and frequent attention from their study psychiatrist, the MBCT clinical trial participants do not represent the conditions of a real-world clinical population for depression as well as the 3R participants.

[42] Segal et al., (2010): 1257–59.

Despite the sophisticated study design, the results of this trial were not exciting. Out of 26 participants, only eleven completed MBCT group training, while ten relapsed[43] and another five dropped out. We must remember these people entered the MBCT treatment by reaching 7-month's clinical remission with 21 individual meetings with study psychiatrists and the ten that relapsed were withdrawn within the timeframe of another 21 individual meetings with study psychiatrists during the second phase.[44] The same exposure to the study psychiatrist's care applied to the five drop-outs. It is impressive that the 3R pilot study recorded 12 out of 18 people completing the programme with six dropouts and none relapsed, given the severity of depression in the 3R participants.[45] Moreover, during the eight week programme, the 3R participants only received a single two hour weekly session, with no extra regular individual meetings, one-day retreat or optional meditation sessions offered by the researcher.

[43] This means a 47.6 % relapse rate in the per-protocol sample, compared to a 37% relapse rate for those who had a history of three depressive episodes in the 2000 MBCT initial study. We must also note that the ten relapsed people apparently experienced relapse during the eight-week programme so they were not counted in the completion group; however, neither were they counted in the "dropout" group by the definition of this study. This implies that they were probably withdrawn from the MBCT course after having finished at least four weekly sessions. According to the standard dropout definition, therefore, this MBCT treatment group had 15 dropouts (57.69%).

[44] During the maintenance phase, study psychiatrists took great care to minimise the risk of discontinuation syndrome for both medication tapered groups (placebo and MBCT), and they were also permitted to prescribe additional medication for sleep complaints or anxiety symptoms. Despite such a full service, recovered participants still experienced such high relapse rate. In Segal et al., "Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression," 1258.

[45] Diagnosis was assessed by PhQ-9, and depressive symptoms was evaluated by CES-D. Two participants in severe depression, four in moderately severe depression, five in moderately depression, two in mild depression (but one person was suffering with severe symptoms), and four were in a state with minimum symptoms.

Furthermore, this MBCT study displayed its relapse rate by two separate categories, stable remitters and unstable remitters, in the intent-to-treat sample.[46] In the stable remitters, the placebo group (medication taper plus placebo with clinical management) had the lowest relapse rate (50%) compared to the M-ADM (59%) and MBCT (62%) groups. In the unstable remitters, the MBCT group had a lower relapse rate (27%) similar to M-ADM group (28%), compared to the placebo group (71%). This 27% relapse rate is still high given the previous discussions on relapse rate comparison, however.

3) Williams' 2015 study

Finally, the 2015 study led by Williams,[47] which investigated trajectories of change in rumination and anxious worries in MBCT, also did not show impressive results. It admitted that "in relating our findings to other research, it is important to keep in mind that participants in our study were all in remission, and room for improvement was therefore restricted."[48] In the study, 104 participants were allocated to the MBCT-

[46] Stable remitters were classified as maintaining an HRSD score of seven or less, without any "symptoms flurries," during the additional five months of AD treatment between reaching initial remission and randomisation. Unstable remitters reached the same HRSD threshold but had occasional elevated HRSD scores between 8 and 14. The intent-to-treat sample includes dropouts; while the study did not indicate whether these dropouts were counted in the stable remitters or unstable remitters group. I also noticed that these dropouts were counted in the no relapse group but after their withdrawal it is not clear how the researchers knew whether these dropouts had experienced no relapse, and how they knew that these dropouts' non-relapse sign before the week of the withdrawal were influenced by participating in MBCT since they were already in a remission state and did not complete the programme. This way of calculating the relapse rate by two categories with the non-specified dropouts was not very reliable. It would have been clearer to have offered an analysis of the actual number of people in the per-protocol sample within stable remitters and unstable remitters as the initial MBCT study did.

[47] Ietsugu et al.'s study was based on data from the Staying Well after Depression trial, funded by a Wellcome Trust Grant awarded to Mark Williams and Ian Russell.

[48] Ietsugu et al., "Gradually Getting Better," 1092.

arm of the Staying Well after Depression trial, where 74 participants (71%) had a history of five or more depressive episodes and 44 participants (42%) used antidepressants for maintenance at enrolment. The study only used full datasets on the GAD-7 for 62 participants in the MBCT-arm, and full datasets on the WRR (Weekly Rumination Rating) for 64 participants in the MBCT because those participants had no missing data, but the study does not provide information about the PHQ-9 scores for 104 MBCT participants and does not explain why they omitted this crucial reference to the conditions of depression.[49]

The study used means and standard deviations of WRR and GAD-7 ratings over the course of the eight week MBCT programme to demonstrate a linear trend, and employed "repeated measures mixed linear models with random intercept, with the repeated measures on rumination and anxious worry as level 1 unit and the individual as level 2 unit"[50] to indicate trajectories of change. Nevertheless, using these graphics to promote the view that MBCT is "a skills training and point towards the importance of regular practice for reducing vulnerability"[51] is not convincing.

[49] The study included PHQ-9 in the *Measures* section, but did not mention PHQ-9 in the *Data Analyses and Discussion* section, even though PHQ-9 scores was the only valid assessment for severity of depression able to detect a relapse compared to GAD-7 and WRR in this study. Although, in the *Results* section, the PHQ-9 scores were described in a single sentence "an identical pattern of findings emerged for PHQ-9 depression scores, which also showed a significant linear trend…" it was difficult to know how many participants were included in the analysis of PHQ-9 scores. Thus, the linear trend lacked any convincing power.

[50] Ietsugu et al., (2015): 1091.

[51] Ietsugu et al., (2015): 1092.

These diagrams and figures are derived from data manipulation but without any data about the extent to which participants associated specific skills with reductions in their vulnerability. This study failed to provide solid data to determine the participants' vulnerability levels despite emphasising that participants "were selected to be at high levels of vulnerability, and analyses focused not on symptoms but cognitive vulnerability factors."[52] Nor did it describe what those cognitive vulnerability factors were. On the contrary, the inclusion criteria were highly selective to exclude people in very vulnerable conditions, for example: "regular no-suicidal self-injury,"[53] even if they met the basic inclusion criteria of remission for the previous eight weeks.

The results of the 3R pilot study appeared to advance our understanding of depression more than the measures on rumination and anxiety in this MBCT study. Through sessional interactions and discussions, as well as voluntary disclosure of their particular issues, the 3R study produced rich qualitative data about vulnerability in terms of participants' spiritual struggles with the eight thoughts. With the trajectory of change demonstrated in these diverse participants, the pilot study has accumulated direct knowledge of their unique struggles along the way and of the quality of change in their daily functioning and social well-being after the intervention.

4) Further Questions

[52] Ibid.

[53] Ibid., 1090.

Regarding the efficacy of MBCT, we must pay attention to two issues. First, MBCT efficacy trials are limited only to participants who have reached remission via pharmacological means. Given that its effectiveness may be restricted to those who are highly responsive to antidepressants, its potential effect cannot be generalised to all sufferers with clinical depression. Second, it remains debatable that the efficacy of MBCT is due to "decentering"[54] training by mindfulness. Although the MBCT's developers believe that "training individuals to experience specific subjective modes,"[55] via mindfulness meditation practice, would change "certain underlying information processing configurations,"[56] some reviewers attributed the treatment effect to "a nonspecific effect of psychological treatment"[57] rather than mindfulness per se.[58]

This observation of nonspecific effects of treatment is drawn from one of Williams' studies,[59] in which MBCT was compared with TAU and CPE (a Cognitive Psychological Education programme designed to contain all elements of MBCT except

[54] The developers of MBCT believed the decentering exercise in the context of a mindfulness approach had been a crucial factor in preventing future depression. Segal, Williams and Teasdale, *Mindfulness-Based Cognitive Therapy for Depression*, 60.

[55] Teasdale, Segal and Williams, "How Does Cognitive Therapy Prevent Depressive Relapse and Why Should Attentional Control (Mindfulness) Training Help?" *Behaviour Research and Therapy* 33, no. 1 (1995): 34.

[56] Ibid.

[57] Clarke et al., "Can Non-Pharmacological Interventions Prevent Relapse in Adults Who Have Recovered from Depression?" 66.

[58] Tony Toneatto and Linda Nguyen, "Does Mindfulness Meditation Improve Anxiety and Mood Symptoms? A Review of the Controlled Research," *The Canadian Journal of Psychiatry* 52, no. 4 (2007): 263; Clarke et al., "Can Non-Pharmacological Interventions Prevent Relapse" 58-70; MacKenzie and Kocovski, "Mindfulness-Based Cognitive Therapy for Depression: Trends and developments," 126.

[59] Williams et al., "Mindfulness-Based Cognitive Therapy for Preventing Relapse in Recurrent Depression: A Randomized Dismantling Trial," *Journal of Consulting and Clinical Psychology* 82, no. 2 (2014): 275–86.

for the experiential component of mindfulness meditation.) The study "revealed no significant general risk reduction in those allocated to MBCT compared with TAU or CPE."[60] It also found that for those with more history of childhood trauma, "the contrast between MBCT and CPE fell short of significance."[61] These findings therefore provoke the question arose as to whether it was mindfulness or the other components of MBCT that were responsible for preventing depression relapse.

While both the MBCT and 3R programmes have a component of mental silence, MBCT has much more frequent and longer meditation practices both in class and in at-home-assignments than the 3R programme. Under the 3R, participants practised contemplation in a 1-2-3 minutes sequence along three silent intervals of chanting psalmody. Based on chanting two psalms, therefore, this resulted in approximately twelve minutes' silence for each class and six minutes' silence during daily homework for the remaining six days. The MBCT meditation, meanwhile, starts from a 40-minute Body Scan meditation in the first session, with identical homework for the remaining six days of the week, and adds sitting meditations (such as Mindfulness of the Breath) ranging from 10, 20 to 30 minutes, with corresponding identical homework from the second week onwards, plus the three minute Breathing Space meditation three times

[60] Williams et al., (2014), 281. MBCT group = MBCT plus TAU, and CPE group = CPE plus TAU. TAU=treatment as usual. All three groups were in remission and received usual antidepressants treatment as needed during the study. The relapse rates for the 255 (93%) out of 300 participants in the follow-up phase were 46% (MBCT), 50% (CPE), and 53% (TAU) respectively.

[61] Ibid.

each day. Indeed, MBCT requires participants to spend enormous time in silence.[62] By further comparing the theoretical and the theological differences between the two programmes, we may probe into the content of silence to discern whether there is any similarity.

The above analyses of MBCT studies demonstrate the differences between MBCT and the 3R pilot study in practice. Indeed, this is supported by the fact that the researcher and seven 3R participants, who all had personal experiences with either MBCT or mindfulness meditation, all identified these techniques as different from the 3R intervention.[63] In conclusion, the detailed analyses above carefully distinguish conventional MBCT and the 3R programme. I will now move on to conduct an analysis of the differences between the 3R pilot study and the clinical trial of Duke's Religiously-Integrated Cognitive Behavioral Therapy (RCBT)

[62] According to the MBCT manual, all added together the practice of mindfulness would take about an hour a day to complete. Segal, Williams, and Teasdale, *Mindfulness-Based Cognitive Therapy for Depression*, (2013), 98.

[63] To gain first-hand experience of MBCT and to learn about participants' reactions, in 2014 I sat in on a MBCT programme with six recovered patients plus a psychiatric nurse and a mental hospital chaplain who co-delivered the course. Moreover, within the 18 participants of the 3R, five had attended MBCT and three of these commented that they did not find it helpful; the other two commented that the 3R programme was much more helpful and effective.

6.2.2 Comparison with RCBT

Besides MBCT, the other manualised intervention is a randomised pilot trial led by Harold Koenig's team at Duke University Medical Centre to compare Religious CBT with Conventional CBT.[64] Both RCBT and CCBT inserted spiritual values into therapy such as forgiveness and gratitude; thus, they are very similar regarding themes listed in Table 6.1. The major distinction between them is using "the religious language"[65] taken from patients' religious beliefs and sources to reframe the concepts, plus different ways of meditation. The trial of RCBT vs. CCBT finds no significant differences in treatment efficacy and in decreasing spiritual struggles. Let us consider how these findings relate to the 3R programme.

6.2.2.1 Treatment effect

Since RCBT is individual psychotherapy, delivered primarily by telephone in ten sessions for patients with both depression and chronic medical illness, we must bear this context in mind while comparing the effectiveness of RCBT with the 3R. Patients in

[64] This trial, from June 2011 to June 2013, tested patients with depression and chronic medical illness. Both adapted CBT treatments addressed the cognitive distortions that this kind of patients would face. The conventional CBT does not equate to traditional CBT, however, since CCBT introduces mindfulness practice from the first session onwards and it comprises all core elements of mindfulness practice such as cultivating mindful awareness in everyday activities, 20-minutes Mindfulness of Breathing, and 3-minutes Breathing Space. Nevertheless, CCBT does not equate to MBCT since CCBT inserted mindfulness practice into CBT model as skills to increase awareness of one's attention and reaction. Unlike MBCT, CCBT focuses on imparting CBT's rationale seeking to change negative thinking patterns rather than relying on the Buddha's rationale for ceasing suffering via Mindfulness as MBCT does.

[65] Koenig et al., "Religious vs. Conventional Cognitive Behavioral Therapy," 245.

individual therapy receive more personal attention to their particular issues, and the tailor-scheduled session time could meet each participant's best available time and energy. In addition, in the 3R, 50% participants also have chronic medical illnesses, which often reduced their concentration and physical/mental ability to participate in the group class, five out of six dropouts belonged to this category. Nonetheless, comparing the data may give us a relative sense of effectiveness.

In RCBT, approximately 60% of the participants who completed between five and ten sessions responded to treatment,[66] and nearly 50% of these participants reached remission by the end of treatment. This means RCBT has a 43.38% response rate compared to the 50% response rate of the 3R programme. Also, RCBT has an approximately 36.15% remission rate compared to a 69.23% remission rate of the 3R by the same category. Thus, the 3R appears to be at least as effective as RCBT and CCBT.

In the aspect of resolving spiritual struggles, the 3R is arguably a better choice. Both RCBT and CCBT failed to demonstrate a significant reduction of spiritual struggles by the measure of a seven item negative religious coping (NRC) subscale of the Brief RCOPE.[67] In this regard, RCBT did not surpass CCBT.[68] Even though there

[66] Koenig et al., "Religious vs. Conventional Cognitive Behavioral Therapy," 248-249. These participants who received at least five treatments comprised 72.3% of total RCBT participants.

[67] Kenneth I. Pargament et al., "Patterns of Positive and Negative Religious Coping with Major Life Stressors," *Journal for the Scientific Study of Religion*, vol. 37, no. 4 (1998): 710–24.

[68] Pearce et al., "Spiritual Struggles and Religious Cognitive Behavioral Therapy," (2016), 3-15. The per-protocol analysis of all participants' average Spiritual Struggle (SS) Scores shows that CCBT reduced from 3.83 at baseline to 2.89 at 12 weeks and RCBT reduced from 3.31 to 2.78 respectively.

was a small change in trajectory in spiritual struggles for both interventions, the meaning of this is obscure because the NRC subscale assesses general negative thoughts concerning God and church, but does not assess the concrete subjective experience of spiritual struggles. Whereas, the complaints and reflections made by the 3R participants reveal their journey of overcoming spiritual struggles and finding peace with God. The qualitative data provide us with the substance to believe that the 3R approach seems to be more effective than either CCBT or RCBT regarding combating spiritual struggles.

6.2.2.2 Theoretical differences

One plausible explanation for the indifferent results of RCBT vs. CCBT seems to be that RCBT employs participants' religious resources only as a persuasive tool to provide religious reasons to reinforce CBT's rationale. For example, in introducing concepts of unhelpful thinking, RCBT interpreted selected biblical passages to support CBT's ten unhelpful thinking styles.[69] These theological reflections are written like a preacher persuading people to change unhelpful habits by expounding biblical texts. Given that many well-trained pastors find it difficult to persuade their congregations to live by obeying their Bible, it is not surprising that the results of RCBT's were not as impressive in their persuasive power as the researchers expected.

[69] RCBT treatment manual, 2014 (Christian version is developed largely by Michelle Pearce), 25-33. https://spiritualityandhealth.duke.edu/images/pdfs/RCBT%20Manual%20Final%20Christian%20Version%203-14-14.pdf

In contrast, the 3R does not assume that human rationality is sufficient for changing and healing themselves. Nor does it suppose that those who hold a certain religious belief have committed themselves wholeheartedly to the truths of that belief that should orient their thoughts and actions. As Jordan Peterson, a professor of psychology at the University of Toronto, remarked incisively in his self-reflection:

> All the things I "believed" were things I thoughts sounded good, admirable, respectable, courageous. They weren't my things, however—I have stolen them. Most of them I had taken from books. Having "understood" them abstractly, I presumed I had a right to them—presumed that I could adopt them, as if they were mine: presumed that they were *me*.[70]

Many people choose what they want to believe, because lofty ideals sound attractive to them; however, Peterson uses the phrase "have stolen them" to reveal the fact that people who identify themselves with their beliefs are not necessarily willing to live out the ideal if the price is too high. Another relevant example from the 3R is that some Anglican participants were sincere regular church-goers, but they professed that they did not really believe their Bible because they wanted to keep their own way of thinking, rather than accepting an alternative viewpoint. Nevertheless, these resisting thinking patterns were not really originated from themselves, for example, many sprouted from popular psychology, materialism and British culture.

The existence of competing, contradictory beliefs within a person corresponds to Evagrius' description of the demonic and angelic thoughts. Based on this understanding, the 3R's examination of thoughts trained its participants to detect the evil influences in

[70] Jordan B. Peterson, preface to *Maps of Meaning: The Architecture of Belief* (New York: Routledge, 1999), xvi.

disturbing and misleading their perceptions, emotions, thoughts and actions. These influences disrupt inner peace. To recover peace, the 3R guided its participants not merely to rely on their rationality to simply endorse true propositions, but through chanting psalmody to open up their wound and confusion before God, to allow God to dialogue with their inner self, to make peace with God.

The 20 minutes RCBT contemplative prayer focuses on exercising the faculties of reason. Each week a biblical verse is prescribed for home memorisation and contemplative exercise to "renew the mind" along with other biblical passages taught in the session. These unconnected verses are mixed with admonitions and promises taken out of context from the O.T. and N.T. to match the interpretation of in-sessional theme. For example, in session nine, the theme is "stress-related and spiritual growth." The in-sessional teaching aim to persuade clients to learn the exercise of "Looking for the positives" by interpreting the accounts of Paul in the Philippian prison (Phil. 1:12-30) and of twelve spies' exploring Canaan (Numbers 13-14) as good models of positive psychology and the importance of interpretation.[71] The assigned memory verse is: "Consider it wholly joyful whenever you encounter trials of any sort or fall into various temptations. Be assured that the trial and proving of your faith bring out endurance and patience. But let endurance and patience do a thorough work, so that you may be fully developed, lacking in nothing (James 1: 2-3)." This practice of contemplation seemed to be used as "wellness technique" to cultivate positivity for the sake of mental health.[72]

[71] RCBT manual, 75-81.

[72] The phrase is taken from Brian Volck, "Faith as 'Wellness Technique'?," *America: The National Catholic Weekly* 188, no. 13 (2003): 23.

The method of RCBT contemplative prayer is to start with the memory verse, to read it slowly three times, to appreciate it, to write down "insights, reflections, and personal response to the reading" in the journal and then move on to other self-selected verses following the same method; finally to keep silence for a few moments before finishing the exercise.[73] Although the instruction in the client's workbook suggests the need to "savour" each phrase, it does not guide the client to engage in conversing with God or listen attentively to him or rest in his presence through the verse. Rather, it directs the mind to focus on thinking, repeating and making use of the verse. By this, it emphasises that "instead of focusing on your breath you focus on God's word,"[74] thus, the verse is used instead of breath as an anchor to draw the attention of the scattered mind in a way that has little to do with participating in God and to be united with him.

Lacking the teaching of spiritual senses, the RCBT contemplation might not be able to lead its participants to enter into the world of the living Word and to perceive God with their full spiritual capacity. Lacking the framework of Evagrius' eight thoughts, RCBT's participants were trained to use God's words to follow CBT's principles and interpretation, rather than cultivating godly virtues and discernment. Moreover, chanting psalmody moves a person's spirit more than reading and memorising RCBT selected biblical verses, because the prayers of the psalmists and the mind-heart-body collaboration in chanting invigorates and harmonises one's spirit and

[73] RCBT manual, 34-35.

[74] Ibid., 34.

renders it more receptive to the life-reforming Spirit.[75] Further research is required to investigate these essential differences to see whether they are crucial in making the 3R better at overcoming spiritual struggles.

The above discussions do not mean to assert the superiority of 3R over RCBT because of the limited sample size of the 3R. However, they do suggest that the 3R is at least as good as RCBT. Further research would be required to collect more data to better compare with RCBT.

[75] More discussion of chanting psalmody will appear in the next chapter.

Table 6.1. Session theme comparison[76]

Session	RCBT (-50min)	CCBT (-50min)	MBCT (-2hrs)	3R (-100min)
1	Assessment and Introduction to RCBT	Assessment and Introduction*	Awareness and Automatic pilot*	Taste and See—Spiritual Senses*
2	Behavioural Activation: Walking by Faith	Behavioural Activation	Living in our Heads	Embraced by God
3	Identifying Unhelpful Thoughts: The Battlefield of the Mind*	Identifying Unhelpful Thoughts	Gathering the Scattered Mind	Security and Spiritual Wealth
4	Challenging Unhelpful Thoughts: Bringing All Thoughts Captive	Challenging Unhelpful Thoughts	Recognising Aversion	Transforming Sadness
5	Dealing with Loss	Dealing with Loss	Allowing/Letting Be	Calming Anger
6	Coping with Spiritual Struggles and Negative Emotions	Coping with Negative Emotions	Thoughts Are Not Facts +A Day Retreat of Mindful Practice	Persevering in Despondency
7	Gratitude	Gratitude	How Can I Best Take Care of Myself	Celebrating God's Recognition
8	Altruism and Generosity	Altruism and Generosity	Maintaining and Extending New Learning	Growing Humility
9	Stress-Related and Spiritual Growth	Stress-Related Growth		
10	Hope and Relapse Prevention	Hope and Relapse Prevention		

[76] The symbol of * signals meditation practice starting from that week. Ironically, participants of RCBT started to learn contemplative prayer from the third week which would result in less spiritual input than either the CCBT or the other spiritual interventions.

6.2.3 Comparison with the study of Quantum Change

The reason to include the Quantum Change study in comparison is that it is a qualitative study of transformation caused by epiphany, that may be drawn as a parallel to the 3R intervention aiming for participating in the divine presence and experiencing holistic transformation. The "quantum change" research interviewed fifty-five people who had experienced sudden transformational change.[77] Their accounts are classified into either the insightful or the mystical type of change, but these two types are more similar than different. These personal stories are constructed by memories of the events which on average happened eleven years earlier, without being validated by the researchers.[78] Since the recruits were self-selected, it is very likely that each story had already undergone a subjective evaluation and reorganisation to fit the criteria of "quantum change."[79]

In contrast, the 3R participants reported their changes immediately during the sessions, at the point when they had just finished the programme, and at the follow-up

[77] Quantum change is defined as an "abrupt enduring change" that people experienced within a matter of moments. See William Miller and Janet C'de Baca, *Quantum Change: When Epiphanies and Sudden Insights Transform Ordinary Lives* (New York: Guilford Press, 2001), 11-22; William Miller, "The Phenomenon of Quantum Change," *Journal of Clinical Psychology* 60, no. 5 (2004): 455-457.

[78] Miller, "The Phenomenon of Quantum Change," 455; Janet C'de Baca and Paula Wilbourne, "Quantum Change: Ten Years Later," *Journal of Clinical Psychology* 60, no. 5 (2004): 539.

[79] Since the article for recruitment published in the largest Albuquerque newspaper was "an engaging feature story" with a description of quantum change written by a journalist, and the interviewees were eager to tell their story, these phenomena indicate a possibility that the article might have an influence in guiding the interviewees to relate their experience following the described idea of quantum change.

interview while their memories were still very fresh. Within such a short timeframe, perhaps they have not undergone profound reflections on the ongoing impact of the change experiences. Their descriptions of change were not shaped as neatly as the quantum changers' dramatic accounts, mainly because their focus was on receiving healing, not on providing change stories.

Nevertheless, contextual analysis of the shared experiences in the 3R study showed two entwined phenomena which meet the criteria of the insightful and mystical type of change. By the "insightful," Miller and C'de Baca meant a sudden realisation or a new way of thinking that "break[s] upon the person's consciousness with particular clarity and forcefulness."[80] By the "mystical," they meant that on top of the new realisation those people often sense "the presence of an awe-inspiring transcendent Other" that are "intensely positive, joyful experiences."[81] Indeed, some 3R participants have been awakened to a spiritual consciousness of God's power and grace. Some also found that their perception of self and realities were shifted by the sudden realisation of God's Word. These changes differed qualitatively from the usual educational and incremental type of change and seemed to be closer to quantum change.

While most of these storytellers did not report a diagnosis of depression or suffering from chronic medical conditions at the time of their transformation, some reported being depressed and some suicidal. About half of them were people who were

[80] Miller and C'de Baca, *Quantum Change*, 18.

[81] Miller, "The Phenomenon of Quantum Change," 457.

"desperately unhappy, had been for some time and saw no way out through their own willful efforts,"[82] while the other half did not perceive clear crisis or grievous distress when the transformation hit them unexpectedly, but in retrospect, perhaps "they see their former lives as stagnated or aimless, but they were not consciously looking for a change."[83]

Unlike the majority of quantum changers who did not receive a planned intervention before their transformation,[84] the majority of 3R participants (13 out of the 18) had been relying on medication or/and psychotherapies before joining the pilot study. This implies that most 3R participants were more likely to be under the influence of a biomedical model to interpret their suffering than those quantum changers. The influence of a materialistic worldview, a reductionistic interpretation, and a deterministic outlook on the illness impeded their progress. A tension was felt between embracing the biomedical model and wishing to experience spiritual healing. Consequently, certain participants did not follow the prayer instruction or take the daily homework seriously.

By contrast, these "unmedicalised" quantum changers confessed their miserable states and their inability to help themselves before God and made their prayer solemnly.

---

[82] Miller and C'de Baca, *Quantum Change*, 32.

[83] Miller, "The Phenomenon of Quantum Change," 458.

[84] The quantum change researchers did not investigate this aspect—whether participants had not previously received any forms of intervention before the change occurred; however, the published personal accounts of quantum changers showed that three out of ten participants (there are only ten selected stories) had received planned interventions, such as AA meetings or psychotherapy.

As the researchers observed, "Prayer was, in fact, the single most common act preceding quantum change."[85] When they turned their heart to God with spoken entreaty or unspoken groaning, the presence of the truthful, compassionate God began to dawn on them. This experiential truth became the source of their transformation.

6.3 Conclusion

The 3R intervention does hold out the promise of improved therapeutic benefits compared to MBCT and RCBT; however, due to the limited sample size and single-group study design, further research is required. In the light of quantum change, the 3R manual can be improved in terms of expanding its sessions with more introductory materials to allow more explanations on how God transforms depressed people based on Evagrius' schema and analysis to stimulate a stronger longing for the divine presence and assistance. Further development of the intervention will be discussed in the final chapter.

[85] Miller and C'de Baca, *Quantum Change*, 30.

Chapter 7: Discussion II: Theological implications and reflections

When comparing the 3R pilot study with the two manualised spiritual interventions, it was concluded that the unique theological and spiritual foundations of the 3R play a decisive role in its outcome. This chapter will move on to consider how the findings of the present research on the 3R intervention might be understood theologically. These reflections focus on the Psalms. There were many other things I could have been discussed, and the section on suffering could have been much longer, but I selected the psalmody because I felt it was especially important.

7.1 The placebo effect or hope in God

The question of placebo effects was once raised by Gavin when he had experienced relief from his long-term parasomnia after having participated in the 3R programme. The therapeutic effects of the 3R intervention are very unlikely to have been produced by the placebo effect, however due to the three reasons of expectation, confidence and comfort. These all relate to the definition of the placebo effect. Since "defining placebos is a very controversial topic,"[1] here I use the definition of Irving Kirsch, a clinical psychologist, because his 15 years of research on the placebo effect of antidepressants dismantles a faulty consensus on the specific drug effect of antidepressants. A credible placebo, as he defined, is "one that raises expectations of

[1] Gunver Kienle and Helmut Kiene, "The Powerful Placebo Effect: Fact or Fiction?," *Journal of Clinical Epidemiology* 50, no. 12 (1997): 1311.

improvement that are as great as those elicited by active treatment [either substances or techniques]."[2]

Under this definition, firstly, as a novice intervention, the 3R pilot study could not have provided expectations of improvement to its participants due to lack of a comparable active treatment. The researcher was also cautious not to promise any narrowly defined symptom reduction but to encourage her participants to seek direct experience with God as a *person* in order to receive God's grace through the highly interactive exercises of the programme.

Secondly, unlike MBCT and RBCT, which have the well-established reputation of CBT and MBSR to support their clinical trials, the 3R participants did not have confidence in the pilot study. Since many participants believed that depression is a brain disease that required pharmacological treatments and some held doubts as to the researcher's ability, as a theologian, to design an effective treatment,[3] in this group atmosphere the therapeutic effects of the 3R were hardly elicited by confidence in the treatment nor in the researcher's administering of the treatment, thereby disqualifying a placebo response.

[2] Irving Kirsch, *The Emperor's New Drugs: Exploding the Antidepressant Myth* (London: Bodley Head, 2009), 109.

[3] As mentioned earlier, because she is neither a psychiatrist, nor psychologist, and studying theology, not science, some participants doubted whether the treatment would be effective.

Thirdly, placebos are often given "with intention of pleasing or bringing comfort" to patients, which may be associated with "the development of beliefs in the anticipated benefit of the treatment,"[4] but none of these intentions apply to the 3R. Some of its participants reported that it was an intense and challenging programme, while it was those who were willing to leave their comfort zone who experienced the most therapeutic benefits. Particularly, since the 3R programme was open to all people regardless of their faith, it did not propagate a propositional belief such as "if you have faith in Jesus Christ as your saviour, if you truly believe that God can heal, you will receive healing." Instead, it invited its participants to "taste and see" that God is good, by reaching out to God through their spiritual senses and by crying out to God without reservation, to test if God is truly willing to respond to the broken-hearted with love and mercy.

When the pilot study set out to investigate whether practising Evagrian prayer would heal depressed persons, it designated the 3R as a spiritual journey to remove obstacles between the depressive persons and God, so they may understand God's character intimately and know his grace. It is a journey to nurture hope and trust in God. Since the healing the 3R envisaged is a journey to make a person whole, it is irrelevant to the development of fixed beliefs for the anticipated treatment effects. Rather, it is associated with the divine participation in God's holy life through Evagrian prayer. Thus, each individual may have experienced different levels of healing along the 3R

[4] Mark Cobb, "Belief," in *Oxford Textbook of Spirituality in Healthcare*, ed. Mark Cobb, Christina Puchalski, and Bruce Rumbold. (Oxford: Oxford University Press, 2012), 116.

journey, depending on how much time and effort they were willing to put into the action of participating in the communion with God.

Scholars have categorised the placebo effect in the discussion of belief,[5] because placebos operate through the power of belief. These beliefs embed themselves in the unconditional trust of science and technology, which can be manipulated by falsely constructed things, such as dummy pills, sham surgeries, and sham ECT, to make people feel good and to give a prospect of cure. As long as the person who received a placebo treatment remains in the uninformed state, the power of belief works.

The hope for God's healing through the 3R journey is not kindled by wilful manipulation; rather, the trust in God is cultivated by wilful collaboration with God's grace, following the lived experience of the psalmists, not by the researcher's endeavour. It is formed through wrestling with the experiences of suffering by contemplating the characters and actions of an invisible God as revealed in the psalms. This hope awakened by learning of God's goodness is not a placebo because most of the participants who began the journey were either uncertain about or harbouring anger against God. Although a placebo is said to instil "hope" in patients,[6] this "hope" is restricted in specific foretold treatment effects, which is more of an expectation of cure, focusing on alleviation from symptoms. In contrast, the healing journey of the 3R

[5] Anne Harrington, "The Placebo Effect: What's Interesting for Scholars of Religion?," *Zygon* 46, no. 2 (2011): 265–80; Cobb, "Belief," in *Oxford Textbook of Spirituality in Healthcare*; Kirsch, *The Emperor's New Drugs.*

[6] Irving Kirsch, *The Emperor's New Drugs*, 3.

sought for the wholeness of the person, and the hope it inspired alluded to personal transformation, spiritual growth and reconciliation with God, which are not limited to symptom reduction.

Although a complete discussion of the placebo effect is beyond the scope of this thesis, one current trend is worthy to note. The term "nonspecific factors," instead of placebos, was used in psychotherapy to refer to "possible elements in one therapy that contribute to improvement" but that are not specified in the theoretical construct of the therapy.[7] Whereas Daniel Moerman, a medical anthropologist, suggests using the term "the meaning response" to conceptualise the power of meaning in influencing the treatment effect.[8] Although I cannot completely exclude the possibility of nonspecific effects arising from of the intervention; nevertheless, further reflections will show that the hope that the 3R instilled pointing to the eschatological reality which has been definitely portrayed as the fellowship with God. This meaningful experience of the divine participation is indeed specified for the healing of humanity in the theological delineation of Evagrius.

7.2 Psalmody and prayer

[7] Tian Oei and Greg Shuttlewood, "Specific and Nonspecific Factors in Psychotherapy: A Case of Cognitive Therapy for Depression," *Clinical Psychology Review* 16, no. 2 (1996): 83–103.

[8] Daniel Moerman and Wayne Jonas, "Deconstructing the Placebo Effect and Finding the Meaning Response," *Annals of Internal Medicine* 136, no. 6 (2002): 471; Daniel Moerman, "The Meaning Response: Thinking about Placebos," *Pain Practice* 6, no. 4 (2006): 233–36; Daniel Moerman, "Society for the Anthropology of Consciousness Distinguished Lecture: Consciousness, 'Symbolic Healing,' and the Meaning Response," *Anthropology of Consciousness* 23, no. 2 (2012): 192–210.

The book of Psalms is a unified collection of Hebrew poems,[9] composed mainly between 1000 and 400 BC.[10] The majority of the psalms express themselves in the language of prayer, addressing only to Yahweh.[11] An ancient tradition has entitled the Psalms as "the prayers of David."[12] The superscriptions of seventy-three psalms are associated with David, and fourteen of these are linked to historical references to events in David's life, mostly from his days of persecution by Saul.[13] If the superscriptions are

[9] David Howard, "Recent Trends in Psalms Study," in *The Face of Old Testament Studies: A Survey of Contemporary Approaches*, eds. David Baker and Bill Arnold, (Grand Rapids, MI: Baker Books, 1999), 329–68; David Howard, "The Psalms and Current Study," in *Interpreting the Psalms: Issues and Approaches*, eds. Philip Johnston and David Firth, (Leicester, England: Apollos, 2005), 23–40. According to Howard's surveys of recent studies of the Psalms, several important shifts have been identified. The most important paradigm shift is to treat the Psalms "as a book, a literary and canonical entity that coheres with respect to its structure and message." This shift has started since 1970, despite the dominant paradigm, shaped by the work of Hermann Gunkel and Sigmund Mowinckel since the 1920s, that treated the Psalms as "a disjointed assortment of diverse compositions that happened to be collected loosely together." The Psalms have been deemed as "the hymnbook of Second-Temple Judaism" because the setting in life (*Sitz im Leben*) of most psalms was supposed "to have been the rituals of worship and sacrifice at the Temple." Gerald Wilson's work, *The Editing of the Hebrew Psalter* (1985), however, provided a new framework that "has defined the discussion [of Psalm scholarship] ever since." This shift of focus to the coherence and overall message of the Psalms is "a rediscovery of an earlier interest among rabbinic and Christian interpreters."

[10] John Eaton, *The Psalms: A Historical and Spiritual Commentary* (London: T&T Clark International, 2003), 4.

[11] Tremper Longman III, "The Psalms and Ancient Near Eastern Prayer Genres," in Johnston and Firth, *Interpreting the Psalms*, 41–59; Waltke and Yu, *An Old Testament Theology*, 11, 875. Yahweh, "*I AM*," is the personal name of the eternal living God, Creator of heaven and earth, which is revealed to Moses in Exodus 3:12-14. The English rendering of this name is "Lord."

[12] Gary Anderson, "King David and the Psalms of Imprecation," in *The Harp of Prophecy: Early Christian Interpretation of the Psalms*, eds. Brian Daley and Paul Kolbet. (Notre Dame, Indiana: University of Notre Dame Press, 2015), 33; Waltke and Yu, *An Old Testament Theology*, 871.

[13] Derek Kidner, *Psalms 1-72: An Introduction and Commentary on Books I and II of the Psalms*, (London: IVP, 1973), 16–17; Ross, *A Commentary on the Psalms vol.1*, 42-47; Eaton, *The Psalms*, 5-8; Brain Daley, "Finding the Right Key: The Aims and Strategies of Early Christian Interpretation of the Psalms," in *The Harp of Prophecy*, 11-28; Dietrich Bonhoeffer, *Life Together: Prayerbook of the Bible*, ed. Geffrey B. Kelly, trans. Daniel W. Bloesch and James H. Burtness, Dietrich Bonhoeffer Works, v. 5 (Minneapolis, MN: Fortress, 2005). The idea that David is the main author of the Psalms is inherited from the Jews, supported by the witness of the New Testament, and well-received by the church fathers. The early Church commonly referred to the psalms as the 'songs of David.' Thus, the Greek for the Psalms in Septuagint is *Psalmoi* (songs) (Codex B) and *Psalterium* (Codex A), which in Latin via the Vulgate is *Liber Psalmorum*. Dietrich Bonhoeffer also labelled the Psalms "the Prayerbook of the Bible" and recognised that 73 psalms "are attributed to Kind David." Despite modern scholars, such as Craig Broyles (1999) and John Goldingay (2006), who have been inclined to dismiss the tradition of Davidic authorship,

reliable, these historical notices allow later readers to understand the psalmist as a real character, and pay attention to his struggles with antagonists, that in turn enables the readers to use the prayers more appropriately in corresponding life situations.[14]

The psalms' Hebrew title, *t^{e}hillîm*, means "praises;" however, its single most primary genre is the lament, which are more numerous than hymns of praise.[15] Fifty individual and seventeen community laments comprise over one-third of the 150 psalms. The prevalence of laments at the heart of prayers of the faithful reveals that "the problems that give rise to lament are not something marginal or unusual but rather are central to the life of faith."[16] Since laments put people in touch with their most profound emotions, down through the ages, countless people including both Jews and Christians have been inspired to pray the words of psalms when their own words fall short to speak the depths of their experiences of perplexity and pain.

In fact, the different degrees of change that occurred in 3R participants are concomitant with how profoundly they engaged in the contemplation and appropriation

---

at present this ancient tradition has been reasonably argued and defended, and is viewed with respect within the scholarship on the Psalms.

[14] Waltke and Yu, *An Old Testament Theology*, 871. I am aware of the vast diversity of critical methodologies in Biblical hermeneutics, but cannot engage multiple approaches further here. The historical-critical method that elucidates authorial and textual meanings in the psalms and that regards genres via an appraisal of form criticism is considered here.

[15] Moberly, *Old Testament Theology*, 211; Walter Brueggemann and William Bellinger, *Psalms*, (Cambridge: Cambridge University Press, 2014), 2–3, 5, 9–12.

[16] Walter Moberly, "Lament," in *New International Dictionary of Old Testament Theology & Exegesis*, vol. 4, ed. Willem Van Gemeren. (Grand Rapids, MI: Zondervan Pub. House, 1997), 879.

of the psalms.[17] Although there were obstacles in comprehending and chanting psalmody, by the end, those who entered into the world of the psalmists with pure honesty and boldness found sanctuary and comfort. Four theological factors will be discussed to speculate how the psalms facilitated change. The reflections will be confined mainly to the patristic understanding of the psalms relating to Evagrian prayer.

7.2.1 Psalmody as spiritual therapy

Athanasius of Alexandria in his *Letter to Marcellinus on the Interpretation of the Psalms* commends Marcellinus' frequent reading of the Psalms during his trial, tribulations and continuing illness, and expounds his reasoning on why the Psalms possess "a certain grace," "a certain winning exactitude" beyond all other books in the Scripture for those who are prayerful in enduring suffering.[18] Athanasius explains that the thematic content of the Psalms is "like a garden containing things of all" scripture,[19] but its distinctive grace and "exactitude of expression" comes from its personal, innermost quality.[20] Namely, "it contains within itself the movements of each soul, their

[17] Each session has 2 psalms to practise, and each week has another 12 psalms for 6-day home practice. In total, 112 psalms were chanted in the programme. Only 10 people completed 8 sessions, so they had chanted 16 in-session psalms. But only 5 of these ten people completed all homework. Another 5 out of 12 nondropouts practised their homework in various degrees.

[18] Athanasius, *The Life of Antony and the Letter to Marcellinus*, trans. Robert C. Gregg (London: SPCK, 1980), 1-2 (Gregg, 101). This work was very influential in antiquity and it served as an introduction to the book of Psalms, included in the early fifth-century Codex Alexandrinus of the Greek Bible.

[19] Ibid., 2 (Gregg, 102). Martin Luther echoes Athanasius' point, saying that the Psalms "might well be called a little Bible. In it is comprehended most beautifully and briefly everything that is in the entire Bible." In Luther, "Preface to the Psalter," cited in Brueggemann and Bellinger, *Psalms*, 1.

[20] Ibid., 10 (Gregg, 107-108).

changes and adjustments, written out and thoroughly portrayed, so that if someone should wish to grasp himself from it, as from an image, and to understand on that basis how to shape himself, it is written there."[21]

Athanasius goes on to elucidate: while the other books teach "what one must do and what one must not do," in addition to these, the Psalms teach people to recognise the emotions of their soul and enables those who comprehend their inner state through the Psalms "to possess the image deriving from the words."[22] Through hearing the words, "it teaches not only not to disregard passion, but also how one must heal passion through speaking and acting."[23] The daily chanting of psalms to gradually heal the human person became a consensus of opinion among the fathers in the fourth-century.[24] The three most significant therapeutic aspects are highlighted here.

7.2.1.1 The mirror of the soul

[21] Ibid., 10. Instead of Gregg's translation, here I use Daley's translation because it clarifies the meaning better, due to a different editorial opinion since there is not yet a critical edition of this treatise. See Daley, "Finding the Right Key," 19.

[22] Ibid., 10 (Gregg, 108).

[23] Ibid.

[24] Ward, ed., *The Sayings of the Desert Fathers: The Alphabetical Collection*; James Wellington, *Christe Eleison! : The Invocation of Christ in Eastern Monastic Psalmody c. 350-450* (Peter Lang, 2014); Carol Harrison, "Enchanting the Soul: the Music of the Psalms," in *Meditations of the Heart: The Psalms in Early Christian Thought and Practice: Essays in Honour of Andrew Louth, eds.* Andreas Andreopoulos, Augustine Casiday, and Carol Harrison, eds., *Meditations of the Heart : The Psalms in Early Christian Thought and Practice : Essays in Honour of Andrew Louth* (Turnhout, Belgium: Brepols, 2011), 205–23. Carol Harrison, "The Polyphony of Prayer," in *The Art of Listening in the Early Church* (Oxford: Oxford Univ. Press, 2013), 183-228; Hans Boersma, "Harmonious Reading: Clement of Alexandria, Athanasius, Basil, Gregory of Nyssa, and Augustine on the Music of the Psalms," in *Scripture as Real Presence: Sacramental Exegesis in the Early Church* (Grand Rapids, Michigan: Baker Academic, 2017), .

The Psalms serve as a mirror to reflect a clear image of the soul. As Athanasius explains, "For I believe that the whole human existence, both the dispositions of the soul and the movements of the thoughts, have been measured out and encompassed in those very words of the Psalter."[25] Thus, "these words become like a mirror to the person" chanting them, that allow him to "perceive himself and the emotions of his soul."[26] By praying these words to the Lord as his own, the person encounters the Spirit who speaks through the Psalms and is motivated to imitate "the perfect image for the soul's course of life." This image is "the model for acting," which "the Lord typified in himself."[27]

In other words, the psalms work directly to the person who chants as " a secondary mirror, a corrective lens," since the human soul, "the primary mirror, has become occluded, weakened, and disordered, no longer functioning to reflect the divine image."[28] Thus, the psalms provide "the therapy and correction suited for each emotion" to reshape one's inner life with the presence of the Saviour.[29]

7.2.1.2 Calming thumos

[25] Ibid., 30 (Gregg, 126).

[26] Ibid., 12 (Gregg, 111).

[27] Ibid., 13-14 (Gregg, 112).

[28] Paul Kolbet, "Athanasius, the Psalms, and the Reformation of the Self," *The Harvard Theological Review* 99, no. 1 (2006): 95.

[29] Ibid, 13 (Gregg, 112).

Evagrius suggests that one of the therapeutic values of psalmody is its power to calm agitated *thumos*,[30] and re-direct the energy of *thumos* to its natural function.[31] Evagrius describes the movement of *thumos* as follows:

> ANGER (*orgē*) is the sharpest passion. It is said to be a boiling and movement of indignation (*thumos*) against a wrongdoer or a presumed wrongdoer: it causes the soul to be savage all day long, but especially in prayers it seizes the *nous*, reflecting back the face of the distressing person. Then sometimes it is lingering and is changed into rancor (*mēnis*), and [thus] it causes disturbances at night: bodily weakness and pallor; and attacks from poisonous beasts. These four things associated with rancor may be found to have been summoned up by many other [tempting-] thoughts.[32]

In his definition, anger has a twofold dimension, both an inward sense of heated boiling and an outward movement of fighting against.[33] Since Evagrius associates the irascible part of the soul with the heart, anger is located in the heart where the rational part (the intellect) also dwells.[34] Consequently, a boiling *thumos* can easily capture the mind and disturb the heart, especially when the soul attempts to pray, because anger

---

[30] *Thumos* in Evagrius writings has been translated as anger, indignation or the irascible part by Evagrian scholars. Cf: Lampe, *A Patristic Greek Lexicon*, 657. Lampe categorises Evagrius' usage of *thumos* in his definition section A. mettle, temper: the active, non-intellectual principle of the soul and section C. anger.

[31] Dysinger, *Psalmody and Prayer in the Writing of Evagrius Ponticus*, 124-130. Dysinger has a detailed discussion of *thumos* tracing back its definitions to Plato, Aristotle and Galen. Later, in the section of *psalmody as spiritual weapon*, I will discuss how psalmody directs *thumos* to play its natural role in spiritual life.

[32] Evagrius, *Praktikos* 11. http://www.ldysinger.com/Evagrius/01_Prak/00a_start.htm

[33] Ibid.; Gabriel Bunge, *Dragon's Wine and Angel's Bread: The Teaching of Evagrius Ponticus on Anger and Meekness*, trans. Anthony Gythiel. (Crestwood, N.Y: St. Vladimir's Seminary Press, 2009), 10, 18. Bunge points out that Evagrius clearly distinguishes between irascibility (*thymikon*) as a power of the soul and the passions arising from it.

[34] Evagrius, *KG* VI.84. (Ramelli, 369).

casts the image of the perceived wrongdoer to the mind.[35] The remedy is not to pray harder, but to chant psalmody.

This recommendation of psalmody recurs throughout Evagrius' writings. Examples are: "when one practises psalmody, the irascible part attains stillness."[36] "When the irascible part becomes agitated, psalmody, patience, and mercy calm it."[37] One must "keep the heart completely guarded, quieting indignation with gentleness and psalms."[38] He provides two explanations for how psalmody effects change. The first concerns the words of psalmody directing one's aspirations to a virtuous life, "The demonic songs set our desire in motion and cast the soul into shameful fantasies, but psalms, hymns, and spiritual songs (Eph.5:19) call the mind to constant remembrance of virtue, cooling our boiling irascibility and extinguishing our desires."[39] The second concerns how the power of psalmody affects human physiology:

> For the [tempting] thought that does not realize that singing the psalms changes the temperament of the body and drives away the demon touching one on the back and cutting at the nerves and troubling every part of the body: *And whenever the evil spirit was upon Saul, David took the lyre, and played it with his hand, and Saul was refreshed, and was well, and the evil spirit departed from him (1 Sam. 16:23).* [40]

[35] Evagrius, *Praktikos* 11.

[36] Evagrius, *Monks* 98.

[37] Evagrius, *Praktikos* 15.

[38] Evagrius, *Thoughts* 27 (Dysinger, 127).

[39] Evagrius, *Praktikos* 71.

[40] Evagrius, *Antirrhetikos* IV.22 (Dysinger, 127-128).

To achieve this, Evagrius advises that psalms must be chanted with understanding and harmony.[41] He did not invent this idea but followed a well-established practice in monastic life that had also been recommended to laypersons by the fathers.[42]

7.2.1.3 Harmony and order

Chanting psalmody is much more beneficial than reading the psalms aloud because it restores harmony and order in the soul that is afflicted with disturbance. In order to chant the words harmoniously one must unify one's mind-heart-body with full attention to the psalm. Thus, Evagrius warns, "Sing Psalms from your heart, and do not move only your tongue in your mouth."[43] In the process, the operation of reason and will may be harmonised with the mental images the ear heard and transferred from the psalm and stored in the memory with sweetness. It is like imagining oneself to be transfigured into a music instrument, allowing the Spirit to play on it. As Athanasius elaborates:

> Thus, as in music, there is a plectrum, so the man becoming himself a stringed instrument and devoting himself completely to the Spirit may obey in all his members and emotions, and serve the will of God. The harmonious reading of the Psalms is a figure and type of such undisturbed and clam equanimity of our thoughts. For just as we discover the ideas of the soul and communicate them through the words we put forth, so also the Lord, wishing the melody of the words to be a symbol of the spiritual harmony in a soul, has ordered that the odes be chanted tunefully, and the Psalms recited with song. The desire of the soul is this—to be beautifully disposed, as it is written: *Is anyone among you cheerful? Let him*

[41] Evagrius, *Prayer* 82.

[42] Dysinger, *Psalmody and Prayer*, 48-61; James McKinnon, "Desert Monasticism and the Later Fourth-Century Psalmodic Movement," *Music & Letters* 75, no. 4 (1994): 505–21.

[43] Evagrius, *Monk* 35.

> *sing praise.* In this way that which is disturbing and rough and disorderly in it is smoothed away, and that which causes grief is healed when we sing psalms.[44]

Chanting psalmody enchants the soul and brings it to order by learning "perfect theology" in harmonious tune.[45] As St Basil comments:

> The delight of melody He [the Holy Spirit] mingled with the doctrines so that by the pleasantness and softness of the sound heard we might receive without perceiving it the benefit of the words, just as wise physicians who, when giving the fastidious rather bitter drugs to drink, frequently smear the cup with honey. Therefore, He devised for us these harmonious melodies of the psalms, that they who are children in age or, even those who are youthful in disposition might to all appearances chant but, in reality, become trained in soul.[46]

Basil does not mean that people should chant the psalms in a manner to bring delight to themselves. Rather, the musical harmony of the psalms serves to motivate the pursuit of virtue. Athanasius clearly warns that "the Psalms are not recited with melodies because of a desire for pleasant sounds. Rather, this is a sure sign of the harmony of the soul's reflections. Indeed, the melodic reading is a symbol of the mind's well-ordered and undisturbed condition."[47] This harmony and well-ordered condition benefits not only those who chant but also people hearing their chanting. As Athanasius contends:

---

[44] Athanasius, *The Letter to Marcellinus* 28 (Gregg, 124–25).

[45] Saint Basil, *Exegetic Homilies* 10.2, in *The Fathers of the Church*, v.46, trans. Agnes Clare Way, (Washington, DC: Catholic University of America Press, 1963), 153. Basil coined the term "perfect theology," saying that it is stored up in the Book of Psalms, because it contains "a prediction of the coming Christ in the flesh, a threat of judgement, a hope of resurrection, a fear of punishment, promises of glory, an unveiling of mysteries; all things."

[46] Ibid., 10.1 (Way, 152).

[47] Athanasius, *The Letter to Marcellinus* 29 (Gregg, 125).

> When they chant in the way mentioned earlier, so that the melody of the phrases is brought forth from the soul's good order and from the concord with the Spirit, such people sing with the tongue, but singing also with the mind they greatly benefit not only themselves but even those willing to hear them. Blessed David, then, making music in this way for Saul, was himself well-pleasing to God, and he drove away from Saul the troubled and frenzied disposition, making his soul calm.[48]

For Athanasius, David's "spiritual therapy" to Saul is effective because, through regular chanting psalmody, David has attained the integration of his mind-heart-body synchronised with the Spirit. For those who practise it constantly, Evagrius witnessed that, "Psalmody calms the passions and puts to rest the body's disharmony."[49] Thus, the fathers recommended psalmody as the best way to attend to oneself, to correct the imbalance of desires and emotions, and to stabilise the whole being.

[48] Ibid.

[49] Evagrius, *Prayer* 83, http://www.ldysinger.com/Evagrius/03_Prayer/00a_start.htm

7.2.2 Psalmody as spiritual weapon

Praying or perceiving God is not an easy task because the soul cannot pray purely when hindered by impassioned thoughts.[50] The desert fathers frequently encountered demonic assaults that employed tempting thoughts as weapons to bombard them or projected false images to terrify and distract them from prayer. From the time of St. Antony onward, however, generations of fathers accumulated rich experiences in the warfare against demons. Having psalmody and prayer continually in their heart was the hallmark of their way of life.[51] Trained in this tradition, Evagrius highly valued the book of psalms as a spiritual arsenal in this warfare. Two aspects of the psalms in dealing with inner conflicts will be discussed here.

7.2.2.1 The method of talking back

In the prologue of *Antirrhêtikos*, Evagrius declares that "I have made public the entire contest of the monastic life, which the Holy Spirit taught David through the Psalms and the blessed fathers handed over to us."[52] He provided 492 brief biblical texts that are carefully selected and arranged under eight tempting thoughts in this monastic handbook for combating demons. More than other books of the Bible, the Psalms is cited most frequently—in total, 91 out of 492 (19%) *antirrhêtic* verses, taken from 57

[50] Evagrius, *Prayer* 71. "It is not possible to run while tied up, nor can a mind that is a slave to passions behold the place of spiritual prayer."

[51] Ward, *The Sayings*, 57.

[52] Evagrius, *Talking Back*, Prologue 6 (Brakke, 52.)

psalms. The majority of these verses are used in *Antirrhêtikos* Book IV (22) and VI (18) to resist the demons of sadness and *acedia,* which is very relevant to the 3R programme.

Antirrhêsis literally means "refutation" or "contradiction."[53] In *Letter* 11 Evagrius demonstrates this method of using memorised verses as follows:

> Therefore one must be intrepid in opposing his foe, as blessed David demonstrates when he quotes voices as if out of the mouth of demons and [then] contradicts them. Thus if the demons say, 'when will he die and his name forgotten?' (Ps. 40:5) he then also replies, 'I will not die, but live and proclaim the works of the Lord!' (Ps. 117:17). And if, on the other hand, the demons say, 'Flee and abide like a sparrow on the mountain' (Ps. 10:1), then one should say, 'For he is my God and my saviour, my strong place of refuge; I will not waver' (Ps. 17:3). Therefore observe the mutually contradicting voices and love the victory; imitate David and pay close attention to yourself![54]

This technique works as a direct refutation to demons' evil intentions, following David's example since he is deemed both a psalmist and warrior who fought against ungodly Philistines successfully. Nevertheless, Evagrius' practice of *antirrhêsis* is rooted in the archetype of Jesus, Son of David, as he declares in the prologue:

> Our Lord Jesus Christ, who gave up everything for our salvation, gave us the ability to 'tread on snakes and scorpions, and over all the power of the enemy.' He handed on to us—along with the rest of all his teaching—what he himself did when he was tempted by Satan…
> […] We have, therefore, carefully selected words from the Holy Scriptures, so that we may equip ourselves with them and drive out the Philistines forcefully, standing firm in the battle, as warriors and soldiers of our victorious King, Jesus Christ. [55]

[53] Dysinger, *Psalmody and Prayer*, 132.

[54] Evagrius, *Letter* 11, cited in Ibid., 134.

[55] Evagrius, *Talking Back*, Prologue 2, 3 (Brakke, 49-50).

In the battle with anti-God forces, to stand firm for God and to fight with spiritual weapons require great courage and determination; thus, Evagrius encourages his fellows with what Christ has done, what he has promised, and how he has expected them to fight for his kingdom. The victory relies on their alliance with the sovereignty of Christ.[56]

This confidence in the power of Christ transferring to biblical texts indicates that Evagrius shared Athanasius' conviction that the Scriptures provide not only models of spiritual progress but also power to drive demons away. As he contends, "For the Lord is in the phrases of the Scriptures, and since they [the demons] cannot withstand him, they cry out, *I beseech you, do not torment me before the time*. For seeing the Lord present, they were consumed."[57]

Evagrius also believes that the power of Christ is "mediated by the angels" in the beginning stages of the ascetic life; for "God will give his angels charge over you to guard you (Ps. 90:10-11)," despite being "unseen they will chase away from you the whole of the enemy manoeuvre."[58]

---

[56] Ibid., Prologue 4 (Brakke, 50-51). "…we must resist them by relying on the power of our savior. For if we place our trust in Christ and keep his commandments, we will cross over the Jordan and capture the city of palms..."

[57] Athanasius, *The Letter to Marcellinus* 33 (Gregg, 129).

[58] Dysinger, *Psalmody and Prayer*, 142 and notes 46; Evagrius, *Prayer* 96; Jason Scully, "Angelic Pneumatology in the Egyptian Desert: The Role of the Angels and the Holy Spirit in Evagrian Asceticism," *Journal of Early Christian Studies* 19, no. 2 (2011): 287–305. Scully observes that "Evagrius uses similar language to describe the activities of the angels and the activities of the Holy Spirit." This implies that when Evagrius mentions the activities of angels, he may associate with the power of the Holy Spirit.

Apart from these direct refutations against demons and their evil intentions, the texts of the *Antirrhêtikos* also serve to rectify the erroneous tendencies and particular forms of behaviour within the self. For example:

> Against the hardened soul that does not want to shed tears at night because of thoughts of listlessness—for the shedding of tears is a great remedy for nocturnal visions that are born from listlessness, and David the prophet wisely applied this remedy to his passions when he said:
>
> > **I am wearied with my groaning; I will wash my bed every night; with tears I will water my couch** (Ps 6:7)…
>
> Against the soul that succumbs to listlessness and becomes filled with thoughts of sadness:
>
> > **Why are you sad, my soul? And why do you trouble me? Hope in God, for I will give thanks to him, the salvation of my countenance and my God.** (Ps 41:6).[59]

The first dialogue with the inner self exhort the soul to be attentive and honest to her pain by crying to God freely without reservation, especially when oppressed by disturbing dreams/visions. The second challenges the soul who has yielded to the demonic thoughts to hope, which may evoke the virtues of courage, self-control and thanksgiving.

Moreover, many *antirrhêtic* verses may serve as affirmation to comfort the distressed soul or to be used as arrow prayers ejaculating to the Lord. Such as:

> To the Lord concerning the demon that in my intellect threatens me with madness and mental illness, to the shame of me and of those who seek the Lord through the monastic life:

[59]Evagrius, *Talking Back,* VI.10, 20 (Brakke, 136, 138).

> **Do not let those who wait on you, Lord of hosts, be ashamed on my account. Do not let those who seek you, God of Israel, be embarrassed because of me** (Ps 68:7).
>
> To the Lord concerning the demon of sadness that alters the intellect and impresses it with a single concept that is filled with severe grief—this is an indication of great madness:
>
> **Deliver my soul from their wickedness, my only-begotten one from the lions** (Ps 34:17).[60]

All these examples show us that the Psalms is a rich mine for Evagrius to forge excellent spiritual weapons at the disposal of the afflicted soul, especially when she is muted and numbed by the assaults of demons.

The practice of *antirrhêsis* serves as a preparation for spiritual prayer. Evagrius instructs that:

> When you experience temptation, do not pray before you have directed some words of anger against the one causing affliction. For when your soul is affected by [tempting] thoughts, it follows that your prayer is not pure. But if you speak some angry word against them, you confound and dispel the mental representations coming from your adversaries. This is the natural function of anger, even in the case of good mental representations.[61]

In this excerpt, two points are worth noting. First, verbal refutation to the tempting demon must be executed before proceeding to spiritual prayer. This indicates that one must immediately eradicate a demonic thought before it is firmly established in one's thinking and causes commotion to the soul. This requires a vigilant mind which arms itself constantly with psalmody and becomes aware of any launched thought which is

[60] Evagrius, *Talking Back*, IV.43, 37 (Brakke, 109, 108).

[61] Evagrius, *Praktikos* 42.

opposed to the godly perspectives revealed in the scriptures and blocks the way of spiritual progress. Second, once the person recognises the evil intentions of God's enemies, he shall unleash anger with forceful words to abolish them. This is the only right way to direct the energy of *thumos*, because Evagrius teaches that "the nature of the irascible part is to fight against the demons."[62] For this, Dysinger comments that anger "is made to serve a holy purpose" when it dispels demonic thoughts.[63]

Evagrius, however, warns that demons are dextrous in tempting humans to misuse the energy of *thumos* by compelling "the irascible part, contrary to its nature, to fight with people."[64] To win this battle, Evagrius suggests his fellows "nourish" the hatred against the demons because "hatred against the demons contributes greatly to our salvation and helps our growth in holiness."[65] He explains when a person hates the demons with "perfect hatred," he sins neither in deeds nor in mind.[66] This is no easy task. He was fully aware of the intrigue of "the pleasure-loving spirits" enticing humans to seek pleasure that is "hostile to humanity."[67] Consequently, the hatred against the demons is dispersed as soon as humans return to the "habitual friendship" with these

[62] Evagrius, *Praktikos* 24.

[63] Dysinger, *Psalmody and Prayer*, 134.

[64] Evagrius, *Praktikos* 24.

[65] Evagrius, *Thoughts*, 10. http://www.ldysinger.com/Evagrius/04_Peri-Log/00a_start.htm

[66] Ibid.

[67] Evagrius, Thoughts, 10, 19.

demons. Thus, he thinks that to pray like David, "I hate them with perfect hatred; I count them my enemies" (Psalm 139: 22), is very beneficial to one's spiritual life.

7.2.2.2 Enemies and prayers of imprecation

The enemies characterised in psalm 139 are "those who hate you," and "those who rise up against you," emphasising "their hatred of the Lord as open opposition" to God himself.[68] Clearly, "the wicked" are first the enemies of God, because they speak of God "for evil intent" and "rebelling against" God they take God's name in vain.[69] David also depicts them as "men of blood," meaning that they are bloodthirsty murderers, "who take satisfaction in homicides."[70] Since they are humans and David prayed that God "would slay the wicked," how shall we understand Evagrius' usage of David's prayer as nourishing the hatred against the demons?

To appropriate Psalm 139: 19-22 to one's personal life is a very subtle practice since it involves with imprecation. Imprecations is probably the most controversial aspect of prayer in the psalms. We must, however, consider the whole psalm, which includes both meditation and petition, to understand why Evagrius' contemplative exegesis is legitimate.[71] Four points are highlighted as follows.

---

[68] Ross, *A Commentary on the Psalms*, Vol. 3 (90-150), (2016), 833.

[69] Ibid., 814, 831 and notes 25, 27; Eaton, 459-461.

[70] John Chrysostom, *St. John Chrysostom Commentary on the Psalms*, trans. Robert Hill (Brookline, Mass: Holy Cross Orthodox Press, 1998), 261; cf.: Ross, 831.

[71] Evagrius' *Scholia on Psalms* are in Greek fragments, mixed with Origen's commentaries. Dysinger translated his scholium on Psalm 139 with only verses 6-8, indicating all other verses are lost. Thus, I use Evagrius near-contemporary Chrysostom's commentary as well as the works of four 21st-century psalm scholars' to discuss this psalm.

First, the psalm's prime theme is "knowledge, both of self and of God," and its poetic imagery of verses 1-18 evokes "the penetrating nature of God's discerning presence."[72] It is within this context, that having contemplated God as both omniscience and omnipresence, David offers his petition. Second, while his prayer invokes God's justice and righteous anger to slay the wicked, at the same time he also invites God to search and probe his own intentions and inner thoughts to see if there is any "wicked" way in him.[73] This indicates that his imprecation is not unleashed by outrage but operated within the fear of God. The nature of the bloodthirsty is in rebellion against God's commandant in the covenant with Noah—prohibiting human blood-shedding since human beings have been made in God's image. Thus, Chrysostom rightly comments that "observe him not looking to his own interests but reaching against the insult to God."[74]

Third, despite knowing that the bloodthirsty men were around, David engaged himself in contemplation of God, praising his protective presence—even if he makes his bed in Sheol, the place of the dead (v. 8b NRSV), God is there. His trust in God's "penetrating knowledge" (vv.1-6) and "controlling presence" (vv.7-12) allows him to

---

[72] William Brown, *Seeing the Psalms: A Theology of Metaphor* (Louisville, KY: Westminster John Knox Press, 2002), 208, 210.

[73] The word in the Hebrew text (v. 24) can be translated as "iniquity" in Greek and "wicked' in modern English (Ross, Brueggemann and Bellinger). Various English translations by scholars also include lawlessness (Robert Hill), hurtful (Eaton), idolatrous (Brown) and offensive (NIV).

[74] Chrysostom, *Commentary on the Psalms*, 261.

praise God—"the darkness shall not be too dark for you, but the night shall shine as the day"—in the face of murderous threats on his life.[75] His affirmation of God's loving intentions for him through "superintend[ing] his physical and spiritual formation in the womb and foreordain[ing] his life" (vv. 13-18) comforts him and draws him ever closer to God even in the harsh reality of life.[76]

In light of this context, his imprecation in the poem can be explained as an outpouring of his zeal for the realisation of God's kingdom and God's will rather than appealing for personal revenge. Thus, Chrysostom interprets verse 19 as "But he asks for it to happen, not to destroy the existence of the people but to change them from sin to righteousness." By the petition of verses 19-24, Eaton also refers to the fact that "church tradition has heard here the voice of Christ, but also of every one become part of him," and interprets that the "prayer against the ruthless is a necessary opposition to his [Christ's] adversaries; but the death they call for is a death to cruel ways and a rebirth in the service of God."[77] Regardless of whether we agree with Chrysostom's or Eaton's interpretations on the phrase "slay the wicked," the fact is David never sought revenge on those who engaged in the assassination attempts against him, neither seeking Saul's life nor those of his assassins-to-be.[78] It is therefore fair to deduce that in this prayer David is not using his irascible part to fight with people.

---

[75] Ross, *A Commentary on the Psalms*, Vol. 3, 817, 813. I used his phrases and translation.

[76] Ibid., 818.

[77] Eaton, 461.

[78] 1 Samuel 24, 26. David spares Saul's life: Once in the cave Saul was unaware that the Lord had delivered him into David's hands, and again in the tent when Saul was relaxed in sleep with the army encamped around him.

Fourth, David's purview of the psalm contains no admission of guilt.[79] Instead of protesting his innocence, David prays for God's examination to discover his spiritual weaknesses for further purification and requests God's guidance in living the way of righteousness. His "perfect hatred" against God's enemies is an inner attitude of "active opposition" and "total rejection" of those who hate God and despise divine justice, rather than holding a violent emotion, a boiling, prolonged anger against certain people.[80] Because they became his enemies due to the fact that they hated God first, the implication of the demonic origin of their hatred of God was obvious. Thus, Evagrius is right in suggesting that David's prayer can be used as a weapon against demons.

Gregory of Nyssa might agree with Evagrius. In his analysis of Psalm 58, he refers to the Devil as being behind the wicked, who "go astray from the womb, [and] are wayward from their birth, speaking lies" (v. 3),[81] explaining that "whose *madness* has a *likeness* to the *father of falsehood*, the first *serpent*."[82] He describes the force behind the "teeth of the lions" (v.6) as "the [demonic] archer who is malicious against our souls, and aims the *fiery darts* of sin against human life."[83]

---

[79] Brown, *Seeing the Psalms*, 212.

[80] Eaton, 460; Ross, 832-833, and notes 50. The Hebrew word "to hate" in the Bible has a range of meanings. Eaton and Ross offer reasonable explanations in clarifying the meanings.

[81] Ross' translation.

[82] Gregory of Nyssa, *Treatise on the Inscriptions of the Psalms*, trans. Ronald E. Heine, Oxford Early Christian Studies. (Oxford: Clarendon Press ;, 1995), 202.

[83]Ibid., 203.

Moreover, in expounding the inscription of the psalm, "*Unto the end, destroy not, for David*," he was impressed by David's patience and self-control, when the opportunity of killing Saul presented itself to him twice.[84] He highlights that David "was a man and anger was an essential part of his nature. He has suffered badly from one who had received no occasion for evil… became a fugitive from his home under penalty of death, forced out by the one who had been benefited." When the opportunity came for revenge, however, David did not take justice into his own hands, but said to his companion eager for the kill, 'Destroy not.' Inspired by David's ability to direct anger in a productive way, Gregory comments: "The voice which prevents destruction in the case of this man is obviously the voice of God."[85] He believes that it is the Holy Spirit that enables David to channel personal anger to the fight against the destructive presence of evil. Thus, he encourages his readers to imitate David, too.[86]

Dietrich Bonhoeffer in his reflection on "Enemies" tackles the similar questions: "Can the imprecatory psalms be understood as the Word of God for us and as the prayer of Jesus Christ? Can we pray these psalms as Christians?"[87] He clarifies that:

> The enemies referred to here are enemies of God's cause, who lay hands on us because of God. Therefore, it is nowhere a matter of personal conflict…The

[84] Gregory of Nyssa, *Treatise on the Inscriptions*, 199; Anderson, "King David and the Psalms of Imprecation," 34-35, 40. This phrase 'do not destroy' appears three times in the inscription of a string of three psalms (57-59). These titles "attribute the compositions to David and set the prayers against a particular circumstance within his life." Since the context of Psalms 57 and 59 is that David is fleeing for his life from Saul, both Gregory of Nyssa and Anderson "put Psalm 58 in the same general context."

[85] Gregory of Nyssa, *Treatise on the Inscriptions*, 200.

[86] Ibid, 201. He encourages them to read David's words to calm the troubled thoughts and appease the passions, especially when the soul swells with revenge against someone.

[87] Bonhoeffer, *Life Together; Prayerbook of the Bible*, 174-175.

> prayer for the vengeance of God is the prayer for the carrying out of God's righteousness in the judgement of sin. This judgement must be made known if God stands by God's Word.
>
> God's vengeance did not fall on the sinners, but on the only sinless one, the son of God, who stood in the place of sinners. Jesus Christ bore the vengeance of God, which the psalm asks to be carried out…
>
> So the psalm of vengeance leads to the cross of Jesus and to the love of God that forgives enemies. I cannot forgive the enemies of God by myself, only the crucified Christ can; and I can forgive through him. So the carrying out of vengeance becomes grace for all in Jesus Christ…
>
> […] Jesus Christ himself prays for the execution of God's vengeance on his body, and thus Christ leads me back daily to the gravity and the grace of his cross for me and all the enemies of God.

By this elaboration, it is those who are innocent concerning the enemy and who long for divine justice who can offer the prayer for the vengeance of God that is indispensable for receiving grace and reconciliation through the cross. This is truly good news for those who suffer sexual assaults, murders of their love ones and all other unjust deprivation and violence. No longer must they repress their anger and become depressed or to transfer their anger to God. Instead, they can pray freely and confidently for God's vengeance and wait patiently for the eschatological resolution.

In summary, nourishing hatred against the demons implies no ambiguity in theory, but in practice, it is very subtle. On one hand, it requires discernment to distinguish between an action of demonic origin and a human person who is duped by the demon. On the other hand, it demands purity of heart to love God truly, to hate God's enemies for divine justice and to invite divine scrutiny for one's intent constantly. The practice of this way of prayer must be accompanied by humility and self-control in order to avoid the misuse of the imprecatory psalms.

7.2.3 Lament and prayer of tears

Previously, the importance of the prayer of tears has been briefly mentioned, as was the role of lament. Here, more points will be discussed to demonstrate why praying the psalms of lament is beneficial to well-being.

7.2.3.1 Practical realism

The phenomenon of "lament" in the OT that has been labelled by modern scholars is a certain type of prayer—crying to Yahweh in times of trouble.[88] It includes personal prayers and invocations offered for the community. The predominance of laments in the Psalms means that tackling the issues of affliction and perplexity in private prayer and public worship is essential in the life of faith. Those psalmists neither deny the reality of peril, nor do they deceive themselves with pious words of empty thanksgiving and praise; rather, they allow the harsh reality to stand as a severe trial of faith.[89]

Genuine faith in Yahweh is not the opium of the afflicted to make them numb from pain. Rather, the people of faith acquire virtues, such as courage, patience, discernment and resilience by honestly facing pain and despair in the process of lamenting through suffering. "Laments," Moberley considers, "show that experience of

[88] Moberly, "Lament," NIDDTTE, IV, 867, 876.

[89] Bonhoeffer, *Life Together; Prayerbook of the Bible*, 169.

anguish and puzzlement in the life of faith is not a sign of deficient faith, something to be outgrown or put behind one, but rather is intrinsic to the very nature of faith."[90] The reality is that this life is never without suffering, since Christians acknowledge that sin has entered into the world. The faith of the psalmists encourages the afflicted to be real and honest because laments "give us permission, and show us how, to let the tears flow."[91]

7.2.3.2 An ever-present listener

Moberly suggests that laments may be grouped into two types according to various situations of suffering. One type considers that "the situation is the problem and God is the solution."[92] This kind of lament is confident in God's righteous and compassionate characters; its expectation of relief from the distress is certain (e.g., Ps 4; 5). The other type considers that "God is the problem."[93] Those psalmists conceive of God as in some way responsible for the problem, because they either see themselves as being forgotten or their nation being rejected by God (e.g., Ps 13; 74).

All elements of lament—appealing, confessing, questioning, complaining, reproaching are always directed to Yahweh regardless of its type. This denotes an

[90] Ibid., 879.

[91] Mark Futato, *Interpreting the Psalms: An Exegetical Handbook* (Grand Rapids, MI : Kregel Publications, 2007), 151.

[92] Moberly, "Lament," 879.

[93] Ibid.

uncrushable personal relationship that the Lord of the universe is *my* King and *my* God (e.g., Ps 5: 2; 74: 12), and an unyielding trust that he is *my* saviour (e.g., Ps 25:5; 38: 22). It implies confidence in God's willingness of listening as both a defender (e.g., Ps 10:18) and a righteous judge (e.g., Ps 7: 11), who is ever present to the cries of his people. Even in the darkest hour of despair, "God alone remains the one addressed."[94]

7.2.3.3 Concrete practices

The psalms of lament provide rich instructions and models on how to approach God in suffering. In them there are no reservations, but great freedom to express how the psalmists think and feel about God, themselves and others. With the confidence of God's unfailing love and power, their requests to God are direct and concrete, corresponding to the nature of the distress. "Through the psalms," Mark Futato believes, "the Holy Spirit teaches us that we can expect God's salvation to affect our lives now in concrete ways."[95] For instance: when David is ill, he requests for healing unashamedly, even though he perceives that God is not happy about him.

> Lord, do not rebuke me in your anger
> or discipline me in your wrath.
> Have mercy on me, Lord, for I am faint;
> heal me, Lord, for my bones are in agony.
> My soul is in deep anguish.
> How long, Lord, how long?
> Turn, Lord, and deliver me;
> save me because of your unfailing love. (Ps 6: 1-4)

[94] Bonhoeffer, 170.

[95] Futato, *Interpreting the Psalms*, 156.

I said, 'Have mercy on me, Lord;
heal me, for I have sinned against you.' (Ps 41: 4)

This does not mean that David misuses his privilege like an indulged son. Rather, he sees the illness like a rod of discipline handled by God, so he pleads for mercy. The psalms of lament do not lack of confessions of sin for individuals or for communities to implore for forgiveness.

Do not remember the sins of my youth
and my rebellious ways;
according to your love remember me,
for you, Lord, are good.

For the sake of your name, Lord,
forgive my iniquity, though it is great.

Look on my affliction and my distress
and take away all my sins. (Ps 25: 7, 11, 18)

Help us, God our Saviour,
for the glory of your name;
deliver us and forgive our sins
for your name's sake. (Ps 79: 9)

Further, with a guilt-free conscience cleaned by God's forgiveness, the psalmist is enabled to offer a confession of innocence in respect to the pain of false accusations, seeking vindication.

Declare me innocent, O Lord,
for I have acted with integrity;
I have trusted in the Lord without wavering.
Put me on trial, Lord, and cross-examine me.
Test my motives and my heart. (Ps 26: 1-2 NLT)

Declare me innocent, O God!
Defend me against these ungodly people.
Rescue me from these unjust liars. (Ps 43: 1 NLT)

If the psalmist has been assaulted by enemies then they may plead for deliverance.

Rise up, O Lord, confront them, bring them down;
rescue me from the wicked by your sword! (Ps 17:13)

My future is in your hands.
Rescue me from those who hunt me down relentlessly. (Ps 31:15 NLT)

If the psalmist is in utter dismay then he is encouraged to beseech the Lord:

Why, Lord, do you stand far off?
Why do you hide yourself in times of trouble? (Ps 10:1)

How long, Lord? Will you forget me forever?
How long will you hide your face from me?
How long must I wrestle with my thoughts
and day after day have sorrow in my heart?
How long will my enemy triumph over me?
Look on me and answer, Lord my God.
Give light to my eyes, or I will sleep in death; (Ps 13:1-3)

In all these prayers the central concern of the psalmist is to experience God's intervention *in this life*.[96] Although there is an eschatological dimension of hope in the Psalms, the psalmist pleads for God's urgent response, while patiently waiting for God's guidance in confidence. As the following verses demonstrate:

Teach me how to live, O Lord.
Lead me along the right path,
for my enemies are waiting for me.
Do not let me fall into their hands.
For they accuse me of things I've never done;
with every breath they threaten me with violence.
Yet I am confident I will see the Lord's goodness
while I am here in the land of the living.

[96] Futato, *Interpreting the Psalms*, 156.

Wait patiently for the Lord.
Be brave and courageous.
Yes, wait patiently for the Lord. (Ps 27: 11-14 NLT)

Wrestling with the states of turmoil and chaos, through the feeling of anxiety and doubt, most laments end on a note of assurance and trust. They may further enter into the movement of praise which may also contain a vow of thanksgiving (e.g., Ps 7:17; 56:10-13).

7.2.3.4 Train for virtues

A few psalms end with an unsettled tension between despair and hope. Either the psalmist protests at the persistent divine chastisement which he cannot endure any longer or is overwhelmingly depressed by prolonged affliction with no prospect of relief, but they do not surrender to fate or atheism. They keep on pleading and quarrelling with God, because they insist on experiencing God's unfailing love in *this life*.

Rescue me from my rebellion.
Do not let fools mock me.
I am silent before you; I won't say a word,
for my punishment is from you.
But please stop striking me!
I am exhausted by the blows from your hand.
When you discipline us for our sins,
you consume like a moth what is precious to us.
Each of us is but a breath.
Hear my prayer, O Lord!
Listen to my cries for help!
Don't ignore my tears.
For I am your guest—
a traveller passing through,

as my ancestors were before me.
Leave me alone so I can smile again
before I am gone and exist no more. (Ps 39: 8-13 NLT)

O Lord, why do you reject me?
Why do you turn your face from me?
I have been sick and close to death since my youth.
I stand helpless and desperate before your terrors.
Your fierce anger has overwhelmed me.
Your terrors have paralyzed me.
They swirl around me like floodwaters all day long.
They have engulfed me completely.
You have taken away my companions and loved ones.
Darkness is my closest friend. (Ps 88: 14-18 NLT)

In acknowledging that God is still *my* only hope (Ps 39:7) and *my* salvation (Ps 88:1), they agonise over the theological rationality of life. "If I am guilty, why does God not forgive me? If I am not guilty, why does God not end my torment?"—questions like these are probably what they contend with.[97] Nevertheless, they do not give up praying until the grace and peace of God has been received.

Pondering the *logos* of abandonment,[98] Evagrius suggests that because of the soul's tendency towards the indulgence of hostile pleasure, "the Physician of souls heals by abandoning us. For He permits us to undergo some fearful suffering night and day, and then the soul returns again to its original hatred [against demons]."[99] For Evagrius, suffering is an instrument which serves to cut one loose from the pleasure-loving demons, who work day and night to diminish the soul. During suffering, the soul may be

[97] Bonhoeffer, 170.

[98] *Logos*: the inner meaning. See *Dysinger, Psalmody and Prayer*, 40.

[99] Evagrius, *Thoughts* 10.

purified, and her spiritual senses revived so that she can participate in the communion with God without impediment. Augustine, Evagrius' younger contemporary, describes a similar viewpoint vividly: "God is a doctor, and that our troubles are a medicine bringing to us to salvation, not a punishment leading to damnation. Under medical treatment you undergo cautery, or the knife, and you scream with pain. The doctor does not listen when you beg him to stop, but he does listen to your need for healing."[100]

Evagrius also thinks abandonment reveals hidden virtue and when one excels in virtue, that "becomes the cause of salvation for others."[101] Indeed, those who undergo suffering but persevere in virtue, such as martyrs, their stories inspire many others to long for heavenly comfort and to seek God more earnestly. This implies that the afflicted are participating in a divine, eternal plan unknowingly in times of troubles but will rejoice greatly when they realise that the hidden purpose of God for their suffering is meaningful and honourable.

[100] Saint Augustine, *Expositions of the Psalms (1-32)* trans. Maria Boulding (Hyde Park, N.Y.: New City Press, 2000), 230.

[101] Evagrius, *Gnostikos* 28. http://www.ldysinger.com/Evagrius/02_Gno-Keph/00a_start.htm

7.2.4 Encountering Christ

Bonhoeffer's reflection on the struggles of laments offers another perspective. He envisages the psalmists throwing every burden and difficulty upon God, crying that "We can no longer bear them, take them away from us and bear them yourself, for you alone can handle suffering."[102] He suggests, "This is the goal of all the psalms of lament. They pray about the one who took upon himself our sickness and bore our infirmities, Jesus Christ. They proclaim Jesus Christ as the only help in suffering, for in Christ is God with us."[103] Since God, whom the psalmists confronted, has listened to their prayers and entered into the suffering of humanity in Christ, Bonhoeffer believes that now when we pray through laments, Jesus is "not only the goal of our prayer," but also is "suffering and praying with us."[104] The understanding and experience of the real presence of Christ in their heart-pouring prayer must be truly comforting and uplifting for the deeply wounded souls, since they are heard by God.

Bonhoeffer's association of the psalms with Christ is in line with patristic authors such as Athanasius, Basil and Evagrius, who all recognise the presence of Christ or prophecies about Christ in the psalms.[105] Indeed, reading the psalms Christologically

[102] Bonhoeffer, 170.

[103] Ibid.

[104] Ibid.

[105] Some of their texts has been discussed previously. Athanasius emphasises that the events concerning Christ can be found "in nearly every psalm." See *Letter to Marcellinus* 26.

is a common practice of church fathers.[106] This approach implies the conviction of divine inspiration of Scripture.[107] Based on the confidence in divine authorship, and the rule that "the interpretation of a text must respect its purpose," the fathers deemed that the purpose of the Christian Bible is to "reveal Christ."[108]

Thus, patristic exegesis of the psalms often starts with the question: "who is praying the psalm?"[109] As Marie-Josèphe Rondeau points out, patristic commentators first discerned whether the psalm should be regarded as a prayer of David, the psalmist, of Jesus Christ, or of us.[110] Michael Fiedrowicz also mentions three of Augustine's Christological interpretations of the psalms as (1) a prayer to Christ; (2) a word about Christ—evoking the mystery of Christ; (3) the voice of Christ—the psalms as Christ

[106] Boersma, *Scripture as Real Presence*, 148-153; Richard Price, "The Voice of Christ in the Psalm," in *Meditations of the Heart*, 1–15; Michael Fiedrowicz, introduction to *Expositions of the Psalms (1-32)* by Augustine, 23-24, 26-28, 43-60; Andrew Louth, "Heart in Pilgrimage": St Augustine as Interpreter of the Psalm, in *Orthodox Readings of Augustine*, eds. George Demacopoulos, Aristotle Papanikolaou (Crestwood, N.Y.: St. Vladimir's Seminary Press, 2008), 291–304; Dysinger, "Evagrius Ponticus," in *The Harp of Prophecy*, 109; Wellington, *Christe Eleison!*, 22–23. We must note that not every patristic author used the same methodology (in terms of the details of how to do theological interpretation) to decipher the meaning of each psalm, although they were "unanimous in their opinion that the psalms must be read Christologically (Boersma, 150)." There is a spectrum of interpretation, ranging from "Augustine, the most consistently Christological of commentators on the Psalter (Price, 14)" to the most critical, Theodore of Mopsuestia, who reduced the number of psalms referring to Christ directly to merely four (Ps 2, 8, 45, 110). In his later life, however, Theodore regretted that many of his works, especially the first ones, "were written negligently" because he "did not exercise as much care over the matter as was due…experienced the lot of beginners inexperienced in writing (cited in Price, 6, notes 22)."

[107] Athanasius, *Letter to Marcellinus* 12; Fiedrowicz, introduction to *Expositions*, 24; Boersma, *Scripture as Real Presence*, 151.

[108] Price, "The Voice of Christ in the Psalm," 5.

[109] Dysinger, *Psalmody and Prayer*, 154.

[110] Ibid.

speaking either in his own name or in our name.[111] This Christological reading of the psalms is viewed as a sacramental practice for the fathers by Boersma.[112] By sacrament he means that it is "the sign of a mystery that, though present in the created order, nonetheless far transcends human comprehension."[113] It is like a sign pointing to a hidden reality; however, "unlike mere symbols, sacraments actually *participate* in the mysterious reality to which they point."[114]

Indeed, Evagrius' practice of psalmody with spiritual senses is a participation in the real presence of Christ through contemplating the words and person of Christ that *coinhere* in the psalms. Nonetheless, everyone's level of spiritual maturity is different. Understanding this, Evagrius' exegesis of the psalms presents Christ as being perceived and comprehended in multiple levels of meaning according to the stage of one's spiritual journey.[115] At the highest level of Evagrius' model of spiritual progress, *theologia*, Christ is adored as 'our God,' where his divine nature is contemplated and the soul longs for the union with God in silent imageless prayer.

---

[111] Fiedrowicz, introduction to *Expositions*, 44-55. He lists five kinds of Christological interpretation, but only three are strictly Christological, as two interpret the psalms as a word about the church and the voice of the church.

[112] Boersma, *Scripture as Real Presence*, 153.

[113] Hans Boersma, *Heavenly Participation: The Weaving of a Sacramental Tapestry* (Grand Rapids, MI: W.B. Eerdmans Pub., 2011), 22. By "mystery" Boersma refers to the patristic and medieval understanding of the word, meaning "realities behind the appearances that one could observe by means of senses (p. 21)."

[114] Ibid., 23.

[115] Evagrius, scholion 2 *on Psalm* 126; Dysinger, *Psalmody and Prayer*, 154-156.

In the context of the 3R programme, those who perceive this revelation of the Spirit pointing to Christ could naturally appropriate the words of the psalms as their own prayers when their souls are stirred. This kind of contemplative prayer allows the praying person to enter into Christ in order to participate in heavenly realities, which will produce the transcendent peace of God that in turn will wipe away tears, heal the inner brokenness and transform the soul.

Those who attempt to enter into the world of the psalmist without the conviction of divine inspiration are like a spectator, standing by an open window of the private chamber of the psalmist, who overhears the psalmist's conversation with God. He might appreciate the conversation, being enlightened and inspired; but, he might find it difficult to join the conversation. Heavenly participation in Christ is a distinct experience. By understanding the intent of the Holy Spirit, by hearing the voice of Christ praying through the psalmist for him, it connects the contemplative not only with an otherworldly reality but also with the greater, eternal community of all the faithful, thus giving a taste of heaven and a vision of eschatological realities that makes the earthly pilgrimage meaningful and bearable.

7.3 Suffering and fellowship with God

The Psalms provides a unique picture for human flourishing and well-being wherein suffering is not an end point but a tunnel leading to hope, love and faith. The apostle Paul depicts the progress through the tunnel of suffering in Romans 5:3-5,

asserting that "we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us." Through suffering, one could develop persistent hope of God's glory overpowering the darkness and experience abundant love of God where genuine faith could grow. This understanding seemed to be developed by Grace during the course of the programme, as by the end of the programme and in the follow-up interviews she repeatedly declared that she does not want one minute of her suffering wasted, hoping that all her 40-year suffering experiences may contribute to God's purpose and glory.

St. Augustine specifies that faith, hope and love are three graces from God.[116] He distinguishes hope from faith by the nature of its objects, because hope enables people to long for only better scenarios they can imagine in the future, but faith involves belief in propositional truths that include the existence of God and the Devil, salvation and judgement that people do not necessarily like to believe. He maintains that faith without love and hope is an inactive belief because the demons also believe that there is one God but tremble (James 2:19), and he explained "that is, they, having neither hope nor love, but believing that what we love and hope for is about to come, are in terror."[117] The poetic language of the Psalms inspires hope. It not only revives confidence in the

[116] Augustine of Hippo, *The Enchiridion on Faith, Hope and Love* (Washington, D.C.: Regnery Pub., 1996), 3.

[117] Saint Augustine, *The Enchiridion on Faith, Hope and Love*, 9.

goodness of God, it also functions as a bridge to transport those who are inspired with hope to the eschatological dimension of reality.

There is a "gap of suffering" inserted by God's hidden purpose for the innocent sufferers.[118] Mysteriously, suffering provides a transformative opportunity for a person who is willing to come before God, engaging with him in an open, honest, challenging dialogue. Many lived experiences in the psalms demonstrate this transformational pattern. One participant Matthew also learned to complain to God and pour out his frustration to him appropriately, which clarified the goal of his battle and helped him to pin his hope not on what is changeable and magical, but on experiencing the loving presence of the triune God. Out of hope and love, faith grows strong. This faith enlightens the way and strengthens the sufferer to be able to leap over the wall and be reconciled with God, himself and the world.

On the other hand, when some participants viewed spirituality as a tool to procure individualised happiness rather than pursuing virtues for the sake of participating in God, happiness seemed to elude them. The relationship between virtues and true happiness is explained by Gregory of Nyssa as such: "Just as the art of the physician looks to health, and the aim of farming is to provide for life, so also the acquisition of virtue looks to the one who lives by it becoming blessed…Likeness to

[118] The concept, "gap of suffering," is discussed in chapter 6.2.1.2 Theoretical differences, (4) The theoretical framework of the 3R, p260.

God, therefore, is a definition of human blessedness."[119] Blessedness and virtues go hand-in-hand is a constant picture portrayed in the Psalms.

Suffering puts all beliefs into test, to extract the most sustainable, valuable elements after the fire of loss. It purifies the soul and destroys the power of hostile pleasure. Considering those enduring suffering for the sake of God as being treated like sheep to be slaughtered (Psalm 44:22), Kidner comments, "suffering may be a battle-scar rather than a punishment; the price of loyalty in a world which is at war with God."[120] Paradoxically, through the experiences of brokenness and despair, the God of the psalmists makes them whole and hopeful for a prosperous future. This is the reward for the victor who remains in unceasing fellowship with God in times of suffering.

7.4 Conclusion

Throughout this chapter, I explore how the theological basis for the therapeutic benefits of the 3R intervention. The patristic spiritual appropriations of the psalms are decisive. They stir up hope, and comfort despondent souls. They enlighten the souls through a divine perspective and worldview. They not only train a person to pray openly and honestly before God, but also provide rich spiritual models for the person to pursue virtues and attain harmony and order of his whole being. Most encouragingly, through contemplating the voices and images of the psalms by their intuition, some participants

[119] Gregory of Nyssa, *Treatise on the Inscriptions of the Psalms*, 1.5-6; 84.

[120] Kidner, *Psalms*, 170.

seemed to be able to participate in heavenly realities, being embraced by the real presence of God, and have been embarking on the journey of healing and wholeness.

For all the richness of Evagrian prayer, however, most 3R participants seemed to only touch the surface of it. Since the guided journey of the 3R only lasted for eight weeks, this is understandable. Also, the psalmody requires understanding and constant practising, not every participant had the mental and physical capacities to follow it well during the course of the programme. Nevertheless, because of the confidence in God's graciousness and generosity, the 3R intervention encouraged its participants to follow their own spiritual levels of understanding and commitment to the contemplation of the psalms in such a way that each of them grew spiritually at their own pace.

The further revision of the programme offers the opportunity to expand the length of the programme and explore more of the teachings of the psalms in light of what we have discussed so far.

Epilogue

> There was a time when evil did not exist, and there will be a time when it no longer exists; but there was never a time when virtue did not exist and there will never be a time when it does not exist: for the seeds of virtue are indestructible.
> Evagrius, *Kephalaia Gnostika* 1.40

Looking back, I set out to explore a theological solution for the despair of depression, because many of my contemporaries were overwhelmed and threatened by this illness, even after seeking all available medical treatments. In search of an answer, I was inspired by the church fathers' conviction that Jesus is the physician of both souls and bodies. In the investigation of patristic writings, I found that Evagrius' teachings and practices on prayer is the best candidate to meet these aims. Because Evagrius' transformative life was grown out of his hard-earned victories over evil thoughts, including *acedia*, his analysis of thoughts and corresponding prayer practices are all very relevant to depression. There has been a battle going on for innumerable years between each human and evil, which often wounds the soul. If the wound is not healed, it develops into illness; depression is one of the illnesses of the soul.

The above quotation from Evagrius parallels evil with virtue, pointing to the direction of history in which evil will be defeated, and virtue will outlast evil. It implies that a virtuous life will triumph over evil and its derived illnesses, because the seeds of virtue are indestructible which have the potential to keep growing and blossoming and becoming fruitful. Indeed, in developing the spiritual intervention, I learned that the 3R

intervention can be viewed as a virtue therapy; with its therapeutic focus aimed at meeting God in prayer. Prayer can make the committed mind strong and pure during the communion with God.[1] Through participating in the divine communion, the recruits may receive grace to face emotional pains with courage and hope. This in turn may facilitate the striving for virtues based on the Evagrian framework of eight thoughts. Through the weekly discussion of eight thoughts, participants may better discern the non-beneficial thinking patterns and distorted desires and learn to refute temptations that oppose virtues. Cultivating virtues in turn purifies the inner self and makes it ready for imageless prayer, nurturing inner peace and pursuing the union with God.

I encountered many difficulties in the process of designing and implementing the spiritual intervention. The major issues concerned striking a balance between a more effective style of instruction and a more accessible design of programme. First, in order to allow non-Christians to join the programme, the session plan cannot use a format of teaching spirituality to avoid being accused as a proselytising course. However, this might sacrifice in-depth teaching on Evagrian spirituality, since the therapy manual can only discuss the basic idea of eight thoughts and does not provide the whole schema of Evagrian prayer. I also assumed that long-term depression would interfere with physical strength, concentration power and cognitive processes which might prevent those impaired participants from learning and practising advanced concepts, so the manual does not mention much about the pursuit of *apatheia* and imageless prayer. Basically, the manual provides a detailed exploration framework for a healing journey and I used

[1] Cf.: *Praktikos 49*.

this to guide participants to experience the realities it points to by their own intuitions. Having completed the 3R programme, some participants expressed that they wanted to learn more to advance their spiritual growth.

Second, the 100 minutes of each session and the eight weeks of the programme were not enough for most people to digest the new concepts thoroughly and to build up the healthy habits suggested by the 3R manual. While many participants had spiritual struggles, they were particularly interested in asking theological questions in the group; however, time was short for thorough in-class discussions. Many of them wished the programme did not have to end so soon and hoped to learn more from the researcher.

Finally, the recruitment was very difficult, and it was not easy to secure a suitable venue for both exercises and contemplation at a time at which most recruits were available to attend. Moreover, the researcher failed to retain her participants. The dropout rate was not low (33%) compared to Duke's study of individual RCBT (28%); although it was lower than the 2010 MBCT study (50%). Furthermore, the dropouts created some distress among the first group since, within a small group, withdrawals changed the happy group dynamics for some sensitive participants. In addition, because it was decided not to recruit any PhD students to the study, the researcher had to learn the local culture and tackle her ignorance of local geography, customs and history when some participants shared concerns. These were all practical issues for a pilot study conducted solely by a non-denominational ordained pastor, a foreign theologian, in a city where her network connections and knowledge about the region were very limited.

Amazingly, God's grace is beyond my limitations and failures. As I saw the participants' progress and learned from their self-evaluation, I realised that the intervention did work. More than half of them had improvements as indicated by symptom-reduction scores. Many were either no longer feeling depressed or becoming less anxious and had more confidence to engage in their daily obligations or even pursue their dreams. Some of them experienced a relief of physical disturbances, emotional pains and bitter memories. Although some were still struggling with physical problems or engrained thinking habits; nevertheless, these experiential spiritual exercises promoted their spiritual development regardless of whether they had overcome depression or not. Except one participant, they all became more hopeful, and their well-being was enhanced in a broader sense (spiritual, psychological, physical, social). As a spiritual strengthening programme, aiming to stimulate holistic healing and transformation, the 3R intervention empowered its particpants to step out of their shadows and embark on the preliminary journey of healing. Although it was difficult to measure the spiritual change, and to ascertain the levels of transformation, participants' self-evaluation of the programme gave support to the therapeutic potential of the intervention.

Thinking of the scope for further research, the parable of the sower (Matthew 13: 1-9) came into mind. It resembled what I had experienced. Like a farmer attending to seeds, the researcher sowed the seeds of hope and the seeds of virtue in the hearts of participants. We all know that seeds require multiple inputs, that seeds will face multiple

hurdles, and like this metaphor of farming, during the 3R programme, I sensed that some of the seeds were snatched away by the evil one, because the receivers did not understand the meaning of the texts. Some seeds sprang up quickly but were scorched and withered, because the prepared soil, the pre-established infrastucture for growth, was too shallow, and the roots could not grow deep. Some seeds fell among thorns, and were choked when the pre-existing prejudice and misunderstanding about Christinaity had not been removed. In order to produce fruitful results, the most imporatnt thing is to prepare the soil, to prepare the heart for receiving God's healing grace and to grow spiritual maturity.

The future development of the intervention can be directed by the following steps. Firstly, the 3R programme can be used among pastors and church leaders, since they are supposed to be more advanced in terms of the knowledge and practices of the Christian faith, to cultivate virtues against sinful temptations, heavy-laden weariness and the crisis of burn-out. If their hearts possess good soils and produce abundant fruits which are visible to their family and church members, the 3R programme can be promoted by them to their congregation as a training course for emotionally healthy spirituality to enhance resilience and reduce mental health problems.

Secondly, there is a need for quantitative research and, in particular, for a clinical trial with a control group and a larger sample size. The intervention needs to be tested in other geographical and cultural contexts, and delivered by trained therapists other than

the original author. In these ways, more quantatative data can be obtained and replications of the intervention can shed more light on its wider applicability.

Thirdly, an important step to take for further research will be seeking collaboration with a team, with medical practitioners and social workers. Both the delivery of the intervention and the implementation of the qualitative study are very complex tasks, which are very emotionally and spiritually demanded. It is therefore not appropriate for a single person to handle them all. It was only by the grace of God and by practising Evagrian prayer, that I myself was not worn out or depressed by this process.

Fourthly, the 3R intervention should be tested not only in depression but also with other mental illness, such as bipolar disorder, eating disorder, OCD (Obsessive Compulsive Disorder) and psychotic disorders because emotional instability, thought disturbances, distorted desires and hallucinations are all included in Evagrius' discussions of passions. Among the 3R participants, some came with OCD and psychotic illness but still experienced great improvement.

Finally, numerous clergy have been the frontline community mental health care-givers in their parishes without charging those mentally disturbed any counselling fees.[2] To strengthen those clergy and to enhance their capacity to serve their communities

[2] Andrew Weaver, "Has There Been a Failure to Prepare and Support Parish-Based Clergy in Their Role as Frontline Community Mental Health Workers: A Review," *The Journal of Pastoral Care* 49, no. 2 (1995): 129–47.

better, another educational 3R manual could be designed with additional information about mental health problems and spirtual struggles so as to equip them with adequate medical knowledge while strengthening their spirituality and facilitating their spiritual growth.

Appendix 1: The 3R Therapy Manual

Table of Contents

Part 1: Introduction and Rationale

- Introduction 324
- Background of the 3R Intervention 326
- Who is the 3R Programme for? 330
- Five Essential Spiritual Practices of the 3R Programme 330
- Seven Theological Assumptions of the 3R programme 341

Part 2: Instructor Training and Preparation 350

Part 3: The Initial Interview 353

Part 4: The Structure of Sessions 358

- Session 1: Taste and See 358
- Session 2: Embraced by God 366
- Session 3: Security and Spiritual Wealth 370
- Session 4: Transforming Sadness 374
- Session 5: Calming Your Anger 380
- Session 6: Persevering in Despondency 386
- Session 7: Celebrating God's Recognition 390
- Session 8: Growing Humility 395

Appendix 1: The 3R Therapy Manual

The 3R Meditative Prayer Programme for Depression:

Reconnect-Reorient-Reintegrate

Part 1: Introduction and Rationale

- **Introduction**

The 3R (reconnect, reorient, reintegrate) meditative prayer programme is aimed at equipping people to overcome their struggles with mental disturbance and emotional pain. It is an eight-week theistic group therapy which intends to prevent depression relapse and to promote long-term wellness.[1] The programme is derived from ancient Christian wisdom and practices, specifically from the writings of the fourth-century desert father: Evagrius Ponticus. Evagrius is recognised as "the most acute monastic psychologist" for his thorough analysis of the human psyche, conflicting desires, and

[1] There are notable inconsistencies in the use of terms for clinical depression. In this manual, the use of terms follow the definitions and operational criteria proposed by Ellen Frank and her colleagues. See Ellen Frank et al., "Conceptualization and Rationale for Consensus Definitions of Terms in Major Depressive Disorder. Remission, Recovery, Relapse, and Recurrence." *Archives of General Psychiatry* 48, no. 9 (September, 1991): 851–55. According to the above article, *relapse* is "a return of symptoms satisfying the full syndrome criteria for an episode that occurs during the period of remission, but before recovery." By counting numbers and days of symptoms and noting the pattern and severity of them, Frank et al. specify the terms of an *episode* (consistently and sufficiently in the symptomatic range, a period >D days), *disorder-free* (in the asymptomatic range, except for short breaks <D days) and a *flurry* (a short period outside the asymptomatic range). They also project the spectrum of healing with the terms of partial remission, full remission (>E days but <F days) and recovery (>F days), with the interruptions of relapse during a remission and of recurrence during a recovery. Both remission and recovery can be spontaneous; however, the term recovery is designated for a state free from an episode, not free from the illness.

disturbing thoughts.[2] His manner of dealing with disturbing thoughts through prayer practice has been described as a "self-administered form of cognitive therapy." [3] The 3R programme, however, is designed to be a spiritual therapy, not a religiously-integrated cognitive behaviour therapy (R-CBT): regardless of how similar they may look, the 3R programme is fundamentally different from R-CBT in terms of its theoretical framework, goals, and scope. R-CBT tries to use religious resources as a tool to enhance the rationalisation of conventional CBT to persuade patients to change their negative thoughts according to their particular religious tradition.[4] Whereas the 3R therapy focuses on strengthening patients' inner being by developing their spirituality to re-envision their life in God, to reorient their longings and to experience transformation for the whole person.

By employing Evagrius' eight thoughts as a framework for the programme, the 3R programme intends to raise awareness of the contents and habits of their distorted desires and cognition. Since Evagrian prayer emphasises that participating in the communion of the triune God is the key to transformation, the 3R curriculum attempts to help individuals to develop the capacity to pray in spirit so as to receive the healing

[2] This title appeared in Columba Stewart, "Evagrius Ponticus on Payer and Anger," in *Religions of Late Antiquity in Practice*, edited by Richard Valantasis, 65-81. Princeton, N.J: Princeton University Press, 2000; Also recognised by Gerald L. Sittser. "The Battle without and within: The Psychology of Sin and Salvation in the Desert Fathers and Mothers." *Journal of Spiritual Formation & Soul Care* 2, no. 1 (March, 2009): 44–66.

[3] David T. Bradford, "Brain and Psyche in Early Christian Asceticism," *Psychological Reports* 109, no. 2 (October 2011): 507.

[4] Michelle J. Pearce et al., "Religious Cognitive Behavioral Therapy: 10-Session Treatment Manual for Depression in Clients with Chronic Physical Illness" (Final Christian Version 3-14-14), 10, http://www.spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals, [accessed March 7, 2015].

presence of God. The experience of God's presence is supposed to transform participants' perspectives and orient their desires to more constructive ways of thinking and living. Through this process, they may experience a breakthrough in their struggles with depression, and reconnect with their true selves as well as others around them. This breakthrough in the relationship with themselves may lead to reorientation of desires and goals, which may further enable them to reintegrate their body-mind/soul-spirit into a resilient whole. Such wholeness is the basis for the well-being that the 3R programme is meant to bring about.

- **Background of the 3R Intervention**

Depression is a common mental illness. Conventional treatments, however, have failed to exceed 50% response rates.[5] For those who respond to either pharmacotherapies or psychotherapies, remission rates fall between 27% and 35% in practical, clinical studies, while recurrence rates are high, ranging from 40 to 85% in long-term outcome studies.[6] Moreover, even after remission, patients continue to experience poor long-term clinical

[5] Amber L. Paukert et al. "Integration of Religion into Cognitive-Behavioral Therapy for Geriatric Anxiety and Depression." *Journal of Psychiatric Practice* 15, no. 2 (March 2009): 103–12; Maurizio Fava, A. J. Rush, M. H. Trivedi, A. A. Nierenberg, M. E. Thase, H. A. Sackeim, F. M. Quitkin, et al. 'Background and Rationale for the Sequenced Treatment Alternatives to Relieve Depression (STAR∗D) Study'. Psychiatric Clinics of North America 26, no. 2 (2003): 457–494; E. Frank, and J F Karp. "Efficacy of Treatments for Major Depression." *Psychopharmacology Bulletin* 29, no. 4 (1993): 457–75.

[6] Bradley N. Gaynes et al. "What Did STAR*D Teach Us? Results From a Large-Scale, Practical, Clinical Trial for Patients With Depression." *Psychiatric Services* 60, no. 11 (November 1, 2009): 1439–45; F. Peeters, et al. "The Clinical Effectiveness of Evidence-Based Interventions for depression: A Pragmatic Trial in Routine Practice," 2012. Journal of Affective Disorders 145, no. 3 (March 5, 2013): 349–55; Shannon Hughes, and David Cohen. "A Systematic Review of Long-Term Studies of Drug Treated and Non-Drug Treated Depression." Journal of Affective Disorders 118, no. 1–3 (November 2009): 9–18.

outcomes, regarding psychosocial or occupational functioning.[7] Treatment-resistant depression presents a great challenge to both the individual and society, especially after considering the side effects and financial burden of conventional treatments. Given these statistics, it is clear that existing medical treatments struggle to combat this pervasive illness.[8]

Concurrently, there has been a growing trend to the use of prayer as a coping mechanism for depression.[9] Contemporary research shows a generally positive correlation between religion/spirituality (R/S) and health.[10] Over 443 observational studies have explored the relationship between depression and R/S and these generally indicate that greater intrinsic religious involvement is associated with lower rates of depression and faster recovery.[11] It becomes clear that there is a spiritual dimension to

[7] Noel Kennedy, Kevin Foy, Rafay Sherazi, Michael McDonough and Patrick McKeon. "Long-Term Social Functioning after Depression Treated by Psychiatrists: A Review." Bipolar Disorders 9, no. 1–2 (February 1, 2007): 25–37.

[8] Edward Shorter. *How Everyone Became Depressed : The Rise and Fall of the Nervous Breakdown.* New York: Oxford University Press, 2013, 2.

[9] Amy B. Wachholtz and Usha Sambamthoori, "National Trends in Prayer Use as a Coping Mechanism for Depression: Changes from 2002 to 2007," *Journal of Religion and Health* 52, 2013, 1356-1368.

[10] Harold G Koenig, Michael E. McCullough, and David B. Larson. *Handbook of Religion and Health.* 1st Ed. Oxford ; New York: Oxford University Press, 2001; Harold G Koenig, Dana E. King, and Verna Benner Carson. *Handbook of Religion and Health.* 2nd Ed. New York ; Oxford: Oxford University Press, 2012.

[11] Harold G. Koenig et al., *Handbook of Religion and Health*, 2nd ed., 172; Raphael M. Bonelli, and Harold G. Koenig. "Mental Disorders, Religion and Spirituality 1990 to 2010: A Systematic Evidence-Based Review." *Journal of Religion and Health* 52, no. 2 (February 19, 2013): 666-667.

health that cannot be ignored; within the context of depression, a specific demand has emerged for spirituality-based interventions and religious-integrated psychotherapies.[12] Clinical evidence suggests that spiritual struggles and psychological problems are interrelated.[13] This interwoven psychological and spiritual distress affects physical health, and can be associated with a multitude of immune, endocrine, pro-inflammatory dysfunctions and altered brain functioning.[14] Yet these complex pathological dynamics cannot be easily cured by conventional treatments, which are based on a mechanistic worldview that focuses on symptom control. A holistic worldview which integrates

[12] L. Rebecca Propst, Richard Ostrom, Philip Watkins, Terri Dean, and David Mashburn. "Comparative Efficacy of Religious and Nonreligious Cognitive-Behavioral Therapy for the Treatment of Clinical Depression in Religious Individuals." *Journal of Consulting and Clinical Psychology* 60, no. 1 (February 1992): 94–103; M Z Azhar and S L Varma. "Religious Psychotherapy in Depressive Patients." *Psychotherapy and Psychosomatics* 63, no. 3–4 (1995): 165–68; Alex H. S. Harris, Carl E. Thoresen, Michael E. Mccullough, and David B. Larson. "Spiritually and Religiously Oriented Health Interventions." *Journal of Health Psychology* 4, no. 3 (May 1, 1999): 413–33; Doris Rajagopal, Elizabeth Mackenzie, Christine Bailey, and Risa Lavizzo-Mourey. "The Effectiveness of a Spiritually-Based Intervention to Alleviate Subsyndromal Anxiety and Minor Depression among Older Adults." *Journal of Religion and Health* 41, no. 2 (2002): 153–66; Sabine Moritz, Hude Quan, Badri Rickhi, Mingfu Liu et al. "A Home Study-Based Spirituality Education Program Decreases Emotional Distress and Increases Quality of Life-a Randomized, Controlled Trial." *Alternative Therapies in Health and Medicine* 12, no. 6 (December 2006): 26–35; George A Hurst and Marion G. Williams. "Faith-Based Intervention in Depression, Anxiety, and Other Mental Disturbances." *Southern Medical Journal* 101, no. 4 (200804): 388–92; Sabine Moritz, Mary T. Kelly, Tracy J. Xu, John Toews, and Badri Rickhi. "A Spirituality Teaching Program for Depression: Qualitative Findings on Cognitive and Emotional Change." *Complementary Therapies in Medicine* 19, no. 4 (2011): 201–7; Michelle J. Pearce et al. "Religiously Integrated Cognitive Behavioral Therapy: A New Method of Treatment for Major Depression in Patients with Chronic Medical Illness." *Psychotherapy*, Cognitive-Behavioral Psychotherapy, 52, no. 1 (March 2015): 56–66; H. G. Koenig et al. (2015). "Effects of Religious vs. Standard Cognitive Behavioral Therapy on Therapeutic Alliance: A Randomized Clinical Trial." *Psychotherapy Research*, 1-12; H. G. Koenig, et al. (2015). "Religious vs. Conventional Cognitive Behavioral Therapy for Major Depression in Persons with Chronic Medical Illness. A Pilot Randomized Trial." *Journal of Nervous & Mental Disease, 203*, 243-251.

[13]Kenneth Pargament. *Spirituality Integrated Psychotherapy: Understanding and Addressing the Sacred*, New York: Guilford, 2011, 177-181.

[14] Harold G. Koenig, "Religious versus Conventional Psychotherapy for Major Depression in Patients with Chronic Medical Illness: Rationale, Methods, and Preliminary Results." *Depression Research and Treatment* 2012 (2012): 1–11; Catherine Belzung, Paul Willner, and Pierre Philippot. "Depression: From Psychopathology to Pathophysiology." *Current Opinion in Neurobiology*, 30 (February 2015): 24–30.

physical, psychological and spiritual dimensions should be the basis of an alternative treatment in order to tackle the spiritual dimension of illness. The 3R intervention is created out of this worldview seeking for a holistic approach to medicine.

The 3R intervention acknowledges that the painful experience of depression cuts straight "to the heart of one's spiritual being" and must be treated by remedies that can reach the depth of one's spiritual being.[15] Depression in Evagrius' writing is explored in the context of despondency (the noonday demon), which is not a single problem but a conglomerate of various spiritual weaknesses that "loosens the tension of the soul."[16] These weaknesses render a soul vulnerable to the attack of despondency.[17] Evagrius uses an image of a dark army overpowering the soul to depict the severest condition, where irrational desires multiply, rendering an individual "insensible by extinguishing the powers of his sense organs."[18] Overall, Evagrius considers despondency to be an illness that impairs the whole person, as it envelopes the entire soul, suffocates the mind and finally renders the body senseless.[19]

---

[15] Dan G. Blazer. "The Depression Epidemic: Why We're More Down Than Ever -- and the Crucial Role Churches Play in Healing." *Christianity Today* 53, no. 3 (1 March 2009): 22–31; John R. Peteet. *Depression and the Soul: A Guide to Spiritually Integrated Treatment*. New York: Routledge, 2010, 194. Peteet asserts that spiritual answers are important to existential questions even in conditions that involve a biological component.

[16] Evagrius, *Eight Thoughts* 7.20, in Robert E. Sinkewicz trans., *Evagrius of Pontus: The Greek Ascetic Corpus*. Oxford: Oxford University Press, 2003, 86.

[17] Evagrius, *Vice* 6.4.

[18] Evagrius, *KG* IV, 85, by Luke Dysinger's translation, http://www.ldysinger.com/Evagrius/02_Gno-Keph/00a_start.htm [accessed 7 March, 2015].

[19] Evagrius, *Praktikos* 36.

Through a spiritual lens, however, Evagrius is optimistic about reaping the benefit of this affliction, as he perceives that with God's assistance, despondency can allow the soul to be "well-tried" to the highest degree so as to develop courage and perseverance.[20] His spiritual practices therefore encourage nurturing the bravery of thankful acceptance in times of depression, instead of escaping such struggles.[21] For Evagrius, by persevering in prayer, the sufferer will harvest the fruit of resilience.

- **Who is the 3R Programme for?**

The 3R programme is open to anyone with or without religious orientation as long as they wish to benefit from Christian resources and are willing to follow the programme's instructions genuinely. The programme is explicitly not a tool for proselytising.

- **Five Essential Spiritual Practices of the 3R Programme**

The 3R programme can be considered as a self-help prayer therapy; nevertheless, participants are not alone in the journey of healing as a consequence of numerous opportunities to learn, practise and interact in a group as well as benefit from the instructor's facilitation. Following Evagrius' analytical system of thoughts, the programme instructor's task is to provide this thematic framework as a road map for participants to embark on a journey of self-discovery and self-investigation. Throughout this journey, guided spiritual practices and behavioural exercises are provided to

[20] Evagrius, *Eulogios* 8 and *Praktikos* 28; Gabriel Bunge, *Despondency: The Spiritual Teaching of Evagrius Ponticus on Acedia*. Yonkers, N.Y: St. Vladimir's Seminary Press, 2012, 92.

[21] Evagrius, *Praktikos* 28.

facilitate a renewal of the mind and the heart. These practices are designed as experiments to allow participants to gain new experience when exploring new perspectives.

One should note, however, that changing the self's inaccurate assumptions and unbeneficial thinking framework is a life-long learning process. Rather than relying on the eight weekly sessions as the primary locus of change, the 3R programme seeks to mobilise participants using these eight weeks as the start to practice the methods and principles of this system in their daily life beyond the end of the programme to experience transformation.

1. Examining Troublesome Thoughts

The examination of thoughts is the first prayer practice of the 3R. Evagrius essentially classifies thoughts into three broad types: angelic, human and demonic.[22] Angelic thoughts are thoughts of light that are God-sent, heavenly inspired, relating to the investigation of the properties of nature, and reflections of their spiritual principles.[23] Human thoughts are acquired directly from the five physical senses of the human body.[24] Demonic thoughts are thoughts of darkness that are intrusive, troublesome and often associated with "incomplete images"[25] which motivate the mind to dangerous

[22] Evagrius, *Thoughts 8.*

[23] Ibid.

[24] Evagrius, *Reflection 19.*

[25] Evagrius, *Thoughts 25*.

reasoning and to self-destructive behaviours. Such evil thoughts often emerge involuntarily, leading the mind astray, disturbing the heart, and making the person emotionally vulnerable. Thus, the 3R is concerned to detect disturbing thoughts as they emerge.

By reconceptualising troublesome thoughts as demonic, participants will be warned of the dangerous nature of these thoughts, seeing these disturbing thoughts as intruders encroaching their mind. The practice of detecting demonic thoughts can alert people to the fact that to entertain troublesome thoughts is dangerous, and thus prompt them to distance themselves from these self-defeating beliefs. Moreover, by recognising demonic thoughts, the 3R intends to encourage people to engage actively in a battle to cut off demonic thoughts. Thus, they would be empowered to clear out their clouded mind, to gain the clarity of reality and to face life's challenges with courage.

Troublesome thoughts are akin to the verbalised automatic thoughts observed by Aaron Beck in his depressed patients.[26] Beck also reports that his patients "frequently observed that an unpleasant thought preceded the unpleasant affect."[27] In Beck's cognitive therapy, therefore, patients must learn to treat their thoughts "as hypotheses rather than as facts and to put these thoughts to the test."[28] Beck's method of examination of

[26] Aaron T. Beck, "Thinking and Depression: I. Idiosyncratic Content and Cognitive Distortions." *Archives of General Psychiatry* 9, no. 4 (October 1, 1963): 329.

[27] Beck, "Thinking and Depression," 1963, 330.

[28]Aaron Beck and David J. A. Dozois. "Cognitive Therapy: Current Status and Future Directions," *Annual Review of Medicine* 62, no. 1 (2011): 400.

thoughts focuses on authentication: therapists take an active and directive role to challenge patients' depressive thoughts. In the therapist's eyes these thoughts lack evidence and logic, and patients are required to act as the collaborative investigator in dialogue with a series of questions posed by the therapist. The goal of this authentication is to evaluate the validity and accuracy of these depressive thoughts.[29] By refuting automatic negative thoughts as irrational and illogic, a cognitive therapist tries hard to help patients to give up these thoughts.

The 3R intervention is different from Beck's therapy in the way that the 3R recognises that troublesome thoughts have their own reasonings that use incomplete memories as evidence to compel the mind for self-justification. Thus, rather than relying on a therapist externally to identify the depressive thoughts as irrational thoughts, in the 3R, patients are encouraged to examine their dangerous reasoning from their personal perspectives to evaluate whether these thoughts are beneficial or unhelpful to them. In this way, patients are empowered to make a right choice—to fight against the unhelpful thoughts which are damaging their life.

In the Evagrian system, troublesome thoughts are "a matter of tempting persuasions" coming from evil influence [30] For Evagrius, these thoughts (*logismoi*) are not just ideas but tendencies of thinking, imagination, strings of consideration as means of temptation

[29] Aaron Beck, "Thinking and Depression: II. Theory and Therapy." *Archives of General Psychiatry* 10, no. 6 (June 1, 1964): 569; Ivy-Marie Blackburn, and Kate M. Davidson. *Cognitive Therapy for Depression and Anxiety: A Practitioner's Guide*. Oxford: Blackwell Science, 1995, 51.

[30] Gabriel Bunge, *Despondency: The Spiritual Teaching of Evagrius Ponticus on Acedia*, 41.

that invade mind and heart and stir up desires.[31] The representative list of thoughts includes gluttony, fornication, avarice, anger, sadness, acedia (despondency), vainglory, pride, and their common source of self-love, as well as other related thoughts such as jealousy and insensibility.[32] These thoughts are launched against individuals like evil arrows shot to inflame them with erroneous concepts and distorted desires and to consume them with misery and bitterness. We can easily spot such tempting moments in people's daily life. When people are too weak to fight against these forms of dangerous reasoning, they become distracted and discouraged from the purpose in life.

Two cases are presented here to demonstrate the importance of reconceptualising troublesome thoughts as demonic. For example: There was a female PhD student who received less help from her male supervisor than she originally expected and became agitated and distressed. Since the supervisory style did not change much after her implicit complaint, she was tempted to think that her supervisor was not treating her with respect and love. She gradually developed a theory of male chauvinism in the circle of academia to explain why her supervisor was behaving this way towards her. Gradually these trains of thought nurtured a tendency of thinking bitterly about her supervisor. These angry and unforgiving desires eventually consumed the student and made her think that all the male scholars in the department were male chauvinists. Since then, she lacked motivation to join most activities held by the department and became

[31] Kevin Corrigan. *Evagrius and Gregory: Mind, Soul and Body in the 4th Century*. Farnham, England: Ashgate Pub. Ltd, 2009, 73; Andrew Louth. *The Wilderness of God*. 2nd ed. London: Darton Longman & Todd, 2003, 51.

[32] Evagrius, *8 Thoughts*, *Reflections 53*, *Eulogios 17*, *On Thoughts 11*.

isolated and unhappy. These "tempting" thoughts are denoted by Evagrius as evil or demonic which should be cut off from the very beginning when they are identified.

Another obvious example of such evil thoughts is demonstrated by the case of Germanwings co-pilot Andreas Lubitz, who committed murder-suicide by intentionally crashing his plane into the French Alps, killing 150 people.[33] Although no one will ever know exactly what was in his mind, it is reported that people who knew him were struggling to accept that a "quiet, affable man" could be capable of such evil, because these evil thoughts are absurd and contrary to human nature.[34]

In fact, Lubitz's struggles with depression started just a year into his commercial pilot's training while he began to fulfil his childhood dream. Although he had undergone various psychiatric treatments, particularly for his suicidal tendencies, it seems he finally submitted to these disturbing temptations. His former girlfriend testified that he frequently woke up from nightmares, screaming: "We're going down!" According to her he once stated that: "One day I will do something that will change the whole system, and then all will know my name and remember it."[35] Subsequent reports suggested that he was struggling with the fear of going blind (which would have ended his aviation

[33] Alps plane crash: What happened? http://www.bbc.co.uk/news/world-europe-32035121 [accessed 6 May, 2015]; http://www.dailymail.co.uk/news/article-3121175/Germanwings-pilot-researched-deadly-drugs-living-will.html [accessed 12 June, 2015]; http://www.cbc.ca/1.3013485 [accessed 28 March, 2015]; http://www.theguardian.com/world/2015/mar/27/germanwings-co-pilot-andreas-lubitzs-background-under-scrutiny [accessed 28 March, 2015];

[34] http://www.bbc.co.uk/news/world-europe-32087203 [accessed 27 March].

[35] http://www.theguardian.com/world/2015/mar/27/germanwings-co-pilot-andreas-lubitzs-background-under-scrutiny [accessed 28 March, 2015]

career), but the Marseille prosecutor Brice Robin stated that "it was not yet clear if the vision woes were real or imagined."[36] Nevertheless, the investigation has provided enough evidence to allow Mr. Robin to declare that Lubitz had a "deliberate desire to destroy this plane."[37] Overall, this tragedy has revealed the extent to which troublesome thoughts can inflame an individual's distorted desires and dangerous ideas, culminating in international disaster. This example also demonstrates that "demonic thoughts" are mental/spiritual battles, which do not come from ontological possession but from an evil influence that emerges in dreams, in mental images or memories.

Under the 3R system, carefully examining and distinguishing one's thoughts is the first step towards healing emotional and mental wounds. In practice, Evagrius advises that we should mindfully collect our thoughts and put them under scrutiny, and then shake off the tempting thoughts like raindrops from our inner self as soon as we discover them.[38] If some difficult thoughts have been deeply ingrained in our memory before we have learned to examine them mindfully, however, Evagrius' teachings also provide us with further tools to uproot them.

2. Talking Back with Divine Assurances

[36] http://www.dailymail.co.uk/news/article-3121175/Germanwings-pilot-researched-deadly-drugs-living-will.html [accessed 12 June, 2015]

[37] http://www.telegraph.co.uk/news/worldnews/europe/france/11496066/Andreas-Lubitz-Everything-we-know-about-Germanwings-plane-crash-co-pilot.html [accessed 3 June, 2015].

[38] Evagrius, *Eulogios 1, 2, 4*.

The second prayer method is "Talking Back," which suggests that we use relevant biblical passages to combat the pursuit of troublesome thoughts. This practice is inspired by Jesus Christ when he was tempted harshly by Satan; he employed the Holy Scriptures to fight and to win the battle.[39] Likewise, Evagrius employed biblical texts as a "mirror of the soul" to enlighten his own inner struggle and to verbalise the verses that moved his heart as his weapons to keep those intrusive, overpowering thoughts at bay.[40] When he became more experienced, he could completely destroy these thoughts by answering with divine biblical assurance. In a slightly similar manner, Beck also reported that his patients found that "by verbalizing to themselves the reasons why a particular idea was erroneous they were able to reduce its intensity and frequency and, also, were less upset by it."[41]

Although Beck's cognitive therapy intends to help a patient align his thoughts with reality through the process of authentication, one can still struggle with negative feelings following such therapies.[42] While the therapists' viewpoints are the patients' axis to locate and define their problematic thoughts, together with the patients' own common sense as the other axis, it is still up to the therapists to help patients to deal with the emotional ramifications.[43] In contrast, in the 3R programme, biblical texts are provided

[39] Evagrius, *Talking Back: A Monastic Handbook for Combating Demons.* Translated by David Brakke. Trappist, KY: Cistercian Publications, 2009, 49.

[40] John Cassian, *Conferences*, Translated by Colm Luibheid. New York: Paulist Press, 1985, 10.

[41] Beck, "Thinking and Depression," 1964, 569.

[42] Beck and Dozois, "Cognitive Therapy," 2011, 400.

[43] Ibid.

as a mirror in effect, with the treasures of wisdom and knowledge drawn from the whole range of life's struggles. This mirror allows participants to observe their inner selves and to dialogue with the critical viewpoints of the texts by comparing and contrasting their situations with the authors of the texts. In this way, they may get the *logoi* of Christ—God's hidden purposes and meanings of life, by themselves, which creates a more sustainable model of therapy.

In the exercise of chanting psalmody (the praying poems) participants are invited to listen attentively to those who were journeying through various kinds of life challenges and crying out to God to receive comfort, deliverance and guidance. Likewise, they may be inspired by these naked human feelings and further utilise these divine assurances in dealing with troublesome thoughts. Finally, those depressive mentalities may be shifted into hopeful perspectives.

3. Developing Spiritual Senses

To develop spiritual senses is crucial for one to connect with God: the origin of love and life. In turn, this connection enables one to experience the transformational power of the Holy Love and to develop a loving relationship with oneself, the other and the world. This practice is meant to enhance the bonding with God so as to invoke boldly the grace and mercy of God to overcome the "negative cognitive triad."[44] The spiritual senses are

[44] The negative cognitive triad is proposed by Aaron Beck as the typical symptom of depression, as he described "the biased interpretations of events are attributed to the activation of negative representations of the self, the personal world and the future." In Beck, "The Current State of Cognitive Therapy: A 40-Year Retrospective." *Archives of General Psychiatry* 62, no. 9 (September 1, 2005): 954.

functions of the mind analogous to their corresponding physical senses, according to Evagrius. For example:

> "[S]ight shows [the mind] intelligible objects nakedly. Hearing receives the reasons which concern these. The sense of smell enjoys their fragrance, uncontaminated by any falsehood, and the mouth receives their taste. Through touch it is confirmed in the accurate demonstration of the things perceived" (Evagrius Ponticus, *KG* II.35).[45]

As when we engage our physical sensations, we do not need to educate our mind about how to engage its spiritual perception, but being aware that we possess these faculties and practising them properly will make the spiritual senses of our mind more skilful. Further, Evagrius talked about his experience of prayer as like a bride developing an intimacy with her bridegroom; this spousal image was meant to guide those who aspire to be closer to God to enter into their inner chamber to embrace their bridegroom, Jesus Christ. He describes this in his *Exhortation to a Virgin*:

> "Virgin eyes shall behold the Lord, and the ears of virgins shall hear his words. The mouth of virgins shall kiss the bridegroom, and the nose of virgins shall be drawn towards the odour of his perfumes. Virgin hands shall touch the Lord, and their chastity of the flesh shall prove acceptable" (*Vg* 55).[46]

But how to practise this? Again, the exercise of chanting psalmody will be helpful in enlightening the soul to see clearly who the Lord is (his mentality), and the words of psalmody will challenge the soul's reasoning (spiritual ear of the mind) to discern the way of the Lord, and its sense of smell will enjoy the fragrance of the discovered truth,

---

[45] Jeremy Driscoll, *Steps to Spiritual Perfection: Studies on Spiritual Progress in Evagrius Ponticus*. New York: Newman Press, 2005, 40.

[46] Evagrius, *Virgin 55*.

and the soul will taste its sweetness, and finally its touch will extend the spiritual receptors of the mind to hold unto the presence of the Lord.

4. Nurturing Contemplative Silence

Chanting psalmody is also an exercise to nurture contemplative silence. In fact, the spiritual senses of smell, taste and touch would be processed in the silent intervals in between chanting. Normally Evagrius would have three minutes of silence between each psalm, where this physical silence opens a deeper inner space for contemplation. His practice of imageless prayer serves further to prepare the soul into mental silence (inner stillness) to meet her Lord in order to reach the spiritual union with God. For Evagrius, this mental silence could only be achieved through practising virtues, renouncing distorted desires and pursuing an ever-greater longing for God. In fact, in this contemplative silence, the soul is immersed in active, vigorous spiritual interaction, full of spiritual energy, light and music, but from outer appearance, it is in a state of silence. Even for beginners, however, in the midst of chanting psalmody, these silent intervals will create a space for each participant to loosen the grasp of their distorted thoughts and to allow God's love to wash over their wounded memories, letting go of them and paving the way for God's presence to fill their inner self with ineffable joy and tranquillity.

5. Caring for others.

The practice of intercessory prayer is intended to nurture a heart able to care for others with empathy and support. This is therapeutic because it creates an opportunity for

participants to shift their attention from being self-centred to other-centred. At the same time, they can feel a sense of community through praying together with one heart, as their compassion and altruism are united to care for each other and together to extend their care to those whom they may not know personally. To exert their power and attention on something worthy of concern will also enhance a sense of honour and promote higher visions. This may serve to block the intrusive stream of negative rumination, and form a community with mutual encouragement and hope for future.

- **Seven Theological Assumptions of the 3R programme**

The 3R approach is based on seven assumptions drawn from Christian traditions.

1. **God is love (1 John 4:16).**

That God the Creator is present all the time with his creation and his love and grace is unconditional towards all people, no matter how his existence is acknowledged. God's love is available for "all who take refuge in him" (Psalm 2:12b). For those who suffer from depression, God's love and grace are valuable resources to enhance their volition to live and to strengthen their inner power to change. For many people, however, it seems not easy to perceive God's presence and love. Fortunately, the Bible reassures us that: "Everyone who loves has been born of God and knows God…Whoever lives in love lives in God, and God in him" (1 John 4:7b, 16b). Thus, the best way to know God and experience God's love is to practise love. Those who love each other sincerely and deeply may sense that God is not far from them and, indeed, that God is journeying with them in the midst of their suffering. In fact, some recovery stories also witness that a

caring relationship in which one takes responsibility to care for others' needs gives suicidal patients a reason for living.[47] The 3R programme therefore contains an intercessory prayer component.

2. Jesus Christ, Son of God, is the physician of souls.[48]

The health of souls is the central concern of Christianity, where the Scripture states: "Surely he took up our infirmities and carried our sorrow…But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed" (Isaiah 53: 4a, 5). In his lifetime, Jesus of Nazareth called people to receive the grace of the kingdom of God: "Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls" (Matthew 11: 28, 29). What the 3R programme draw from this is that cultivating virtues such as gentleness and humility is the drive for self-examination. To nurture purity in heart will enhance a person's ability to love others. Evagrian therapy goes beyond cognitive therapy, which merely tests distorted thoughts under the criteria of logic and evidence, to tests them also in light of Christ's love and virtues.

[47] Frederic C. Craigie, "Stories of Joy and Sorrow: Spirituality and Affective Disorder" in *Spirituality and Narrative in Psychiatric Practice: Stories of Mind and Soul*, (London: The Royal College of Psychiatrists, 2016), 71. I was grateful for the privilege to read the pre-published draft in 2014 when I wrote this manual.

[48] Luke Dysinger, *Psalmody and Prayer*, 104-130.

3. **Renewing the mind and not conforming any longer to unholy patterns of thinking is a spiritual act of worship.**[49]

For Evagrius, "The mind is the temple of the Holy Trinity" (*Reflections* 34), and in order to seek God without distraction and disturbance, the devoted will pray hard to purify themselves from all distorted thoughts and compelling desires. In this way, prayer becomes "a defence against sadness and discouragement."[50] Moreover, if the desire for God is ever increasing, the desire to imitate Christ's virtues will also become stronger, and this in turn will initiate change.

4. **"Prayer with perception" is essential in order to experience transformation.**[51]

As Evagrius instructed: "Do not adopt only the outward forms of prayer, but turn your mind towards conscious perception of spiritual prayer with great fear" (*Prayer* 28). Here, "with great fear" means by maintaining an attitude of the fear of God to pay great reverence to God, because God alone is the Ultimate Judge, as in the end, we all must come before God to face the standard of God, so we do not need to judge ourselves and neither do we need to care too much about others' judgments towards us. Many times, people believe they know how to pray but they have never experienced God's transformational power, so Evagrius reminds us that "[w]hether you are praying with the brothers or by yourself, struggle to practise prayer not by habit but with perception"

[49] Romans 12: 1, 2. Paul's injunction.

[50] Evagrius, *Prayer 16*.

[51] This term comes from Evagrius, *Prayer 42*.

(*Prayer 41*). "Prayer with perception involves the engagement of the mind accompanied by reverence, compunction, and suffering of soul, along with confession of failings with unspoken groanings" (*Prayer 42*). This kind of prayer will help the praying individuals to face themselves and God openly and without shame and inhibition, and hence it will release stress and bring peace and hope to them. In fact, the book of Psalms contains many good examples of this kind of prayer and this is why the 3R programme uses the book of Psalms to sharpen participants' spiritual perception and to enable them to pray mindfully.

For many people, however, it seems difficult to communicate with God. This leads to the fifth assumption.

5. Praying to God can be as natural as breathing.

According to the Bible, when we do not know what we ought to pray for, the Spirit of God will come to help us in our weakness and to pray inside us with groans that words cannot express.[52] This implies that in time of distress, it is God the Holy Spirit who initiates the prayer in us; like the breath of life which was breathed into the first human being by God in the beginning, the life-giving God is praying through us actively. Evagrius notes, therefore, that "Prayer is a communion of the mind with God" (*Prayer* 3), for prayer is as simple as a dialogue, a mutual, intimate interaction initiated by God (who breathes in) and responded by the person who prays (breathes out); hence it is not a wishful monologue projecting to an unanswerable void. Indeed, our mind, the

[52] Romans 8: 26.

perception centre of our being, is made for prayer, provided that the spiritual senses of the mind are fully developed so it could listen attentively to what God has already whispered to us.

Prayer can also be as simple as sunbathing, for prayer is a mindful attempt to allow oneself to open freely, exposed under "the sun of righteousness"— where God's presence will shine upon us with healing in its wings of light.[53] As long as the patients would attempt to go under 'the sun' and to have a deep 'breath,' therefore, the 3R programme will not cost them much and it will provide a venue for the depressive individual to encounter the Holy Spirit who is waiting to embrace the individual with affirmation and encouragement.

6. Body-soul (mind)-spirit is the human trinity that interacts with the triune God.

The sixth assumption of the 3R is that human nature is an integration of body, mind/soul and spirit, where the mind is the highest directing part of the soul, and the faculties of thinking and feeling are intertwined in the soul which cannot be divided. The human spirit is also integrated with the mind in human beings, however, as the locus of interaction with the Holy Spirit. Evagrius therefore uses a loosely defined description of body, spirit and soul to resemble this integration with the divine Trinity:

> "But it is not only among people that the bond of peace (Eph. 4.3) is to be sought, but also in your body and in your spirit, and in your soul. When you unify the bond of this trinity of yours by means of peace, then, unified by the

[53] The image is drawn from Malachi 4: 2.

> commandment of the divine Trinity, you will hear: 'Blessed are the peacemakers for they shall be called sons of God' (Matt. 5:9)." (*Eulogios* 5-6)

Here, Evagrius clearly suggests that unifying the body/spirit/soul of a person as a whole is as important as making peace among people, and this harmony of integration can only be achieved through the bond of peace that comes from the observance of the Holy Scripture of the divine Trinity. The 3R programme therefore values the resource of biblical texts highly as it contains the hidden wisdom and knowledge of God for acquiring peace to maintain the integration of our being.

To attain such integration is not without struggles, however. This leads to the seventh assumption, the concept of sin.

7. The notion of sin

First, sin is a biblical term, which has many shades of meaning, whether translated from Hebrew or Greek. This notion can refer to thoughts, words or deeds that constitute a state of missing the mark, the perfect will of God; or it can indicate a state of living in alienation from God. *The Westminster Dictionary of Theological Terms* therefore defines sin as "the human condition of separation from God that arises from opposition to God's purposes."[54]

[54] Donald K. McKim. *The Westminster Dictionary of Theological Terms*. Second edition, revised and expanded. Louisville, Kentucky: Westminster John Knox Press, 2014.

Second, the cause of sin, according to Evagrius, is "a pleasure hostile to humanity, born of free will, and compelling the mind to make improper use of the creatures of God."[55] Evagrius understands that sin does not belong to human nature; neither does it come from God's creation; but a hostile evil covered up by the outfit of pleasure determined to distort and to enslave humanity by its own will. People who suffer from acute depression, especially those who have experienced sexual abuse, should have no difficulty in identifying sin manifesting itself in defiling thoughts, morally corrupted acts, and cruel behaviours from those who harmed them. They may fully understand what Evagrius observed: "Sin for a monk is the consent of the thought to the forbidden pleasure."[56]

This comes to the third point of our discussion of sin: no matter how powerful the hostile pleasure is, any person who gives his or her consent to desire this pleasure is responsible for the sin. Because once they give consent, the door is open to enact the sinful desire. Human beings are endowed with free will; therefore, to struggle not to sin depends on not submitting oneself to evil thoughts. Even after temporarily succumbing to sin, however, hope is still there; since by repenting deeply and seeking forgiveness wholeheartedly, one can still be restored to God's purpose with integrity. That is the faith to God and the promise of God.

[55] Evagrius, *Thoughts* 19.

[56] Evagrius, *Praktikos* 75.

Fourth, the notion of sin can also be used to indicate a state of mind which is subjected in slavery to impurity and distortion, after individuals are oppressed by the evil power which enslaves humanity and defiles their body to make them fall short of God's glory. Many victims may already have experienced this reality and find it hard to form a sensible explanation, as under the aftermath of others' sins, they are overwhelmed by troublesome thoughts and unwanted desires which make them feel more impure and degraded. This consciousness of remaining holy and wholesome is the God-endowed nature within humanity, a spiritual identity reflecting that human beings are made in God's image, so when individuals are unable to maintain this state, they would feel shameful and worthless.

Moreover, since the law of sin would keep waging war in their body against the law of their mind;[57] not uncommonly, these victims would initiate self-harming behaviours to wallow in pain, another hostile pleasure, in order to numb their traumatic memories and to distract themselves from anxiety and hopelessness. In a world of brokenness, despite the undeniable power of sin, it has already been defeated by the power of redemption and resurrection in Christ. The journey to reconnect to one's true identity, to reorient to one's true calling and purpose in the world, and to reintegrate oneself to a dignified whole is a possible mission.

Overall, the 3R programme is an intervention based on the Christian worldview and it attempts to use this to fill in gaps in contemporary treatments of depression. Since

[57] Evagrius, *Eulogios* 6.6; Romans 7:23.

research has shown that spiritual interventions have promise, let us hope for the best as we embark on this journey.

Part 2: Instructor Training and Preparation

- **Baseline Training**

Given that the 3R programme is a spiritual intervention, it is intended for use by chaplains, pastors and others operating in a similar capacity. All instructors must be practising Christians who are pastorally sensitive, wise and experienced in Christian spiritual practices. Most importantly, they must receive initial baseline training so as fully to understand the theory and practice of the 3R intervention. Understanding the theoretical framework will allow instructors to integrate these spiritual practices into their daily lives, enabling them to be better guides for programme participants. It is highly recommended for potential instructors to already have completed an appropriate theological education as well as attending some courses in psychological therapy or pastoral counselling. The baseline training for instructors comprises first the examination of Christian spirituality and prayer practices, including both apophatic and cataphatic traditions, before it focuses on exploring Evagrian spirituality and prayer practices.

- **General Attitudes**

Before leading each session, it is necessary for instructors to have reviewed the curriculum of the session and prayed through the selected psalms of the session in order to remember the session's goals. Spending time in solitude to nurture tranquillity and praying for each participant will allow instructors to better prepare for unexpected questions or crises. By the time instructors begin a session, they shall have possessed the

qualities of a cheerful heart, a sensible mind, and a warm manner of reception to welcome participants to join the 3R journey. These attitudes also apply to the initial interview session.

- **Setting Preparation**

It will require at least 15 min before a session begins to prepare the setting with chairs around a circle, to light candles in the middle of the circle on a coffee table and to play the music CD (Taizé songs such as *Ubi Caritas*, *Nada te turbe* will make a good transition to the start). This way will make the overall atmosphere calm and pleasant. In addition, enough copies of the weekly hand-out must be made and be ready in place along with a time signal instrument (such as a music-bell) and an olive wood cross (for intercessory prayer).

Time	Agenda	Aim
10:00-	Greeting and breathing exercise	To prepare the heart
10:05	Introduction and orientation (1) Feedback on home practices (2-8)	To become familiar with the group and the ground rules To introduce the theme of this session. To review home practices and discuss difficulties
10:15	Experiential exercise	To develop spiritual senses
10:25	Reflection & Discussion	To recognise the nature of spiritual perception
10:30	Psalm-Prayer 1	To revive the heart and expand it
10:45	Reflective feedback	To discuss any findings and difficulties
10:50	Psalm-Prayer 2	To exalt the heart, connecting it with assurance

11:10	Reflective feedback	To share any insight or prayer request or raise questions
11:20	Caring exercise	To stretch one's ability to care for others
11:35	Handout and assignment	Explain how to use handout and practice at home

- **Session Format**

Each session follows a similar format as shown in the timetable above.

- **Session Length**

Each session is 100 minutes long. Instructors may find that some sessions will take 5-10 minutes longer, depending on how much time participants need for response and discussion. Instructors must make sure not to extend a session by more than 10 minutes so as to avoid participants becoming tired.

- **Handing a Crisis**

Before running the 3R programme, an emergency network must be in place; each participant should be given an emergency contact list. For community participants this will include the instructor, their key workers, and the community psychiatric nurses; for inpatients this will include the instructor, their psychiatrists, and the hospital emergency service. In the event of a crisis every measure must be handled with efficiency in order to stabilise those who are in danger and ensure their safety.

Part 3: The Initial Interview

- **Introduction**

This pre-session interview is a one-on-one meeting. The instructor may need to allow 60 minutes to allow a new recruit to respond fully to discussion in order to identify a good match for participating the 3R programme. This meeting also aims to lay a good foundation for participants to understand the basic rationale and format of the programme.

- **Materials for the meeting**

It is better that potential recruits receive the materials for the meeting before the initial interview. These are:

1) A brief introduction to the 3R programme
2) Forms for depression assessment, to be completed before the interview if possible

- **Rapport building and programme format introduction (10 min)**

The instructor begins by introducing herself. She must make sure to mention her professional training and experience before inviting the participant to share aspects about himself, including the problems that led him to consider joining the programme. The instructor will then present the format of the programme and inquire into the participant's expectations and questions.

- **Assessment of depression and spiritual/religious experience (15 min)**

In this section, the instructor will simultaneously review the participant's completed depression assessment forms and invite the participant to read the following questions which will help him to reflect on his spiritual and religious experience.[58]

1) What role does spirituality or religion play in your life?
2) Do you attend religious services? How frequently?
3) Do you pray? How often?
4) Do you enjoy reading religious or spiritual literature, such as the Bible?
5) What effect, if any, does your spirituality have on your depression and vice versa?

Discuss this set of questions in order to understand the participant's spiritual/religious background so that the instructor could tailor a client-centred response in the following conversation.

- **Discuss the 3R rationale for recurrent depression (10 min)**

Presentation of the theory of the 3R will begin with the introduction of the three types of thoughts: angelic, human and demonic thoughts. Angelic thoughts are thoughts of light that are God-sent, heavenly inspired, such as ideas for investigation in science, creative motives in art, literature or music, and revelations in the reflection of spiritual principles.

[58] The following five questions are mainly taken from the Religious Cognitive Behavioral Therapy (RCBT) manual (Christian Version), in Jeseph W. Ciarrocchi, Debbie Schechter, Michelle J Pearce, and Harold G. Koenig, 10-Session Treatment Manual for Depression in Clients with Chronic Physical Illness, 2014, p. 8, http://www.spiritualityandhealth.duke.edu/images/pdfs/RCBT Manual Final ChristianVersion 3-14-14.pdf (Assessed in Feb 9, 2014). Nevertheless, their original questions were partially taken from Ciarrocchi, 2002.

Human thoughts are acquired from the five physical senses, which come from human nature such as the natural affections of blood between parents and children.[59] Demonic thoughts are thoughts of darkness that are intrusive and prompted by evil influence. Although human thoughts are very complex structures and the thoughts from human "nature" are basically good and neutral; nevertheless, the evil influence can distort our natural feelings and warp our memories through images. These incomplete images can influence our physical condition "to produce some strange fantasy" in our mind in order to deceive us.[60] Once the vulnerable individual gives consent to the evil prompting, it will imprint in his mind deeply like stamping in hot wax. Overtime, if he does not actively cut back this bad thought, it will form a habit and then a passion (*pathos*: distorted desires) of his soul. To distinguish within oneself each thought that comes to mind is therefore crucial in fighting against the troublesome thoughts. The instructor may explain the possible trajectories that relate to dark thoughts which make one vulnerable to depression and suicidal ideation by using the examples in the Manual.[61] The participant will be asked whether this model makes sense in light of his experience. He will also be offered the opportunity to clarify any incomprehension or concerns about the 3R programme.

- **How will the 3R programme be helpful? (15 min)**

[59] Evagrius, *Reflection 19*; Evagrius, *Epistulae* 18, 1., cited by Gabriel Bunge in his *Despondency*, 2012, 39.

[60] Evagrius, *Prayer* 68.

[61] Refer to the Manual Part 1, p.6-9.

Explain the innovation of a spiritual intervention in light of the 3R programme by giving a brief overview of unhelpful thinking patterns from the cognitive therapy model (how much knowledge is covered here will depend on the participant's previous knowledge and problems) comparing these with the biblical ideas of renewing the mind and being empowered by the Spirit of God in transforming lives

Introduce the talking back exercise via chanting psalmody. The participant is encouraged to reconstruct an alternative way of thinking by replacing his negative thoughts with the divine assurance arising from speaking out loud the word of God. It is crucial that the instructor provides a thorough explanation for why the exercise of chanting psalmody will be a useful tool, as it will be assigned each week as the home practice activity. Participants must understand the importance of completing each week's home practice activities. Given that the 3R programme is a self-help therapy, developing a healthy habit of thinking and living is contingent upon the participant's daily practice of renewing the mind and experiencing the power of God. The instructor must also emphasise that the 3R programme can only help participants effectively if they are willing to commit themselves to complete all eight sessions.

- **Practical consideration (5 min)**

Participants will also be offered the opportunity to discuss any considerations or difficulties that they may have about attending this programme or doing home practices. The instructor must establish a way for participants to contact her in case they are unable to attend one of the sessions. If any of them cannot make a session, the individual

should contact the instructor as soon as possible. An alternative time might be rescheduled for this person to make up the session.

- **Joint decision (5 min)**

At the conclusion, a joint decision will be made with each individual to decide whether or not it would be suitable for them to start the programme immediately. In general, instructors will not enrol prospective participants if the following conditions exist: 1) if either the participant or the instructor feels that the individual may not benefit from the 3R approach at this time, given the particular circumstances of this person; 2) if participants are not able to invest time to attend the full sessions or to practise home assignments; 3) if they are currently harbouring suicidal ideation without other forms of support; 4) if they are presently engaging in harmful use of substances; 5) if they may cause disruptions in group sessions; 6) if they have difficulties with concentration and decision-making. The participant consent form will be completed along with the personal information form so that they can be collected together. Participants will also be reminded to bring a journal with them to the next session, and they should be given a note indicating the regular meeting time and place. At the end of the interview, the instructor should affirm the participant's courage in embarking on this journey.

Part 4: The Structure of Sessions

Session 1: Taste and See

- Goals of session

1) To introduce the concept of spiritual senses
2) To establish the concept of "reconnecting" with the love of God.

- Greeting and the breathing exercise (5 min)

Each participant will be greeted at the door and directed to a seat. The class will start at the scheduled time by turning off the Taizé music. Latecomers can be directed by the facilitator to suitable seats. A brief welcome speech iterating the goals of 3R programme will be given, and then everyone is invited to stand up to practise the first exercise.

- The breathing exercise:

  (Script in Italics)

1) *Please stand up and stretch your body, lifting up your hands and extending them as much as you can. Take a deep breath, breathing in and out. Close your eyes, and feel the breath coming through your lungs, into your diaphragm, and your limbs. As best as you can, try to imagine the oxygen you breathed in, diffusing into blood vessels and passing to each cell.*
2) *Breathe deeply, breathing in and out. According to the Bible, God the creator breathed into the nostrils of the first man the breath of life and the man became*

a living being.[62] *Now, let us pay attention to our breathing, which is so natural and free, driven by the power of life. This power is initiated by God the creator, whose breath is working within us. It is by the grace of God that we can breathe and feel the breath of life moving within us. Quietly, we may breathe in this grace and breathe out our thanksgiving to Him. While remaining in this silent gratefulness, we may keep breathing and stretching to invite more of God's grace into our lives.*

After three minutes, the instructor shall ring the bell and ask participants to sit down.

- Introduction and Orientation (10 min)

An orientation for the class will then be provided and ground rules, such as confidentiality and punctuality will be established. Afterwards, each participant will take turns to introduce their first name to the whole group and to share briefly what they hope to learn from this programme. They are also encouraged to share how they felt in the breathing exercise. After this, the instructor may introduce the theme of this session.

  - Theme: taste and see

  We are invited to taste and see the all-encompassing grace of God available in our lives; however, we need to expand our senses from the physical to the spiritual, and from the intra-personal to the inter-personal in order to perceive the goodness of this grace. Our coming exercises seek to experience this theme through hands-on exploration.

[62] Genesis 2: 7.

- Experiential exercise (10 min)

Bread exercise: Our exercise today is quite simple: to guide participants to discover new sensations in regard to ordinary bread; to uplift our five senses by appreciating physical food to transform into appreciating spiritual food.

Script:[63]

> *I am going to give each of you a piece of bread. I would like you to explore it with all your senses.*
>
> Note: The following instructions are delivered at a slow pace, leaving at least a 5-second pause (*) between phrases.
>
> *Take this piece of bread and hold it in the palm of your hand.**
>
> *Pay close attention while looking at it.**
>
> *Examine it carefully as if this is first time you have ever encountered it.**
>
> *Explore its shape and colour.**
>
> *Touch its texture with your fingers and thumb.**
>
> *And now, raising your hand with the piece of bread, place it beneath your nose. How does it smell?**
>
> *Maintaining your curiosity, deeply breathe in the smell as if you had never known such a smell before.**

[63] This script looks like a modification from the raisin exercise developed by John Kabat-Zinn; however, the focus and purpose of bread exercise are very different from the raisin exercise because the former is primarily inspired by the Eucharist and Evagrius' five spiritual senses. John Kabat-Zinn, *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. New York: Delacorte Press, 1990.

*And now, taking the piece of bread between your finger and thumb, and holding it close to your ear, listen to it attentively—does it sing a tone?**

By now, while you are doing this, if any challenging thought comes to your mind such as "what a strange thing you are doing" or "what is the point of this," then simply acknowledge them as thoughts coming and going and deal with them later.

*Bring your attention back to the piece of bread.**

*And now, bringing the bread to your mouth, notice how your mouth receives it.**

*While the piece is in your mouth, notice how your tongue and teeth interact with it.**

*And while you are biting and chewing it, notice all the taste and sensations that it releases.**

*Before you feel ready to swallow the bread, pay attention to see if you can detect the intention to swallow as it happens.**

*Following the movement of swallowing it, notice what sensations are left, is there any aftertaste?**

- Reflection and discussion (5 min)

Participants are encouraged to compare what were their original expectations of this bread and what have they discovered after their tasting exercise.

Responses are to be elicited with open-ended questions, such as: "Does anyone wish to share their experiences of eating?" "Did anyone notice anything different from the way you usually eat?"

The aim of this experiential exercise is to recognise how we receive the rich sensations of a piece of bread and how much richness we might overlook in our habitual eating. Ask around if anyone has noticed that our senses function so naturally without our teaching them how to perceive the object. From here, if everyone agrees, we may derive a transferable understanding of our spiritual senses, which can function naturally to explore the spiritual dimension of experiences, without our teaching them how to detect spiritual things. (read: Handout 1.1 Evagrius' five spiritual senses)

- Psalm-Prayer 1 (15 min)

Eating and drinking seem to be such essential human needs that no one would deny this necessity. Nevertheless, when someone is depressed, there is something more essential to keep this person going other than food and drink. That is the meaning and purpose of life to keep this person striving to live. As the Bible said: "man does not live on bread alone but on every word that comes from the mouth of the Lord," this is the spiritual dimension of the well-being.

> *In this exercise, we will chant one piece of a praying poem, which is Psalm 23. I will demonstrate how to chant it and after listening to my chanting, you may follow me together to chant the second time. After this, we will have a silent interval lasting about one minute to allow you to reflect on the words that moved your heart. Together we will chant the psalm again with another two minutes' silent contemplation.*

- Reflective feedback (5 min)

Participants will be encouraged to share their actual experience in the psalm-prayer exercise and to discuss any difficulties they encountered.

- Psalm-Prayer 2 (20 min)

Again, participants are led to practise chanting Psalm 34 following the same manner as previous chanting exercise. And yet after the third run of chanting, they will have 5 minutes of silent contemplation, which would allow each individual to develop their spiritual senses to taste and see the richness of the spiritual food.

- Reflective feedback (10 min)

Participants are encouraged to write a note or draw a picture in their journal to reflect what they found in the psalm-prayer practices.

> *This is like playing a treasure-hunting game, you are more than welcome to share what you discovered through your newly developed spiritual senses; you could share any phrase which has touched your heart or comment on any feeling, thought or memory which is emerged during the practice.*

They are also encouraged to ask questions concerning the practice.

- Caring exercise (15 min)

Depression generally deprives a vulnerable person from the enjoyment of life by disconnecting him from the world, others, and himself. This feeling may come from the negative thinking which views themselves as unlovable, their personal world as miserable, and their future as hopeless. This sense of disconnection involves not only a

physical and a psychological component, but also a spiritual dimension. We may despair over the loss of love, and even feel abandoned by God. In turn, we may unwittingly withdraw ourselves from our close circle, our personal world until we find that we have nothing to hold onto. The chanting exercise is to reconnect us with the love of God through his divine assurance as revealed through the praying psalm. The caring exercise is to reconnect us to ourselves and to our neighbours, through practising intercessory prayer to discover our loving nature, and blessing capacity towards others.

> *Now, let's sing a simple song called: Ubi Caritas. "U-bi ca-ri-tas, et a-mor. u-bi ca-ri-tas De-us i-bi est." These Latin phrases mean that "Live in charity and steadfast love. Live in Charity; God will dwell with you." We may try to sing in English if you like. After we have sung twice, I will offer my heartfelt blessing to the one who sits by my right-hand side while holding the cross. And then we will sing the song again, while I will be passing the cross to the one who sits by my right side. Whoever receives the cross will be the one who offers the blessing to the person who sits next to her right-hand side. In between, we sing the song again to allow the cross to be passing on and for the chosen person to be ready to pray. In this way, we all learn to extend our care and love to our neighbours.*

- Handouts and home practices (3 min)

After completing all the exercises, the instructor will offer some words of affirmation, such as thank you, to all the participants for fully participating in each practice. They will also be encouraged to follow the same manner of chanting psalmody at home. The home practice activity this week will be chanting two psalms a day, excluding the day of

the group class. In total, Handout 1.1 has 12 psalms selected for home practice, using the chanting skills that they learned in class. Participants will be reminded to keep their personal journal for reflection and to fill in the activity log. In addition, they will be reminded to bring the item listed in their handout for the next session, which is a pillow.

- End the session (2 min)

Finally, participants are invited to listen to the instructor's final chanting to remind them that nothing can separate them from the love of God. Here is the verse:
"For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord."[64]

[64] Romans 8: 38-39.

Session 2: Embraced by God

- Goals of session

1) To develop a habit of examining our thoughts
2) To reorient the desire of our heart towards God

- Greeting and the breathing exercise (5 min)

Following the same manner as the previous session, participants are greeted at the door. The instructor will give an encouraging speech to affirm their return for the second session; then everyone stands up to practise the breathing exercise.

- Feedback on home practices (10 min)

1) If there are no new participants this week, skip the orientation and introduction part and go straight to discuss how they felt in the breathing exercise.
2) Participants will then be invited to discuss the difficulties they might have encountered in their home practices. For example: they might have been distracted by various automatic thoughts. These negative thoughts might keep bombarding their mind, distracting them from divine assurance. Furthermore, they might feel that every good gift is only for others, and not for them.
3) To fight this battle, participants must learn to examine their thoughts and distinguish their sources into three categories: angelic, human and demonic. Corresponding to what they have learned about the three types of thoughts in the initial interview, the instructor can give a brief review here. Once individuals have recognised that these dark automatic thoughts are launched against them

from evil influence, it will be much easier for them to dismiss these thoughts, instead of latching on them.[1]

- Introduce theme and the experiential exercise (12 min)
  - Theme: embraced by God

Apart from the basic desires of eating and drinking, we are longing for intimacy—to love and to be loved. Some will pursue this unquenched desire in sexual intercourse; others will set their affection on developing a loving faithfulness (hesed) with their love ones. If this desire is handled unsuccessfully, however, a person may be overwhelmed by frustrations and clouded by despair. In this session we will try to build up an intimate relationship with God the Holy Trinity, but first we need to identify our barriers and then to clear away stumbling blocks in order to make room for ourselves to be embraced by God fully (read Handout 2.2 Evagrius' spousal image, and explain the union with God).

  - Embrace exercise:

Participants are divided into several groups, where every three persons form a group. During the first phase each individual uses her both arms to hold a pillow closely to her chest for 30 second and tells the pillow, "You are cherished." In the second phase, individuals in each group use their pillows to fight against their teammates. No matter who wins the fight, the one who lost shall tell the other, "You are forgiven." The third phase is a competition between groups to test a group's resistance power to pillow fight. Participants in the group that receives the pillow challenge must leave their pillows

[1] Evagrius, *Thoughts*19.

behind, and extend their hands to form a triangular union, to the best of their ability, in order to defend against the incoming pillow fight that attempts to break them apart. Each group takes turn to receive the pillow challenge from all other participants. Those who stand firm and remain in the triangular union will win the award. Each one in the winning team/s should tell the other teammates, "You are brilliant."
Flower seeds will be granted as a prize for those who win the game, and celebratory pictures will be taken if they wish.

- Reflection and Discussion: (5 min)

Try to use open-ended questions—"Would anyone like to comment on what we just did?" "What did you experience from the physical touch and the comforting words in this game?" "Did anyone notice anything different from the way you usually receive these languages or from the way you usually express them?"

- Psalm-Prayer 1: (15 min)

We are to chant psalm 36 three times with silent intervals as usual. This time, however, we must note what kind of thoughts arise to distract our chanting, or to disrupt the silence. Are we truly entering into the presence of God, or are we feeling alienated from Him? Note down what we found.

- Reflective feedback (5 min): participants are encouraged to discuss their findings.

- Psalm-Prayer 2: (18 min)

Chant psalm 51 following the same manner as the previous session. Nevertheless, we are to pay special attention to our inner groaning and unspeakable pain; are these memories blocking our way to participating the communion of God? How did the author of this praying poem deal with his problem?[2]

- Reflective feedback (5 min): as in the previous session.

- Caring exercise (15 min): again, sing Ubi Caritas, this time the blessing order turns clockwise, to bless our left-hand side neighbour first.

- Handouts and home practices (8 min)

Handout 2.1 and 2.2 will be distributed to participants and a thought examination chart will need to be recorded once a day in order to trace the source of their disturbance. Next week, each participant should bring one coin as big as possible.

- End the session (2 min)

The instructor will chant: "Finally, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things."[3]

[2] In Christian tradition this psalm is linked to David's confession after the Uriah-Bathsheba incident. While we are not certain of the identity of the author, this superscription provides a clue for understanding and hearing the psalm.

[3] Philippians 4:8.

Session 3: Security and Spiritual Wealth

- Goals of session

1) To identify the source of your security
2) To recognise the basis of your spiritual wealth

- Greeting and the breathing exercise (5 min): as in previous sessions.

  Feedback on home practices (10 min): as usual, but remember to review the thought examination chart, and discuss what you found.

  The discussion must involve your observations about the senses from which difficult thoughts arise. For example, review your record carefully to see if the sense of hearing is the most frequent entrance.[4]

- Introduce theme and the experiential exercise (10 min)
  - Theme: Security and Spiritual Wealth

In recent economic crises, many of us have been living under the pressures of losing our jobs or of managing shrinking finances. Indeed, the absence of material comforts and economic stability may make us feel depressed, but certainly not hopeless. We are going to learn how to live a simple life in a fulfilling way. This would connect with another kind of thinking pattern, avarice. By biblical definition, avarice is the root of all evil, and it often comes to wound us in a hidden way. It not only makes us feel anxious about losing possessions or about being unable to accumulate a great amount of wealth, but it also entices us into connecting our identity and dignity to what we have owned. Endless

[4] Evagrius, *Reflection* 19.

regret and inexplicable fears may keep coming to attack our vulnerable parts for the lost material resources. In this session, therefore we will keep exploring the secure anchor of our humanity, the unfailing love of God, which is our spiritual wealth.

- Picture drawing exercise:

In this exercise, we have coins brought by each participant and we also have flowers arranged in a vase by the instructor. Participants are invited to use their five senses to first explore their own coin, appreciating its beauty and feeling its worth, drawing an image of it. After done this part, again by using the five senses, each participant could pick one flower out of the vase, appreciating its beauty and feeling its worth, drawing an image of it. This exercise is meant to encourage participants to use their intuitive perception to explore those two objects, rather than using their analytical reasoning to compare them. The instructor can explain briefly the difference between an analytical brain and an intuitive mind.

- Reflection and Discussion: (5 min): Participants are encouraged to comment on what they found and how they felt, when comparing with their two drawn images.

- Psalm-Prayer 1: (15 min) chant psalm 16 in our usual manner.

- Reflective feedback (5 min): discuss your findings, is there anything that draws your attention or comforts you?

- Psalm-Prayer 2: (20 min) chant on psalm 19, as in previous sessions.

- Reflective feedback (5 min): discuss your findings, particularly on if there is any resource that you can use to combat your worries about poverty and unemployment.

- Caring exercise (15 min):

Practise intercessory prayer in the usual manner and yet this week our prayers will be offered to those who live in a much poorer condition than us, such as the homeless and those who are living with the ravages of war and calamity. Each participant is encouraged to think of one area where people are suffering and take turn to offer their prayers. Together we will sing a new song, called *Nada te turbe*. Its lyrics is as follows: "Nothing can trouble, nothing can frighten. Those who seek God shall never go wanting. Nothing can trouble, nothing can frighten, God alone fills us."

- Handouts and home practices (8 min):

This week we will add one more exercise, called "talking back"—participants are encouraged to use the biblical verses that have strengthened their heart to combat the thoughts that attack them.

- End the session (2 min)

We shall hear chanting from Matthew 25: 34-40

Then the King will say to those on his right, ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’ Then the righteous will answer him, ‘Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?’ The King will reply, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’

Session 4: Transforming Sadness

- Goals of session
    1) To identify four types of losses which have made you sad
    2) To open up to an alternative perspective that makes meaning out of pain and become hopeful for the future
    3) To practise the method of nipping in the bud.

- Greeting and the breathing exercise (4 min): as in previous sessions

- Feedback on home practices (8 min): as in previous sessions but especially review the result of the "talking back" exercise.

- Introduce theme and the experiential exercise (20 min)
    - Theme: Transforming sadness

Although sadness is a common human experience that does not normally compel the mind into a distorted state, some sadness might mingle heavily with the feelings of failure, brokenness and shame that make a person sink into a depressive darkness. To lift a person out of this state of mind, we first need to distinguish two kinds of sadness and four types of loss. The first kind of sadness is godly sadness, which could bring a person closer to God from the experience of loss. Praying with tears will purify the inner eyes of a distressed soul to see things more clearly from the perspective of God. In doing so, it will also pierce her inner ears to hear the word of God clearly, allowing her to renew

her thinking, and setting her free. In this way, the incident which brought sadness, could open up a mental space to facilitate individual growth in resilience and wisdom.

The four types of losses are loss of identity, loss of capacities, loss of relationships and loss of God (feeling abandoned by God), and the Bible has provided abundant resources for us to counteract these challenges. We may gain insights and courage from those people in the Bible who were also struggling through these losses in their journeying with God but were experiencing help and comfort from God to overcome their troubles. There is the other kind of sadness, however, which may be named as dark sadness. It often drags a person into a hole of relentless regret, bitterness, self-blame and self-pity. This dark sadness takes a person captive by its ruminative thoughts, like ivy attaches to an oak tree, sucking its very essence of life and withering its flesh. This is an ongoing battle where the ivy tends to conquer the tree, and so does this dark sadness which is gradually wrapping itself around a person, making her dwell in the past, not in the present, darkening her view and making her lose perspective. If she does nothing to cut this ivy off, bit by bit, it would asphyxiate her.

Thus, we could focus this session on learning how to bring the ruminative thoughts captive and hone the sword of the Spirit (the word of God) to cut the dark sadness loose. On the other hand, we could also learn how to prepare the nutritious spiritual food from the word of God to enrich the impoverished mind.

- Labelling and Matching exercise

This exercise has two parts. In the first part, a cardboard made tree truck is installed in the room and decorated with fresh tree branches, serving as a visual aid representing an oak tree. The instructor begins to tell a story about how a young woman found that her childhood oak tree was invaded by thick ivy. She used to play on the swing of the tree, but now it has become hollow, fragile and unrecognisable. At the same time as telling this story the instructor is performing the story by gradually wrapping the tree with the leafy shoots of a real ivy. After the story, participants are invited to contemplate their conditions of sadness and to write down each of their losses on a label and attach these labels to the ivy's leaves. Then, they are instructed to do the following exercise in silence.

> (Note: The following instructions are delivered at a slow pace, leaving at least a 5-second pause (*) between phrases.
>
> *To the best of your ability, imagine the tree as yourself and the ivy as dark sadness, and ask yourself: "When did I notice a little shoot coming out of the ground and recognise it as the shoot of a thick ivy?"* "Could I pull it out of the ground with my thumb and my fingers?"* "Did I wait until the ivy had got a firm hold on the tree, and then I had to use a saw and a shovel to clear up the whole thing?"* "Can I remove the ivy without breaking some of the branches of the tree?"**
>
> *Listen carefully to your heart whether it was eager to nip the ivy in the bud or to wait until being overwhelmed by leaves of the ivy.**

[Now go to the ivy and nip off its leaves which have your attached labels and all together pull away the ivy from the tree.][1]

The second part is a matching game; we will use the difficulties the psalmists were facing, to hone the skills of transforming sorrow. Passages from Psalms will be printed on paper, cut into several strips and placed in two envelopes for each group. One envelope contains specific situations of their loss and the other contains the passage relating to how they overcome the stress and sorrow. Participants will be invited to play this game by reading and matching each situation with a suitable scriptural response and by displaying their match on a cardboard. Each type of loss must be noted and orderly arranged in one column and the matching responses will be in the other column. If there are more than six participants, they could be divided into two groups for a competition of this matching game to add more fun.

All the verses of the matching game are taken from Psalms indicating as follows; however, apart from the instructor participants shall only have the verses without their numbering as it will reveal naturally which verse belonging to which psalm.

life situation	**the response**
loss of identity	
Ps 4:2; Ps 22:6-8; Ps 31:11-13	Ps 4:3,8; Ps 22:9-11; Ps 31:14-18
loss of capacities	
Ps 6:2,6,7; Ps 31:9,10; Ps 38:7,8,10,13,14,17	Ps 6:4,8-10; Ps 31:19,20; Ps 38:15,16,18,1

[1] This action will be saved until later when enough contemplation has been done, to leave a deep impression in the heart.

loss of relationship	
Ps 3:1,2; Ps 38:11,12,19,20; Ps 25:16b	Ps 3:3-6; Ps 38:21,22; Ps 25: 16a,17-19
loss of God	
Ps 22:1,2; Ps 31:22a; Ps 35:17	Ps 22:3-5,19-21; Ps 31: 22b,23,24; Ps 35:18-20,22,23.

- Reflection and Discussion: (10 min)

  Each participant takes turns to read aloud the situation and the response. Discuss what they found in the match game.

- Psalm-Prayer 1: (10 min) chant Psalm 6 twice. Chant it together the first run and take turn to chant one verse the second run.

- Reflective feedback (5 min): as in previous sessions

- Psalm-Prayer 2: (15 min): chant Psalm 31 in the same manner as the previous one.

- Reflective feedback (5 min): as in previous sessions

- Caring exercise (15 min):

Sing "*Nada te turbe*," and pray in the same manner as in previous sessions, but change the subject to be prayed for. Participants are encouraged to choose one type of loss and to pray for people who suffer this type of loss, following the psalmists' method.

- Handouts and home practices (6 min)

Handout 4.1 will be given and how to record experiences on the sad experience chart will be explained clearly.

- End the session (2 min)

> But now, this is what the Lord says—
> he who created you, Jacob,
> he who formed you, Israel:
> Do not fear, for I have redeemed you;
> I have summoned you by name; you are mine.
> When you pass through the waters,
> I will be with you;
> and when you pass through the rivers,
> they will not sweep over you.
> When you walk through the fire,
> you will not be burned;
> the flames will not set you ablaze.[1]

[1] Isaiah 43:1, 2.

Session 5: Calming Your Anger

- Goals of session

    1) To distinguish two kinds of anger: destructive and constructive
    2) To practise releasing anger through invoking God's judgement and justice
    3) To cultivate compassion and to practise forgiveness

- Greeting and the breathing exercise (4 min): as in previous sessions

- Feedback on home practices (8 min): as in previous sessions but especially review the sad experience chart.

- Introduce theme and the experiential exercise (15 min)
    - Incident drama game

In this section, we will play one experiential game first before we introduce the theme. Participants will be divided into two groups and will compete to see which group is better at using the Talking Back exercise while dealing with anger. Each group will challenge the other group with a list of irritable incidents, playing each one in a drama form and the other group must counteract each incident with a Talking Back response (also in dramatic action). The number of counteracted items on each list will be totalled. The winning group will be awarded a number of balloons equal to the number of items they resolved. The losing group will be given a number of cups of sparking water equal to the number of items that they were not able to counteract. The winning group are encouraged to blow their balloons to the best of their ability and tie them with strings

and ribbons which will serve as a reminder for God's judgement and perfect justice. The losing group must drink all cups of their sparkling water.

- Theme: calming anger

The contemporary conceptualisation of anger can be sampled from the following statement offered by the American Psychological Association:

> We all know what anger is, and we've all felt it: whether as a fleeting annoyance or as full-fledged rage.
> Anger is a completely normal, usually healthy, human emotion. But when it gets out of control and turns destructive, it can lead to problems…
> The instinctive, natural way to express anger is to respond aggressively. Anger is a natural, adaptive response to threats; it inspires powerful, often aggressive, feelings and behaviors, which allow us to fight and to defend *ourselves* when we are attacked. A certain amount of anger, therefore, is necessary to *our survival*. On the other hand, we can't physically lash out at every person or object that irritates or annoys us; laws, social norms, and common sense place limits on how far our anger can take us.[1]

This understanding of anger, based on evolutionary theory, recognises that people need to express anger as a healthy way to protect themselves. Even our common sense and social norms, however, may give us some vague boundary about how far a person could express anger. These include maxims such as the imperative to not hurt people. Nevertheless, when a person thinks he is hurt by another person, and he is entitled to assert his anger, how far his anger will take him is truly difficult to confine.

[1] "Controlling Anger -- Before It Controls You," 1, 2, accessed February 23, 2012, http://www.apa.org/topics/anger/control.aspx#.

We may therefore encounter the following scenario: When an individual senses that a supposed threatening situation is arising which might hurt him but has not yet harmed him, he may quickly react aggressively to protest, to assert his rights, and to demand a change in the situation. If the ongoing responses do not meet his demands, he may exert more force in unleashing anger, maintaining his perspectives and trying to control the unwanted situation. If the circumstances still do not meet his expectations, he may hold on to the displeasure against the person who is thought to have wronged him and his negative interpretation of this person may turn into resentment. Expressing anger in this way, he may end up achieving nothing, without resolving any issue but feeling grumpy and alienated. This is one kind of destructive anger which damages a relationship.

The other kind of destructive anger can be self-destructive. For example: in the case of sexual abuse, many victims may suffer traumatic assaults without success in defending themselves through anger. Violence may immediately overwhelm them with shock and fear; anxiety and shame would closely follow up. If they have not successfully confronted the perpetrators and sought justice, their unresolved anger will turn inwards to torture themselves. If anger is an active aggression towards others, once it is frustrated, it can turn to passive aggression towards oneself. As time passes by, dark sadness would grow out from unresolved anger, manifesting in isolation, self-blaming, feeling worthless and hopeless. These distorted self-images and thought patterns can develop into suicidal ideation and attempts, which are prominent in acute depression.[2] Thus, anger can be self-destructive and may manifest itself in the form of depression.

[2] Victims of sexual abuse and assault are three times more likely to suffer from depression, 13 times more likely to abuse alcohol and four times more likely to consider suicide than the general

To release such anger in a constructive way and to purify their feelings of being defiled involves both a psychological and a spiritual dimension. In addition to being physically and psychologically wounded, those who suffer sexual assaults may be especially crushed in spirit. This crushed spirit can only be restored by the Spirit of God who has breathed in the spirit of life into humanity. To be embraced by the Spirit of God can help those who are crushed in spirit to reintegrate their spirit-mind/soul-body as a whole. Consequently, through God's perspective they will be able to confidently see themselves as a beautiful and dignified image of God. Through this process they can develop hope in a world full of conflicts and brokenness because God's plan does not merely revolve around redeeming his creation, but also focuses on enacting his final judgement and realising perfect justice. Through chanting psalmody to experience the Spirit of God and to gain God's perspectives, those who are crushed in spirit may find meaning in their suffering to overcome those traumatic memories and to pursue justice courageously.

- Psalm-Prayer 1: (15 min) chant Psalm 22

Here, we will practise this psalm before another spiritual exercise, in order to use this psalm to cry out frustration, to release anger and to invoke God to restore justice.

- Prayer walk exercise (7 min)

Now participants are invited to practise a prayer walk while recalling the occasion when their anger could not be defeated by the Talking Back exercises. The words of the Jesus

population. In "I swore I'd never tell," http://www.apa.org/monitor/2010/10/boys.aspx (Assessed March 21, 2015).

Prayer will be taught which can be used repeatedly while they are walking along the classroom.[3] The purpose of a prayer walk is to train participants to quickly turn their attention to Christ's mercy while accepting the generally sinful condition of humanity when they are irritated. This walk will allow participants to develop a habit of slowing down the agitated reaction.

- Reflection and Discussion: (8 min)

There are several questions that can be raised for reflection and discussion: Would anyone like to share their thoughts and experience regarding the balloon game? Would anyone like to comment on our prayer walk exercise? Or did anyone notice anything special from chanting Psalm 22? This is also a time when participants can ask questions to clarify concepts about sinners and Christ's mercy.

- Psalm-Prayer 2: (18 min) Chant Psalm 37

- Reflective feedback (5 min)

Participants are encouraged to comment on whether or not they feel more compassion and gentleness within themselves after chanting this piece of psalm.

- Caring exercise (15 min):

Practise the same way as in previous sessions, but sing a new song, "I am sure I will see." The lyric is: I am sure I shall see the goodness of the Lord in the land of living.

[3] The Jesus Prayer: Lord, Jesus Christ, Son of God, have mercy on me, a sinner.

Yes, I shall see the goodness of our God, hold firm, trust in the Lord. The prayer subject will change to pray for a specific person (unnamed) who hurt you unjustly, praying for God's judgement and justice be done on this person, and also pray for yourself to be released from the anger and be able to forgive this person in God's mercy.

- Handouts and home practices (3 min)

Handout 5.1 will be given and participants should be reminded to bring items listed in the handout for next week.

- End the session (2 min)

Our Father in heaven,
hallowed be your name,
your kingdom come,
your will be done,
on earth as in heaven.
Give us today our daily bread.
Forgive us our sins
as we forgive those who sin against us.
Lead us not into temptation
but deliver us from evil.
For the kingdom, the power,
and the glory are yours
now and for ever.
Amen.[4]

[4] Matthew 6: 9-13.

Session 6: Persevering in Despondency

- Goals of session

    1) To understand the origin of despondency

    2) To combat the chasing of negative thoughts

    3) To nurture gentleness and perseverance in the midst of suffering

- Greeting and the prayer walk exercise (5 min): as in previous sessions

- Feedback on home practices (8 min): as in previous sessions but especially review their discovery of the prayer walk exercise.

- Introduce theme (7 min)

Despondency is a rendering of the Greek word *acedia*, which is overloaded with many diverse shades of meaning. Gabriel Bunge employed the term despondency to cover the following shades of meaning—"A slackening of the tension of the soul, a feeling of emptiness and listlessness, moroseness, the inability to concentrate on a single task, lassitude and weariness of heart,"[1] and these metaphysical dimensions can be experienced as boredom, melancholy, depression and anxiety.[2] In the Christian tradition, the cause of this state of soul is called "the noonday demon."[3] Evagrius compares this

[1] Gabriel Bunge, *Despondency: The Spiritual Teaching of Evagrius Ponticus on Acedia*. Yonkers, N.Y: St. Vladimir's Seminary Press, 2012, 47.

[2] Ibid., 48.

[3] Evagrius, *Praktikos 12*.

state to being attacked by the evil *acedia* which is the most oppressive of all attacks coming from the evil. Through lengthy observation, he also gave us an animated account about the tricks which this "noonday demon" used to attack people; such as to collect the weeds of the thoughts from the memory and at once sow them in the heart.[4] In other words, through striking the heart with negative thoughts to make the soul captive.

The method he suggested to combat this spiritual battle is to practise thoughts of light with a wakeful heart beforehand. And then whenever the attack of a hostile thought comes upon the heart, an individual must not seek to replace one thought with another through prayer, but rather turn the sharpened sword of tears against the chasing enemies (negative thoughts) in order to force the thoughts to retreat.[5] This sword of tears means that an individual must face such a battle with solemn determination and courage, because if he does not force the enemies to withdraw, he will be taken captive; therefore, with tears, he must rush vigorously into battle, not trying to escape and letting it be.

In fact, the holy Abbot Anthony (A.D. 251-356) had also been beset by acedia, and according to *The Sayings of the Desert Fathers*, he was attacked by many sinful thoughts and he cried out to God: "Lord, I want to be saved but these thoughts do not

[4] Evagrius, *Eulogios* 9.

[5] Evagrius, *Eulogios* 9.9

leave me alone; what shall I do in my affliction? How can I be saved?"[6] In a vision, he learned a method to deal with this attack by alternating between manual work and praying. From then on, he was saved from the pursuit of these negative thoughts by plaiting rope and standing up to pray fervently at regular intervals. We will use the aforementioned two methods to practise our combat with despondency.

- Psalm-Prayer 1: (15 min) chant Psalm 13 as in previous sessions, but in a standing position.

- The experiential exercise (9 min)

Participants have been asked to bring their own clothes and sewing kits to the class, where they are encouraged to learn to mend their own clothes by sewing lost buttons on or repairing the torn part.[7] At the same time, if they are familiar with these mending skills, they are encouraged to recite psalm 13 to themselves, trying to memorise some verses that are helpful to them.

- Psalm-Prayer 2: (18 min) chant psalm 27 in standing position.

- The experiential exercise (9 min)

[6] Benedicta Ward, trans. *The Sayings of the Desert Fathers: The Alphabetical Collection*. Rev. ed. Kalamazoo, Mich: Cistercian Publications, 1984, 1-2.

[7] The instructor must prepare several sewing kits in case some people fail to bring one. Also, the instructor should demonstrate how to mend their work for those who are not familiar with using the sewing kits.

Repeat the previous exercise; keep mending the clothes and try to memorise some verses of psalm 27.

- Reflection and Discussion: (10 min)

  "Does anyone like to share about their experience in the alternate rhythm of mending and chanting?" "Has anyone discovered anything special from these exercises?"

- Caring exercise (15 min):

As in the previous session, sing "I am sure I shall see." The prayer subject is changed to pray for someone you care and love deeply to bless their health and future.

- Handouts and home practices (3 min)

Handout 6.1 will be given.

- End the session (1 min)

> He gives strength to the weary
> and increases the power of the weak.
> Even youths grow tired and weary,
> and young men stumble and fall;
> but those who hope in the Lord
> will renew their strength.
> They will soar on wings like eagles;
> they will run and not grow weary,
> they will walk and not be faint.[8]

[8] Isaiah 40:29-31.

Session 7: Celebrating God's Recognition

- Goals of session
    1) To understand our self-image and our value of personal worth
    2) To anchor our hope of prosperity in what cannot be shaken, the kingdom of God

- Greeting and the prayer walk exercise (5 min): as in previous sessions

- Feedback on home practices (10 min): as in previous sessions

- Introduce theme and the experiential exercise (10 min)
    - Theme: celebrating God's recognition

A recent news link appeared in the depression section of the American Psychological Association with the title: "Too much Facebook leads to envy and depression."[1] Why is this possible? According to that research, Facebook-triggered envy can cause symptoms of depression among those heavy Facebook users, because they constantly check what their friends are doing and compare with their own lives which seem not to measure up with their friends' achievements.

This mentality was named as vainglory by Evagrius; a thinking pattern that focuses on seeking recognition and admiration from people. Those who feel they cannot compete

[1] http://money.cnn.com/2015/03/02/technology/facebook-envy/index.html (assessed March 22, 2015).

with others' outward achievements and popularity can be vulnerable to jealousy and frustration that may lead to dejection and depression. So Evagrius warns: "Vainglory is an underwater rock; if you run against it you lose your cargo" (*8 Thoughts* 7.9).

Popularity is a tempting goal for many of us to define our value or to anchor ourselves to; however, public opinions are like the shifting sand and the desire to be admired by other people is a bottomless craving. Evagrius symbolises vainglory via an image of a horse to warn us that whenever the individual has accomplished something worthy, he will run like a horse rushing into the market place to get its fill of human praise.[2] Unfortunately, this is empty because human accomplishments pass away over time.[3] Those who demand honours from social lives to exalt themselves are vulnerable to disappointment as "[d]esire for honour is a fantasy" which will never be fully satisfied.[4]

In this session, therefore, we shall learn to equip ourselves to combat these desires for recognition and honour. First, we shall acknowledge our God-endowed identity as the children of God, the princesses and princes of the kingdom of God, a great honour that we do not deserve. Second, we shall learn more of God's perspectives in the Bible, about how God views us and judges us according to his love and justice. By chanting psalmody, we receive God's holy acceptance and warm embrace. Praising God's redemptive work via singing aloud psalmody allows us to focus on God's glory and

[2] Evagrius, *Thoughts 15*.

[3] The Teacher of Ecclesiastes laments that everything is meaningless because all human achievements will ultimately pass away. Like vanity, the pursuit of glory will end up in emptiness.

[4] Evagrius, *Eulogios 3*.

celebrate his unchanging faithfulness to us. These practices will help us centre our adoration on God and learn to build our self-esteem and self-image upon our relationship with the heavenly father and our belonging to the kingdom of God. Furthermore, to counteract the cravings for empty glory, we will nurture an inner silence through entering into a biblical image. For example, in chanting psalm 131, we enter the scene of being like a small child in the heavenly parents' arms, and this image will make us feel satisfied by God's provision and assurance. In each silent interval in the chanting psalmody, we learn to abide with Christ in this silence of contentment without resorting to human praise. Further, we learn to abide in Christ without any image of personal glory, simply remaining in Him. This is a way to celebrate our status as children of God.

- The experiential exercise

Each participant is given a mirror to look into herself/himself thoroughly. And then they are invited to ask themselves questions in their heart as follows (read aloud by the instructor slowly): "How do I describe this person in the mirror?"* "Am I able to trace my original beauty of innocence?"* "Am I aware of any changes over the years? What are they?"* And then, they are encouraged to draw an image of themselves, which could project their understanding about how God views them, on the paper provided.

- Reflection and Discussion: (5 min) as in previous sessions

- Psalm-Prayer 1: (20 min) chant Psalm 139

- Reflective feedback: (5 min) as in previous sessions

- Psalm-Prayer 2: (15 min) chant psalm 131

- Reflective feedback (5 min) as in previous sessions

- Caring exercise (15 min):

As in previous sessions, but sing "In the Lord": In the Lord I'll ever thankful, in the Lord I will rejoice! Look to God, do not be afraid. Lift up your voices, the Lord is near; lift up your voices, the Lord is near. Each participant takes turns to pray for one specific kind of volunteer work that they are willing to get involved in helping others.

- Handouts and home practices (8 min)

Discuss one of the home practice activities in Handout 7.1 about what kind of volunteer work they may be able to be involved in the coming weeks.

- End the session (2 min)

Seek GOD while he's here to be found,
pray to him while he's close at hand.
Let the wicked abandon their way of life
and the evil their way of thinking.
Let them come back to GOD, who is merciful,
come back to our God, who is lavish with forgiveness.
"I don't think the way you think.
The way you work isn't the way I work."
GOD's Decree.
"For as the sky soars high above earth,

so the way I work surpasses the way you work,
and the way I think is beyond the way you think.
Just as rain and snow descend from the skies
and don't go back until they've watered the earth,
Doing their work of making things grow and blossom,
producing seed for farmers and food for the hungry,
So will the words that come out of my mouth
not come back empty-handed.
They'll do the work I sent them to do,
they'll complete the assignment I gave them.[5]

[5] Isaiah 55:6-11, *The Message* translation.

Session 8: Growing Humility

- Goals of session
    1) To recognise the indispensable help from others in contributing to our achievements
    2) To give thanks to God and all others who have been our help
    3) To practise a grateful thinking habit in all circumstances

- Greeting and the prayer walk exercise (5 min): as in previous sessions

- Feedback on home practices (8 min): as in previous session, and review their past week of volunteer work.

- Introduce theme and the experiential exercise (15 min)
    - Theme: humility and thankfulness

Evagrius observes: "Pride is a tumour of the soul filled with pus; when it has ripened, it will rupture and create a great disgusting mess. A flash of lighting foretells the sound of thunder; vainglory announces the presence of pride" (*8 Thoughts* 8.1, 2). The thought of pride is closely related with vainglory, and it is ascribing one's achievements to one's own strength, nothing else—nothing to be thankful for. This dangerous reasoning is like a burning arrow, which inflames the soul and soon the flames would consume the soul into collapsed pieces. The best way to deal with this thinking structure is to practise virtues, especially the virtue of humility. Here we will use the exercise of counting our

blessings to restructure a thinking framework of thanksgiving, to recognise and attribute others' help in our achievements and to give our gratitude towards God and to direct our gracious behaviours towards others.

- Experiential exercise:

All participants are invited to stand up to engage in a series of physical exercises to stretch their body, where the instructor is leading them to practise twelve selected actions according to the book of *The Anatomy of Stretching*.[1] At each action in the timing of stretching, however, each participant is encouraged to count one blessing at a time, either giving thanks to God or to another person. Each action shall be done slowly with breathing in and out evenly distributed in the thanksgiving contemplation.

- Reflection and Discussion: (5 min) as in previous sessions

- Psalm-Prayer 1: (15 min) chant psalm 25

- Reflective feedback (3 min) as in previous sessions

- Psalm-Prayer 2: (18 min) chant psalm 73

[1] Brad Walker. *The Anatomy of Stretching : Your Illustrated Guide to Flexibility and Injury Rehabilitation.* 2nd rev. ed. Chichester: Lotus Publishing, 2011. The selected stretch actions are 007 (right and left), 009, 010, 012, 014 (right and left), 016, 017, 032, 034, 040.

- Reflective feedback (5 min) as in previous sessions

- Caring exercise (15 min): as in previous sessions, sing "In the Lord." This time, however, the prayer subject is changed to your neighbour sitting at your right-hand side.

- Handouts and home practices (10 min)

Handout 8.1 will be given, and participants will be encouraged to comment on what they have discovered overall in this programme.

- End the session (1 min)

  "But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore, I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong."[2]

NB. Pronouns used in this manual are gender neutral, including alternate she and he.

[2] 2 Cor 12:9-10. (NIVUK)

Appendix 2: the initial interview questions

1. What is your favourite food?
2. What is the most intimate (or warmest) feeling that you have ever experienced?
3. What makes you angry?
4. What makes you sad?
5. What makes you feel anxious?
6. What kind of things do you like to collect most (can be both material and immaterial, e.g. money or award for honour)?
7. What is the highest goal you have ever set out to achieve?
8. How important do you see yourself as being in this world, among those whom you know?
9. Which aspect of yourself do you like best? (Or – In what way do you most like yourself?)
10. What is the purpose in life that motivates you most?

Appendix 3: Self-evaluation questions

Please send the researcher a self-evaluation document via email attachment, including the following reflection:

1) In what way, if any, has the 3R program benefited you?

2) In what way, if any, has some problem occurred associated with your participation in the 3R program?

3) Do you find any difficulty in practicing these prayer-methods, either at group or at home? Please also indicate in your review whether you have followed the home assignment and explain the difficulties that you encountered.

4) Would you like to recommend this prayer program to your friend, why?

5) Have you experienced any change in your thought, emotion and life that is due to participating the program? Would you please describe it as best you can?

6) What can be improved, if any, that would help you to feel more able to participate and practice the exercises?

Bibliography

Primary Source

Athanasius, *The Life of Antony and the Letter to Marcellinus*, Translated by Robert C. Gregg. London: SPCK, 1980.

Augustine. *Expositions of the Psalms (1-32).* Translated by Maria Boulding. Hyde Park, N.Y.: New City Press, 2000.

———. *The Enchiridion on Faith, Hope and Love.* Washington, D.C.: Regnery Pub., 1996.

Balthasar, Hans Urs von, ed. *Origen, Spirit and Fire: A Thematic Anthology of His Writings*. Translated by S.J. Daly, Robert J. Washington, D.C: Catholic University of America Press, 1984.

Basil of Caesarea. *Exegetic Homilies* 10.2, Translated by Agnes Clare Way. Fathers of the Church 46. Washington, DC: Catholic University of America Press, 1963.

———. *Letters.* Translated by Agnes Clare Way. Fathers of the Church 13. Washington, DC: Catholic University of America Press, 1951.

———. *Ascetical Works*. Translated by M. Monica Wagner. Fathers of the Church 9. Washington, DC: Catholic U. of America Press, 1950.

———. *The Fathers of the Church: [selected writings of] St. Basil*. Translated by Monica M. Wagner. V. 1. St. Paul eds. Selections from the Works of the Fathers of the Church in Pamphlet Form no. 1-6. Boston: Daughters of St. Paul, 1950.

Bodhi, Bhikkhu trans. *The Connected Discourses of the Buddha: A Translation of the Saṃyutta Nikāya. Translated from the Pāli.* Boston: Wisdom Publications, 2000.

Cassian, John. *Conferences*. Translated by Colm Luibheid. New York: Paulist Press, 1985.

Chrysostom, John. *Commentary on the Psalms,* Vol 1 & 2, Translated by Robert Hill. Brookline. Mass: Holy Cross Orthodox Press, 1998.

Choong, Mun-Keat. *Annotated Translation of Sutras from the Chinese Samyuktagama Relevant to the Early Buddhist Teachings on Emptiness and the Middle Way.*

2nd rev. ed. Songkhla, Thailand: International Buddhist College, 2010.

Evagrius. *Epistula fidie.* (*Letter* VIII) In *Saint Basil: The Letters*. Vol. 1, translated by Roy J. Deferrari, 47-93. Cambridge, MA: Harvard University Press, 1926.

———. *Evagrius Ponticus*. Edited by A. M. Casiday. The Early Church Fathers. London: Routledge, 2006.

———. *Evagrius Ponticus: Ad Monachos*. Translation and Commentary by Jeremy Driscoll. New York: Newman Press, 2003.

———. "Evagrius of Pontus' "Letter to Melania"". Translated by Martin Parmentier. Reprinted in *Forms of Devotion : Conversion, Worship, Spirituality, and Asceticism*, edited by Everett Fergruson, 272-309. New York: Garland Pub., 1999.

———. *Evagrius of Pontus: The Greek Ascetic Corpus*. Translated by R. E. Sinkewicz. Oxford Early Christian Studies. Oxford: Oxford University Press, 2003.

———. "Evagrius Ponticus, *The Kephalaia Gnostica.*" Translation of the First Century by David Bundy. In *Ascetic Behavior in Greco-Roman Antiquity: A Sourcebook*, edited by Vincent L. Wimbush, 175-186. Minneapolis: Fortress Press, 1990.

———. *Evagrius's Kephalaia Gnostika: A New Translation of the Unreformed Text from the Syriac*. Translated by Ilaria L. E. Ramelli. Writings from the Greco-Roman World, number 38. Atlanta: SBL Press, 2015.

———. *Gnostikos*. Translated by Luke Dysinger. http://www.ldysinger.com/Evagrius/02_Gno-Keph/01_gnost.htm [accessed December 17, 2013].

———. *The Kephalaia Gnostica*. Translation by Luke Dysinger, which primarily depends on Guillaumont's Syriac S2 and assorted Greek fragments.

http://www.ldysinger.com/Evagrius/02_Gno-Keph/02_keph-1.htm The First Century

http://www.ldysinger.com/Evagrius/02_Gno-Keph/03_keph-2.htm The Second Century

http://www.ldysinger.com/Evagrius/02_Gno-Keph/04_keph-3.htm The Third Century

http://www.ldysinger.com/Evagrius/02_Gno-Keph/05_keph-4.htm The Fourth Century

http://www.ldysinger.com/Evagrius/02_Gno-Keph/06_keph-5.htm The Fifth Century

http://www.ldysinger.com/Evagrius/02_Gno-Keph/07_keph-6.htm The Sixth Century
[accessed December 17, 2013].

———. *Antirrhêtikos, Talking Back: A Monastic Handbook for Combating Demons.* Translated by David Brakke. Trappist, KY: Cistercian Publications, 2009.

———. *The Praktikos; Chapters on Prayer*. Translated by J. E. Bamberger. Cistercian Studies Series 4. Kalamazoo, MI: Cistercian Publications, 1981.

Galen. *On the Doctrines of Hippocrates and Plato*. Translated by Phillip De Lacy. Corpus Medicorum Graecorum, 4,1,2. Berlin: Akademie-Verlag, 1978.

Gregory of Nazianzus. *Faith Gives Fullness to Reasoning: The Five Theological Orations of Gregory Nazianzen*. Translation by Lionel Wickham and Frederick Williams. Commentary by Frederick W. Norris. Supplements to Vigiliae Christianae V. 13. Leiden: Brill, 1990.

———. *Letter 1, 4, 5, 6, 115*. Translated by C. G. Browne and J. E. Swallow, in *Nicene and Post-Nicene Fathers*, 2nd series, VII., 446-448, 472. Oxford: Parker, 1894.

Gregory of Nyssa. *The Lord's Prayer: The Beatitudes*. Translated by Hilda C. Graef. Ancient Christian Writers, no. 18. New York: Paulist Press, 1954.

———. *Treatise on the Inscriptions of the Psalms*. Translated by Ronald E. Heine. Oxford Early Christian Studies. Oxford: Clarendon Press, 1995.

Ignatius of Antioch. *Letter to the Ephesians* 7.2. in *The Epistles of St. Clement of Rome and St. Ignatius of Antioch*, translated by James Kleist, 63. Westminster, MD: Newman Bookshop, 1946.

Origen. *An Exhortation to Martyrdom; Prayer ; [and] First Principles, Book IV ; [and] Prologue to the Commentary on "The Song of Songs" ; [and] Homily XXVII on "Numbers."* Translated by Rowan A. Geer. London: S.P.C.K, 1979.

———. *Prayer. Exhortation to Martyrdom*. Translated by John Joseph O'Meara. Ancient Christian Writers; The Works of the Fathers in Translation No. 19. Westminster, Md: Newman Press, 1954.

———. *Treatise on Prayer; Translation and Notes with an Account of the Practice and Doctrine of Prayer from New Testament Times to Origen*. Translated by Eric George Jay. London: S.P.C.K, 1954.

Palladius. *The Lausiac History of Palladius: A Critical Discussion Together with Notes on Early Egyptian Monachism.* Translated by Dom C. Butler. Cambridge:

Cambridge University Press, 1898-1904; reprint, Hildesheim: George Olms, 1967.

———. *Palladius: The Lausiac History*. Translated by Robert T. Meyer. Ancient Christian Writers; The Works of the Fathers in Translation No. 34. Westminster, MD: Newman Press, 1965.

Palmer, G. E. C., Philip Sherrard, and Kallistos Ware, trans. *The Philokalia: The Complete Text*. London: Faber and Faber, 1979.

Plato. *Phaedrus*. Edited by Harvey Yunis. Cambridge Greek and Latin Classics. Cambridge: Cambridge University Press, 2011.

———. *The Republic of Plato*. Translated by Allan David Bloom. New York: Basic Books, 1968.

Socrates. *Ecclesiastical History; According to the Text of Hussey*. Oxford: Clarendon Press, 1878.

Sozomen, Saint Photius I Patriarch of Constantinople, and Philostorgius. *The Ecclesiastical History of Sozomen: Comprising a History of the Church from A.D. 324 to A.D. 440*. London: H.G. Bohn, 1855.

Thera, Nyanaponika, trans. The Four Noble Truths (*Saṁyutta Nikāya* 56.11), *in The Heart of Buddhist Meditation*, 140-146.

Vivian, Tim, ed. *Four Desert Fathers: Pambo, Evagrius, Macarius of Egypt, and Macarius of Alexandria: Coptic Texts Relating to the Lausiac History of Palladius*. Popular Patristics Series. Crestwood, N.Y: St. Vladimir's Seminary Press, 2004.

Ward, Benedicta, trans. *The Sayings of the Desert Fathers: The Alphabetical Collection.* Rev. ed. Kalamazoo, MI: Cistercian Publications, 1984.

———, trans. *The Wisdom of the Desert Fathers: Systematic Sayings from the Anonymous Series of the Apophthegmata Patrum*. New ed. Oxford: S.L.G. Press, 1986.

Secondary Sources

Aist, Clark. "The Recovery of Religious and Spiritual Significance in American Psychiatry." *Journal of Religion and Health* 51, no. 3 (2012): 615–29.

Alarcón, Renato D., and Julia Frank, eds. *The Psychotherapy of Hope: The Legacy of Persuasion and Healing.* Baltimore, MD: Johns Hopkins University Press, 2012.

Alloy, Lauren B., Denise Labelle, Elaine Boland, Kim Goldstein, Abigail Jenkins, Benjamin Shapero, Shimrit K. Black, and Olga Obraztsova. "Mood Disorders," in *Psychopathology: Foundations for a Contemporary Understanding*, ed. James Maddux and Barbara Winstead, 3rd ed., 195-246, New York: Routledge, 2012.

Alves, Lucas P. C., Thiago F. V. Freire, Marcelo P. A. Fleck, and Neusa S. Rocha. "A Naturalistic Study of High-Dose Unilateral ECT among Severely Depressed Inpatients: How Does It Work in the Clinical Practice?" *BMC Psychiatry* 16 (November 2016): 396.

American Psychiatric Association. *Practice Guidelines for the Treatment of Patients with Major Depressive Disorder.* Third Edition. Washington, DC. 2010. http://psychiatryonline.org/guidelines [accessed May 9, 2016].

American Psychiatric Association and DSM-5 Task Force, eds. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5.* 5th ed. Washington, D.C: American Psychiatric Publishing, 2013.

Anderson, Gary. "King David and the Psalms of Imprecation." In *The Harp of Prophecy: Early Christian Interpretation of the Psalms,* edited by Brian Daley and Paul Kolbet, 29-45. Notre Dame, Indiana: University of Notre Dame Press, 2015.

Anderson, Naomi, Suzanne Heywood-Everett, Najma Siddiqi, Judy Wright, Jodi Meredith, and Dean McMillan. "Faith-Adapted Psychological Therapies for Depression and Anxiety: Systematic Review and Meta-Analysis." *Journal of Affective Disorders* 176 (2015): 183–96.

Arbib, Michael A. *In Search of the Person: Philosophical Exploration in Cognitive Science.* Amherst: University of Massachusetts, 1985.

Armento, Maria E. A., James K. McNulty, and Derek R. Hopko. "Behavioral Activation of Religious Behaviors (BARB): Randomized Trial with Depressed College Students." *Psychology of Religion and Spirituality* 4, no. 3 (2012): 206–22.

Azhar, M. Z., and S. L. Varma. "Religious Psychotherapy in Depressive Patients." *Psychotherapy and Psychosomatics* 63, no. 3–4 (1995): 165–68.

Baer, Lee, and Mark A. Blais. *Handbook of Clinical Rating Scales and Assessment in Psychiatry and Mental Health*. Springer Science & Business Media, 2009.

Baker, David C. "The Investigation of Pastoral Care Interventions as a Treatment for Depression among Continuing Care Retirement Community Residents." *Journal of Religious Gerontology* 12, no. 1 (2001): 63–85.

Balthasar, Hans Urs von. "The Metaphysics and Mystical Theology of Evagrius." *Monastic Studies* 3: (1965): 183-195.

Barnes, Michel René. "Galen and Antony: Anger and Disclosure." In *Studia Patristia* Vol 30, 136-143. Leuven: Peeters, 1997.

Barron, Lynda. "Effect of Religious Coping Skills Training with Group Cognitive - Behavioral Therapy for Treatment of Depression." PhD diss., Northcentral University, 2007. In ProQuest Dissertations Publishing. http://search.proquest.com/docview/304704987/.

Barth, Jürgen, Thomas Munder, Heile Gerger, Eveline Nüesch, Sven Trelle, Hansjörg, Peter Jüni, and Pim Cuijpers. "Comparative Efficacy of Seven Psychotherapeutic Interventions for Patients with Depression: A Network Meta-Analysis." *PLOS Med* 10, no. 5 (2013): e1001454.

Bebis, George S. "Platōnismos ē Christianismos= Platonism or Christianity: The Philosophical Presuppositions of the Anti-Hesychasm of NikephorosGregoras (AD 1293-1361)." *Greek Orthodox Theological Review* 44, no. 1-4 (Spr-Wint 1999): 692-695.

Beck, Aaron T. "The Current State of Cognitive Therapy: A 40-Year Retrospective." *Archives of General Psychiatry* 62, no. 9 (September 2005): 954.

———. "Thinking and Depression: I. Idiosyncratic Content and Cognitive Distortions." *Archives of General Psychiatry* 9, no. 4 (October 1, 1963): 324–33.

———. "Thinking and Depression: II. Theory and Therapy." *Archives of General Psychiatry* 10, no. 6 (June 1, 1964): 561–71.

Beck, Aaron T., and David J. A. Dozois. "Cognitive Therapy: Current Status and Future Directions." *Annual Review of Medicine* 62, no. 1 (2011): 397-409.

Beck, Aaron T., A. John Rush, Brain F. Shaw, and Gary Emery. *Cognitive Therapy of Depression*. New York: The Guilford Press, 1979.

Beeley, Christopher A. "The Holy Spirit in the Cappadocians: Past and Present." *Modern Theology* 26, no. 1 (January 2010): 90-119.

Behr, John, Andrew Louth and Dimitri Conomos, eds. *Abba: The Tradition of Orthodoxy in the West: Festschrift for Bishop Kallistos (Ware) of Diokleia*. Crestwood, N.Y: St. Vladimir's Seminary Press, 2003.

Behr-Sigel, Elisabeth. *The Place of the Heart: An Introduction to Orthodox Spirituality*. Torrance, CA: Oakwood Publications, 1992.

Belzung, Catherine, Paul Willner, and Pierre Philippot. “Depression: From Psychopathology to Pathophysiology.” *Current Opinion in Neurobiology*, 30 (February 2015): 24–30.

Bergin, Allen E. ‘Psychotherapy and Religious Values.’ *Journal of Consulting and Clinical Psychology* 48, no. 1 (1980): 95–105.

Bilaniuk, Petro B. T. “The Roots of Christian Hesychasm in Indian Religions.” In *Contacts between Cultures,* V. 1, edited by Amir Harrak, 309-317. Lewiston, NY: Edwin Mellen Pr, 1992.

Bingaman, Brock, and Bradley Nassif, eds. *The Philokalia: A Classic Text of Orthodox Spirituality*. New York: Oxford University Press, 2012.

Bitton-Ashkelony, Brouria. “The Limit of the Mind (ΝΟΥΣ): Pure Prayer according to Evagrius Ponticus and Isaac of Nineveh.” *ZeitschriftfürAntikesChristentum / Journal of Ancient Christianity*15, no. 2 (September 2011): 291–321.

Blackburn, I. M., and Kate M. Davidson. *Cognitive Therapy for Depression and Anxiety: A Practitioner’s Guide*. Oxford [England] ; Cambridge, Mass., USA: Blackwell Science, 1995.

Blazer, Dan G. “The Depression Epidemic: Why We’re More Down Than Ever -- and the Crucial Role Churches Play in Healing.” *Christianity Today* 53, no. 3 (March 2009): 22–31.

Blease, Charlotte. “Electroconvulsive Therapy, the Placebo Effect and Informed Consent.” *Journal of Medical Ethics* 39, no. 3 (March 2013): 166–70.

Blease, Charlotte. “The Duty to Be Well-Informed: The Case of Depression.” *Journal of Medical Ethics* 40, no. 4 (2014): 225–29.

Bockting, Claudi L. H., Mascha C. ten Doesschate, Jan Spijker, Philip Spinhoven, Maarten W. J. Koeter, and Aart H. Schene. “Continuation and Maintenance Use of Antidepressants in Recurrent Depression.” *Psychotherapy and Psychosomatics* 77, (2008): 17–26.

Boelens, Peter A., R. R. Reeves, W. H. Replogle, and H. G. Koening. “A Randomized Trial of the Effect of Prayer on Depression and Anxiety.” *The International Journal of Psychiatry in Medicine* 39, no. 4 (2009): 377–92.

———. “The Effect of Prayer on Depression and Anxiety: Maintenance of Positive Influence One Year after Prayer Intervention.” *International Journal of Psychiatry in Medicine* 43, no.1 (2012), 85-98.

Boersma, Hans. “Harmonious Reading: Clement of Alexandria, Athanasius, Basil, Gregory of Nyssa, and Augustine on the Music of the Psalms.” In *Scripture as Real Presence: Sacramental Exegesis in the Early Church, 131-158.* Grand Rapids, Michigan: Baker Academic, 2017.

———. *Heavenly Participation: The Weaving of a Sacramental Tapestry.* Grand Rapids, MI: W.B. Eerdmans Pub., 2011.

———. *Scripture as Real Presence: Sacramental Exegesis in the Early Church.* Grand Rapids, Michigan: Baker Academic, 2017.

Bonelli, Raphael M., and Harold G. Koenig. “Mental Disorders, Religion and Spirituality 1990 to 2010: A Systematic Evidence-Based Review.” *Journal of Religion and Health* 52, no. 2 (June 2013): 657–73.

Bonelli, Raphael M., Rachel E. Dew, Harold G. Koenig, David H. Rosmarin, and Sasan Vasegh. “Religious and Spiritual Factors in Depression: Review and Integration of the Research.” *Depression Research and Treatment* 2012 (2012), 1-8.

Bonhoeffer, Dietrich. *Life Together: Prayerbook of the Bible.* Edited by Geffrey B. Kelly and translated by Daniel W. Bloesch and James H. Burtness. Dietrich Bonhoeffer Works, v. 5. Minneapolis, MN: Fortress, 2005.

Bouyer, Louis. *The Spirituality of the New Testament and the Fathers*. History of Christian Spirituality 1. New York: Seabury Press, 1963.

Bowersock, G. W., Peter Brown, and Oleg Grabar, eds. *Late Antiquity: A Guide to the Postclassical World*. Harvard University Press, 1999. http://ezphost.dur.ac.uk/login?url=http://search.credoreference.com/content/entry/hupla/buddha/0?institutionId=1856

Bradford, David. “Brain and Psyche in Early Christian Asceticism.” *Psychological Reports* 109, no. 2 (October 2011): 461, 507.

Bradley, James, and Richard Muller. *Church History: An Introduction to Research, Reference Works, and Methods.* Grand Rapids, MI: Wm B. Eerdmans, 1995.

Brakke, David. *Demons and the Making of the Monk: Spiritual Combat in Early Christianity*. Cambridge, Mass: Harvard University Press, 2006.

———. “Making Public the Monastic Life: Reading the Self in Evagrius Ponticus’ Talking Back.” In *Religion and the Self in Antiquity*, edited by David Brakke, Michael L. Satlow, and Steven Weitzman, Bloomington, IN: Indiana University Press, 2005.

Brierley, Justin. "Profile: Rick Warren." *Premier Christianity*, July 12th, 2014. https://www.premierchristianity.com/Past-Issues/2014/July-2014/Profile-Rick-Warren [accessed August 10th, 2017].

Brill, N. Q., Evelyn Crumpton, Samuel Eiduson, H. M. Grayson, L. I. Hellman, and R. A. Richards. "Relative Effectiveness of Various Components of Electroconvulsive Therapy: An Experimental Study." *A.M.A. Archives of Neurology & Psychiatry* 81, no. 5 (May 1959): 115.

Brooke, George. "Creation in the Biblical Tradition." *Zygon* 22, no. 2 (1987): 233-234.

Brown, William. *Seeing the Psalms: A Theology of Metaphor.* Louisville, KY: Westminster John Knox Press, 2002.

Brown, Warren S., and Brad D. Strawn. *The Physical Nature of Christian Life: Neuroscience, Psychology, and the Church*. Cambridge ; New York: Cambridge University Press, 2012.

Bryan, Jocelyn. *Human Being: Insights from Psychology and the Christian Faith*. London: SCM Press, 2016.

Brueggemann, Walter. "Psalms and the Life of Faith: A Suggested Typology of Function." *JSOT* 17 (1980), 3-32.

Brueggemann, Walter, and William Bellinger. *Psalms.* Cambridge: Cambridge University Press, 2014.

Bundy, David. "The Philosophical Structures of Origenism: The Case of the Expurgated Version (S1) of the Kephalaia Gnostica of Evagrius." In *Origeniana Quinta*, 577–584. Leuven: Leuven Univ Pr, 1992.

Bunge, Gabriel. *Despondency: The Spiritual Teaching of Evagrius Ponticus on Acedia*. Yonkers, N.Y: St. Vladimir's Seminary Press, 2012.

———.*Dragon's Wine and Angel's Bread: The Teaching of Evagrius Ponticus on Anger and Meekness*. Crestwood, N.Y: St. Vladimir's Seminary Press, 2009.

———. *Earthen Vessels: The Practice of Personal Prayer According to the Patristic Tradition* (San Francisco: Ignatius Press, 2002).

———. "The 'Spiritual Prayer': On the Trinitarian Mysticism of Evagrius of Pontus." *Monastic Studies* 17 (1986), 191-208.

Burton-Christie, Douglas. "Evagrius on Sadness." *Cistercian Studies Quarterly* 44, no. 4 (November 2009): 395-409.

———. *The Word in the Desert: Scripture and the Quest for Holiness in Early Christian Monasticism*, Toronto: Oxford University Press, 1993.

Burton, David. "Emptiness in Mahāyāna Buddhism" In *A Companion to Buddhist Philosophy*, edited by Steven M. Emmanuel, 151-163. Chichester, UK: John Wiley & Sons; Oxford: Wiley-Blackwell, 2013.

Buswell, Robert, and Donald Lopez, eds. "Buddha." In *The Princeton Dictionary of Buddhism*. Princeton University Press, 2013. http://ezphost.dur.ac.uk/login?url=http://search.credoreference.com/content/entry/prdb/kapilavastu/0?institutionId=1856

Carey, Timothy A., Margaret Carey, Kirsten Stalker, Richard J. Mullan, Lindsey K. Murray, and Margaret B. Spratt. "Psychological Change from the inside Looking out: A Qualitative Investigation." *Counselling and Psychotherapy Research* 7, no. 3 (September 1, 2007): 178–87.

Casiday, Augustine M C. "Gabriel Bunge and the Study of Evagrius Ponticus: a Review Article." *St Vladimir's Theological Quarterly* 48, no. 2-3 (2004): 249-297.

———. "On Heresy in Modern Patristic Scholarship: The Case of Evagrius Ponticus." *The Heythrop Journal* 53, no. 2 (March 1, 2012): 241–252.

———. *Reconstructing the Theology of Evagrius Ponticus: Beyond Heresy*. Cambridge, UK: Cambridge University Press, 2013.

———. "Universal Restoration in Evagrius Ponticus' 'Great Letter'." In *Studia Patristica* Vol 47, 223–228. Leuven: Peeters, 2010.

Castrén, Eero. "Is Mood Chemistry." *Nature Reviews Neuroscience* 6, no.3 (March 2005), 241-246.

C'de Baca, Janet, and Paula Wilbourne. "Quantum Change: Ten Years Later." *Journal of Clinical Psychology* 60, no. 5 (May 2004): 531-41.

Chadwick, Owen. *John Cassian*. 2nd ed. London: Cambridge U. P., 1968.

Charlson, Fiona, Siskind, S. A. Doi, E. McCallum, A. Broome, and D.C. Lie. "ECT Efficacy and Treatment Course: A Systematic Review and Meta-Analysis of Twice vs Thrice Weekly Schedules." *Journal of Affective Disorders* 138, no. 1 (April 2012): 1–8.

錢新祖 (Ch'ien, Edward T.). "*中國思想史講義* (*History of Chinese Thought* [translation mine])," .Taipei: National Taiwan University Press, 2013.

Chitty, Derwas J. *The Desert a City: An Introduction to the Study of Egyptian and Palestinian Monasticism under the Christian Empire.* Oxford, UK: A. R. Mowbray & Co., 1977.

Choi, Jimmy, Y. Wang, T. Feng, and J. Prudic. "Cognitive Training to Improve Memory in Individuals Undergoing Electroconvulsive Therapy: Negative Findings." *Journal of Psychiatric Research* 92 (September 2017): 8-14.

Ciarrocchi, Joseph W., Debbie Schechter, Michelle J. Pearce, and Harold G. Koenig. *Religious Cognitive Behavioral Therapy - 10-Session Treatment Manual for Depression in Clients with Chronic Physical Illness, 2014.* Christian Version. (Christian version is developed largely by Michelle Pearce.) https://spiritualityandhealth.duke.edu/images/pdfs/RCBT%20Manual%20Final%20Christian%20Version%203-14-14.pdf.

Clark, David Albert, and Aaron T. Beck. *Scientific Foundations of Cognitive Theory and Therapy of Depression*. New York ; Chichester: Wiley, 1999.

Clarke, Katherine, E. Mayo-Wilson, J. Kenny, and S. Pilling. "Can Non-Pharmacological Interventions Prevent Relapse in Adults Who Have Recovered from Depression? A Systematic Review and Meta-Analysis of Randomised Controlled Trials." *Clinical Psychology Review* 39 (July 2015): 58-70.

Coakley, Sarah, ed. Faith, Rationality, and the Passions. Oxford, UK: Blackwell Pub. Ltd., 2012.

Cobb, Mark. "Belief." In *Oxford Textbook of Spirituality in Healthcare*, edited by Mark Cobb, Christina Puchalski, and Bruce Rumbold, 113-118. Oxford: Oxford University Press, 2012.

Cook, Christopher C. H. *The Philokalia and the Inner Life: On Passions and Prayer.* Cambridge: James Clarke, 2011.

———, ed. *Spirituality, Theology and Mental Health: Multidisciplinary Perspectives*. London, UK: SCM Press, 2013.

Cook, Christopher C. H., Andrew Powell, and Andrew Sims, eds. *Spirituality and Narrative in Psychiatric Practice: Stories of Mind and Soul.* London. UK: The Royal College of Psychiatrists, 2016.

———, eds. *Spirituality and Psychiatry.* London, UK: The Royal College of Psychiatrists, 2009.

Corrigan, Kevin. *Evagrius and Gregory: Mind, Soul and Body in the 4th Century*.

Ashgate Studies in Philosophy & Theology in Late Antiquity. Farnham, England: Ashgate, 2009.

Costache, Doru. "Experiencing the Divine Life: Levels of Participation in St Gregory Palamas' *On the Divine and Deifying Participation*." *Phronema* 26, no. 1 (2011): 9–25.

Craigie, Frederic C., Jr. *"*Stories of Joy and Sorrow: Spirituality and Affective Disorder*"* In *Spirituality and Narratives in Psychiatric Practice: Stories of Mind and Soul*, edited by Christopher Cook, Andrew Powell, and Andrew Sims, 67 - 81. London, UK: The Royal College of Psychiatrists, 2016.

Crane, Rebecca. *Mindfulness-Based Cognitive Therapy: Distinctive Features*. Hove, East Sussex: Routledge, 2009.

Crislip, Andrew. *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity.* Ann Arbor: University of Michigan Press, 2005.

Cuijpers, Pim, A. van Straten, G. Andersson, and P. van Oppen. "Are Psychological and Pharmacologic Interventions Equally Effective in the Treatment of Adult Depressive Disorders? A Meta-Analysis of Comparative Studies." *The Journal of Clinical Psychiatry* 69, no. 11 (November 2008): 1675–85.

———. "Psychotherapy for Depression in Adults: A Meta-Analysis of Comparative Outcome Studies." *Journal of Consulting and Clinical Psychology* 76, no. 6 (December 2008): 909-22.

Daley, Brian. "Finding the Right Key: The Aims and Strategies of Early Christian Interpretation of the Psalms," in *The Harp of Prophecy: Early Christian Interpretation of the Psalms*, eds. Brian Daley and Paul Kolbet. Notre Dame, Indiana: University of Notre Dame Press, 2015, 11-28.

DariuszZagórski, Toruń. "The Model of the Perfect Christian in the Writings of Gregory of Nazianzus." In *Studia Patristica* Vol.51, 63-75. Leuven: Peeters, 2011.

Deacon, Brett, and Grayson Baird. "The Chemical Imbalance Explanation of Depression: Reducing Blame at What Cost," *Journal of Social and Clinical Psychology* 28, no.4 (2009), 415-435.

Dein, Simon, Chris Cook, and Harold Koenig. "Religion, Spirituality, and Mental Health: Current Controversies and Future Directions." *Journal of Nervous and Mental Disease, 2012,* Vol.*200 (10),* 852-855.

Delaney, Collen, Cynthia Barrere, and Mary Helming. "The Influence of a Spirituality-

Based Intervention on Quality of Life, Depression, and Anxiety in Community-Dwelling Adults with Cardiovascular Disease," *Journal of Holistic Nursing* 29, no.1 (2011), 21-32.

DelCogliano, Mark. "Situating Sarapion's Sorrow: The Anthropomorphite Controversy as the Historical and Theological Context of Cassian's Tenth Conference on Pure Prayer." *Cistercian Studies Quarterly* 38, no. 4 (October 1, 2003): 377-421.

———. "The Quest for Evagrius of Pontus: A Historiographical Essay." *American Benedictine Review* 62, no. 4 (December 2011): 387-401.

Delgado, Pedro. "Depression: The Case for a Monoamine Deficiency," *The Journal of Clinical Psychiatry* 61, no. suppl 6 (2000): 7–11.

Dieker, Berndette and Jonathan Montaldo, eds. *Merton and Hesychasm: The Prayer of the Heart: The Eastern Church* (Louisville, KY: Fons Vitae, 2003).

Dilmaghani, Maryam. "Importance of Religion or Spirituality and Mental Health in Canada." *Journal of Religion and Health* 57, no. 1 (February 1, 2018): 120–35.

Douglas, J. D., and Norman Hillyer, eds., *New Bible Dictionary*, 2nd ed. (Leicester: Inter-Varsity, 1982), 1148.

Driessen, Ellen et al. "Does Publication Bias Inflate the Apparent Efficacy of Psychological Treatment for Major Depressive Disorder? A Systematic Review and Meta-Analysis of US National Institutes of Health-Funded Trials," *PLOS ONE* 10, no. 9 (2015): e0137864.

Driscoll, Jeremy. "Apatheia and Purity of Heart in Evagrius Ponticus." In *Purity of Heart in Early Ascetic and Monastic Literature*, 141–159. Collegeville, MI: Liturgical Press, 1999.

———. *Steps to Spiritual Perfection : Studies on Spiritual Progress in Evagrius Ponticus*. New York: Newman Press, 2005.

———. "Evagrius and Paphnutius on the Causes for Abandonment by God." *Studia Monstica* 39.2 (1997), 259-286.

D'Souza, Russell, and Angelo Rodrigo, "Spiritually Augmented Cognitive Behavioural Therapy," *Australasian Psychiatry* 12, no. 2 (2004): 148–52.

Duke, Alan. "Rick Warren's Son Lost in 'Wave of Despair'," *CNN*, April 8th, 2013, http://www.cnn.com/2013/04/07/us/matthew-warren-suicide/index.html (assessed April 8th, 2013).

Dysinger, Luke. “Evagrius Ponticus,” in *The Harp of Prophecy: Early Christian Interpretation of the Psalms,* eds. Brian Daley and Paul Kolbet. Notre Dame, Indiana: University of Notre Dame Press, 2015, 11-28.

———. “An Exegetical Way of Seeing: Contemplation of Spiritual Guidance in Evagrius Ponticus.” In *Studia Patristia* Vol 57, 31-49. Leuven: Peeters, 2013.

———. “Exegesis and Spiritual Guidance in Evagrius Ponticus.” In *Studia Patristica* Vol. 47, 209–221. Leuven: Peeters, 2010.

———. *Psalmody and Prayer in the Writings of Evagrius Ponticus*. Oxford Theological Monographs. New York: Oxford University Press, 2005.

———. “The Logoi of Providence and Judgement in the Exegetical Writings of Evagrius Ponticus.” In *Studia Patristica* Vol. 37, 462–471. Leuven: Peeters, 2001.

———. “The Significance of Psalmody in the Mystical Theology of Evagrius of Pontus.” In *Studia Patristica* Vol. 30, 176–182. Leuven: Peeters, 1997.

Eaton, John. *The Psalms: A Historical and Spiritual Commentary.* London: T&T Clark International, 2003.

Ebrahimi, Amrollah, Hamid Taher Neshatdoost, Seyed Ghafur Mousavi, Ghorban Ali Asadollahi, and Hamid Nasiri. “Controlled Randomized Clinical Trial of Spirituality Integrated Psychotherapy, Cognitive-Behavioral Therapy and Medication Intervention on Depressive Symptoms and Dysfunctional Attitudes in Patients with Dysthymic Disorder.” *Advanced Biomedical Research* 2, no. 1 (June 2013): 53–53.

Edwards, Mark Julian. *Origen against Plato*. Ashgate Studies in Philosophy & Theology in Late Antiquity. Hants, England: Ashgate, 2002.

Ellens, J. Harold, ed. *The Healing Power of Spirituality: How Faith Helps Humans Strive*. Santa Barbara, LA: Praeger/ABC-CLIO, 2010.

Ellis, Albert. “Psychotherapy and Atheistic Values: A Response to A. E. Bergin’s ‘Psychotherapy and Religious Values.’” *Journal of Consulting and Clinical Psychology* 48, no. 5 (October 1980): 635–39.

Eriksson, Monica, and Bengt Lindström. “Validity of Antonovsky’s Sense of Coherence Scale: A Systematic Review.” *Journal of Epidemiology and Community Health,* vol. 59, no. 6 (June 2005): 460–66.

Evans, Ian M., and Amber Fletcher, “Focus on Change: Implications for the

Understanding and Evaluation of Psychological Interventions." *Psychologia* 56, no. 2 (2013): 113–30.

Fava, Giovanni, and Nicoletta Sonino. "The Biopsychosocial Model Thirty Years Later." *Psychotherapy and Psychosomatics* 77, no. 1 (2008): 1–2.

Fava, Maurizio, and Katharine G. Davidson. "Definition and Epidemiology of Treatment-Resistant Depression." *Psychiatric Clinics of North America* 19, no. 2 (June 1996): 179–200.

Fava, Maurizio, A. J. Rush, M. H. Trivedi, A. A. Nierenberg, M. E. Thase, H. A. Sackeim, F. M. Quitkin, et al. "Background and Rationale for the Sequenced Treatment Alternatives to Relieve Depression (STAR∗D) Study". *Psychiatric Clinics of North America* 26, no. 2 (June 2003): 457–94.

Ferngren, Gary. *Medicine & Health Care in Early Christianity*. Baltimore: Johns Hopkins University Press, 2009, 128–29.

Fiedrowicz, Michael. General Introduction. In *Expositions of the Psalms 1-32. Vol 1*. By Augustine,13-66. Hype, New York: Augustinain Heritage Institute, 2000.

Finney, John and Newton Malony. "Contemplative Prayer and Its Use in Psychotherapy: A Theoretical Model." *Journal of Psychology and Theology* 13, no. 3 (September 1985):172-181.

Flint, Jonathan, and Kenneth S. Kendler. "The Genetics of Major Depression." *Neuron* 81, no. 3 (February 5, 2014): 484–503.

Fournier, Jay C., R. J. DeRubeis, S. D. Hollon, S. Dimidjian, J. D. Amsterdam, R. C. Shelton, and J. Fawcett. "Antidepressant Drug Effects and Depression Severity: A Patient-Level Meta-Analysis." *Journal of the American Medical Association* 303, no. 1 (January 6, 2010): 51.

France, Christopher, Paul Lysaker, and Ryan Robinson. "The 'Chemical Imbalance' Explanation for Depression: Origins, Lay Endorsement, and Clinical Implications." *Professional Psychology: Research and Practice* 38, no. 4 (August 2007): 411–20.

Frank, E., R. F. Prien, R. B. Jarrett, M. B. Keller, D. J. Kupfer, P. W. Lavori, A. J. Rush, and M. M. Weissman. "Conceptualization and Rationale for Consensus Definitions of Terms in Major Depressive Disorder - Remission, Recovery, Relapse, and Recurrence." *Archives of General Psychiatry* 48, no. 9 (September 1991): 851–55.

Frank, Ellen, Jordan Karp, and John Rush. "Efficacy of Treatments for Major

Depression." *Psychopharmacology Bulletin* 29, no. 4 (1993): 457-75.

Frank, Ellen, Robert F. Prien, Robin B. Jarrett, Martin B. Keller, David J Kupfer, Philip W Lavori, A. John Rush, and Myrna M. Weissman. "Conceptualization and Rationale for Consensus Definitions of Terms in Major Depressive Disorder. Remission, Recovery, Relapse, and Recurrence." *Archives of General Psychiatry* 48, no. 9 (1991): 851–55.

Fried, Eiko, and Randolph Nesse. "Depression Is Not a Consistent Syndrome: An Investigation of Unique Symptom Patterns in the STAR*D Study." *Journal of Affective Disorders* 172 (February 1, 2015): 96–102.

Fried, Eiko I., S. Epskamp, R. M. Nesse, F. Tuerlinckx, and D. Borsboom. "What Are 'good' Depression Symptoms? Comparing the Centrality of DSM and Non-DSM Symptoms of Depression in a Network Analysis," *Journal of Affective Disorders* 189 (January 1, 2016): 314–20.

Futato, Mark. *Interpreting the Psalms: An Exegetical Handbook.* Grand Rapids, MI : Kregel Publications, 2007.

Gaiser, Frederick J. *Healing in the Bible: Theological Insight for Christian Ministry*. Grand Rapids, Mich.: Baker Academic, 2010.

Gavrilyuk, Paul L., and Sarah Coakley, eds. *The Spiritual Senses : Perceiving God in Western Christianity*. Cambridge: Cambridge University Press, 2011.

Gaynes, Bradley N., Diane Warden, Madhukar H. Trivedi, Stephen R. Wisniewski, Maurizio Fava, and A. John Rush. "What Did STAR*D Teach Us? Results from a Large-Scale, Practical, Clinical Trial for Patients with Depression." *Psychiatric Services* 60, no. 11 (2009): 1439–45.

Gaynes, Bradley N., Lori Davis A., John Rush, Madhukar Trivedi, Maurizio Fava, and Stephen R. Wisniewski. "The Aims and Design of the Sequenced Treatment Alternatives to Relieve Depression (STAR∗D) Study." *Psychiatry Weekly* 12, no. 2 (February 2005), 36-41.

Gendle, Nicholas. "Cappadocian Elements in the Mystical Theology of Evagrius Ponticus." In *Studia Patristica*Vol. 16, pt 2, 373–384. Berlin: AkademieVerlag, 1985.

Gibbel, Meryl Reist. "Evaluating a Spiritually Integrated Intervention for Depressed College Students." Bowling Green State University, 2010. https://etd.ohiolink.edu/pg_10?0::NO:10:P10_ACCESSION_NUM:bgsu1274920865.

Gibbons, Kathleen. “Passions, Pleasures, and Perceptions: Rethinking Evagrius Ponticus on Mental Representation.” *Zeitschrift Für Antikes Christentum / Journal of Ancient Christianity* 19, no. 2 (2015): 297–330.

Gilbert, Paul. *Overcoming Depression: A Self-Help Guide Using Cognitive Behavioral Techniques*. 3rd rev. ed. London: Robinson, 2009.

Gonçalves, J. P.B., G. Lucchetti, R.R. Menezes, and H. Vallada. “Religious and Spiritual Interventions in Mental Health Care: A Systematic Review and Meta-Analysis of Randomized Controlled Clinical Trials.” *Psychological Medicine* 45, no. 14 (October 2015): 2937–49.

Good, Jennifer J. "Integration of Spirituality and Cognitive-behavioral Therapy for the Treatment of Depression”. Psy.D. diss., Pennsylvania: Philadelphia College of Osteopathic Medicine, 2010. http://digitalcommons.pcom.edu/psychology_dissertations [accessed February 25, 2016].

Gould, Graham. “The Image of God and the Anthropomorphite Controversy in Fourth Century Monasticism.” In *Origeniana Quinta*, 549–557. Leuven: Leuven Univ Pr, 1992.

———. “‘Salt for the Impure, Light for the Pure’: Reflections on the Pedagogy of Evagrius Ponticus.” In *Studia Patristica* Vol 37, 514–526. Leuven: Peeters, 2001.

Grenz, Stanley. “The Spirit and the Word: The World-Creating Function of the Text.” *Theology Today* 57, no. 3 (October 1, 2000): 357–74.

Hall, Daniel E., Keith G. Meador, and Harold G. Koenig. “Measuring Religiousness in Health Research: Review and Critique.” *Journal of Religion and Health* 47, no. 2 (2008): 134–63.

Hardeveld, F., J. Spijker, R. De Graaf, W. A. Nolen, and A. T. Beekman. “Prevalence and Predictors of Recurrence of Major Depressive Disorder in the Adult Population.” *Acta Psychiatrica Scandinavica* 122, no. 3, (September 2010), 184-191

Harmless, William. *Desert Christians: An Introduction to the Literature of Early Monasticism*. New York: Oxford University Press, 2004.

Harmless, William, and Raymond R. Fitzgerald. “The Sapphire Light of the Mind: The *Skemmata* of Evagrius Ponticus.” *Theological Studies* 62, no. 3 (2001): 498-529.

Harrington, Anne “The Placebo Effect: What’s Interesting for Scholars of Religion?”

Zygon 46, no. 2 (May 9, 2011): 265–80.

Harris, Alex H., Carl E. Thoresen, Michael E. Mccullough, and David B. Larson. "Spiritually and Religiously Oriented Health Interventions." *Journal of Health Psychology* 4, no. 3 (May 1999): 413–33.

Harris, Laird, Gleason Archer, and Bruce Waltke, eds. *Theological Wordbook of the Old Testament*. Chicago: Moody Press, 1980.

Harrison, Carol. "The Polyphony of Prayer." In *The Art of Listening in the Early Church,* 183-228. Oxford: Oxford Univ. Press, 2013.

———. "Enchanting the Soul: the Music of the Psalms." In *Meditations of the Heart: The Psalms in Early Christian Thought and Practice: Essays in Honour of Andrew Louth*, 205–23. Turnhout, Belgium: Brepols, 2011.

Hausherr, Irénée. *The Name of Jesus*. Cistercian Studies Series no. 44. Kalamazoo, MI: Cistercian Publications, 1978.

Hawkins, Rebecca S, Siang-Yang Tan, and Anne A Turk. "Secular Versus Christian Inpatient Cognitive-Behavioral Therapy Programs: Impact on Depression and Spiritual Well-Being." *Journal of Psychology & Theology* 27, no. 4 (1999): 309–18.

Healy, David. "Serotonin and Depression: the Marketing of a Myth." *BMJ* 350, (April 21, 2015), h1771.

Healy, Davi, and Graham Aldred. "Antidepressant Drug Use & the Risk of Suicide." *International Review of Psychiatry* 17, no. 3 (June 2009): 163–72.

Hill, Peter C., and Kenneth I. Pargament. "Advances in the Conceptualization and Measurement of Religion and Spirituality: Implications for Physical and Mental Health Research." *American Psychologist* 58, no. 1 (January 2003): 64–74.

Hodge, David. "Using Spiritual Interventions in Practice: Developing Some Guidelines from Evidence-Based Practice." *Social Work* 56, no. 2 (April 2011): 149–58.

———. "Spiritually Modified Cognitive Therapy: A Review of the Literature." *Social Work* 51, no. 2 (April 2006): 157–66.

Hollon, Steven D., R. J. DeRubeis, R. C. Shelton, J. D. Amsterdam, R. M. Salomon, J. P. O'Reardon, M. L. Lovett, P. R. Young, K. L. Harman, B. B. Freeman, and R. Gallop. "Prevention of Relapse Following Cognitive Therapy vs Medications in Moderate to Severe Depression." *Archives of General Psychiatry* 62, no. 4 (April 2005): 417-422.

Holpuch, Amanda. "Evangelicals Largely Believe Prayer Can Cure Mental Illness, Survey Finds." *The Guardian*, September 18, 2013. https://www.theguardian.com/world/2013/sep/18/evangelical-christians-prayer-mental-illness [accessed September 19th, 2013].

Horwitz, Allan, and Jerome Wakefield. *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder.* New York: Oxford University Press, 2007.

Howard, David. "The Psalms and Current Study." In *Interpreting the Psalms: Issues and Approaches*, edited by Philip Johnston and David Firth, 23-40. Leicester, England: Apollos, 2005.

Howard, David. "Recent Trends in Psalms Study." In *The Face of Old Testament Studies: A Survey of Contemporary Approaches*, edited by David Baker and Bill Arnold, 329–68. Grand Rapids, MI: Baker Books, 1999.

Hughes, Shannon, and David Cohen. "A Systematic Review of Long-Term Studies of Drug Treated and Non-Drug Treated Depression." *Journal of Affective Disorders* 118, no. 1-3 (November 2009): 9–18.

Hurst, George A. and Marion G. Williams. "Faith-Based Intervention in Depression, Anxiety, and Other Mental Disturbances." *Southern Medical Journal* 101, no. 4 (April 2008): 388–92.

Hwang, Soonil. *Metaphor and Literalism in Buddhism: The Doctrinal History of Nirvana.* New York: Routledge, 2006.

Ietsugu, Tetsuji, Catherine Crane, Ann Hackmann, Kate Brennan, Marcus Gross, Rebecca S. Crane, Sarah Silverton, Sholto Radford, Catrin Eames, Melanie J. V. Fennell, J. Mark G. Williams, and Thorsten Barnhofer. "Gradually Getting Better: Trajectories of Change in Rumination and Anxious Worry in Mindfulness-Based Cognitive Therapy for Prevention of Relapse to Recurrent Depression." *Mindfulness* vol. 6, no. 5 (October 2015): 1088–94.

Jean-Claude Larchet. *Mental Disorders & Spiritual Healing : Teachings from the Early Christian East.* Translated by Rama P. Coomaraswamy and G. John Champoux. 1st English ed. Hillsdale, NY: Sophia Perennis, 2005.

Joest, Christoph. "The significance of Acedia and Apatheia in Evagrius Ponticus Part I." *The American Benedictine Review* 55, no. 2 (June 2004): 121-150.

———."The Significance of 'Acedia' and 'Apatheia' in Evagrius Ponticus." *American Benedictine Review* 55, no. 3 (September 2004): 273–307.

Johnson, W. Brad, and Charles R. Ridley. "Brief Christian and Non-Christian Rational-Emotive Therapy." *Counseling & Values* 36, no. 3 (April 1992): 220-229.

Johnson, Mary E., A. M. Dose, T. B. Pipe, W. O. Petersen, M. Huschka, M. M. Gallenberg, P. Peethambaram, J. Sloan, and M. H. Frost. "Centering Prayer for Women Receiving Chemotherapy for Recurrent Ovarian Cancer: A Pilot Study." *Oncology Nursing Forum* 36, no. 4 (July 2009): 421-428.

Jun, Guo. *Essential Chan Buddhism*. Rhinebeck, NY: Monkfish Book Publishing Company, 2013.

Kabat-Zinn, Jon. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness.* New York: Delacorte Press, 1990.

———. *Wherever you go there you are*. New York: Hyperion, 1994.

Kadloubovsky, E and Palmer, G.E.H., trans. *Writings from the Philokalia on Prayer of the Heart.* Translated from the Russian Text *'Dobrotolubiye'.* London: Faber and Faber, 1951.

Kalvesmaki, Joel. "The Epistulafidei of Evagrius of Pontus: An Answer to Constantinople." *Journal of Early Christian Studies* 20, no. 1 (2012): 113–139.

Kalvesmaki, Joel, and Robin Darling Young, eds. *Evagrius and His Legacy*. Notre Dame: University of Notre Dame Press, 2016.

Katos, Demetrios S. "Humility as the Harbinger of Imageless Prayer in the Lausiac History." *St Vladimir's Theological Quarterly* 51, no. 1 (2007): 107-121.

Keidel, Anne Gordon. "Hesychia, Prayer and Transformation in Basil of Caesarea." In *Studia Patristica* Vol. 37, 110–120. Leuven: Peeters, 2001.

Kendrick, Tony, and Robert Peveler. "Guidelines for the Management of Depression: NICE Work?" *The British Journal of Psychiatry* 197, no. 5 (November 2010): 345-347.

Kennedy, Noel, Kevin Foy, Rafay Sherazi, Michael McDonough, and Patrick McKeon. "Long-Term Social Functioning after Depression Treated by Psychiatrists: A Review." *Bipolar Disorders* 9, no. 1–2 (Feb-Mar 2007): 25–37.

Kidner, Derek. *Psalms 1-72: An Introduction and Commentary on Books I and II of the Psalms.* London: IVP, 1973.

Kienle, Gunver, and Helmut Kiene, "The Powerful Placebo Effect: Fact or Fiction?" *Journal of Clinical Epidemiology* 50, no. 12 (December 1997): 1311-8.

Kirsch, Irving. *The Emperor's New Drugs: Exploding the Antidepressant Myth.* London: Bodley Head, 2009.

Kirsch, Irving, B. J. Deacon, T. B. Huedo-Medina, A. Scoboria, T. J. Moore, and B. T. Johnson. "Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration." *PLoS Medicine* 5, no. 2 (February 2008): e45 (0265–66).

Kline, Francis. "The Christology of Evagrius and the Parent System of Origen." *Cistercian Studies* 20, no. 3 (1985): 155–183.

Knabb, Joshua. "Centering Prayer as an Alternative to Mindfulness-Based Cognitive Therapy for Depression Relapse Prevention." *Journal of Religion and Health* 51 (September 2012): 908-24.

Kocsis, James H. "Recurrent Depression: Patient Characteristics, Clinical Course, and Current Recommendations for Management." *CNS Spectrums* 11, no. Supplement S15 (December 2006): 6-11. https://doi.org/10.1017/S1092852900015.

Koenig, Harold. "Concerns about Measuring 'Spirituality' in Research." *Journal of Nervous and Mental Disease* 196, no. 5 (May 2008): 349–55.

———. "Medicine and Religion." *New England Journal of Medicine* 343, no. 18 (November 2, 2000): 1339–42. (Correspondence in Article)

———. "Religion, Spirituality, and Medicine: Application to Clinical Practice." *JAMA* 284, no. 13 (October 4, 2000): 1708–1708.

———. "Religion, Spirituality, and Medicine: Research Findings and Implications for Clinical Practice." *Southern Medical Journal* 97 no.12 (2004), 1195.

———. "Religious versus Conventional Psychotherapy for Major Depression in Patients with Chronic Medical Illness: Rationale, Methods, and Preliminary Results." *Depression Research and Treatment* 2012 (2012): 1–11.

———. "Research on Religion, Spirituality, and Mental Health: A Review." *Canadian Journal of Psychiatry* 54, no. 5 (May 2009): 283–91.

———. *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources.* West Conshohocken, PA: Templeton Press, 2011.

Koenig, Harold, Michael McCullough, and David Larson. *Handbook of Religion and Health.* 1st ed. New York: Oxford University Press, 2001.

Koenig, Harold, Dana King, and Verna Carson. *Handbook of Religion and Health.* 2nd ed. Oxford: Oxford University Press, 2012.

Koenig, H. G., M. J. Pearce, B. Nelson, S. F. Shaw, C. J. Robins, N S. Daher, H. J. Cohen, L. S. Berk, D. L. Bellinger, K. I. Pargament, D. H., Rosmarin, S., Vasegh, J., Kristeller, N. Juthani, D. Nies, and M. B. King. "Religious vs. Conventional Cognitive Behavioral Therapy for Major Depression in Persons With Chronic Medical Illness: A Pilot Randomized Trial." *Journal of Nervous and Mental Disease* 203, no. 4 (April 2015): 243-51.

Koenig, H. G., M. Pearce, B. Nelson, S. F. Shaw, C. J. Robins, N S. Daher, H. J. Cohen, and M .B. King. "Effects of Religious vs. Standard Cognitive Behavioral Therapy on Therapeutic Alliance: A Randomized Clinical Trial." *Psychotherapy Research* 26, no. 3 (2016): 365-376.

Kohn, Sherab. *A Life of the Buddha.* Boston: Shambhala, 2009.

Kolbet, Paul. "Athanasius, the Psalms, and the Reformation of the Self." *The Harvard Theological Review* 99, no. 1 (January 2006): 85-101.

Konstantinovsky, Julia. *Evagrius Ponticus : The Making of a Gnostic*. Aldershot, England: Ashgate, 2009.

Kovacs, Maria, Scott Obrosky, and Charles George. "The Course of Major Depressive Disorder from Childhood to Young Adulthood: Recovery and Recurrence in a Longitudinal Observational Study." *Journal of Affective Disorders* 203 (October 2016), 374-381.

Krausmüller, Dirk. "The Rise of Hesychasm." In *Eastern Christianity*, 101-126. Cambridge, England: Cambridge Univ Pr, 2006.

Kravitz, Richard, Naihua Duan, and Joel Braslow. "Evidence-Based Medicine, Heterogeneity of Treatment Effects, and the Trouble with Averages." *Milbank Quarterly* 82, no. 4 (2004): 661–87.

Kupferberg, Aleksandra, Lucy Bicks, and Gregor Hasler. "Social Functioning in Major Depressive Disorder." *Neuroscience & Biobehavioral Reviews* 69 (October 2016): 313–32.

Kwon, Diana. "The Hidden Harm of Antidepressants." *Scientific American*. http://www.scientificamerican.com/article/the-hidden-harm-of-antidepressants/. [accessed February 18, 2016].

La Torre, Mary Anne. "Prayer in Psychotherapy: An Important Consideration." *Perspectives in Psychiatric Care* 40, no. 1 (Jan-Mar 2004): 2–40.

Ladd, George. *A Theology of The New Testament.* Rev. ed. Grand Rapids: Eerdmans, 1993.

Lagasse, Paul. "Buddha." In *The Columbia Encyclopedia.* 7th ed. Columbia University Press, 2017. http://ezphost.dur.ac.uk/login?url=http://search.credoreference.com/content/entry/columency/buddha/0?institutionId=1856

Lampe, Geoffrey W. H., ed. *A Patristic Greek Lexicon*. Oxford: Clarendon Press, 1961.

Ledegang, F. "Anthropomorphites and Origenists in Egypt at the End of the Fourth Century." In *Origeniana Septima*, 375–379. Louvain: Leuven Univ Pr, 1999.

Leloup, Jean-Yves. *Being Still: Reflections on an Ancient Mystical Tradition*. Leominster, Herefordshire: Gracewing, 2003.

Linge, David E. "Leading the Life of Angels: Ascetic Practice and Reflection in the Writings of Evagrius of Pontus." *Journal of the American Academy of Religion* 68, no. 3 (2000): 537.

Longman III, Tremper. "The Psalms and Ancient Near Eastern Prayer Genres." In *Interpreting the Psalms: Issues and Approaches*, edited by David G. Firth and Philip S. Johnston, 41-62. Downers Grove, IL; Inter-Varsity Press, 2005.

Lopez, Donald. "Buddha." In Critical Terms for the Study of Buddhism, edited by Donald Lopez. The University of Chicago Press, 2005. http://ezphost.dur.ac.uk/login?url=https://search.credoreference.com/content/entry/uchicagobud/buddha/0?institutionId=1856

Lopez, Donald S., and Robert E. Buswell, eds. *The Princeton Dictionary of Buddhism*. Enhanced Credo edition. Princeton, New Jersey: Princeton University Press, 2014.

Louth, Andrew. "Evagrios on Anger." In *Studia Patristica* Vol. 47, 179–185. Leuven: Peeters, 2010.

———. "'Heart in Pilgrimage': St Augustine as Interpreter of the Psalm." In *Orthodox Readings of Augustine*, edited by George Demacopoulos and Aristotle Papanikolaou , 291–304. Crestwood, N.Y.: St. Vladimir's Seminary Press, 2008.

———. *The Wilderness of God*. 2nd ed. London: Darton Longman & Todd, 2003.

———. "Evagrios on Prayer." In *Stand up to Godwards*, 163–172. Salzburg, Austria: Univ Salzburg, 2002

———. *The Origins of the Christian Mystical Tradition: From Plato to Denys*. 2nd edition. Oxford: Oxford University Press, 2007.

Mace, Chris. *Mindfulness and Mental Health: Therapy, Theory and Science.* Hove, Sussex: Routledge, 2008.

MacKenzie, Meagan, and Nancy Kocovski. "Mindfulness-Based Cognitive Therapy for Depression: Trends and Developments." *Psychology Research and Behavior Management* 9 (May 19, 2016): 125-132.

Maguire, Jack. *Essential Buddhism: A Complete Guide to Beliefs and Practices*. New York: Pocket Books, 2001.

Mathewes-Green, Frederica. *The Jesus Prayer: The Ancient Desert Prayer That Tunes the Heart to God*. Brewster, MA: Paraclete Press, 2009.

Maxwell, Joseph. "Evidence: A Critical Realist Perspective for Qualitative Research." In *Qualitative Inquiry—Past, Present, and Future : A Critical Reader,* edited by Norman K. Denzin and Michael D. Giardina, 88-102. New York: Routledge, 2016.

McCullough, Michael E, and David B Larson. "Religion and Depression: A Review of the Literature." *Twin Research and Human Genetics* 2, no. 02 (April 1, 1999): 126–136.

McDargh, John. "The Life of the Self in Christian Spirituality and contemporary Psychoanalysis." *Horizons* 11.2 (1984), 344-360.

McGinn, Bernard. *The Foundations of Mysticism*. Presence of God: A History of Western Christian Mysticisim V. 1. New York: Crossroad, 1991.

McGrath, Alister E. "Christianity." In *Oxford Textbook of Spirituality in Healthcare*, edited by Mark Cobb, Christina M. Puchalski, and Bruce D. Rumbold, 25–30. New York ; Oxford: Oxford University Press, 2012.

———. *Suffering*. London: Hodder & Stoughton, 1992.

McGrath, Joanna Collicutt, and Alister E. McGrath. *Self-Esteem: The Cross and Christian Confidence*. Leicester: IVP, 2001.

McGuckin, John Anthony. *Saint Gregory of Nazianzus: An Intellectual Biography.* Crestwood, NY: St Vladimir's Seminary Press, 2001.

McKim, Donald K. *The Westminster Dictionary of Theological Terms*. 2nd ed.

Louisville, Kentucky: Westminster John Knox Press, 2014.

McKinnon, James. "Desert Monasticism and the Later Fourth-Century Psalmodic Movement." *Music & Letters*, vol. 75. no.4 (November 1994): 506-521.

Mello, Anthony de. *Sadhana: A Way to God.* Anand: Gujarat Sahitya Prakash, 1998.

Merton, Thomas. *The Inner Experience: Notes on Contemplation*. San Francisco, CA: HarperSanFrancisco, 2004.

Middleton, Hugh, Ian Shaw, and Gene Feder. "NICE Guidelines for the Management of Depression." *BMJ* 330, no. 7486 (Feb 5, 2005): 267-268.

Miller, William. "The Phenomenon of Quantum Change." *Journal of Clinical Psychology* 60, no. 5 (May 2004): 455-457.

Miller, William and Janet C'de Baca. *Quantum Change: When Epiphanies and Sudden Insights Transform Ordinary Lives.* New York: Guilford Press, 2001.

Moberly, Walter. "Lament," in *New International Dictionary of Old Testament Theology and Exegesis*, vol. 4, edited by Willem Van Gemeren, 879. Grand Rapids, MI: Zondervan Pub. House, 1997.

———. *Old Testament Theology: Reading the Hebrew Bible as Christian Scripture.* Grand Rapids, MI: Baker Academic, 2013.

Moerman, Daniel. "The Meaning Response: Thinking about Placebos." *Pain Practice* 6, no. 4 (November 6, 2006): 233–36.

———. "Society for the Anthropology of Consciousness Distinguished Lecture: Consciousness, 'Symbolic Healing,' and the Meaning Response." *Anthropology of Consciousness* 23, no. 2 (Fall, 2012): 192–210.

Moerman, Daniel, and Wayne Jonas. "Deconstructing the Placebo Effect and Finding the Meaning Response." *Annals of Internal Medicine* 136, no. 6 (March 19, 2002): 471-6.

Moges-Gerbi, Meron. "Mom Finds New Calling after Son's Suicide." *CNN*, May 13th, 2016, http://www.cnn.com/2016/05/13/health/iyw-kay-warren-mental-health/index.html [accessed August 10th, 2017].

Molero, Yasmina et al. "Selective Serotonin Reuptake Inhibitors and Violent Crime: A Cohort Study." *PLOS Med* 12, no. 9 (September 15, 2015): e1001875, https://doi.org/10.1371/journal.pmed.1001875.

Moncrieff, Joanna. *The Myth of the Chemical Cure: A Critique of Psychiatric Drug*

Treatment. Basingstoke: Palgrave Macmillan, 2008.

Moritz, Sabine, Hude Quan, Badri Rickhi, Mingfu Liu, M. Angen, R. Sawa, J., Soriano, and J. Toews. "A Home Study-Based Spirituality Education Program Decreases Emotional Distress and Increases Quality of Life-a Randomized, Controlled Trial." *Alternative Therapies in Health and Medicine* 12, no. 6 (Nov- Dec 2006): 26–35.

Moritz, Sabine, Mary T. Kelly, Tracy J. Xu, John Toews, and Badri Rickhi. "A Spirituality Teaching Program for Depression: Qualitative Findings on Cognitive and Emotional Change." *Complementary Therapies in Medicine* 19, no. 4 (August 2011): 201–7.

Morse, Janice M. "The Politics of Evidence." In *Qualitative Inquiry—Past, Present, and Future : A Critical Reader,* edited by Michael Giardina and Norman Denzin, 121-134. Walnut Creek, CA: Routledge, 2015.

Ñāṇamoli, Bhikkhu. *The Life of the Buddha: According to the Pali Canon.* Onalaska, Wa: BPS Pariyatti Editions, 2001.

Nelson, James M, Candice Thomason, "Theistic Psychology: Patristic Perspectives." *Research in the Social Scientific Study of Religion* 23, (2012): 95-106.

Oei, Tian, and Greg Shuttlewood. "Specific and Nonspecific Factors in Psychotherapy: A Case of Cognitive Therapy for Depression." *Clinical Psychology Review* 16, no. 2 (1996): 83–103.

O'Laughlin, Michael. "Closing the Gap between Antony and Evagrius." In *Origeniana Septima*, edited by Wolfgang Bienert and Uwe Kühneweg, 345–54. Leuven: Leuven University Press, 1999.

———. "Elements of Fourth Century Origenism: the Anthropology of Evagrius Ponticus and Its Sources." In *Origen of Alexandria*, 357–373. Notre Dame, IN: Univ of Notre Dame Pr, 1988.

———. "Evagrius Ponticus in Spiritual Perspective." In *Studia Patristica* Vol.30, 224–230. Leuven: Peeters, 1997.

———. "New Questions Concerning the Origenism of Evagrius." In *Origeniana Quinta*, 528–534. Leuven: Leuven University Press, 1992.

———. "Origenism in the Desert: Anthropology and Integration in Evagrius Ponticus". ThD diss., Massachusetts: Harvard University, 1987. http://search.proquest.com.ezproxy.library.ubc.ca/docview/303582884/abstract?accountid=14656 [accessed January 30, 2013].

Olbert, Charles et al. “Treatment Outcome Variation between Depression Symptom Combinations in the STAR*D Study.” *Journal of Affective Disorders 201* (September 1, 2016): 1–7.

OleksandraVakula, Lviv. “Spiritual Progress and a Disciple of Christ as a Model of the Perfect Christian in Origen” In *Studia Patristica* Vol.51, 45-59. Leuven: Peeters, 2011.

Pargament, Kenneth. *Spirituality Integrated Psychotherapy: Understanding and Addressing the Sacred.* New York: Guilford, 2011.

Pargament, Kenneth I., Bruce W. Smith, Harold G. Koenig and Liea Perez. “Patterns of Positive and Negative Religious Coping with Major Life Stressors.” *Journal for the Scientific Study of Religion*, vol. 37, no. 4 (1998): 710–24.

Park, Nan Sook, Beom S. Lee, Fei Sun, D. L. Klemmack, L. L. Roff, and H. G. Koening. “Typologies of Religiousness/Spirituality: Implications for Health and Well-Being.” *Journal of Religion and Health* 52 (Septmber 2013): 828-839.

Paukert, Amber L., Laura Phillips, Jeffrey A. Cully, Sheila M. LoboPrabhu, James W. Lomax, and Melinda A. Stanley. “Integration of Religion into Cognitive-Behavioral Therapy for Geriatric Anxiety and Depression.” *Journal of Psychiatric Practice* 15, no. 2 (March 2009): 103–12.

Paykel, E., and Scott J. “Treatment of Mood Disorder.” In *New Oxford Textbook of Psychiatry*, edited by Michael G. Gelder, Nancy C. Andreasen, Juan J. Lopez-Ibor Jr., and John R. Geddes. 2nd ed., 669-679.Oxford: Oxford University Press, 2012.

Pearce, M. J., and H. G. Koenig. “Spiritual Struggles and Religious Cognitive Behavioral Therapy: A Randomized Clinical Trial in Those with Depression and Chronic Medical Illness.” *Journal of Psychology & Theology* 44, no. 1 (Spring 2016): 3–15.

Pearce, Michelle J., Harold G. Koenig, Clive J. Robins, Bruce Nelson, Sally F. Shaw, Harvey J. Cohen, and Michael B. King. “Religiously Integrated Cognitive Behavioral Therapy: A New Method of Treatment for Major Depression in Patients with Chronic Medical Illness.” *Psychotherapy* 52, no. 1 (March 2015): 56-66.

Pecheur, David, and Keith Edwards. “A Comparison of Secular and Religious Versions of Cognitive Therapy with Depressed Christian College Students.” *Journal of Psychology & Theology* 12, no. 1 (1984): 45–54.

Peeters, Frenk, Marcus Huibers, Jeffrey Roelofs, Gerard van Breukelen, Steven D. Hollon, John C. Markowitz, Jim van Os, and Arnoud Arntz. "The Clinical Effectiveness of Evidence-Based Interventions for Depression: A Pragmatic Trial in Routine Practice." *Journal of Affective Disorders* 145, no. 3 (March 5, 2013): 349–55.

Pellegrino, Laurel D., Matthew E. Peters, Constantine G. Lyketsos, and Christopher M. Marano. "Depression in Cognitive Impairment," *Current Psychiatry Reports* 15, no. 9 (August 11, 2013): 1–8.

Perrone, Lorenzo. "Prayer in Origen's Contra Celsum: The Knowledge of God and the Truth of Christianity." *Vigiliaechristianae* 55, no. 1 (2001): 1–19.

Peteet, John R. *Depression and the Soul: A Guide to Spiritually Integrated Treatment*. New York: Routledge, 2010.

———. "Spiritually Integrated Treatment of Depression: A Conceptual Framework." *Depression Research and Treatment* 2012 (2012).

Peterson, Jordan B. preface to *Maps of Meaning: The Architecture of Belief.* New York: Routledge, 1999, xvi.

Petersen, Timothy J., Susan E. Sprich, and Sabine Wilhelm, "Introduction." In *The Massachusetts General Hospital Handbook of Cognitive Behavioral Therapy*, 1. Humana Press: New York, 2016.

Pietz, William. "Person." In Critical Terms for the Study of Buddhism, edited by Donald Lopez. The University of Chicago Press, 2005. http://ezphost.dur.ac.uk/login?url=https://search.credoreference.com/content/entry/uchicagobud/buddha/0?institutionId=1856

Pigott, Edmund, A. M. Leventhal, G. S. Alter, and J. J. Boren. "Efficacy and Effectiveness of Antidepressants: Current Status of Research." *Psychotherapy and Psychosomatics* 79, no. 5 (2010): 267-79.

Posternak, Michael A., David A. Solomon, Andrew C. Leon, Timothy I. Mueller, M. Tracie Shea, Jean Endicott, and Martin B. Keller. "The Naturalistic Course of Unipolar Major Depression in the Absence of Somatic Therapy." *Journal of Nervous and Mental Disease* 194, no. 5 (May 2006): 324–29.

Pratt, Laura, Debra Brody, and Qiuping Gu. "Antidepressant Use in Persons Aged 12 and Over: United States, 2005-2008." *NCHS Data Brief 76. (*October 2011): 1-8. http://www.cdc.gov/nchs/data/databriefs/db76.htm.

Price, Richard. "The Voice of Christ in the Psalm." in *Meditations of the Heart*, 1–15

Propst, L. Rebecca, Richard Ostrom, Philip Watkins, Terri Dean, and David Mashburn. "Comparative Efficacy of Religious and Nonreligious Cognitive-Behavioral Therapy for the Treatment of Clinical Depression in Religious Individuals." *Journal of Counselling and Clinical Psychology* 60, no. 1 (February 1992): 94-103.

Quasten, Johannes. *Patrology*. V.3 Westminster, MD: Christian Classics, 1983.

Rajagopal, Doris, Elizabeth Mackenzie, Christine Bailey, and Risa Lavizzo-Mourey. "The Effectiveness of a Spiritually-Based Intervention to Alleviate Subsyndromal Anxiety and Minor Depression among Older Adults." *Journal of Religion and Health* 41, no. 2 (June 2002): 153–66.

Rasmussen, Keith G. "Sham Electroconvulsive Therapy Studies in Depressive Illness: A Review of the Literature and Consideration of the Placebo Phenomenon in Electroconvulsive Therapy Practice," *Journal of ECT* 25, no. 1 (2009): 54–59.

Rasmussen, Mette Sophia Bøcher. "Like a Rock or like God? The Concept of Apatheia in the Monastic Theology of Evagrius of Pontus." *StudiaTheologica* 59, no. 2 (2005): 147-162.

Read, John. "Electroconvulsive Therapy." In *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia*, edited by John Read, Loren Mosher, Richard Bentall, 85-99. New York, NY: Brunner-Routledge, 2004.

Read, John, and Richard Bentall. "The Effectiveness of Electroconvulsive Therapy: A Literature Review." *Epidemiology and Psychiatric Sciences* 19, no. 04 (December 2010): 333–347.

———. "Discerning Evagrius Ponticus Discerning: Διάκρισις in the Works of Evagrius." In *Studia Patristia* Vol 47, 203-208. Leuven: Peeters, 2010.

Rich, Antony D. *Discerment in the Desert Fathers: Διάκρισις in the Life and Thought of Early Egyptian Monasticism*. Milton Keynes, UK: Paternoster, 2007.

Richardson, Luann, and Kathryn Puskar. "Screening Assessment for Anxiety and Depression in Primary Care." *The Journal for Nurse Practitioners* 8, no. 6 (June 2012): 475–81.

Rickhi, Badri, Sabine Moritz, Robin Reesal, Tracy Jing Xu, Patti Paccagnan, Barbara Urbanska, Ming Fu Liu, H. Ewing, J. Toews, J. Gordon, and H. Quan. "A Spirituality Teaching Program for Depression: A Randomized Controlled Trial." *The International Journal of Psychiatry in Medicine* 42, no. 3 (2011): 315–29.

Rizvi, Sakina, E. Grima, M. Tan, S. Rotzinger, P. Lin, R. S. Mcintyre, and S. H.

Kenndy. “Treatment-Resistant Depression in Primary Care across Canada.” *Canadian Journal of Psychiatry* 59, no. 7 (July 2014): 349–57.

Robinson, James. *Divine Healing: The Formative Years, 1830-1890: Theological Roots in the Transatlantic World.* Eugene, OR: Pickwick Publications, 2011.

Robinson, Wendy. *Exploring Silence*. Oxford: SLG Press, 1979.

Rogerson, J.W. “Slippery Words: V. Myth.” *The Expository Times* 90, no. 1 (October 1, 1978): 10–14.

Ross, Allen. *A Commentary on the Psalms* vol. 1 (1-41) .Grand Rapids, MI: Kregel Academic & Professional, 2011, 342–43.

Rossiter-Thornton, John. “Prayer in Psychotherapy.” *Alternative Therapies in Health and Medicine* 6, no. 1 (2000): 128, 125–27.

———. “Prayer in Your Practice.” *Complementary Therapies in Nursing and Midwifery* 8, no. 1 (2002): 23.

Rubio, Jose M., John C. Markowitz, Analucía Alegría, Gabriela Pérez-Fuentes, Shang-Min Liu, Keng-Han Lin, and Carlos Blanco. “Epidemiology of Chronic and Nonchronic Major Depressive Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions.” *Depression and Anxiety* 28, no. 8 (August 2011): 622–31.

Rungreangkulkij, Somporn Wiwat Wongtakee, and Sawitta Thongyot. “Buddhist Group Therapy for Diabetes Patients with Depressive Symptoms.” *Archives of Psychiatric Nursing* 25, no. 3 (June 2011): 195–205.

Rush, A. John, M. H. Trivedi, S. R. Wisniewski, A. A. Nierenberg, J. W. Stewart, D. Warden, G. Niederehe, M. E. Thase, P. W. Lavori, B. D. Lebowitz, P. J. McGrath, J. F. Rosenbaum, H. A. Sackeim, D. J. Kupfer, J. Luther, and M. Fava. “Acute and Longer-Term Outcomes in Depressed Outpatients Requiring One or Several Treatment Steps: A STAR*D Report.” *The American Journal of Psychiatry* 163, no. 11 (November 2006): 1905–17.

Scully, Jason. “Angelic Pneumatology in the Egyptian Desert: The Role of the Angels and the Holy Spirit in Evagrian Asceticism.” *Journal of Early Christian Studies*19, no. 2 (January 1, 2011): 287-305.

Segal, Zindel V., J. Mark G. Williams, and John D. Teasdale. *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse.*1st ed. New York: Guildford Press, 2002.

———. *Mindfulness-Based Cognitive Therapy for Depression*. 2nd ed. New York: Guilford Press, 2013.

Segal, Z., P. Bieling, T. Young, G. MacQueen, R. Cooke, L. Martin, R. Bloch, and R. D. Levitan. "Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression," *Archives of General Psychiatry* 67, no. 12 (December 2010): 1256–64.

Sharma, Tarang et al. "Suicidality and Aggression during Antidepressant Treatment: Systematic Review and Meta-Analyses Based on Clinical Study Reports." *BMJ* 352 (January 27, 2016): i65.

Shellnutt, Kate. "Rick Warren Tells Story of Son's Suicide on CNN." *Christianity Today*, September 18, 2013, http://www.christianitytoday.com/news/2013/september/rick-warren-tells-story-son-matthew-suicide-cnn.html [accessed September 19th, 2013].

Shorter, Edward. *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown.* New York: Oxford University Press, 2013.

Siderits, Mark. "Buddha." In *The Stanford Encyclopedia of Philosophy*, edited by Edward Zalta. Spring 2015 Edition. https://plato.stanford.edu/archives/spr2015/entries/buddha/

Sittser, Gerald L. "The Battle without and within: The Psychology of Sin and Salvation in the Desert Fathers and Mothers." *Journal of Spiritual Formation & Soul Care* 2, no. 1 (2009): 44–66.

Sloan, Richard P. *Blind Faith: The Unholy Alliance of Religion and Medicine.* New York: St. Martin's Griffin, 2006.

Sloan, Richard P., Emilia Bagiella, Larry VandeCreek, Margot Hover, Carlo Casalone, Trudi Jinpu Hirsch, Yusuf Hasan, Ralph Kreger, and Peter Poulos. "Should Physicians Prescribe Religious Activities?" *New England Journal of Medicine* 342, no. 25 (June 22, 2000): 1913–16.

Smarr, Karen, and Autumn Keefer. "Measures of Depression and Depressive Symptoms." *Arthritis Care and Research* 63, no. S11, (2011), 454-466.

Smietana, Bob. "Half of Evangelicals Believe Prayer Can Heal Mental Illness." *LifeWay News*, September 17, 2013. http://blog.lifeway.com/newsroom/2013/09/17/half-of-evangelicals-believe-prayer-can-heal-mental-illness/ [accessed September 19th, 2013].

Smith, Jonathan A. “Beyond the Divide between Cognition and Discourse: Using Interpretative Phenomenological Analysis in Health Psychology.” *Psychology & Health* 11, no. 2 (Feb 1, 1996): 261–71.

———. “Interpretative Phenomenological Analysis: Getting at Lived Experience.” *The Journal of Positive Psychology* 12, no. 3 (May 4, 2017): 303–4.

———, ed. *Qualitative Psychology: A Practical Guide to Research Methods*. 2nd ed. Los Angeles, Calif: SAGE Publications, 2008.

Smith, Jonathan A, and Mike Osborn. “Interpretative Phenomenological Analysis as a Useful Methodology for Research on the Lived Experience of Pain.” *British Journal of Pain* 9, no. 1 (February 1, 2015): 41–42.

Smith, T. B., and J. Bartz, and P. S. Richards. “Outcomes of Religious and Spiritual Adaptations to Psychotherapy: A Meta-Analytic Review,” *Psychotherapy Research* 17, no. 6 (2007): 643–55.

Schopen, Gregory. “The Monastic Ownership of Servants or Slaves: Local and Legal Factors in the Redactional History of Two Vinayas,” *Journal of the International Association of Buddhist Studies* 17, no. 2 (1994): 145–73.

Solomon, Andrew. The Noonday Demon: An Atlas of Depression. New York: Scribner, 2001.

Somos, Róbert. “Origen, Evagrius Ponticus and the Ideal of Impassibility.” In *Origeniana Septima*, 365–373. Louvain: Leuven Univ Pr, 1999.

Sorabji, Richard. *Emotion and Peace of Mind: From Stoic Agitation to Christian Temptation.* New York: Oxford University Press, 2000.

Stead, Julian. “St Benedict and Hesychasm: Is There A Relationship Between Their Ways Of Prayer?” *Patristic and Byzantine Review*14, no. 1-3 (1995): 41-51.

Stefaniw, Blossom. “Evagrius Ponticus on Image and Material.” *Cistercian Studies Quarterly* 42, no.2 (2007):125-135.

Stewart, Columba. “Evagrius Ponticus and the Eastern Monastic Tradition on the Intellect and the Passions.” *Modern Theology* 27, no. 2 (April 2011): 263-275.

———. “Evagrius Ponticus and the ‘Eight Generic *Logismoi*’,” In *In the Garden of Evil: The Vices and Culture in the Middle Ages,* edited by Richard Newhauser, 3-34. Toronto: Pontifical Institute of Mediaeval Studies, 2005.

———.“Evagrius Ponticus on Prayer and Anger.” In *Religions of Late Antiquity in Practice*, edited by Richard Valantasis, 65-81.Princeton Readings in Religions. Princeton, N.J: Princeton University Press, 2000.

———.“Imageless Prayer and the Theological Vision of Evagrius Ponticus.” *Journal of Early Christian Studies* 9, no. 2 (Summer 2001): 173-204.

———. “‘We’? Reflections on Affinity and Dissonance in Reading Early Monastic Literature.” *Spiritus: A Journal of Christian Spirituality* 1, no. 1 (2001): 93–102.

Strakowski, Stephen, Caleb Adler, and Melissa DelBello, “Is Depression Simply a Nonspecific Response to Brain Injury?” *Current Psychiatry Reports*15 no.9 (2013), 386-94.

Sullivan, Patrick F., Michael C. Neale, and Kenneth S. Kendler. “Genetic Epidemiology of Major Depression: Review and Meta-Analysis.” *The American Journal of Psychiatry* 157, no. 10 (October 2000): 1552–62.

Swinton, John. “Living with Meaningless: The lived Experience of Spirituality in the Context of Depression.” In *Spirituality and Mental Health Care: Rediscovering a “Forgotten” Dimension*, 93–136. London: Kingsley, 2001.

Tan, Siang-Yang. “Use of Prayer and Scripture in Cognitive-Behavioral Therapy.” *Journal of Psychology & Christianity* 26, no. 2 (Summer 2007): 101–11.

Tan, Siang-Yang and Brad Johnson. “Spiritually Oriented Cognitive-Behavioral Therapy.” In *Spiritually Oriented Psychotherapy*, edited by Len Sperry and Edward P. Shafranske, 77-103. Washington, DC: American Psychological Association, 2005.

Taylor, Charles. *The Ethics of Authenticity*. Cambridge, Mass. ; London: Harvard University Press, 1991.

Taylor, Daniel, H. M. Walters, J. R. Vittengl, S. Krebaum, and R. B. Jarrett. “Which Depressive Symptoms Remain after Response to Cognitive Therapy of Depression and Predict Relapse and Recurrence?” *Journal of Affective Disorders* 123, no. 1–3 (June 2010): 181–87.

Teasdale, John D. and Michael Chaskalson (Kulananda). “How Does Mindfulness Transform Suffering? I: The Nature and Origins of Dukkha.” *Contemporary Buddhism* 12, no. 1 (2011): 89–102.

———. “How Does Mindfulness Transform Suffering? II: The Transformation of Dukkha.” *Contemporary Buddhism* 12, no. 1 (2011): 103–24.

Teasdale, John D., Zindel V. Segal, and J. Mark G. Williams. "How Does Cognitive Therapy Prevent Depressive Relapse and Why Should Attentional Control (Mindfulness) Training Help?" *Behaviour Research and Therapy* 33, no. 1 (January 1995): 25-39.

Teasdale, John D., Zindel V. Segal, J. Mark G. Williams, Valerie A. Ridgeway, Judith M. Soulsby, and Mark A. Lou. "Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy." *Journal of Consulting and Clinical Psychology* 68, no. 4 (August 2000): 615–23.

Thase , Michael E., E. S. Friedman, M. M. Biggs, S. R. Wisniewski, M. H. Trivedi, J. F. Luther, M. Fava, A. A. Nierenberg, P. J. McGrath, D. Warden, G. Niederehe, S. D. Hollon, and A. J. Rush. "Cognitive Therapy Versus Medication in Augmentation and Switch Strategies as Second-Step Treatments: A STAR*D Report." *The American Journal of Psychiatry* 164, no. 5 (May 2007): 739–52.

The UK ECT Review Group. "Efficacy and Safety of Electroconvulsive Therapy in Depressive Disorders: A Systematic Review and Meta-Analysis." *The Lancet* 361, no. 9360 (2003): 799–808.

The UK National Institute for Health and Care Excellence (NICE). *NICE Clinical Guideline 90.* Published in October 2009. Last updated in April 2016. nice.org.uk/guidance/cg90.

———.*The NICE interventional procedures guidance [IPG542]*. Published in December 2015. nice.org.uk/guidance/ipg542

Thera, Nyanaponika. "Glossary of Pali and Sanskrit terms." In *The Heart of Buddhist Meditation: Satipaṭṭhāna, a Handbook of Mental Training Based on the Buddha's Way of Mindfulness, with an Anthology of Relevant Texts translated from the Pāli and Sanskrit*, 1st ed., 238. Kandy, Sri Lanka: Buddhist Publication Society, 1962, Reprinted 2005.

Thielicke, H. "The Restatement of New Testament Mythology." In *Kerygma and Myth: A Theological Debate*, edited by Hans Bartsch and Rudolf Bultmann, 158. London: S.P.C.K., 1972.

Tiso, Canon Francis V. "Evagrius of Pontus and Buddhist Abhidharma." *Religion East & West*, no. 5 (October 2005): 41-71.

Tobon, Monica. "The Health of the Soul: Apatheia in Evagrius Ponticus." In *Studia Patristica* Vol. 47, 187–201. Louvain: Peeters, 2010.

Toda, Satoshi. "The Apophthegmata Patrum and Evagrius Ponticus." *Bulletin of the Society for Near Eastern Studies in Japan* 41, no. 2 (1998): 213–228.

Tolin, David F. “Is Cognitive–behavioral Therapy More Effective than Other Therapies? A Meta-Analytic Review.” *Clinical Psychology Review* 30, no. 6 (August 2010): 710–20.

Toneatto, Tony, and Linda Nguyen, “Does Mindfulness Meditation Improve Anxiety and Mood Symptoms? A Review of the Controlled Research.” *The Canadian Journal of Psychiatry* 52, no. 4 (April 2007): 263.

Tournier, Paul. *A Place for You: Psychology and Religion*. London: SCM Press, 1968.

Torrance, Alexis. “Precedents for Palamas’ Essence-Energies Theology in the Cappadocian Fathers.” *Vigiliaechristianae* 63, no. 1 (2009): 47-70.

Trader, Alexis. *Ancient Christian Wisdom and Aaron Beck’s Cognitive Therapy: A Meeting of Minds.* New York: Peter Lang, 2011.

Tugwell, Simon. “Evagrius and Macarius.” In *Study of Spirituality*, edited by Cheslyn Jones, Geoffrey Wainwright, and Edward Yarnold, 168–175. New York: Oxford University Press, 1986.

Turner, Erick H., Annette M. Matthews, Eftihia Linardatos, Robert A. Tell, and Robert Rosenthal. “Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy.” *New England Journal of Medicine* 358, no. 3 (January 17, 2008): 252–60.

Tyler, Peter. *Teresa of Avila: Doctor of the Soul.* London: Bloomsbury, 2013.

Van Dam, Nicholas T., Marieke K. van Vugt, David R. Vago, Laura Schmalzl, Clifford D. Saron, Andrew Olendzki, Ted Meissner, et al. “Mind the Hype: A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation.” *Perspectives on Psychological Science* 13, no. 1 (January 1, 2018): 36–61.

Vasegh, Sasan et al. “Religious and Spiritual Factors in Depression.” *Depression Research and Treatment* 2012 (2012), 1-3.

Vasquez, Michel F. “Evagrius and the Naked Nous.” *From Bodhgaya to the Cuyahoga* 1 (2011):49-73.

Viftrup, Dorte, Niels Hvidt, and Niels Buus. “Spiritually and Religiously Integrated Group Psychotherapy: A Systematic Literature Review.” *Evidence-Based Complementary and Alternative Medicine*, 2013 (2013), 1-12.

Violatti, Cristian. "Siddhartha Gautama." *Ancient History Encyclopedia*. Last modified December 09, 2013. http://www.ancient.eu/Siddhartha_Gautama/.

Vitz, Paul C. *Psychology as Religion: The Cult of Self-Worship*. 2nd ed. Grand Rapids, Mich. : Carlisle: W.B. Eerdmans ; Paternoster Press, 1994.

Volck, Brian. "Faith as 'Wellness Technique'?" *America: The National Catholic Weekly* 188, no. 13 (2003): 23.

Vujisic, Zoran. "The Impact of Orthodox Christian Neptic-Psychotherapeutic Interventions on Self-Reported Depressive Symptomatology and Comorbid Anxiety." Th.D. diss., University of South Africa, 2009. http://uir.unisa.ac.za/handle/10500/3192 [accessed March 09, 2014].

Wachholtz, Amy B., and Usha Sambamthoori. "National Trends in Prayer Use as a Coping Mechanism for Depression: Changes from 2002 to 2007." *Journal of Religion and Health* 52, no. 4 (December 2013): 1356–68.

Walker, Brad. *The Anatomy of Stretching : Your Illustrated Guide to Flexibility and Injury Rehabilitation.* 2nd rev. ed. Chichester: Lotus Publishing, 2011.

Walsh, James ed., *The Cloud of Unknowing.* Mahwah: Paulist Press, 1981.

Waltke, Bruce and Cathi Fredricks. *Genesis: A Commentary.* Grand Rapids, MI: Zondervan, 2001.

Waltke, Bruce K. and Charles Yu. *An Old Testament Theology: An Exegetical, Canonical, and Thematic Approach.* Grand Rapids, MI: Zondervan, 2007.

Wanigaratne, S, W. Wallace, J. Pullin, F. Keaney, and Farmer, R. *Relapse Prevention for Addictive Behaviours*. Oxford: Blackwell Scientific Publications, 1990.

Ward, Benedicta and Waller, Ralph, ed. *An Introduction to Christian Spirituality*. London: S.P.C.K, 1999.

Ware, Kallistos T. "How Do We Enter the Heart?" In *Paths to the Heart*, 2-23. Bloomington, IN: World Wisdom Books, 2002.

———. "Prayer in Evagrius of Pontus and the Macarian Homilies." In *Introduction to Christian Spirituality*, 14–30. London: SPCK, 1999.

———. *The Inner Kingdom*. The Collected Works Vol. 1. Crestwood, N.Y: St. Vladimir's Seminary Press, 2001.

———. "The Origins of the Jesus Prayer: Diadochus, Gaza, Sinai." In *The Study of*

Spirituality, edited by Cheslyn Jones, Geoffrey Wainwright, and Edward Yarnold, 175-184. New York: Oxford University Press, 1986.

———. *The Orthodox Way*. Crestwood, N.Y: St. Vladimir's Orthodox Theological Seminary, 1995.

———. *The Power of the Name: The Jesus Prayer in Orthodox Spirituality*. FairacresPublication 43. Oxford: SLG Press, 1974.

———. "Ways of Prayer and Contemplation: I. Eastern." In *Christian Spirituality: Origins to the Twelfth Century*, edited by Bernard McGinn and JohnMeyendorff, 395-426. World Spirituality V. 16. New York: Crossroad, 1985.

Watts, Fraser ed. *Spiritual Healing*. Cambridge, UK: Cambridge University Press, 2011.

Weaver, Andrew "Has There Been a Failure to Prepare and Support Parish-Based Clergy in Their Role as Frontline Community Mental Health Workers: A Review." *The Journal of Pastoral Care* 49, no. 2 (Summer 1995): 129–47.

Wellington, James. *Christe Eleison! The Invocation of Christ in Eastern Monastic Psalmody c. 350-450.* Studies in Eastern Orthodoxy. Peter Lang, 2014.

Williams, J. Mark G., and Jon Kabat-Zinn, eds. *Mindfulness: Diverse Perspectives on Its Meaning, Origins and Application.* London: Routledge, 2012.

———. "Mindfulness: Diverse Perspectives on its Meaning, Origins, and Multiple Applications at the Intersection of Science and Dharma." *Contemporary Buddhism* 12, issue 1 (2011): 1-18.

Williams, J. Mark G., C. Crane, T. Barnhofer, K. Brennan., D. S. Duggan, M. J. Fennell, A. Hackmann, A. Krusche, K. Muse, I. R., Von Rohr, D. Shah, R. S. Crane, C. Earnes, M. Jones, S. Radford, S. Silverton, Y. Sun, E. Weatherley-Jones, C. J. Whitaker, D. Russell, and I. T. Russell. "Mindfulness-Based Cognitive Therapy for Preventing Relapse in Recurrent Depression: A Randomized Dismantling Trial." *Journal of Consulting and Clinical Psychology* 82, no. 2 (April 2014): 275–86.

Williams, J Mark G, John Teasdale, Zindel Segal and Jon Kabat-Zinn. *The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness.* New York: Guilford Press, 2007.

William, R. Millers, Allen Zweben, Carlo C. DiClemente, and Roberto G. Rychtarik. *Motivational Enhancement Therapy Manuel: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence.* Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, reprinted 1995.

Wilson, Gerald H. *The Editing of the Hebrew Psalter*. Society of Biblical Literature, 1985.

Wong, Joseph. "The Jesus Prayer and Inner Stillness." *Religion East & West* 5 (O 2005): 85-97.

World Health Organization. Factsheet posted in February 2017, http://www.who.int/mediacentre/factsheets/fs369/en/ [accessed August 1st, 2017].

Wray, N. R., M. L. Pergadia, D. H. R. Blackwood, B. W. J. H. Penninx, S. D. Gordon, D. R. Nyholt, S. Ripke, et al. "Genome-Wide Association Study of Major Depressive Disorder: New Results, Meta-Analysis, and Lessons Learned." *Molecular Psychiatry* 17, no. 1 (January 2012): 36–48.

Yiend, Jenny, E. Paykel, R. Merritt, K. Lester, and T. Burns. "Long Term Outcome of Primary Care Depression." *Journal of Affective Disorders* 118, no. 1-3 (November 2009): 79–86.

Yinming, Sun, P. Giacobbe, C. W. Tang, M. S. Barr, T. Rajji, S. H. Kennedy, P. B. Fitzgerald, A. M. Lozano, W. Wong, and Z. J. Daskalakis. "Deep Brain Stimulation Modulates Gamma Oscillations and Theta–Gamma Coupling in Treatment Resistant Depression." Brain Stimulation 8, no. 6 (Nov- Dec 2015), 1033-1042.

Young, Robin Darling. "Appropriating Genesis and Exodus in Evagrius's *on Prayer*." In *In Dominico Eloquio = In Lordly Eloquence: Essays on Patristic Exegesis in Honor of Robert Louis Wilken*, edited by Paul M. Blowerset al., 242-258. Grand Rapids, MI: W.B. Eerdmans Pub, 2002.

———. "Cannibalism and Other Family Woes in Letter 55 of Evagrius of Pontus." In *World of Early Egyptian Christianity*, 130–139. Washington, DC: Catholic Univ of America Pr, 2007.

———. "Evagrius the Iconographer: Monastic Pedagogy in the Gnostikos." *Journal of Early Christian Studies* 9, no. 1 (2001): 53–71.

———. "The Armenian Adaptation of Evagrius' Kephalaia Gnostica." In *Origeniana Quinta*, 535–541. Leuven: Leuven Univ Pr, 1992.

———. "Theologia in the Early Church." *Communio* 24 (Winter 1997): 681–690.

Zalta, Edward N. ed. "*Stanford Encyclopedia of Philosophy.*" https://plato.stanford.edu/ [Accessed September 7, 2017].

Zappaterra, Mauro, Lysander Jim, and Sanjog Pangarkar. “Chronic Pain Resolution after a Lucid Dream: A Case for Neural Plasticity?” *Medical Hypotheses* 82, no. 3 (March 2014): 286–90.

Zylla, Phillip Charles. *The Roots of Sorrow: A Pastoral Theology of Suffering*. Waco, Tex: Baylor University Press, 2012.