

Durham E-Theses

*Psychological and Spiritual Illness in the View of
Modern Psychotherapy and the Philokalia:
Anthropological Foundation and Comparative Study*

LILIANA SIMONA CIOBANU

How to cite:

CIOBANU, LILIANA SIMONA (2013) Psychological and Spiritual Illness in the View of Modern Psychotherapy and the Philokalia: Anthropological Foundation and Comparative Study. 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/7320/> 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.

Psychological and Spiritual Illness in the View of Modern Psychotherapy and the Philokalia: Anthropological Foundation and Comparative Study

Abstract

The present research brings together two broad areas of human knowledge, modern psychotherapy and the ascetic practice as envisaged by the Philokalia, to bear on the concept of *psychological and spiritual illness*. In so doing, it employs a *comparative methodology* which allows for contrasting the two paradigms in order to identify overlaps or separations, but also to generate new hypotheses concerning the phenomena under investigation and therefore, broaden knowledge further.

At the same time, it represents *a new study in the search for a suitable method* to be used when conducting interdisciplinary study in these two fields. The method emerged from the present research and suggested that further interdisciplinary inquiries in the same area were termed as *border research* so bringing forward the profile of a *border researcher*. It envisages that the 'travelling' concepts come to *the border*, where the comparison takes place. Since the present inquiry's *universe of discourse* relates to a border that is found *within* the human being, when analyzed it naturally follows *a vertical vector*. Methodologically, the study is placed within the area of humanities.

The first part of research addresses comparatively the issue of *anthropology* – which in the Philokalic framework becomes an aspect of Christology. The conclusions inferred from this analysis will be largely employed in the second part of the study which directly addresses the matter of psychological and spiritual illness. We found that the comparison on illness was not methodologically possible without reference to the larger anthropological background that produced it and which needs to be kept constantly in view throughout the entire comparative effort. Therefore, the second part comprises a short discussion on the matters of *diagnosis and discernment* with an analysis of their underlying values; the next chapter comparatively discusses generalities on *normality and abnormality* with a conclusion that the data are not sufficient to infer assumptions as to the relationship between *psychological and spiritual illnesses*; the comparative effort goes more in-depth in the last two chapters by focusing on *the case studies of anxiety and depression*, with the conclusion that *the will to love* seems to be the *unifying will* that brings man to health and normality.

Psychological and Spiritual Illness in the View of Modern
Psychotherapy and the Philokalia:
Anthropological Foundation and Comparative Study

by

Liliana-Simona Ciobanu

Submitted for the Degree of Doctor of Philosophy

at the

University of Durham

Department of Theology and Religion

2012

TABLE OF CONTENTS

Abstract	1
Table of Contents	3
Abbreviations	8
Statement of Copyright	9
Declaration	10
Acknowledgments	11
Dedication	13
Motto	14
Chapter 1: Introduction	15
I General Remarks on the Present Study	15
II The Place of the Study	16
III <i>The Universe of Discourse</i> – Working Definitions	20
Chapter 2: Methodology – The Comparative Method	24
I Justification of Method Choice	24
1 The Profile of the Researcher	25
2 The Profile of the Research	26
II Research Design	26
1 General Description	26
2 Specific Description	28
3 Anthropology as Premise	30
III Writing Style and Language Involved	31
IV Weaknesses and Strengths of the Method	33
V What This Research Methodology Did Not Involve	35
VI Concluding Remarks on Methodology	36

PART I: COMPARATIVE ANTHROPOLOGY

Chapter 3: Anthropology of the Philokalia and Modern Psychotherapy 37

I	Anthropological Perspectives in Psychotherapy	38
A	The Psychodynamic Perspective	38
1	Theory	40
1.1	Freud's Main Themes	41
1.2	Jung's Main Themes	43
1.3	Adler's Main Themes	47
2	Practice	48
2.1	The Cure Through Psychodynamic Therapy	48
2.2	The Word in Talking Cures	50
B	The Behaviourist Perspective	52
1	Theory	52
2	Practice	55
2.1	Behavioural Techniques	56
C	The Cognitive Perspective	58
1	Theory	58
1.1	Ellis's Main Themes	60
1.2	Beck's Main Themes	61
1.3	Meichenbaum's Main Themes	62
2	Practice	63
2.1	The Cure Through Cognitive Methods	63
D	The Humanist Perspective	66
1	Theory	66
1.1	Rogers's Main Themes	68
1.2	Maslow's Main Themes	70
2	Practice	72
2.1	Rogers's Person-Centred Therapy	72
2.2	Frankl's Logotherapy	74
E	Contrasting Paradigms in Psychology	77

II	Anthropological Perspectives in the Philokalia	85
1	Theory	85
1.1	God as the Model of Man	85
1.2	The Structure of the Soul	87
1.3	On Thoughts	92
2	Practice	96
2.1	Asceticism as a Curative Method	96
2.1.1	The Three Stages towards Healing/Deification	96
2.1.2	Baptism as a Premise for Healing	97
2.1.3	Healing the Nous – Debut of Cure	98
2.1.4	Against Passions – Towards Virtues	100
2.1.5	A Short Account of Suffering	101
2.2	Ascetical Methods – A Short Description	103
2.2.1	Inner Analysis	103
2.2.2	Watchfulness (<i>nipsis</i>)	105
2.2.3	Discrimination of Thoughts	106
III	Anthropological Perspectives: Comparison	107
1	The Problem of the Unconscious	108
2	The Tripartite Structure of the Soul	113
3	Behavioural Conditioning and Habits in the Philokalia	118
4	Thoughts in the Cognitive and Philokalic Paradigms	121
5	Self-actualization versus Christ-actualization	126
6	Cure – by Wholeness and/or Holiness?	135
7	Cure by Grace?	138
PART II: COMPARATIVE ILLNESS		
Chapter 4: Diagnosis and Discernment		
I	The Diagnosis	144
II	Discernment/ <i>Diakrisis</i>	147
III	Diagnosis and Discernment: Comparison	150

	Chapter 5: Normality and Abnormality	152
I	The Modern Psychotherapeutic Perspective	152
1	Defining Normality	153
2	Defining Abnormality	155
II	The Philokalic Perspective	158
1	Defining Normality	158
2	Defining Abnormality	161
3	Concluding Remarks	163
III	Normality and Abnormality: Comparison	165
	Chapter 6: Fear and Anxiety	172
I	The Modern Psychotherapeutic Perspective on Anxiety	172
1	Description	172
2	Aetiology	174
3	Cure	176
II	The Philokalic Perspective on Fear	179
1	Description	179
2	Aetiology	180
3	Cure	181
III	Fear and Anxiety: Comparison	185
1	Comparison in Terms of Description	185
2	Comparison in Terms of Aetiology	186
3	Comparison in Terms of Cure	190
	Chapter 7: Depression and Dejection	196
I	The Modern Psychotherapeutic Perspective on Depression	196
1	Description	196
2	Aetiology	197
3	Cure	201

II	The Philokalic Perspective on Dejection	202
1	Description	203
2	Aetiology	204
3	Cure	206
III	Depression and Dejection: Comparison	207
1	Comparison in Terms of Description	207
2	Comparison in Terms of Aetiology	208
3	Comparison in Terms of Cure	209
4	<i>The depressive loss</i> – symbolism and realism	213
5	Connecting fear/anxiety and depression/dejection	217
	Chapter 8: Conclusions	220
I	General Considerations	220
II	Psychological and Spiritual Illness	224
	Bibliography	229

Abbreviations

EPH – English Philokalia

WFEPH – Writings from the Philokalia: On Prayer of the Heart,

SECPWSF – The Standard Edition of Completed Psychological Works of S. Freud

CWCGJ – The Collected Works of C.G. Jung

NPNFCC – A select library of Nicene and Post Nicene Fathers of the Christian Church

EIBMBOR – Editura Institutului Biblic si de Misiune al Bisericii Ortodoxe Romane

DSM-IV-TR – Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision

ICD-10 – International Classification of Diseases, 10th edition

KJV – All references from Bible were done following King James Version

SPCK – Society for Promoting Christian Knowledge

© Copyright

The copyright of this thesis rests with the author. No quotation from it should be published without prior written consent and information derived from it should be acknowledged.

Declaration

The material contained in the thesis has not previously been submitted for a degree in this or any other institution. It is the sole work of the author, who takes full responsibility for any errors contained.

Acknowledgements

When I began this research I thought it will be a marvellous intellectual journey due to the complexity of the two fields involved and having the human being as the subject matter. I was very enthusiastic. However, beyond some inherent difficulties specific to any 'journey into the unknown', to my continuous astonishment the more in-depth the research got, the more mysteries were uncovered and a huge unexpected field of investigation opened up in front of me. Moreover, I did not in the least expect to start addressing the matter of psychological and spiritual illness and end up pointing towards love as a means of curing it. Thus, what was supposed initially to be merely an intellectual experience became a rich, fully-rewarding life experience which finally took a new turn in both my professional and personal life.

As such, I have many people to thank for making this possible, people who have now become an integral and permanent part of my heart and whom I treasure in deep love and gratitude. First, I am deeply grateful to *Professor Andrew Louth* for accepting to supervise such a study, for his valuable suggestions, and for his enduring patience throughout years until this research concluded itself. I thank *Dr. Marcus Pound*, my second supervisor, for his time and availability, and for his very useful insights on my work, which were much appreciated. My warmest thank to the *Anastasios Leventis Foundation and SLG Charitable Trust* for providing funding for this project and making all this happening.

Kind thanks to *Mrs. Ellen Middleton*, our postgraduate secretary, for her discretion and efficiency in offering us the necessary administrative support and also to *Professor Chris Cook* who recommended to me the available index for the English Philokalia that proved to be an essential research tool. Actually, the entire administrative and academic stuff of Durham University that I have met in various contexts did a terrific job in attending to our needs with deep commitment. In my heart, I treasure and remember them all.

My entire family contributed in various forms throughout the research years and to all of them I dearly thank: to my brothers, *Fr. Catalin and Ciprian Ciobanu*, who contributed financially to important stages of my PhD work; to *Veniamin and Ovidiu Ciobanu* who assumed the task of taking me or picking me up from the airport, most of the times at impossible hours; to my parents, *Elena and Ioan*, for their permanent commitment to education, ceaseless encouragement and faith; and to *Liliana and Dan Balan* for the financial support offered at the initial stages of the research. Also, not to forget my nephews, *Andrei, Teodor, Luca, Leonid, David, Tudor and Letitia* who contributed greatly by

distracting and inviting me to play throughout holidays and thus enriching my life perspective with vivid and unforgettable experiences. Warmest gratitude to my closest friends Michaela, Fr. Isidor, Eliza, Valentin, Cornelia and their entire families who offered their constant emotional support throughout the process.

It is impossible to account for the many fellow psychologists, theologians, priests, and friends that encouraged me to undertake this research and are looking forward to its findings. But each of them in various stages, contributed and all I dearly thank. I also want to express my deep gratitude to *Fr. Constantin Popescu* who tended to my spiritual life for all my years spent in England, as well as to the entire *Romanian Orthodox Community of St Makarios the Great*, from New Farnely-Leeds, and to the *Orthodox Community of St Cuthbert and St Bede* from Durham, who welcomed me and whom we had the joy of worshipping together throughout my stay in Durham. The conversations I had with monks and nuns from the *Orthodox Community of St John the Baptist in Essex*, as well as the time spent there greatly helped me to continue doing the work in times of difficulty. Their encouragements were valuable and for all of them I am thankful.

As with any new life experience, moving to England brought me many new friends who made my life beautiful each in their unique and special way, and to whom I express my warm gratitude to *Iorgos, Tamara, Maria, Eleni, Alexander, Evaghelia, Zoe, Valentina, Dana, Cristian*, and to *Stuart*, my landlord from Durham who at my departure offered me some seeds of the flowers that I have planted in front of the house with the wish to 'plant them back home and in this way to always have a part of England with you'. Many thanks to Aidan for helping me with proof-reading and for his valuable suggestions as well.

The path of my life in Durham was from the beginning intertwined with that of *Dr. Roxana and Razvan Taranu* who made me not only part of their family (*Luca, Maria, Ana and Bunu*) but also of their hearts. Their encounter helped me in innumerable ways and for all of them I am lovingly grateful. I also have to extend my thanks to *Dr. Alexandru Burlacu*, a cardiologist whose vivid discussions in the last stage of the research helped me clarify important issues on the matter of *the heart*.

You all, I treasure and keep in my heart, and the rest, I will leave to *the mystery of un-words*. I hope at least partially this study will not disappoint and rise to the expectations of the numerous people that are interested in its conclusions. Of course, any remaining errors, mistakes or shortcomings are my own.

Simona L. Ciobanu
24th September 2012

Dedication

*to my parents, Elena and Ioan,
to my spiritual father
Ieromonah Arsenie,
to Maria, whose journey into life began
somehow, once with my own,
and to all those who dare search for
Love through knowledge.*

Motto:

Per aspera, ad astra.

... (...) ...

*'Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth.*

*Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same.*

*And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.*

*I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.'*

Robert Frost, 'The road not taken'

CHAPTER 1

INTRODUCTION

Due to the sensitive topic of this research which focuses on *psychological and spiritual illness* as conceptualized by two major realms of knowledge, modern psychotherapy and the Philokalia¹, we would like to state from the beginning that this work *is an attempt at understanding, rather than a discourse on ethics*, as it might inevitably seem to be by drawing on the various values that underlie and accompany the discussion all along. I believe that the real richness in the realm of knowledge, and life in general, comes from honestly looking for the truth and not from definitely holding it, hence the interest in research. In relation to values there is one single position that we hold: everyone is free to choose between the many available and live his life accordingly.

I. General Remarks on the Present Study

Although different in their targets:² for one the alleviation of human suffering; for the other unification with God and deification, both modern psychotherapy and the Philokalia deal at the practical level with the same issues, namely behavioural, emotional, and thinking patterns involved in the soul's illness. These patterns are approached by the Philokalia through the means of the ascetic/hesychast method and by modern psychotherapies through the various methods of different psychotherapeutic paradigms out of which the present research considers four: psychodynamic; behavioural; cognitive; and existential-humanist. The present research employs *a comparative methodology* and, at the same time, represents *a foundational study in the search for the most suitable method* to be used when conducting interdisciplinary study in these two fields.

A major turn in the initial stage of this research was generated by the impossibility of considering any kind of comparison of illness outside the anthropological framework, which was found as it ought to be maintained constantly in view throughout the comparative process. Moreover, the Philokalic anthropological perspective proved to be in fact 'an aspect of

¹ The Philokalia is a collection of spiritual texts, which promotes the Orthodox Christian spiritual practice of hesychasm. In English, four of the five volumes have been published so far: Palmer, G.E.H., Ware, K., Sherrard, P., *The Philokalia: The Complete Text*, (Faber and Faber, 1979-1999). See below.

² Chris Cook in his recent scholarly work makes a similar observation. We strongly recommend his work, especially for those interested in the relationship between psychological and spiritual well-being as provided by the Philokalia. Cook, C., *The Philokalia and The Inner Life*, (Cambridge: James Clarke and Co., 2011)

Christology' as Metr. Kallistos Ware pointed out, and consequently we had to engage largely with Christology, as part of our Philokalic anthropological paradigm:

‘There is an integral connection between the doctrine of man and the doctrine of Christ. Jesus Christ is the man, the model of what it means for us to be human, the mirror in which we see reflected our own true face; all theology of the human person needs to be Christ-centered, and so in the end anthropology turns out to be an aspect of Christology’.³

What criteria should be used when making the research design? How do we infer information and how do we draw conclusions from the two areas? To what level might the comparison be placed and how is the *universe of discourse* organized? The chapter on methodology is intended to answer these questions and details both the method used in this study, as well as the method suggested for further interdisciplinary inquiries in the same area. In methodologically placing the study within the area of humanities we were greatly helped by the insight offered by Professor Louth on the matter of the theological method.⁴

The research is organized thus: the first part addresses comparatively the issue of *anthropology* whose conclusions will largely be employed in the second part of the study; the second part comprises a short discussion on the matter of *diagnostics and discernment* with an analysis of the underlying values and the issue of stigma attached to labelling; the next chapter comparatively approaches the topic of *normality and abnormality* with a conclusion that the data are not sufficient to infer assumptions as to the relation between *psychological and spiritual illnesses*; in the next two chapters, the comparative effort goes more in-depth by focusing on *the case studies of anxiety and depression*, with the conclusion that *the will to love* seems to be the *unifying will* which brings man to health and normality.

II. The Place of the Study

Next, we will try to see where this work stands with others already undertaken in the same interdisciplinary area. In the last couple of years, there has been a growing interest in this area of research, coming mainly from professionals with a theological background but to which recent insights developed by psychiatrists, mainly from the Russian school, were added. First, we shall introduce Jean-Claude Larchet and Metropolitan Hierotheos Vlachos who also represented two of our main secondary sources. Larchet, a French theologian and philosopher, undertook an extensive scholarly work in the fields of patristics focusing on the presentation of the patristic material in a form intended to meet the present needs of man such as: spiritual illnesses; mental

³ Ware, K., ‘Forward’ in: Nellas P., *Deification in Christ: The Nature of Human Person*, (Crestwood: St Vladimir’s Seminary Press, 1997), p. 13

⁴ Louth, A., *Discerning the Mystery: An Essay on the Nature of Theology*, (Oxford: Clarendon Press, 1999)

and bodily illnesses; spiritual unconscious; facing suffering and death; Christian love as a method of inner healing, etc. His broad work has been available to us in Romanian⁵ for more than ten years, which constituted a first insight which guided our future interests. Metropolitan Vlachos goes further in conceptualizing Orthodox theology as a psychotherapeutic system termed as *Orthodox psychotherapy*. In a book which represents a continuation of *Orthodox Psychotherapy* and comprises various debates raised by this initial book, he argues that the very specific aim of Orthodox theology, and consequently of the proposed therapy, is to be found precisely *in the matter of healing*.⁶

The works of a few archimandrites from Mount Athos, who undertook the task of offering a contemporary interpretation of some of the writings from the Philokalia,⁷ were very useful as introductions to the hermeneutics of patristic texts and as such in helping us elaborate the *research design* for the present study. From the same area of *monastics' written books*, are different kinds of writings which focus directly on *clinical* topics such as is the case of Archimandrite Spyridon Logothetis' book on depression⁸ where he offers solutions for the prevention, alleviation and cure of depression as provided in the Orthodox Church. It is his firm belief that 'God can surely cure us of depression'⁹ and brings patristic and biblical arguments to sustain his view. A special place is taken by the writings of Archimandrite Simeon Kraiopoulos,¹⁰ which are the equivalent of an 'orthodox psychoanalysis' through their contemporary in-depth insight on the soul.

Continuing the presentation of related works and following on the same line from 'purely' patristic to interdisciplinary undertakings in the field, we mention the work of two other priests who in addition hold degrees in psychiatry or pastoral psychology. Fr. Filotheos Faros is trained

⁵ Larchet, J.C., *Terapeutica bolilor spirituale*, (București: Sophia, 2001); Larchet, J.C., *Inconștientul spiritual*, (București: Sophia, 2009); Larchet, J.C., *Terapeutica bolilor mintale*, (București: Sophia, 2008); Larchet, J.C., *Teologia bolii*, (Sibiu: Oastea Domnului, 1998); Larchet, J.C., *Creștinul în fața bolii, suferinței și morții*, (București: Sophia, 2004); Larchet, J.C., *Despre iubirea creștină*, (București: Sophia, 2010). Only one of his books is available in English: Larchet, J.C., *Mental Disorders and Spiritual Healing*, (Hillsdale: Sophia Perennis, 2005)

⁶ Cf. Vlachos, H., *Psihoterapia ortodoxă: Continuare și dezbateri*, (București: Sophia, 2001), p. 13

⁷ Their works were available to us in Romanian. Emilianos Simonopetritul, (Arh) *Tâlcuiri la Filocalie: Avva Isaia*, (Arad: Sfântul Nectarie, 2006); Emilianos Simonopetritul, (Arh), *Tâlcuiri la Filocalie: Avva Isihie*, (Arad: Sfântul Nectarie, 2008); Teoclit Dionisiatul, *Tâlcuiri la Filocalie: Sfântul Diadoh al Foticeii*, (Arad: Sfântul Nectarie, 2008); Evsevios Vitti, (Arh) *Tâlcuiri la Filocalie, Sfântul Nil Ascetul*, (Arad: Sfântul Nectarie, 2009)

⁸ Logothetis, S., *Depression: A Spiritual Guide*, (Nafpaktos, Brotherhood of the Transfiguration of our Saviour Jesus Christ, 2004)

⁹ Ibid., p. 12

¹⁰ Kraiopoulos, S., (Arh), *Te cunoști pe tine însuși? Viața duhovnicească și problemele psihologice*, (București: Editura Bizantină, 2008); Kraiopoulos, S., (Arh), *Taina suferinței*, (București: Editura Bizantină, 2007); Kraiopoulos, S., (Arh), *Sufletul meu, temnița mea*, (București: Editura Bizantină, 2009)

in political sciences, law, theology and pastoral psychology, and throughout his books,¹¹ drawing on various case studies from his professional experience as a psychologist, argues for the need that responsibility should be restored to the human soul, in order to be able to master its own illnesses. He suggests that *responsibility psychotherapy* could deal efficiently with such matters,¹² supplemented by an *art of interpersonal dialogue and communication* meant to rebuild *the ability to trust* the fellow being, seen as an essential aspect of the soul's healing.

Fr Vasileos Thermos, priest and psychiatrist, is the author of an interdisciplinary study where Saint Gregory Palamas and Donald Winnicott are brought together to bear on the case of *true and false self*.¹³ His studies in the area of psychoanalysis and patristics made him conclude that psychoanalytic and orthodox theological viewpoints converge on the matter of empowering the patient to master his unconscious content and make a choice unrestrained by them. He talks about a '*patristic man*' who 'is nothing else but the man reborn in Christ, having restored the functionality of his powers according to nature'.¹⁴ In regard to *the contemporary sciences of the soul* he postulates that 'in their good aspects if they meet with theology, they bring much hope, as any meeting between created and uncreated does'.¹⁵ Similar in approach to Fr. Vasileos's book on Saint Gregory Palamas and Donald Winnicott, is the book of Fr. Alexis Trader, a hieromonk at the Karakallou Monastery on Mount Athos. Drawing on both patristic writings and current cognitive psychotherapies, especially on the work of Aaron Beck, his book provides a detailed analysis on the way our thinking patterns influence our emotions and behaviours as derived from the two areas considered. In the same category belongs Chris Cook's book mentioned above, an Anglican priest and psychiatrist, concerned mainly with well-being in the Philokalia and the way the information comprised by it could be read in current conceptual categories.

We arrive now in the area where interdisciplinary approaches are assumed by 'pure' professionals in psychiatry and psychology. Here we have to mention the work of two Russian psychiatrists, Dmitri Avdeev and Konstantin Zorin. In his writings,¹⁶ Zorin analyses the measure by which the soul's personality, illness and health depend on genetic inheritance. Drawing on various cases of ischemic heart disease, asthma, allergic reactions, hypertensive and oncological

¹¹ Faros, F., *Dialogul în psihoterapia ortodoxă*, (București: Sophia, 2010); Faros, F., *Mitul bolii psihice*, (Galați: EcuMENTIȚA, 2009)

¹² *Mitul bolii psihice*, op. cit., pp. 58-78

¹³ Thermos, V., *In Search of the Person – True and False Self According to Donald Winnicott and St Gregory Palamas*, (Montreal: Alexander Press, 2002)

¹⁴ Thermos, V., *Om la orizont: Psihologia și psihiatria ortodoxă*, (București: Sophia, 2010), p. 336

¹⁵ *Ibid.*, pp. 337-8

¹⁶ Zorin, K.V., *Genele și cele șapte păcate capitale*, (București: Sophia, 2006); Zorin, K.V., *Păcatele parinților și bolile copiilor*, (București: Sophia, 2009); Zorin, K.V., *Pași spre însănătoșire: Scoală-te și umblă*, (București: Sophia, 2009)

diseases, which he views from a biblical and patristic perspective, he concludes that ‘personal sins are not inherited but the propensity for them, i.e. the perversion of human nature’.¹⁷ Avdeev approaches topics such as depression, anxiety, suicide, traumatic life events and the like,¹⁸ from the double perspective of psychiatry and of the psychological dynamics implied by patristic writings. In opposition to Fr Vasileos quoted above, he reaches the conclusion that ‘no one should treat himself with the help of psychoanalysis’¹⁹ and argues against the Freudian method as taking one to a different finality than that proposed by patristics and Scripture.

Our last bibliographic stop is Vladeta Jerotić a Serbian academician and writer, specialized in psychiatry and Jungian psychology, also a teacher of pastoral psychology, who wrote intensively in the fields of psychology, psychotherapy, theology and literature. Unfortunately his books are available only in Serbian and the only book available to us in Romanian,²⁰ was enough to get the glimpse of a brilliant psychologist’s mind but not enough for referencing him in our work as much as we should have. As far as we could grasp from the little book translated in Romanian, he does a reading of the person’s psychological universe with a patristic understanding of it in mind. To give an example, in one section he examines the following four inner positions and argues them patristically: the man is gentle with himself, but severe with others; he is gentle both with himself and with others; he is severe both with himself and with others; and he is severe with himself but is gentle with others.²¹

So where does our work stand in relation to others already undertaken? Our research builds on the various insights of Larchet and Metr. Vlachos who tend towards a comparison being possible and necessary between the two areas.²² The same point is made by Cook’s recent research in the same area.²³ If previous works pointed towards the resemblances between the psychological and spiritual illnesses, our research is the next step which attempted to ‘bring the comparison to life’ and actually to see, in a detailed analysis, how much they resemble or differentiate. Having been trained in psychology we are naturally familiar with viewpoints held in the field of psychotherapy. Later, to this theoretical background further patristic readings were added, as well as writings from the above-mentioned interdisciplinary area. From each of them we learned something and they helped us get a general view of a field which has no firm foundation yet, in terms of interdisciplinarity, since it lacks the proper methodology. Patristics comes with its ascetic method and practice, the modern psychotherapeutic paradigm with its heterogeneous

¹⁷ Ibid, *Păcatele părinților și bolile copiilor*, p. 38

¹⁸ Avdeev, D.A., *Nervozitatea: cauze, manifestări, remedii duhovnicești*, (București, Sophia, 2003); Avdeev, D.A., *Când sufletul este bolnav*, (București: Sophia, 2005)

¹⁹ Ibid, *Când sufletul este bolnav*, p. 111

²⁰ Jerotić, V., *Numai faptele dragostei dăinuie*, (Bacău: Editura Bunavestire, 2003)

²¹ Cf. *ibid.*, p. 153

²² For example, Larchet, *Mental Disorders*, *op. cit.*, pp. 91-3

²³ Cook, *op. cit.*, pp. 248-9

methodology and eclectic approaches towards the human being.²⁴ So, where does an interdisciplinary approach concerned with them both stand? Since the present research is a theoretical and conceptual comparative study, where could we find the common place to ground our inquiry? I consider the method to be essential in order to reach well-grounded arguments. And in our opinion, provided that we could not find any proper method, perhaps we should remain studying them separately. That is why the present inquiry had a constant interest in searching for the method able to offer some satisfactory answers to such dilemmas.

III. *The Universe of Discourse - Working Definitions*

The Philokalia is a collection of ascetic and mystical writings written between the fourth and the fourteenth centuries and comprising about thirty-six authors. These writings were compiled by Saint Nikodimos (1749-1809) of the Holy Mountain of Athos and Saint Makarios of Corinth (1731-1805), and the *Philokalia* was issued for the first time at Venice in 1782. Being a collection of writings from various authors who wrote in different periods of time one might expect to find some differences between them.²⁵ Louth, Banev and Ware, in various scholarly studies address the issues of *theology, ecclesiology and spirituality* of the *Philokalia*.²⁶

The *Philokalia* as a collection itself suffered some influences in time due to various doctrinal debates: for example, the work of Evagrius of Pontus, *On Prayer*, was initially attributed to Saint Neilos, but modern scholarship established that it actually belonged to Evagrius; the work attributed to Saint Anthony the Great is considered now to belong to an anonymous compiler who put together some ‘extracts from various Stoic and Platonic writers of the first to fourth centuries A.D.’²⁷ from which he eliminated the non-Christian terminology. However, the translators of the *Philokalia* in English are careful to show that: ‘The distinctions between genuine and spurious where all these writings are concerned must rest, not on the correctness of the attribution of their authorship, but on whether or not they belong to the spiritual tradition which the collection as a whole represents’.²⁸

²⁴ ‘There are as many as 1,000 distinct forms of psychotherapy. Which approach a therapist takes depends on his or her theoretical perspective, though there are growing trends toward eclecticism, or combining techniques from different schools, and toward combining medication with therapy sessions’ in: Alloy, B.L., et al., *Abnormal Psychology*, (McGraw-Hill College, 8th ed., 1999), p 12

²⁵ For some comprehensive introductions in the world of the *Philokalia* see: Palmer, G.E.H., Sherrard, P, and Arch. Kallistos Ware, ‘Introduction’ in *Philokalia* vol. 1, pp. 11-18; Cook, ‘Influences and Foundations’, in op. cit., pp. 1-46; Bishop Kallistos (Ware) of Diokleia, ‘The Spirituality of *Philokalia*’, in *Sobornost*, 13:1, 1991, (pp. 6-24)

²⁶ Cf. Louth, A., ‘The Theology of the *Philokalia*’ in: *Abba: The Tradition of Orthodoxy in the West. Festschrift for Bishop Kallistos (Ware) of Diokleia*, eds. J. Behr, A. Louth, D. Conomos, (Crestwood: St Vladimir’s Seminar Press, 2003), pp. 351-361; Banev, K., *The Ecclesiology of Philokalia*, Text presented to the Durham Research Seminar in Patristics on 10 December 2009; Ware, op. cit.

²⁷ Introductory Note to St Antony the Great, EPH 1, p. 327

²⁸ Introduction to EPH 1, p. 13

Given the last observation above and due to the specific of our work we treat the Philokalia as a unity agreeing with Cook's remarks on the common assumptions that underlie the Philokalia's focus on the inner world: 'Firstly, there have been historical, philosophical and theological influences, which appear to have provided something of an enduring source of reference to its authors. Secondly, there is evidence of internal consistency in regard to certain significant fundamental assumptions and themes – of which Jesus Prayer is but one.'²⁹

Although the Philokalia was born out of the monastic environment and comprises an ascetic/hesychast method and approach to life, its compilers, Saint Nicodimos and Saint Makarios, clearly intended it to be a collection that addresses both monks and laity, not only specialists but all Christians.³⁰ One of the general purposes of the Philokalia is *inner action or work* as opposed to *outer work* which brings it close to the preoccupations of modern psychotherapy, as also showed below. The other major aim is *deification*.³¹ Fr. Dumitru Staniloae, the translator of the Philokalia from Greek to Romanian, states in his introduction to the first volume: 'Holy Fathers are unsurpassed masters in the "science of soul" ... which is the most precious reality after God. Before attaining to live mystically is required the conscientious orientation after the most precise science of the soul. Holy Fathers do not tire of saying that the soul needs to be directed "scientifically" and that the highest "science" is that of leading the soul'.³² The Philokalia offers information 'concerning phenomena of spiritual life',³³ 'with all the manifestations and activities accompanying it',³⁴ 'it shows the way to awaken attention and consciousness, and to develop them',³⁵ as well as 'to attain the state of watchfulness which is the hallmark of sanctity'.³⁶

The translators of the Philokalia on the one hand outline that the hesychast method implies as a *primordial condition and absolute necessity* the need to know oneself and that acquiring this type of knowledge one must 'learn to be alive to the many-sided possibilities of the ego ... and he must eliminate all obstacles, personal as well as external',³⁷ and on the other hand specify that this type of knowledge 'is not a matter of information or agility of mind but of a radical change of will and heart leading man towards the highest possibilities open to him, shaping and nourishing the unseen part of his being, and helping him to spiritual fulfillment and union with

²⁹ Cook, op. cit., p. 3

³⁰ Cf. Ware, K., 'Philokalie', in: *Dictionnaire de spiritualité ascétique et mystique, doctrine et histoire*, ed. Marcel Viller, et. al., vol. 12, part 1:1336-52, (Paris: Beauchesne, 1984)

³¹ Cf. Ware, *Spirituality of Philokalia*, p. 11

³² Fr. Dumitru Stăniloae, *Filocalia*, v. 1, (Sibiu: Editura Dacia Traiana, 1947), p. IX-X

³³ Introduction to the Russian translation in: *Writings from the Philokalia: On Prayer of the Heart*, trans. From the Russian Text Dobrotolubiye by E. Kadloubovsky and G.E.H. Palmer, (London: Faber and Faber, 1992), p.15

³⁴ Ibid, p. 17

³⁵ Ibid, Preface, p. 5

³⁶ Introduction to EPH 1, p. 13

³⁷ Preface, op. cit., p. 5

God'.³⁸ Therefore, the 'psychological' change emerges indirectly from the 'spiritual' change which is addressed directly. The present study focuses mainly on the four volumes in the English translation, but when necessary a few sources outside the English Philokalia were used.

The research addresses modern psychotherapy as applied in the clinical settings although its current practice may be developed in many other contexts such as: community; organizations; the voluntary or independent sector; and private practice. Understandably, in each of these contexts the application of a particular psychotherapeutic approach will take a slightly different course. In the clinical area, the various psychotherapeutic theories have natural interferences, especially with clinical psychology, psychopathology, and psychiatry. Therefore, our study will indirectly draw on information which is currently shared in practice between all these fields. In order to see the connections but also the main differences between them, we will next try shortly to present the areas that are entailed by this interdisciplinary common ground.

In general terms, *psychology* is considered to be the study of the psyche or mind, a study which seems to be as old as the human species.³⁹ Although there is no unanimous or ultimate definition for it, psychology is more often regarded as the scientific study of mental states and processes,⁴⁰ or the scientific study of people, human thought and behaviour;⁴¹ *psychotherapy* is seen as an applied science, i.e. the application of psychology to the problem of treating disease. Psychotherapy can be conceptualized differently depending on one's theoretical orientation and therefore, no single definition has won universal agreement. A relatively neutral working definition in terms of method and theory could be the following one:

'Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable.'⁴²

However, a different viewpoint claims that all current forms of psychotherapy stem directly or indirectly from psychoanalysis;⁴³ *psychiatry* is a branch of medicine. Within medicine,

³⁸ Introduction to EPH 1, p. 13

³⁹ Hergenhahn, B.R., *An Introduction to the History of Psychology*, (Wadsworth: Cengage Learning, 2009), pp. 1-2

⁴⁰ Hadfield, J. A., *Introduction to psychotherapy: Its History and Modern Schools*, (London: George Allen and Unwin Ltd., 1967), p. 5

⁴¹ Cf. Burns, T., *Psychiatry: A Very Short Introduction*, (Oxford: Oxford University Press, 2006), p. 2

⁴² Norcross apud: Prochaska, J.O, Norcross, J. C., *Systems of Psychotherapy: A Transtheoretical Analysis*, (Belmont: Brooks/Cole, 2010), pp. 3-4

⁴³ Gross, R., *The Science of Mind and Behaviour*, (Abington: Hodder and Stoughton, 6th ed., 2010), p. 34; 'Many trained psychoanalysts have been responsible for developing radically different therapeutic approaches, including Rogers, Perls and Wolpe.' *Ibid.*

psychiatry is simply defined as that branch which deals with ‘mental illnesses’. It is a pragmatic endeavour. Therefore, it has been claimed that ‘the definition of psychiatry is not based on theory, as in psychology or psychoanalysis, but on practice’;⁴⁴ *clinical psychology* is generally considered the science that studies the psychological mechanisms inferred by the state of illness and health. According to the clinical psychologist Daniel David it has two main components: one refers to investigation of psychological mechanisms inferred in health optimization and prevention of pathology. The second involves analysis of psychological processes inferred in pathology.⁴⁵ In the first case it is also called Health Psychology, and in the second Clinical Health Psychology, Psychosomatic, Abnormal Psychology, Psychopathology or Medical Psychology; *psychopathology* is considered by some authors a boundary discipline resulting from the conjunction between psychology (rooted in philosophical knowledge) and psychiatry (a branch of natural medical sciences). It looks like an emergent product of a few disciplines because it took up the object of study from psychiatry, the methods and principles from psychology, and the primary image of psychological life – in general, and the psychological distress – in particular, from philosophy.⁴⁶

A main characteristic of this research consists in that it tries to bring together two major realms of human knowledge which are more or less perceived as being independent of one another at the present moment. In order to succeed in our task, we created a new ‘space’ – represented by *the border methodology* proposed in the next chapter – where their ‘meeting’ becomes possible. Consequently, in our comparative effort we tried to consider the various psychotherapeutic paradigms as a *unity* in the same way as the Philokalia presents a *unity* among its numerous writings and authors. However, we acknowledge that this approach of psychotherapy seen as a *unity* may denote some weaknesses which are presented in the next chapter concerned with methodology.

⁴⁴ Burns, op. cit., p. 5

⁴⁵ David D, *Psihologie Clinica si Psihoterapie*, (Iași: Editura Polirom, 2006), p. 7

⁴⁶ Enăchescu, C., *Tratat de Psihopatologie*, (București: Editura Tehnică, 2000), pp. 7-8

CHAPTER 2

METHODOLOGY - THE COMPARATIVE METHOD

The present chapter intends to answer two main questions: what is the methodology employed by the present research? And, what is a suitable methodology to be used when engaging in interdisciplinary research in the fields of patristics and current psychotherapeutic approaches? Our methodology did not entirely focus on any specific methods employed by the two fields considered; instead, we intended to find a new way of approaching such an interdisciplinary endeavour, keeping in mind that ‘an adequate understanding of the human subject’ is mainly ‘dependent upon methodological breadth’ and should be ‘creativity lead’,⁴⁷ and at the same time, approached in terms of *a mystery that needs to be discerned*.⁴⁸ Our aim was, if possible, to provide a new solution regarding the research methodology to be employed by further study in this interdisciplinary area, to identify some guiding principles and suggest advantages or disadvantages of interdisciplinary research, as well as foster future debates on this matter.

I. Justification of Method Choice

Before the methodology of this study is described, *a brief justification* for the choice of method will be presented. The chosen method first relates to *the characteristics of this research which addresses two fields that provide valuable information concerning the same topic*, the soul’s illness and health, and second, to *the characteristics of the researcher himself who embraces both areas of research at a theoretical and practical level*, by being both a professing psychologist with a full training in the nowadays hard-core science of psychology who later became acquainted with the various patristic writings, and ended up becoming a professing Christian himself. As such, the further enrolment in interdisciplinary theological-psychological studies at MA level naturally developed and took the shape of the present interdisciplinary inquiry.

⁴⁷ Reicher, S., ‘Against methodolatry: Some comments on Elliott, Fischer, and Rennie’ in: *British Journal of Clinical Psychology*, 39, 1:6, (UK: The British Psychological Society, 2000). p. 1

⁴⁸ Cf. Louth, *Discerning the Mystery*, *op. cit.*

1. The Profile of the Researcher

Being initially trained in psychology and as such not ordinarily familiar with theological knowledge, I consider the encounter with patristic literature, and especially the Philokalia, a ‘very fortunate occurrence’ in my professional and personal life. My initial contact was with books *per se*. Due to my ignorance of the field at that time I do not even remember what was the first book I read. What I remember very clearly though is that I thought: ‘this person really understands what the human being is about’ and that it was indirectly answering the various questions I had concerning human beings and to which the main training in psychology could not provide answers. And I continued reading and reading for a few good years until I realized that the authors of such books were categorized as saints. But what exactly was a saint? Then I started investigating the life of the authors I was reading and found out about the close relation between their writings and their life. That explained a lot about their conceptualization of man and it was the moment when I realized that to be a Christian is not just a name inherited by baptism but a very informed way of life. Since I was already ‘in love’ with their ideas which so many times had had the opportunity to be confirmed by empirical observation and practice, it was without any inner conflict that I followed their way of life, which was for me not necessarily related to *faith* but rather to the *science* in which I was already professing. Since my interest towards patristics was from the first instance professional, beyond my personal and any later acquired meanings, it remained professional, hence the engagement in the current research.

I explained the above personal journey just to make clear that for a researcher with such a profile it is much easier to ‘navigate’ between the various concepts and meanings provided by the two fields for a few reasons: first, because of the equally acquired extensive knowledge in both; second, because of being involved in practising both and therefore testing them by experience; third, since professionally the values of both of them are less likely to be biased towards one of them; fourth, engaging in interdisciplinarity, the guiding principle remains at all times the connectivity between theory and practice, both grounded in the empirical evidence they provide and its usefulness for the empirical outcomes the researcher has in mind. In other words, we believe that this type of research is fit to serve clear empirical purposes, but not to be engaged in the emergence of new theories concerning human nature which would bear the risk of falsifying and creating confusion in regard to both paradigms.

2. The Profile of the Research

Perhaps the best way to describe it is to say that this type of study constitutes a *border research* and consequently transforms one into a *border researcher*. Just as a border officer controls ‘passports’, and checks who comes ‘in’ or ‘out’ in order to ensure proper and orderly conditions for ‘travelling people’, border researchers check ‘concepts’ from one realm and the other, so as to ensure an orderly comparison in regard to ‘*one and the same human being*’ to which they refer. The question that arises is: where does this border lie? The answer is that the border lies ‘within’ man and ‘separates’ the psychological versus pneumatological/spiritual realms. *The implicit question* this research tries to answer is if there really exists such a separation or is it just a mere theoretical distinction? *The explicit question* of the research is if there are any distinctions or overlaps in the way psychological versus spiritual illness is conceptualized by the two fields.

Hence, what the *border researcher* needs to do is just stay on the border and look to the various concepts from the two realms, understand them in their own terms, and then compare them in order to identify agreements or differences in relation to the *universe of discourse* represented here by the human being. This was the pre-analysis which led us believe that a *comparative approach* is best fitted to answer *the research question*.

II. Research Design

1. General Description

The aim of choosing the comparative method was to allow a *broadening of understanding* for professionals coming from both fields and *provide new insight* into what is going on in the human soul. We looked for commonalities but respected the differences, and did not, however, intend to create an eclectic integration,⁴⁹ not even *build working alliances*,⁵⁰ but merely look for

⁴⁹ It was not our aim to engage here in a critique of Christian Psychology as it is currently conceptualized and practised, which constitutes, in our opinion, precisely this type of indistinct amalgamation without a rigorous methodological approach, whose outcome cannot be other but a great confusion in terms of concepts, methods, and finalities. However, the present work offered enough arguments for a future discussion on this matter.

⁵⁰ This expression is used by Beck and Demarest to underline the purpose of their book which was ‘to build working alliances between the findings of science and the teaching of the Bible ... we propose maintaining these working alliances for as long as they are useful rather than enshrining them as fairly permanent paradigms of truth. Psychology changes too quickly for a style of integration to make any sense.’ While their book engages in a similar comparative effort, our aims are different. Our main target is to broaden understanding and offer insight, while their objective is to ‘foster effective ministry with people’. Since the hesychast method engaged by the Philokalia is so

the best explanatory concept for the matter under investigation that *the universe of this research could offer*.

Scientific training in psychology implies a strong focus on methodological rigour, which is greatly restrictive as to the object of research and does not allow too much creativity, and that is why when organizing the present study we had in mind, as much as possible, to ‘respect the reflexive nature of the human subject and organize a methodological stance to reflect that respect’.⁵¹ From the perspective of psychology, the present method might be associated, but not identified, with a type of *qualitative research*⁵² which reflects an in-depth inquiry into the *whys and hows* of the human soul, on one hand, and to an *exploratory research*⁵³ which addresses problems that are still looking for a complete definition or the best research design meant to help in identifying that definition, on the other hand. The exploratory research, as in our case, relies not so much on primary research, but on secondary research, specifically reviewing relevant existing literature.

From the perspective of theology, from the two main methods, historical and hermeneutical, the present research design draws on *interpretation* as a theological method, which shares common characteristics with both theology and psychology. Professor Louth fairly pointed out in regard to the theological method that it ‘betrays itself if it seeks to become “scientific” by any attempt to fashion an objective scientific method’⁵⁴ and that, as an academic discipline, theology ‘finds its closest neighbours among the humanities rather than among the sciences’.⁵⁵ Consequently, having all these in mind, the review of methods both in psychology and theology resulted in ‘escaping’ to find a new research ground which we discovered in the broad *area of humanities where ultimately our research methodologically stands*. Thus, it was possible to ‘double’ the answers to the initial *whys and hows* and even supplement them with *where to*, as it emerged from the theological perspective.

specific we do not believe that *working alliances* are possible, but rather an enrolment and direct knowledge of it from within. Beck, J.R., Demarest, B., *The Human Person in Theology and Psychology: A Biblical Anthropology for the Twenty-First Century*, (Grand Rapids: Kregel Publications, 2005), p. 22

⁵¹ Blumer, H., *Symbolic Interactionism: Perspective and Method*, (NJ: Prentice-Hall, 1969), p. 60

⁵² Cf. Howitt, D., *Introduction to Qualitative Methods in Psychology*, (Harlow: Pearson Education Limited, 2nd ed., 2010); Banister, P., et al., *Qualitative Methods in Psychology: A Research Guide*, (Buckingham: Open University Press, 1994)

⁵³ Barker, C., et al., *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners*, (Chichester, John Wiley and Sons, 2nd ed., 2002), p. 11

⁵⁴ Louth, op. cit., p. 132

⁵⁵ Ibid, p. 45

2. Specific Description

‘The “art of comparing” is thus one of the most important cornerstones to develop knowledge ... and insights into what is going on, how things develop and, more often than not, the formulation of statements about why this is the case and what it may mean to all of us.’⁵⁶ This comparative approach perfectly matched our needs since it ‘is a basic tool for linking ideas and, eventually, theory to evidence’.⁵⁷ The comparison offered us the possibility of making the best use of description and impacted on generating new ideas.

The comparative method we used consisted mainly of an adaptation of the one used by Pennings et al.⁵⁸ in their comparative work on politics and society which in our case involved three steps:

1. *Elaboration* of the phenomenon under review and *description* of the core subject of comparative enquiry – in our case the universe of psychological versus spiritual illness;
2. The *mode of analysis* which is also involved in ‘develop[ing] a view on the theoretical concepts that can “travel” comparatively’⁵⁹ – *the travelling concepts* are individualized in the third section of each chapter of this research and are represented by various topics such as the unconscious, thoughts, habits or conditioning, wholeness, diagnosis, anxiety, depression and so on;
3. *Formulation of conclusions* and discussion in regard to the logic of the comparative method as a *means* to an end.

The material of the research was arranged in such a way so as to allow separate identification of the notions that are to be compared, in the way they are provided by their own universe of discourse, and with their own ‘flavour’. Thus, we dedicated the first two sections of each chapter to the *description by review* of the two broad paradigms which was necessary so as to formulate and define the *core subject of the enquiry*. A comparative effort is not possible without a relevant description of the core phenomena involved; in the same way a description alone provides less insight without a comparison.

The mode of analysis predominantly involved *the methods of difference and agreement* as developed by John Stuart Mill in his *System of Logic*.⁶⁰ The *method of difference* has a special focus ‘on the variation of certain features amongst others that do not differ (dramatically) across

⁵⁶ Pennings, P., Keman, H. Kleinnijenhuis, J., *Doing Research in Political Science*, (London: Sage Publications, 2nd ed., 2006), p. 4

⁵⁷ Ibid., p. 6

⁵⁸ Cf. *ibid.*, pp. 4-37

⁵⁹ Ibid., p. 19

⁶⁰ Cf. *ibid.* pp. 36-37

comparable cases’ whereas *the method of agreement* compares concepts ‘in order to detect those relationships ... that are similar, notwithstanding the remaining differences on other features of the cases compared’.⁶¹ The third section of each chapter of this work involved these two methods to various degrees, depending on topic and on the type of information previously offered for comparison.

The last step of formulating conclusions employed several techniques: first, we simply presented the result of the comparison, *in terms of differences and similarities* according to the principles described above; second, by *choosing the most comprehensive and explanatory providing concept* which, in this specific research, proved to be more often in the favour of the Philokalic viewpoint, due to the extension of the coverage area offered by its concepts, which naturally prevailed over the psychotherapeutic perspective in terms of its level of enquiry; the third way of concluding was *to advance the result of the comparative demarche in the form of a new hypothesis* derived from *means of analogy*;⁶² and finally, some other conclusions came out ‘at the surface’ in an *allegorical form by means of interpretation*, consequently reflecting the wonder in front of the perceived mystery of man’s inner constitution which could not be expressed in any another way.

The logic of using the comparative method, as far as the results of our research suggested, constituted the best way to keep simultaneous contact with both *universes of discourse* involved and, at the same time, vividly relate them to the direct professional interests of the day, consisting, for example, of a more complete understanding of depression and anxiety’s aetiological landscape.

However, one question arises: Do concepts travel across the border from one realm to the other? Where is the place of comparison if the researcher acts as a border officer who has no *parti pris* with concepts from any realm, but his function is merely to check and compare them? Discussing styles of integration when related to theology and cognitive sciences, Beck and Demarest enumerated three styles by drawing on Peterson’s proposals,⁶³ to which they added a fourth style of their own:

‘The first is *reduction*, reducing one completely into the categories of the other in either a friendly or hostile manner. ... The second style is *challenge*, calling things in one discipline into question from the perspective of the other discipline. ... the third model ...

⁶¹ Ibid., p. 37

⁶² To be noted is that hypotheses do not act as *definite arguments*. They are imposed on to our understanding as a result of the comparative effort and, as such, we have presented them with the express intention of being tested in the future and fostering further discussion as well. ‘Hypotheses are tentative explanations of events’ cf. Shaughnessy, J., et al., *Research Methods in Psychology*, (NY: McGraw-Hill, 9th ed., 2012), p. 53

⁶³ Beck and Demarest, op. cit., p. 21

is using the cognitive sciences as a lens through which to view theology or using theology as a lens through which to view cognitive sciences. ... We suggest a fourth approach ... *engagement*. We think germane and relevant information flows out of the work of both theology and psychology when we come to the task of understanding the human person. We need to lay out data from both sources, compare and contrast them, and seek to develop means of helping people through the various branches of ministry'.⁶⁴

Indeed, our method is closer to the fourth approach and does engage the two fields by means of comparison and contrast, but it does it in a different way and with a different purpose in mind. As mentioned earlier, we do not believe that an 'integration' of the two is possible due to their different anthropological backgrounds and, if applied in practice, might lead to more confusion than clarification. The dialectical *method of the lens* might be useful but only in order to identify the concepts that will be subjected to comparison, otherwise it does not bring too much in terms of increased knowledge. Due to the methodology employed the solution we came up with is different. The answer to the aforementioned question that came out through our undertaken research was that *the comparison takes place on the border*, and it *follows a vertical vector* since the *universe of discourse* we operate in is the human being itself who actually 'covers' both areas considered by the current research. In other words, the border is *within it, not outside it* as is the case with the habitual border. Since the research is concerned with the *whys, hows and where to of the human soul*, it is natural that the answers found will arrange themselves in a vertical plan depending on the level of depth, abstraction, generalization, and breadth of the realities they point to. Considering all these, *we prioritized the vertical over the horizontal*, and looked at concepts from this perspective. Thus, the concepts in this comparative study 'travel' to the *border* where they are analyzed, attentively compared and contrasted in terms of similarities and differences, and then arranged vertically, thus gaining extra value, generating new hypotheses and broadening knowledge.

3. Anthropology as Premise

A major turn of the current research was represented by the acknowledgment that without reference to the anthropological roots of both paradigms, it would have been impossible to make a valid comparison able to reflect the relation between psychological versus spiritual illness. The comparison would have been superficial, falsifying and inconclusive. In other words, irrespective of the comparisons of the concepts from these two fields, a reference to anthropology should be present from the start of the research design until the concluding section.

⁶⁴ Ibid, pp. 21-22

Given the situation, *the anthropological foundation became an integral part of our methodological design*, and as such we have given it extensive consideration in the first part of this study. In approaching it we used the same comparative method and principles described above. On the other hand, in this newly created inquiry context, the illnesses considered here, i.e. anxiety and depression, became a kind of *case study*, in regard to the anthropological framework. A *case study* is a qualitative method more often used in the clinical psychology area, but not limited to it, and involves an in-depth description of a problem with the goal of testing old theories, generating new ones, and creating new research techniques that allow for an increase in knowledge. Their strongest point is considered to be *the richness of insight* they provide into a problem.⁶⁵ Since ‘understanding and explanation are achieved when the causes of a phenomenon are discovered’,⁶⁶ having viewed the illnesses considered here as case studies of the wider anthropological framework consequently resulted in a fruitfulness of new connections.

III. Writing Style and Language Involved

We need to say a few words about the language used throughout this work since every new methodological development indirectly comes with a specific approach to language which is ‘said to represent the common language of the discipline’s researchers’.⁶⁷ Considering the two fields envisaged, the level of abstraction of the concepts and their underlying realities analyzed here on one hand, and reviewing relevant literature on the topic, on the other hand, we reached the conclusion that our research should not only ‘try to tell a simple and clear story, but also try to tell it in simple and clear prose’.⁶⁸ Since psychologically, language is closely connected to the thinking processes, we always felt a great agreement with Einstein’s famous quote: *if you can't explain it simply you don't understand it well enough*. Also, we were greatly helped by the symbolic language employed by patristics and modern psychotherapy, at least in some parts of it, which created in form a kind of linguistic closeness of the two. Thus, our writing style envisaged *to tell the story in a clear prose* as much as possible, but maintaining constantly the specific *label-concepts* as found in both fields examined.

⁶⁵ Coolican, H., *Research Methods and Statistics in Psychology*, (London: Hodder and Stoughton, 2nd ed., 1994), p. 125

⁶⁶ Shaughnessy, op. cit., pp. 53-4

⁶⁷ Schinka J.A., Velicer, W.F., eds., ‘Research Methods in Psychology’, v. 2, in: *Handbook of Psychology*, (New Jersey: John Wiley and Sons, 2003), p. xi.

⁶⁸ Barker, p. 240. The counterargument was that: ‘Journal articles in psychology and in the social sciences generally, are notorious for using incomprehensible jargon or over-elaborate sentence constructions. Much psychology writing is impenetrable or pretentious.’ Cf. Ibid.

However, since the means of interpretation and allegorical language were also heavily involved in the last part of the third section of each chapter, we also need shortly to make some distinctions in this topic. Interpretation is intensively used by current psychotherapies, mainly psychoanalysis, and obviously patristics, but it has very different meanings in the two realms. Thus, although psychoanalysis was considered for a time a ‘theoretical, philosophical system very similar to a religion’,⁶⁹ and as such supposedly sharing some commonalities with theological interpretation, the research done on the subject shows that between them there is no similarity. Psychoanalytically,⁷⁰ interpretation is considered the foundation on which the entire analytical method stands. It is related to conveying to the subject the hidden meanings of desires from beyond the defensive system employed by illness and also to obtaining an awareness of such a system in the process. The theological interpretation made in the *Philokalia* aims towards ‘translating’ the invisible into the visible and vice versa, and according to Saint Gregory of Sinai this concerns the activity of a teacher experienced in the divine things who:

‘interprets what is intelligible and invisible in terms of what is sensible and visible, and the visible sense-world in terms of the invisible and suprasensory world, conscious that what is visible is an image of what is invisible and that what is invisible is the archetype of what is visible. He knows that things possessing form and figure are brought into being by what is formless and without figure, and that each manifests the other spiritually’.⁷¹

Therefore, the distinctions made in the *Philokalia* are always related to a clear differentiation between the created and uncreated within the human soul while, viewed from a Philokalic perspective, psychoanalysis operates within the created realm. Hence, the two modes of interpretation are different in terms of *whys, hows and where to*. When using interpretation, the language becomes somehow naturally allegorical, in both the Philokalic and psychotherapeutic fields, especially in the psychoanalytic and existential paradigms, but the meaning of using allegory is circumscribed to the above distinctions concerned with interpretation. When used by patristic writers, allegory, as Professor Louth states:

‘is bound up with their whole understanding of tradition as the tacit dimension of the Christian life: allegory is a way of entering the “margin of silence” that surrounds the articulate message of the Scriptures, it is a way of glimpsing the living depths of tradition from the perspective of the letter of the Scriptures’.⁷²

⁶⁹ Landis, C., ‘Psychoanalysis and Scientific Method’ in: *Proceedings of the American Philosophical Society*, Vol. 84, No. 4, Symposium on Recent Advances in Psychology (Jun. 30, 1941), p. 516

⁷⁰ We give only a short account here as we have treated the topic in more detail within the chapter on anthropology. Also, we need to point out that interpretation is used in all other therapies but is not outlined and transformed in a method as in psychoanalysis, but is rather implicit to any psychotherapeutic process.

⁷¹ St Gregory of Sinai, *On Commandments and Doctrines*, 127, EPH 4, p. 246

⁷² Louth, *op. cit.*, p. 96

As far as we are concerned, we did not use interpretation in either of the meanings implied above, but merely as an attempt to present the broader implications and meanings of the research,⁷³ and as already stated, a method of advancing conclusions conveyed as hypotheses. The method of interpretation is extremely useful for this type of research design since, on one hand, it ‘requires imagination and insight into the psychological meaning of the phenomena’, and on the other hand, ‘involves understanding the meaning of the findings, in terms of previous research and theory. This task involves relating the findings back to the literature: the research, theory, or conceptual model that the study was based upon’.⁷⁴ In this way, the researcher remains connected to all the variables employed by the research.

IV. Weaknesses and Strengths of the Method

In terms of the weaknesses recorded, we need to point to the large amount of literature to be consulted and reviewed and consequently *the lack of a preset of theoretical references related to the logics of our inquiry*.⁷⁵ Derived from the former is the fact that an interdisciplinary research of such breadth is extremely time-consuming. While the latter might be counterweighted by an extensive previous engagement of the researcher with the two fields that are later to be approached interdisciplinarily, our experience is that only through a combination of practice and relevant theory could one identify *the referential set needed to develop a solid logic of inquiry*. Perhaps in most of the literature reviewed over years, the theoretical foundations and the experience accumulated will not always be expressed within a study in a direct way, but they will have a major and decisive impact on the logics of designing the entire research method.

Due to the specific nature of this *border research*, although in the first two parts of each chapter the concepts are *described and used* with the same meanings as those initially provided by each area, in the third part, which deals with the *border analysis of the travelling notions*, the language and the various concepts used are bound to lose their accuracy. One example is represented by the way we make use of the triad: *cure-treatment-healing*.⁷⁶ In the comparative

⁷³ Cf. McGrath, J.E., Johnson, B.A., ‘Methodology Makes Meaning: How Both Qualitative and Quantitative Paradigms Shape Evidence and Its Interpretation’ in: *Qualitative Research in Psychology, Expanding Perspectives in Methodology and Design*, eds. Camic M.P., Rhodes, E.J., Yardley, L., (Washington: American Psychological Association, 2003), pp. 41-2

⁷⁴ Barker, op. cit., pp. 234-5

⁷⁵ This statement confirms the findings of Pennings, op. cit., p. 19

⁷⁶ Traditionally, in the therapeutic science the terms *cure* and *healing* were considered inherently different. Cure relates to the elimination of symptoms and evidence of illness, while healing to wholeness. From this perspective it has been said that we can have cure without healing and healing without cure. The Philokalic literature traditionally

part we use them interchangeably and as synonyms. They all emphasize the general idea of recovery from illness following a certain pattern of proposed actions – Philokalic or psychotherapeutic. Similarly, instead of *psychological or spiritual illness* we might sometimes use the general term of *inner illness* when referring to the conceptual product that resulted from the comparison.

Another weakness refers to the choice of the psychotherapy theorists when treating the conditions of anxiety/fear and depression/dejection that might not always seem consistent. This is due to the fact that even if we tried to give the four paradigms equal treatment, the comparative process itself ‘selected’ some theories as being able to offer more material for comparison than others, as for example is the case with the discussion on *symbolism and realism in the depressive loss*. Although all four paradigms have provided insights into the two conditions treated, they have each taken a different interest as far as our comparative examination is concerned and consequently might give the impression of inconsistency.

Also, a critique might be made concerning the way in which the conclusions were integrated vertically, and hence the prevalence of the Philokalic viewpoint over the others. Perhaps other forms of deriving conclusions might be found according to different targets one has in mind, but as far as our work is concerned, this mode perfectly matched our logic of inquiry, since as long as the comparison takes place *on the border*, it goes without saying that it could not expand too much horizontally, as is the case with every border, but conclude itself vertically. A partial disadvantage of the method comes from the fact that in its case ‘theory comes before method and research questions before research designs’⁷⁷ which might result in limiting the access of some researchers to the method due to insufficient theoretical background in both areas. However, this shortcoming may be offset in time in the way stated above and by developing a corresponding body of knowledge on which one may draw.

However, the major advantage of the chosen methodology is that it proved to be appropriate to answer the research question being asked. Its strength consists in both *the research and researcher profile* as described above, in which case it also becomes *naturally dialectic* without initially intending to be so. By the fact that both the research method and the researcher undertaking it are equally equipped in terms of theory and practice of the two fields compared, the shortcomings described by Lonergan, as to *the positions and counter-positions* reflected

uses the term healing. However, nowadays we have terminological shifts from one field to another. For example, there are authors who use the term healing as meaning that ‘patients are no longer suffering from the symptoms that they complained of when they first consulted, and that these symptoms do not come back after the treatment has been completed’. Cf. Schreiber, S.D., *The Instinct to Heal: Curing Depression, Anxiety and Stress Without Drugs*, (Rodale, 2004), p. 1. On the other hand, the Philokalia uses the term *healing* in relation to doctors (cf. St Diadochos, *100 Texts*, 53, EPH 1, p. 268) while modern scholarship based on the Philokalic writings makes use of such modern terms as cure, treatment, and even psychotherapy. Cf. Vlachos, op. cit., and Larchet, op. cit.

⁷⁷ Ibid, p. 37

when engaged with the dialectic method, are reduced.⁷⁸ The method also proved to be innovative, creative and allowed enough freedom as to enhance knowledge.

V. What This Research Methodology Did Not Involve

1. We did not find it useful to conceptualize the topic investigated in terms of the *science – faith dispute*, partially because of the reasons already outlined which link to the researcher's personal experience as a professing psychologist and Christian, and partly because included in our designated logic of enquiry was to reduce the investigated phenomena to separate dimensions so as to allow for a comparison that relates to empirical facts and, as such, did not consider too much the 'claim' of such facts having been acquired by 'faith' or by 'science'. On the level of the lived fact, 'science' appears as a kind of 'faith' because it relies on previous discoveries made by other people that need to be trusted, believed and only later partially known by experience (since nobody is ever able personally to remake the whole way of a science from 'cell' or 'atom' up to date), and in the same way 'faith' needs first to be trusted, believed and later known by experience at which moment it becomes knowledge, 'science'. However, when necessary some references to the topic have been made.
2. The discussion linked to *the body-soul relation* was not the concern of our work, but we acknowledge the existence of such a relation, as confirmed by both psychotherapeutic and philokalic sources. The main consequence of this fact was that when considering anxiety and depression we excluded the pharmaceutical treatments that are available to ameliorate the condition. An inquiry into this topic could constitute a different study which would require some adjustments of the current research design. However, the currently prevalent medical model of illness was considered in relation to the diagnosis and conceptualization of illness.
3. It is *not a historical approach*, in the sense that it does not follow a certain concept from its origins until today, and does not trigger arguments using a critical-historical method.
4. It does not involve an *east and west debate* as the type established in theology. We consider theologians much better equipped for such controversy which inevitably draws on the historical method mentioned above and is not considered here.

⁷⁸ Lonergan discusses this matter in relation to the characteristics of the person who engages the dialectic method in theology, in the case when one has or has not 'undergone intellectual, moral, and religious conversion.' Cf. Lonergan, B.J.F, *Method in Theology*, (Darton, Longman and Todd, 1972) , p. 251

VI. Concluding Thoughts on Methodology

The method presented above falls into the area of *basic or pure research* by addressing ‘the underlying processes that helps us understand the regularities in nature ... processes common to most people’.⁷⁹ From the psychologist’s point of view, it remains fundamentally linked to the *qualitative and exploratory type of research* whose goal is to increase understanding, develop new hypotheses and create new research techniques; from the theologian’s perspective it represents a way of engaging in dialogue with current views on the soul; while, from the perspective of the present study, it constitutes the right means to answer the research question intended to benefit professionals from various areas.

The present research is a creative endeavour meant primarily to respond to the needs of a practitioner working with the human person, from whatever perspective, and to make sense of the evidence met in practice. Our express goal was not to justify or defend a certain thesis but merely to find *the best explanatory concept* in relation to the matter investigated. Hence, the methodology discussed here also promotes a new type of interdisciplinary study, simply labelled as *border research* and brings forth the profile of *border researcher*. To employ this method would imply following the guiding principles outlined above, *out of which an engagement with anthropology is essential*. At the same time, such a comparative method opens up a huge field of investigation and innovation, for addressing the multitude of topics provided by the two broad fields concerned with the human soul and considered here.

We hope that the proposed methodology has succeeded in meeting the goal of *respecting the reflexive nature of human being*, proving that psychology might perhaps be closer to that *science done with art*, than submitting to the *scientific* statistical-mathematical method that has lost being from sight. From the perspective of this *border research*, since both patristics and psychotherapy have to do with what is *human*, methodologically, it naturally finds its place in the area of humanities.

⁷⁹ Barker, op. cit., p. 13. Opposed is *applied research* which involves subjects with necessity. Cf. *ibid.*

PART I

COMPARATIVE ANTHROPOLOGY

CHAPTER 3

ANTHROPOLOGY OF THE PHILOKALIA AND MODERN PSYCHOTHERAPY

This chapter intends to offer a comparative anthropological account on the ascetic writings of the Philokalia and modern psychotherapeutic paradigms. In the present thesis, the term anthropology is used in reference to the image of the human being which is promoted by these two fields, overtly or covertly. Our premise is that every theory concerning man, either labelled nowadays ‘psychological’ or ‘spiritual’, is produced by such anthropological background information and comes with a certain understanding about what man is, the values he follows, how he should live his life in order to attain normality/health, and how abnormality/illness results. The methods for healing used by these two areas – modern psychotherapy and the Philokalia – are naturally derived from their anthropological perspectives.

The difficulty in approaching this topic consists in the fact that the Philokalia comes with an overtly presented anthropology while, in the case of modern psychotherapy, its anthropology is implicit, likely to vary from one paradigm to another and this makes it difficult to be captured. In this research we will take into account four such paradigms – psychodynamic, behavioural, cognitive and humanist – which employed the main psychological theories of the last century with an impact in the present. Following our proposed methodology, in the first two parts of the study we will let these two fields ‘speak’ about themselves by describing the core subject of the comparative enquiry, while in the third part we will try to find relations, connections of any kind, or various differences and discrepancies between the two, following the concluding techniques described in the chapter on methodology. The concepts that travel comparatively and are being analyzed at the border in line with the methodology previously described are: the unconscious; the tripartite structure of the soul; habits and behavioural conditioning; thoughts; self versus Christ-actualization; wholeness and holiness; and the cure by grace.⁸⁰

⁸⁰ These travelling concepts are only a few of the many that could be analyzed using this comparative methodology and were chosen because they fitted our logic of enquiry. In this present thesis, the anthropological comparison is meant only to create the premise of the further discussion on inner illness and its healing, which represents the goal of this research. However, we are aware that, presumably, a work focused only on comparative psychological anthropology could offer insight on a greater number of topics, and therefore a bigger picture of the matter.

I. Anthropological Perspectives in Psychotherapy

The main purpose of this chapter's section is to identify an anthropological profile brought forward by what was regarded as 'a new form of scientific inquiry that may be considered to be the birth of modern scientific psychology',⁸¹ namely psychotherapy and its underlying psychologies.

Consistent with our research method, our intention is first to draw on the main assumptions, key concepts, methods, strengths and weaknesses of the four major paradigms in psychology which shaped the way we think about the human being in connection with the soul's illness and healing paths. We present them in a historical order, trying to uncover the evolution of modern psychotherapeutic thought in relation to man's psychological needs.

In our task of identifying the main assumptions of these paradigms we were greatly helped and oriented by the work of C.H. Patterson and C. Eduard Watkins Jr. in their book titled *Theories of Psychotherapy* and William E. Glassman and Marilyn Hadad who reviewed these paradigms in their book *Approaches to Psychology*. We are also indebted to Paul Bennet and Alloy, Jacobson and Acocelia (eds.) for their well documented books on *Abnormal and Clinical Psychology*, whose writing style and approach we found as best fitting our own. We investigated extended amounts of literature on the topic, primary and secondary sources as well, and the chapter uses many other sources too, but nonetheless it is greatly indebted to these few all-embracing works.

A. The Psychodynamic Perspective

Thousands of books and perhaps millions of articles have been written about Freud⁸², Jung, Adler and the psychoanalytic movement in general, not to mention its dissenters. In this section it will be impossible to capture all the ideas that have been produced within this area of human

⁸¹ Magnavita, Jeffrey J. (ed.), *Psychodynamic/ Object Relations*, vol. 1, *Comprehensive Handbook of Psychotherapy* (New York: John Wiley and Sons, 2002), p. 2

⁸² Here are a few assertions from the same book made about Freud's contribution, considered the *father of psychoanalysis* and modern psychotherapy in general: 'Freud's theory of psychoanalysis is considered by many to be equivalent to the genius of Einstein's theory of relativity and Darwin's theory of evolution' (Bischof, 1970). Historically, it is acknowledged that 'there was a profound awareness of an unconscious realm and that there is an impressive 19th century literature that deals with unconscious psychic structures' (Dumont, 1993, p. 195). Freud and his dissenters were considered 'large system builders' and 'beneficiaries of a vast literature that provided them with virtually all the insights bearing on the unconscious' (Dumont, 1993, p. 196). Apud: Ibid, p. 2

knowledge; instead, our intention is to bring into discussion some of the main psychoanalytical assumptions that brought a new understanding concerning who or what the human being is and may help us compose an *anthropological profile*. We focus both on theory – how we think what the human being looks like in his inner composition, and practice: how does one get sick and healthy again? These points offer us the basis for a general understanding of the main themes of this approach, meant finally to confer on us the foundation for the comparison between the Philokalic and psychodynamic perspectives that will be done in the third part of this chapter.

It has been claimed that ‘psychotherapy, as well as its attitudes, really begins with Freud's development of psychoanalysis’⁸³. This is why we will start the enquiry into understanding modern psychology’s view on man with the psychodynamic perspective.⁸⁴ It is likely that psychoanalytic theory changed the face of the 20th century into looking at the human being and that Freud was the one who *laid the cornerstone* of this paradigm, as of the entire modern psychotherapeutic field.⁸⁵ What really might create a strong impression in regard to psychoanalysis is especially its extent rather than its novelty. Its concepts are largely used outside the clinical field where they primarily appeared, and flooded various other spaces from literature and cinema to marketing, economical and political areas.⁸⁶ However, beyond their

⁸³ Pattison, E. Mansell, ‘Contemporary Views of Man in Psychology’, *Journal of Religion and Health*, Vol. 4, No. 4 (Jul., 1965), pp. 354-366. Published by: Springer Stable URL: <http://www.jstor.org/stable/27504736> Accessed: 15/10/2009 08:11, p. 362; Jung, C.G., ‘What is Psychotherapy’ in: CWCGJ, vol. 16, (New York: Pantheon Books, 1954), p. 25

⁸⁴ The term ‘psychoanalytic’ is used in relation to Freud’s theory and method while the term ‘psychodynamic’ is used to describe the field as a whole including Freud and his followers, such as Jung, Adler, Erickson, Winnicott, Anna Freud, Horney, Klein etc. Psychoanalytic psychotherapy is not a unified approach. According to Patterson and Watkins Jr.: ‘There were early dissenters from Freud’s theories (summarized by Freud [1929, 1933, 1935] in his later publications): Adler (1927), Fromm (1941), Horney (1937), Jung (1954), Rank (1947), and Sullivan (1938). More recently, psychoanalytically trained and oriented writers—Hartmann (1958), Erikson (1950), Rapaport (1959), and Kohut (1971)—have recognized the importance of the ego, or the self, in human development and its disorders’. In: Patterson, C.H, Watkins, Eduard C. Jr., *Theories of Psychotherapy*, (New York: Harper Collins College Publishers, 5th ed. 1996), pp. 9-10

⁸⁵ It is our consideration that even when going as far away as possible from Freud, as in behaviourism for instance, he still remains the landmark from which that distance has been taken.

⁸⁶ Consider for instance the surrealist movement in art promoted by Andre Breton and Thomas Mann in literature. Psychoanalysis is considered the ideological foundation of the cultural and sexual freedom movement starting with the 60s in America and Europe. Freud himself inaugurated the path of applying psychoanalytical concepts and theory to social, cultural, religious and political phenomena. Cf. Freud, S., *Scrieri despre literatură și artă*, trad. și note de V.D. Zamfirescu, (București: Editura Univers, 1980), pp. 57-138; Freud, S., *Opere I, Totem și tabu, Moise și monoteismul, Angoasa în civilizație, Viitorul unei iluzii*, traducere, cuvânt introductiv și note de Dr. Leonard Gavrilu, (București: Ed. Științifică, 1991), pp. 169-288

extensive use and acceptance as normative outside the clinical area, the debates in psychology towards its scientificity still continues.⁸⁷

1. Theory

It has been advocated that the starting point of Freud's theory on the soul is a development of his work with people whom we would consider being *sick* or in serious distress from the psychological point of view. This methodological line will influence the evolution of the entire psychotherapeutic field, and although it will suffer some variations from paradigm to paradigm, they will still be circumscribed within the same philosophical perspective on man. However, while this is not to state that these theories are all altered by the use of such methodology, it is important to underline this fact since it constitutes a major difference from the Philokalic *ascetic methodology*.

The psychoanalytic approach understands the human being from the perspective of his early childhood experiences and the major role played by the *unconscious* in the dynamics of personality. Although not a personal discovery,⁸⁸ the conceptualization of the unconscious in a new language and its 'promotion' toward a scientific study produced an irreversible paradigmatic shift of the entire field of psychotherapy and remained forever linked with Freud's name. In Freud's own terms these are the main assumptions of the psychoanalytic theory:

'The assumption that there are unconscious mental processes, the recognition of the theory of resistance and repression, the appreciation of the importance of sexuality and of the Oedipus complex – these constitute the principal subject-matter of psycho-analysis and the foundations of its theory. No one who cannot accept them all should count himself a psycho-analyst'⁸⁹.

Therefore, in the following pages we will shortly define and clarify these *principal subject matters*, that are the co-ordinating concepts of the psychoanalytic movement even if one considers him/herself a *Freudian* or not.

⁸⁷ For an extensive discussion of the topic see: Glassman, William E., Hadad, Marilyn, *Approaches to psychology*, (London: McGraw-Hill, 5th ed. 2009), pp. 255-259; Patterson and Watkins Jr., *op.cit.*, 31-32. In another study, for instance, Holt states that: 'psychoanalysts must begin to face the fact that their primary and typical form of research, the uncontrolled clinical case study, is devoid of scientific value *except* as a source of hypotheses' in: Holt, R.R., 'The current status of psychoanalytic theory', *Psychoanalytic Psychology*, 2, (1985), p. 296

⁸⁸ Jacobs, M., *Sigmund Freud*, (London: Sage Publications, 1992), p. 31

⁸⁹ Freud, S., SECPWSF, v. 18, (London: Hogarth Press. 1923), p. 247

1.1 Freud's Main Themes

The psychoanalytic movement is known as bringing to light a *psychology of the unconscious* as opposed to the psychology of the day, which was a *psychology of consciousness* developed by William James in the USA and Wilhelm Wundt in Germany.⁹⁰ Thus, for the psychoanalyst the psychological problems are rooted in the unconscious mind, being caused either by various *unresolved issues* during the developmental stages or by *repressed trauma*. In their view a manifest symptom is caused by a hidden or latent malfunction. Freud distinguished between two main divisions of psyche: the *unconscious and conscious*. Between them there is an intermediary space called the *preconscious*. These notions play a fundamental role in his theory as he himself emphasizes: 'the division of psyche in conscious and unconscious represents for psychoanalysis a fundamental premise'⁹¹. Between these two divisions there is a *descendant* movement in the form of *repression* and an *ascendant* one in the form of *displacement and sublimation*. The unconscious content becomes conscious either through dreams, considered *via regia* to the unconscious, or through intermediary instances of the preconscious, where they get a linguistic content and therefore may be integrated into the conscious content.

Starting in 1920, Freud proposes another composition of psyche formed this time by three psychic instances: *Id (das Es)*, *Ego (das Ich)* and *Superego (das Uberich)*⁹². In this *tripartite structure of personality*, *Id* is considered hereditary and the depositary of all instincts that urge towards immediate satisfaction, *Ego* represents the part that has differentiated itself from *Id* and is conceived as a perception *organ* of the outside and inner world, and *Superego* represents the introjections of parental models. While 'Ego puts into practice *Id*'s will, as if it is its own intention'⁹³, *Superego assimilates* the parent as a model of moral consciousness.

Another theory promoted by Freud is *the theory of psychosexual stages development*, according to which the human being's development follows five stages, from *oral, anal, phallic*, to the

⁹⁰ William James's main contribution to scientific psychology is his book *The Principles of Psychology*, which represents a personal account combining information from various fields such as physiology, psychology, philosophy, and religion. He emphasized the *conscious stream of thoughts*. At the same time, Wilhelm Wundt developed experimental psychology using methods of physiology, explained in his main book *Physiological Psychology*. Both of them focused on consciousness as the subject matter of psychology. It exceeds the goal of this research, but in our opinion the work of these two very original thinkers deserves special attention in relation to the ascetic method. For instance, Wundt's theories on consciousness, psycholinguistics, volition and emotion offer interesting parallels with the three powers of the soul spoken of in the *Philokalia*.

⁹¹ Freud, S., *Dincolo de principiul plăcerii*, (București: Jurnalul literar, 1992), p. 96

⁹² For a short and comprehensive introduction see: Storr, A., *Freud. 'Ego, super-ego and id'* in *A very short introduction*, (Oxford: Oxford University Press, 1989), pp. 57-68

⁹³ Freud, *Principiul plăcerii*, p. 113

latent and *genital stages*⁹⁴ which may produce psychic pathologies if not overcome appropriately. In adult development, *fixations* may appear as a result of a failure to resolve conflicts associated with one of these psychosexual stages. The well known *Oedipal Complex*⁹⁵ is in close connection to these theoretical stages.

Another assumption of psychoanalysis postulates a *fragmented state of the psyche*, and therefore different parts of the human unconscious are considered to be in constant struggle which, depending on their intensity, may result in *neurosis*. Thus the main goal of psychotherapy would be to release the repressed feelings/experiences and the cure comes by *making conscious the unconscious* content through getting an *insight*.⁹⁶ The way towards consciousness is blocked by the *defence mechanisms* that Ego uses in order to reduce anxiety, which is formed as a result of the pressure created by the concomitant Id's immediate biological urges and the reality of social and moral demands of the Superego. Ego's defence mechanism is the concept as well as the tool we use nowadays to understand the unconscious protection against the anxieties of life, or better said life itself.

Freud identified some of the most common *ego defence mechanisms*⁹⁷ which are still in use today and have a great explanatory power in understanding psychic illness. There is a strong link between defence mechanisms and the anxiety resulted from Ego's inability to admit its weaknesses. Freud describes this difficult fight that the ego has in bringing harmony between the three structures of personality with the words:

“The ego, driven by the id, confined by the superego, repulsed by reality, struggles to master its economic task of bringing about harmony among the forces and influences working in and upon it; and we can understand how it is that so often we cannot suppress a cry “life is not easy!” If the ego is obliged to admit its weakness, it breaks out in anxiety – realistic anxiety regarding the outside world, moral anxiety regarding the superego, and neurotic anxiety regarding the strength of the passions in the id.”⁹⁸

⁹⁴ For a short and comprehensive description see: Bennet, P., *Abnormal and Clinical Psychology*, (Maidenhead: Open University Press, 2003), pp. 31-2

⁹⁵ This complex consisting of the unconscious erotic attraction of the boy towards his mother which may determine feelings of anxiety and fear comes to an end being replaced by *castration anxiety*, which allows the male boy to identify with his father and cease the sexual advances towards his mother. According to Freud the end of the oedipal phase in the female child comes to an end not because of fear of castration but because of a fear of losing the love of the father.

⁹⁶ This concept underlines the idea of an *inner view* that takes place when the person becomes aware and grasps the meaning of what happens within its soul.

⁹⁷ For a detailed definition with examples see: Bennet, op. cit., pp. 32-4

⁹⁸ Freud, S., *New introductory lectures on psychoanalysis* (New York: Norton, 1933), p. 78.

1.2 Jung's Main Themes

Jung widens the anthropological framework which Freud originally proposed, by introducing besides the personal unconscious the new notion of the *collective unconscious*. Jung, like Freud, believes that the personal unconscious is the history of individual data which for one reason or another has been removed from the field of consciousness. In his own words these data include: 'lost memories, painful ideas that are repressed (i.e., forgotten on purpose), subliminal perceptions, by which are meant sense-perceptions that are not strong enough to reach consciousness, and finally, contents that are not yet ripe for consciousness'.⁹⁹ To exclude such contents from consciousness leads to an unbalanced lifestyle which will finally burst into *neuroses*. Similar to Freud, the repressed material of the personal unconscious exerts a great power over the individual until it is acknowledged and integrated into consciousness.

Causing a major disagreement with Freud, *the collective unconscious*¹⁰⁰ developed by Jung is a depositary of all humanity's psychic experience, a collection of behaviours, fears and thought patterns which he found as being identical across time and culture.¹⁰¹ It contains some primordial images, potentialities and predispositions inherited from our ancestors, called *archetypes*.¹⁰² The 'agglomerations of associations' – *complexes* – are part of a personal unconscious, while the primordial images, *archetypes* belong to the collective unconscious. They are a kind of 'typical

⁹⁹ Jung, C. G., *Two Essays on Analytical Psychology*, CWCGJ, v. 7, (Princeton: Princeton University Press, 1966), p. 103

¹⁰⁰ The development of this concept is based on Jung's experience with schizophrenic patients from the time when he was working at Burgholzli psychiatric hospital and from confrontation with inner images and visions (during his separation from Freud). Details of his experiences are to be found in his book: Jung, C. G., *Memories, dreams, reflections*, ed. Aniela Jaffe, trans. Richard and Clara Winston, (New York: Vintage Books, 1989)

¹⁰¹ The American psychiatrist Scott Peck, offering examples of his patients and his own personal experience, shows one more example of the existence of the collective unconscious of which he states: "Among the possible explanations, one is that of Jung's theory of 'collective unconscious', in which we inherit the wisdom of experience of our ancestors without ourselves having the personal experience. While this kind of knowledge may seem bizarre to the scientific mind, strangely enough its existence is recognized in our common everyday language. Take the word 'recognize' itself. When we are reading a book and came across an idea or theory that appeals to us, that 'rings a bell' with us, we 'recognize' it to be true. Yet this idea or theory may be one of which we have never before consciously thought ... It is as if all knowledge and wisdom were contained in our minds, and when we learn 'something new' we are actually only discovering something that existed in our self all along." Peck, Scott M., *The road less traveled* (London: Arrow books, 1983), p. 240

¹⁰² The extensive description of archetypes and the notion of the collective unconscious are to be found in: Jung, C. G., *The archetypes and the collective unconscious*, CWCGJ, v. 9, part 1, (Princeton, NJ: Princeton University Press, 1968), pp. 3-41

human experience'¹⁰³, but one that transcends humans and 'is felt to be of superhuman or even cosmic significance'.¹⁰⁴ In Jung's own words they are:

'a *typos* [imprint], a definite grouping of archaic character continuing, in form as well as in meaning, *mythological motifs*. Mythological motifs appear in pure form in fairy tales, myths, legends, and folklore'.¹⁰⁵

The most important archetypes determined by Jung are *persona*, *anima/animus*, *shadow* and *self*. In direct relation to our comparative work, we will emphasize mainly the *psychological* aspects of *persona*, *shadow* and *self*'s archetypes although it is not entirely possible to *clean them out* of their mythological load. Thus, archetypes are thought of as not having 'a content of their own, but instead serve to organize our experience almost like cognitive schemata'.¹⁰⁶ *Persona* is found at the point of convergence between man and society. This archetype implies that humans are involved in various forms of role-playing according to society's expectations of them. This is usually done to the detriment of what the person really is, and thus the person might find himself totally identified with this *mask* and in opposition or at least at a distance from his inner constitution. As with any *mask*, it is in other words *something* that might be worn by anyone, but the falsification comes in that other people or the individual himself might take it as being his own personality, and not only one aspect of it, which might prevent or even block the curative process. In normal circumstances, since people also tend to choose the *roles* that are in accordance with their personality, it seems that 'to this degree, the *persona* is individual, but it is never the whole man or woman'.¹⁰⁷ If the *danger* of *persona* is that of inner falsification, its *advantage* consists in that it 'simplifies our contacts by indicating what we may expect from other people, and on the whole makes them pleasanter, as good clothes improve ugly bodies'.¹⁰⁸

Although treated as one of the major archetypes of collective unconscious, *the shadow* is at the same time *the personification* of *the personal unconscious*, which is hidden to reason and consciousness. The shadow represents 'the dark side' of us, the depository of 'the inferior being in ourselves, the one who wants to do all the things that we do not allow ourselves to do'.¹⁰⁹ In Jung's own words it is 'that hidden, repressed, for the most part inferior and guilt-laden personality whose ultimate ramifications reach back into the realm of our animal ancestors and so comprise the whole historical aspect of the unconscious'.¹¹⁰ Although it is made up of 'morally reprehensible tendencies', according to Jung the shadow 'also displays a number of

¹⁰³ Storr, op. cit., p. 41

¹⁰⁴ Ibid.

¹⁰⁵ Jung, apud: Patterson and Watkins. Jr., op. cit., p. 39

¹⁰⁶ Knox, apud: Glassman, and Hadad, op. cit., p. 263

¹⁰⁷ Fordham, F., *An Introduction to Jung's Psychology*, (Middlesex: Penguin Books, 1963), p. 48

¹⁰⁸ Fordham, op. cit., p. 49

¹⁰⁹ Ibid.

¹¹⁰ Jung, apud: Patterson and Watkins. Jr., op. cit., p. 40

good qualities, such as normal instincts, appropriate reactions, realistic insights, *creative* impulses, etc.’¹¹¹ At this point, it seems that Jung’s perspective is coherent with that of both Freud and Adler.¹¹² They all saw the *personal unconscious* in the same way and dealt with it in the therapeutic process even if the methods used to approach it might have been slightly different.

*Self*¹¹³ is brought forward as a central archetype. It is considered the centre of the whole person in direct relation with its unity and coherence,¹¹⁴ found at the confluence of the conscious and unconscious: ‘not only the centre but also the whole circumference which embraces both conscious and unconscious. It is the center of this totality’.¹¹⁵ Unlike ego, which is threatened by distraction if including contents of the collective unconscious, in Jungian theory the self is the depositary of both conscious and unconscious contents, the centre of the totality that results from here, and that is what unites all opposites within the human being. In direct relation with *self* is another major concept of Jung’s anthropological framework: *individuation*. By this he refers to the permanent process of the human being’s development which occurs at the start of the second part of one’s life and potentially continues until the end of life. In Jung’s own description *individuation* is ‘the process by which a person becomes a psychological “in-dividual,” that is, a separate, indivisible unity or ‘whole’.¹¹⁶

¹¹¹ Ibid. As Storr observes ‘Jung is not at all clear in his discussion of how far the “shadow” is really a collective figure, and how far personal’ in Storr, op. cit., p. 59. This archetype seems to be an interaction point between the personal and collective unconscious. Frieda Fordham in her comprehensive analysis of Jung’s main concepts makes the point that the shadow is ‘something more than the personal unconscious’ and then she goes on in distinguishing between personal and collective by saying that ‘it is personal in so far as our own weaknesses and failings are concerned, but since it is common to humanity it can also be said to be a collective phenomenon. The collective aspect of the shadow is expressed as a devil, a witch, or something similar’ in Fordham, op. cit., p. 50. Coherent with the sharp distinction made between the psyche’s conscious and unconscious levels promoted by Jung, comes Storr’s conclusion that ‘the shadow is perhaps no more than a personification arising from the infantile tendency, already discussed, to divide persons into black and white categories; gods and devils, virgins and witches’ in: Storr, op. cit., p. 59

¹¹² ‘Jung maintained that both Freudian and Adlerian analyses were principally engaged with the “shadow-side” of human nature; since they were concerned with exploring the primitive, selfish drives of sexuality on the one hand, and power on the other’. Storr, op. cit., pp. 58-59

¹¹³ Jung’s position on self is developed in his book *The Secret of the Golden Flower*, and represents the outcome of his studies on Eastern thought and doctrine, where the main source of inspiration revolves around Atman, Brahman, and Purusha. Cf. Jung, C.G., *The Secret of the Golden Flower*, vol. 13, *The Collected Works of C. G. Jung*, (Princeton: Princeton University Press, 1967)

¹¹⁴ It is ‘a point of new equilibrium, a new centering of the total personality, a virtual center which, on account of its focal position between conscious and unconscious, ensures for the personality a new and more solid foundation’ in: Jung, *Two Essays*, op. cit., par. 365

¹¹⁵ Jung, C.G., *Psychology and alchemy*, CWCGJ, v. 12, (Princeton, NJ: Princeton University Press, 1968), p. 41

¹¹⁶ Jung, C. G., *Conscious, unconscious, and individuation*, CWCGJ, v. 9, part 1, (Princeton: Princeton University Press, 1968), p. 275

Individuation is a creative process of self-fulfilment and integration by the conscious ego of the self's unconscious content. Both ego and self have a part to play in the process of individuation but this role appears to be different since 'for the *ego*, which reflects the conscious sense of identity, growth involves expansion of one's awareness of the world and of oneself. But for the *self*, which is the whole of one's being (including the unconscious), the goal is to transcend egotistical interests, achieving a union of the conscious with the unconscious'.¹¹⁷ Since individuation is related to self, its aim is that of inner growth in order to attain wholeness. This differentiation process is seen by Jung as having a *transcendent function*.¹¹⁸ Although the individuation process is natural and comes as a given to the individual, it may very well be blocked at different levels and for various reasons. Thus, the psychotherapeutic process meant to unblock the individual has to identify that which belongs to the person and those which do not, by firstly clearing up issues that belong to the personal unconscious and continuing with issues where contents of the collective unconscious are involved.¹¹⁹

Complex is another concept that we would like to consider shortly in direct connection to our comparative work. This concept made history and nowadays not many will dispute its intense use in everyday language. Although Freud, Jung and Adler have addressed these concepts slightly differently, taken together they make up a common body of knowledge. If Freud emphasized the sexually driven part of the complex and the further development of the individual depending on the manner it is solved, Jung saw them in terms of 'psychic fragments'¹²⁰ which have been rejected by the consciousness due to emotional distress associated with them, while Adler understood complexes in social terms of 'striving for superiority', hence power. What was fundamental in Freud's theory, the Oedipus complex, for Jung becomes only 'an expression of an underlying archetype, in contrast to Freud's view that it reflected a developmental conflict',¹²¹ while Adler turns to the desire to 'master over oneself'¹²² and acquire power in order to explain motivation and potential conflict within the personality.

¹¹⁷ Glassman and Hadad, op. cit., pp. 264-265

¹¹⁸ Meeks notes that during this process a person changes attitudes toward oneself, others and the world around. Cf. Meeks, op. cit., p. 195-197

¹¹⁹ Ibid.

¹²⁰ Complexes are the 'psychic fragments which have split off owing to traumatic influences or certain incompatible tendencies' Jung, C. G. 'Psychological factors determining human behavior' in: *The structure and dynamics of the psyche*, CWCGJ, v. 8, (Princeton: Princeton University Press, 1968), p. 121

¹²¹ Glassman and Hadad, op. cit., p. 264

¹²² Orgler (1976) in: Ibid, p. 267. This different perspective upon the Oedipus complex was one of the main sources of disagreement between Freud and Adler as well.

1.3 Adler's Main Themes

If Freud and Jung had obvious developments of the unconscious dimension of the psyche, for Adler this was not so important,¹²³ at least not enough so as to devote his attention to it. Nevertheless, as Jung¹²⁴ notices Adler was indirectly engaged in dealing with the *shadow-side* of individuals, meaning that an important part of his work was developed in the realm of the *personal unconscious* psyche.

If Freud *branded* the Oedipus complex, Adler might be considered *the father of the inferiority complex*, 'a most popular complex' as Hadfield fairly points out.¹²⁵ For him the individual evolves along a lifespan from an innate inferior feeling that initially is felt as organic inferiority¹²⁶ towards an attitude of self-importance identified as a *superiority feeling* which is in fact a compensation of the first one. Adler's anthropological perspective is goal-focused and teleological.¹²⁷ He sees people moving toward a goal, having ideals that actually bring organization to one's personality functioning. The optimistic perspective upon humans and the focus on man's striving for superiority which he also calls 'striving for perfection' or 'the great upward striving' is 'common to all men',¹²⁸ as is the inferiority feeling universal for mankind. On the other hand humans do have fundamental needs to belong and achieve. Adler's ideas will find their way in the humanistic paradigm in psychology as we will show later on.¹²⁹

¹²³ '...in contrast to both Freud and Jung, Adler makes no call upon any "unconscious" to explain the phenomena; it is all plain sailing.' Cf. Hadfield, J. A., *Introduction to psychotherapy. Its History and Modern Schools*, (London: George Allen and Unwin Ltd., 1967), p. 213; and Glassman and Hadad, op. cit., p. 267

¹²⁴ Jung, apud: Storr, op. cit., pp. 58-59

¹²⁵ According to Hadfield, the reason for its popularity is that 'when people say that they have an inferiority complex it signifies that they are really much finer fellows than they think they are – a back-handed compliment' in: Hadfield, op. cit., p. 213

¹²⁶ Adler considers that the origin of this inferiority feeling is always physical inferiority. Other professionals, as Hadfield, will challenge this perspective identifying as a cause rather the feeling of being unwanted than organic inferiority. Hadfield's observations put him in direct contact with Bowlby's well known theory of attachment. For Hadfield, 'the organic inferiority is not the cause of the inferiority complex, it is the object on to which the inferiority is placed; it is the explanation the child gives itself as to why it is apparently unloved and unwanted' in: Hadfield, pp. 213- 218

¹²⁷ 'In each mind there is the conception of a goal or ideal to get beyond the present state [of inferiority] and to overcome the present deficiencies and difficulties by postulating a concrete aim for the future ... Without the sense of a goal individual activity would cease to have any meaning', Adler, A., *The science of living*, (New York: Anchor Books, 1969), p. 2

¹²⁸ Adler, A., *What life should mean to you*, (New York: Capricorn Books, 2nd ed., 1958), p. 68

¹²⁹ Also they influenced some other psychoanalysts as Erich Fromm and Karen Horney; Cf. Glassman and Hadad, op. cit., p. 267

2. Practice

2.1 The Cure Through Psychodynamic Therapy¹³⁰

Cure is conceptualized differently depending on the various views on man that these theories presuppose. Thus, for Freud cure primarily involves the annihilation of defence mechanisms and freeing of the repressed unconscious feelings; for Jung it requires both resolving complex information and clarifying archetypal information,¹³¹ while for Adler it is to identify and analyze the individual's lifestyle, and then operate changes so as to reduce the feeling of inferiority, develop a social interest and correct faults in thinking.¹³² The methods used by these three theorists vary a little, also in terms of emphasis, but nevertheless they all aim and have as common ground *the target of making the unconscious conscious*.

Cure through Freudian and Jungian analysis is a rather lengthy process which includes a few sessions per week. If Freud's method positioned the client on the couch and with the therapist sitting behind, Jung's method implies that the client and the therapist sit and face each other. In a meta-analysis of psychodynamic treatments, including Freudian, Jungian and Adlerian methods, seven factors have been identified which represent the steps followed by a classical cure as well as evidence for it: '1) the quality of the therapeutic alliance; 2) the correctness of the transference formulations; 3) the accuracy of the interpretations; 4) the quality of self-understanding; 5) the changes in the transference pattern; 6) the degree of the internalization of the gains; and 7) the level of mental health.'¹³³ Jungian treatment emphasizes catharsis and emotional cleansing,

¹³⁰ As previously mentioned, we use the term psychodynamic to cover all psychotherapies that deal with the unconscious and follow an analytic pattern, while the term psychoanalysis is restricted to Freud's method and his direct dissenters.

¹³¹ In order to reach wholeness, the integration of the personal unconscious needs to be done first. Without it "the material from the collective unconscious cannot be heeded, accepted, and integrated", in Meeks, op. cit., p. 193

¹³² This last aspect brings the Adlerian theory close to the cognitive one, as will be discussed later on this chapter. And as is the case with many therapies it takes the aspect of an educational process at the same time. Dreikurs, a student and close colleague of Adler who embraced his theory, clarifies this issue in saying that: 'We do not attempt primarily to change behavior patterns or remove symptoms. If a patient improves his behavior because he finds it profitable at the time, without changing his basic premises, then we do not consider that as a therapeutic success. We are trying to change goals, concepts, and notions', in: Dreikurs, R., 'Psychodynamic diagnosis in psychiatry', *American Journal of Psychiatry*, 119, (1963), p. 1046

¹³³ Luborsky, L., 'Theories of cure in psychoanalytic psychotherapies and the evidence for them' in: *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals*, vol. 16, issue 2, 1996, p. 257; The importance of the accuracy of interpretations in producing a good outcome of the cure is reported by this research as well: Fonagy, Peter, 'The Outcome of Psychoanalysis. The Hope for the Future', in: *The Psychologist*, vol. 13, no. 12, December 2000, p. 621; An empirical follow-up study focused exclusively on the effectiveness of Jungian Analysis was recently done by some German researches and resulted in including the long-terms therapies on the list of the treatments that are health-insurance covered: Keller, W.; Westhoff, G.; Dilg, R.; Rohner, R.; Studt, H.H., 2006, accessed online here: <http://www.uni-saarland.de/fak5/krause/ulm97/keller.htm>

elucidation of the content of the personal and collective unconscious, education and transformation,¹³⁴ while the Adlerian cure focused more on the quality of the therapeutic alliance and change of faulty thinking and conditioned responses.¹³⁵

Beyond their emphasis concerning the methods used, all these therapies have in common the fact that they have been termed as *talking cures*.¹³⁶ So, they are therapies that use *the word* as their main *medicine*. Freud himself has pointed out that this type of healing is not new:

‘Let me remind you that psychotherapy is in no way a modern method of treatment. On the contrary, it is the most ancient form of therapy in medicine ... There are many ways and means of practising psychotherapy. All that lead to recovery are good. I despise none of these methods and would use them all in appropriate circumstances’.¹³⁷

As such, for Freud anything that leads to healing can be included in this method of *healing through words*, and this explains the massive proliferation of various directions and methods in psychotherapy in the previous and current centuries. In the classical psychoanalytic cure the repressed forbidden urges and drives become conscious and therefore force the ego to reorganize at a superior, optimal level. In order to escape anguish, the ego might deny reality or even seek refuge in the realm of phantasm to protect itself. This will affect the ego’s contact with reality and the finality may be an open gate to delirium, neurosis or psychosis. A *strong ego implies efficient defence measures*, which *presuppose equally limiting the anguish to an acceptable level and partially satisfying the drives*. Becoming aware of one’s defence mechanisms allows for reducing anxiety through the patient’s better understanding of himself/herself on the one hand, and open the way to personal change in order to reduce relapse on the other. All these processes are mediated through linguistic means, i.e. by word.

Within the psychodynamic spectrum the perspective upon illness is varied. As shown above for Freud the source of neurosis is anxiety of the ego due to the dangers of unconscious material entering the conscious mind, hence the treatment would be a way of assisting the patient in acknowledging this material, defeating his self’s defences and thus the psyche would regain

¹³⁴ Cf. Seligman, L., *Systems, Strategies and Skills of Counseling and Psychotherapy*, (NJ: Prentice Hall, 2001), pp. 109-110.

¹³⁵ Cf. *Ibid.*, p. 83

¹³⁶ The name of this therapy was given by one of Freud’s first patients as he notes: ‘The patient herself, who at this time of her illness strangely enough understood and spoke only English, gave this new kind of treatment the name “talking cure,” or jokingly designated it as “chimney sweeping.”’ in: Freud, S., ‘The Origin and Development of Psychoanalysis’, *The American Journal of Psychology*, Vol. 21, No. 2 (Apr., 1910), pp. 181-218; Published by: University of Illinois Press Stable URL: <http://www.jstor.org/stable/1413001> Accessed: 10/06/2009 18:55, p. 184

¹³⁷ Freud, S., ‘On Psychotherapy’, *SECPWSF*, v. 7, (London: Hogarth Press, 1953), pp. 258-59

freedom to engage in more constructive activities.¹³⁸ Jung considered neurotic distress not only in individual terms of a *flight from authentic suffering* but also in terms of a *psychosocial phenomenon* which refers to ‘a sick system of social relationships’.¹³⁹ Adler considers neurosis as a failure of the attempt to process the desire of self-affirmation.¹⁴⁰ Therefore, the adequate treatment would be the change of proposed goals and the style of life in order to reach *interrelatedness and social adjustment*. For both Jung and Adler, healing is a process of integration in order to reach *wholeness*.

Before discussing issues related to the interpretation of transference and therefore *ways of making use of words* in talking cures, we have to mention the methods used in psychoanalysis which primarily include *free association, dream analysis* as well as the analysis of *resistance, regression, faulty acts (parapraxis), and transference* that occur during the therapeutic process. In addition, Jung’s methods also include *word associations* and *active imagination*, while Adler introduced *paradoxical strategies* and focused more on encouragement and a technique named *catching oneself*.¹⁴¹ The latter is a ‘method meant to raise awareness of the symptom, and to stop it immediately after it started or even before’.¹⁴² This technique is designed to help the patient fight unwanted behaviours or symptoms and presupposes a special attention to his inner life.

2.2 The Word in Talking Cures

Both Freud and Jung establish a connection between symptom and dream. The conflict expressed by the symptom is found in the patient’s dreams. Thus, the dream becomes the material that allows for the interpretation of the symptom and by extension helps us to understand the nature of the unconscious. Since its content is disguised, we reach the unconscious in an indirect manner by *interpretation*. As interpretation appears in relation to the analysis of transference and

¹³⁸ As Freud, quoted by Alloy et al., succinctly puts it, “Where id was, there shall ego be.” Alloy, B.L., Jacobson, N.S., Acocelia, J., *Abnormal Psychology. Current Perspectives*, (Boston: McGraw-Hill College, 8th ed., 1999), p. 105

¹³⁹ Jung, C.G., *What is Psychotherapy*, op. cit., p. 24

¹⁴⁰ Ansbacher, H.L., & Ansbacher, R.R., (eds.) *The Individual Psychology of Alfred Adler: A systematic presentation in selections from his writings*, (New York: Harper & Row, 1964), p. 239

¹⁴¹ What Avens underlines next in regard to Jung’s use of methods is as valid for Adler himself as for advocates of other types of therapy, including Freud quoted earlier in this work. Nowadays, even more the methods in psychotherapy are mixed resulting in what is called the eclectic/integrative movement. Avens says: ‘Jung did not feel that he should be bound by any one method or theory. Theories in psychology, according to him, have only a heuristic (guiding) value. He therefore used whatever method seemed appropriate (sometimes Freudian, sometimes Adlerian, sometimes his own) for the particular patient’, in: Avens, Robert, ‘The Image of the Devil in C. G. Jung’s Psychology’ in *Journal of Religion and Health*, Vol. 16, No. 3 (Jul., 1977), pp. 196-222; Published by: Springer Stable URL: <http://www.jstor.org/stable/27505406> Accessed: 25/10/2009 22:54, p. 197

¹⁴² Patterson and Watkins Jr., op. cit., p. 72

resistance we need to define transference and resistance first, in order to analyze the interpretation technique.

*Transference*¹⁴³ is a psychological phenomenon that consists in the patient's repetition of previously experienced feelings and representations in relation to the therapist. Thus, in the course of the psychotherapeutic process the patient sees the analyst as representing an important figure of his past or early childhood, and as a result transfers towards the analyst positive or negative feelings that were initially directed toward the figure from the past.¹⁴⁴ Jung's perspective on transfer is very different from Freud's. He sees in transfer a patient's effort to connect psychologically with the analyst and from this perspective to free the energy that is blocked in the unconscious and which may therefore be used in the healing process.¹⁴⁵ However, in every psychotherapeutic process transference plays a vital role since 'success or failure of the treatment appears to be bound up with it in a very fundamental way'.¹⁴⁶

In order for the transference to take place, the whole therapeutic environment needs to be neutral. In this way the patient's imaginary is projected on to the therapist. The therapist in return needs to adopt a neutral attitude, and function as a *mirror* for the patient's projections. At the same time the therapist needs to pay attention to the *counter transference* reactions which represent the unconscious response of the analyst towards the patient's transference. Often in the psychotherapeutic process, before the transference takes place, the psychological phenomenon called *resistance* occurs and blocks the therapeutic activity. *Resistance*¹⁴⁷ represents the patient's process of opposition to treatment. This becomes a paradoxical phenomenon when the call for help comes from the patient. The way to deal with resistance is to analyze the resistance itself, which precedes the analysis of the content that is defended through this resistance.

Although interpretation applies to dreams, free associations, slips of the tongue, symptoms, etc., the interpretation of transference¹⁴⁸ is considered a key factor in the psychoanalytic cure.¹⁴⁹ It refers to the *verbalization* of the whole range of feelings, thoughts, attitudes, behaviours displayed by the patient in relation to the therapist that actually represent models of behaviour

¹⁴³ Cf. Jung, C.G., *The psychology of the transference*, CWCGJ, v. 16, (Princeton: Princeton University Press, 1966), pp. 163-323; Bennet, op. cit., pp. 36-38; Alloy et al., op. cit., pp. 105-107; Chartier, Jean P., *Introducere în psihanaliza lui Sigmund Freud*, (București: Editua Iri, 1993), pp. 61-70

¹⁴⁴ Cf. Freud, S., 'An outline of Psycho-analysis', SECPWSF, v.23, (London: Hogarth Press, 1937-1939), pp. 174-175

¹⁴⁵ Jung, quoted by Hadfield, says that transference is 'an effort of the patient to establish a psychological rapport with the doctor: only if this fails will it revert to a sexual form', in: Hadfield, op. cit., p. 189

¹⁴⁶ Jung, *Psychology of Transference*, op. cit., p. 164

¹⁴⁷ Cf. Bennet, op. cit., pp. 36-38; Alloy et al., op. cit., pp. 105-107; Chartier, op. cit., pp. 61-70

¹⁴⁸ For Jung, interpretation may take the form of archetypal interpretation as well.

¹⁴⁹ Actually interpretation of transference is a type of analysis of the *projections* that the client puts on to the therapist. Inner contents are expelled outside but this process happens not only with the therapist but might appear in the natural course of life between any two persons that interact at a psychological level.

elaborated in childhood in the family context, and which do not conform to the patient's mature ego, resulting in much of the present maladjusted behaviour. As a result of interpretation the patient gains an *insight* and becomes aware of things that were hidden to conscious understanding. In Adler's therapy the focus of interpretation is different in that it falls on the more positive side of the patient's goals, and more on future plans than past occurrences.

As Chartier pointed out, in the psychic economy it is important to understand that 'the force that feeds the resistance is the same as the one that determined the repression. The very mechanism that plunged painful memories or emotions into oblivion prevents them from regaining consciousness'.¹⁵⁰ In other words, we need to release this psychic force in order to have the necessary energetic strength to restore health and eliminate the psychological blockage.

Either interpretation is mainly applied to transfer, symptoms, dreams, free associations or it takes the form of an educational process meant to lead the individual toward *individuation, or maturation of personality, healthy lifestyle or better adjustment to society, the talking cures make use of interpretation of transference and resistance as one of their main tools, and this reliance on the word in cure brings them close to a Philokalic perspective.*¹⁵¹

B. The Behaviourist Perspective

1. Theory

It has been argued that the new behaviourist approach emerged as a reaction to the introspective analysis method in psychology and the previous focus on the study of mental processes, conscious or unconscious, that dominated the beginning of the last century and which was considered the object of psychology at that time.¹⁵² This new psychotherapeutic approach was to dominate psychology for about 50 years. Precursors of this approach were the American psychologist Edward Lee Thorndike¹⁵³ and the Russian psychologist Ivan Pavlov,¹⁵⁴ but the one

¹⁵⁰ Chartier, op. cit., p. 49

¹⁵¹ The way the word is used in interpretation has a particular importance in patristics as well since 'a word is not merely a word. It is a relation and manifestation of both, the being who speaks it and of his intent in its "spokenness"'. Allan, J.J., *The Ministry of the Church*, Crestwood: St Vladimir's Seminary Press, 1986), p. 157

¹⁵² The main currents of thought were represented by the experimental study of physiological processes represented by Wilhelm Wundt (Germany), the introspective perspective of experience emphasized by William James, and the psychoanalytical perspective promoted by Freud.

¹⁵³ Thorndike, in 1911, proposed *The Law of Effect*, according to which behaviours followed by a reward or reinforcement will be repeated and the ones followed by a negative reinforcement or complete lack of it will be lost.

¹⁵⁴ Pavlov, in 1903, with his famous classical conditional principle showed that if two stimuli are associated they may produce the same reaction.

who established behaviourism's theoretical and practical foundations is John Watson.¹⁵⁵ Behaviour becomes the focus of psychological investigation as it is considered the only one that can be scientifically studied and quantified, predicted and controlled. However, the behaviourist's main philosophy of a *psychology without soul* is to be found in Wilhelm Wundt's laboratories and experimental research developed at Leipzig University, starting with 1879. He is actually considered *the father of scientific psychology* as a result of officially dismissing the soul from psychology: 'The soul can no longer exist in the face of our present day physiological knowledge'.¹⁵⁶

Due to the addition of experiments in psychology even the language used to address human inner realities changes and gets closer to that of natural sciences, i.e. becomes somehow mechanistic. The main behaviourist assumptions are that: psychology should be seen as a science and therefore it should deal with observable behaviours that generate empirical data; the environment plays a decisive role in determining behaviour as opposed to the psychic inner processes; all behaviour is learnt from the environment and this learning process is similar to animals. In contrast with the vague concepts used by introspectionism, behaviourism places a high emphasis on the use of *operational definitions* – that is defining various concepts in terms of observable events – which may be used to describe human experience in terms of *stimuli and responses*. A specific characteristic of behaviourism is *parsimony* – 'seeking the simplest possible explanation for any event'.¹⁵⁷

Key concepts of behaviourism comprise *the stimulus-response (S-R) equation, classical and operant conditioning, and notions of reinforcement and punishment*. The method used to analyze behaviour is the lab experiment which gives the possibility of manipulating the independent variable in order to study the dependent variable. *Stimulus* is a measurable change in environment – any object, fact, event or situation that may have an impact on behaviour, while *response* is a measurable change in behaviour – any reaction to a stimulus whether environmental or mental. The behaviourist theory excludes thoughts, feelings and other mental occurrences, and genetic factors as well; that is everything that cannot be studied objectively, in observable terms.

Watson took Pavlov's idea of conditioning¹⁵⁸ further and applied it to humans. According to him humans are born *tabula rasa* and the behaviour is simply learnt from the environment through a

¹⁵⁵ In 1913, Watson published the article *Psychology as the Behaviorist views it*, which was considered the starting point of this psychotherapeutic approach. Watson, J.B., 'Psychology as the Behaviorist views it', in *Psychological Review*, 20, (1913), pp. 158-177

¹⁵⁶ Wundt, Wilhelm, *Introduction to Psychology*, (New York: MacMillan Company, 1912), p. 192

¹⁵⁷ Glassman and Hadad, op. cit., p. 111

¹⁵⁸ An unconditioned stimulus – UCS (i.e. reflex – a connection between stimulus-response that does not require learning – is a natural given, such as with Pavlov's dog salivation) generates an unconditioned response (UCR). If the UCS (food) is associated with a neutral stimulus – NS (bell, lab assistant in Pavlov's experiment) will result in a

process of conditioning. In a famous and controversial experiment due to its ethical implications, Watson and Rayner (1920) conditioned Little Albert, an 18-month-old toddler, to develop a fear response to rats, by associating the rat – NS with a strong noise – UCS. They conducted their research following the classical conditioning scheme: Noise (UCS) – Anxiety (UCR); Noise (UCS) + Rat (NS) – Anxiety (UCR); Rat (CS) – Anxiety (CR).¹⁵⁹

Opposed to the concept of conditioning is *the concept of extinction* – which suggests that what can be learned can also be unlearned, and that a conditional response is not necessarily permanent.¹⁶⁰ As some research indicates,¹⁶¹ extinction is likely to appear in humans in some basic behaviours involving muscle responses like withdrawing from a hot surface, but not in complex behaviours which involve fear responses or other responses of the automatic nervous system and which are very hard to extinguish. Using Pavlov's extinction procedure, Watson and Rayner tried to eliminate the conditioned fear response associated with rats in Little Albert's case by presenting the rat for a period of three weeks without associating it with the gong's noise. Contrary to their expectation the fear did not extinguish.

In the context of this behavioural approach to the human being, Skinner developed the concept of *operant conditioning*. He argues that all behaviour is modelled by complex reinforcement patterns from the environment. In his view, humans and animals *actively engage with their environment*, as opposed to the Watsonian emphasis on classical conditioning where they are more passive in waiting for the environment to produce stimuli to which they may respond. The novelty introduced by Skinner's is that the *human being is determined by the consequences of his past behaviour*. If from a Watsonian perspective the behaviour is triggered by *external stimuli*, starting with Skinner the behaviour may be elicited by *internal stimuli* as well, as a result of past internalized experiences. Thus, operant conditioning is a type of learning where future behaviour is determined by the consequences of past behaviour.

According to Skinner the past behaviour may influence future behaviour depending on three types of consequences: if it had no consequence, the probability of that behaviour's occurring in the future is neutral; if the consequence is found pleasant, then the behaviour is likely to be repeated in the future – this was called *positive reinforcement*; if the consequence is negative,

UCR. In time, by repeatedly associating the NS and UCS a new connection is learnt and the response that used to be unconditioned becomes a conditioned one. In Pavlov's experiment salivation is a UCR when it is triggered by the presence of food, because this is an unconditioned reflex, and is a CR when triggered by the bell or the lab assistant because this is a conditioned reflex.

¹⁵⁹ For a detailed description of the experiment see: Glassman and Hadad, op. cit., pp. 125-6. As we shall see in the chapter concerning anxiety, this is the way behaviourists explain the development of phobias as well.

¹⁶⁰ Pavlov demonstrated that by continuing to ring the bell (CS) without bringing the food (UCS), salivating (CR) became weaker and weaker until it disappeared completely. In this way, something that had been learned can be unlearned through weakening the connection that was initially established between two stimuli.

¹⁶¹ Cf. Grant, B.F., Dawson, D.A., Stinson, F.S. *et al.* (2006) 'Trends in DSM-IV alcohol abuse and dependence: United States, 1991-1992 and 2001-2002', *Alcohol Research & Health*, 29(2), pp. 79-91

then it acts as a *punishment* and makes that specific behaviour unlikely to appear in the future. By extrapolation, learning occurs through the manipulation of positive reinforcements and punishments. Newer behaviourist approaches acknowledge that although the two types of conditioning – reflex and operant – were developed independently of each other by different researchers, they are interconnected and in real-life situations both processes can occur simultaneously.¹⁶² Hence, the complexity of human behaviour, and the necessity of precise criteria to distinguish between its various driving sources and mechanisms.

2. Practice

The behavioural therapeutic approach emerged from the above behavioural principles of classic and operant conditioning. All behaviour is learnt and therefore abnormal behaviour is seen as the result of faulty learning. In order to be cured the individual needs to learn the ‘correct’ behaviour. The behavioural therapy, applying the principle of ‘here and now’, focuses on present behaviour which the patient finds problematic as opposed to the psychodynamic therapy that focuses on identifying and uncovering unconscious conflicts from childhood. The therapist sees the patient as standing at the intersection between genetic inheritance and learning that occurred through interaction between the individual and environmental stimuli. These result in maladaptive thoughts, feelings, attitudes and verbal behaviour.

Conventionally, the psychotherapeutic process starts with *behaviour analysis*,¹⁶³ in other words a behavioural anamnesis. The focus is on indentifying the current stimulus–response relationship. Based on the disruptive behaviours identified the therapist designs a programme meant to help the patient unlearn the faulty responses and, if appropriate, learn more adaptive ones. It is explained to the patient how psychotherapy works, how the conditioned responses were learnt somewhere in the past and how the very same behavioural responses can be modified using the techniques of behavioural therapy.

According to Bennet, behaviour therapy differs from psychoanalytic therapies in the following regards: it is *directive*, the therapist is actively involved in the therapeutic process, using methods based on learning principles; *the goal of therapy is different* in that it intends to change behaviour rather than reconstruct personality; the therapy *is shorter* than other forms; the *interventions are symptom–specific*, closer to the medical model of intervention than the psychoanalytic catharsis or insight.¹⁶⁴

¹⁶² Cf. Glassman and Hadad, op. cit., pp. 149-150

¹⁶³ ‘Behavior analysis is the process of gathering and sifting information for use in the conduct of behavior therapy’, Wolpe, J., *The Practice of Behavior Therapy*, (New York: Pergamon, 4th ed., 1990), p. 59

¹⁶⁴ Cf. Bennet, op. cit., p. 41

2.1 Behavioural Techniques

Behavioural techniques are derived from the *classical conditioning* principle and involve: *systematic desensitization, aversion therapy, implosion therapy and flooding*. *Operant conditioning* techniques are related to what is commonly known in therapy as *behaviour modification, behaviour shaping and token economy*. *Systematic desensitization* is the treatment of choice for phobias and various anxiety-inducing behaviours. It aims at replacing the patient's anxiety response with a relaxation one, by increasingly exposing the patient to a hierarchy of stimuli from the less anxiety-evoking one to the anxiety-evoking stimulus itself. During the process, the patient goes to the next stage of the stimulus hierarchy only after succeeding to be fully relaxed in the presence of the previous stimulus. This method requires the training of the patient in relaxation techniques according to Jacobson¹⁶⁵ and involves the use of imagination, since when is impossible to be confronted with the actual situation (as is the case with social phobias) the patient has to imagine being in those situations, following that life itself will offer opportunities to see if the therapy is successful or not. Thus, the exposure can be done *in vitro* or *in vivo*, depending on the phobic stimulus. However, studies have emphasized that the important factor in curing the phobia is the exposure to the feared object or situation by breaking *the avoidance cycle* created and reinforced in any phobia. This technique is considered one of the most effective in treating phobias, has a success rate of 60-70% and the initial improvements may disappear in time.¹⁶⁶

Aversion therapy is used to induce an aversive response to stimuli which are associated with existing undesirable behaviours. It has been used in trying to treat alcoholic addiction, by associating a nausea-producing drug or a small electric shock with the undesired behaviour of drinking. As a result of this stimulus association, the patient is provoked to vomit. This supposedly helps the patient avoid drinking in the future. However, this method raises serious ethical and effectiveness problems, with the rates of relapse reportedly very high.¹⁶⁷

Implosion therapy and flooding involve the patient's facing the worst possible fear-producing situation, in imagination only in the former and in actuality in the latter. In contrast with systematic desensitization which presupposes a gradual exposure to the stimuli, these techniques are more radical and less time-consuming. If successful, the patient might be cured of a phobia in one hour.¹⁶⁸ The advantage of this method is that the patient learns that there are no objective

¹⁶⁵ Cf. Jacobson, E., *Progressive relaxation* (Chicago: University of Chicago Press, 1938)

¹⁶⁶ Choy, Y., Fryer, A.J. and Lipsitz, J.D., 'Treatment of specific phobia in adults', *Clinical Psychology Review*, 27, (2007), pp. 266-86

¹⁶⁷ Cf. Bennet, p. 42

¹⁶⁸ Sometimes this kind of cure comes about by the natural course of life and even quicker, in seconds. In my professional experience I have met someone whose main fear was to be considered 'stupid'. One day, a person very

bases for his/her fear by accepting to confront it openly. Ethical problems are associated as well, in regard to suffering from therapy.

Derived from operant conditioning, the *behaviour modification method* is largely used in educational and clinical psychology contexts. It reinforces desired behaviours and ignores or punishes undesired ones. This technique raises problems in choosing reinforcers since people can potentially respond to a wide range of such stimuli. Similar to behaviour modification is the *behaviour-shaping* technique successfully used in working with autistic children in order to maintain a desired behaviour. Another operant application has been used in institutions (for example, schools and hospitals) within programmes called *token economies*, where conditioned reinforcers are offered to strengthen specific behaviours. Tokens are offered in exchange for a desired behaviour and can later be transformed into something that the individual wants. Tokens behave as a secondary reinforcement for the primary reinforcements which are in fact desired. It may also be used to extinguish undesired behaviours by taking away the earned tokens to punish undesired behaviour. It was reported that token economies are uncommon and inefficient in treating mental disorders, although they might contribute to alleviating some disruptive behaviours associated with mental disorders, such as aggressiveness, inadequate social interaction and use of bad language.¹⁶⁹

We conclude this section by noting that within the behaviourist approach various theorists hold positions that may vary in some degrees but fundamentally assert the same thing: behaviour is the new foundational object of psychology; this allows psychology to behave and be considered a natural science, a belief that legitimates the study of animal behaviour and compare it with human behaviour; the emphasis on the environment as causation of behaviour and consequently dismissing mental processes.¹⁷⁰ Behaviourism was criticized for being *deterministic, reductionist and lacking in ecological validity* due to the intense use of experimental methods.¹⁷¹ As a result,

close to the client told him directly ‘You are stupid!’ Being ‘forced’ to face his fear in this way, the client reported that on that very moment the fear he had had all his life and conditioned his choices just disappeared and never returned.

¹⁶⁹ For more details concerning behaviourist methods see: Patterson and Watkins Jr., op. cit., pp. 168-175; Glassman and Hadad, op. cit., pp. 420-425; Bennet, op. cit., pp. 40-44. For an informed critique concerning the inefficiency of the reward-punishment technique whose results are said to be only temporary and undermining a solid inner healthy development see: Kohn, Alfie, *Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A’s praise, and other bribes*, (New York: Houghton Mifflin Company, 1999)

¹⁷⁰ Sharf, R., *Theories of Psychotherapy and Counseling*, (Belmont: Cengage, 5th ed. 2012), p. 656; Corey, G., *Theory and Practice of Counseling and Psychotherapy*, (Belmont: Thomson Brooks/Cole, 8th ed., 2009), pp. 264-65; Craighead, Eduard W., Nemeroff, Charles B. (eds.), *The Concise Corsini Encyclopedia of Psychology and Behavioral Science*, (New Jersey: John Wiley & Sons, 3rd ed., 2004), pp. 113-116

¹⁷¹ Pavlovian-inspired and behaviourist methods were used not only in order to improve psychological health as showed above, but also with the destructive aim of reshaping behaviour following a political agenda as it happened in East-European countries under the communist regimes. In Romania, the highest peak of this ‘re-education’ process is known as the ‘Pitești Phenomena’ and was conducted in Pitești prison, where the elite of students and

what was reported to be the *weaknesses* of this approach will determine a new paradigmatic shift in psychology.

C. The Cognitive Perspective

1. Theory

The origins of the cognitive approach to psychology are traced back to the work of the German researcher Wolfgang Kohler and the American behaviourist E.C. Tolman. Kohler as a result of his research on animals concluded that they could show *behaviour which was insightful*¹⁷² and Tolman¹⁷³ introduced the concept of *cognitive maps* that described the relationships among stimuli that are the basis of learning, thus *replacing the behaviourist term of associations* between stimuli.

Cognitive psychology is known for making use of the *computer paradigm or metaphor*, which sees the human mind in terms of *input–process manipulation – and output*. If behaviourists were not interested in what happens between stimuli and response, cognitivists focused on the mediating processes,¹⁷⁴ i.e. cognitions, which occur inside the Skinnerian *black box* and

young intellectuals was imprisoned. A great amount of documents written by survivors of Pitesti Experiment stand as proof of the methods used: Cf. Bordeianu, D., *Mărturisiri din mlaștina disperării. (Cele văzute trăiteși suferite la Pitești și Gherla)*, vol I, II, editia a II-a, îngrijită de prof. Marcel Petrisor, (București: Gama, 1995); Bacu, D., *Pitești. Centru de reeducare studențească*, (Hamilton : Cuvântul Românesc, 1989); Ianolide, I., *Întoarcerea la Hristos. Document pentru o lume nouă*, editie îngrijită la Mănăstirea Diaconești, cu un cuvânt înainte de Parintele Gheorghe Calciu-Dumitreasa, (București: Christiana, 2006). The official website of the experiment offers some resources in English: <http://www.thegenocideofthesouls.org/public/english/the-last-witnesses/>

¹⁷² Kohler, Wolfgang, *The Mentality of Apes*, (New York: Harcourt, Brace and World, 1925). Kohler rejected behaviourism and developed an approach called Gestalt psychology. His studies on the ape called Sultan made Kohler draw the conclusion that the process of learning may be seen in terms of *problem solving as an active process of insight* rather than the behaviourist scheme of trial and error. This is based on the fact that the ape tried to resolve the task by learning to reach the banana with the help of a longer stick found outside the cage using the shorter stick which it had. So, it introduced a new element which was not previously given in trying to solve the task, an element which was considered *insightful*, that is, having to do with a cognitive process.

¹⁷³ Tolman E.C., *Purposive Behavior in animals and Man*, (New York: Appleton-Century-Crofts, 1932). Tolman considered himself a behaviourist but the research he developed could not be described in the traditional framework of behaviourism. As a result he had to develop new concepts ('hypotheses' and 'cognitive maps') emphasizing the existence of some cognitive factors in the process of learning. 'Tolman demonstrated that animals may learn the pattern of a maze, forming a *cognitive map*, and yet not perform correctly until a reward is given. This *latent learning being unobservable as it occurred, suggested that learning is distinct from the performance of a behavior*'. Glassman and Hadad, op. cit., p. 166.

¹⁷⁴ 'The biological approach also deals with mediational processes, but they are defined *physiologically*, not conceptually – for example, looking at how the visual cortex is involved in perception'. Ibid., p. 165

determine our behaviour. Cognitive psychologists try to make sense of what happens within *the black box* by comparing the information at its input and the behaviour it produces – i.e. output. In this way *the black box* is able to translate input into output and allows predictions to be made regarding behaviour even without completely understanding what is happening inside it. Presumably, the mind organizes past experiences in a *schema* which is then matched against the *new sensory input*. What is missing from this match is going to be completed in the input according to the *fill-in-the-blanks* principle and thus get a meaning out of it. In order to decrypt a certain input one needs to have the appropriate *schema*. In time, the aims of the cognitive approach have broadened, making space for the study of traditional *irrational* aspects of behaviour such as emotions, which will become the focus of the cognitive psychotherapeutic paradigm.

Cognitive behaviour therapy (CBT)¹⁷⁵, with its focus on cognition, has become the treatment of choice for a variety of psychological problems such as *traditional* depression and anxiety,¹⁷⁶ but also for more complex conditions such as borderline personality, paranoid delusional disorder or even substance abuse. Professor Stephen Palmer emphasizes its importance in the United Kingdom by pointing out that this short-term evidence-based therapy enjoys large governmental financial support in the public health system.¹⁷⁷

Although the ground for the emergence of this paradigmatic shift was especially prepared by the behaviourist conceptual framework, historically, as shown by its proponents, the cognitive movement includes a variety of sources. Albert Ellis was the first to develop a thinking-focused therapy,¹⁷⁸ named rational-emotive therapy (RET), followed by Aaron Beck, another major

¹⁷⁵ What initially was a focus on the mediating or thinking processes, by naturally incorporating behavioural techniques became in time known as cognitive behaviour therapy.

¹⁷⁶ In a study from 2006, Andrew Butler, Jason Chapman, and co-workers, while investigating 332 studies with 9.995 subjects drew the conclusion that cognitive therapy ‘is highly effective for adult uni-polar depression, generalized anxiety disorder, panic disorder with or without agoraphobia, social phobia, PTSD, childhood depressive and anxiety disorder.’ In: Butler, Andrew and Chapman, Jason, ‘The Empirical Status of Cognitive Behavioral Therapy: A review of Meta-analysis’, *Clinical Psychology Review* 26, 2006, p. 28

¹⁷⁷ ‘They are evidence based and, therefore, are underpinned by much research. In the United Kingdom the National Institute for Health and Clinical Excellence (NICE) has recommended cognitive behavioural therapies for depression and anxiety related disorders such as panic attacks, obsessive-compulsive behaviour, body dysmorphic disorder, and post traumatic stress disorder (e.g., NICE, 2004, 2005, 2006, 2009) ... In the UK, the government funded cognitive-behavioural therapy training as part of the Improving Access to Psychological Therapies (IAPT) programme’. Palmer, Stephen, Foreword in: Robertson, Donald, *The Philosophy of Cognitive Behavioural Therapy: Stoic Philosophy as Rational and Cognitive Therapy*, (London: Karnak, 2010), p. xi

¹⁷⁸ In his own words: ‘So, I became the first major cognitive-behavioral therapist by actively practicing RET, by doing a pioneering outcome study of it’. Ellis, A., ‘The History of cognition in psychotherapy’ in *Comprehensive handbook of cognitive therapy*, eds. Arthur M. Freeman, Karen M. Simon, Larry E. Beutler and Hal Arkowitz, (New York: Plenum Press, 1989), p. 8

thinker who contributed greatly to this approach. As is the case with psychoanalysis, RET developed from the practical need to deal in a satisfactory way with psychopathology.¹⁷⁹

In developing RET, Ellis claims to have been influenced by two major sources: ‘the early history (and effectiveness over centuries) of philosophical cognitive therapy and the recent history (and, again, effectiveness) of behavioral therapy’.¹⁸⁰ If the major source of inspiration for Ellis’s therapy was the Greek Stoic Philosophy,¹⁸¹ for Beck the more important were the more recent accumulations in the field such as ‘Freud’s conceptualization of cognitions being hierarchically arranged into primary and secondary processes’.¹⁸²

Given that this orientation has experienced incredible growth since the 70s, regardless of who the proposer of the form of cognitive therapy is, they all share a number of similarities which constitute its fundamental anthropological presuppositions. Professor Keith Dobson underlines the main *philosophical foundation* that represents the background of all currents within cognitive-behavioural therapy paradigm:

1. ‘Cognitive activity affects behavior.
2. Cognitive activity may be monitored and altered
3. Desired behavior change may be affected through cognitive change’.¹⁸³

1.1 Ellis’s Main Themes

Ellis developed his Rational-Emotive Therapy as a direct result of identifying during the analytic sessions the presence in his patients’ minds of something which he called *irrational beliefs*. According to him, psychological problems appear as a result of *what people think about an event and not because of the event itself*. In order to make sense of what he saw in his clinical practice he developed the well-known ABC system in which ‘A is the activating experience; B, the

¹⁷⁹ Both Ellis and Beck were first trained as psychoanalysts but in time due to dissatisfaction and limitations of these theories in solving patients’ problems they would develop their own systems. First Ellis, and about ten years later he was followed by Aaron Beck.

¹⁸⁰ Ellis, op. cit., p. 9

¹⁸¹ By this he specifically refers to Stoic Greek Philosophy whose relations with the cognitive paradigm are extensively discussed in: Robertson, op. cit.

¹⁸² ‘Primary-process thinking is analogous to the rigid, primitive cognitive processing that goes on during psychological distress. Secondary-process thinking, with its greater flexibility and finer discrimination, is what cognitive therapy regards as the “normal” coding system’. Cf. Beck, A., Weishaar, M., ‘Cognitive Therapy’, in *Comprehensive handbook of cognitive therapy*, eds. Arthur M. Freeman, Karen M. Simon, Larry E. Beutler and Hal Arkowitz, (New York: Plenum Press, 1989), p. 21

¹⁸³ Dobson, K., Dozois, D., ‘Historical and philosophical basis of cognitive-behavioral therapy’ in K. Dobson (ed.), *Handbook of cognitive-behavioral therapies* (New York: Guilford, 2001), p. 4

beliefs or thoughts that irrationally follow; and C, the consequences for the person, both emotional and behavioral'.¹⁸⁴ Thus if the belief system of one is rational the consequences will be rational too, while irrational beliefs will result in irrational consequences and abnormal behaviour. One major contribution to the field of cognition is Ellis's list of some *core irrational ideas*, believed to 'inevitably lead to widespread neuroses'.¹⁸⁵ From these eleven initial beliefs he extracted a few of them considered more general:

'I MUST be competent, adequate, and achieving, and I MUST win approval of virtually all the significant people in my life... Others MUST treat me kindly, fairly, and properly when I want them to do so. It is *terrible* when they don't. ... I need and MUST have the things I really want. I MUST gratify my desires easily and immediately, without having to deal with too many difficulties or hassles. It is *horrible* when conditions are not this way'.¹⁸⁶

In direct relation to faulty thinking he also emphasizes the negative influence of such sentences that contain absolute words as 'ought to, should and must'¹⁸⁷ in peoples' lives.

1.2 Beck's Main Themes

In a very similar way Beck introduced the concept of *cognitive distortions* to explain that individual psychopathology is the result of various existing patterns of distorted thinking. The *negative triad* found in depression made up of destructive thoughts in relation to one's self, the present state or the future is such an example.¹⁸⁸ His cognitive therapy has been defined as 'a system of therapy that attempts to reduce excessive emotional reactions and self-defeating behavior by modifying the faulty or erroneous thinking and maladaptive beliefs that underlie these reactions'.¹⁸⁹ In his opinion these cognitive distortions are also automatic; they appear

¹⁸⁴ Alloy, et al., op. cit., p. 110

¹⁸⁵ Ellis, A., *Reason and emotion in psychotherapy*, (Secaucus, NJ: Citadel Press, 1962), p. 61

¹⁸⁶ Ellis, A., 'Rational-emotive therapy' in *Theoretical and empirical foundations of rational-emotive therapy*, A. Ellis & J.M. Whiteley (eds.), (Monterey: Brooks, Cole, 1979), pp. 3-4

¹⁸⁷ Cf. Patterson and Watkins Jr., op. cit., p. 201

¹⁸⁸ Cf. Alloy, et al., op. cit., p. 110

¹⁸⁹ Beck, A.T., et al., *Cognitive Therapy of Substance Abuse*, (New York: The Guildford Press, 1993), p. 27

somehow involuntary, are ‘typically private or unspoken’,¹⁹⁰ behave autonomously and do not result from a deliberative process of thinking.¹⁹¹ In his own words:

‘Internal signals in a linguistic or visual form [e.g., automatic thoughts] play a significant role in behavior. The way a person instructs himself, praises and criticizes himself, interprets events, and makes predictions not only illuminates normal behavior, but sheds light on the inner workings of emotional disorders’.¹⁹²

He talks about cognition at two levels: *surface cognitions* that are easily accessible to our awareness and the *deeper layer of unconscious beliefs* that are organized in cognitive schemata and have an influence upon the former. Mutual relationships exist between thoughts and emotions, physiological arousal and behaviour. If thoughts have an impact on the latter, so does behaviour upon the others.¹⁹³ However, beyond the minor distinctions or terms used Beck also emphasizes the strong link that exists between thoughts and the emotional responses they generate. In addition to Ellis’s *irrational beliefs*, Beck also notes some more thoughts generally met in people’s thinking that may produce illness which he names *cognitive errors*. They may appear as *overgeneralization, magnification, dichotomous thinking or selective abstractions*.

1.3 Meichenbaum’s Main Themes

Donald Herbert Meichenbaum is another major theorist assimilated into the cognitive-behavioural paradigm. He is well known for bridging what before him used to be two separate areas of theoretical analysis and practical intervention: behaviourism and cognitivism.¹⁹⁴ The outcome of his research is a new approach to therapy called *cognitive-behaviour modification*. Through his work with schizophrenics¹⁹⁵ and later with aggressive children he discovered the

¹⁹⁰ Wright, J.H., Iasco, M.R., Thase, M.E., *Learning Cognitive-behavior Therapy: An Illustrated Guide*, (Arlington: American Psychiatric Publishing, 2006), p. 7

¹⁹¹ We think that there is an evident connection between these thoughts that behave autonomously and escape conscious control and the unconscious thinking manifested by the self-defence mechanisms or archetypal information in Jungian terms.

¹⁹² Beck, A. T., *Cognitive therapy and the emotional disorders* (New York: International Universities Press, 1976), p. 37

¹⁹³ Cf. Bennet, op. cit., p. 45

¹⁹⁴ He concluded in the Epilogue of his book what he hoped to have achieved in these words: ‘What were once regarded as substantially different therapy approaches are now being examined for areas of overlap and mutual exchange ... I hope the present book will contribute to this integration’, in: Meichenbaum, D., *Cognitive-Behavior Modification. An Integrative Approach*, (New York: Plenum Press, 1977), Epilogue, p. 261

¹⁹⁵ The patients were instructed to ‘give healthy talk; be coherent and relevant’ in their attempt to communicate with people around, a technique in which Meichenbaum admits he was inspired by Albert Ellis’s directedness methods. Meichenbaum, op. cit., pp. 15-16

importance of *self-talk* in behavioural change. In his research he focused on inner speech or inner dialogue trying to find out if by altering it he could obtain changes in feeling, thinking and behaviour.¹⁹⁶ He draws upon concepts elaborated by other paradigms just to explain that they were constructs used to highlight the same inner reality which he terms as *internal-dialogue*:

‘What constructs best explain what goes on in your head? Attributions, appraisals, interpretations, self-reinforcements, beliefs, defense mechanisms, and many other constructs, all have been offered to explain private conscious events or what I will refer to as “internal dialogue”’.¹⁹⁷

Theorizing on this concept, he quotes Sokolov’s book on *Inner Speech and Thought* written a few years before his own:

‘Inner speech is nothing but speech to oneself, or concealed verbalization, which is instrumental in the logical processing of sensory data, in their realization and comprehension within a definite system of concepts and judgments. The elements of inner speech are found in all our conscious perceptions, actions, and emotional experiences, where they manifest themselves as verbal sets, instructions to oneself, or as verbal interpretation of sensations and perceptions. This renders inner speech a rather important and universal mechanism’.¹⁹⁸

Thus, building on previous research and adding the laboratory results of his own use of self-instructional training with impulsive and hyperactive children, Meichenbaum found out that this category of children does not understand its experience in cognitive – either verbal or imaginal – terms, and they do not internalize rules necessary for the new learning situations. In other words, he discovered and emphasized the importance of *words* in mastering one’s internal world, and that the normal development of the human being depends on their presence/absence, as well as their quality.

2. Practice

2.1 The Cure Through Cognitive Methods

For cognitive theorists the central key to therapy is ‘*interfering*’ in the client’s process of cognitive appraisal that takes place between stimuli and response. The process refers to *evaluating the stimulus* before reacting to one’s memories, beliefs or expectations. Therefore,

¹⁹⁶ ‘A major concern of this book is how best to conceptualize cognitive events and to understand their role in behavior change’. Meichenbaum, op. cit., pp. 11-12

¹⁹⁷ Ibid.

¹⁹⁸ Sokolov, apud: in Meichenbaum, op. cit., p. 12

behaviour is shaped by the quality of these cognitive appraisals and ‘it is this internal mental activity that accounts for the wide differences in individual responses to the same external stimulus’.¹⁹⁹ As such, the cure provided by this paradigm will focus on changing people’s cognitive style on the one hand, and ‘encouraging the individual to engage in some form of behavioral intervention’²⁰⁰ on the other hand, and this is the only way in which changes in cognitive style may be measured and tested. That is why, as shown in the beginning of this section, the cognitive naturally merged with the behaviourist paradigm, without losing its focus on *mediating* processes.

All cognitive therapies are considered *restructuring therapies* due to their direct challenge of irrational beliefs (Ellis), faulty thinking style (Beck) or cognitive structures (Meichenbaum),²⁰¹ structures that may be both positive and negative. As a direct result of his conceptual framework and practice, for Ellis, therapy involves after identification together with the client of his irrational beliefs, ‘confronting and disrupting the irrational beliefs (B) so that the emotional and behavioral consequences (C) will change accordingly’.²⁰² But his therapeutic method involves also a (D) that is Disputation of illogical thinking,²⁰³ challenging the client’s irrational beliefs in a straight and somehow abrupt manner. Briefly, his therapy is intended for the ‘curing of unreason by reason’.²⁰⁴

In Beck’s terms, identifying the ‘dysfunctional schemata’²⁰⁵ is the goal of cognitive therapy. Distorted thoughts patterns are challenged against data provided by evidence and when the client succeeds in accepting the faulty thinking style created by unrealistic interpretations of life events, the therapist *teaches* him the *correct interpretation*. Still, in Beck’s method the focus is on *solving problems* rather than on directly challenging and persuading the client as in Ellis’s method. While Beck develops an accepting, warm and emphatic relationship with the client, Ellis deliberately keeps some distance that, in his opinion, is meant to solve the simple problem that the client is complaining about.²⁰⁶

¹⁹⁹ Alloy, et al., p. 110

²⁰⁰ Bennet, p. 48

²⁰¹ ‘Cognitive structure provides the system of meanings or concepts that gives rise to a particular set of self-statements’, Patterson and Watkins Jr., op. cit., p. 251

²⁰² Alloy, p. 110

²⁰³ Cf. Patterson and Watkins Jr., p. 201

²⁰⁴ Ibid, p. 202

²⁰⁵ Erwin, E., *Philosophy and Psychotherapy Razing the Troubles of the Brain*, (London: Sage Publications, 1997), p. 99

²⁰⁶ He says: ‘I am deliberately not very warm or personal with most of my clients, even those who crave and ask for such warmth, since, as I quickly explain to them, their main problem is usually that they think they need to be loved, when they actually do not; and I am there to teach them that they can get along very well in this world *without* necessarily being approved or loved by others. I therefore refuse to cater to their sick love demands’, in: Ellis, A. *Humanistic Psychotherapy: The Rational-Emotive Approach*, (New York: Julian Press, 1973), p. 155

In order to cure and alleviate suffering Meichenbaum designed the *self-instructional training* which is primarily based on the assumption that ‘the things people say to themselves determine the rest of the things they do’.²⁰⁷ What self-instructional cognitive-behaviour treatment promises to offer is that *language can significantly influence thinking and therefore change behaviour*, while acknowledging that language must be linked to thinking in order to produce behavioural change. This method requires that the client becomes aware of his inadequate behaviours and, by doing this, obtains the *key* that produces the internal dialogue. This internal dialogue initially produced by the client is then ‘fostered by the therapist’s reflections, explanations, interpretations, information giving, and cognitive modeling’²⁰⁸ and then the outcome of this process is practised outside the therapeutic framework.

Meichenbaum speaks about a *process of reconceptualization* through which thoughts, feelings, and behaviours get different meanings. Different schools of therapy may vary in connection to these meanings and not all of them may produce behavioural changes. However, Meichenbaum points out that ‘one of the more essential variables that determines therapy outcome is the degree which a given conceptualization leads to specific behavioral changes that can be transferred to the real-life situation’.²⁰⁹ In other words for the therapeutic process to be considered successful the patient needs to produce changes in both his internal dialogue and behaviour. Summarized in Beck’s own words: ‘The formula for treatment may be stated in simple terms: The therapist helps the patient to identify his warped thinking and to learn more realistic ways to formulate his experiences’.²¹⁰

This new approach to therapy where the therapist is equated to a *teacher* and the client to a *student* represented a new turning point in the modern psychotherapeutic paradigm. This shows that a radical distance from the psychodynamic medical model and behaviourists’ experimental laboratories has been taken. Hence, *explicitly*, Ellis’s cognitive approach to healing aims to reduce irrational thoughts and emotional disturbances, to reduce feelings of anxiety and anger, and to teach clients new thinking styles that are meant to keep anxiety and aggression at low levels. *Implicitly*, it has broader goals such as: developing social- and self-interest, attaining

²⁰⁷ Farber, I.E., apud: Patterson and Watkins Jr., op. cit., p. 250

²⁰⁸ Meichenbaum, op. cit., pp. 218-219

²⁰⁹ Ibid., p. 222. A few pages later he continues his explanation in saying that: ‘For what the client says to himself about his *newly* acquired behaviors and their resultant consequences will influence whether the behavioral change process will be maintained and will generalize... To the extent that the client changes both his behavior and his internal dialogues, to that extent therapy becomes a success. In other words, a person is how he behaves, as well as what he says to himself (including his attributions), which says much more than that a person is only how he behaves’. Ibid., p. 225

²¹⁰ Beck, *Cognitive therapy and the emotional disorders*, op. cit., p. 20

independence and responsibility, the acceptance of uncertainty, acquiring flexibility and scientific thinking, the commitment to something outside of oneself, and self-acceptance.²¹¹

D. The Humanist Perspective

1. Theory

The humanist approach appeared in the 50s as a direct rejection of psychoanalysis and behaviourism that dominated paradigms of the time. Generally referred to as *the third force*²¹² in psychology, this paradigm will bring a completely different view on the human being. The theorists of this paradigm strongly criticized the mainstream psychological schools of the time ‘for proclaiming a diminished model of human nature’ and as a result they openly struggled for ‘a new and better concept of humanity’.²¹³ Compared to previous currents of thoughts in psychology that developed very specific methodologies and techniques of intervention, humanistic psychologists in approaching the human being ‘tend to be more inclusive than exclusive’ since ‘they believe that the other approaches, in their abstract theoretical characterizations of humans, exclude much that is essentially human’.²¹⁴ Therefore, their main recommendations for other approaches would be to broaden their perspectives.

Although arising from the intellectual crucible proposed by psychoanalysis and the fact that main theorists of this perspective were initially in contact with behaviourism, the humanistic paradigm will crystallize by opposing the reductionism and determinism²¹⁵ of these two currents and

²¹¹ According to Ellis in: Ellis, A., ‘The Theory of Rational-Emotive Therapy’ in *Theoretical and Empirical Foundations of Rational-Emotive Therapy*, eds. A. Ellis and J.M. Whiteley, (Monterey: Brooks/Cole, 1979)

²¹² The first two refer to behaviourism and psychoanalysis. Abraham Maslow in his book *Toward a Psychology of Being* was the one to attach this label to the humanist movement, a label that is still in use nowadays, followed by a *fourth force* which is the newly developed transpersonal psychology in: Maslow, A.H., *Toward a Psychology of Being*, (New York: Van Nostrand, 2nd ed., 1968). However, there are recent voices noting that: ‘This was before the emergence of cognitive psychology; otherwise, it likely would have been called the fourth force in psychology, since many humanistic psychologists are as opposed to the cognitive approach as they are to the other two’. Pear, J.J., *A Historical and Contemporary Look at Psychological Systems*, (New Jersey: Lawrence Erlbaum Associates, 2007), p. 155

²¹³ Moss, D., ‘The Roots and Genealogy of Humanistic Psychology’ in *The Handbook of Humanistic Psychology. Leading Edges in Theory, Research and Practice*, eds. Kirk J. Schneider, James F.T. Bugental, J. Fraser, Pierson, (London: Sage Publications, 2001), p. 5

²¹⁴ Pear, op. cit., p. 157

²¹⁵ Some people saw behaviourism too limited because of its main emphasis on the stimulus-reaction equation, ignoring the person as a whole. Others found psychoanalysis rigid and pessimistic in relation to humanity. Determinism is the assumption that all behaviour has a specific cause while reductionism is the attempt to explain behaviour in terms of its component elements, skipping in this way the view of the human being as a whole.

promote a psychology that emphasizes the idea of people being essentially good, free to choose and with an innate drive to strive towards fulfilling their potential. In the words of one major theoretician of this approach, Abraham Maslow: ‘if Freud supplied to us the sick half of psychology, we must now fill it out with the healthy half’.²¹⁶ To him and to humanists at large, this focus on healthy people, in contrast with Freud’s emphasis on pathology, was the proper subject matter for psychology and this idea will guide them in developing theories with a different anthropological perspective in mind.

The humanist paradigm encompasses a few currents of thought which, although they have different emphases, they nevertheless share a few characteristics in common. According to some authors there may be two²¹⁷ or three main assumptions which gather them together under the same umbrella: ‘a phenomenological viewpoint, a belief in the capacity for choice, and an emphasis on meaning’.²¹⁸ Humanists focus on experience and in their opinion this can be studied scientifically. Actually they suggest *a science of human experience* as opposed to the traditional understanding of psychological science similar to naturalistic sciences, so aggressively conveyed by behaviourists. Rogers, one of the main theorists of this approach, suggests as scientific criteria the *intersubjective verification*,²¹⁹ which is the agreement between two observers in relation to an event or observation. Thus, in the humanists’ opinion, psychology should deal with the individual in its unity and wholeness and not with separate aspects of it. While acknowledging these minuses of scientific psychology, Allport declares its desirable target in the following words: ‘if present-day psychology is not fully equal to the task, then we should improve the science until it is’.²²⁰

Furthermore, they have as their main tenet the assumption that people have free will, they choose freely and are not conditioned by past events as psychoanalysis holds, nor are they reacting in ways determined solely by immediate stimuli and the environment as behaviourists state. In the humanists’ view, human beings make choices that cannot be controlled or predicted, based on their subjective perception of a situation rather than being determined by environmental stimuli or unconscious drives.

The emphasis on the meaning of life developed by humanists brings us to the core of the discussion concerning the nature of modern psychological science. Meaning as an important part

²¹⁶ Maslow, op. cit., p. 5

²¹⁷ Bennet identifies two main assumptions: the phenomenological emphasis and the individual free will; cf. Bennet, op. cit., p. 52

²¹⁸ Glassman and Hadad, op. cit, p. 279

²¹⁹ He points out: ‘Since science depends on agreement among observers (for example, in using replicability as a test for the accuracy of experimental results), intersubjective verification is fundamentally no different from other methods’ in: *ibid.*

²²⁰ Allport, G.W., *Becoming*, (New Haven CT: Yale University Press, 1955), p. 5

of human behaviour has been ignored by previous approaches in psychology and the reason for that is outlined by some authors in the following lines:

‘Questions of meaning seem too closely tied to value judgments, and traditionally science has been regarded as “value-free”: That is, science is neither intended nor equipped to talk about such questions. Today, of course, we recognize that *no* human activity, including science, is truly “value-free”: What we choose to study, and the consequences of what we learn, have moral implications’.²²¹

Another major concern of humanistic psychologists was related to the way psychoanalysis and behaviourism pulled out explanations and portrayed human beings ‘in terms of mechanisms drawn from the study of neurotic patients and laboratory rats’.²²² In exchange, Maslow and Csikszentmihalyi proposed ‘to understand humans in terms of their highest potential and through the study of individuals who display the highest levels of human functioning’.²²³ Out of this comprehension, theorists of this approach grasped concepts such as *self-actualization*, *ideal self*, *hierarchy of needs*, which were then developed and integrated into psychotherapeutic systems like *person-centred therapy* and *logotherapy*.

1.1 Rogers’s Main Themes

A concept that created ‘history’ by generating new lines of thinking and opening the gate for a *new age of self-emphasizing theories* is the concept of *self-actualization*. According to Rogers, people have ‘a natural drive toward self-actualization; the achievement of one’s full potential’.²²⁴ The self in Rogersian terms is not an archetype as Jung sees it, but the view of *who we are* at a given moment, a result of our perception upon all past experiences, the current situation or expectations concerning our future. The *actualizing tendency* is activated in connection with the person living *here and now*, an existential principle of great importance for humanists. This urge, if naturally developed, will result in a mature and fulfilled personality.

The concept of self-actualization is connected to the idea of people being *congruent* or *incongruent* with themselves. According to Rogers²²⁵ the state of incongruence results from the

²²¹ Glassman and Hadad, op. cit, p. 280

²²² Moss, op. cit., p. 5

²²³ Maslow and Csikszentmihalyi, quoted in Moss, op. cit., p. 6

²²⁴ Kalat, James W., *Introduction to Psychology*, Belmont: Wadsworth Cengage Learning, 9th ed., 2011), p. 511

²²⁵ Cf. Sharf, R., *Theories of Psychotherapy and Counseling*, (Belmont: Cengage, 5th ed. 2012), pp. 214-218

existence of too many *conditions of worth* in connection with *introjections* of others' values.²²⁶ In his view all people should be shown love and attention without any condition – *unconditional positive regard*. More often, regard is given when children meet some standards of behaviour and as such love and approval are granted to them only if they conform to their parents' views which results in a distortion of their self by *introjecting parental criteria*. This will offer the content for *the ideal self*, an image of what people would like to be. The *conditional positive regard* will determine children to adopt parents' *conditions of worth* which falsify the self and triggers aggressive behaviours and finally incongruence. In this description, congruence is therefore a result of *unconditional positive regard*, when a person is loved and accepted even if one might disagree with his actions or intentions.²²⁷ The discrepancy between *the real* and *ideal self* is what brings distress and causes illness.²²⁸

Rogers identified a few conditions that facilitate the process of self actualization.²²⁹ One of them is *unconditional positive regard* as described above. A second condition is what he calls *genuineness or openness*, 'which refers to a person freely expressing its own sense of self, rather than playing a role or hiding behind a façade'.²³⁰ And the third condition which brings growth is *empathy*, 'the ability to understand the world from another's point of view and to share their *phenomenal field*. Empathy is considered a result of openness and congruence, which are themselves closely connected'.²³¹

To conclude, Rogers's view of human beings was full of optimism and very positive. To him people are innately good and healthy development depends on one's conditions of growth. If these are met, the individual naturally moves towards a fully functioning person, acquiring the state of congruence and *self-actualization*, that is making 'real or actual, the different aspects of self'.²³²

²²⁶ Conditions of worth refer to one's developing self being conditioned by the display of behaviours that others expect to be meaningful in exchange of their approval and thus fail to follow the inner self-actualizing tendency. Translated into Freud's terms this conceptual construction refers to a strong and punitive Superego.

²²⁷ At this point it is important to highlight that Rogers had an initial training in theology which in many ways influenced the theoretical framework he promoted.

²²⁸ Cf. Kalat, p. 511

²²⁹ Cf. Bennet, p. 54

²³⁰ Glassman and Hadad, op. cit., p. 291. Rogers also calls this quality *realness* emphasizing the ability of a person to behave true to itself.

²³¹ Ibid., p. 292

²³² Hayes, Nicky, *Foundations of psychology*, (London: Thomson Learning, 3rd ed., 2000), p. 219

1.2 Maslow's Main Themes

Maslow, another major theorist of the humanist paradigm, shared with Rogers the discontent with other paradigms in psychology that focus on disordered personalities and reduce human beings to instances which are biologically determined and behaviourally manipulated. He brings a positive view of humans who are seen as able to love, create, and freely express their inmost feelings of beauty and responsibility. They possess a natural internal force which directs them towards achieving their highest potential and this process is also called *selfactualization*.²³³ In the midst of Maslow's theoretical developments the central place belongs to the well known *pyramid of needs*,²³⁴ which has in his opinion the power to influence every aspect of behaviour.

These needs are hierarchically presented, from the physiological and safety needs considered *basic*,²³⁵ to the *higher needs*²³⁶ of belonging and self-esteem, up to the top of hierarchy where the *selfactualizing need* is to be found. In Maslow's opinion one must go through this hierarchy, following the order provided. The *needs* that are dominant for a person will motivate²³⁷ his behaviour at a certain moment and will shape his world's view. The failure to meet these needs results in frustration and finally aggression.²³⁸

In his book on *Motivation and Personality*, Maslow speaks about *cognitive needs*, materialized in *the desire to know and understand*. As he points out, even if this category of needs were seen as 'techniques for the achievement of basic safety in the world, or for the intelligent person, expressions of self actualization', for him, they do not represent 'answers to the questions as to the motivational role of curiosity, learning, philosophizing, experimenting, and so on'.²³⁹ He cautions against the tendency to see them as distinct from the hierarchy of needs presented above since 'the desire to know and to understand are themselves conative (i.e., having a striving character)'.²⁴⁰ He does not see the two categories of needs in dichotomist but rather synergic terms. For our present work, Maslow's opinions are of particular importance, with respect to

²³³ Rogers's concept of *self-actualization* is usually transliterated differently from Maslow's *selfactualization*, probably in order to distinguish between their theories which bear different nuances.

²³⁴ Beyond its applicability in psychology this concept is very much used in various fields such as marketing, advertising and diplomacy.

²³⁵ They are also named *deficit needs* to emphasize a certain urge or immediacy to satisfy them.

²³⁶ These needs are also termed *growth needs*.

²³⁷ 'This emphasis on motivation seems to reflect the influence of psychodynamic models on Maslow's thinking. However, unlike the two basic drives which Freud described, Maslow saw a whole constellation of needs which could influence our behavior' in: Glassman and Hadad, op. cit., p. 297

²³⁸ His perspective on aggression, as in Rogers's case, is different from that of psychoanalysis. For them aggression is not an innate drive but a result of too many *conditions of worth* in Rogers's case or a frustration due to *unsatisfied needs* in Maslow's case. The therapy should then help the client become aware of them and cover the deficit.

²³⁹ Maslow, A., *Motivation and Personality*, (New York: Harper and Row, Publishers, 3rd ed., 1987), p. 23

²⁴⁰ Ibid., p. 25

causes of cognition being neglected by the psychological currents of the day.²⁴¹ In trying to offer an explanation for this omission Maslow points out:

‘The main reason we know little about the cognitive impulses, their dynamics, or their pathology is that they are not important in the clinic, and certainly not in the clinic dominated by the medical-therapeutic tradition of getting rid of disease. The florid, exciting, and mysterious symptoms found in the classical neuroses are lacking here. Cognitive psychopathology is pale, subtle, and easily overlooked or defined as normal. It does not cry for help. As a consequence we find nothing on the subject in the writings of the great inventors of psychotherapy and psychodynamics, Freud, Adler, Jung, and others’.²⁴²

Even if he could not solve the dilemma of *cognitive psychopathology* and its consideration in the process of healing, nevertheless he had the intuition of its major importance in acquiring a healthy personality.



The pyramid is considered to have a great level of generality addressing people from all times and places. Maslow, following Goldstein, states that basic drives such as the physiological ones

²⁴¹ By the time Maslow was writing these ideas, the cognitive psychology was only in its incipient developments and as such little known and without a real impact in the therapeutic area or in society at large. Humanism arose contemporaneously with the cognitive psychology movement. Cf. Schultz, D.P., Schultz, S.E., *A History of Modern Psychology*, (Belmont: Wadsworth, Cengage Learning, 10th ed., 2011), p. 346

²⁴² Maslow, *Motivation and Personality*, p. 23

²⁴³ Heffner, Christopher, *Psychology 101*, www.allpsych.com/psychology101, Accessed: 20 November 2006.

have the role to ‘reduce tension’, while selfactualization ‘often involves increasing tension’ since it is ‘a painful process of struggle to grow’.²⁴⁴ The selfactualized state may be reached through *peak experiences*²⁴⁵ and represents ‘the most profound and vibrant level of being ... a period of intense emotion when we really feel what it is to be alive’.²⁴⁶ Also, this process of selfactualization is seen by Maslow as having no end. However, despite what one might think, this need to selfactualize is not very common. In Maslow’s estimation ‘only 1 per cent of people ever really experience the need. Yet, for those who do, it can alter profoundly the individual’s perceptions of the world, and the way they relate to others.’²⁴⁷

2. Practice

2.1 Rogers’s Person-Centred Therapy

Although Maslow contributed to the development of the humanist paradigm by enhancing its theoretical background with major concepts, he did not, however, have a direct role in therapy. Instead, ‘Rogers’s theory of personality cannot really be divorced from his approach to the therapeutic or counseling process’.²⁴⁸

Rogers’s *person-centred therapy*²⁴⁹ represented a radical move from the traditional way of doing psychotherapy and according to some ‘had a major impact on psychology’.²⁵⁰ First of all, by replacing the in-use term of *patient* with *client* and later with *person*, he moved away from the medicalized model of psychotherapy towards a model that emphasizes human dignity, freedom to choose and responsibility for one’s own actions and choices. And secondly, he produced huge changes in the paradigm concerning the relationship between therapist and client. In this respect, his system of therapy is considered as *non-directive*, with the therapist and the client having equal status, and with the client controlling the direction of the therapeutic process.²⁵¹

²⁴⁴ Glassman and Hadad, op. cit., p. 302

²⁴⁵ Cf. Maslow, A.H., ‘A Theory of Human Motivation’, *Psychological Review*, 50, 1943, pp. 370-396

²⁴⁶ Bennet, op. cit., p. 55

²⁴⁷ Glassman and Hadad, op. cit., p. 302

²⁴⁸ Shaffer, B.P., *Humanistic Psychology*, (New Jersey: Prentice-Hall, Englewood Cliffs, 1978), p. 81

²⁴⁹ The first type of therapeutic intervention implemented by Rogers took the form of *encounter groups* – ‘groups in which people could encounter one another safely and openly’ in: Hayes, op. cit., p. 265

²⁵⁰ ‘It perfectly suited the needs of the time’ and ‘More than 50 professional journals and some 200 organizations worldwide are dedicated to promoting some version of person-centered therapy’ in Schultz and Schultz, op. cit., p. 345

²⁵¹ Cf. Bennet, op. cit., pp. 55-6

In this therapy, our *phenomenal field*, the way we perceive ourselves and things around us – either consistent with the reality or not – is nevertheless *the reality* that we experience and this is what makes the object of the therapeutic process. The goal of *person-centred therapy* is to offer a secure environment in which the individual might explore his present situation and find solutions to it. In this therapy the client is in charge with improving his life and not the therapist, who unlike psychoanalysts or behaviourists do not possess a set of techniques in order *to do things*²⁵² to the client. The effectiveness of therapy is determined by *the quality of the encounter* between the two and the client's ability to live *here and now* in order to attain *realness and empathy*. The ultimate goal is to help the client regain the *sense of self-actualization* and move towards it.

According to Rogers,²⁵³ the role of the therapist is to create a relationship of *unconditional positive regard*, which will offer the client the possibility of leaving the state of incongruence and move towards a more congruent position. The *techniques* suggested consist of *listening, understanding, being empathetic* towards the client's experience and the way he perceives it, with the therapist accepting and *sharing his own experience* in return. Rogers *rejected interpretation* as part of the therapeutic process because he believed that it is more purposeful to focus on the present or future in order to change the current situation, instead of searching for causes of symptoms in the past. Since, in this therapy the focus is on relationships, the therapist's personal qualities become essential. Bennet presents three such characteristics:

‘they are integrated and genuine in their relationship with the client; they gain an empathic understanding of the client's perspective and communicate this to them; they provide unconditional positive regard’.²⁵⁴

Rogers's view highlights a few main characteristics of human beings such as: rationality, the use of free will, the need to grow and attain self-fulfilment and, more importantly, recognizes humans' ability of *being in charge with their own destiny and assuming the responsibility for it*, instead of considering humans as being victims of various unconscious drives and conditionings beyond one's control. The same responsibility is claimed from therapists who, as Kottler and Hazler underline, in this new therapeutic setting need ‘to be more effective models of the values we espouse to others. It seems only fair that we practice in our lives that which we ask of others’.²⁵⁵

Humanism's paradigmatic shift in views on human beings, on how they get ill and regain health, on the type of relationship that should exist between *doctor* and *patient* were so different and

²⁵² Rogers mentioned in: *Ibid.*, p. 56

²⁵³ Cf. Rogers, C.R., *Client-Centered Therapy*, (Boston, MA: Houghton-Mifflin, 1951)

²⁵⁴ Bennet, *op. cit.*, p. 56

²⁵⁵ Kottler, Jeffrey A. and Hazler, Richard J., ‘The therapist as a Model of Humane Values and Humanistic Behavior’, in *The Handbook of Humanistic psychology. Leading Edges in Theory, Research and Practice*, eds. Kirk, J., Schneider, James F.T., Bugental, J., Fraser, Pierson, (London: Sage Publications, 2001), p. 366

they moved so far away from the dominant medical model, that this approach received a lot of criticism and rejection from clinical specialists working in the field which seems to have continued to the present. Elkins, himself a clinical psychologist, explains that:

‘Contemporary clinical psychology is committed to the medical model – the same model that dominated psychiatry in the 1940s. Most clinical psychologists view themselves as “doctors” who “diagnose” “mental disorders” and “administer treatments” to “patients”. Thus, Rogers’ view that psychotherapy is not a set of medical-like procedures but, rather, an interpersonal process that frees clients to grow and actualize their potentials is a threat to contemporary clinical psychology ... Our profession is so dominated by the medical model that in many clinical settings one’s professional competence is judged by one’s ability to speak medical jargon and to describe what one does in medical terms ... Thus, the politics of clinical psychology, including its medical model ideology and system of professional and economic rewards, makes it difficult for clinical psychologists to embrace Rogers’ views even if they are inclined to do so’.²⁵⁶

2.2 Frankl’s Logotherapy

The focus on existence as a source of analysis and scientificity in psychology made John Rowan state that: ‘humanistic psychology, in all its variants is the real home of existentialism as a praxis, doing justice to all that it has to offer’.²⁵⁷ Since, as presented at the beginning of this section, humanist psychology encompasses many theoretical and psychotherapeutic orientations that share a few common features, some of them while included in the humanist paradigm are labelled as *existential*, as is the case with Victor Frankl’s logotherapy. From this perspective Rowan’s suggestion ‘that we should talk all the time about existential-humanistic psychotherapy’²⁵⁸ in order to avoid possible confusions might be an elegant way out of the terminological turmoil.

Logotherapy is a kind of *therapy by meaning*. Rejecting Freud’s psychoanalysis as well, to which he had been exposed in his early study years, Frankl claims that the main motivation of human

²⁵⁶ Elkins, D.N., *Humanistic Psychology: A Clinical Manifesto: a Critique of Clinical Psychology and the Need for Progressive Alternatives*, (Colorado: University of the Rockies Press, 2009), pp. 13-14

²⁵⁷ He offers 12 reasons to sustain his point in: Rowan, John, ‘Existential Analysis and Humanistic Psychotherapy’ in *The Handbook of Humanistic psychology. Leading Edges in Theory, Research and Practice*, eds. Kirk, J., Schneider, James F.T., Bugental, J., Fraser, Pierson, (London: Sage Publications, 2001), p. 448

²⁵⁸ *Ibid.*

behaviour is to find meaning in life²⁵⁹ and if Freud spoke about *a will to pleasure*, Adler about *a will to power*, in the same way he spoke about *a will to meaning*.²⁶⁰ The meaning of our existence, as seen by Frankl, is something that each of us has to find, '[it] is not invented by ourselves, but rather detected'²⁶¹ and when searching for it what counts 'is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment'.²⁶² Frankl suggests three ways in which this meaning in life may be found: '(1) by doing a deed; (2) by experiencing a value; (3) by suffering'.²⁶³

According to Frankl, a human is a three-dimensional being consisting of *Soma, Psyche and Spirit*. If previous psychologies referred to the psychosomatic constitution of man and dwelt on innate drives, Frankl focused on the neglected dimension – the spiritual one.²⁶⁴ He sees spirituality linked directly with meaning and humans' ability to make choices²⁶⁵ and consequently assume responsibility for them,²⁶⁶ while logotherapy becomes much more than a classic therapy because it openly involves the idea of transcendence. Actually Frankl calls it *self-transcendence* and notes that: 'human existence – at least as long as it has not been neurotically distorted – is always directed to something, or someone, other than itself – be it a meaning to fulfill or another human being to encounter lovingly'.²⁶⁷ Frankl's self-transcendence is opposed to the Rogersian concept of self-actualization, with the latter being only a consequence of the first.

Central to his theory is *the accent on suffering*, since 'our culture seems to emphasize pleasure-seeking and the avoidance of suffering',²⁶⁸ and consequently to find meaning depends also on the

²⁵⁹ His theory is developed in his famous book: Frankl, V.E., *Man's Search for Meaning. An Introduction to Logotherapy*, (New York: Washington Square Press, 1963)

²⁶⁰ For him meaning represents: 'the most human phenomenon of all, since an animal certainly never worries about the meaning of its existence' in: Frankl, V.E., *The doctor and the soul: From psychotherapy to logotherapy*, (New York: Vintage Books, 1986), p. xvi

²⁶¹ Frankl, *Man's Search for Meaning*, p. 157

²⁶² *Ibid.*, p. 171

²⁶³ *Ibid.*, p. 176

²⁶⁴ It is 'not the aim of logotherapy to take the place of existing psychotherapy, but only to complement it, thus forming a picture of man in his wholeness-which includes the spiritual dimension' in: Frankl, *The doctor and the soul*, p. xvii

²⁶⁵ In Frankl's view: '... everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way', in: Frankl, *Man's Search for Meaning*, p. 104

²⁶⁶ As Brewin and Power pointed out: 'For Frankl, the resolution of unconscious conflict or the correction of faulty thinking was not the whole story. He saw logotherapy as an adjunct to psychotherapy, one that recognized central human concerns and restored to individuals their ability to make choices and to take responsibility for their own actions.' Brewin, C.R., Power, M.J., 'Meaning and psychological therapy: overview and introduction' in *Transformation of Meaning in Psychological Therapies. Integrating Theory and Practice*, eds. Mick Power and Chris E. Brewin, (London: John Wiley and Sons, 1997), p. 7

²⁶⁷ Frankl, V.E., *The Unconscious God: Psychotherapy and Theology*, (New York: Simon and Schuster, 1975), p. 7

²⁶⁸ Frankl mentioned in: Glassman and Hadad, op. cit., p. 313

way one deals with and incorporates his personal suffering. Therefore he sees suffering as being much more than a 'symptom' that needs to be alleviated as considered by other approaches:

'... suffering is not always a pathological phenomenon ... I would strictly deny that one's search for a meaning to his existence, or even his doubt of it, in every case is derived from, or results in, any disease ... A man's concern, even his despair, over the worthwhileness of life is an *existential distress* but by no means a *mental disease*'.²⁶⁹

Even more, he postulates that therapy should help people assume suffering since self-transcendence of one might depend on it:

'existential analysis is called upon to make a person capable of suffering – whereas psychoanalysis, for instance, aims only at making him capable of pleasure or capable of doing. For there are situations in which man can fulfill himself only in genuine suffering, and in no other way'.²⁷⁰

While searching for his own meaning in life there is also some tension associated with it, but in his view this tension is nothing more than merely unavoidable and healthy phenomena. He calls it:

'an indispensable prerequisite of mental health ... mental health is based on a certain degree of tension, the tension between what one has already achieved and what one still ought to accomplish, or the gap between what one is and what one should become'.²⁷¹

Frankl's therapy addresses people that present philosophical or spiritual problems, who suffer from an *existential vacuum* or *problems of the meaning of life* such as: death; suffering; love; work; or human relations. Whereas the aim of psychodynamic therapies is to clarify unconscious issues by making them conscious, that of behavioural therapy to re-condition the individual in a manner adjusted to the environment, and that of cognitive psychology to correct faulty thinking, the goal of logotherapy is to make the person aware of his purpose in life and accept responsibility for it. In doing so, Frankl understands that what used to be psychotherapy now becomes logotherapy since 'psychotherapy as such is exceeding its scope in dealing with philosophical questions ... Logotherapy must *supplement* psychotherapy'.²⁷² If psychotherapy deals with neuroses and psychoses, logotherapy intends to cure *noogenic neuroses*²⁷³ which are the result of various existential problems, since logotherapy 'is a form of psychotherapy which gets underneath the psychic malaise of the neurotic to his spiritual struggles'.²⁷⁴

²⁶⁹ Frankl, *Man's search for meaning*, pp. 124-125

²⁷⁰ Frankl, *The doctor and the soul*, pp. 113-114

²⁷¹ Frankl, *Man's search for meaning*, pp. 126-127

²⁷² Frankl, *The doctor and the soul*, p. 17

²⁷³ 'Noogenic neuroses are illnesses "out of spirit" (*aus dem Geist*), but they are not illnesses "in the spirit" (*im Geist*).' Frankl quoted in: Patterson and Watkins Jr., op. cit., p. 445

²⁷⁴ Frankl, *The doctor and the soul*, p. 11

Specific to the logotherapeutic process are two techniques: the first is termed *paradoxical intention* – which consists of wishing for the very thing you are afraid of. This is used to break down the vicious cycle brought by the anticipatory anxiety so often met in neuroses; another technique is called *dereflection* and refers to changing one’s attention from one’s own worries onto others. Frankl believes that once with psychoanalysis, people started to focus too much on themselves and this overemphasis on self-reflection is another cause of neurosis. Therefore, the solutions come from de-self-focusing and fulfil our lives through *encountering others*.²⁷⁵ But when approaching others, love as an existential category must always be present since only in it man can ultimately find his salvation as Frankl so clearly shows:

‘... *love is the ultimate and the highest goal to which man can aspire ... The salvation of man is through love and in love. I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved*’.²⁷⁶

We conclude this section of the chapter by pointing out that once with the humanist paradigm in psychology the borders with fields such as philosophy, theology, anthropology and psychology become very thin,²⁷⁷ or perhaps better said inexistent. Although in *approaching the human being as a whole* psychology needed to consider such aspects as *free will, responsibility, freedom to choose and love*, there is no doubt that these concepts strongly overlap with areas that traditionally have belonged to the above-mentioned fields. Therefore, analysis in this area can never be exclusively or purely psychological.

E. Contrasting Paradigms in Psychology

As shown above, it has been claimed that ‘all psychotherapies are built on ideological and theoretical foundations’²⁷⁸ which ‘developed from different historical roots and at different times’.²⁷⁹ As such, as one would naturally expect, they all bear different nuances of the anthropological perspective in psychology. In this section we will try to contrast the main

²⁷⁵ ‘Human existence – at least as long as it has not been neurotically distorted – is always directed to something, or someone, other than itself – be it a meaning to fulfill or another human being to encounter lovingly’. Frankl, *The Unconscious God*, p. 78

²⁷⁶ Frankl, *Man’s Search for Meaning*, pp. 58-59

²⁷⁷ Hence, the growth of *the fourth force* in psychology, called transpersonal psychology, that accounts for transcendental realities, and pathology comes as a natural development of this theoretical context.

²⁷⁸ Jones and Butman mentioned in: McMinn, M.R., Campbell, C.D., *Integrative Psychotherapy. Toward a Comprehensive Christian Approach*, (Downers Grove: InterVarsity Press, 2007)

²⁷⁹ Bennet, op. cit., p. 58

philosophical differences underlying these anthropological views brought by the four paradigms in psychology and also identify potential similarities in our search for a unified view of the whole field. This is not an easy task since psychotherapy and its underlying psychology was and continues to be ‘a babel of conflicting voices’,²⁸⁰ as noted by Wolpe who goes on to say that: ‘psychotherapy presents the prescientific spectacle of viewpoints that differ on fundamentals, schisms within viewpoints and the frequent blossoming of new viewpoints’.²⁸¹ Ungersma presents the situation in these terms:

‘The present situation in psychotherapy is not unlike that of the man who mounted his horse and rode off in all directions. The theoretical orientation of therapists is based upon widely divergent hypotheses, theories and ideologies ... Individual practitioners of any art are expected to vary, but some well-organized schools of therapy also seem to be working at cross-purposes with other equally well-organized schools’.²⁸²

As previously stated, *modern psychotherapeutic thinking* arguably started with Freud.²⁸³ Further developments in psychotherapeutic thinking will arise from either the extension of psychoanalytic concepts or their rejection. In other words, the limits of one approach have led to the emergence of the next. These approaches have all in common the study of human behaviour on an empirical basis. Therefore, in describing the human being, we may find some similarities beyond the different terminologies used by these four perspectives, but most of them appear to be differences, which in many of the cases are not just minor but diametrically opposed.

Here are some *contrasts* in terms of the curative processes:

1. behaviourists, cognitivists and humanists focus on current problems and behaviours while psychodynamic therapies on past experiences;
2. behaviourism and cognitivism tend to be short-term therapies that focus on symptom elimination, while psychodynamic therapies tend to be long-term interventions;
3. behaviourism, cognitivism and psychoanalysis – where *interpretation* depends entirely on the psychotherapist – are considered to be more directive therapies, and the goal of

²⁸⁰ Wolpe, J., ‘The Promotion of a Scientific Psychotherapy: A Long Voyage’, in *The evolution of psychotherapy*, ed. J.K. Zeig (New York: Brunner-Mazel, 1987), p. 144

²⁸¹ *Ibid.*, p. 134

²⁸² Ungersma, A.J., *The search for meaning*, (Philadelphia: Westminster, 1961), p. 55. To have a clearer insight of the proliferation of schools, divisions, subdivisions and directions in various areas of the psychotherapeutic field we quote here from Glassman and Hadad the various developments that have taken place in the last few years in the cognitive area alone: ‘there has been a greater exchange with other approaches, both within and outside psychology. As a result, today one can encounter a cognitive theory of emotion, or social behavior, or even cognitive behavior modification. At the same time, cognitive psychologists have borrowed from other fields, including computer science and physiology. In fact, some even refer to “cognitive science” as a hybrid discipline, incorporating elements of psychology, linguistics, computer science and physiology!’ in: Glassman and Hadad, *op. cit.*, p. 167

²⁸³ Jung states that modern psychotherapeutic thinking started with Freud in: Jung, *What is Psychotherapy*, *op. cit.*, p. 25

therapy is not set by the client; cognitivists of RET orientation have been associated with *teachers* since during the psychotherapeutic session the patient is taught the principles of therapy, and *how to reason rationally*; in opposition, the humanist-existentialist paradigm that has as a distinctive mark the role of the therapist as a *facilitator* or *enabler*²⁸⁴ was titled as a *non-directive* therapy, hence the focus of therapy on the *person* or *client* who is responsible for achieving the therapeutic goals. In other words, the former are more *paternalist* in that the main responsibility of the process rests with the therapist, while the latter sees the therapist as a friend.

4. If, in the first three paradigms presented, the cure appears as a result of alleviating some specific aspect of the inner human constitution, be it symptoms, defence mechanisms, abnormal thinking, or unwanted behaviours, the existential-humanists argue that the cure comes from freeing the innate need of individuals to grow and fulfil themselves.

Differences are also in the practical area, in relation to their proposed curative techniques. Thus:

1. psychoanalysis cures by making the unconscious conscious and by dealing with defence mechanisms, behaviourists by modifying behaviour through classical and operant conditioning techniques, cognitivists by changing irrational and distorted thinking into rational, while humanist-existentialists argue for a cure through restoring individuals' free will to choose and thus take control of their lives, and increase feelings of self-worth by establishing congruence between the ideal self and actual self, and ultimately by finding meaning in life which brings self-actualization and self-fulfilment.
2. On the other hand, if for the majority of these paradigms the goal of a cure is to alleviate suffering and symptoms, for existentialists suffering may be precisely the tension necessary to bring and keep a person healthy and on the path to self-fulfilment.
3. Cognitivists are involved in a process meant to change thinking and beliefs in a direct manner, but the intervention upon the way human beings view the world and themselves is present in various degrees in all other approaches.
4. Ellis criticizes psychoanalysis for not succeeding in curing but only in explaining – and even that is done partially. He expresses his worries in these terms: ‘this perpetual stimulation is the reason that disordered behavior and emotions are not extinguished and that simple understanding of the origins of the disturbance, obtained through psychoanalysis, is not sufficient to eliminate the disturbance’.²⁸⁵

²⁸⁴ In this position the therapist (*Gr. therapon*) is closer to the etymological meaning of *servant* or *attendant*. Cf. Elkins, op. cit.

²⁸⁵ Ellis apud: Patterson and Watkins Jr., op. cit., p. 198

5. Another difference noted between psychotherapy and logotherapy is in that ‘psychotherapy uncovers the psychological background of an ideology, while logotherapy reveals the flaws in the improper basis for a world view’.²⁸⁶

There are a few more general differences in terms of theoretical postulations, in addition to the ones previously discussed.

1. Psychodynamic therapies, cognitivists and humanists elaborated their theories as a result of investigating psychologically troubled people, i.e. from clinical practice, while behaviourists from laboratory experiments on animals. The only exception to this is Maslow because he did not actually develop a psychotherapeutic technique and contributed only to theoretical developments.²⁸⁷
2. Psychodynamic therapies and behaviourism are considered deterministic while humanism-existentialism emphasizes free will.
3. Psychoanalysis, behaviourism and cognitivism are seen as reductionist in that they look at the human being in *bits and pieces* which, according to the existentialist-humanists, leads to dehumanization and losing the whole picture of what being human is.
4. Humanists are *idiographic*, so place an emphasis on the idea that people are unique and choose their methods accordingly; the other paradigms are focused on being *nomothetic* by trying to uncover general rules that apply to everyone.
5. Another major distinction is that Freudianism tried to build a psychology founded on the unconscious, behaviourism tried to build a psychology without consciousness, while the other two currents acknowledged consciousness. In connection to this idea Ralea states: ‘As for Freudians as well as behaviourists, consciousness is a pathetic illusion, a self-deception to be dispersed as quickly as possible. Therefore, behaviourism and supporters of Freudian psychology protested against the understanding of psychology as a science of consciousness. They differ only in that it disposed of conscience by different methods’.²⁸⁸

However, various concepts that belong to different paradigms seem to be referring to *similar aspects of the human being*, such as:

1. Rogers’s state of congruence – and Jung’s totality;

²⁸⁶ Ibid., p. 448

²⁸⁷ He took as a study sample people that he considered to have attained the state of self-fulfilment, i.e. ‘healthy’ people. But this method was strongly criticized in that it led to a ‘self-fulfilling prophecy’ by choosing people that already corresponded to previously chosen criteria and a second criticism addresses the fact that in analyzing these public figures we do not have the actual image about how that person really felt or what was in his/her real subjective life.

²⁸⁸ Ralea, M., și Botez, C.I., *Istoria psihologiei*, (Bucuresti: Editura Academiei Republicii Populare Romîne, 1958), p. 532

2. Rogers's concept of façade – Jung's shadow archetype and use of mask;
3. 'Rogers' concept of self-actualization is similar to Adler's concept of striving for superiority';²⁸⁹
4. Rogers's discussion about the need to move away from others' expectations and negatively valuing pleasing others as an end in itself is similar to Ellis's intervention to change the irrational belief that everyone has to like us;
5. Both Rogers and Jung discussed and followed *wholeness* in relation to man's state of normality and health.

Concerning similarities, there can be noticed various guidelines within one paradigm which may find themselves in congruence with or closer to another paradigm, while in contradiction with other tendencies from their own paradigm.

1. For instance, Ellis does not think that a warm relation between patient and therapist is of particular importance, while Beck, although operating within the same theoretical framework in this concern is closer to the humanists by emphasizing the quality of the therapeutic relationship which has to be warm, supporting and empathetic. Instead, Ellis is closer to the psychoanalytic view which forbids a close relation that might intermingle with the objectivity of the interpretation process.
2. Ellis also argues for a persuasive, directive, even forceful therapy while Beck considers it beneficial for his clients to be allowed to discover maladaptive thinking patterns by themselves in their own time. If Ellis comes closer to the behaviourists in practising persuasion and following strict steps of therapy, Beck's approach brings him closer to the existential-humanist freedom offered to the client.
3. If RET uses various methods in order to adapt better to the client's needs, Beck chooses to adapt the method to a particular identified disorder which places him closer to the initial medical model promoted by psychoanalysis.
4. Although part of the psychodynamic paradigm, Jung with his emphasis on the importance of the spiritual side of man's psyche gets closer to the existential-humanist movement, especially Frankl.

Also, we notice that at least theoretically one theory may be used as complementary to others:

1. For instance, in criticizing the cognitive paradigm that it tends to overstate the cognitive aspects and that from the patient's standpoint *insight* in the sense of the ability to verbalize self-understanding may be misinterpreted as a genuine change in attitude, this dilemma might be solved by drawing on Rogers's concept of a *will to change*. Thus, after

²⁸⁹ Kalat, op. cit., p. 511

acquiring the proper *insight*, the patient needs to prove the *will to change* manifested in day-to-day activities.

2. Logotherapy emerged from the need to answer philosophical questions which could not be reduced to mere psychological terms. In relation to this, Frankl states that: ‘psychotherapy as such is exceeding its scope in dealing with philosophical questions ... Logotherapy must *supplement* psychotherapy’.²⁹⁰ But as Patterson and Watkins fairly point out: ‘In actual practice, however, psychotherapy and logotherapy cannot be separated since the psychological and the philosophical or spiritual aspects of the individual are indissolubly joined and can be separated only logically. Nevertheless, in principle, they represent different realms’.²⁹¹ Thus, there is also a kind of complementarity in that Frankl sometimes recommends logotherapy as coming first or sometimes second after psychotherapy.²⁹²

The contemporary practice of psychotherapy incorporates all these approaches to various extents depending on country, although the predominant perspective seems to be the cognitive behavioural paradigm due to ‘its effectiveness relative to the other therapeutic approaches’.²⁹³ However, attempts at integration of these theories have been made and the solution is known as the eclecticism/integrationist²⁹⁴ movement. The need for a unified theory of the human being²⁹⁵ has divided opinions in two ways: some argue against the possibility of such solution to be

²⁹⁰ Frankl, *The doctor and the soul*, p. 17

²⁹¹ Patterson and Watkins Jr., *op. cit.*, p. 448

²⁹² Frankl: ‘With some patients, it is wise to begin with the spiritual level, even though the genesis of the problem: may be in the lower layers. With others, logotherapy follows psychotherapy of psychoses or neuroses’. *Apud: ibid.*

²⁹³ Bennet, *op. cit.*, p. 58

²⁹⁴ We use the terms eclectic and integrationist as synonyms following the comprehensive research on the topic made by Palmer and Woolfe, eds. They use them interchangeably since the main difference between them consists in one or the other being preferred at various periods of time. Cf. Hollanders, H, ‘Eclecticism/Integration: Historical Developments’ and ‘Eclecticism/ Integration: Some Key Issues and research’, in: *Integrative and Eclectic Counselling and Psychotherapy*, eds. Palmer, S., Woolfe, R (London: Sage Publications, 2000), pp. 1-57. The best known definition of eclecticism is offered by English and English: ‘In theoretical system building, the selection and orderly combination of compatible features from diverse sources, sometimes from incompatible theories and systems; the effort to find valid elements in all doctrines or theories and to combine them into a harmonious whole ... Eclecticism is to be distinguished from unsystematic and uncritical combination, for which the name is syncretism’. English, H B., English, A.C., *A Comprehensive Dictionary of Psychological and Psychoanalytic Terms*, (New York: McKay, 1958), p. 168

²⁹⁵ Arkowitz justifies the need for integration by a ‘coherent’ framework especially because of the numerous techniques, methods, theoretical assumptions and so on: ‘If the number of variables is limitless, the number of interactions among them is also limitless. In simple terms, the task seems overwhelming unless we have some coherent framework to guide the selection of relevant variables and to help in understanding the interactions among variables. It is here that theory is helpful, and perhaps even essential.’ Arkowitz, H., ‘Integrative theories of psychotherapy’ in *History of psychotherapy: A century of change* ed. D.K. Freedheim (Washington, DC: American Psychological Association. (1992), pp. 288-289

pertinent and some consider it a necessity. Thus, Goldfried and Castonguay express their doubts in the following words:

'It is doubtful that the integration movement will provide the field with one grand theoretical integration. Given the epistemological differences ... it is hardly likely that this is possible. Moreover, we would maintain that as long as there exist theoreticians, it is likely that there will always be competing theories'²⁹⁶ while others show their optimism by pointing out that: 'The objective of any movement toward eclecticism or integration in psychotherapy must be the development of a single comprehensive system of psychotherapy, including philosophical and theoretical foundations'.²⁹⁷

While some categorically asserted that 'an eclectic system leads directly to inconsistency and contradiction, for techniques derived from conflicting frames of reference are bound to be conflicting'²⁹⁸ others have found valid ways of integration. Daniel David refers to such integration:

'... experimental cognitive-behavioral psychotherapy is an overview of all psychotherapy, traditional forms of psychotherapy (dynamic-psychoanalytical and humanistic-experiential) being reinterpreted and assimilated gradually in cognitive-behavioral terms and framework'.²⁹⁹ In making his point clear he goes on to state that: 'there is a strong attempt in cognitive science to form a bridge between dynamic-psychoanalytic therapy, humanistic-experiential therapy and cognitive-behavioral therapy by accounting for the efficacy of the formers in terms of the latter'.³⁰⁰

However, in the general practice of psychotherapy it seems that 'eclecticism is a strategy of selecting whatever seems best from a variety of alternatives ... on the basis of what they think will work for the particular person or problem'.³⁰¹ Concerning the elaboration of a general theoretical framework meant to offer a unified view on the human being, we tend to agree with the assertion that theorists have imprinted a strong accent on each theoretical development which explains why the solution of finding common elements in all these paradigms has never been very popular.

²⁹⁶ Goldfried, M.R., Castonguay, L. G., 'The future of psychotherapy integration' in *Psychotherapy*, 29, (1992), p. 8

²⁹⁷ Patterson, C.H., 'Eclecticism in Psychotherapy: Is Integration Possible?' in *Psychotherapy*, 26, (1989), p. 157

²⁹⁸ Snygg, D., Combs, A.W., *Individual Behavior: A New Frame of Reference for Psychology*, (New York: Harper, 1949), p. 82

²⁹⁹ David, Daniel, *Cognitive-Behavior Therapy in Psychological and Psychosomatic Disorders and Human Development*, (Cluj Napoca: Risoprint, 2000), p. 3

³⁰⁰ *Ibid.*, p. 4

³⁰¹ Arkowitz, op. cit., p. 284

In all the issues mentioned so far it is obvious that all therapies revisit self- and world-views of a person in a more direct or indirect manner. This poses the very important problem of changing meaning and man himself to various degrees up to Skinner's radical statement: 'Give me the specifications and I'll give you the man'.³⁰² Brewin and Power in their book on *Transformation of Meaning in Psychological Therapies* argue that:

'all psychological therapies share a commitment to transforming the meanings that clients have attached to their symptoms, relationships and life problems. This common purpose has, we believe, been obscured by the use of different terminologies, by different conceptualizations of meaning, and by a tendency to focus on what divides therapies rather than on what unifies them'.³⁰³

All these paradigms in psychology have contributed greatly to understanding the mechanisms that produce humans' psychological illnesses, in a time and space³⁰⁴ where there was no other available, and consecutively come up with solutions to heal and cure suffering and even find meaning in it. Still, although huge progress has been made the psychotherapeutic field is far from being able to offer an integrated view on psychological illness and health, or man itself. As Allport puts it: 'the trouble with our current theories of learning is not so much that they are wrong but that they are partial'.³⁰⁵ And this state of affairs we think is directly connected to the differences between the personal anthropological views that the main proponents of various theories hold.

The overview on the human being provided by these paradigms is that of a puzzle, but one in which the pieces do not belong to the same 'puzzle game' but rather to different 'games' and therefore the pieces may sometimes present some similarities and seem to fit with one another but in reality since they are so bound to the theoretical framework and also to the personality of the theorist that initially generated them, they do not really match. In this respect, we agree with Patterson when he states: 'It would appear to be clear that until we can reach agreement on the nature of human beings, no agreement on a philosophy and theory of psychotherapy is possible. And until some agreement on philosophy and theory is achieved, no agreement on the practice of psychotherapy is possible'.³⁰⁶

³⁰² Skinner, B.F., *Walden Two*, (New York: Macmillan, 1976), p. 274

³⁰³ Brewin and Power, op. cit., p. 1

³⁰⁴ It seems that the modern psychotherapeutic perspective came out of the need of western society to find solutions to the suffering of the soul.

³⁰⁵ Allport, G.W., 'Psychological models for guidance', in *Harvard Educational Review*, 32, (1962), pp. 379-380

³⁰⁶ Patterson, op. cit., p. 161

II. Anthropological Perspectives in the Philokalia

In this second part of the chapter we are still in the process of *elaborating* the phenomenon under review and *describing* the second term of the comparison which will be done in the third section. We will try to identify major themes from the Philokalia which have points of interaction, either in a direct or indirect manner, with the ones presented in the previous section and that are able to assist us in our comparative analysis.

1. Theory

1.1 God as the Model of Man

The main patristic anthropological viewpoint stands between these two broad ideas: ‘before the fall’, when man was created in God’s image and likeness (Gen. 1:26-27) and ‘after the fall’, when God Himself became man in order for man to become God.³⁰⁷ Therefore, according to the Philokalic perspective, to approach the human being anthropologically is to approach him Christologically.

Although sometimes drawing on concepts developed by ancient Greek philosophy, the main statements of patristic anthropology are grounded in the biblical perspective brought by revelation which found its maximal expression in the Incarnation of Christ. The main thesis is that through Incarnation, the Logos, in whose image man was created, offered Himself as a living model in order to restore the human being and gave him the possibility of regaining health and attaining perfection. Saint Symeon Metaphrasis in his *Paraphrase of the Homilies of Saint Makarios of Egypt* describes *the way in which Christ grows within every human soul*, having as a premise His image which is indestructible in man³⁰⁸ and as finality its deification – ‘union with God through grace’,³⁰⁹ in the following words:

‘As the new-born child is the image of the full-grown man, so the soul is in a certain sense the image of God who created it. The child, on growing up, begins gradually to recognize its father, and when it reaches maturity, they dispose things mutually and equally, father with son and son with father, and the father’s wealth is disclosed to the son. Something similar should have happened to the soul. Before the fall, the soul was

³⁰⁷ St John of Damascus, ‘An exposition of the Orthodox Faith’, B III, XI, in: NPNFCC, Vol. IX, (Oxford: James Parker and Company), p. 55

³⁰⁸ Lossky, Vladimir, *Orthodox Theology. An Introduction*, (Crestwood-New York: St Vladimir’s Seminary Press, 1989), p. 128

³⁰⁹ *Ibid.*, p. 136

to have progressed and so to have attained full manhood (cf. Eph. 4:13). But through the fall it was plunged into a sea of forgetfulness, into an abyss of delusion, and dwelt within the gates of hell. As if separated from God by a great distance, it could not draw near to its Creator and recognize Him properly. But first through the prophets God called it back, and drew it to knowledge of Himself. Finally, through His own advent on earth, He dispelled the forgetfulness, the delusion; then, breaking through the gates of hell, He entered the deluded soul, giving Himself to it as a model. By means of this model the soul can grow to maturity and attain the perfection of the Spirit'.³¹⁰

Christ the God-Man is not only the model, the paradigm or archetype of man, but according to Saint Maximus the Confessor, both 'God and man are exemplars of each other'.³¹¹ Fr. Staniloae acknowledges that the statement of man being a model for God may seem rather daring. In interpreting this passage he notes that: 'God makes Himself similar to man, imitating man, but the man without sin, taking man as a model, as man overcoming sin by virtue becomes God, taking God as model. ... There is a capacity of God for humanization and a capacity of man for deification'.³¹² He then underlines that this mutual process is possible in love: God's love for humanity on one side, and man's love for God on the other. In this paradigm's understanding, the humanist's assumption of man being good and perfect outside the model represented by God-Man is simply not possible, precisely because God became man and restored the whole human being to its godlike potentialities.

God the Word is to be found not only in the Gospel,³¹³ understood as an *outer deed*, but inside man³¹⁴ by imitating His way of life, as an *inner deed*, and thus becoming sinless in both 'body and soul, in so far as a human being can do this'.³¹⁵ Since Christ *took flesh*, what used to be *the word* of God in the Old Testament, became *the Word* of God in the New Testament,³¹⁶ in anthropological terms this objectively means the model for a healthy nous, will, reason, desire etc. i.e. everything that constitutes the soul, as well as for the body. The fact that Christ shared out of love exactly the same conditions as any human being, remaining God and man at the same time, made possible man's deification by grace:

'Christ is by nature both God and man. In an ineffable and supranatural manner we participate by grace in Him as God, while He in His incomprehensible love for men

³¹⁰ St Symeon Methaphrastis, Paraphrase, III, 50, EPH 3, p. 306

³¹¹ St Maximus the Confessor, *On Theology*, V, 74, EPH 2, p. 278

³¹² Stăniloae, Note 98, in: Sfântul Maxim Mărturisitorul, Ambigua, (București: EIBMBOR, 1983), p. 112

³¹³ 'Christ is hidden in the Gospel', St Peter of Damascus, *The Fourth Stage of Contemplation*, EPH 3, p. 126

³¹⁴ St Maximus, *On Theology*, II, 35, EPH 2, p. 146

³¹⁵ St Peter of Damascus, *The Fourth Stage of Contemplation*, EPH 3, p. 126

³¹⁶ See: St Maximus, *On Theology*, II, 28, EPH 3, p. 144

shares as man in our lot for our sake by making Himself one with us, with a form like ours'.³¹⁷

Being made in God's image man's soul is triadic³¹⁸ and therefore in the process of deification all Three Persons of the Holy Trinity play a part in it. While through His incarnation Christ offered man the model for a saintly life,³¹⁹ in order to find God's image within himself man needs to be 'renewed through the grace and the power of the Spirit'³²⁰ and in the process of 'giving birth to Christ' within his soul the Holy Spirit 'in an astonishing way' shall 'bring into existence what does not exist yet within us'.³²¹

1.2 The Structure of the Soul

In this section of the chapter we intend to deepen the patristic understanding of the psyche/soul and its structure. Our hypothesis is that here we might find major differences between the two fields accounted in this research that initially seemed to us similar in terms of preoccupation to alleviate suffering and cure souls. Previously, we have established that the major Philokalic anthropological premise is that man was made in God's image and that this image is Trinitarian as God Himself is. Next, we try to understand better this composition of man. Although we fully acknowledge the close relation that exists between body and soul³²² in our work we are concerned with understanding the relationships that exist within the soul, between its powers that have the same substance and which relate directly with the practice and theory of both the psychotherapeutic and ascetic fields. Nowadays, the area of connection between body and soul is the realm of psychiatry which deals with medication meant to influence brain chemistry and therefore alleviate or cure psychic suffering.

In a first classification, the human soul/psyche according to Saint John of Damascus has three powers:³²³ the *vital or vegetative power* (growth, nourishment and generation) which man has in common with all living beings and which can escape the control of man's will. In this respect,

³¹⁷ St Maximus, *On Theology*, IV, 25, EPH 3, p. 241

³¹⁸ Vlachos, *Orthodox Psychotherapy*, p. 120

³¹⁹ St Hesychios the Priest, *On watchfulness*, 12, EPH 1, p. 164

³²⁰ St Mark the Ascetic, *Letter to Nicolas*, EPH 1, p. 155

³²¹ According to St John Karpathos, *For Monks in India*, 81, EPH 1, p.317

³²² A comprehensive patristic viewpoint on this topic is offered by the French theologian Jean Claude Larchet in his book on *Mental Disorders and Spiritual Healing*. Cf. Larchet, J.C., 'Anthropological Background: The Human Composite', *Mental Disorders and Spiritual Healing*, (Hillsdale: Sophia Perennis, 2005), pp. 16-33

³²³ Cf. St John of Damascus, *On the Orthodox Faith*, II, XII (Concerning man), pp. 30-2

psyche (*psykhe*) may also simply mean life;³²⁴ the *animal power*, found in both man and animals which traditionally consists of irascibility (*thymos*) and concupiscibility (*epithymetikon*). Larchet, based on patristic sources here also includes the ‘capacity for sensation and perception’³²⁵ and ‘imagination under its elementary and non-rational aspects’;³²⁶ and finally, the *rational power* which is specific to man and distinguishes him from other areas of the *created* world. This classification is useful, especially to emphasize the *rational and irrational* aspects of the soul.

In reference to the human being, patristic writings generally use a dichotomous soul-body model in order to underline the unity that exists within the human soul’s powers. To highlight man’s union with God, the Fathers sometimes use a trichotomous spirit/intellect/nous-soul-body model.³²⁷ It is only for ‘didactic’ reasons they make classifications and use concepts to describe inner features of the human soul. Otherwise, they all acknowledge that in its natural state the soul has an intrinsic unity which makes possible communion with God and therefore deification.

Further, we shall look closer to what constitutes the soul from a patristic viewpoint, how does it function and relate to God and the world. In order to keep ourselves within a patristic framework, we have to make this ‘dissection’ of the soul with the following idea in mind: the human soul in its natural state has unity, it is seen as a ‘single entity’, undivided although it ‘possesses many powers’.³²⁸ The best known classification is that of the tripartite soul³²⁹ inherited on a platonic line of thought but whose content became fully Christian in a patristic context. In other words, the Philokalic Fathers provided the platonic ‘schema’ with the content of the newly revealed knowledge that came through the Incarnation of the Son of God. According to this division the soul has three powers: *to logistikon*, the intelligent power; *to thymikon*, the incensive power; and *to epithymetikon*, the desiring or appetitive power. The last two are many times referred to as the passible (in other descriptions appetitive or irrational) aspects of the soul, emphasizing the fact that in their natural order these two need to be controlled and led by the intelligent power and that, when they do not function according to nature, are susceptible to influences from passions. What brings them back to virtue is the leading force of the intellect.³³⁰ The *commanding role of the intellect* is put in relation with both the passible aspect and the whole man represented by the

³²⁴ For a description of this aspect with biblical references see: Vlachos, ‘The Soul’ in: *Orthodox Psychotherapy*, (Levadia: Birth of the Theotokos Monastery, 2006), pp. 97-118

³²⁵ St Gregory of Nyssa, *On the Making of Man*, VIII, PG. 44, 145A, apud: Larchet, op. cit., p. 27

³²⁶ St Nicetas Stethatos, *On the Soul*, 65, 68; St Maximus, *Centuries on Charity*, III, 32 apud: ibid.

³²⁷ Cf. Larchet, op. cit., p. 30. In connection with the adoption of the term nous starting in the fourth century instead of *pneuma* which was initially used following the Apostle Paul’s practice, the French Theologian thinks that this modification “was made in order to avoid the ambiguity which could exist with regard to the identity of the spirit, and also to affirm the created character of the human spirit”. Ibid., p. 28

³²⁸ St Gregory Palamas, *On Prayer and Purity of Heart*, 3, EPH 4, p. 344

³²⁹ For St Philotheos this classification has its roots in the Gospel itself as he mentions: ‘For it is evident that all the commandments of the Gospel legislate for the tripartite soul’. In fact, the whole Philokalic anthropology is in its essence a development of the biblical one. St Philotheos of Sinai, *On Watchfulness*, 16, EPH 3, pp. 21-22

³³⁰ According to St Peter of Damascus, Book II, XVI, EPH 3, pp. 255-6

body-soul unity and therefore is designed to acquire the unity of the human being within a single will:

‘And as the intellect, controlling the mindless impulses of the passions, directs each of them according to the divine will, so man, controlling the members of his body, makes them subject to a single will and not to many. For he does not allow the four constituent elements of the body, or its many members, to do what they wish, nor does he allow the three faculties of the soul to act, or impel the body to act, thoughtlessly and licentiously; but guided by spiritual wisdom, he makes the will of the three faculties one and indivisible’.³³¹

Another Philokalic writer, Saint Nikitas Stithatos, for practical reasons speaks mainly of two aspects of soul, the *noetic and passible*, while acknowledging its tripartite structure as well. The reason he does this is to emphasize that:

‘the noetic aspect, being in the image of the soul’s Creator, is not conditioned by the senses, is invisible to them and is not limited by them, since it is both outside them and within them’ while the passible aspect is ‘split up among the senses and is subject to passions and prone to self-indulgence ... modified by what it comes into contact with, it is sometimes incited by impulses contrary to nature and develops disordered desires’.³³²

While there is a natural function of the passible aspect meant to relate the human being to the world perceptible to senses in order to sustain life through breathing, hunger, thirst and so on, this is precisely why this function may be distorted and ‘be found in the company of the passions ... and luxuriate in self-indulgence’³³³ as Saint Nikitas puts it. On the other hand, the natural role of the noetic power is to lead over the passible power since:

‘It is by virtue of this aspect that the soul communicates with spiritual and divine powers and, through the sacred knowledge of created being, ascends naturally to God as to its archetype, thus entering into the enjoyment of His divine nature’.³³⁴

Saint Diadochos of Photiki speaks about a perceptive faculty of the intellect,³³⁵ beyond the cognitive (intellectual) one, and this faculty is meant to sense the presence of God and His

³³¹ Ibid.

³³² St Nikitas Stithatos, *On Spiritual Knowledge*, 9, EPH 4, p. 142

³³³ Ibid.

³³⁴ Ibid.

³³⁵ ‘The perceptive faculty of the intellect consists in the power to discriminate accurately between the tastes of different realities. ... similarly, our intellect, when it begins to act vigorously and with complete detachment, is capable of perceiving the wealth of God’s grace and is never led astray by any illusion of grace which comes from the devil ... the intellect, when it is triumphing over the thoughts of the flesh, knows for certain when it is tasting the grace of the Holy Spirit’. St Diadochos of Photiki, *On Spiritual Knowledge*, 30, EPH 1, p. 261

spiritual realities which discerns spiritually between good and evil, just as the physical taste discriminates the good from the bad food. Referring to the same qualities of nous/intellect, Saint Gregory Palamas talks about *thought* and *intuition* which in biblical terms are traced back and linked to the concept of *heart*:

‘The intellectual activity consisting of thought and intuition is called intellect and the power that activates thought and intuition is likewise the intellect; and this power Scripture also calls the heart. It is because the intellect is pre-eminent among our inner powers that our soul is deiform’.³³⁶

In another description we learn from Saint Nikitas Stithatos that the soul, similar to the body, has five senses: ‘intellect, reason, noetic perception, ratiocination, and noetic perception’ which finally appear organized in three major psychic activities: ‘intellection, ratiocination, and noetic perception’.³³⁷ These specific activities of the noetic part of the soul play specific roles. Thus, intellection is used to ‘apprehend spiritual intentions’, which are then interpreted ‘by means of ratiocination’, and noetic perception finds its way in grasping ‘the images of divine insight and spiritual knowledge’.³³⁸ However, the finality of all noetic activities and the major role of nous consist in the ability to distinguish the intentions of various thoughts in order to give the assent only to those that are divine, and all other activities of the intellect depend on this. Deification, but also the cure of the three powers of the soul depends on this.

In Philokalic writings, *nous* is sometimes referred to as *one of the three powers of the soul*, and sometimes as *the soul itself*. Saint Maximus, who is congruent with other Philokalic authors on this issue, notes that these three powers (intelligence, desire, and incensive power) have precise roles and collaborate in order to extinguish evil from the soul and acquire holiness. In this process all these powers are necessary but it is important for them to function according to their intended purpose, i.e. according to their nature:

‘Without the power of intelligence there is no capacity for spiritual knowledge; and without spiritual knowledge we cannot have the faith from which springs that hope whereby we grasp things of the future as though they were present. Without the power of desire there is no longing, and so no love, which is the issue of longing; for the property of desire is to love something. And without the incensive power, intensifying the desire for union with what is loved, there can be no peace, for peace is truly the complete and undisturbed possession of what is desired’.³³⁹

³³⁶ St Gregory Palamas, *On Prayer and Purity of Heart*, 3, EPH 4, p. 344

³³⁷ St Nikitas, *On the Practice of the Virtues*, 10, EPH 4, p. 81

³³⁸ Ibid.

³³⁹ St Maximus, *On Theology*, II, 74, EPH 2, p. 203

Saint Gregory of Sinai states that man's soul, being made in the image of God, is itself triadic and as there is unity between the three Persons of the Trinity, in the same way between the three instances of man's soul:

‘In man there is intellect, consciousness and spirit. There is neither intellect without consciousness nor consciousness without spirit: each subsists in the other and in itself. Intellect expresses itself through consciousness and consciousness is manifested through the spirit. In this way, man is a dim image of the ineffable and archetypal Trinity, disclosing even now the divine image in which he is created’.³⁴⁰ Each of these instances of man's soul has a correspondence within the Trinity: ‘the Father truly corresponds to the intellect, the Son to consciousness and the Holy Spirit to the spirit’.³⁴¹

Careful distinctions need to be made between intellect (*nous*) and reason (*dianoia*). If nous is considered the purest part of the soul, the ‘eye of the soul’,³⁴² that which has access to understanding and receiving the divine truth, reason is the faculty that organizes and expresses what is understood and perceived by the nous. Saint Maximus clearly states the difference in saying that ‘a pure intellect sees things correctly’ while ‘a trained intelligence puts them in order’.³⁴³ According to Saint Maximus, nous gives birth to faith that in turn is founded upon spiritual knowledge. That is why faith naturally transcends reason and the relationship established between nous and reason is similar to the one between faith and reason, i.e. reason has the role of ‘translating’ concepts that are apprehended by the pure intellect: ‘Faith is true knowledge, the principles of which are beyond rational demonstration; for faith makes real for us things beyond intellect and reason’.³⁴⁴

The nous, as otherwise the whole soul, may be found in one of three states: *according to nature, contrary to nature, or above nature*. When it functions according to nature nous ‘keeps the passions under control, contemplates the inner essences of created beings and abides with God’.³⁴⁵ These three functions of nous are in connection with the three stages of spiritual growth necessary to reach salvation and deification: *praxis, contemplation and theoria or union with God*. The healthy or unhealthy states of nous and the consequences that each state brings on the soul are described by Saint Mark the Ascetic in the following words:

³⁴⁰ St Gregory of Sinai, *137 Texts*, 31, EPH 4, p. 218. In other places referencing similar classifications, *consciousness* is translated by *logos, word, or reason*. Cf. Larchet, *Mental Disorders and Spiritual Healing*, p. 28; Vlachos, *Orthodox Psychotherapy*, p. 120

³⁴¹ St Gregory of Sinai, *137 Texts*, 32, EPH 4, p. 218

³⁴² St John of Damascus, *On Virtues and Vices*, EPH 2, p. 335

³⁴³ St Maximus, *On Love*, II, 97, EPH 2, p. 82

³⁴⁴ St Maximus, *For Thalassios*, I, 9, EPH 2, p. 116

³⁴⁵ St Maximus, *On Love*, IV, 45, EPH 2, p. 105

‘The intellect changes from one to another of three different noetic states: that according to nature, above nature, and contrary to nature. When it enters the state according to nature, it finds that it is itself the cause of evil thoughts, and confesses its sins to God, clearly understanding the causes of the passions. When it is in the state contrary to nature, it forgets God’s justice and fights with men, believing itself unjustly treated. But when it is raised to the state above nature, it finds the fruits of the Holy Spirit: love, joy, peace and the other fruits of which the Apostle speaks (cf. Gal. 5:22); and it knows that if it gives priority to bodily cares it cannot remain in this state. An intellect that departs from this state falls into sin and all the terrible consequences of sin – if not immediately, then in due time, as God’s justice shall decide’.³⁴⁶

1.3 On Thoughts

Thoughts occupy a central place in the nous’s sickening and cure. To understand their place and role within the nous’s structure will help us compare the patristic understanding on thought with the psychological one in the next section of the present chapter. This topic is so important that all Philokalic writers draw upon it more or less extensively.

Thoughts (*logismoi*) are mainly linked with the activity of reason³⁴⁷ rather than of intellect. This is clearly stated by the Philokalic writer Ilias the Presbyter when saying that:

‘Thoughts pertain neither to the non-rational aspect of the soul (for they do not occur in non-rational animals), nor to its intellectual aspect (since they are not to be found in angels). Being products of the reason, they use the imagination as a ladder, and so ascend from the world of the senses to the intellect, conveying to the latter the observations which they have derived from sense-perception; then they redescend from the intellect down to the world of the senses, communicating to it the intellect’s principles’.³⁴⁸

Thus, we note the intermediary place thoughts have between senses and intellect. That is why Philokalic writers put a strong emphasis on the source of these thoughts. According to the same Philokalic writer *intellection (noisis)* is the natural activity of the nous through which intellect ‘attains spiritual realities’ in a direct manner, *thought* is the instrument of reason through which it ‘grasps what is rational’, and *sense-perception* ‘is involved with practical and material realities

³⁴⁶ St Mark the Ascetic, *Righteous by Works*, 90, EPH 1, p. 132

³⁴⁷ “Distractive thoughts arise and are activated in the soul’s intelligent faculty”. St Gregory of Sinai, *Acrostih*, 63, EPH 4, p. 223. The translators of the Philokalia also emphasize this aspect in their introductory note to Ilias the Presbyter, EPH 3, p. 33

³⁴⁸ Ilias the Presbyter, *A Gnostic Anthology*, III, 26, EPH 3, p. 50

by means of fantasy'.³⁴⁹ Accordingly, it is specific to a man of spiritual knowledge to know when his nous is in the realm of intellection, that of thought or that of sense-perception since these places exclude each other: 'when it is in the realm of thought it is not in that of intellection'.³⁵⁰

In terms of thought's sources there are many identified by these writers and they have a direct impact on the quality of information brought by thoughts and therefore lead to the sickening or curing of the soul. Thoughts may be 'roused by the senses'³⁵¹ or 'by passions'.³⁵² Saint Thalassios the Libyan presents three ways in which thoughts may arise in the intellect: 'through the senses, through the memory, and through the body's temperament'³⁵³ and from these, the ones that come through memory are most annoying and more difficult to oppose. Another writer also points to memory as a major source due to its loss of original simplicity and one-pointedness following corruption brought by the fall: 'The source and ground of our distracted thoughts is the fragmented state of our memory'.³⁵⁴

Thoughts are stimulated by passions, but differ from them: 'An evil thought is preceded by passion. The passion is caused by the senses, but the misuse of the senses is clearly the fault of the intellect'.³⁵⁵ The conclusion we draw from here is that the sickness of the psyche comes first through the intellect's 'ignorance', considered 'the source of all evil'³⁵⁶ and closely supported by 'forgetfulness' and 'laziness'.³⁵⁷ Thus, senses found un-led and unguarded turn towards the *world* and provide information for what in time will become a *passion*. In their turn, *passions* will permanently feed *evil thoughts*. The intimate relation that exists between thought and passion is closely examined and explained by Saint Maximus the Confessor. He states that thoughts may be simple or composite. Thoughts free of passions are simple, while 'passion-charged thoughts are composite, consisting as they do of a conceptual image combined with passion'.³⁵⁸

As in the case of Adam's fall, demons continue to tempt every man through thought either by stirring the passions which bring the conceptual image associated with it, or by first bringing to mind the conceptual image which in turn activates the passion.³⁵⁹ Saint Anthony the Great in

³⁴⁹ Ibid., 3, p. 47

³⁵⁰ Ibid., 1-2, p. 47

³⁵¹ St Symeon the New Theologian, *The Three Methods of Prayer*, EPH 4, p. 75

³⁵² St Gregory of Sinai, *137 Texts*, 74-75, EPH 4, p. 225

³⁵³ St Thalassios the Libyan, *On Love*, I, 46, EPH 2, p. 309

³⁵⁴ St Gregory of Sinai, *137 Texts*, 60, EPH 4, p. 222

³⁵⁵ St Thalassios the Libyan, *On Love*, III, 5, EPH 2, p. 319

³⁵⁶ St Mark the Ascetic, *Letter to Nicolas*, EPH 1, pp. 157, 159

³⁵⁷ Ibid.

³⁵⁸ St Maximus, *On Love*, II, 84, EPH 2, p. 79

³⁵⁹ Cf. *ibid.*, 85, p. 79

trying to explain the natural link that exists between God and man's soul and the disturbance of this relation brought by demons, puts it plainly:

‘The pure soul, because of its innate goodness, is illuminated and made resplendent by God; and then the intellect apprehends what is good and begets thoughts that accord with God's will. But when the soul is defiled by evil, and God turns away from it, or rather the soul separates itself from God, evil demons enter its thought processes and suggest unholy acts to it’.³⁶⁰

Demons represent one of the major themes to be found in the Philokalia. Their description is vivid and personal. Initially they were angels that tried in an arrogant way to acquire the glory of God. Their desire to become God without communion with God naturally resulted in their losing true life and putting on death. Furthermore, the demons generated evil, and all evilness that exists in the world is the result of their actions. They are not evil by nature since God did not create anything evil, ‘but they have become evil through the misuse of their natural powers’,³⁶¹ are ‘noetic and fleshless’,³⁶² and ‘immaterial and sleepless, concerned only to fight against us and to destroy our souls through word, act, and thought’.³⁶³ There are various categories of demons³⁶⁴ which attack all the three powers of the soul with the goal of misleading man and cutting his relation with God. They ‘inhabit the world of our psychic powers’,³⁶⁵ and confuse the nous in order to generate delusions, that come first ‘in the form of mental images and fantasies’, and ‘then in the form of diabolic influence which is the origin of mental derangement’.³⁶⁶ Their main way of attack is through thoughts³⁶⁷ and therefore the ascetic method is careful to place a great emphasis on watchfulness and discrimination of thoughts as the primary method of fighting demons, since they become ‘powerless if exposed’.³⁶⁸

³⁶⁰ St Anthony the Great, *170 Texts*, 52, EPH 1, p. 337

³⁶¹ St Maximus, *On Love*, III, 5, EPH 2, p. 84

³⁶² Nikitas Stithatos, *100 Texts*, 98, EPH 4, p. 105

³⁶³ St Peter of Damascus, EPH 3, p. 105

³⁶⁴ In some classifications there are three groups: ‘those entrusted with the appetites of gluttony, those who suggest avaricious thoughts, and those who incite us to seek the esteem of people. All the other demons follow behind and in their turn attack those already wounded by the first three groups,’ *Texts on Discrimination*, 1, EPH 1, p. 38; in others two: ‘some are more subtle, others more material in nature. The more subtle demons attack the soul, while the others hold the flesh captive through their lascivious enticements. Thus there is a complete contrast between the demons that attack the soul and those that attack the body, even though they have the same propensity to inflict harm on mankind.’ St Diadochos, *100 Texts*, 81, EPH 1, p. 282; while some of them are ruling like ‘self-esteem, presumption and so on’ and others subordinate like ‘gluttony, unchastity and similar things.’ St Peter of Damascus, EPH 3, p. 180

³⁶⁵ St Gregory of Sinai, *137 Texts*, 122, EPH 4, p. 242

³⁶⁶ St Gregory of Sinai, *137 Texts*, 131, EPH 4, p. 249

³⁶⁷ St Philotheos, *On Watchfulness*, 16, 17, EPH 3, p. 22

³⁶⁸ Evagrius, op. cit., p. 44

To make a compound thought simple again, we need to separate the passion from the conceptual image ‘by means of spiritual love and self-control’.³⁶⁹ This is in fact the goal of the spiritual warfare against demons: on one hand, to battle against passions associated with conceptual images but not with the things or images of things themselves, and on the other hand regain purity of intellect and therefore look on things dispassionately.³⁷⁰ However, if you want to ‘destroy the passions’, another way is to ‘shut out the senses’³⁷¹ since they are *the first gate* for the entrance of sin and the thoughts associated with it.

In a different categorization, when linked with their motivating occasions, thoughts appear to be fourfold: *material; demonic; natural; and supernatural*.³⁷² Also, Evagrius the Solitary distinguishes between three main sources of thoughts: *angelic; human; and demonic*,³⁷³ while other authors identify *eight main evil thoughts* that comprise all others.³⁷⁴ They are termed *evil* because of their strong link with demons which are found to be their primary cause. The descriptions that are made of these evil thoughts and the soul’s struggle to fight them are portrayed in terms of warfare. As in any *battle*, when the enemy is found unprepared, insufficiently guarded, *the evil thoughts* can enter the heart while the intellect is not watchful. The *strategy* assumes that first they enter ‘one by one ... each in its own time’ and once inside they introduce ‘a swarm of other evil thoughts as well’ with the result of darkening the intellect which in turn ‘stimulates the body and provokes it to sinful actions’.³⁷⁵

These thoughts may disturb anybody since it is not in anyone’s power to stop them, as they exist beyond one’s intellect. But it is for *the will* of everyone to decide whether ‘to dwell on them or not to dwell on them, to excite the passions or not to excite them’³⁷⁶ and this training of the free will constitutes the main concern of the ascetic method. Ascetical practice established that thoughts are harder to combat than things since it is much easier to isolate yourself from distractive stimuli than from the images of those stimuli: ‘Just as it is easier to sin in the mind than in action, so warfare through our impassioned conceptual images of things is harder than warfare through the things themselves’.³⁷⁷ The problem of thoughts also brings forward the idea of inner fragmentation brought by the fall. If ‘unimpassioned thoughts arise in one living in a

³⁶⁹ St Maximus, *On Love*, III, 43, EPH 2, p. 89

³⁷⁰ Cf. *ibid.*, 40-41, p. 89

³⁷¹ St Thalassios the Libyan, *On Love*, III, 6, EPH 2, p. 319

³⁷² St Gregory of Sinai, *137 Texts*, 69, EPH 4, p. 224

³⁷³ Evagrius the Solitary, *Texts on Discrimination*, 7, EPH 1, p. 43

³⁷⁴ St Hesychios the Priest, *On Watchfulness*, 177, EPH 1, pp. 193-4. St John of Damascus lists them: “gluttony, unchastity, avarice, anger, dejection, listlessness, self-esteem and pride”, in *On the Virtues and the Vices*, EPH 2, p. 337

³⁷⁵ St Hesychios the Priest, *On Watchfulness*, 177, EPH 1, p. 194

³⁷⁶ St John of Damascus, *On the Virtues and the Vices*, EPH 2, p. 337

³⁷⁷ St Maximus the Confessor, *On Love*, II, 72, EPH 2, p. 77

state of unity’ in people found in various states of division one may find ‘reasoned calculations’.³⁷⁸ Thus, purity of the nous becomes synonymous with its unity.

As mentioned before, thoughts are essential to the process of the soul’s healing and salvation. That is why it is important what kind of thoughts one harbours as they are very intimate to the inner world of the soul. Saint Theodoros the Great Ascetic talks about the relationship between thoughts resulting from spiritual knowledge and the soul in this way:

‘Let these thoughts dwell with you, sleep with you, arise with you. See that you never forget them but, wherever you are, keep them in mind, so that evil thoughts may depart and may be filled with divine solace’.³⁷⁹

2. Practice

2.1 Asceticism as a Curative Method

The ascetic method is a natural development of the Philokalic anthropological perspective, which as we showed above is fundamentally Christological. The entire curative process revolves around Christ the God-Man which is both *the way and the aim* towards which man moves. The ecclesiological aspect is closely intertwined with the ascetic method and short references will be made whenever it proved necessary although it is beyond the goal of this research to treat this topic at large. However, we will consider the ascetic method by keeping in mind that it is essentially an intrinsic constituent of the wider ecclesiological dimension of the church. Even more, Metropolitan Hierotheos Vlachos argues in his many writings that not only the ascetic method but the entire Orthodox theology is ‘a psychotherapeutic method and treatment’, not just simply a ‘philosophy’, and that simultaneously ‘is a fruit of therapy and ... points the way to therapy’.³⁸⁰

2.1.1 The Three Stages Towards Healing/Deification

Most Philokalic authors speak of three stages on the way to curing the soul: the practical stage (*praktiki*) which comprises the ascetic method, the contemplative stage (*physiki*), and theology or

³⁷⁸ Ilias the Presbyter, *A Gnostic Anthology*, part III, 24, EPH 3, p. 50

³⁷⁹ St Theodoros the Great Ascetic, *A Century of Spiritual Texts*, 59, EPH 2, p. 25

³⁸⁰ Vlachos, *Orthodox Psychotherapy*, p. 30

knowledge of God (*gnosis or theoria*).³⁸¹ In the present research we deal in more detail with the first stage, although it cannot be completely separated from the other two stages. The three stages are linked to each other and while it is true that one cannot acquire knowledge of God without praxis and contemplation, it is also true that spiritual knowledge enforces the perfect ascetic practice through discernment and information acquired at this stage:

‘Ascetic practice cannot be consolidated without contemplation, and contemplation cannot be genuine without ascetic practice. For practice must be based on intelligence, and contemplation on practice. In this way evil will be powerless to disrupt practice, and contemplation will be prolific in acts of goodness’.³⁸² This close relation strengthens the principle according to which ‘ascetic practice consists not merely in managing to do what is right, but also in doing it rightly’.³⁸³

2.1.2 Baptism as a Premise for Healing

Saint Diadochos of Photiki underlines the importance of baptism in permeating man’s soul and eliminating evil from the nous. He emphasizes that it is not possible for one to be found simultaneously in the presence of two contrary powers, God and the devil, and shows the importance of man’s will to choose under which influences he wants to be. He states that the Holy Spirit through the mystery of baptism renews man’s possibility for *divine likeness* found already as a potentiality in *His image*, and thus expels the devil from the nous. If this is the case, then the free will of man or the way one is educated towards it gains an important place in ascetic practice, being linked especially with the *practice of obedience* on one hand and *discernment of thoughts* on the other:

‘We share in the image of God by virtue of the intellectual activity of our soul ... It was because of this that the holy Logos of God took flesh and, being God, He bestowed on us through His own baptism the water of salvation, so we might be reborn ... if we commit ourselves totally to God, we are immediately purified in soul and body by the Holy Spirit who now dwells in us and drives out sin ... Since the form imprinted on the soul is single and simple, it is not possible for two contrary powers to be present simultaneously. For when through holy baptism divine grace in its infinite love permeates the lineaments of God’s image – thereby renewing in the soul the capacity for attaining the divine likeness – what place is there for the devil? ... the protean serpent is expelled from the shrine of

³⁸¹ St Nikitas Stithatos dedicates a lot of space in his writings to these stages: in EPH 4, pp. 79-174; as does St Maximus the Confessor in EPH 2, p. 90

³⁸² Illias the Presbyter, *A Gnostic Anthology*, III, 36, EPH 3, p. 52

³⁸³ *Ibid.*, 35, p. 52

the intellect through the waters of baptism ... although baptism removes from us the stain resulting from sin, it does not thereby heal the duality of will immediately, neither does it prevent the demons from attacking us or speaking deceitful words to us'.³⁸⁴

In the next paragraph, the same saint points towards the devil's expulsion from the soul on one hand, and the temptations he continues to send through the body on the other hand. As such, it is perfectly understandable why the entire ascetic practice insists on shutting down *the gate of senses*: 'Satan is expelled from the soul by holy baptism, but is permitted to act upon it through the body. The grace of God, on the other hand, dwells in the very depths of the soul – that is to say, in the intellect'.³⁸⁵ In this way knowledge of Christ's commandments will be easily connected to the inner reality of grace that dwells from the baptism in the human soul, helping him in his cure from both outside and inside.

2.1.3 Healing the Nous – Debut of Cure

Based on Philokalic writings, the corresponding image of God in man is the nous.³⁸⁶ Following the corruption of man's spiritual powers because of Adam's sin, in order to be cured man needed the restoration brought by Christ. Thus, people are good as the humanists also state, but we see from here that such an assertion cannot be made outside notions of good and evil and that it inevitably involves 'value'.³⁸⁷ Even more, from a Philokalic anthropological viewpoint, the assertion that people are good involves the fact that man was made in God's image and likeness, which became possible through His Incarnation and continued through the church's mysteries. Since the entrance gates for all sin are senses which are permanently connected with *the world*, Philokalic writers unanimously state that curing the soul means to turn the intellect towards God and allow it to have the leading role, with the appetitive and incensive powers following the intellect.

Saint Hesychios the Priest drawing on Saint Anthony the Great asserts:

'As Anthony, the great servant of God, said, "Holiness is achieved when the intellect is in its natural state". And again he said: "The soul realizes its integrity when its intellect is in that state in which it was created." And shortly after this he adds: "Let us purify our

³⁸⁴ St Diadochos of Photiki, *100 Texts*, 78, EPH 1, p. 280

³⁸⁵ *Ibid.*, 79, p. 280

³⁸⁶ St Nikitas Stethatos says that 'our intellect is an image of God' and if it remains in 'its own dignity and nature' it even 'begets the Logos, and it recreates like new heavens the souls akin to it, strengthening them in the patient practice of virtues'. St Nikitas Stithatos, *On Spiritual Knowledge*, 12, EPH 4, p. 143

³⁸⁷ A more detailed discussion of values will be provided in the second part of his work.

mind, for I believe that when the mind is completely pure and is in its natural state, it gains penetrating insight, and it sees more clearly and further than the demons, since the Love reveals things to it'.³⁸⁸

Therefore, intellect is in its natural state when it regains the purity owned at its creation and restored now through holiness. Only in this state does man become and be *good* objectively; otherwise, his *goodness* remains only a potentiality of his image, but one that is never objectified in *likeness*. In order to restore its noetic and divine nature intellect needs to reduce contact with the world of senses which turns the soul's attention towards a different direction. So there is not only a perception related to sense but also one related to intellect, which becomes active using this method: 'Just as the senses of the body impel us almost violently towards what attracts them, so the perceptive faculty of the intellect, once it tastes the divine goodness, leads us towards invisible blessing'.³⁸⁹

Due to the fact that the soul is *single*, in ascetic practice it is important for all its powers to be purified since they naturally communicate their energy to each other, be it positive or negative. In consequence, the soul's healing abundantly needs the gift of discernment for discriminating between the exact state of these inner powers and a cure is needed for each specific situation.

'In those devoted to prayer ... the intellect's noetic activity is easily ordered and purified, but the power that produces this activity cannot be purified unless all the soul's other powers are also purified. For the souls is a single entity possessing many powers. Thus if one of its powers is vitiated the whole of it is denied; for since the soul is single, the evil in one of its powers is communicated to all the rest. Now since each of the soul's powers produces a different energy, it is possible that with diligence one of these energies might be temporally purified; but the power in question will not therefore be pure, since it communes with all the rest and so it remains impure rather than pure'.³⁹⁰

The stage of pure prayer is thus acquired only after purifying the powers of the soul and restoring them to their initial unity. In this process the advice of a spiritual father is essential as it will remain so for the length of the ascetic's entire life. Practising *obedience* towards a spiritual father³⁹¹ is also linked with the idea of making best use of one's own free will. Since *the wrong*

³⁸⁸ St Hesychios the Priest, *On Watchfulness*, 179, EPH 1, p. 194

³⁸⁹ St Diadochos of Photiki, *On Spiritual Knowledge*, 24, EPH 1, p. 259

³⁹⁰ St Gregory Palamas, *On Prayer and Purity of Heart*, 3, EPH 4, p. 344

³⁹¹ Vlachos shows that: 'the spiritual father behavior towards his spiritual children should have elements of both fatherhood and motherhood, and express both'. Vlachos, H., *Hesychia and Theology. The Context for Man's Healing in the Orthodox Church*, (Levadia: Birth of the Theotokos Monastery, 2007), p. 151. He extensively addresses this topic in two ways: in one chapter he underlines the theology of spiritual fatherhood and its relation to canons and sacramental life, also drawing on the priest's figure according to St Gregory the Theologian, while in another he portrays the priest as father and mother, presenting examples from the lives of the desert fathers but also of contemporary God-inspired men such as Elder Paisios. See: Vlachos, H., 'Spiritual Fatherhood and the Sacred

will was the reason for Adam and Eve's deceit, now in the same way *the good will* becomes the reason for cure and salvation. It is exactly this method of submitting to another's judgment that will restore reason to its natural place of being subordinated to the nous. Ideally, the spiritual father is the person that has acquired the stage of *theoria* and from this position gives advice to others. Making reference to the relation between the spiritual father and his spiritual child, Saint Gregory Palamas points to the father's responsibilities when he has to:

'... find suitable ways of healing each of his soul's powers. He will cleanse its moral aspect with the right kind of ascetic practice, its power of spiritual apperception with knowledge, its power of contemplation with prayer, and in this way he will attain perfect, true and enduring purity of heart and intellect – a purity that no one can ever experience except through perfection in the ascetic life, persistent practice, contemplation and contemplative prayer'.³⁹²

2.1.4 Against Passions –Towards Virtues³⁹³

The main purpose of the practical stage is to keep the commandments of Christ, and acquire virtue since Christ's commandments are 'the very will of God for every man' and at the same time 'laws meant to ensure proper functioning for the three powers of the soul'.³⁹⁴ Ogliari explains that 'St Philotheos' novelty' is in that he assigns to each of the three powers of the soul a commandment from the New Testament and by respecting it, each power may regain and maintain its health.³⁹⁵

The tripartite classification of the soul's powers allows the Philokalic Fathers to analyze various passions in detail and offer remedies for them. When the intelligence surrenders, passions occur within the passible part of the soul through the five senses.³⁹⁶ That is why the cure of every

Canons' (pp. 316-342), 'Spiritual Fatherhood and the Remission of Sins' (pp. 342-352), 'The Priest as Healer According to St Gregory the Theologian' (pp. 294-315) in *The Science of Spiritual Medicine*, (Levadia: Birth of the Theotokos Monastery, 2010); 'The Person of the Spiritual Father' (pp. 147-150), 'The Priest as Father and Mother' (pp. 151-161), in *Hesychia and Theology*, op. cit.

³⁹² St Gregory Palamas, *On Prayer and Purity of Heart*, 3, EPH 4, p. 345

³⁹³ The same topic will be treated more in-depth in the chapter concerned with normality and abnormality. This is just a short account intended to emphasize the content of the hesychast method.

³⁹⁴ Reference to Cap. 5 and 37 from St Philotheos of Sinai in: Ogliari, Rafaele, 'Spiritualitatea sinaită', *Filotei Sinaitul*, Trezia minții și cerul inimii, (Sibiu: Deisis, 2009), pp. 74-75

³⁹⁵ Reference to Cap. 37-39 from St Philotheos of Sinai. Cf. *Ibid.*, p. 69

³⁹⁶ 'Free in this way from the control of the intelligence, these powers-the desiring and the incensive powers – use the five senses as aids in sinning openly'. St Philotheos of Sinai, *On Watchfulness*, 18, EPH 3, p. 23

passion starts from the noetic power. Passions may be bodily or of the soul, according or contrary to nature.³⁹⁷ Hence, the virtues to be acquired are of both body and soul.³⁹⁸

Virtues, in a patristic understanding do not follow the Aristotelian paradigm, but are considered ‘natural signs of godlike attributes’³⁹⁹ and they constitute the normality of man from a patristic anthropological viewpoint. That is why the ascetic method is oriented towards obtaining these virtues understood not simply as an ethical key but as direct participation and union with God. In order to acquire virtue, the ascetical method provided by the *similars* of God⁴⁰⁰ requires giving up *the world* and *the flesh*.⁴⁰¹ As passions seem to accompany man from birth⁴⁰² and ‘we easily revert to the passions of the flesh’⁴⁰³ unless their causes are not constantly cut off, it is only through a *genuine love for God* that we can keep them at a distance since this love makes one ‘choose Him rather than the world, and the soul rather than the flesh, by despising the things of this world and by devoting ourselves constantly to Him’.⁴⁰⁴

2.1.5 A Short Account of Suffering

A major characteristic of the cure proposed by the ascetic method includes approaching the matter of suffering in a specific key. In line with its anthropological framework, the Philokalia highlights the close relation between the sufferings of Christ and the inevitability of those of the man who chooses to follow Him. Thus, suffering assumed in Christ is part of *the medicine* that needs to be taken for inner healing since man only through ‘bitter separation (with much suffering of the heart)’⁴⁰⁵ can separate himself from his passions. On the other hand, it is considered that ‘nothing pleases God more than sufferings or bodily privations for His sake; and nothing attracts His loving kindness more than tears’.⁴⁰⁶

The suffering appears also associated with *one’s cross*, and even with *the folly of the cross* that provides true wisdom ‘which resides not in fine words but in the power of the Cross that is active

³⁹⁷ St Ilias the Presbyter, *A Gnostic Anthology*, IV, 122, EPH 3, p. 63

³⁹⁸ St Peter of Damascus, Book I, *The Seven Commandments*, EPH 3, p. 100

³⁹⁹ Stăniloae, D., Note 100, în: Sf Maxim Mărturisitorul, *Ambigua*, op. cit., p. 113

⁴⁰⁰ In this research we use this expression to refer to what is commonly acknowledged as a saint or a person with a holy life. We prefer this expression because it clearly underlines the link between their life in God, their knowledge level as a result of union with God, and their accomplished goal of life which is to become *similar* to God.

⁴⁰¹ St Maximus, *On Love*, II, 53, EPH 1, p. 74

⁴⁰² ‘the intellect has lived with these passions and grown accustomed to them since birth’. St Maximus, *On Love*, III, 72, EPH 2, p. 94

⁴⁰³ St Maximus, *On Love*, III, 70, EPH 2, p. 94

⁴⁰⁴ St Maximus, *On Love*, III, 50, EPH 2, p. 91

⁴⁰⁵ Abba Isaiah mentioned by Nicephorus the Solitary, *Profitable Discourse on Sobriety*, WFPH, p. 29

⁴⁰⁶ The Monks Callistus and Ignatius, *Directions to Hesychasts*, 30, WFPH, p. 202

as an actual reality in those found worthy to achieve such wisdom'.⁴⁰⁷ In order to become 'coheirs of Christ' one needs to assume 'the cross, or death to the whole world, the afflictions, the trials and the other sufferings undergone by Christ'⁴⁰⁸ and 'if we want to share His inheritance we must be willing to share his sufferance with equal zeal'.⁴⁰⁹

However, the next quote from Saint Symeon the New Theologian seems to summarize the main points made in the *Philokalia* on the issue of suffering and its final transformation into joy, and later in this work we will see the same matter applied practically in relation to the *passions of fear and dejection*:

'Fear of torment and the sufferings of the heart it engenders are salutary to everyone who begins life in God. A man who hopes to lay the foundations of righteous life without such sufferings, or to free himself from the bonds of fear, lays the foundations of his work on sand and dreams to build his house in the air without groundwork, which is of course impossible. At the same time, very soon these sufferings turn to joy, these bonds sever the bonds of all sins and passions, and this executioner leads a man not to death, but to eternal life'.⁴¹⁰

To conclude this section of the chapter we would like to emphasize three main ideas: first, the curative process is one meant to restore man to his state before the fall and gain a divine likeness through a process of unification between all the soul's powers;⁴¹¹ second, the natural course of this process is that 'the truly physician-like intellect is one that first heals itself and then heals others of the diseases of which it has been cured';⁴¹² and ultimately, although the effort towards cure is supported by man's own free will, in the end 'only the Holy Spirit can purify the intellect, for unless a greater power comes and overthrows the despoiler, what he has taken captive will never be set free'.⁴¹³ Man's effort is perfected by the intervention of the Holy Spirit which places the ascetical practice within a pure Christian mystical framework and not simply a process coordinated by one's own or someone else's reason.

⁴⁰⁷ St Symeon Metaphrastis, *Paraphrase*, V, 84, EPH 3, p. 322

⁴⁰⁸ St Symeon the New Theologian, *150 Texts*, 101, EPH 4, p. 47

⁴⁰⁹ St Symeon Metaphrastis, *Paraphrase*, VI, 133, EPH 3, p. 344

⁴¹⁰ St Symeon the New Theologian, *Practical and Theological Precepts*, 68, WFPH, p. 112

⁴¹¹ "The scattering of powers of the soul is sickness and their unification is healing". Vlachos, *Orthodox Psychotherapy*, p. 107

⁴¹² He also enumerates as part of the ascetic struggle: 'fasting, vigils, patience, and forbearance'. St Thalassios the Libyan, *On Love*, IV, 44, EPH 2, p. 328

⁴¹³ St Diadochos of Photiki, *100 Texts*, 28, EPH 1, p. 260

2.2 Ascetical Methods – A Short Description

Asceticism is a method in itself containing many other *sub-methods* which address the entire complexity of the human being seen in its unity of body and soul: fasting; vigils; guarding the intellect; singing; reading; prayer and so on. Either closer to *praxis* or *nepsis*,⁴¹⁴ according to Saint Thalassius the Libyan they all aim ‘to produce a clear conscience’.⁴¹⁵ Next, we will describe some of the methods that may look similar to ones found in modern psychotherapeutic paradigms and which will support our comparative efforts made in the third section of this chapter.

2.2.1 Inner Analysis

Generally speaking, this is one method used the whole way towards deification in various forms and degrees. It is linked with the necessity of one *to know oneself* which is addressed to everybody and is meant to accompany man through the three stages of ascetic practice, contemplation and *theoria*. This inner analysis will ultimately uncover the image of Christ which is hidden within each soul. Thus we might say that inner analysis is in close connection with the fulfilment of Christ’s words: ‘But seek ye first the kingdom of God, and his righteousness; and all these things shall be added unto you’ (Mt. 6:33) and ‘the kingdom of God is within you’ (Lk. 17:21).

The kind of *inner analysis* described in the Philokalia has a few characteristics:

1. First, it is guided by observing and keeping Christ’s commandments since ‘Christ is hidden in the Gospel’⁴¹⁶ and second, by the advice previously offered by those who attained the stage of spiritual knowledge following this path. That is why many Philokalic authors naturally quote other authors that preceded them. To mention just a few examples, Hesychios the Priest draws on Saint Anthony the Great,⁴¹⁷ Saint Peter of Damascus on Saint Isaac the Syrian and Saint Maximus the Confessor,⁴¹⁸ Saint John of

⁴¹⁴ Sinaitic authors even illustrate as *nepsis* that which Evagrius and other ancient monks described as *praxis*, thus emphasizing the leading role of the nous in co-ordinating the ascetic effort and not primarily that of the body. Cf. Adnes, P., ‘Nepsis’, *Dictionnaire de Spiritualité*, IX, 1981, col. 110-118

⁴¹⁵ St Thalassius the Libyan, *On Love*, III, 14, EPH 2, p 319

⁴¹⁶ St Peter of Damascus, *The Fourth Stage of Contemplation*, EPH 3, p. 126

⁴¹⁷ St Hesychios the Priest, *On Watchfulness*, 179, EPH 1, p. 194

⁴¹⁸ EPH 3, p. 213

Damascus on Saint Mark the Ascetic.⁴¹⁹ The examples here are far too many to mention them all.

2. This kind of inner analysis is put in relation to *humility*, considered *one of the greatest virtues*.⁴²⁰ Saint Nikitas Stithatos makes this connection very clear: “‘Know Thyself’”: this is true humility, the humility that teaches us to be inwardly humble and makes our heart contrite. Such humility you must cultivate and guard. For if you do not yet know yourself you cannot know what humility is, and have not yet embarked truly on the task of cultivating and guarding. To know oneself is the goal of the practice of the virtues’.⁴²¹ At the end of this process of inner analysis, ‘your consciousness of the knowledge of God will grow lucid and you will begin to contemplate the mysteries of the kingdom of heaven and the inner essences of created things ... Correspondingly you gain knowledge of your own limitations and recognize the weakness of human nature; at the same time your love for God and your fellow beings waxes until you think that sanctification flows simply from a greeting or from the proximity of those with whom you live’.⁴²² Therefore, to know yourself in the Philokalic understanding is not simply a rational process meant solely to improve knowledge of yourself, but it takes you to the state of truthful being and puts you in agreement with the image of Christ in you. Also, it is the way towards *theoria* and the complete curing of the soul – *deification*.
3. It is done under supervision from a spiritual father and closely connected with the practice of obedience.⁴²³ This practice is important since, in Saint Maximus the Confessor’s words, ‘the result of obedience is virtue’ and ‘obedience leads to keeping the commandments and to union with Him who gave them’.⁴²⁴
4. The final target of this analysis is to ‘give birth’ to Christ within one’s soul⁴²⁵ and thus restore the soul to its natural stature and cure it. This process is succinctly described by Saint Maximus in this way: ‘The Logos of God is like a grain of mustard seed (cf. Matt. 13:31): before cultivation it looks extremely small, but when cultivated in the right way it grows so large that the highest principles of both sensible and intelligible creation come like birds to revive themselves in it. For the principles or inner essences of all things are embraced by the Logos, but the Logos is not embraced by anything. Hence the Lord has said that he who has faith as a grain of mustard seed can move a mountain by a word of

⁴¹⁹ EPH 2, p. 333

⁴²⁰ St Nikitas Stithatos, *On the Inner Nature of Things*, 40, EPH 4, p. 117

⁴²¹ *Ibid.*, 35, p. 116

⁴²² *Ibid.*, 40, pp. 117-118

⁴²³ Cf. St Theodoros the Great Ascetic, 37-60, EPH 2, pp. 21-25

⁴²⁴ St Maximus the Confessor, *For Thalassios*, II, 7, EPH 2, p. 139

⁴²⁵ Having acquired the condition of purity and chasteness, the soul becomes ‘the very mother of the divine Logos’. St Nikitas, *On the Inner Nature of Things*, 48, EPH 4, p. 120

command (cf. Matt. 17:20), that is, he can destroy the devil's dominion over us and remove it from its foundation'.⁴²⁶

2.2.2 Watchfulness (*nipsis*)

Inner analysis starts with what Philokalic writers call *watchfulness*, a method of being attentive to oneself. Which of the powers of the soul should do this activity and how to be attentive to yourself? To this question we receive an answer from Saint Gregory Palamas:

“Be attentive to yourself”, says Moses (Deut. 15:9 LXX) – that is, to the whole of yourself, not to a few things that pertain to you, neglecting the rest. By what means? With the intellect assuredly, for nothing else can pay attention to the whole of yourself. Set this guard, therefore, over your soul and body, for thereby you will readily free yourself from the evil passions of body and soul. Take yourself in hand, then, be attentive to yourself, scrutinize yourself; or rather, guard, watch over and test yourself, for in this manner you will subdue your rebellious unregenerate self to the Spirit and there will never again be ‘some secret iniquity in your heart’ (Deut. 15:9).⁴²⁷

The translators of the Philokalia into English draw our attention to the central role assigned to watchfulness by Saints Makarios and Nikodimos,⁴²⁸ the compilers of this collection. Its central role derives from being a natural companion on the entire way to attaining purity of mind and heart, rearing a constant attentiveness over inner thoughts and fantasies. To be in a *nipitic state* for the Fathers of the Philokalia means to be in a healthy state of self-defence, necessary to protect against the devil which is ‘immaterial and sleepless, concerned only to fight against us and to destroy our souls through word, act and thought’.⁴²⁹

Saint Symeon the New Theologian talks about three ways of attentiveness and describes the method of watchfulness by using the house as a metaphor. He considers that the ‘house’ of the soul must be ‘watched’, starting from its foundations when ‘we must watch over the heart and curtail passions arising from it’, then we must build its walls through the second form of attentiveness when ‘we must repulse the turbulence of the evil spirits that fight us by means of external senses’ and then put on the roof by ‘detaching ourselves entirely from all things and give ourselves wholly to God’.⁴³⁰ Hence, it accompanies the soul from the beginning of ascetic

⁴²⁶ St Maximus the Confessor, *For Thalassios*, II, 10, EPH 2, pp. 139-40

⁴²⁷ St Gregory Palamas, *In Defence of Those who Devoutly Practise a Life of Stillness*, 9, EPH 4, pp. 338-9

⁴²⁸ Cf. Glossary, EPH 4, p. 437

⁴²⁹ St Peter of Damascus, *The guarding of the Intellect*, EPH 3, p. 105

⁴³⁰ St Symeon the New Theologian, *Guarding the intellect*, EPH 4, p. 75

practice until the end of bodily life. Even if one may attain the stage of *theoria*, watchfulness still remains the guardian of the heart, keeping the attentiveness of the hesychast on prayer and other noetic activities. Watchfulness is therefore put in connection with ‘the noetic work’ of the soul and considered ‘a path leading both to the kingdom within us and to that which is to be’.⁴³¹

2.2.3 Discrimination of Thoughts

The result of practising watchfulness is ultimately discrimination of thoughts. This method is connected with the virtue of discernment and because of its importance for our present research it will be developed in more detail in another chapter of this research. Here we intend to emphasize its relation with the soul’s powers, that is, to place it not so much ‘functionally’ as ‘structurally’.

Discrimination of thoughts is preceded by truth and has its origin in humility.⁴³² It is linked with the noetic power of soul and depends on its mode and healthy way of functioning. Saint Nikitas Stithatos, a real painter of the inward realities of the soul and a deep psychologist of the Philokalic writings, describes with the accuracy of a true and rightful scientist the movements within the soul’s noetic faculty, showing which one depends on which. Hence, he ascertains that the role of the nous is to:

‘clearly distinguish the intentions of its thoughts and in its purity gives its assent only to those that are divine’, the aim of reason is to ‘interpret the physical movements of the whole visible creation – that is to say, can clearly elucidate the inner essences of things’ while integrated into a general noetic vision, and also the nous ‘can perceive heavenly wisdom and spiritual knowledge’.⁴³³

If discrimination of intentions of thoughts is the function of the nous, reason’s task is to interpret them and if necessary ‘translate’ them into words. Beyond these two functions, Saint Nikitas also mentions the noetic perception whose purpose is to ‘grasp the images of divine insight and spiritual knowledge’.⁴³⁴ Through these concerted and simultaneous activities of the nous, strongly sustained by the soul’s incensive power or will,⁴³⁵ one may reach the state of purity of heart which ‘consists simply in our not letting evil droughts enter the soul’.⁴³⁶ Found in the state

⁴³¹ St Philotheos of Sinai, *On Watchfulness*, 3, EPH 3, p. 17

⁴³² Cf. St Ilias the Presbyter, *Gnomic Anthology*, I, 7, EPH 3, pp. 34-35

⁴³³ St Nikitas, *On the practice of virtues*, 11, EPH 4, p. 81

⁴³⁴ *Ibid.*, 10, p. 81

⁴³⁵ St Makarios of Egypt, *The Raising of the Intellect*, 64, EPH 3, p. 313

⁴³⁶ St Hesychios the Priest, *On Watchfulness*, 193, EPH 1, p. 196

of purity of heart one may also receive what is known in patristic vocabulary as *the gift of discernment* which will be extensively discussed in a different chapter, in relation to the ability to *diagnose*. To conclude, discrimination of thoughts ‘structurally’ belongs to *nous’s activity*, while ‘functionally’ depends on *nous’s purity*.

Beyond the ascetic methods which we shortly described here as being in direct connection with our current research, asceticism recognizes three main methods: *fasting; vigils; and prayer*, which are extensively treated with full explanations and arguments from patristic writers by Metropolitan Hierotheos Vlachos. He also emphasizes the importance of *true faith* for any kind of ascetic practice since ‘we know that when faith is distorted, the cure is automatically distorted’.⁴³⁷ So, faith embodied in spiritual knowledge is not only a problem of theological dogma, but also of *medicinal* preservation. Issues related to *faith* or the *capacity to trust and entrust* will be discussed later on this research in connection with anxiety.

III. Anthropological Perspectives: Comparison

In the third section of the chapter we will analyze various *travelling concepts* that have been theoretically presented earlier from both viewpoints. We tried to choose a single major topic for each psychotherapeutic approach, which represented the ‘very’ major theme of that approach and that contributed greatly to the developments of the concept of illness analyzed further in the second part of this work. This is the case of the discussion on *unconscious, habit, thoughts, self and Christ-actualization*. In addition, we treated the topic of *the tripartite structure of the soul* which represents a major theme in the Philokalia and tried to see if the psychotherapeutic area has an awareness of such a perspective. The last two issues focused on *wholeness* to see if there is a common understanding of the topic and *the cure through grace* which constitutes a very distinct landmark for the Philokalic perspective but for which modern psychotherapy was proved to be able to account for. The conclusions were formulated following the techniques described in the methodological chapter.

⁴³⁷ Vlachos, *Orthodox Psychotherapy*, p. 42. In the same book, he devotes a section of a chapter to describe the ascetic methods: ‘Method of Therapy-Therapeutic Treatment’, pp. 42-56

1. The Problem of the Unconscious

The unconscious remains a reference point and a key concept for the field of psychotherapy regardless of how it is dealt with from one paradigm to another. The unconscious psyche has a central place in psychodynamic theory which is centred on the idea of inner conflict found outside one's awareness and thus generating psychic illness. According to Freud 'nonconscious processes are the norm in mental life'⁴³⁸ and therefore in his topographical model⁴³⁹ represented as an iceberg the unconscious has the biggest proportion which is hidden under the water's surface. Adler's focus on the unconscious was given by his emphasis on striving for superiority, hence power,⁴⁴⁰ from where a conflict producing dynamics might result.

Jung deals with the personal unconscious in terms of the shadow side of man, prolonged within the collective unconscious through the archetype of *persona* – *the mask*. *Persona* and shadow's archetypes are somehow intermingled in producing a kind of *evil* inside and outside the individual. As Meeks notably points out there is a permanent tension between the need of the individual to achieve personal unity and that of the society which emphasizes the collective representations in individuals with the result of *mediocrity*. He concludes from Jung's quote 'the morality of society as a whole is in inverse ratio to its size; for the greater the aggregation of individuals, the more the individual factors are blotted out'⁴⁴¹ that 'true morality is discouraged, for morality requires freedom'.⁴⁴² Thus, Meeks identifies the vicious circle that is created between man and society. On one hand, society forces the individual to assume one kind of *persona* with the result of repressing the individual psychical characteristics and therefore results in formation of the *personal unconscious*. On the other hand, found in this situation the human being will project his unconscious contents onto society which will 'take on collective force within culture' and as such 'the evil that has been denied within the individuals of a culture breaks forth in acts of warfare, genocide and other atrocities committed by a civilized, proper people'.⁴⁴³ He goes on then to emphasize that it is also every human being's obligation 'of

⁴³⁸ Freud mentioned in: Wolitzky D.L., 'Psychodynamic Theories' in *Comprehensive Handbook of Personality and Psychopathology*, v. 1, eds. Jay C. Thomas and Daniel L. Segal, (New Jersey: John Wiley and Sons, 2006), p. 77

⁴³⁹ McWilliams, N., Weinberger, J., 'Psychodynamic Psychotherapy' in *Handbook of Psychology, Clinical Psychology*, v. 8, eds. George Stricker and Thomas A. Widiger, (New Jersey: John Wiley and Sons, 2003), p. 254

⁴⁴⁰ 'Jung maintained that both Freudian and Adlerian analysts were principally engaged with the 'shadow-side' of human nature; since they were concerned with exploring the primitive, selfish drives of sexuality on the one hand, and power on the other' Storr, op. cit., pp. 58-59

⁴⁴¹ Jung, apud: Meeks-Hunt, Swanee, 'The Anthropology of Carl Jung: Implications for Pastoral Care', *Journal of Religion and Health*, Vol. 22, No. 3 (Fall, 1983), pp. 191-211; Published by: Springer Stable URL: <http://www.jstor.org/stable/27505736>, Accessed: 25/10/2009 22:58, pp. 194-195

⁴⁴² Meeks, op. cit., p. 195

⁴⁴³ Ibid.

becoming whole within, so that he or she is not contributing to the world's ills through projection of the shadow'.⁴⁴⁴

Jung's archetype of *persona* – *the mask* seems to echo the concept of *façade* used by Rogers. Rogers did not theorize much on this issue but he used it to explain the need of both therapist and client to relate to each other in an honest and open way. Humanists did not particularly focus on the unconscious because they adopted the *here-and-now* principle, things that need to be changed in the present. Nevertheless, the unconscious is always implied in the way they see the human being, first because most humanist therapists had initially trained in psychoanalytic therapy and as such gained its theoretical background, and second because they acknowledge the presence of repression and defence mechanisms which block the access of the person to becoming *what it truly is*.

On the other hand, cognitivists in dealing with *irrational beliefs* (Ellis) or *automatic thoughts* (Beck) that need to be changed, indirectly contribute to the fulfilment of the same openly proclaimed psychodynamic goal: to make the unconscious conscious, or *to cure unreason by reason*, as they articulate it. Even the behaviourists' radical rejection of the unconscious, paradoxically, succeeded in highlighting once more its very presence. However, for the psychotherapeutic approaches discussed in the first section of this chapter, even if the focus on the unconscious, in terms of how they understand (theory) and deal with it (method) is different, the unconscious remains one of the major dimensions in relation with their anthropological perspective.

The unconscious, as conceptualized by modern psychotherapeutic paradigms, has not been a subject matter for Philokalic writers *per se*, since their primary goal was 'concerned with the advancement of the life of prayer and finding spiritual salvation'.⁴⁴⁵ Still, the Philokalia abounds in information concerning the *unconscious* of humans. The difference is that they point towards *unconscious* realities but do not use this term to describe them. In their attempt to reach union with God, its writers had to deal first with what constituted an obstacle in this process, hence *passions*⁴⁴⁶ which are to be found in the terrain of the *psychoanalytical unconscious*. *Praxis*, the first spiritual stage, is particularly concerned with the fight against passions in order to restore the soul's powers to their natural state. However, the *unconscious realities* as pointed to in the Philokalia in particular and patristic literature in general, have a broader understanding than that of the *psychotherapeutic unconscious*. Larchet is the first to have done an analysis of the

⁴⁴⁴ Ibid.

⁴⁴⁵ Cook, op. cit., p. 204

⁴⁴⁶ A detailed discussion concerning passions will be part of the chapter on abnormality.

problem of the *unconscious* as found in the Fathers in a book called *L'inconscient spirituel*.⁴⁴⁷ The next presentation is indebted to and broadly based on the results of his research.

Larchet introduces the idea of the existence of a spiritual unconscious, by spiritual, i.e. noetic, meaning 'everything creates in us a relation with God'.⁴⁴⁸ As in this relation is usually recognized a conscious dimension, Larchet shows that there is an unconscious dimension to it as well. Derived from the relation with God which may be positive or negative, there are two kinds of unconscious: *l'inconscient theophile* consists of 'everything [that] relates and unites man with God, directing to Him without man being aware of it' and *l'inconscient deifuge* consists of 'everything [that] breaks up and removes man from his relation with God, directing him in an opposite direction, again without him being aware of it'.⁴⁴⁹

Thus, for the man that has no spiritual concerns *l'inconscient spirituel* is large, while for the man that involves himself progressively in an ascetic process there is a reduction of it on both sides.⁴⁵⁰ The more a person becomes aware of himself⁴⁵¹ alongside the three stages of spiritual knowledge, the more he will become conscious of the presence of God within and consequently of the passions that obstruct the way to perfect union with Him. As Larchet rightfully notes:

'For the holy man, who came to deification, the negative part of the spiritual unconscious disappears, and so does the positive, to leave place for the full consciousness of what he is, as a creature, in relation to God'.⁴⁵²

Thus we might explain why the Philokalia does not focus on *unconscious* workings of the soul as an end in itself, but only in an indirect and intermediate manner, because the more the man accesses *l'inconscient theophile*, *l'inconscient deifuge* naturally disappears. Ascetics struggle to enter directly *the kingdom within* in order to meet God and become uninterested in *the world within* which is comprised by *l'inconscient deifuge*. Thus they *talk* to God and ignore other inner voices. Psychodynamic therapies do the opposite.

Larchet's findings are endorsed by another author, namely the Archimandrite Simeon Kraiopoulos from Mount Athos. Founding his statements on the long tradition of neptic and Philokalic Fathers he concludes that the *similars* to God do not possess an unconscious or subconscious because, through ascetic practice, their souls have become fully conscious⁴⁵³ and

⁴⁴⁷ For the present research we studied the Romanian translation of his book: Larchet, J.C., *Inconștientul spiritual*, (București: Sophia, 2009)

⁴⁴⁸ Ibid., p. 122

⁴⁴⁹ Ibid., pp. 125-6

⁴⁵⁰ Cf. *ibid.*, p. 126

⁴⁵¹ St Nikitas Stithatos, *On the Inner Nature of Things*, 35, EPH 4, p. 116

⁴⁵² Larchet, *Inconștientul spiritual*, p. 126

⁴⁵³ Cf. Kraiopoulos, S., *Sufletul meu, temnita mea*, (Bucuresti: Editura Bizantina, 2009), p. 24

that this is in fact the stage of deification. To exemplify the archimandrite's view we will offer the next quote from his book:

‘As God is simple and not complex, so He built man. God made man simple. Before the fall, man did not have hidden in his depths dark cellars. His entire existence was in the face of God and his naked and exposed conscience. All were clean and clear. These layers that disturb man and which he finds difficult to grasp were created by sin. We see that saints, who enter this ascetic labour, believe in God's help, always have God's grace, never turn back, just because: “it is clear that man can deify!” ... The blessed time comes, when the holy one – that is God's blessed man, who took things seriously – becomes entirely conscious, i.e. his whole soul is conscious. He does not have subconscious, unconscious, dark cellars, repressed feelings, and unconscious, uncontrolled or autonomous states. That is why anything he would say is holy, whatever he does is holy, whatever his behaviour his work is sacred, his entire life is sacred’.⁴⁵⁴

Thus, Arch. Simeon, rooting his observations in the ascetic practice and Philokalic tradition, reaches the same conclusions in regard to the problem of the unconscious. In addition, building on Philokalic anthropology, which is biblical in essence, he advocates that man does not possess a negative unconscious⁴⁵⁵ and that its existence in the structure of man is an ‘accident’ and objectively, only a result of the fall.

As part of *l'inconscient theophile*, Larchet includes a few arguments. First, the *logos* of human nature which constitutes the fundament of this kind of unconscious and according to which man was endowed with specific faculties was implanted through creation in his own nature. These powers allow him naturally to reach the finality of his *logos*, i.e. deification through grace. Second, drawing on the teaching of Saint Maximus the Confessor, Larchet discusses the *distinction between image and likeness* where he underlines that *image relates to nature*, while *likeness to hypostasis*; thirdly, he points towards *grace* which is found within human nature and may take various forms but is one in essence.⁴⁵⁶

L'inconscient deifuge is constituted from the soul's sin or illnesses, which are first rooted in the lack of knowledge concerning humanity's fall. Referring to the soul's illness, Saint Mark the Ascetic mentions *ignorance* as one of the *three giants* of all sin and passions:⁴⁵⁷ ‘ignorance the source of all evils, forgetfulness, its close relation and helper; and laziness’⁴⁵⁸ which are in his

⁴⁵⁴ Kraiopoulos, S., op. cit., translated from Romanian, pp. 25-26

⁴⁵⁵ This claim could be considered a hypothesis further to be tested through specific research methods by modern psychotherapy.

⁴⁵⁶ Cf. Larchet, *Inconstientul spiritual*, pp. 127-160

⁴⁵⁷ The topic of sin and passion will be discussed in more detail in the section concerning abnormality.

⁴⁵⁸ St Mark the Ascetic, *Letter to Nicholas*, EPH 1, p. 159

views ‘the mother and nurse of every vice’.⁴⁵⁹ This type of unconscious in the way it is described by Philokalic writers presents many similarities with the observations made by modern psychotherapy. There will be differences as well, in terms of terminology used, aetiology, and methods of treatment, but as far as the description of these illnesses is concerned, it does greatly overlap as we will probably discover in the chapters dedicated to anxiety and depression.

One major point of interaction between these two fields is that they both consider of major importance a kind of *inner analysis* and that this is part of every curative process concerning our *inner being*. The major difference is in *how* we proceed to this adventure. And the *how* depends on *what* the content of the unconscious is considered to be. As showed earlier, for the Philokalic Fathers the descent into the unconscious is not a goal in itself as in modern psychotherapy but a travel towards the image of God within the depth of the soul. The target is to know God and become similar to Him and in order to accomplish this, all obstacles, consisting of various forms of inner illnesses, need be overcome. Therefore, ‘in the therapeutic process, our *inconscious theophile* awareness is accompanied by awareness of our *inconscious deifuge*’⁴⁶⁰ but without a specific focus on the later. One may consider talking about contents of *inconscious deifuge* only if he is granted the *gift to heal* which involves being himself healed⁴⁶¹ and is also given the grace of the Holy Spirit.⁴⁶² Probably, that is why the vast majority of writers of the Philokalia, and of patristic literature in general, have also been proclaimed as saints.

The focus is put on the positive part of the unconscious which relates man to God, while the negative one is naturally eliminated by replacing *passions* with *virtues*, i.e. illness with health. What for modern psychotherapy is *the goal*, to make the unconscious conscious, for the ascetic method it is only *the means* to accomplish the goal, which is to attain a *likeness* to God and union with Him. While it is true that one cannot attain *likeness* without overcoming unconscious matters, it is also true that an awareness of the unconscious without a higher finality may leave one prisoner in deeper distress and illness, since the *negative* unconscious content once becoming conscious has *no place to go* and therefore remains within one’s self without the possibility for such an awareness to be transformed or turned towards something good.

The ascetic method has as a *model of normality* virtues which are the soul’s powers that function according to their created purpose, and virtues which were all embodied by Christ the God-Man, The Archetype. In contrast, the modern psychotherapeutic model lacks such a *model of normality*. As in the case of every *science*, in the Philokalia in order to attempt this conversion of

⁴⁵⁹ Ibid., p. 157

⁴⁶⁰ Larchet, *Inconstientul spiritual*, p. 177

⁴⁶¹ ‘The truly physician-like intellect is one that first heals itself and then heals others of the diseases of which it has been cured’, St Thalassios the Libyan, *On Love*, IV, 44, EPH 2, p. 328

⁴⁶² ‘Only the Holy Spirit can purify the intellect, for unless a greater power comes and overthrows the despoiler, what he has taken captive will never be set free’, St Diadochos of Photiki, *On Spiritual Knowledge*, 28, EPH 1, p. 260

the unconscious into the conscious one uses the knowledge accumulated and offered by previous *scientists of the soul*, knowledge that covers both sides: Who is the God towards which one goes and what are the inner *obstacles* that stand in the way of knowing and loving Him personally? If knowledge concerning God is traditionally considered the realm of theology, the second part, knowledge about the inner mechanisms of illness which is overlapped by modern psychotherapeutic approaches tends to be assimilated nowadays to the realm of science.⁴⁶³ However, as we have seen above, in the Philokalic perspective to know these mechanisms of inner illness accurately depends on accurately knowing God. This view strongly contrasts with modern psychotherapeutic approaches which in the vast majority started their study of the human soul having as a model the *sick* person or comparisons with animals. The only exception is the humanist-existential paradigm which grew out of the need to reject what they considered a negative view on man and brought a positive perspective on him but which, as we will see, shares essentially the characteristics of a *Christian theology without Christ*.

2. The Tripartite Structure of the Soul

In close relation with the matter of unconscious is *the tripartite structure of the soul* which is in one way or another considered by both fields examined in this research. Thus, a first classification is Freud's topographic and dynamic model consisting of three 'progressively deeper layers of mentation':⁴⁶⁴ the conscious; preconscious; and unconscious systems. The second *Freudian tripartite classification* known as the structural model, elaborated in 1923, divides the mind into three intrapsychic classes. First is *the id*, which is motivated by one of the *two biological drives*: sex or aggression. It operates according to the *pleasure principle* which means that it seeks pleasure and avoids pain, and is entirely unconscious. Second is *the ego*, 'a term Freud often used synonymously with self',⁴⁶⁵ which operates according to the *reality principle* and emerges as the child grows up, involving logical cognition, language, problem solving, and its aim is to find socially acceptable ways of satisfying the id's urges.⁴⁶⁶ Finally, there is the *superego* or conscience which develops from the ego and from the introjections of moral caregivers' values, and has the goal of using moral ways to satisfy the id's desires. Jung's

⁴⁶³ As a result, some modern theological accounts search for ways of 'building bridges between the disciplines of theology and psychoanalysis' as is the case with Marcus Pound's book. Pound, M., *Theology, Psychoanalysis and Trauma*, (London: SCM Press, 2007), p. 172

⁴⁶⁴ McWilliams, N., Weinberger, J., op. cit., p. 254

⁴⁶⁵ Ibid., p. 257

⁴⁶⁶ Cf. Strickland Bonnie, ed., *The Gale Encyclopedia of Psychology*, (Farmington Hills: Gale Group, 2nd ed., 2001), p. 654

system of thought also comprises a *tripartite model* made of three psychic instances: the conscious; personal unconscious; and collective unconscious.⁴⁶⁷

On the other side, the tripartite principle appears in Philokalic writings in a few combinations. In a first classification we have *the vital or vegetative power*, common to all living beings, *the animal power* consisting of *irascibility (thymos) and concupiscablity (epithymetikon)* that man shares in common with animals, and *the rational power*, specific only to man, which makes man, man. In another tripartite taxonomy man appears as having a trichotomous *spirit/intellect/nous – soul – body* constitution. This is used only to emphasize man's relation to God through the nous, considered *the eye of the soul*; otherwise a body-soul dichotomous model is generally preferred because it stresses the perfect unity that exists within the soul's powers. This specific classification is echoed by Frankl's therapeutic philosophy that views the human being in the triadic terms of *Spirit – Psyche – Soma* and thus justifies logotherapy as a therapy that addresses the spiritual being of man, which is complementary to other psychotherapies that in his view attend to man's psyche. A third Philokalic classification presents the three main powers of soul: *the intelligent; incensive; and desiring or appetitive powers*.

Is there any relation or connections we can make between these various tripartite views on the human being? To answer this question is not an easy task, and it would probably take another research to explore this subject in depth. Therefore, in the next few pages my aim is only to attempt to identify a few lines of thought that appear obvious at this level of analysis, and which may open the possibility for further research.

1. The id's two biological drives of sex (also known as *Eros* associated with life and creativity) and aggression (or *Thanatos* representing the destructive forces in man) described by Freud may be connected with the *desiring and incensive powers* from the Philokalic description. Even if not understood in identical terms, generally speaking, it seems obvious that both the *id's drives* and *these two powers of the soul* refer to what the Philokalic Fathers tackled as the *appetitive part of the soul*, i.e. the part of the soul which if not under the control of the nous that restores it to rationality, becomes irrational and gives rise to passions.⁴⁶⁸

⁴⁶⁷ 'My thesis then, is as follows: in addition to our immediate consciousness, which is of a thoroughly personal nature and which we believe to be the only empirical psyche (even if we tack on the personal unconscious as an appendix), there exists a second psychic system of a collective, universal, and impersonal nature which is identical in all individuals. This collective unconscious does not develop individually but is inherited. It consists of pre-existent forms, the archetypes, which can only become conscious secondarily and which give definite form to certain psychic contents'. Jung, C.G., *The Archetypes and the Collective Unconscious*, (Routledge: London, 1991), p. 43

⁴⁶⁸ For a short but informed analysis on the topic of Freud's drives versus patristic passions see: Moran, J., 'Orthodoxy and Modern Depth Psychology' in: *Living Orthodoxy in the Modern World*, eds. Andrew Walker and Costa Carras, (London: SPCK, 1996), pp. 131-158

2. *The ego* may be partially put in connection with *the rational power of the soul*, and particularly with that part which is represented by *reason*, in psychodynamic terms *logical cognition* meant to connect man to reality through the reality principle. Since through the *ego's logical cognition* one is linked with *the reality of senses* and the information that comes from them, as one might expect, modern psychodynamic therapies do not consider at the theoretical level the existence of the *nous*, which in Philokalic terms is the highest and purest part of the soul able to apprehend the divine truth. Even if not considered theoretically, we believe that the *nous* may be empirically observed in practice. For example, in the psychodynamic therapeutic alliance 'between the clinician and the *observing ego* of the patient (the conscious parts of the person's ego and superego that can describe feelings, thoughts, impulses, actions and ideals) ... both parties would examine the client's *experiencing ego*, especially its defensive patterns'.⁴⁶⁹ Our hypothesis is that this activity of the *observing ego* that examines *the experiencing ego* is not done by reason (*dianoia*) but by *nous* (intellect) and its specific *means of intellection*. *Nous* is that instance that *observes* and *sees things* and *reason* expresses them in concepts. However, the quality of these observations directly depends on the purity of the *nous* since 'a pure intellect sees things correctly' while 'a trained intelligence puts them in order'.⁴⁷⁰
3. What is the relation between Freud's structural model and the dynamic of conscious and unconscious processes? And, is there any connection between the unconscious superego which according to Freud in the human being relates to the realm of moral values, hence to the idea of good, and *l'inconscient theophile*? To answer the first question we notice that the id is considered by Freud entirely unconscious since it is seen as the repository of all repressed urges and forbidden drives. The ego and superego were considered partially conscious and partially unconscious.⁴⁷¹ In order to answer the second question, we note that the unconscious superego relates to the negative part of the spiritual unconscious as identified in Philokalic writings since, as described by Freud, its contents are the *self-punishing behaviours that imply a sense of guilt*. Although having to do with *morals*, Freud's superego does not imply spirituality as entailed by the Philokalia, since its constituents are mere introjections of the caregiver's values which may be extremely relative varying from person to person, as well as ego elaborations meant to adapt the individual satisfactorily to the social and 'ethical' requirements of his time. Rather, the superego is seen as having a prohibitive role upon the id's urges, and therefore helping to

⁴⁶⁹ McWilliams and Weinberger, op. cit., p. 257

⁴⁷⁰ St Maximus, *On Love*, II, 97, EPH 2, p. 82

⁴⁷¹ 'Unconscious aspects of the ego include habitual ways of functioning, such as reliance on *defense mechanisms* like repression. Unconscious superego functions were inferred from self-punishing behaviors that imply a sense of guilt' in: McWilliams and Weinberger, op. cit., p. 257

entertain the pressure that keeps them unconscious and unsatisfied.⁴⁷² As such, the superego does not transcend man but rather remains in the realm of what the Philokalia termed as *man's fallen nature*. The solution offered by the Philokalia is neither to repress innate drives into the unconscious (thus letting them produce illness) nor to express them freely as they are, because in both these situations the powers of the soul would work contrary to their nature. Instead, the solution would be to transform and allow them to work *according to their nature* and thus *humanize* them, which in Philokalic terms means actually to *Christ-humanize* them.

4. Based on empirical and clinical studies Freud identified the Id's *pleasure principle* according to which man seeks pleasure and avoids pain. The Id's drives are moderated by the developing Ego whose role is to nurture psyche according to the reality principle. In a famous quote Freud explains that 'an ego thus educated has become 'reasonable'; it no longer lets itself be governed by the pleasure principle, but obeys the reality principle, which also, at bottom, seeks to obtain pleasure, but pleasure which is assured through taking account of reality, even though it is pleasure postponed and diminished'.⁴⁷³ Thus, even if *postponed and diminished* pleasure is still sought by the ego as well. The discovery of the *pleasure principle* is not new at all. In the Philokalic tradition this principle was known and defined as one related to *flesh* or what is considered *the fallen nature* of man. For example, related to this topic, Saint Maximus the Confessor, in the seventh century asserted that man 'directs his whole effort towards pleasure and does all he can to avoid pain. He struggles with all his might to attain pleasure and he fights against pain with immense zeal'.⁴⁷⁴

Thus, even if the ego obeys *reality principle*, the psychodynamic anthropological view on man is still placed in the direction of pleasure seeking and the avoidance of pain and it remains at this level. The same saint seems to offer an explanation for this: 'By fulfilling, out of concern for the body, that worship which causes corruption, and by thus acquiring self-love, man became subject to the unceasing action of pleasure and pain; eating always from the tree of disobedience – the tree of the knowledge of good and evil – in this way he acquired experientially through sense-perception a knowledge in which good and evil were intermingled. And it would not be untrue to say that the tree of the knowledge of

⁴⁷² It is here that the sexual freedom movement from the 70s seems to have found its justification. Since then, the marketing industry and advertising started to exploit these Freudian principles extensively.

⁴⁷³ Freud, S., 'Introductory Lectures on Psycho-analysis', SECPWSF, Part III, v. 16, (London: Hogarth Press, 1953), p. 357. We nowadays assist to a paradox, since in Freud's description *the pleasure principle* seems somehow to oppose *the reality principle*, but what one notices is that reality itself somehow followed more and more *the pleasure principle*, bringing them closer to each other, and sometimes even to identification with each other. In other words, what used to be the *unacceptable and repressed id's drive* after about 100 years became *accepted and expressed reality*.

⁴⁷⁴ St Maximus, *On Theology*, I, 53, EPH 2, p. 175

good and evil is the visible created world. For this world is by nature subject to that alteration which produces pleasure and pain'.⁴⁷⁵

From a Philokalic anthropological perspective it becomes obvious that psychodynamic therapies could not go more in depth on this matter since they operate within the field of *sense-perception experientially acquired* but they lack the clear distinction between good and evil, i.e. created and uncreated which is provided only by a pure nous. Thus, the maximum that could be done at this level was to identify empirically and experientially the existence of such a law within human nature, but without the possibility of understanding that this law belongs to *fallen nature*, and not to the *healthy man*, the one that lives *according to his nature*.

Perhaps here becomes most obvious the subtle but strong disagreement that essentially exists between these two anthropological perspectives on man: they both noticed the existence of *the pleasure principle*, but what psychodynamic therapies consider as being the nature of man, the Philokalia sees as being *fallen nature* and the soul's illness. That is why, from the Philokalic perspective the cure of this fallen nature has as a remedy the entire ascetic practice, followed by contemplation and unification with God, because 'casting off desire for pleasure and fear of pain, we are freed from evil self-love and are raised to a spiritual knowledge of the Creator'.⁴⁷⁶ Hence, the cure of the soul comes from cultivating the opposite of what is *the norm* of fallen nature, i.e. to renounce pleasure and fight against the fear of pain by embracing pain in what constitutes *the paradox of the cross*.

5. Another line of research could be represented by the fact that both fields identified a common area of comparison with animals advanced on one hand by behaviourists and by ascetic writers on the other. They acknowledged *the animal power* of the soul consisting of *irascibility (thymos) and concupiscibility (epithymetikon)* which is common to both humans and animals. Nonetheless, the distinctions might come from the fact that *the animal power*, for Philokalics, may never be treated without reference to the *rational power* since due to unity of soul they naturally communicate their energies to each other, whatever the energy, while behaviourists analyze behavioural reactions without consideration of any conscious processes.
6. Even if psychodynamic therapies lack a model for what a *healthy* human being is, as do others, the need to have such a model still exists. In order to understand who man is this paradigm went very far in grasping man's inner constitution although without reaching its very essence, if it is to look at it through Philokalic eyes. Kohut, for example, sees as

⁴⁷⁵ Ibid., 55, pp. 175-6

⁴⁷⁶ Ibid., 50, p. 174

central for a healthy development the experience of *mirroring self-objects and idealized self-objects*: ‘mirroring self-object experiences are those in which the child feels recognized, appreciated, and emphasized with by a person who is experienced as a partial extension of self ... An example of an idealized self-object experience would be the momentary sense of pleasure and power that the child feels as he vicariously acquires a sense of strength from his father when his father hold him on his shoulders’.⁴⁷⁷ He noticed in clinical observation that chronic failure in parental empathy is the main cause in psychopathology. As a consequence of this observation, the natural conclusion was that the more *mirroring* the child experiences, the healthier he will be as an adult. The same clinical observations tell us that this *experience of mirroring* is never perfect and therefore able to generate a perfect *healthy* adult since none of us was *mirrored* perfectly so as to be capable of *mirroring* someone else perfectly as well.

The mirroring theory proposed by Kohut, in our view is a clear example which expresses the fact that man becomes human in the presence of another on one hand, and seen at a deeper level, it shows the need of a model for a healthy constitution against which one must be compared or contrasted, on the other hand. This mirroring model, as many others in modern psychotherapy, is a theoretical construction which does not always overlap practical realities. Looked at from a Philokalic perspective the mirroring concept may find a solution if it is understood in terms of man being created in Christ’s image. Thus, a *healthy mirroring* may be obtained if people *mirror* Christ’s image from themselves, or Christ’s image from another. In other words, to have a perfect *mirroring experience* one must *mirror* himself in the *perfect mirror* within himself or others, a mirror which in this case is represented by Christ, Perfect God and Perfect Man.⁴⁷⁸

3. Behavioural Conditioning and Habits in the Philokalia

The Latins noticed that: *Consuetudo quasi altera natura*.⁴⁷⁹ Behaviourists confirmed this proverb when focusing on the theory of classical and operant conditioning according to which all behaviour is learnt from the environment and gets automatized and becomes a habit. As such, to change a certain behaviour becomes possible through the range of techniques proposed as part of the therapeutic process. Philokalic writers too confirmed this proverb when they spoke about the force of habit, its relation with the soul’s illness and the need to change these habits as a natural

⁴⁷⁷ Kohut mentioned in: Wolitzky D.L., op. cit., p. 70.

⁴⁷⁸ Cf. St Justin Popovich, *Man and the God-Man*, (Alhambra: Sebastian Press, 2008)

⁴⁷⁹ Habit is a second nature.

part of the curative process. Next, we want to see in what way these two views on behaviour are similar or different.

Classical conditioning emphasizes the importance of external stimuli in learning behaviour, whereas Skinnerian operant conditioning 'relies on the organism's initiating an action that is followed by some consequence'⁴⁸⁰ and therefore internal stimuli may elicit behaviour as well, as a result of past internalized experiences. In other words, operant conditioning becomes a type of learning where future behaviour is determined by the consequences of past behaviour.

Hence, conditioned behaviour, a repeated sequence of internal or external stimuli that generate a certain behavioural consequence, which is considered normal or abnormal, may be put in connection with the Philokalic concept of *habit*, which in a similar way is related to a healthy or unhealthy habitude of functioning i.e., virtues and passions. Saint Theodoros the Great mentions 'the ingrained influence of habits running counter to virtue'⁴⁸¹ and resulting in passions. Saint Maximus points out the easiness of sinning 'through the force of habit'⁴⁸² and Saint Theodoros talks about the difficulty of healing the soul which was once cured but 'has been wounded anew' due to the 'influence of bad habits'.⁴⁸³ Another Philokalic writer describes the mechanism of habit either applied to virtues or passions in the following words:

'For a long-standing habit assumes the strength of nature; but if you do not give way to it, it loses strength and is gradually destroyed. Whether a habit is good or bad, time nourishes it, just as wood feeds a fire. Thus, so far as we can, we should cultivate and practise what is good, so that it becomes an established habit operating automatically and effortlessly when required'.⁴⁸⁴

Both fields coincide in terms of describing *mechanisms of habits or behavioural conditionings*. They also identified the *importance of will* in trying to change *unwanted*, respectively *bad behaviours*, which was initially inoculated through external environmental stimuli and later strengthened through the internalized external stimuli. Some of the behavioural psychotherapeutic methods meant to train the power of the will so as to oppose negative behaviours and enforce positive ones echo in some ways those used in the ascetic practice.

1. Systematic desensitization indicates as the end of a curative process the disappearance of *symptoms* while in the presence of the feared situation or object that created it. The same is emphasized by Saint Maximus the Confessor when he makes the distinction between being delivered from sinful thoughts and from passions: 'Frequently a man is delivered

⁴⁸⁰ Strickland Bonnie, ed., op. cit., p. 146

⁴⁸¹ St Theodoros the Great Ascetic, *Theoretikon*, EPH 2, p. 40

⁴⁸² St Maximus, *On Love*, III, 74, EPH 2, p. 95

⁴⁸³ St Theodoros, *Theoretikon*, EPH 2, p. 27

⁴⁸⁴ St Peter of Damascus, *Introduction*, EPH 3, p. 87

from such thoughts when the things which arouse his passions are not present. But the passions lie hidden in the soul and are brought to light when the things themselves are present'.⁴⁸⁵ Thus, he advises towards a permanent watching over the intellect since passions, these unnatural habits of soul, do not disappear with the thoughts that initially produced them. Both methods invite man to confront his fears and the thoughts or feelings that produced them.

2. The aversion, implosion and flooding therapy used especially to treat all kind of addictions by associating unpleasant stimuli with the undesired behaviour or by abruptly exposing the patient to the phobic-inducing situation are considered highly unethical in regard to the affirmed principle of psychotherapy that is meant to alleviate and not produce distress of any kind. The Philokalic anthropological perspective which offers a different perspective on suffering, in principle, may be considered consistent with these types of psychotherapeutic methods where the soul may become healthy only if it freely embraces a certain amount of suffering, such as is sometimes the *bitter medicine* that must be taken to cure our bodies. In fact, the process of inner healing, as mentioned in the previous section, is impossible to consider without some degree of suffering. The major point is to identify between these types of suffering since not everyone is meant to heal the soul and this discrimination is done using *discernment*.⁴⁸⁶
3. In behavioural therapy the therapist helps the client to train his will which is needed to change present undesired behaviours and teaches him some techniques to control it. In the Philokalia, training of the will involves methods meant not only to change unhealthy habits – passions - but also to prevent their occurrence by reconciling the will of man to the specific will of God for that person, thus eliminating the possibility of future inner illness.

Generally, this is done following the *method of obedience*, or simply by directly testing one's conscience through the method described by Saint Peter of Damascus:

‘Such a man does not dare to act according to his own volition or to depend on his own ideas without first questioning those with experience. For what does a person gain by choosing to do or to think something that does not contribute to his bodily life or to the salvation of his soul? And if he does not know what wish he should abandon and what thought he should put aside, let him test every action and every thought by holding back from it with self-control and by seeing how that affects him. If its realization brings pleasure, but resisting it brings pain, then it is

⁴⁸⁵ St Maximus, *On Love*, III, 78, EPH 2, pp. 95-6

⁴⁸⁶ Due to its importance and the close relation with the nous, the matter of discernment will be analyzed in a separate chapter.

something bad and he should reject it before it takes root; otherwise he will find it hard to overcome it later, when he sees what damage it does'.⁴⁸⁷

Thus, behavioural techniques are devised to change an undesired observed behaviour and consequently change thoughts and ways of inner functioning that sustain it, for which reason behavioural techniques coupled with cognitive ones in becoming what is now known as cognitive-behaviour therapy, whereas Philokalic techniques promote both *prevention* regarding healthy inner functioning and healing of the already present passions of the soul.

4. The cure of unwanted behaviours is seen differently: behavioural techniques involve practising relaxation and facing one's fears in the presence of the therapist, followed by homework to be done by the patient alone, while the cure in Philokalic terms aims 'to keep one's vision intently fixed on divine things until the will acquires the habit of doing this'⁴⁸⁸ and also to 'call upon the Almighty to restrain the impulses of our passions and not to permit us to sin against Him or against any man, so that we may find in this way salvation through His grace'.⁴⁸⁹ Again, anthropologically, we notice that the aims of the two are different: in behavioural terms there is the need to get rid of observed disturbing behaviours that affect the present life of the patient making him inefficient in his family, social, or professional life while in Philokalic terms there is the need to acquire a likeness with God, and consequently obtain inner health in the process, since as we shall further see in this anthropological paradigm deification and salvation of soul is equivalent with its normality and health. The major difference is between a horizontal or vertical reporting criterion.

4. Thoughts in the Cognitive and Philokalic Paradigms

The cognitive approach by challenging and changing what was identified as automatic thoughts, cognitive distortions or irrational core beliefs, is considered nowadays one of the most efficient of the psychotherapeutic perspectives in treating psychological illness. Looked at from a Philokalic perspective the efficiency is to be expected, because by drawing on the idea of thoughts as the causation of emotional disturbance cognitivists indirectly drew closer to the Philokalic anthropological background, even if not overlapping it entirely. Still, on the descriptive level there are obvious analogies between the ways the two fields treat the matter of

⁴⁸⁷ St Peter of Damascus, *Introduction*, EPH 3, pp. 86-87

⁴⁸⁸ St Theodoros, *Theoretikon*, EPH 2, p. 39

⁴⁸⁹ St Peter of Damascus, *Spurious Knowledge*, EPH 3, p. 200

thoughts. Next we shall examine similarities and differences in approaches towards this matter in both areas based on information previously provided.

1. Both fields speak about thoughts but they do it in different ways. For cognitivists, cognition is a meditational process between input (informational stimuli) and output (behaviour) and they try to analyze thought pathology within the framework of a *cognitive schema*. For Philokalic writers, thoughts (*logismoi*) represent more than simply a cognitive activity of the human mind and are associated with passions since ‘no passion is born without a thought’,⁴⁹⁰ whereas passions are associated with evil.⁴⁹¹ The same is emphasized by Professor Louth when he points out that in the Byzantine ascetic tradition the term passion ‘nearly always indicates something evil’.⁴⁹² Therefore, in this second case, thoughts may be considered evil or demonic as opposed to divine ones, according to the source that produced them. Cognitivists use such descriptions as, *disruptive, automatic thoughts, illogical, faulty, erroneous or distorted thinking, cognitive distortions, irrational beliefs* which emphasize on one hand the departure from some certain *norm*, which is not clearly stated though, and on the other hand the involuntary character of these thoughts, something that escapes conscious control. Generally speaking, this description is consistent, *at least in form*, with observations offered by ascetic practice on this topic. The difference concerning the language employed is that cognitivists use a rather technical language whereas the Philokalia has a much more personal approach to the terms which comes from their anthropological perspective.
2. On a close *content analysis* of thoughts that are subject to change throughout the cognitive behavioural therapeutic process, we notice that they are consistent with Philokalic statements. For example, the series of *must* sentences like *I must always be achieving, competent, loved by others or I must have everything I desire easily and quickly* etc., that govern man’s inner cognitive space and lead to emotional disturbances or various forms of psychological illness, are echoed by the thoughts of various vices or passions described in the Philokalia.⁴⁹³
3. However, if on the descriptive and observational level similarities are obvious, when we analyze these thoughts in depth differences appear. For instance, this irrational belief that ‘others MUST treat me kindly, fairly, and properly when I want them to do so. It is

⁴⁹⁰ St Mark the Ascetic, *On the Spiritual Law*, 180, EPH 1, p. 122

⁴⁹¹ ‘evil is present in any passion’. St Anthony, 168, EPH. 1, p. 354

⁴⁹² Louth, A., *Maximus the Confessor: Early Christian Fathers*, (London: Routledge, 1996), p. 41

⁴⁹³ For example, St Mark the Ascetic states that pleasure and self esteem to which the above *must sentences* relate ‘give rise to vices’ in: St Mark the Ascetic, *Righteous by Works*, 156-157, EPH 1, pp. 138-9. A detailed comparative research on this topic would be very useful but also time-consuming since thoughts (*logismoi*) may be found underlying every discussion related to passions and therefore accompany the entire process of inner healing in all its stages.

terrible when they don't⁴⁹⁴ is challenged through cognitive techniques so that the client becomes aware that this wish he has is not realistic and can be satisfied only with a few people treating him kindly, which does not necessarily happen in the precise situations or ways he expects. The Philokalic perspective on such a thought employs a different meaning because it is rooted in a different anthropological perspective.

Thus, looked at through Philokalic eyes the *solution* in this case is *to do well always, and expect evil*. This is so, because the Philokalic perspective looks at this thought not only on a horizontal level, where the human soul meets the *environment* (either inner or social) but as part of a more complex process which involves the human being in a vertical growth, which indirectly implies the awareness that the human being is changeable and cannot be taken as an absolute norm. The difference between these two perspectives consists in the sources ascribed to these thoughts on one hand, and in the presence or absence of a norm against which these thoughts can be analyzed, on the other.

The only one whom one controls is himself and, therefore he may act in such a way as to *do good* always, that is to conform with *Christ's revealed norm*, but he needs have no expectations concerning others since it is possible that they do not conform to the same norm, in which case the expectation is deluded. By *always expect evil*, it is not meant that one should see other people as evil, but rather to distinguish between the fact that all people are intended by God to be good but through deceit they might reiterate Adam's mistake over and over again.

In terms of thoughts' sources cognitive psychotherapy is scarce. The main idea revolves around the *cognitive schema* which is made of all one's informational experiences since birth. To sum up, all thoughts belonging to the *cognitive schema* come through sensorial input of one kind or another. The Philokalic paradigm identifies as the main root of evil or disturbing thoughts 'the obvious vices, which we keep trying to justify in our words and actions'.⁴⁹⁵ In a different text, the same Philokalic writer names two sources which may be placed inward or outward: 'One kind of evil dwells in the heart through long-continued prepossession; another kind attacks our thoughts through the medium of everyday things'.⁴⁹⁶ However, in this paradigm disturbing thoughts are actually associated with evil spirits, even if they are installed for a long time within one's heart or come by means of the senses as daily occurrences.

The lack of a norm against which thoughts in the cognitive paradigm can be analyzed is related to a more general situation specific to the entire psychotherapeutic field that lacks a model of normality, i.e. an absolute *norm*. As mentioned in previous sections of this

⁴⁹⁴ See section on the cognitive approach in this research.

⁴⁹⁵ St Mark the Ascetic, *Made Righteousness by Works*, 121, EPH 1, p. 135

⁴⁹⁶ St Mark the Ascetic, *On the Spiritual Law*, 183, EPH 1, p. 122

chapter, the Philokalia anthropology is basically Christology and therefore the norm for inner functioning of thoughts is given by Christ who acts as a model.

4. Since Ellis's psychotherapy particularly dealt with changing *rational and irrational beliefs*, we intend to see if the Philokalic perspective upon them is the same. Thus, for Saint Antony the Great *the rational soul*, i.e. *intelligent/noetic* in Philokalic terms, is the one who attains spiritual knowledge and is described by him in these words: 'Men are often called intelligent wrongly. Intelligent men are not those who are erudite in the sayings and books of the wise men of old, but those who have an intelligent soul and can discriminate between good and evil. They avoid what is sinful and harms the soul; and with deep gratitude to God they resolutely adhere by dint of practice to what is good and benefits the soul. These men alone should truly be called intelligent'.⁴⁹⁷ Hence, rationality relates to health and irrationality to illness. In this case, we have no reason to think that the two perspectives on rationality and irrationality are completely opposed, even if not identical due to referencing different anthropological frameworks. Taking into account these distinctions, we would consider Saint Anthony's perspective as being larger and naturally incorporating Ellis's view, rather than contradicting it.
5. While acknowledging that irrational thoughts may be automatic as the cognitivists have also pointed out, the Philokalia connects this involuntary automatism to their sources: 'We have a love for the causes of involuntary thoughts, and that is why they come. In the case of voluntary thoughts we clearly have a love not only for the causes but also for the objects with which they are concerned'.⁴⁹⁸ As a consequence their curative method will consist in fighting against the causes of such thoughts by focusing on their opposites and prayer.

Beck's cognitive system of therapy 'attempts to reduce excessive emotional reactions and self-defeating behavior by modifying the faulty or erroneous thinking and maladaptive beliefs that underlie these reactions'.⁴⁹⁹ From a Philokalic perspective, although this strategy may be considered consistent with its methods, it is not sufficient and complete because 'we can neither rid ourselves of evil thoughts apart from their causes, nor of their causes without ridding ourselves of the thoughts. For if we reject the one without the other, before long the other will involve us in them both at once'.⁵⁰⁰ This might explain both the relapse of patients into their previous psychological conditions⁵⁰¹ after a short

⁴⁹⁷ St Anthony the Great, *On the Character of Men*, 1, EPH 1, p. 329

⁴⁹⁸ St Mark the Ascetic, *Made Righteous by Works*, 86, EPH 1, p. 131. Also: 'But he who is attracted by their causes is attacked by the passions even though he does not wish it'. *Ibid.*, 119, pp. 135 and 122

⁴⁹⁹ Beck, A.T., et al., *Cognitive Therapy of Substance Abuse*, p. 27

⁵⁰⁰ St Mark the Ascetic, *Righteous by Works*, 170, EPH 1, p. 140

⁵⁰¹ 'A man who is carried away by his thoughts is blinded by them; and while he can see the actual working of sin, he cannot see its causes'. St Mark the Ascetic, *On the Spiritual Law*, 168, EPH 1, p. 121

period of time from the psychotherapeutic treatment, as well as the high success rate of this short type of psychotherapy. Therefore, curing means not only eliminating thoughts but rather their causes. Or, to discriminate causes is to consider all possibilities they might have, including God and the devil.

In our opinion, if Beck's therapeutic procedure could be integrated into a noetic therapeutic programme⁵⁰² as understood by the Philokalia it will probably lead to long term efficacy by uprooting not only thoughts but the causes of these thoughts. This is an assumption done only theoretically because in practice it would be impossible to follow unless one enrolls in an ascetic practice which by nature has a different and higher motivation than getting rid of emotional disturbance or evil thoughts, but also attains this in the process.

Some connections and considerations were made up to now concerning thoughts as viewed in the light of the two paradigms. However, we might have perhaps a final conclusion on this topic if we refer to the relationship between reason/cognition and nous/intellect. For the cognitivists, cognition is 'a general term used for the higher mental processes by which people acquire knowledge, solve problems, and plan for the future' and includes 'attention, perception, thinking, judging, decision making, problem solving, memory, reasoning and linguistic ability'.⁵⁰³ As described here, the patristic equivalent for cognition is reason (*logos*) which includes 'thinking (*ennoia, dianoia*), reflection (*dianoia*), judgement (*krisis*), discernment (*diakrisis*), and interior discourse (*endiathetos logos*) from which come both language and memory'.⁵⁰⁴ As we notice up to here the descriptions of the contemporary cognitive paradigm are almost similar to the patristic ones. However, there is a major difference brought by the patristic view, according to which cognition is not the highest mental process but merely a subordinated part of nous/intellect which is considered the highest power of the soul.

Previously in this chapter, we showed that reason, whose main instruments are thoughts, has an intermediary place between the nous and the world of senses. The main patristic and biblical thesis is that before the fall, reason and its products, i.e. thought, were in its natural state led by the nous which is *the eye of the soul*, but after the fall, it turned towards senses, thus subordinating the nous and obliterating its natural function. Vlachos describes this process and makes the following distinctions:

⁵⁰² However, this programme places in its core purification of intellect considered the source of all inner illness as explained here: 'When you find that some thought is disturbing you deeply in yourself and is breaking the stillness of your intellect with passion, you may be sure that it was your intellect which, taking the initiative, first activated thought and placed it in your heart'. Ibid., 179, p. 122

⁵⁰³ Strickland Bonnie, ed., *The Gale Encyclopedia of Psychology*, p. 131

⁵⁰⁴ Larchet, J.C., *Mental Disorders and Spiritual Illness*, p. 28

‘Man’s nous was confused, hidden by the passions and overcome by impenetrable darkness. The word, not having to express the experience of the nous, was identified with the mind. Thus the intelligence was raised above the nous and now holds sway in fallen man. In fact this is the sickness of the word and of the intelligence. The intelligence is overnourished, it has been raised to a greater position than the nous and has captured the word. The overnourished intelligence is the source of great abnormality’.⁵⁰⁵

Comparing the two paradigms on the problem of cognition and thought, it seems that the Philokalic view on the human being is much broader since a man with a pure nous, a possessor of spiritual knowledge knows when his nous is in the realm of intellection, that of thought or that of sense-perception as these places exclude each other: ‘when it is in the realm of thought it is not in that of intellection’.⁵⁰⁶ Therefore, information that comes only from reason, without a correlation with the nous and discernment offered by it, may have only a partial validity. According to Philokalic anthropological views only a pure nous may provide a comprehensive description of what is happening within the human soul since, even if guided by reason man might see the actual work of illness, still ‘he cannot see its causes’.⁵⁰⁷

5. Self-actualization versus Christ-actualization

Once with the humanist-existentialist paradigm, psychotherapy moves towards a new era. The perspectives they bring seem to be radically different. If previous paradigms focused on some parts of man considered the subject matter of psychology, humanists propose man as a whole to become its object. If psychoanalysis focused on the *unconscious*, behaviourism on *behaviour*, cognitivists on *cognition* to try to make sense of what troubles the human being and how it may be cured, humanists focused on *existence* which is the new-found object of *scientific inquiry*. If psychodynamic therapies centred on the past, humanists emphasized the present and looked towards man’s future with unshakable optimism.

They underlined the moral implication of every human activity, including science, and showed that as far as we address humans, from whatever perspective, none of their actions can be truly value free⁵⁰⁸ and therefore psychotherapy should not insist in following the model of natural science, but assume the courageous task of scientifically studying man *per se*, in his uniqueness and wholeness. They highlighted the necessity to account for meaning both in terms of the

⁵⁰⁵ Vlachos, *Orthodox Psychotherapy*, pp. 206-7

⁵⁰⁶ Ilias The Presbyter, *A Gnostic Anthology*, III, 1-2, EPH 3, p. 47

⁵⁰⁷ St Mark the Ascetic, *On the Spiritual Law*, 168, EPH 1, p. 12

⁵⁰⁸ A broad discussion concerning values and their implication in psychotherapy will be tackled in the chapter concerning discernment and diagnosis.

motivating force of behaviour and an existential cure. Completely unsatisfied with previous approaches which derived their views on man from studying *neurotics and laboratory rats*, they proposed the *study of individuals that display the highest level of human functioning* (Maslow). At the first glance, compared with previous psychotherapeutic approaches, all these proposals advanced by the humanist-existentialist paradigm seem broadly to correlate with the Philokalic anthropological view. Next, we shall highlight similarities and differences between these two perspectives to see how far or close they are to each other.

1. The first to mention is that the humanists' stress on *experience* as the scientific study of psychology overlaps with the Philokalic science of the soul which is also based on *experience*. The humanist's scientific criterion of *intersubjective verification* which is, according to Rogers, no different from other scientific methods 'since science depends on agreement among observers (for example, in using replicability as a test for the accuracy of experimental results)',⁵⁰⁹ is the same method used to test for 'scientificity' and coherence of knowledge provided by Philokalic writers for centuries, which continues in an uninterrupted manner to the present in the Orthodox Church, the home of Philokalic writings. The coherence of knowledge for centuries is provided in this second case by unity within the same Holy Spirit. Nevertheless, this modern psychotherapeutic view on science indirectly 'legitimizes' the older Philokalic psychotherapeutic view on the soul as being *the science of sciences and art of arts*. On the other hand, together with this methodological approach of the psychotherapeutic discourse, the much-discussed and famous opposition between *science and faith/religion* seems to diminish or even vanish.
2. In direct connection with the first point is also the much-discussed problem of values in psychotherapy which should supposedly be avoided by a scientific approach to man. Humanists, instead of trying to avoid this discussion by designing conceptual frameworks to leave values carefully outside, openly affirmed and included them in their system of thought. In the same time they highlighted that all other paradigms in psychology as in any human activity have direct moral implications⁵¹⁰ and cannot be truly value-free.⁵¹¹ The Philokalia's relation to moral commitments and values is obvious, hence results in a mutuality of viewpoints on the topic of values, which in this case are Christ-centred.

⁵⁰⁹ Carl Rogers quoted in: Glassman and Hadad, op. cit., p. 279

⁵¹⁰ Psychotherapeutic paradigms behave as some sorts of philosophies found at the crossroad with many other currents from the history of ideas. To mention just a few we will shortly recall the humanists and Jung's connections with oriental religions, Watsonian and Skinnerian relations with the American pragmatic philosophical current, Ellis's link with Gnostic philosophy, Freud and Frankl's relations with the Old Testament. For the last connection see also an Orthodox perspective on the topic in Vlachos, H., *Psihologia existentialistă și Psihoterapia Ortodoxă*, (București: Editura Bizantină, 1997), pp. 74-77

⁵¹¹ Glassman and Hadad, op. cit., p. 280

3. The humanist's accent on the present while looking towards the future without disregarding the past though, is also consistent with a Philokalic perspective on the soul's therapy. The temporal focus is the same but their targets are different. Thus, the humanist's future goal is *self-actualization*, the achievement of one's full potential, while the method of the Philokalia, based on its anthropological view, aims towards *Christ-actualization*, since man was created in His image which he now needs to uncover within the depths of his soul and through the grace of the Holy Spirit reach his full stature in Christ.⁵¹²

4. Existentialist-humanist therapy considers as an integral part of the treatment the quality of the encounter between therapist and client. That is why the personal example offered by the therapist, his ability to be genuine, the realness and empathy offered by the therapist are considered crucial for the success of the therapy: 'to be more effective models of the values we espouse to others. It seems only fair that we practice in our lives that which we ask of others'.⁵¹³ In the same way the ascetic method states that: 'the truly physician-like intellect is one that first heals itself and then heals others of the diseases of which it has been cured'.⁵¹⁴ In other words, the focus of this therapy is not on a certain method meant to alleviate a specific symptom but is, as Rogers states, *person centred*, and focused on the quality of the encounter between two persons who have an equal status. Unlike the traditional therapeutic medical model where the doctor is the authoritative figure that leads the curing process, in the humanist perspective the therapist is only a *facilitator* and the therapeutic process is controlled by the client. The focus is ultimately on the personal qualities of the therapist who 'uses his own inner world as a means to approach the disturbed inner world of the other person'.⁵¹⁵ Thus, the role of the psychotherapist becomes partly similar to that of a priest or spiritual father,⁵¹⁶ a fact mentioned previously by Jung once with the emergence of his analytical psychology. The Philokalia also places a great emphasis on *person* and therefore *personal and unique* relations that are established between every two people.

5. Both humanistic and philokalic paradigms refer to the reality of humans as persons, but they do it in very distinct manners as a result of their different anthropological views. For humanists, the whole therapeutic process is *person-centred*, with the client addressed as a whole, unique individual whose natural actualizing tendency once active guides him towards self-fulfilment. As one might expect for the ascetic tradition of the Philokalia the

⁵¹² St Nikitas Stithatos, *On Spiritual Knowledge*, 12, EPH 4, p. 143

⁵¹³ Kottler and Hazler, op. cit., 366

⁵¹⁴ St Thalassios the Libyan, *On Love*, IV, 44, EPH 2, p. 328. He also enumerates as part of the ascetic struggle: "fasting, vigils, patience, and forbearance," *ibid*.

⁵¹⁵ Vlachos, *The Science of Spiritual Medicine*, p. 68

⁵¹⁶ The same fact is noted by Vlachos in: *The Science of Spiritual Medicine*, p. 66

notion of person is linked with that of man being created in God's image and meant to attain likeness. Vlachos, who dedicated an entire book to this topic, creating some connections with current psychotherapeutic systems, summarizes the ascetic tradition on the topic in this way: 'Just as "in the image" is potentially likeness and "in the likeness" is actually "image", so also man by his biological existence is potentially man and person. He will become a real man when he partakes of the uncreated energy of God. As God is Person, it means that man becomes a person when he unites with God'.⁵¹⁷

Another distinction in relation to person made by the Philokalic Fathers is that they understood person in terms of *hypostasis* which brings a theological perspective on to the concept in a direct relation with the dogma of the Trinity. A full analysis is done by the same author from whom we also quote here: 'The hypostasis-person is an essence with distinctive features, since essence does not subsist without hypostasis nor hypostasis without essence. Thus the essence is what is common to all the hypostases having the same essence, while the hypostasis-person is the particular. For example, we can say that all people have common features, because they are people, but the concrete person has particular features, particular accidents which characterize him, and this is called "hypostasis"'.⁵¹⁸

6. Derived from the person-centred perspective comes the humanists' focus on various existential dimensions like human dignity, free will and responsibility, 'psychological need for love, self-esteem, belonging, self-expression, creativity and spirituality',⁵¹⁹ meaning, interpersonal relations – dimensions which were traditionally concerns for philosophers and theologians on the one hand, and are impossible to be approached with a *scientific method* in the proper sense, on the other hand. Even Freud asserted that the goals of life are to love and to work⁵²⁰ whereas Frankl openly states that '... *love is the ultimate and the highest goal to which man can aspire...* The salvation of man is through love and in love'.⁵²¹ Probably if the author of this last quote was not to be mentioned one might not have guessed that it belonged to a psychotherapist but rather to a theologian, and this underlines the similarities that seem to exist between the two paradigms not only in terms of anthropology but also in the language used to express it.

If the humanist perspective is person-centred, the Philokalia we might say is Christ-centred, so its results that it has different perspectives not only on the person as we previously showed but on all these concepts enumerated above. For exemplification we

⁵¹⁷ Vlachos, H., *The Person in the Orthodox Tradition*, (Levadia: Birth of the Theotokos Monastery, 1998), p. 79

⁵¹⁸ *Ibid.*, p. 116

⁵¹⁹ Coon, D., Mitterer, J. O., *Introduction to Psychology: Gateways to mind and behavior*, (Wadsworth: Cengage Learning, 12th ed., 2010), p. 25

⁵²⁰ Freud mentioned in Wolitzky, D.L., *op. cit.*, p. 80

⁵²¹ Frankl, *Man's Search for Meaning*, pp. 58-59

will shortly refer to just two of them. Thus, the matter of *free will*, i.e. *freedom to choose and self-determination* is one of the key concepts used by humanists to combat the determinism of previous paradigms in psychology. Still, from a Philokalic perspective the possibility to choose between what one considers good or evil for himself is deterministic in itself and shows an imperfection in man's nature. Their perspective takes into account the distinction between created and uncreated: 'since man has been created, he does not have absolute freedom. But within the limits he can, as far as possible, acquire absolute freedom, only when he is reborn in Christ, when he becomes a dwelling of the Trinitarian God and a Temple of the Holy Spirit, when, that is to say, he becomes a person'.⁵²² Then drawing on the teachings of Saint Nikodemos the Hagiorite the same theologian concludes that 'by grace, he becomes uncreated, indeed he becomes fatherless, motherless and without genealogy'.⁵²³ Hence, man becomes truly free when he follows the *will of God* and chooses a *likeness* to God in whose *image* was created. That is, man is truly free only when he chooses *the good*.

For Philokalics to talk about love is to talk about God since 'God is love' (1 John 4:8). Thus, it is only in relation to being or becoming a person that man acquires love; love is also connected with the soul's powers being purified and functioning according to nature or above nature, otherwise what is experienced is a form of love contrary to nature, which in fact stops being love. Since God is love and man is made in his image it is just natural for their relation to be best characterized by love, a matter expressed by Saint Maximus in these words: 'Theologians call the divine sometimes an erotic force, sometimes love, sometimes that which is intensely longed for and loved. Consequently, as an erotic force and as love, the divine itself is subject to movement; and that which is intensely longed for and loved it moves towards itself everything that is receptive of this force and love. To express this more clearly; the divine itself is subject to movement since it produces an inward state of intense longing and love in those receptive to them; and it moves others since by nature it attracts the desire of those who are drawn towards it. In other words, it moves others and itself moves since it thirsts to be thirsted for, longs to be longed for, and loves to be loved'.⁵²⁴ In contrast with the humanists, love is seen here only in relation to God and cannot exist outside it because *love is God* Himself, and all other loving relations between people occur within God as a result of their personal relation with Him.

7. Humanists are considered to have developed what was termed as *selfist language*, characterized by one experimental psychologist as a 'distressing symptom of the spread of selfist ideas throughout our culture'.⁵²⁵ Terms such as self-actualization, self-

⁵²² Vlachos, *The Person in the Orthodox Tradition*, p. 104

⁵²³ Ibid.

⁵²⁴ St Maximus, *On theology*, 84, EPH 2, pp. 280-1

⁵²⁵ Vits, P.C., *Psychology as Religion*, (Mitch: William B. Eerdmans Publishing Company, 1980), p. 58

fulfilment, self-image, self-evaluation, and self-esteem made up the humanist *frame of reference*, i.e. ‘a mental perspective used to interpret events’,⁵²⁶ which led to a radical cultural shift in the way people perceive themselves and the world. Paul Vitz, an American academic and experimental psychologist, formerly an ardent student of humanist theories, looks at it from a Christian viewpoint and the result is a sharp criticism of this psychotherapeutic approach. His main observation supported by various arguments throughout his book is that ‘psychology has become a religion, in particular a form of secular humanism based on worship of the self’.⁵²⁷ In the Philokalic *frame of reference* all these terms are put in relation to Christ. Hence, instead of self-actualization one might speak of Christ-actualization, instead of self-fulfilment, fulfilment in Christ, instead of self-image, Christ-image, instead of self-evaluation, evaluation against Christ-commandments and so on.

Accordingly, opposing the humanists who limit ‘the ontology of man to self in itself, to the person of man’, the Philokalic ascetic perspective considers that ‘the ontology of man is to be found in his Archetype, in the God Who created him, since man is made in the image of God’.⁵²⁸ For the Philokalia, the authentic humanism is God-manhood, while humanism which is reduced to man alone is a feature of the fallen nature of man meant to disappoint him constantly since it does not fully satisfy his humanity which is, ontologically, divine-humanity.⁵²⁹

On the other hand, the existential-humanist paradigm abounds both in theological terms and concerns, since the humanist psychotherapeutic practice is at its core a spiritual practice focusing on themes such as love, free will, meaning, choice, fulfilment in life etc. In our view this focus is explained by the fact that Carl Rogers, the father of the humanist movement in psychology, had been initially trained in Protestant Christian theology which he later abandoned due to its rigidity.⁵³⁰ Still, he remained deeply attached to its optimistic and luminous theological values, and his entire theory and person-centred therapy stands as plain evidence. Due to humanism’s unclear and vague terms and position, being neither a scientific approach as conceptualized in the 50s nor a

⁵²⁶ Coon and Mitterer, op. cit., p.25

⁵²⁷ Vitz. Op. cit., p. 9

⁵²⁸ Vlachos, *The Person in the Orthodox Tradition*, p. 78

⁵²⁹ Cf. Larchet, *Inconstientul spiritual*, p. 119; Vlachos, *The Person in the Orthodox Tradition*, p. 228; St Justin Popovich, op. cit., 13-38.

⁵³⁰ Demorest, A., *Psychology’s Grand Theorists. How personal experience shaped personal ideas*, (New Jersey: Lawrence Erlbaum Associates Inc., 2005), pp. 125-171. We think there is a very close link between the personal life of theorists in psychology and the theories they promoted. Carl Rogers is only one example where connections between life and work are obvious. Amy Demorest’s book presents a comprehensive view on the topic comprising besides Rogers another two major theorists: Freud and Skinner. The same close relationship between life and work is also true for writers of the Philokalia.

declared religious current, this approach attracted a lot of criticism from other fellow psychologists: ‘Selfist psychology emphasizes the human capacity for change to the point of almost totally ignoring the idea that life has limits and that knowledge of them is the basis of wisdom. For selfists there seem to be no acceptable duties, denials, inhibitions, or restraints. Instead, there are only rights and opportunities for change’.⁵³¹ Indeed, due to its lack of ‘terminological calibration’ for the traditionally theological terms used, as those described above, humanism may give this impression. By contrast, the Philokalia presents the same terms ‘calibrated’ through the Incarnation of Christ the God-Man.

8. Another point of analysis is the special place held by Frankl’s system of thought and logotherapy within the current of existential-humanist psychotherapy. Logotherapy obviously moves the therapy of the psyche towards the transcendent element of human existence by primarily considering *will to meaning* as its directing principle and *love* as its main *cure*. Logotherapy is *the psychotherapy* that addresses people with *philosophical and spiritual problems*, generally defined by Frankl as problems of living or existential problems. Frankl sees the logotherapist’s role as that of an ophthalmologist who *cleans* and cures the *patient’s eye* so that he might responsibly and clearly *see* the goal of his life.⁵³² Hence, his *intervention* is placed not so much at the *psychological level* but at the *spiritual level* (in his own three-dimensional classification of Soma, Psyche, and Spirit) and that which he cures is the *eye of one’s inner being*, which in a Philokalic understanding is referring to the *nous* of a person.

The neptic tradition of the Orthodox Church and logotherapy presents many common points,⁵³³ as well as major differences, underlined by Vlachos in his books. In his view, the main point the two perspectives share in common is Frankl’s emphasis on *noogenic neuroses*, and their distinction from the *psychogenic neuroses*. The difference is that from a neptic perspective, noogenic neuroses consist in man’s *nous* being darkened and identified with *reason*⁵³⁴ while for logotherapy they relate to man’s lack of meaning in life and are considered a form of mental illness. Thus, due to their different anthropological perspectives, for logotherapy noogenic neuroses, even if different from the psychogenic ones, are subordinated to the general realm of ‘mental illness’, while for the ascetic tradition all other illnesses of soul are subordinated to these *noogenic neuroses*, and as such, the soul’s healing starts with *cleaning the nous*, regardless of the

⁵³¹ Vits, op. cit., p. 38

⁵³² Cf. Vlachos, *Psihologia existentialista si psihoterapia ortodoxa*, p. 60

⁵³³ Vlachos treated this topic extensively in his books. For an extensive analysis of this topic see the following references: ‘Orthodox Theology in Relation to Frankl’s Existential Psychology and Contemporary Neurology and Psychiatry’ in *Hesychia and Theology*, pp. 117-122; ‘Humanistic and Orthodox Psychotherapy’ in *The Science of Spiritual Medicine*, pp. 65-96; in Romanian there is an entire book dedicated to this topic *Psihologia existentialista si psihoterapia ortodoxa*.

⁵³⁴ Vlachos, *Psihologia existentialista si psihoterapia ortodoxa*, pp.85, 107

soul's part that has been sickened. As previously shown in this chapter, in the Philokalic view the main problems of the soul are first rooted in the *darkness of the nous*, with reason taking the leading role, while its natural function would be only to express the experience of the nous, and as a result all the other powers of the soul are distorted and create illness. In the following chapters when discussing the matters of depression/dejection and anxiety/fear which in relation to our work will be considered as case studies, we shall see if this assumption is confirmed or rejected.

A major turn in the psychotherapeutic field brought by Frankl is that he *demedicalizes* suffering. First of all, he restores its place within the realm of general life problems and experience and does not see it as a 'mental disease'. Second, he proposes a radically different perspective on it by emphasizing its great importance in organizing inner experience and finding meaning in life. Existential analysis is called *upon making one able of assuming suffering*, as opposed to psychoanalysis which intends to make one *capable of pleasure or of doing*. In this point, logotherapy is fully consistent with ascetic tradition which focuses on accepting suffering as a healing principle,⁵³⁵ with the latter resulting in what is commonly known as the 'theology of the cross'. But it is in this very point that a major distinction appears. The difference consists in the way suffering is understood and assumed, as well as the goal of its acceptance. Thus, if for logotherapy to assume suffering is to generate meaning of one's life, whatever that might be, and which in turn will alleviate distress and produce inner growth and healing, for the hesychast tradition man's meaning in life is deification, a call that was made to all, and is revealed through the incarnation of Christ, The God-Man. Suffering is always assumed in Christ as the One Who took it upon Himself for all humanity and is the Archetype of every man. If *deification* is the meaning of all people *that come into life*, the very individual and unique way this is acquired relates to the *mystery of person and hypostasis* as described by Orthodox Theology. Deification is closely linked with the *Church* which is seen as the *mystical Body of Christ*, and is acquired through *grace* – the uncreated energy of God. To put it plainly, in logotherapy man is alone in front of suffering while in the hesychast tradition man 'has company' and suffering is assumed by Christ within one's soul, by constantly helping man along his inner way.⁵³⁶

9. The last issue to compare is how existential-humanists and Philokalics approach *experience*. For humanists, experience and man's inner phenomenological world are key factors involved in cure. As such, the therapeutic environment is designed so that one may have the *healing experiences* meant to put him in connection with his inner self, get out of the state of psychological incongruence and reach congruence, activate the potential for self-actualization, find meaning in his suffering and in his life in general,

⁵³⁵ To mention only one example: St Maximus, *On Love*, III, 82-83, EPH 2, p. 96

⁵³⁶ Cf. St Peter of Damascus, *A treasury of Divine Knowledge*, Book 1, EPH 3, p. 94

and develop features of openness, genuineness and trust. The possibilities of cure depend on the quality of the encounter between client and therapist and on the measure in which the therapist proves within the therapeutic relationship that he lives the values and qualities he promotes. That is why this therapeutic paradigm emphasizes so much the qualities of the therapist. In other words, the cure comes within a *shared experiential space* and depends on *the quality of this experiential exchange*.

The Philokalia also emphasizes experience but it is about a *shared experience with a personal God*. For Philokalics, God is not a logical deduction, a philosophic concept, a product of imagination, or merely a protection for existential anxiety. For them *God is experience*, someone they see personally as a result of purification from passions and rejection of fantasy which clears the way towards the vision of God. Vlachos, from whom the next lengthy quote is taken, offers a synthesis of this issue from a patristic perspective: ‘In the whole biblico-patristic tradition it is evident that God is not an object of conjecture and logical understanding, but a matter of participation, of revelation, that is to say, of experience. Of course when we speak of experience we do not mean individual experience such as we find in Eastern religions, but the experience of the Church, as the Prophets, Apostles and the deified of all times lived it. The philosophers usually make conjectures with their minds, while the Fathers formulate what they have seen and heard as far as it can be formulated. In hesychast theology, as St. Gregory Palamas expresses it and develops it more extensively, one can see the methods which the saints employ in order to participate in the glory of God. They renounce association with the world and creation, they live the apophatic experience, that is to say, the nous returns to the heart from its diffusion in the surroundings and created things, and from there it ascends to God’.⁵³⁷

For Philokalics cure comes in the context of this shared experience with God alongside all stages of spiritual life, starting with observing His commandments, *where He is hidden* (Saint Mark the Ascetic), and ending with the vision of God in the stage of *theoria*. Access to this experience is given by self-denial, as opposed to self-indulgence. The consequence of this approach is that such a person does not *design* healing experiences for himself or exposes himself to healing experiences designed according to various theories, because for him, *God is experience* to be found both inside and outside himself and following His path found entirely preserved in the Church, everything becomes a healing experience for the soul.

As a result of contrasting issues from the existential-humanist paradigm in psychology considered here and the ascetic method, we notice that both language and practical approach overlap and tend towards a kind of formal identification, although as presented above due to their

⁵³⁷ Vlachos, *The Person in the Orthodox Tradition*, pp. 166-167

distinct anthropological views, inevitably, major differences exist. Hence, at the top of this comparison we have two opposite perspectives: Frankl's logotherapy on one hand, 'a secular therapy and medical practice'⁵³⁸ as he himself states, which addresses people beyond their beliefs either religious or agnostic, and the perspective of various orthodox theologians and mental health professionals on the other hand, who conceptualize orthodox theology in terms of a soul's cure (which includes the spiritual and psychological). Viewed from a patristic perspective, the existential-humanist paradigm seems to offer the image of *a theology per se*, but *a theology without Theos*.

6. Cure - by Wholeness and/or Holiness?

The psychotherapeutic paradigms considered in this research are concerned with the topic of wholeness in a *direct or indirect* manner. In fact, the eclectic movement in modern psychotherapy, extended nowadays with integration of methods such as meditation and prayer and which were traditionally associated with various religious practices, was born out of the practitioners' need to deliver an integrated curative scheme meant to address the human being as a whole.

One major common point between the Philokalic and modern psychotherapeutic paradigms is their account on the fragmented state of the human soul and its need to reach a state of *unification* which is seen as a state of health and normality. At a first glance, these views converge, but when looked at more closely they greatly diverge in how they see unification and how it is acquired based on their different anthropological backgrounds. The Philokalic perspective cannot consider *wholeness* outside *holiness* while modern psychotherapy approaches the matter of *wholeness* without taking into account *holiness* or even openly rejecting it.⁵³⁹

Behaviourists and cognitivists *touch on* this matter only *implicitly*, contributing towards man's attainment of wholeness by changing maladaptive behaviours and irrational thoughts which in turn reduce feelings of inadequacy and offer a more adaptive perspective on one's behavioural, cognitive and emotional life. Instead, psychodynamic and existential-humanist paradigms approach it *explicitly*. Jung's view on wholeness is by far the most prominent in the context of psychodynamic therapies since in his system of thought it is a central concept. Wholeness is found in close relation with Self and constitutes the target of individuation process.

⁵³⁸ Frankl quoted in Vlachos, *Psihologia existentialista si psihoterapia ortodoxa*, p. 61

⁵³⁹ Larchet, *Inconstientul spiritual*, pp. 117-118

Larchet carried out extensive research on Jung's analytic psychology in his book concerning *The Spiritual Unconscious*,⁵⁴⁰ and some of the following conclusions are indebted to his analysis of the topic from a patristic perspective.

As shown earlier in this chapter, for Jung to reach the state of wholeness presupposes a *union of both conscious and unconscious*, integration of the *shadow* as part of our selves, and of evil as part of God. In saying that Self is 'God within us'⁵⁴¹ Jung equates the archetype of Self with that of God. As a consequence of this process of equivalence, in his understanding the archetype of God, similar to self, is a symbol of completeness and wholeness. As such, he makes the assumption that we should acknowledge evil as part of God the same way we have to obtain an awareness of the shadow as part of our personal selves. Failing to do so means for Jung not only exclusion of the undesired part of our selves represented by the shadow, but also exclusion of God from us, i.e. the place where He lives and may be known.⁵⁴²

Self-fulfilment in Jungian terms is obtained by reaching *completeness, i.e. totality*, which does not involve a transformation of evil into good, but an acceptance of both light and dark sides of one's personality. Thus, man cannot reach totality without the integration of evil, which is to be found both within himself and within God, as 'Self and God are indistinguishable'⁵⁴³ realities, and overlap each other in the Jungian system. As Larchet pointed out, Jung was influenced in designing these theories by dualistic ideas such as Gnosticism, alchemy and oriental philosophies, particularly by Hinduism,⁵⁴⁴ which takes them far away from a Christian and Philokalic framework. In the therapeutic process, Jung is interested only in awareness and acceptance of one's dark side, i.e. shadow, which in his view brings balance of the conflicting forces within Self, without providing a norm to distinguish between good and evil, or the spiritual and ethical meanings of these forces.⁵⁴⁵

For humanists, wholeness is not only a central concept of both theory and therapy but the person seen as a whole was even proposed as the object of psychology. Thus, the concern of every therapy should not be some separate aspects of man – be it behaviour, unconscious or thoughts – but the entire person. The main philosophical assumptions and practice revolve around this concept. For them wholeness is similar to a state of inner congruence between various psychic forces and relates to the process of self-actualization. As in Jung's case wholeness is seen as a final point of one's travel towards health.

⁵⁴⁰ Ibid., pp. 51-121

⁵⁴¹ Jung, *Two Essays*, op. cit., par. 399

⁵⁴² In the analysis of these Jungian concepts, Meeks observes that 'the Self and God are indistinguishable, though Jung cannot say if they are definitely one and the same' in Meeks, op. cit., p. 197. In the same research Meeks points out some major distinctions between Jung's anthropological framework and the Christian perspective.

⁵⁴³ Meeks, op. cit., p. 197

⁵⁴⁴ Cf. Larchet, *Inconscientul spiritual*, p. 100

⁵⁴⁵ Cf. ibid., pp. 112-113

The Philokalia, based on its anthropology, speaks about a *division between the soul's powers* brought by the fall and the need of their *unification* in order to restore health and normality of their functioning. The journey to *inner unification* takes one through the three spiritual stages: *praxis; contemplation; and theoria*. Unlike Jung's completeness, the inner unification proposed by the Philokalia does not include union with evil or the dark side of one's self in any form but a transformation of *dark into light* and a restoration of the soul's powers, functioning according to their nature (cf. 2 Cor. 6:14; John 1:5). This process of inner unification follows a norm, a model, which in this case is revealed, a model that allows a clear distinction between good and evil, dark and light. Christ is the model of the unified man, followed by the *similar*s of God, those people that accepted His proposals and thus became unified inside through union with Him.

Maslow's intuition to try and find a norm for a healthy psyche by looking for 'normal' people within society seems to have been accomplished by the ascetic tradition through the direct access it had to such people who followed the revealed rules by faith and came to know them by experience, an experience which they shared with those around them in various contexts. The Philokalia provides an anthropological framework in which man's inner unification cannot be accomplished outside God and outside union with Him: "The saints' union with God has resounding implications for mankind. This union is not of a moral, psychological or social nature, but purely theological, which means there are unambiguous criteria for sanctity. Because man is made up of soul and body, God's grace is transmitted through the soul to the body as well, so unmistakable tokens and proofs of holiness exist".⁵⁴⁶

For all Philokalic writers, deification or holiness is the final target of life⁵⁴⁷ since God created man for the purpose of becoming *god by grace and adoption*⁵⁴⁸ but *not by nature*.⁵⁴⁹ This distinction is found in connection with the one that is made between the energies and essence of God. Accordingly, man can acquire deification by participating in the divine energies, but not in the divine essence.⁵⁵⁰ Deification is empirically proved by the presence of God's uncreated energy, usually called grace, in some people whose bodies after death emit fragrance as a sign of their holiness.⁵⁵¹ Thus, for the Philokalic anthropological paradigm to attain wholeness is not a

⁵⁴⁶ Vlachos, *Hesychia and Theology*, p. 33. For an extensive discussion of this topic see the following chapters by the same author: 'Sanctity in the Orthodox Tradition' in *Hesychia and Theology*, pp. 31-38; 'Deification and the Deified' in *The Science of Spiritual Medicine*, pp. 443-467; and 'The Saints, Bearers of Divine Revelation in *The Person in The Orthodox Tradition*, pp. 227-264

⁵⁴⁷ St Gregory Palamas, *150 texts*, 105, EPH 4, p. 393

⁵⁴⁸ St Symeon the New Theologian, *153 Practical and Theological Texts*, 48, EPH 4, p. 34

⁵⁴⁹ St Gregory Palamas, *In Defence of Those who Devoutly Practise a life of Stillness*, 2, EPH 4, p. 420

⁵⁵⁰ St Gregory Palamas, *150 texts*, 91-93, EPH 4, pp. 389-390. Vlachos writes: 'According to patristic theology, God has essence and energy, and in God essence and energy are united separately and separately while remaining united. It is completely impossible for human beings to share in the essence of God, whereas they can share in His energy. Both God's essence and His energy are Divinity' in: *The Science of Spiritual Medicine*, p. 449

⁵⁵¹ Vlachos, *Hesychia and Theology*, p. 34

target in itself but rather the result of all the soul's powers functioning according to nature which is obtained following the ascetic practice. The aim of the ascetic method is not the direct acquisition of health but deification, unification and participation in God's energy (cf. 2 Pet. 1:4).

The soul's health and wholeness are a natural result of man's journey towards a likeness to God, which is done by imitating Christ, not 'outwardly or morally, but sacramentally and ascetically'.⁵⁵² Drawing on Saint Maximus's explanation of the process, Vlachos underlines that 'this imitation takes place inwardly, that is to say, Christ is born within us and we are born according to Christ'.⁵⁵³ For Philokalics to become whole involves becoming holy or deified since only imitating Christ all the soul's powers may be restored to their initial intended purposes and natural functioning. Jung's completeness, a term which he prefers against that of wholeness, is found in opposition to this view, since it involves a unification of contraries, good and evil, on one hand, and because he rejects Christian holiness as a norm for the soul's health and fulfilment in God, on the other hand.⁵⁵⁴

Humanists' wholeness is a feature of the *fully functioning person* as a result of the process of self-actualization. As showed in a previous paper where we contrasted the humanist's pyramid of needs with examples from saints' lives, *self-actualization*, from the Philokalic perspective, is actually a process that takes man to *self-deification*⁵⁵⁵ which is found in direct opposition with the process of *Christ-actualization* and *deification in Christ* followed by the ascetic method, as described earlier in this chapter.

Hence, we notice that cure in relation to wholeness and holiness is seen differently by the two fields. If the Philokalia in its way towards holiness naturally gets and involves wholeness, modern psychotherapy is interested in wholeness and ignores or even firmly excludes holiness as understood in patristic terms.

7. Cure by Grace?

In the previous section concerning the anthropological profile of the Philokalia, we offered a short account on the importance of grace received through baptism in the process of inner healing. In this final section we intend to explore the matter further and bring in our comparative analysis a personal account of a professional working in the area of mental illness. The fact that

⁵⁵² Vlachos, *The Science of Spiritual Medicine*, p. 461

⁵⁵³ Ibid.

⁵⁵⁴ Cf. Larchet, *Inconstientul spiritual*, p. 118

⁵⁵⁵ Ciobanu, S., 'Anthropological perspectives in dialogue: modern psychology and Fathers of the Philokalia,' in: *Studia Theologica Doctoralia*, III, Iasi: Doxologia, 2011, pp. 75-91

the Philokalia talks about the grace of the Holy Spirit as playing an essential role in inner healing most probably does not amaze anyone, but the fact that the very phenomenon of grace has been identified and integrated in the healing process by an American psychiatrist and psychoanalyst⁵⁵⁶ through the ‘doings’ employed by his clinical practice, is not a very common matter. Next, we will try to see how close are these two experiences of grace, as *healing* instrument, in the description of the two areas addressed by the present research.

Peck argues that grace is to be found in the collective unconscious of one’s soul,⁵⁵⁷ that it is naturally involved in any therapeutic process of inner healing but that unfortunately in order to access this resource people need to confront their real selves, which not many choose to do and therefore very few are healed.⁵⁵⁸ To him the signs of mental illness are in fact mere warnings of grace that something is not well with the path we are on and new adjustments are required.⁵⁵⁹

Peck’s statements are confirmed by the Philokalic experience according to which divine grace ‘dwells in the very depths of the soul’, ‘in its infinite love permeates the lineaments of God’s image’, and ‘although baptism removes from us the stain resulting from sin, it does not thereby heal the duality of will’.⁵⁶⁰ Thus, from both sides it is recorded that grace is found deep within,⁵⁶¹ all the time available to man, and it is in his power to choose whether to collaborate with it or not.

Both Peck and the Philokalia emphasize the difficulty of answering such a message conveyed by the *hidden treasure in ourselves*, the exertion of involving in such a painful and demanding effort of inner healing, but also its inevitable requirement, if one wants to be cured. Further on, Peck mentions the so-called *resistance to health* that often appears in therapy and explains it in this way:

‘Many aspects of the reality of the world and of our relationship to the world are painful to us. We can understand them only through effort and suffering. All of us, to a greater or lesser extent, attempt to avoid this effort and suffering. We ignore painful aspects of reality by thrusting certain unpleasant facts out of our awareness. In other words, we attempt to defend our consciousness, our awareness, against reality. We do this by a variety of means which psychiatrists call defense mechanisms. If in our laziness and fear of suffering we massively defend our awareness, then it will come to pass that our

⁵⁵⁶ He dedicates a whole book and presents plenty of case studies to highlight his view, but the following discussion will draw mainly on the chapter concerning grace: Peck, Scott M., ‘Grace’ in *The road less travelled*, (London: Arrow books, 1983), pp .221-300

⁵⁵⁷ Peck, op. cit., pp. 268-9

⁵⁵⁸ ‘very few choose to heed the call of grace because of the difficulties involved’, Ibid., p. 295

⁵⁵⁹ Ibid., pp. 278-9. His view on illness will be discussed in detail in the section on abnormality.

⁵⁶⁰ St Diadochos of Photiki, *On Spiritual Knowledge*, 78-79, EPH 1, p. 280

⁵⁶¹ ‘the closest place to look for grace, it is within yourself’ in: Peck, op.cit., p. 269

understanding of the world will bear little or no relation to reality. Because our actions are based on our understanding, our behavior will then become unrealistic. When this occurs to a sufficient degree our fellow citizens will recognize that we are ‘out of touch with reality’, and will deem us mentally ill even though we ourselves are most likely convinced of our sanity’.⁵⁶²

Bringing plenty of examples from his clinical practice he shows that few people chose to end the therapeutic process due to the inherent suffering it brings and the strength required to endure it. On the other hand, for those who accepted and took upon them the difficult task of facing themselves, the freedom and the strength they acquire is so marvellous that ‘even if they emerge from therapy without a belief in God, such successful patients still generally do so with a very real sense that they have been touched by grace’.⁵⁶³

Related to the ascetic method that involves prayer and various other works towards obtaining virtue, i.e. inner health, the Philokalia depicts this painful struggle with oneself almost in the same terms:

‘... We must use force. A man labours and struggles, and so by the use of force he escapes from destruction, always striving to raise his thoughts to holiness. We are not forbidden to resist force with force ... if we preserve in unceasing prayer and the other virtues, there will come upon us a mighty force, infinitely stronger than any we can exert. This force cannot be described in human language; in its great strength it overcomes our worst faults of character and the malice of the demons, conquering both the sinful inclinations of our soul and the disordered impulses of our body’.⁵⁶⁴ Again, both perspectives present the struggle as well the unexpected strength and marvellous sense of growth that comes with it.

An important part of Peck’s observations relate to people oscillating between two contrary forces, one called *entropy (laziness)*, that makes people uninvolved in their becoming and ultimately brings them to illness, and an opposite force identified with *grace*,⁵⁶⁵ which helps them go against the comfort of the *status quo* position and assume the ‘fearful state of affairs’ where ‘we have no one to blame except ourselves’.⁵⁶⁶ Actually, here he identified the presence of

⁵⁶² Ibid., p. 278

⁵⁶³ Ibid., p. 285

⁵⁶⁴ St John of Karpatos, *For Monks in India*, 50, EPH 1, p. 310; St Symeon Metaphrastis also states: ‘It is not easy for men to reach this level. It requires much toil, struggle and suffering’. St Symeon Metaphrastis, *Paraphrase*, IV, 75, EPH 3, pp. 318-9

⁵⁶⁵ ‘Just as grace is the ultimate source of the force that pushes us to ascend the ladder of human evolution so it is entropy that causes us to resist that force, to stay at the comfortable, easy rung where we now are or even descend to less and less demanding forms of existence’. Peck, op.cit., pp. 288-9

⁵⁶⁶ Ibid., p. 293

the same forces which the Philokalic text describes as ‘the two spirits, that of light and that of darkness’ which ‘are at work in the same heart’.⁵⁶⁷

Grace is seen by both fields as attending with infinite care to man’s inner recovery from every kind of affliction he may suffer. Thus, Peck speaks about grace in terms of a ‘powerful force originating outside of consciousness which nurtures our spiritual growth’⁵⁶⁸ while the Philokalia calls it ‘the common mother of us all’.⁵⁶⁹ While nurtured in such a loving manner to grow inwardly man needs a laborious effort which was compared with the task of learning ‘a field of knowledge through a PhD program’.⁵⁷⁰ But on the other hand, Peck saw that there is more to grace than only our personal effort:

‘While on one level we do choose whether or not to heed the call of grace, on another it seems clear that God is the one who does the choosing. The common experience of those who achieved a state of grace, on whom ‘this new life from heaven’ was bestowed, is one of amazement of their condition. They do not feel that they have earned it. While they may have a realistic awareness of the particular goodness of their nature, they do not ascribe their nature to their own will; rather distinctly they feel that the goodness of their nature has been created by hands wiser and more skilled than their own. Those who are the closest to grace are the most aware of the mysterious character of the gift they have been given’.⁵⁷¹

In other words, the phenomenon of grace is a synergic one, there needs to be a collaborative union between the will of God and the will of man for the healing process to be accomplished. We believe that is precisely this synergy that is accomplished at its utmost within the ascetic practice demarche, since *the path to grace* is already *a given* by revelation and *a proved fact* by experience. Confirming entirely Peck’s observations concerning the synergic effort present in healing, the next quote from Saint Symeon Metaphrastis seems to add what is missing so that *the picture* can be complete:

‘We do not reach the final stage of spiritual maturity through divine power and grace alone, without ourselves making any effort; but neither on the other hand do we attain the final measure of freedom and purity as a result of our own diligence and strength alone, apart from any divine assistance. If the Lord does not build the house, it is said, and protects the city, in vain does the watchman keep awake, and in vain do the labourer and the builder work (cf. Ps. 127:1-4)’.⁵⁷² In agreement with its Christ-anthropology, and

⁵⁶⁷ St Symeon Metaphrastis, *Paraphrase*, IV, 75, EPH 3, pp. 318-9

⁵⁶⁸ Peck, op.cit., p. 278

⁵⁶⁹ St Peter of Damascus, *A treasury of divine knowledge*, Book 1, EPH 3, p. 198 and p. 94

⁵⁷⁰ Peck, op. cit., p. 295

⁵⁷¹ Ibid., pp. 295-6

⁵⁷² St Symeon Metaphrastis, *Paraphrase*, I, 1, EPH 3, p. 285

drawing on the tradition of the Psalms, the Philokalia asserts openly the need for an inner structure built on the *thoughts-commandments* left by Christ to humanity as a way forward for healing, and therefore deification.

Most of Peck's experiences and insights resulting from his professional practice present a particular interest for our work due to their closeness with viewpoints expressed by the Philokalia. Some other of his findings, addressing the concepts of health and illness, their relation with grace or entropy, as well as the criteria he provides in order to discriminate between various inner states, will be discussed in other sections of this research. For the time being we will complete this section with a few considerations:

1. Both Peck and Jung draw on the idea of inner duality between *good* and *evil* but they have approached it differently. For Jung, uniting them is necessary in order to reach totality, and involves only acceptance, not transformation, while Peck emphasized the complete opposition between the two. In his view, one either evolves towards *growth* or *entropy*, but cannot be in both simultaneously. This perspective is closer to Freud's view on *Eros* and *Thanatos*, but it goes further in that it identifies God as the final target of this *growing-in-love* process, with God-grace being the very 'source of the force that pushes us to ascend the ladder of human evolution' while entropy is the opposing power, 'that causes us to resist that force',⁵⁷³ and is represented by the same type of evil that led to loss of communion with God. Viewed from a Philokalic perspective Peck's contribution seems to have left the area of the *created* and grasp the 'flavor' of the *uncreated*. Had he had knowledge of the distinctions between created and uncreated energies, we believe he would probably have found his professional experience similar to the patristic assertions on this matter. Most probably they would have added extra nuances and have brought more clarifications in regard to his own discoveries.
2. Nevertheless, as far as our in-depth research in the field of modern psychotherapies has taken us, we find his position as being unique and a direct result of a personal process of inner growth. That is why his considerations are not to be confused or identified with the existing theories in psychiatry or psychoanalytic therapy⁵⁷⁴ in which he professed. No doubt they offered him the necessary support for his practice but within this framework he reached his own conclusions in agreement solely with what he experienced, as he himself testifies.⁵⁷⁵

⁵⁷³ Peck, op.cit., pp. 288-9

⁵⁷⁴ Perhaps the strongest argument is that he did not create any school as happened with the other theorists in the field of psychotherapy. Still, his books have sold millions of copies and in many editions.

⁵⁷⁵ 'The originality of this book results from the fact that I have arrived to their (religious) very same meaning through the particular individual byways of my twentieth-century life'. Peck, op. cit., p. 298

3. In our opinion, his contribution in relation to grace's power of healing is particularly important, especially because it offered a contemporary approach to the topic coming from the perspective of the practitioner that has to deal daily with various forms of inner illness. The theological language to which the book turns in some of its parts is only a result of the fact that what was known and experienced, Peck found it could not be best and most accurately described in any other terms.

As a concluding observation of this part of the research we remark that if Freud was said to have essentially talked about a *will to pleasure*, Adler about a *will to power*, Rogers about a *will to change*, Frankl about a *will to meaning*, Peck about a *will to grow*, the Philokalia seems to have spoken mainly about a *will to love*. Nevertheless, we will follow this idea in the second part of the present study to see how it may be applicable in relation to the inner illnesses accounted for.

PART II COMPARATIVE ILLNESS

CHAPTER 4 DIAGNOSIS AND DISCERNMENT

The various psychotherapeutic approaches presented in the first part of this research are currently applicable in various settings: organizations (with and in), large clinical settings (such as the NHS), community (services which are provided directly in the community), the voluntary and independent sectors, and private practice.⁵⁷⁶ In our attempt at comparing illnesses we found it necessary to approach the topic of diagnosis first since, from a broader clinical perspective, we cannot discuss illness without first understanding how we come to define it.

This chapter introduces the concepts of *diagnosis and discernment*, i.e. the processes used by the psychotherapeutic and Philokalic paradigms to guide us in discriminating between the contents of our inner world. From the perspective of our comparative methodology, they were identified as being the *travelling* concepts that relate to the common phenomenon of inner discrimination or differentiation which leads to *naming*. Therefore, in the first two sections below, there is a short account of these two *travelling* concepts followed by a *border comparative analysis* in the third.

I. The Diagnosis

As presented in the first part concerned with anthropology, the various models of abnormal behaviour differ widely in their aetiology, assumptions, and treatments, and so too in their approach to diagnosis.⁵⁷⁷ The *psychotherapeutic perspective on diagnosis* varies widely between these two main positions: a) the need to diagnose since ‘it seems elemental that rational treatment cannot be planned and executed until an accurate diagnosis has been made’;⁵⁷⁸ and b)

⁵⁷⁶ Cf. Clarkson, P., Pokorny, M., (eds.), *The handbook of psychotherapy*, (London: Routledge, 1994). As outlined in the introduction, the present research deals with psychotherapies applied to clinical contexts where they inevitably interact with the psychiatric theory and practice.

⁵⁷⁷ Comer, op. cit, p. 117

⁵⁷⁸ Thorne, F.C., *apud*: Paterson, C.H., ‘Is Psychotherapy Dependent Upon Diagnosis?’, *American Psychologist*, 1948, in: *Understanding Psychotherapy: Fifty Years of Client-Centered Theory and Practice*, (PCCS Books, 2000), p. 155, accessed online:

http://www.sageofasheville.com/pub_downloads/IS_PSYCHOTHERAPY_DEPENDENT_UPON_DIAGNOSIS.pdf

f

its uselessness since it ‘is not necessary for good therapy’⁵⁷⁹ and ‘may actually be a detriment to the therapeutic process’⁵⁸⁰.

In the clinical settings, there is an inevitable interference and pressure exercised by *the psychiatric* upon the *psychotherapeutic diagnosis* which is emphasized by McWilliams in a recent book:

‘... the psychiatric descriptive diagnosis, the basis of the DSM and ICD systems, has become normative. ... Although inferential/contextual/dimensional/subjectively attuned diagnosis can coexist with descriptive psychiatric diagnosis (Gabbard, 2005; PDM Task Force, 2006), the kind of assessment described in this book has become more the exception than the rule. I see this state of affairs with alarm’.⁵⁸¹

As a result, a recent study examines whether the psychiatric diagnosis is relevant for psychotherapeutic intervention and concludes that:

‘Such a view of diagnosis is not workable for psychotherapy. The exclusion of personal experiences associated with symptoms and complaints is problematic and the referent that recent psychiatric classification uses, that is, brain processes, is not compatible with the referent that psychotherapeutic theories use. Case formulation can be seen as an alternative to standard classification.’⁵⁸²

As such, each approach designed its own way of diagnosing congruent with its therapeutic goals. 1) The psychodynamically oriented therapies use a psychoanalytically-informed interview to get a clear picture of the clients’ ‘inner world and the way it functions, and try to understand the nature of the distress they are presenting with’.⁵⁸³ A diagnostic formulation is generally considered ‘doing therapy’ and a process where the client can assess the analytic process in his own way while the therapist tries to identify ‘the crucial areas of style of relatedness, tone of interventions, and topics of initial focus’⁵⁸⁴ which inform the advice given about treatment. The psychoanalytic diagnosis is *character-focused* and starts by identifying *a person’s habitual defensive pattern*. 2) The cognitive-behaviourtherapy gathers diagnostic information through

⁵⁷⁹ Rogers, C.R., *apud* *ibid.*, p. 2

⁵⁸⁰ Rogers, C.R., *Client-centered therapy, Its current practice, implications and theory*, (London: Constable, 1951), p. 220

⁵⁸¹ McWilliams, N., *Psychoanalytic diagnosis: Understanding Personality Structure in the Clinical Process*, (NY: Guildford Press, 2011), p. 9

⁵⁸² Vanheule, S., ‘Diagnosis in the field of psychotherapy: A plea for an alternative to the DSM-5.x’ in: *Psychology and Psychotherapy: Theory, Research and Practice* (2012), 85, p. 128

⁵⁸³ Milton, J., ‘Why Assess? Psychoanalytical Assessment in the NHS’ in: *Psychoanalytic Psychotherapy*, vol.11, No. 1, 1997, p. 47

⁵⁸⁴ McWilliams, *op. cit.*, p. 12

clinical interviews, self-monitoring data provided by the patients, self-monitoring scales, structured diagnostic interviews, and reports from the patient's family or other treatment providers. In addition to diagnostic procedures, they use *case formulation* in order to guide treatment planning and clinical decision making. Throughout the process various feelings, thoughts, behaviours and situations are assessed in the form of *origins or precipitants*.⁵⁸⁵ According to other sources, diagnosis also involves in properly indentifying dysfunctional schemas, beliefs and negative thoughts.⁵⁸⁶ 3) The humanistic-existential dimension traditionally displays a non-diagnostic perspective which is rooted in three main assumptions: a) behaviour is caused by and the psychological cause of behaviour is founded on the client's way of perceiving; b) the psychological change can be brought about only by the client who agrees to change his perceptions, and therefore even if the therapist knew precisely the cause of the distress he could not make effective use of it; c) the client can produce a change in perception as rapidly as he is able to bear the pain and the identified conflicts can be tolerated by the self.⁵⁸⁷ In their perspective, if there is something to be diagnosed, than this will be *the quality of the therapeutic interaction* as shown by the research evidence.⁵⁸⁸

Thus, disagreement in *aims* is bound to result in disagreement in *outcomes*. An analytically oriented therapist will aim to enhance client autonomy, resolution of unconscious conflict, character change, achievement of insight, and getting clients in touch with their inner feelings; a cognitive-behaviourist will focus on the elimination of symptoms, non-medical symptoms, or the 'presenting problem', while the more cognitively oriented aims to change cognitive and emotional patterns; the existential-humanist therapist will seek to improve the quality of the therapeutic encounter by striving to make it empathic and genuine.⁵⁸⁹

Therefore, different anthropological assumptions result in different aetiologies, which lead to different approaches towards diagnosis and treatment, which in their turn will have a different outcome. Since their efficacy was not easy to be assessed it was proposed that it should be tested 'relative to the outcome criteria of that paradigm'⁵⁹⁰ and not in relation to a specific problem. In an attempt to identify a 'deeper and theory-neutral criterion that can be used to evaluate the various criteria of competing paradigms'⁵⁹¹ it was proposed that the criterion of *irrational and*

⁵⁸⁵ '1) It describes all of the patient's *symptoms, disorders, and problems*; 2) It presupposes hypotheses about the *mechanisms* causing the disorders and problems; 3) It proposes the recent *precipitants* of the current disorders and problems; and 4) The *origins* of the mechanisms.' in: Persons, J.B., *The Case Formulation Approach to Cognitive-Behavioral Therapy*, (NY: The Guildford Press, 2008), p.5

⁵⁸⁶ Cf. Dobson, D., Dobson, K.S., *Evidence-Based Practice of Cognitive-Behavioral Therapy*, (New York: The Guildford Press, 2009)

⁵⁸⁷ Cf. Rogers, op. cit., pp. 221-2

⁵⁸⁸ Wampold, B.E, Psychotherapy: 'The Humanistic (and Effective) Treatment' in: *American Psychologist*, (Nov. 2007), p. 869

⁵⁸⁹ Erwin, E., *Philosophy and Psychotherapy*, (London: Sage, 1997), p. 20

⁵⁹⁰ Erwin, p. 21

⁵⁹¹ Ibid.

defective desires might correspond. However, later analysis showed that what one client considers intrinsically good is different from another, and that clients do not always want what is best for them, and as such consensus could not be found.⁵⁹²

A much-discussed issue in relation to diagnosis concerns *the values it follows*. The naturalistic scientific approach to psychotherapy claims that values can be separated from the person during the psychotherapeutic process.⁵⁹³ Other studies found them ‘intrinsic or built into scientific rationality’⁵⁹⁴ and permeating the entire psychotherapeutic process, ‘entering into the goals and methods of every theory or approach’.⁵⁹⁵ Sadler states that values are found behind every approach to psychological disorders even if they are not addressed directly. The need to be discussed openly is not only a matter of philosophical interest but mainly a matter of practical consequence.⁵⁹⁶ The discussion of values, even when applied to science, is essentially philosophical and one cannot avoid categories of good/evil when approaching them.

In Sadlers’ words many of the aspects of the present clinical practice are based on ‘the belief in a set of beliefs’ that belongs to different promoters from the field. Belief is always involved in clinical experience and appears to be present at one end in the process of defining psychological illness (causes, symptoms, treatment) and at the other end by the fact that the client accepts the *definition* made by the specialist and its consequences even if he does not know how exactly that definition was reached. The patient has only one ‘certain’ thing, his symptoms, and he is not very much interested if those specific symptoms are defined as being anxiety, depression, psychosis, or something else. What he seeks is healing. The final aim of the practitioner is the same: to heal. But in order to do this the specialist needs first to define the problem accurately which starts with correctly identifying its multiple causes.

II. Discernment/*Diakrisis*

Throughout the Philokalic writings, various terms are used in relation to discernment: *discernment of spirits; diakrisis; diakrisis logismon; discernment of evil thoughts; diakrisis pneumatou*;⁵⁹⁷ *discrimination; discretion; and right judgment*. According to the Philokalia, the matter of discernment is discussed in the context of *the pathology of human knowledge*⁵⁹⁸ brought about by the fall. As showed in the anthropology section, the healing of the soul starts

⁵⁹² Ibid., p. 32

⁵⁹³ Arbuckle, D.S., *A philosophical base for counseling and psychotherapy* (NY: McGraw Hill, 1997), p. 13; Vaughan, R.P., ‘Religious Belief, Values, and Psychotherapy’ in: *Journal of Religion and Health*, vol. 2, No. 3, (Apr., 1963), p. 198

⁵⁹⁴ Sadler, *op. cit.*, 24

⁵⁹⁵ Patterson, C.H., ‘Values in Counseling and Psychotherapy’ in: *Understanding Psychotherapy*, *op. cit.*, p. 176

⁵⁹⁶ Cf. *ibid.*, p. 4

⁵⁹⁷ Lienhard, T.J., ‘On ‘Discernment of Spirits’ in the Early Church’, *Theological Studies*, 41:3 (Sept: 1980), p. 519

⁵⁹⁸ Cf. Larchet, *Terapeutica bolilor spirituale*, *op. cit.*, p. 41

with the recovery of the nous since as Saint Gregory Palamas asks: ‘How could a rational soul be healthy if its power of knowledge is ill?’⁵⁹⁹ Discernment is necessary throughout the entire process of recovery and maintenance of the nous’s health. Saint Maximus the Confessor explains in relation to the categories to be distinguished in the process: ‘As health and disease are to the body of a living thing, and light and darkness to the eye, so virtue and vice are to the soul, and knowledge and ignorance to the intellect.’⁶⁰⁰

Discernment relates on the one hand to *the discriminative power of intelligence*,⁶⁰¹ and on the other hand with *the gift of discernment* which is ‘the queen and crown of all virtues’.⁶⁰² Discrimination is linked with humility⁶⁰³ and dispassion.⁶⁰⁴ As Saint John Climacus points out ‘discernment ... is found only among those who are pure in heart, in body, and in speech’.⁶⁰⁵ The link between discernment and purification is described by Fr. Dumitru Stăniloae in a note on Saint John Climacus’ Ladder:

‘Discernment is not only theoretical knowledge, but knowledge and feeling in the same time of what is good or evil and therefore depends on the purity of the one who holds it. Only the one who is pure in heart perceives what is pure and feels aversion towards what is impure. And pure in heart is the one who complies with God’s commandments, convicting himself; or the one who is merciful towards the whole creation; or the one who is free from hidden passions. And pure with the body is the one who is free from the bodily uncleanness and with his mouth speaks the truth’.⁶⁰⁶

It consists in the power to discriminate in himself or in others what is being done after *the will of God, from the devil’s deceit or in a natural way* and knows a few stages:

‘among beginners, discernment is real self-knowledge; among those midway along the road to perfection, it is a spiritual capacity to distinguish unfailingly between what is truly good and what in nature is opposed to the good; among the perfect, it is a knowledge resulting from divine illumination, which with its lamp can light up what is dark in others’.⁶⁰⁷

⁵⁹⁹ St Gregory Palamas, *apud*, Larchet, op. cit., p. 41

⁶⁰⁰ St Maximus, *On Love*, IV, 46, EPH 2, p. 105

⁶⁰¹ St Maximus, *On Theology*, IV, 28, EPH 2, p. 242

⁶⁰² St John of Damascus, *On the Virtues and the Vices*, EPH 2, p. 340

⁶⁰³ St Diadochos of Photiki, *On Spiritual Knowledge*, 77, EPH 1, pp. 279-280

⁶⁰⁴ St Theognostos, *Practice of Virtues*, 37, EPH 2, p. 367

⁶⁰⁵ St John Climacus, ‘On discernment’, 26, in: *The Ladder of Divine Ascent*, (NY: Paulist Press, 1982), p. 229

⁶⁰⁶ Stăniloae, D., ‘Scara raiului’, note 681, în *Filocalia*, vol. 9, (București : EIBMO, 1980), p. 317

⁶⁰⁷ St John Climacus, p. 229

Diakrisis is used to discriminate between thoughts that pass through the mind,⁶⁰⁸ people and situations. By means of mental watchfulness those thoughts which are good and originate in God are kept, while those which are evil and originate in the devil are cast out.⁶⁰⁹ The resistance manifested by the latter thoughts might be so strong that Saint Philotheos describes it in terms of ‘warfare’:

‘It is by means of thoughts that the spirits of evil wage a secret war against the soul. For since the soul is invisible, these malicious powers naturally attack it invisibly. Both sides prepare their weapons, muster their forces, device stratagems, clash in fearful battle, gain victories and suffer defeats’.⁶¹⁰ On the other hand, a great subtleness is associated with its unseen nature: ‘just as it is easier to sin in the mind than in action, so warfare through our impassioned conceptual images of things is harder than warfare through the things themselves’.⁶¹¹

The thorough knowledge of causes which discernment provides allows one to make a sharp distinction between the suffering and the sufferer, and to love the sufferer but hate that which harms him. Since *diakrisis* is linked with *the purity of heart and humbleness*, it is not used to make critical judgments upon people since that would be detrimental of purity. As Price notes: ‘Diakrisis thus provided a critical faculty, but it was not critical to others; a distinction lost in modern English usage⁶¹² where criticism generally has a negative recognition’.⁶¹³

According to Saint John Climacus, discernment is ‘a solid understanding of the will of God in all times, in all places, in all things’⁶¹⁴ and as such provides insight into the truth of a matter and into how to act for the best. Discernment is essential in acquiring health⁶¹⁵ and ‘a discerning man is a discoverer of health, a destroyer of sickness’.⁶¹⁶ Saint Diadochos of Photiki highlights that true knowledge represents the power to discriminate without error between good and evil, and that spiritual knowledge is acquired ‘so that henceforward it will grow more and more confident in its quest for love’⁶¹⁷

⁶⁰⁸ St Diadochos of Photiki, *On Spiritual Knowledge*, 26, EPH 1, p. 259

⁶⁰⁹ Cf. Ibid.

⁶¹⁰ St Philotheos of Sinai, *On Watchfulness*, 7, EPH 3, p. 18

⁶¹¹ St Maximus, *On Love*, II, 72, EPH 2, p. 77

⁶¹² Not only English. It tends to be generalized.

⁶¹³ Rich, A.D., *Discernment in the Desert Fathers*, (Milton Keynes: Paternoster, 2007), pp. 203-4

⁶¹⁴ St John Climacus, p. 229

⁶¹⁵ ‘the abundance and health of the soul comes from watchfulness and discrimination’ cf. Sf. Isaac Sirul (the Syrian), ‘Cuvinte despre nevointă’, 38, în *Filocalia*, vol. 10, (București : EIBMO, 1981), p. 204

⁶¹⁶ St John Climacus, p. 248

⁶¹⁷ St Diadochos of Photiki, *On Spiritual Knowledge*, 6, EPH 1, p. 254

III. Diagnosis and Discernment: Comparison

In line with their anthropological assumptions and distinct methods implied, *diagnosis and discernment* might be said to represent *two ways of knowledge*: diagnosis links with *the reasoning activity* based on observation and deductive reasoning, while *diakrisis* with *the noetic activity* being the result of *a pure heart*.

At a first look, they might be different in their proposed finalities: one points towards unification with God and *deification*, while the other towards the identification of the most efficient therapeutic intervention method, in the form of pharmacotherapy, psychotherapy, or both, in regard to ameliorating or eliminating the symptoms presented by the patient, and restoring psychological balance. However, as presented in the first part on anthropology, the theology of the Philokalia constitutes a soul's healing method, which links the created and uncreated.⁶¹⁸ At the same time, acquiring health and having a precise identification of illnesses' causes is so important that *discrimination* is even considered *a destroyer of sickness that brings health*. Hence, even if applied within different methodological frameworks, they are concerned with the same subject matter, i.e. the human soul's sickness and health, and in practice as we have seen they both distinguish between various categories of thoughts, feelings, people's motivations and their meanings.

Thus, if the Philokalic perspective brings one in contact with categories analyzed by current therapeutic practice, we shall see that in the same way the psychotherapeutic activity may put one in contact with spiritual categories, as was argued by Peck⁶¹⁹. Using the same clinical diagnostic methodology he pointed towards the opposed reality which he termed as *evilness*, that is as present in one's psyche as grace. For example, one of the cases described in his book, which apparently could easily fit into the category of obsessive-compulsive neurosis presented features that made the case impossible to be understood and treated through conventional means, and Peck had to explore and accept the influences upon the patient coming from an external agency. The case actually describes how an external force was brought to 'existence' by the patient through choosing 'the easy way out' and avoiding the legitimate suffering he was supposed to assume.⁶²⁰ These states of affairs Peck terms as *evilness*, and brings evidence from his psychotherapeutic practice to support his claims. At the end of his book Peck proposes *evilness* as a nosological category and attaches to it a *methodology of love*.⁶²¹ The insight offered by Peck enforces the hypothesis that psychotherapists usually meet the reality of evil along their practice

⁶¹⁸ Vlachos, *Orthodox Psychotherapy*, pp. 30-55

⁶¹⁹ Previously in this work we referenced his findings in relation to the reality of grace.

⁶²⁰ Cf. Peck, *People of the Lie*, (London: Arrow Books, 1983), pp. 15-38

⁶²¹ *Ibid.*, pp. 303-9

and may display three kinds of reactions to it: they observe it and try to find reliable solutions to it; they notice but do not have a name for it; or they are not aware of it at all.

In terms of values, the Philokalic perspective brings them into the wide open so that anyone has the chance to know, challenge and adhere to them or not, while in the psychotherapeutic field only the humanistic-existential approach acknowledges and considers them part of the curative process. However, the general efforts made by psychotherapy to operate outside categories of good/evil, and to separate itself from any relation with the moral space, have increased the possibility of misdiagnosis due to the exclusion of an important aetiological factor for psychological illness, as Sadler notes by explaining the causes: ‘today, however, the general demand for, and euphoria about, scientific objectivity, empirical truth, and emerging therapies tends to obscure the evaluative roots of what it means to be ill – mentally or otherwise.’⁶²² Nevertheless, in practice many of the professionals from the field observe that there is a close link between the psychological and spiritual aspects and that a sharp delimitation between the two is difficult to make.

The ascetic method ‘classifies’ the thoughts according to their source: nature, God and devil and by this it implies a difference between the created and uncreated⁶²³ at all times, which constitutes one of the main differences from the clinical psychological diagnosis which might be considered to operate only in the area of the created. Researching the topic with a comparative effort in mind, our general impression is that somehow in the current psychotherapy, the initial categories of psyche’s health and sickness dealt with in the past were ‘diminished’ so as to eliminate the categories of good and evil, while the ascetic method remained coherent with the entire wholeness presupposed by these categories. Our implicit research question is if a clear distinction between the psychological and spiritual does actually exist when operating on the same inner content such as *thoughts, feelings, unconscious motivations, desires and so on*. We hope the comparative analysis that follows will bring more clarifications of the matter.

⁶²² Sadler, p. 5

⁶²³ St Peter of Damascus, *Knowledge of God*, EPH 3, pp. 255-6

CHAPTER 5

NORMALITY AND ABNORMALITY

While the focus of this research is on *illness and abnormality*, we also need to understand what is *health or normality*, as inferred by both perspectives. We are interested to see if we can identify *a criterion for normality/health* to which, logically, the presupposed *abnormality/illness* should be identified against. Respecting the general format of the research, in the third section we present the comparative analysis of *the travelling concepts* based on arguments provided in the first two sections. In the conclusive part of this chapter we will also try to see if normality may indeed be sought as ‘what the conservative hopes to return to and the progressive hopes to establish’.⁶²⁴

I. The Modern Psychotherapeutic Perspective

In the psychotherapeutic field the issues of normality and abnormality are intertwined and tend to be defined through one another: normality is the lack of abnormality and vice versa. Modern psychotherapy, as previously showed in the chapter on anthropology, developed without having a clear and defined model of normality against which to be built, but emerged as a discipline formed conceptually around clinical psychopathology, from which ideas about normality were inferred. It is precisely this *reverse development* that is underlined by the evolution of the psychotherapeutic theories from psychodynamics to behavioural, cognitive, and then culminating with the existential-humanist approach which tried to *de-pathologize* the field and focused on positive ‘healthy’ concepts such as self-actualization rather than illness.

The terminology of the disciplines that deal with these concepts, both theoretically and practically, varies along time and includes abnormal psychology, psychopathology, psychiatry, clinical psychology, health psychology, psychotherapy, counselling, and the professionals that apply them correspond to the above categories to which nurses, social workers, and clerics are added.⁶²⁵ In other words, the psychological concepts that were initially produced by specific psychotherapeutic approaches are now intrinsic to the various fields mentioned above and applied by the professionals attached to those fields. In time, many disciplines contributed to the

⁶²⁴ Alexander. P., ‘Normality’, in: *Philosophy*, Vol. 48, No. 184 (Apr., 1973), pp. 137-151. Published by: Cambridge University Press on behalf of the Royal Institute of Philosophy Stable, URL: <http://www.jstor.org/stable/3749837>; Accessed: 16/06/2009 08:12, p. 137

⁶²⁵ Glassman, op. cit., pp. 410-1; Cf. David D., *Psihologie Clinica si Psihoterapie*, (Iasi: Polirom, 2006)

debate and therefore the definition of what is normal or abnormal oscillates between medical, psychological, or social constructs. Next we shall go through such assumptions.

1. Defining Normality

It has been claimed that ‘normality and abnormality cannot be differentiated objectively’ since ‘all such distinctions ... are in part social constructions and cultural artifacts’⁶²⁶ as well as value-laden.⁶²⁷ However, some attempts at differentiation have been made. For example, Sabshin sees normality in terms of three distinct ‘ideologies’: *somatotherapeutic*; *psychotherapeutic*; and *sociotherapeutic*, that relate to ‘profound differences in the concept of the independent variables involved in the etiology of various psychological illnesses and in the processes required for therapeutic effectiveness’.⁶²⁸ By somatotherapeutic, Sabshin refers to the role of biological systems in the aetiology and treatment of psychological illness specific to the psychiatric medical field.⁶²⁹ Other views on normality include: *normality as a statistical concept, ideal mental health*⁶³⁰ or fully functioning behaviour.⁶³¹ The first criterion relates to the Gaussian curve where the middle values are considered normal and the ones found on the extreme abnormal. So, whatever tendencies appear to be more frequent in the population at a specific moment in time might be considered normal. The second criterion views normality as being *an ideal state*⁶³² which implies the necessity to define this ideal state. For example Jahoda,⁶³³ lists six criteria: *balance of psychic forces*; *self-actualization*; *resistance to stress*; *autonomy*; *competence*; and *perception of reality*. After trying to make a short description of these criteria he draws the conclusion that *is easier to define abnormality than normality*. The critics of this approach sustain that the ideal nature of normality excludes too many persons, the goals set are too vague and abstract and also that the ways of adjusting to the world and gaining happiness are too many in order to be categorized. The third criterion for normality, closely related to the previous one, is considered very restrictive since very few people might be said to have achieved *the level of fully functionality*, which was aimed at especially by the humanists, and as such very few are normal.

⁶²⁶ Millon, T., et al., *Personality Disorders in Modern Life*, (NJ: Wiley, 2nd ed., 2004), p. 11

⁶²⁷ Cf. Alexander, op. cit., pp. 142-3, Gross, op. cit., pp. 686-7

⁶²⁸ Sabshin, M., ‘Concepts of Normality and the Classification of Psychopathology’ in: *Handbook of Personology and Psychopathology*, ed. Stephen Strack, (NJ: Wiley, 2005), pp. 229-238, p. 230

⁶²⁹ In this area, ‘the concepts of normality have been distinctly secondary to concepts of pathology’ and ‘varied considerably, often parallel with the concepts of pathology’. Ibid., p. 233. The medical perspective *equates normality with health*, and therefore the absence of illness is considered normality, irrespective of the fact that illness is approached in terms of *syndromes or dimensions*.

⁶³⁰ Buss, H.A., *Psychopathology*, (NY: John Wiley and Sons, 1966), p. 2

⁶³¹ Sabshin, op. cit., p. 235

⁶³² Other authors named this approach as the “Utopian Model”. See: Rogers (1961) apud: Bennet, op. cit., p.3

⁶³³ Jahoda apud: Buss, op. cit., pp. 3-5

The psychotherapeutic ideology highlighted psychological factors as causative for psychological illness. *Psychoanalysis* had a great impact on the concept of normality although ‘not often stated or acknowledged in clear terminology’ and the paradigmatic shift it produced was due to the assertion of ‘the universality of the development of at least some form of minimal pathology.’⁶³⁴ This perspective upon illness and its indirect effect on the concept of normality, resulted in the overdiagnosis of psychological illness.⁶³⁵ *The behaviourist perspective* brought the concept of normality out of the intrapsychic structure and placed it in the environment considered to be primarily involved in maintaining the abnormal behaviour, while *the cognitive approach* brings it back inwardly and sees it in terms of negative cognitive-emotional functioning that should be replaced with a more positive-adaptive one.⁶³⁶ *The existential-humanist approach*, without providing a definition of normality, had tried to focus on it through the person-centred therapy developed, whose goal was to attain the state of congruence, self-actualization, and existential meaningfulness. As shown in the anthropology part, Maslow even looked for some models of normality from which to derive standards for a self-actualized person.

The last category of *sociotherapeutic ideologies* supported the role of social variables, be they familial, cultural, group, or societal variables, in producing psychological illness. Therefore, in order to diminish illness ‘alterations of these systems were necessary’⁶³⁷ and Sullivan’s interpersonal perspective, which argues that ‘personality is best conceptualized as the social product of interactions with significant others’,⁶³⁸ came to fill in the gap. The major impact of this perspective on the concept of normality is reflected in the need to investigate individuals’ social environments in order to diagnose, and the ‘move’ of the treatment’s location into the client’s community (family, friends, workplace, and community centres).⁶³⁹ Recent approaches that address the re-focusing on the normal individual so as to infer routes for cure, rather than on psychopathology, have also been attempted with a view ‘that values, not unconscious psychodynamics, hold the keys for understanding the personal troubles of ordinary people’.⁶⁴⁰

⁶³⁴ Sabshin, pp. 230-1.

⁶³⁵ Cf. *ibid.*, p. 234

⁶³⁶ Zimbardo et al., *Psychology: Core Concepts*, (Pearson, 7th ed., 2012), p. 520

⁶³⁷ *Ibid.*, p. 230

⁶³⁸ Millon, *op. cit.*, p. 39

⁶³⁹ Cf. Burns, *op. cit.*, pp. 51-68; Bennet, *op. cit.*, pp. 9-10

⁶⁴⁰ Reiss, S., *The Normal Personality: A New Way of Thinking About People*, (NY: Cambridge University Press, 2008), p. 4

2. Defining Abnormality

To define abnormal behaviour is a complex issue in itself, but the psychotherapeutic field being primarily concerned with it offers much more information on the subject in opposition to normality for which information is scarcely and indirectly acquired, and almost always by reference to abnormality. Criteria to define abnormality include: *abnormality as deviation from the average*; *abnormality as deviation from ideal mental health*; and *abnormality as maladaptiveness*,⁶⁴¹ which have already been discussed in relation to normality. Other criteria comprise: *abnormality as deviation from the norm*, understood not in its statistical sense but as socially established norms which are bound to change across times according to different economic, political, and moral factors; *abnormality as personal distress and disability* seen as impairment in one or more areas of life;⁶⁴² *abnormality as others' distress* which suggests its interpersonal nature on one hand and its potential outcome in discomfort and unfulfilling social roles, on the other. The discussion here is that not all abnormal behaviour causes distress, as is the case of an individual with borderline personality disorder violating social norms without feeling guilt or remorse. On the other hand, not all distress presupposes the presence of an abnormal behaviour as in the case of a mother giving birth to a child. The major weakness of this criterion is that it gives us no standard for evaluating the behaviour itself. People are the ones to judge their own behaviours but the major psychological symptoms of illness are experienced as egosyntonic, and therefore not reported as problematic; *abnormality as unexpected behaviour* refers to unpredicted reactions but usually relates only to excess, as in overreaction, but not with deficit as in under-reaction, which makes this criterion partial and inefficient; and the final criterion is *abnormality as psychological illness*.⁶⁴³

Next we further approach the matter of psychological illness in an attempt to capture a comprehensive definition as much as possible. There are many terms used in relation to this concept: *ailment, malady, sickness, illness, or disorder*;⁶⁴⁴ *deviant, different, disordered, and bizarre*;⁶⁴⁵ *ill health*;⁶⁴⁶ or *the four D's: deviance (from the norm), distress, dysfunctional and dangerous*.⁶⁴⁷ According to the various theoretical orientations one of these terms is preferred over others, and consensus is not firmly established. However, the medical model with its conceptualization of psychological illness as 'disease' is still dominant in terms of definition and

⁶⁴¹ Gross, R., *Psychology: The Science of Mind and Behavior*, op. cit., pp. 683-4

⁶⁴² See Kring, M.A., et al., *Abnormal Psychology*, (NY: Willey, 10th ed., 2007), pp. 4-6

⁶⁴³ Cf. Gross., pp. 683-686

⁶⁴⁴ Cf. Millon, op. cit., p. 11

⁶⁴⁵ Cf. Meyer, R.G., et al., *Case Studies in Abnormal behavior*, (Boston: Pearson, 8th ed., 2009), pp. 1-2

⁶⁴⁶ Cf. Foulds, G.A., Caine, T.M., *Personality and Personal Illness*, (London: Tavistock Publications, 1965)

⁶⁴⁷ Cf. Bennet, op. cit., p. 3

classification, and as such the term ‘mental illness’ is preferred in this area,⁶⁴⁸ but is not dominant in terms of aetiology and treatment where the psychotherapeutic paradigms seem to offer more, as they see it ‘as an interaction of biological, behavioural, cognitive, developmental, and social-cultural factors’.⁶⁴⁹

The way psychopathology is conceptualized determines how we treat it⁶⁵⁰ and when the aetiology of an illness is known a cure is possible. All forms of psychological illness conceptualizations, that have emerged from current psychotherapies, might basically be reduced to *one concept as to the locus of aetiology, description and treatment implied*. Thus, psychodynamic therapies understand illness in terms of the *unconscious* wherein lies the cause for abnormal behaviour, which is described in reference to unconscious processes, and the suggested treatment also refers to unconscious dynamics that need to be transformed into conscious content; the same applies to *behaviour* for behaviourists, and to *cognition* for cognitivists; the exception is represented by existential-humanists who, by focusing on the person as a whole, employ a variety of causative factors but without approaching them systematically. They also engage in a multitude of curative solutions, depending on the free choice of the individual. However, some unifying concepts for the humanist-existential approach may be found in the *self-actualizing tendency* and *in defining one’s personal life meaning*. An attempt at a unifying operational definition of psychological disorder is suggested by Wakefield who asserts that it:

‘lies on the boundary between the given natural world and the constructed social world; a disorder exists when the failure of a person’s internal mechanisms to perform their functions as designated by nature impinges harmfully on the person’s well-being as defined by social values’.⁶⁵¹

⁶⁴⁸ Cf. Milton, *op. cit.*

⁶⁴⁹ Zimbardo, *op. cit.*, p. 518

⁶⁵⁰ Cf. *Ibid.*

⁶⁵¹ Wakefield J., *apud*: Alloy, 1999, *op. cit.*, p. 7; The same combination of psychological and social factors are outlined by another author in: Burns, *op. cit.*, p. 133. The doubts raised as to the existence and valid definition of *mental illness*, generated the anti-psychiatry movement in the 60s and 70s. It basically argued against such an illness existing, whence the inefficacy in treating it, and against the use of psychiatry as a political instrument of social control. Thomas Szasz, a leading psychiatric figure, in his well-known book *The Myth of Mental Illness* argued that *mental illnesses* were mere fabrications intended to absolve socially deviant individuals from the responsibility of their actions, and that psychotherapy is an efficient method to help people learn about themselves, life, others, but not to recover from a so-called ‘illness’. Cf. Szasz, *The Myth of Mental Illness*, (NY: Perennial, 2003); In relation to mental illness and its inaccurate association with the field of mind he states: ‘As there is no egg in eggplant, there is no illness in mental illness’ in: Szasz, T., *Pharmacracy: Medicine and Politics in America*, (Prager 2001), p. 77. In another famous book, *The Myth of Psychotherapy*, he pointed towards the phenomenon of secularization as the cause of the soul’s sufferings medicalization, and pleaded for the return to the religious and more humane perspective as a remedy for the various life problems, instead of what he called the *dehumanized pseudomedical perspective*. Cf. Szasz, *The Myth of Psychotherapy*, (NY: Syracuse University Press, 1988); In a similar way, Dr.

The discussion on the existence or inexistence of psychological illness⁶⁵² brought to the fore another current debate related to *stigma* attached to psychological illness in the clinical area. Defenders of the medical model have argued that psychological illness implies that something *happened* to the patient and he cannot be held responsible for that. Thus, they have preferred the label of *sick or ill*, considered more acceptable than the view of the person as *bad*, judged to be more stigmatizing. But as some voices argue, ‘the stigma attached to mental illness may actually be *greater* than that attached to labels of “bad”, because our fear of mental illness is even greater than our fear of becoming involved in crime or other immoral activities’.⁶⁵³ This statement seems to be also sustained by the fact that stigma ‘has been proposed as one of the main burdens of mental illness and there are now international programs aimed at reducing it’,⁶⁵⁴ and some general measures were implemented to replace other terms with that of *service user* for anyone accessing a mental health service and also whenever possible to apply the supervised treatment within the community, rather than at a hospital.

We conclude this section by specifying two things. First, for our purposes, we will prefer the terms of *psychological illness* over others, since it emphasizes the dimensional and psychological aetiology as opposed to syndrome classification and organic aetiology outlined by the medical perspective and the terms of *normality-abnormality* as highlighting the departure from a norm. Second, as with Millon, we see normality and abnormality as residing on a continuum on which one might slowly transform into the other. He explains the process in this way:

‘Because personality disorders are composed of maladaptive traits, there are two ways that personality pathology becomes more severe when moving along the continuum from health to pathology. First, single traits can become more intense in their expression; assertiveness can give way to aggression, for example, or deference can give way to

Menninger in a famous and controversial book explains how *sin* was transformed *into crime or into symptom*. Cf. Menninger, K., *Whatever Became of Sin?*, (NY: Hawthorn Books, 1973). Laing, who termed his position as *existential phenomenology*, advocated a view on schizophrenia as a different perspective on the world which with enough moral courage could be understood, and also linked it aetiologically with the family environment which contributed to illness by blocking the real identity of the child to emerge. Laing, R.D., *The Divided Self: An Existential Study in Sanity and Madness*, London: Penguin Books, 1990). Foucault’s contribution to the debate emphasized that the view of the *mad* as *sick*, was not too different from previous perspectives which saw madness as a form of communication with evil spirits or a renunciation of reason, and disapproved of psychological illness’s being considered an objective and scientific concept while being only a social and ethical construction provided by some committees. Cf. Foucault, M., *Madness and Civilisation: A History of Insanity in the Age of Reason*, (London: Routledge, 1989); Foucault, M., *Boala Mintala si Psihologica*, (Timisoara: Amarcord, 2000).

⁶⁵² See the previous footnote.

⁶⁵³ Gross, op. cit., p. 761

⁶⁵⁴ Burns, op. cit., p. 65

masochism. Second, the number of maladaptive traits attributed to the given subject may increase'.⁶⁵⁵

However controversial and indefinite these concepts are, the *constant* that Alexander points to in relation to normality, i.e. that it 'does not imply being just like one's friends but it does imply having something in common with one's enemies, if they are normal',⁶⁵⁶ might be applied to abnormality as well. Our endeavour to find *the criterion for normality* as provided by the modern psychotherapeutic approaches was not very successful. Although attempts have been made, the goals of the various therapeutic paradigms and the way they see the human being are so diverse that they could not provide criteria for a unified image of a psychologically 'normal' person.

II. The Philokalic Perspective

This section of the chapter deals with the concept of *normality and abnormality* in the Philokalia. The present discussion is a direct development of the material presented in the first part concerned with anthropology and revolves around the concepts of man functioning *according to, contrary or above nature*. The state of *normality* is associated with virtue, and *abnormality* with passion. At the end of this section a short account of normality and abnormality as *a state of existence or inexistence* will be offered.

1. Defining Normality

In the Philokalia, normality is linked with 'bringing Christ to birth within yourself'⁶⁵⁷ and as such represents a 'journey' that starts with being made *in the image* and develops towards acquiring *likeness*. Along the *Christ-actualization* process man struggles towards acquiring and maintaining virtue. The following discussion will focus on *the origin, definition, classification and finality of virtue* as a state of normality.

As conceptualized by various Philokalic writers, virtue has its origin 'in the soul's voluntary estrangement from the flesh'⁶⁵⁸ or in other words 'the soul's deliberate detachment from the senses',⁶⁵⁹ 'a good disposition of the will, that is to say, an aspiration for goodness and

⁶⁵⁵ Millon, op. cit., pp. 12-3

⁶⁵⁶ Alexander, p. 151

⁶⁵⁷ St Nikitas Stithatos, *On Spiritual Knowledge*, 23, EPH4, pp. 145-6

⁶⁵⁸ St Maximus, *On Theology*, III, 99, EPH 2, p. 234

⁶⁵⁹ St Maximus, *On Theology*, III, 97, EPH 2, p. 234

beauty’,⁶⁶⁰ and these are originated in ‘faith’ or ‘Christ, the rock of faith, who is the principle and foundation of all virtues’.⁶⁶¹ So, virtue’s origin, whether conceptualized in negative terms that relate to the laborious process of transforming passions, or in positive terms pointing towards their finality, ultimately has Christ as the foundation for all, as a result of man’s being created in His image. Virtues are also found to originate and relate to the three powers of the soul: ‘For the ground and principle of the four cardinal virtues, both natural and divine — sound understanding, courage, self-restraint and justice, the progenitors of all the other virtues — is the divine Wisdom’.⁶⁶² Saint Theodoros the Great, drawing on Saint Gregory the Theologian, links virtues with the tripartite structure of the soul:

‘Virtue, when established in the intelligence, he calls discretion, understanding and wisdom; when in the incensive power, he calls it courage and patience; and when in the faculty of desire, he calls it love, self-restraint and self-control.’⁶⁶³

It is argued that virtues are implanted in man from his creation,⁶⁶⁴ they beget one another,⁶⁶⁵ are interdependent,⁶⁶⁶ are considered equal and ‘together reduce themselves to one, thus constituting a single principle and form of virtue’.⁶⁶⁷ The only exception is represented by the virtues of ‘divine love, humility and divine patience’ which ‘are greater than others, embracing and comprising as they do a large number or even all of the rest’⁶⁶⁸. There are various ways of listing or classifying virtues in the Philokalia. Thus, some writers speak of *four principal virtues* where they list *intelligence, courage, self-restraint, and justice* which are said to constitute the ‘image’ of the ‘heavenly’ man,⁶⁶⁹ another classification includes *stillness, prayer, love and self-control*,⁶⁷⁰ while another writer refers to just three virtues that are ‘all-embracing, namely, total shedding of possessions, self-control and humility, and five deriving from them, namely, purity, gentleness, joy, courage, and self-belittlement – and then come all the other virtues.’⁶⁷¹ Some other classifications refer to virtues as being *natural*, which do not transcend nature, or *supernatural*, ‘which is energized only by the primal source of beauty’;⁶⁷² another description

⁶⁶⁰ St Gregory of Sinai, *On Commandments and Doctrines*, 83, EPH 4, p. 229

⁶⁶¹ Ibid.

⁶⁶² St Gregory of Sinai, *On Commandments and Doctrines*, 85, EPH 2, p. 229

⁶⁶³ St Theodoros the Great, *A Century of Spiritual Texts*, 24, EPH 2, p. 18

⁶⁶⁴ St Gregory of Sinai, *On Commandments and Doctrines*, 88, EPH 2, p. 230

⁶⁶⁵ St Gregory of Sinai, *On Commandments and Doctrines*, 85, EPH 2, p. 229. In the same way, both virtues and passions emerge from one another, and some examples of such ‘chains’ are offered in the following chapters in relation to fear and dejection.

⁶⁶⁶ St Peter of Damascus, *A Treasury of Divine Knowledge*, Introduction, EPH 2, p. 78, *A list of virtues*, pp. 203-204

⁶⁶⁷ St Gregory of Sinai, *On Commandments and Doctrines*, 84, EPH 2, p. 229

⁶⁶⁸ Ibid.

⁶⁶⁹ St Maximus, *On Love*, II, 79, EPH 2, p. 78

⁶⁷⁰ St Thalassios the Libyan, *On Love*, I, 24, EPH 2, p. 308

⁶⁷¹ St Gregory of Sinai, *On Commandments and Doctrines*, 91, EPH 4, p. 231

⁶⁷² St Theodoros the Great, *Theoretikon*, EPH 2, p. 40

includes *practical virtues* which are products of our resolution, *natural* that are built in us at our creation, or *divine* virtues which are the fruits of grace.⁶⁷³

The Philokalia offers a few extended lists of virtues which outline the multitude of human features covered by them. Saint John of Damascus offers such a list and speaks about *two categories of virtues, those ascribed to the soul and to the body*: the first category includes the four cardinal virtues ‘courage, moral judgment, self-restraint and justice’.⁶⁷⁴ These four give birth to the other virtues of the soul. The *bodily virtues* are seen as *instruments* of the former and when noetically used they bring one to dispassion.⁶⁷⁵

Virtue is said to be acquired in three stages: first, one needs to reduce passions and conquer them, then to acquire virtues properly, and last, to preserve with watchfulness the fruits of the virtues previously acquired.⁶⁷⁶ In this process, the nous has the leading role in having to control the desiring and incensive powers of the soul⁶⁷⁷ and to transform the senses into instruments of virtue.⁶⁷⁸ The intellect is described as meeting *four main obstacles in acquiring virtue*, out of which three relate to the worldly and bodily attachments and the fourth to the influence of demons:

‘First, there is prepossession, that is, the ingrained influence of habits running counter to virtue ... Secondly, there is the action of the senses, stimulated by sensible beauty and drawing the intellect after it. Thirdly, there is the dulling of noetic energy due to the intellect’s connection with the body ... The fourth of the obstacles impeding the intellect in its acquisition of virtue is the pernicious influence of unclean and hostile demons.’⁶⁷⁹ It is in this process of overcoming various blockages that discrimination between *good and evil* is absolutely necessary for the acquisition of virtue.⁶⁸⁰

The finality of virtue is *practical* in that it strives towards detachment by controlling the appetitive part of the soul, a detachment that is not an end in itself, but as Professor Louth points out is ‘only so that, in their purified state, they can be reintegrated into the whole human being’,⁶⁸¹ and is also *theoretical* with a view of acquiring ‘eternal blessings’.⁶⁸² However, to

⁶⁷³ St Gregory of Sinai, *On Commandments and Doctrines*, 88, EPH 2, p. 230

⁶⁷⁴ St John of Damascus, *On the Virtues and the Vices*, EPH 2, pp. 334-5

⁶⁷⁵ Ibid.

⁶⁷⁶ St Theodoros the Great, *A Century of Spiritual Texts*, 97, EPH 2, p. 35

⁶⁷⁷ St Maximus, *On Theology*, I, 63, EPH 2, p. 178; St Isaiah the Solitary, *On Guarding the Intellect*, 26, EPH 1, p.

28

⁶⁷⁸ St Maximus, *On Theology*, I, 58, EPH 2, p. 176

⁶⁷⁹ St Theodoros the Great Ascetic, *Theoretikon*, EPH 2, p. 41

⁶⁸⁰ Cf. St Symeon Metaphrastis, *Paraphrase*, IV, 64, EPH 3, p. 313

⁶⁸¹ Louth, A., *Maximus the Confessor*, p. 41

⁶⁸² St Anthony the Great, *On the Character of Men*, 78, EPH 1, p. 341

acquire and stabilize in virtue there is a need for a synergic effort between one's freely undertaken ascetic practice and the participation of grace:

‘The pursuit of the virtues through one's own efforts does not confer complete strength on the soul unless grace transforms them into an essential inner disposition ... For just as a living soul activates the body's members, so the grace of the Holy Spirit activates the virtues. Without such grace the whole bevy of the virtues is moribund; and in those who appear to have attained them, or to be in the way of attaining them, solely through their own efforts they are but shadows and prefigurations of beauty, not the reality itself’.⁶⁸³

2. Defining Abnormality

Abnormality is linked in the Philokalia with *what is not according to nature*,⁶⁸⁴ and is mainly connected with the matter of passions, which was previously considered in our work in relation to *thoughts (logismoi)* and will later be detailed when approaching *the passion of fear and dejection*. Although in Philokalic anthropology the discussion on abnormality is related to all the ‘evils into which we have fallen’ that are ‘demons, passions, sins’⁶⁸⁵ between which there are obvious links, we focus our discussion mainly on passions, since they are directly connected with the concept of ‘sickness’.⁶⁸⁶

The following presentation somehow mirrors the above discussion on normality. Thus, if normality is a result of the soul's powers functioning *according to and above nature*, abnormality results from functioning *contrary to nature*; if normality results from *detachment from the world*, abnormality from *attachment to it and to the world of the senses*,⁶⁸⁷ where passions have their origin;⁶⁸⁸ if normality has its *origin in actualizing Christ* who is considered its very foundational principle, abnormality results from *departure from Him*;⁶⁸⁹ to every virtue

⁶⁸³ St Gregory of Sinai, *On Commandments and Doctrines*, 86, EPH 2, pp. 229-30;

⁶⁸⁴ St Maximus the Confessor, *On the Lord's Prayer*, p. 302, Ph. 2

⁶⁸⁵ St Peter of Damascus, *A treasury of Divine Knowledge. The Seven Commandments*, Book 1, Ph. 3, p. 94

⁶⁸⁶ St Dorotheos of Gaza, *Discourses and Sayings*, (Michigan: Cistercian Publications, 1977), pp. 165-7

⁶⁸⁷ Ilias the Presbyter, *A Gnostic Anthology*, II, 80, EPH 3, p. 43; St Thalassios the Libyan, *On Love*, 7, EPH 2, p. 313; ‘When the soul is free of all impassioned attachment to the senses, there is no sin whatsoever in man. Moreover, all distress of soul is preceded by pleasure in the flesh’. St Maximus, *On Theology*, III, 98, EPH 2, p. 234

⁶⁸⁸ ‘For strictly speaking there is scarcely ever any sin in man that is not first generated by the soul's witless attachment to the senses for the sake of pleasure’. St Maximus, *On Theology*, III, 97, EPH 2, p. 234

⁶⁸⁹ St Maximus, *On the Lord's Prayer*, EPH 2, p. 295

there is an opposing passion;⁶⁹⁰ as virtues are interdependent, in the same way passions are and beget one another.

They are classified in the same manner; some are listed as the three primary or root passions, such as ‘love of sensual pleasure, love of praise and love of material wealth’⁶⁹¹ or *the three giants* that beget all the other passions *forgetfulness, laziness and ignorance*;⁶⁹² opposing the four virtues presented above are the four passions of *stupidity, cowardice, licentiousness, and injustice* that offer the ‘image’ of the ‘earthy’ man, according to Saint Maximus;⁶⁹³ the same writer identifies *self-love* as ‘the mother of all vices’ which he describes as being a ‘mindless love of the body’.⁶⁹⁴ They may also be passions of the soul or body. We exemplify the extensive area of their psychological coverage by quoting the lists presented by Saint John of Damascus and which oppose the list of virtues presented above. Thus, the soul’s passions which affect the three powers of the soul are considered the direct result of the nous’s darkening and are represented by:

‘impiety, false teaching or every kind of heresy, blasphemy, wrath, anger, bitterness, irritability, inhumanity, rancour, back-biting, censoriousness, senseless dejection, fear, cowardice, quarrelsomeness, jealousy, envy, self-esteem, pride, hypocrisy, falsehood, unbelief, greed, love of material things, attachment to worldly concerns, listlessness, faint-heartedness, ingratitude, grumbling, vanity, conceit, pomposity, boastfulness, love of power, love of popularity, deceit, shamelessness, insensibility, flattery, treachery, pretence, indecision, assent to sins arising from the soul’s passible aspect and dwelling on them continuously, wandering thoughts, self-love, the mother of vices, avarice, the root of all evil (cf. 1 Tim. 6: 10) and, finally, malice and guile’.⁶⁹⁵

The passions of the body are said to impact directly on the intellect by making it *cloddish* and not allowing it to rise towards the divine.⁶⁹⁶

According to Saint John Climacus, depending on the lifestyle of oneself, some passions come from within and manifest themselves in the body, as is the case of those living in stillness, or come from outside as is the case for more active people.⁶⁹⁷ A passion results from ‘a combination of some perceived object, a sense faculty and a natural power ... whose natural

⁶⁹⁰ St Thalassios the Libyan, *On Love*, I, 89, EPH 2, p. 312

⁶⁹¹ St John of Damascus, *On the Virtues and the Vices*, EPH 2, pp. 335-6

⁶⁹² St Mark the Ascetic mentioned in *ibid.*

⁶⁹³ St Maximus, *On Love*, II, 79, EPH 2, p. 78

⁶⁹⁴ St Maximus, 59, EPH 2, p. 75; St John of Damascus says the same and calls it *senseless love of one’s body*. Cf. St John of Damascus, *On the Virtues and the Vices*, EPH 2, pp. 335-6

⁶⁹⁵ St John of Damascus, see above

⁶⁹⁶ *Ibid.*

⁶⁹⁷ Cf. St John Climacus, *op. cit.*, p. 182

function has been distorted'.⁶⁹⁸ As such, the healing process led by the intellect consists in restoring each of the three to their natural state by reducing the passion to its constituents. Thus, one may see the sensible object in itself without the impassioned connection with the sense faculty or the power of the soul. However the stability of this kind of disconnection between the three constituents of the passions could be achieved only when 'Christ the Lord has come to dwell in the mind'⁶⁹⁹ and this is achieved through prayer, perhaps the most important of the ascetic methods, which brings one towards 'a state rather than an activity',⁷⁰⁰ as Professor Louth notices. In other words, prayer in time becomes a way of being, which relates one to Christ from within. In terms of finality, the presence of passions in the short and medium term may lead even to *deadness of soul*, but from which one may recover through spiritual knowledge and the afferent intellectual activity that goes with it,⁷⁰¹ and in the long term might lead to 'eternal punishments'.⁷⁰²

3. Concluding Remarks

Virtue is seen as *standing in the middle* between two extremes, between what is *too much or too little*, or *between excess and defect*, which are both associated with passions.⁷⁰³ Values of *evil and good* are directly involved in producing passions and virtues since: 'If by nature the good unifies and holds together what has been separated, evil clearly divides and corrupts what has been unified. For evil is by nature dispersive, unstable, multiform and divisive'.⁷⁰⁴ The matter of normality and abnormality is also put in relation with *the state of existence and inexistence*. Saint Dorotheos of Gaza states that *evil is related to nothingness, it has no being or substance*, but 'the soul deviating from virtue is in a state of violence and this is what makes evil; therefore it suffers injury at its own hands and is deprived of that state of rest which by nature it should have',⁷⁰⁵ while *the state of being or existence relates to the actualization of Christ in man*.⁷⁰⁶ The entire Philokalia argues that the unification of one's soul is done by means of love and that it is love

⁶⁹⁸ St Maximus, *On Theology*, I, 60, EPH 2, p. 177

⁶⁹⁹ St Symeon the New Theologian, *The Sin of Adam: Seven Homilies*, op. cit., p. 47

⁷⁰⁰ Louth, op. cit., p. 37

⁷⁰¹ St Gregory of Sinai, *On Commandments and Doctrines*, 129, EPH 4, p. 248

⁷⁰² St Anthony the Great, *On the Character of Men*, 78, EPH 1, p. 341

⁷⁰³ Cf. St Dorotheos of Gaza, op. cit., p. 165. 'Do not deviate to the right or to the left but walk the King's highway'. *Ibid.* An exemplification of this principle will be offered in relation to fear and dejection analyzed in the following chapters.

⁷⁰⁴ St Maximus the Confessor, *On Theology*, I, 49, EPH 2, p. 174; Also cf.: St Nikitas Stithatos, *On Spiritual Knowledge*, 16, EPH 4, p. 144

⁷⁰⁵ St Dorotheos, op. cit., p. 165

⁷⁰⁶ A full discussion of this matter exemplified by application to fear and dejection will be offered in the following specific chapters.

which ‘unites and protects the virtues’.⁷⁰⁷

While abnormality relates to what is *contrary to nature*, normality relates to what is according to nature, which is the basis for acquiring that which is above nature and constitutes the finality of man’s life, i.e. to become *deified* or *a god by grace*. As Saint Maximus states ‘deification’ is acquired by the union ‘of his real authentic origin with his real authentic consummation’.⁷⁰⁸ In other words, from a Philokalic perspective, man ‘travels’ throughout his life from *image to likeness*, or from what is according to nature to what is above nature, and when he is found to undertake this journey he is found in a state of normality, while when departing from *the King’s highway* either *to the left or to the right* he is found in a state of abnormality, hence contrary to nature.⁷⁰⁹ Since ‘nature does not contain the inner principles of what is beyond nature any more than it contains the laws of what is contrary to nature’,⁷¹⁰ grace is needed to pass from nature to what is above nature.⁷¹¹ According to Father Staniloae, the saint is the human person that possesses in all its depth the image and likeness of God and that his transformation took place in the Church which is seen as ‘*the laboratory in which the Spirit of Christ makes us saints*’.⁷¹² Drawing on the writings of Saint Gregory of Sinai, Metropolitan Hierotheos Vlachos identifies a few characteristics of deification: the goal of man’s life is deification;⁷¹³ deification would need to be experienced to a greater or lesser extent starting with this life, if one were to enjoy the kingdom of heaven in the next; there are different degrees of deification; and that it enjoys a constant progress in the ones on whom it was bestowed.⁷¹⁴

⁷⁰⁷ St Theodoros the Great, *A Century of Spiritual Texts* 83, EPH 2, p. 32

⁷⁰⁸ St Maximus, *On Theology*, IV, 19, EPH 2, p. 240

⁷⁰⁹ ‘God in the beginning when He created man, created him holy, passionless and sinless, in His own image and likeness’. St Symeon the New Theologian, *The Sin of Adam, Seven Homilies*, op. cit., p. 40. After the fall, every man is born *in the image*, which is ‘indestructible in man’ and has *the potentiality for likeness* but in order to acquire it, his free will is required. In other words, at the fall man lost the likeness, but not the image. Cf. Lossky V., *Orthodox Theology: An Introduction*, (NY: St Vladimir’s Seminary Press, 1989), p. 128

⁷¹⁰ St Maximus, *On Theology*, IV, 20, EPH 2, p. 240

⁷¹¹ ‘The passion of deification is actualized by grace’. St Maximus, *On Theology*, I, 63, EPH 2, p. 178; ‘For created things are not by nature able to accomplish deification since they cannot grasp God. To bestow a consonant measure of deification on created beings is within the power of divine grace alone. Grace irradiates nature with a supra-natural light and by the transcendence of its glory raises nature above its natural limits’. St Maximus, *On Theology*, I, 76, EPH 2, p. 182

⁷¹² Stăniloae D., *Teologia Dogmatică Ortodoxă*, v. 2, (București, EIBMBOR, 1996), p. 181

⁷¹³ See also: St Gregory Palamas, *150 Texts*, 105, EPH 4, p. 393; St Maximus, *On Theology*, I, 42, EPH 2, p. 173; And also: ‘Thus we do not belong to ourselves, but to Him who has united us to Himself through this immortal meal and has made us by adoption what He Himself is by nature’. St Nikitas Stithatos, *On the Inner Nature of Things*, 94, EPH 4, p. 135

⁷¹⁴ Cf. Vlachos, *The Science of Spiritual Medicine*, op. cit., pp. 462-3

III. Normality and Abnormality: Comparison

Based on the different anthropological frameworks they present, one might expect the two perspectives presented to be different in how they approach normality and abnormality. Drawing on the arguments presented above, we shall try next to infer the similarities and differences we found between the two. Our aim is to try to find as much common ground as possible but to keep a constant reference on their different anthropological backgrounds in mind. We shall start with the differences which strikingly impose themselves on us, and we shall advance to look for more and more similarities.

Approached theoretically, at a first look there are almost no similarities one might find. Since what may be in common between the Philokalic perspective that bases its criteria of normality and abnormality on the process of *giving birth to Christ* within one's soul or the departure from it,⁷¹⁵ and the current psychotherapeutic perspective according to which: 'given its social basis, normality is probably best defined as conformity to the behaviors and customs typical for an individual's reference group or culture' while pathology is 'defined by behaviors that are uncommon, irrelevant, or alien to the individual's reference group'?⁷¹⁶

Another striking difference is that modern psychotherapy developed right from the urge to cure the psychopathology it had to deal with daily but without a clear reference to a criterion of normality, while the Philokalia derived its entire 'psychopathology' from having such a criterion, and even more, a *revealed* criterion. As we have seen above, the question of defining normality is still unanswered in current psychotherapy, although attempts to find some criteria have been made. Freud simply defined normality as *the capacity to work and to love*, without developing any further interest in the matter.

When we look at the Philokalic viewpoint from the current psychotherapeutic perspective, such a thing as *giving birth to Christ within* or the departure from it as a criterion for normality and abnormality simply does not exist. At the same time, the critics of most criteria proposed by current paradigms to define normality come from within the practice, since none of them was successful in defining normality.

Using the lens method we previously established that modern psychotherapy has no awareness of Christ as an inner norm and as such provides no insight on the matter. Now we intend to look at the currently proposed clinical criteria from the Philokalic perspective. Here, there are a few things to be observed. First, the ascetic method cannot consider as valid criteria the deviation from the average or norm, which varies according to the social factors against which they are

⁷¹⁵ St Nikitas Stithatos, *On Spiritual Knowledge*, 23, EPH 4, pp. 145-6

⁷¹⁶ Millon, op. cit., p. 11

measured. This falls in the category of what Philokalic writers describe as *worldly attachment*. Second, the criterion of personal or others' distress does not fit the Philokalic perspective. Confirming contemporary observations it also notices that not all abnormal behaviour causes distress,⁷¹⁷ and on the other hand not all distress is abnormal. Third, abnormality as unexpected and unpredicted behaviour cannot be considered since there is a category of people, termed as fools-for-Christ which, based on the ascetic method, developed such intentional behaviour as a way of maintaining their normality and that of those around them.⁷¹⁸

The last two criteria, which see normality as an *ideal or utopian psychological health* and derived from it the state of *full functionality*, might present a particular importance. With current perspectives, critics of these two criteria include the fact that they exclude too many people, the goals set are vague and adjustment to the world follows a lot of ways and they cannot be categorized, while full functionality is too restrictive given that not many people might acquire it. When analyzed in the psychotherapeutic universe of discourse these critics seem justified, but when analyzed within our research universe of discourse which includes the Philokalic perspective as well, it might just be that it provides the answer to this unfound *ideal psychological health*. Our hypothesis is that the Philokalic perspective brings forward this type of *ideal psychological health*, whose efficiency and practicability is exemplified by the deified. It also answers all current critics: it does not exclude anyone, and everyone is called to *normality and deification*; the goals set, the stages involved, and the methods are well-defined by a science of the soul that has about two thousand years of history; the ways to attain it are various but always having the same absolute criteria in Christ;⁷¹⁹ and full functionality is acquired through the process of deification.⁷²⁰

When advancing in our comparative effort, we find that both perspectives might approach normality and abnormality from the perspective of a continuum on which various psychological features may slowly fade into the other. The inner components are conceptualized as maladaptive traits, in one field, and the soul's powers or faculties in the other. As showed above, Millon explained how psychopathology becomes more severe when moving along the continuum from health to pathology. However, the reverse movement on the continuum is not approached.⁷²¹ As presented above, the Philokalic perspective seems to go more in-depth as to where one might

⁷¹⁷ St John Climacus, op. cit., p. 199

⁷¹⁸ Larchet dedicated a chapter to describe this category of saints in: *Mental Disorders and Spiritual Healing*, op. cit., pp. 126-159

⁷¹⁹ 'In the multiplicity of beings there is diversity, dissimilarity and difference. But in God, who is an absolute sense one and alone, there is only identity, simplicity and similarity.' St Maximus, *On Theology*, I, 83, EPH 2, p. 132

⁷²⁰ Cf. Vlachos, 'Deification', in: *The Science of Spiritual Medicine*, op. cit., pp. 443-466

⁷²¹ It is a well known fact that we know more about causes of illness than those of health, which appears more often as something of a mystery. Cf. Peck, 'The Miracle of Health' in: *The Road Less Traveled*, op. cit., pp.223-230

reach when going one way or another on the continuum,⁷²² and clearly defined criteria are used: through passions one reaches sickness, deadness of soul and *eternal punishment*; through virtues, one acquires health, various degrees of deification, and *eternal blessings*.

If we go further with our analysis and come to the level of the lived fact we will find more similarities. Next, we intend to contrast Peck's findings derived from his psychotherapeutic practice with the Philokalic writers' statements derived from their experience on two topics: the locus of psychological illness, and the role of grace in healing. Some of Peck's findings were presented earlier in the last section from the first part of this work concerned with anthropology, and what we intend to do next is to unravel more of his results since they offer much common ground for future research in our area. In relation to mental illness, Peck brings a completely new approach as to their locus. If starting with Freud their place was considered to be the unconscious mind, Peck states that 'the conscious is the seat of psychopathology and that mental disorders are disorders of consciousness'.⁷²³ He explains this fact by putting it in relation with his views on the collective unconscious, which in opposition to the predominant theories in the psychotherapeutic field is found to be the place where God and grace resides,⁷²⁴ and the personal unconscious is seen as the interface between the spiritual unconscious and conscious which refers to man as an individual. He goes on by stating that: 'It is because our conscious self resists our unconscious wisdom that we become ill. It is precisely because our consciousness is disordered that conflict occurs between it and the unconscious which seeks to heal it. In other words mental illness occurs when the conscious will of the individual deviates substantially from the will of God, which is the individual's own unconscious will'.⁷²⁵ This perspective on psychological illness seen as a disorder of consciousness corresponds with the Philokalic perspective which identifies as a primal cause of all the soul's illnesses the *darkening of the intellect*, which is *the eye of the soul*.⁷²⁶ In both the views of Peck and the Philokalia, there is a struggle of the individual to get rid of the patterns that make him avoid the necessary suffering brought by allowing all of one's inner being to become self-aware.⁷²⁷

⁷²² 'Time and experience make it clear when a particular passion has been transformed into virtue. When, on the other hand, a virtue veers towards passion, time and experience permit us to set them apart through endurance. For if such endurance is not born in the soul out of faith, the soul cannot possess any virtue at all'. St Peter of Damascus, *Conscious Awareness in the Heart*, EPH 3, p. 269

⁷²³ Peck, op. cit., pp. 270-1

⁷²⁴ While this perspective brings him closer to the Philokalic perspective, as we showed in the first part of this research drawing on the scholarly work of Larchet, the unconscious, from a patristic perspective comprises both a positive and a negative part.

⁷²⁵ Peck, *ibid.*

⁷²⁶ For example: St John of Damascus, *On Virtues and Vices*, EPH 2, p. 335; 'An intellective being that acts intellectively in accordance with its own principle naturally apprehends with its intellect'. St Maximus, *On Theology*, V, 70, EPH 2, p. 276

⁷²⁷ Cf. Peck, op. cit., pp. 259, 278; 'Neurosis is always a substitute for legitimate suffering' cf. *ibid.*; St Maximus, *On Theology*, I, 64, EPH 2, p. 178

In addition to the previous discussion concerning Peck's view of the painful symptoms of mental illness as manifestations of grace⁷²⁸ we will next present some similarities we found between Peck's results of working with patients and the Philokalia, in regard to *the relationship between psychological health and grace*. Thus, Peck's work with patients towards psychological health involved: developing inner discipline – as opposed to laziness, the entropic tendency of one to avoid suffering and find the easy way out; and struggling to activate the willingness of one to extend one's self, i.e. to become loving. These two processes represented, in his opinion, an indirect preparation for welcoming grace:

‘... while we cannot will ourselves to grace, we can by will open ourselves to its miraculous coming. We can prepare ourselves to be fertile ground, a welcoming place. If we can make ourselves into totally disciplined, wholly loving individuals, then even though we may be ignorant of theology and give no thought to God, we will have prepared ourselves well for the coming of grace. Conversely, the study of theology is a relatively poor method of preparation and, by itself, completely useless’.⁷²⁹

Saint Maximus seems to point towards the same reality outlined by Peck in relation to symptoms of psychological illness as signs of grace, when he states the following in connection with the pain experienced by man when he acts *contrary to nature*:

‘This pain God naturally produces in the unworthy when He is united to them in a manner contrary to grace. For God is united with all men according to the underlying quality of their inner state; and, at the creation of each person, He provides each person with the capacity to perceive and sense Him when He is united in one way or another with all men at the end of the ages’.⁷³⁰ The same writer emphasizes that man cannot become god by grace and a son of God, ‘unless he is first through his free choice begotten in the Spirit by means of the self-loving and independent power dwelling naturally within him’⁷³¹ and in another place asserts that ‘we passively experience deification by grace as something which is above nature, but we do not actively accomplish it; for by nature we do not have the capacity to attain deification’.⁷³²

Putting all these together, we believe that Dr. Peck found without knowing only by ‘reading the signs’ which are naturally implanted in us, a method based on inner discipline and truthful love, similar in some parts with the ascetical method, that could open man to grace.

⁷²⁸ Peck, op. cit., p. 278

⁷²⁹ Peck, p. 296

⁷³⁰ St Maximus, *On Theology*, IV, 20, EPH 2, p. 240

⁷³¹ St Maximus, *On Theology*, V, 97, EPH 2, p. 284

⁷³² St Maximus, *On Theology*, I, 75, EPH 2, p. 181

In trying to get closer to our research topic concerned with *psychological and spiritual illnesses*, and the categories of relations that are established between them, if any, we draw on the research undertaken by Roland Littlewood, a British psychiatrist and cultural anthropologist. In his comparative research in which he brings together psychiatric and anthropological literature to account for various case studies such as hysteria, agoraphobia, post-traumatic stress, eating disorders, chronic fatigue syndrome and self-poisoning, he argues that Western psychiatric illnesses are themselves “possession states”-patterns. Thus, for example he states that ‘rather than follow psychiatrists in labeling possession as hysteria, we can approach hysteria through the idiom of spirit possession’.⁷³³ This approach is possible because both states of possession or psychological illness are similarly conceptualized in terms of an alien, external intrusion, with the effect of displacing individual agency ‘which thus provides personal exculpation from immediate responsibility, while the recognition of this by others constrains them to restitution through restoring us to moral agency’.⁷³⁴ He concludes by saying that ‘both possession and disease replay and confirm the moral values within which such action is possible’.⁷³⁵ Furthermore, he also argues that studies of anthropological psychiatry should also look at the ways in which cultural values are acted out by people.

Concerning our inquiry, Littlewood’s research brings closer the ‘psychological’ and ‘spiritual’ factors found in illness by identifying resemblances between the two. In the following chapters concerned with anxiety and depression we will see if similar findings might be found, although our work does not deal with states of ‘possession’ as such, but the Philokalia openly involves the spiritual factor. Another important point is that his work also reaffirms the inevitability of the involvement of moral values in any kind of psychological illness and the responsibility underlying it.

The last point to consider in this comparative section is the ongoing debate in the field concerned with: *psychological illness or problems of living?* Strictly speaking this is a one-sided debate maintained by people who advocate that the vast majority of cases of ‘mental illnesses’ are actually problems of living.⁷³⁶ He argues that if the aetiology of the psychological illness is organic, and he believes some of them are, then they should be properly termed as ‘diseases of the brain’ and to eliminate the confusion between a physical dysfunction and ‘problems of living’ a person might face that which must be addressed rather from an ethical and social perspective.

⁷³³ Littlewood, R. *The Pathologies of the West: An Anthropology of Mental Illness in Europe and America*, (London: Continuum/Cornell University Press, 2002), p. xiii-xiv

⁷³⁴ *Ibid.*, p. xv

⁷³⁵ *Ibid.*

⁷³⁶ Cf. Szasz, *The Myth of Mental Illness*, op. cit.

A second viewpoint, which builds on Szasz's statements, is offered by a clinical psychologist who draws on Biblical and Christian arguments to assert that 'psychological illness' and current psychotherapy deal in fact with problems of living. His main statement throughout the many books written on the subject is that current psychotherapies deal with the same areas of concern already dealt with in Scripture, i.e. with all *non-organic mental-emotional-personal problems of living*:

'Since God has given an Instruction Book on how to live, all ideas about the why's of behavior and the how's of change must be viewed as religious in nature. Whereas the Bible claims divine revelation, psychotherapy claims scientific substantiation. Nevertheless, when it comes to behavior and attitudes and morals and values, we are dealing with religion, either the Christian faith or any one of a number of other religions including that of secular humanism'.⁷³⁷

The same observation had been made by Jung himself long before the Bobgans, when stating that the psychotherapist has in fact the role previously held by priests, and therefore termed them as *contemporary priests*:

'Religions are systems of healing for psychic illness ... That is why patients force the psychotherapist into the role of a priest, and expect and demand of him that he shall free them from their distress. That is why we psychotherapists must occupy ourselves with problems which, strictly speaking, belong to the theologian'.⁷³⁸ On the other hand by drawing on Szasz's statements, the Bobgans also emphasize that the content of dealings in psychotherapy has originally been derived from the religious field, but which has been dismissed by psychotherapy at the same time: 'Contrition, confession, prayer, faith, inner resolution, and countless other elements are expropriated and renamed as psychotherapy; whereas certain observances, rituals, taboos, and other elements of religion are demeaned and destroyed as symptoms of neurotic or psychotic "illness"'.⁷³⁹

In mentioning these various viewpoints we do not intend to develop a critical approach as to whether psychotherapy is a religious system or not, which would be a distraction from our research concern that is focused on psychological and spiritual illness, and would most probably require a different methodological design. Instead, the first point we want to make is that, as usually happens, practitioners in the clinical area are the first to notice this kind of resemblance between the religious and psychotherapeutic realms; second, these resemblances determined further research, such as the one of Littlewood's mentioned above which brings together in the same conceptual framework the states of possession and mental illness, for example. In some other cases, the very same resemblance

⁷³⁷ Bobgan, M., Bobgan, D., *Psychoheresy: The Psychological seduction of Christianity*, (Santa Barbara: East Gate Publishers, 1987), pp. 17-8

⁷³⁸ Jung apud: *ibid.*, p. 18

⁷³⁹ Szasz apud: *ibid.*, p. 22

provided a conceptual framework for a clinician such as Peck to make sense of his empirical observations; and third, we are interested to see if some of the claims which relate directly to our work might be confirmed or refuted by the findings of this inquiry.

In the light of the present comparative work on psychological versus spiritual illness we cannot yet infer any final conclusions as to the type of relations that exist between them. Before attempting to draw any conclusions we need to analyze more deeply the subject of psychological illness as considered by current psychotherapies and respectively the spiritual illness as approached in the *Philokalia*, by drawing on two comparatively analyzed ‘case studies’: anxiety/fear and depression/dejection.

However, the above comparative discussion on normality and abnormality seems to have offered enough information to sustain the claim that normality might be conceptualized as ‘what the conservative hopes to return to’ in reference to the various currents of thought that advocate against the current understanding of mental illness, and what ‘the progressive hopes to establish’⁷⁴⁰ in the form of the efforts undertaken by the current psychotherapeutic field to find its way towards a more comprehensive understanding of the human being.

⁷⁴⁰ Alexander, *op. cit.*, p. 137

CHAPTER 6

FEAR AND ANXIETY

In this chapter we intend to contrast the two perspectives on *fear* and *anxiety* respectively. According to our proposed *border research* methodology the conceptual pair fear/anxiety has been identified as representing a *travelling concept* which is going to be *checked*, compared and contrasted at *the border*. Our analysis takes into account definition, aetiology, classification and the cure of fear/anxiety. Consistent with our comparative method in the first section we present the modern psychotherapeutic viewpoint by drawing on the four major paradigms presented in the first part of this research which is concerned with the anthropological framework, then we look at the Philokalic texts on fear, so as to identify differences, similarities between the two and draw some conclusions following the pattern described in the methodological part.

I. The Modern Psychotherapeutic Perspective on Anxiety

1. Description

The diagnostic cluster known as anxiety disorders (AD) is by far ‘the most prevalent of the psychiatric disorders in both the developed and developing countries’.⁷⁴¹ Anxiety disorders are generally defined as ‘an exaggerated response to stress’,⁷⁴² ‘a matter of alertness or watchfulness’,⁷⁴³ that usually relates to specific physiological, cognitive, affective, and behavioural responses to the perception of anticipated danger. They link to such terms as *being tense, nervous, afraid, worried, scared* and the like.⁷⁴⁴ Fear is considered a normal emotional response when we react as a result of facing a real danger: ‘the flight-or-fight response is an activation of the sympathetic nervous system designed to allow the organism to fight off or flee from a perceived threat’.⁷⁴⁵ The difference in anxiety disorders is that this type of response is activated when there is no real threat. People presenting a mixture of symptoms from various

⁷⁴¹ Carey, P., Castle, D.J., Stein, D.J., ‘Anxiety Disorders’, in *Essential Psychiatry*, eds. Robin M. Murray et al., (New York: Cambridge University Press, 4th ed. 2008), p. 147

⁷⁴² Gill, D., *Hughes’ Outline of Modern Psychiatry*, (Chichester: John Wiley and Sons Ltd., 5th ed., 2007), p. 95

⁷⁴³ Rycroft, C., *Anxiety and neurosis*, (London: H. Karnac Books, 1988), p. 5

⁷⁴⁴ Cf. Williams, S.L., ‘Anxiety Disorders’ in: *Psychopathology: Foundations for a Contemporary Understanding*, eds. James E. Maddux and B.A. Winstead, New York: Routledge, 2nd ed., 2008), p. 127

⁷⁴⁵ Beidel, D.C., Bulik, C.M., Stanley, M.A., *Abnormal Psychology*, (New Jersey: Pearson Education, 2nd ed., 2012) pp. 114-115

types of AD are usually referred to as being neurotic, a term coined by the psychoanalytic movement. Although not used officially in diagnostic manuals nowadays, the terms of *neurotic* and *neurosis* are still frequently used outside clinical environments, producing even nowadays an impressive amount of literature. Their use is explained by their conceptual widespread distribution and the possibility they offer for a major distinction between the areas of neurosis and psychosis.

Anxiety neuroses usually begin in early adult life and are classified⁷⁴⁶ as: *generalized anxiety disorder (GAD)*, a continuous, persistent, uncontrollable, unfocused, ‘free-floating’ worry and fear; *panic disorder*: episodes of acute, severe anxiety, accompanied by ‘feelings of terror and a fear of dying’⁷⁴⁷; *specific phobias*: marked, persistent and unreasonable anxiety related to specific objects (e.g. spiders) or situations (e.g. agoraphobia, social phobia); *obsessive-compulsive disorder (OCD)*: anxiety related to obsessional, intrusive, difficult-to-control thoughts and mental images, and compulsive ritual behaviours, either physical or mental acts, meant to avoid the presupposed outcome of the distress-producing obsession which it tries to avoid; *reactions to stress or trauma*: including adjustment reactions and post-traumatic stress disorder (PTSD). PTSD develops when one experiences or witnesses a trauma related to actual or threatened death, serious injury or threat to his own integrity or others.⁷⁴⁸

The symptoms of these anxiety disorders overlap with each other, with depression, and with normality (i.e. they are not qualitatively different from the ones found in normal people). For example: *GAD* and depression are found to present a common genetic vulnerability; *panic disorder* is usually accompanied by agoraphobia⁷⁴⁹, other anxiety disorders, substance abuse or depression; *social anxiety disorder* overlaps with avoidant personality disorders and other anxiety or depressive syndromes; *OCD* mainly includes depressive symptoms, as well as other anxiety disorders. This is why a critique of the concept of anxiety disorders, coming from a social-cognitive perspective,⁷⁵⁰ shows that this concept lacks *construct validity* and is formally invalid since it is highly correlated with other disorders such as anxiety and modestly correlates to the same diagnostic label. It is argued that anxiety disorders do not correspond closely to psychological reality and mental illness/disorder as a scientific concept distorts our view of psychological responses in various ways and therefore fails to account for comprehensive and long-term curative solutions. Instead, *a focus on problem dimensions* rather than on *abstract disorders* is preferred by this perspective. By contrast, advocates of the medical model used in

⁷⁴⁶ Cf. DSM-IV-TR = *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, text revision (American Psychiatric Association, 2006) and ICD-10 - *International Classification of Diseases*, 10th edition (World Health Organisation, 2006); As showed in the chapter on *Diagnosis and Discernment* we use the classifications used nowadays in clinics, since they do prevail beyond various critics and controversies in the field.

⁷⁴⁷ Carey, P., op. cit., p. 152

⁷⁴⁸ Cf. Carey, op. cit., p. 160

⁷⁴⁹ Goodwin *et al.*, *apud*: *ibid.*, p. 152

⁷⁵⁰ Williams, S.L., op. cit.

clinics emphasize that a focus on syndrome rather than symptom is more beneficial to clinical practice and preferred.⁷⁵¹ We mentioned Williams' social-cognitive viewpoint since this approach will allow us to focus on psychological dimensions rather than disorders when comparing the two perspectives in the third section of this chapter.

2. Aetiology

In terms of aetiology, anxiety varies according to various paradigms in psychotherapy. In general terms, they all emphasize a few sources: 'hereditary dispositions, history of past experiences that would affect learned reactions or biological systems, and current situational factors'⁷⁵² as well as 'anticipation of future events, memories of past events, or ruminations about the self'.⁷⁵³ Anxiety results and manifests in real life as a combination of all or some of these triggering events and 'the weight given to any one of these factors will vary from individual to individual'.⁷⁵⁴

In psychodynamic terms anxiety is thought of in terms of neurosis determined not only by external dangers but also by a conflict due to ego's failure to respond to id's request in line with the reality principle. Ego's inability is experienced as threatening, either due to the collapse of defence mechanisms or to the entrance of forbidden content into the consciousness. There are two identified roots to anxiety, both found on the two extremes of a continuum: either too rigorous or excessive punishment, or over-protection.⁷⁵⁵ Freud initially thought defence mechanisms caused anxiety, later that defence was produced by the emergence of anxiety.⁷⁵⁶ Thus, the various defence mechanisms become 'a way of dealing with aspects of the self, which, if consciously experienced, might give rise to unbearable anxiety or psychic pain'.⁷⁵⁷ The anxiety disorders employed differ only in the *defensive style* chosen, a theory which constitutes one of the strengths of psychodynamic movement. Hence, panic disorder uses *displacement, somatization, and reaction formation*, social phobia applies *displacement and devaluation*, OCD

⁷⁵¹ Jorge, M.R., 'Diagnosis and Classification of Phobias and Other Anxiety Disorders: Quite Different Categories or Just one Dimension?' in: *WPA Series Evidence and Experience in Psychiatry*, Phobias, vol. 7, ed. Mario Maj et al., (Chichester: John Wiley and Sons, 2004), pp. 59-60

⁷⁵² Barclay, M., *Anxiety and neurotic disorders*, (New York: John Wiley and Sons, 1971), p. 3

⁷⁵³ Beard, K., 'Anxiety and Anxiety Disorders' in: *The Gale Encyclopedia of Mental Disorder*, vol. 1, eds. Ellen Thackery and Madeleine Harris, (Farmington Hills, MI: Gale and Thomson, 2003), p. 71

⁷⁵⁴ Barclay, op. cit., p. 3

⁷⁵⁵ Cf. Bennet, op. cit., p. 152

⁷⁵⁶ Cf. Brown, D., Pedder, J., *Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice*, (London: Tavistock Publications, 1979), p. 22; Cf. Jacobs, M., *Sigmund Freud*, (London: Sage Publications, 1992)

p. 37

⁷⁵⁷ Ibid., p. 25

draws on *projection, acting out and undoing*, whereas GAD does not elaborate any defence and anxiety is experienced in a direct form.⁷⁵⁸

For behaviourists anxiety is a result of faulty learning, with the most common behavioural symptom being ‘escape from or avoidance of the feared object, event, or situation’.⁷⁵⁹ Mowrer proposed the theory according to which anxiety is produced through *avoidance learning*, and is the result of a two-stage process: classical conditioning followed by operant conditioning.⁷⁶⁰ Thus, in the first stage, a neutral stimulus is associated with an aversive stimulus and the result is a fear response, classically conditioned, and maintained through avoidance of the distress associated with the conditioning, whereas in the second stage, the relief that occurs forms an operant conditioning process which reinforces avoidance of the feared object or situation and becomes habitual. Therefore, ‘eliminating distress by avoiding or escaping the situation can actually make the anxiety worse’⁷⁶¹ by negative reinforcement and ‘avoidance also inhibits the extinction process by preventing the individual experiencing the feared situation in the absence of negative consequences’.⁷⁶²

However, this two-stage avoidance-learning theory is useful in explaining how anxiety emerges but also presents limitations since ‘learning principles alone cannot explain why exposure to certain stimuli creates anxiety disorders in some people and not in others’.⁷⁶³ Other authors simplify the matter of aetiology and classification by explaining that any fear which is so strong that it prevents the person from performing an action is basically a phobic reaction; specific object phobias are only the ‘obvious’ fears, but there are also some subtle ones which include fear of responsibility, fear of not being in control, of being rejected or being alone.⁷⁶⁴

The cognitive perspective brings forward the idea that ‘a number of dysfunctional beliefs and cognitive distortions are associated with the development of anxiety disorders’.⁷⁶⁵ GAD is associated with thoughts of excess worry and meta-worry; panic disorder with catastrophic cognitions in response to internal stimuli (physiological or psychological); OCD relates to recurrent, intrusive and persistent thoughts, impulses or images; whereas PTSD is associated with extremely painful intrusive memories related to past traumatizing events.⁷⁶⁶ Cognitive

⁷⁵⁸ Cf. Alloy et al., op. cit., pp. 161-2

⁷⁵⁹ Beidel, op. cit., p. 117

⁷⁶⁰ Cf. Bennet, op. cit., pp. 153-4

⁷⁶¹ Beidel, op. cit., p. 117

⁷⁶² Bennet, op. cit., pp. 153-4

⁷⁶³ Bernstein, D.A., et al., *Psychology* (Boston: Houghton Mifflin Company, 8th ed., 2008), p. 609

⁷⁶⁴ Cf. Holdevici, I., *Psihoterapia Tulburarilor Anxioase*, (Bucuresti: Ceres, 1998), pp. 20-1

⁷⁶⁵ Bernstein, D.A., et al., op. cit., p. 607

⁷⁶⁶ Cf. Bennet, op. cit., pp. 150-175

distortions of overgeneralization and personalization are specific to various forms of anxiety, and are met especially in social anxiety or agoraphobia.⁷⁶⁷

Cognitivists see anxiety disorders in terms of misperception or misinterpretation of internal and external stimuli. Even if events are not threatening, they are interpreted as being so, and this interpretation results in anxiety. Often, awareness of thoughts or feelings of anxiety ‘can be so diffuse and vague that the affected person might fail to recognize the anxiety until someone else draws attention to it’.⁷⁶⁸ Hence, cognitive therapy is involved in changing these dysfunctional patterns of thinking, through a range of techniques: cognitive restructuring and worry exposure, the mental equivalent of exposure treatments used in phobias is used in GAD; panic disorder cognitive procedures are employed to change panicogenic cognitions; and altering the interpretation of obsessional thoughts is essential in OCD.

3. Cure

The treatment for anxiety proposed by psychodynamic therapies consists in exposing to consciousness the psychic material ego uses defences against, and thus, freeing the energy blocked into defences and giving it more purposeful usages. The cure employs the methods previously described within the first part of this research, with a focus on the interpretation of transference and resistance. For panic disorders, shorter psychodynamic therapies are available such as *emotion-focused treatment* where patients need to confront feelings considered to be the root of the disorder: either *the feeling of being trapped* (resulting from overprotection by others) or *the feeling of being unable to get needed help* (resulting from abandonment from others).⁷⁶⁹

The primary goal of psychological treatment for anxiety, within behaviour modification therapy, is to ‘to reverse this pattern of negative reinforcement and eliminate avoidance of the feared situations’.⁷⁷⁰ The change of undesired behaviours is done through the methods previously described, of which systematic desensitization has proved most effective, although improvements may not be maintained over a long period of time.⁷⁷¹ Anxiety and phobic reactions of any kind are seen as a *bad habit* that may change by training based on thinking, imagination and willingness. That which was learnt may be unlearnt and lead to better environmental adjustment.

⁷⁶⁷ Kearney, C.A., *Social Anxiety and Social Phobia in Youth - Characteristics, Assessment, and Psychological Treatment*, (Springer Science and Business Media, 2005), p. 57

⁷⁶⁸ Rachman, S., *Anxiety*, (Hove and New York: Psychology Press Ltd, 2nd ed., 2004), p. 8

⁷⁶⁹ Cf. Shear, Pilkonis and Clore, et al., mentioned in *ibid*, p. 162

⁷⁷⁰ Beidel, op. cit., p. 117

⁷⁷¹ Cf. Glassman et al., op. cit., pp. 420-425

As we explained in the first part of this research, cognitive strategies go hand in hand with behavioural ones, with the latter employed to teach people how to relax, to deal with interpersonal problems, and to organize their lives better.⁷⁷² The general aim of cognitive-behavioural techniques is to help individuals take control of their symptoms by rehearsal during sessions and then generalization to real life situations. Among the various *talking cures*, CBT is recognized by numerous empirical studies as being most efficacious in treating various types of disorders, and especially anxiety and depressive moods,⁷⁷³ and as such is recommended as the treatment of choice for these dysfunctions.

Humanists consider anxiety to be the result of deviation from the pathway to self-actualization. People fail to accept themselves for who they are due to experiencing criticism and facing severe standards during childhood. As a consequence they adjust to these external standards and receive *conditional positive regards*. The extreme existential anxiety results from failing to live according to the real self, whereas the *conditions of worth* imposed by others distort the idealized self and play the role of a *defence mechanism*. Their true thoughts and personal experiences are deeply distorted in the process. Person-centred therapy tries to change this state of inner incongruence by offering the proper conditions for self-awareness and growth while logotherapy addresses the existential frustration of the will to meaning and existential vacuum. Logotherapy has devised two main techniques to deal with *anticipatory anxiety: paradoxical intention* in which the person is invited to wish precisely that which he fears; and *dereflection* which counteracts hyper-intention and hyper-reflection.⁷⁷⁴ Paradoxical intention is considered very efficacious especially for phobic conditions and OCD, works independently of the aetiological basis of the form of anxiety concerned, it may be the shortest therapeutic device with the possibility of cure within a single session and according to Frankl with no relapse.⁷⁷⁵

A last issue to highlight at the end of this section is the criteria used to discriminate between normal or abnormal anxiety. Viewpoints on the matter vary: some consider anxiety as the first step on a continuum that leads to depression and as such the criteria are relative and relate mainly to intensity, whereas Frankl's existential perspective views anxiety as a 'healthy' sign pointing to deeper neurological problems and a useful energetic force to be used in the curing process. While the criterion that allows discriminating between normality and abnormality is not easy to be established by the modern clinical realm, in the absence of a model for normality, a solution still needed to be proposed and followed in connection with anxiety. Hence, normal or

⁷⁷² Alloy, op. cit., p. 168

⁷⁷³ Beidel, pp. 153-154; Oei, T.P.S., Dingle, G., 'Anxiety Disorders: Brief Intensive Group Cognitive Behavior Therapy' in: *Encyclopedia of Psychotherapy*, eds. Michael Hersen and William H. Sledge, (New York: Academic Press, 2002), pp. 57-60

⁷⁷⁴ Frankl describes the outcome of this method in these words: 'By this treatment, the wind is taken out of the sails of the anxiety'. Frankl, V., *Man's Search for Meaning*, op. cit., p. 147

⁷⁷⁵ Ibid, pp. 150-1

abnormal anxiety is identified in clinics depending on two criteria: the *functional impairment* it produces as is evident in the case of severe OCD or phobias; and *developmental age* according to which a *developmental hierarchy of fear* is created. As the child grows, once with his general development and maturation of cognition, the number and types of various fears are supposed to diminish.⁷⁷⁶ Failure to do so may account for one form of anxiety or another.

A useful existential viewpoint concerning this distinction between normal and neurotic anxiety, in connection with our comparative effort from the third section of this chapter, is offered by Rollo May. Although trained initially in neo-Freudian psychoanalysis, he later turned towards the existential school of psychology, from which the following lengthy quote is given: ‘*Normal* anxiety is anxiety which is proportionate to the threat, does not involve repression, and can be confronted constructively on the conscious level (or can be relieved if the objective situation is altered). *Neurotic* anxiety, on the other hand, is a reaction which is disproportionate to the threat, involves repression and other forms of intrapsychic conflict, and is managed by various kinds of blocking-off of activity and awareness. The anxiety connected with the “loneliness at the top” and the “loneliness of the long distance runner” which the movies tell us about can be seen as *normal* anxiety. The anxiety that comes from conforming, to escape this loneliness, is the *neurotic* transformation of the original normal anxiety. Actually, neurotic anxiety develops when a person has been unable to meet normal anxiety at the time of the actual crisis in his growth and the threat to his values. Neurotic anxiety is the end result of previously unmet normal anxiety’.⁷⁷⁷ In other words, May found that abnormal anxiety is derived from a *transformation* of normal anxiety. The cure implies a reverse of this process.

⁷⁷⁶ Beidel, op. cit., pp. 118-119

⁷⁷⁷ May, R., *Psychology and The Human Dilemma*, (New York: D. Van Nostrand Company, 1967), p. 80

II. The Philokalic Perspective on Fear

This section is dedicated to grasping the main themes that concern fear as presented by the Philokalic writers. It will highlight their perspective on aetiology, description, classifications and proposed cures.

1. Description

In the Philokalic understanding fear may be of two types: *a good and natural fear* resulting in virtue and *a bad and unnatural fear* resulting in vice or passion. Who possesses the former gets rid of the later. In other words, one is transformed through the other, and who does not have the *good fear* will inevitably ‘get sick’ because of the *bad fear*. Being so, we ‘are forced’ to start our presentation with *the bad fear*, since *the good fear* in this case is also part of the curative process. However, before doing so, we need to mention shortly that, like modern psychology, Philokalic writers do also specify that there is a natural human feeling of fear embodied by God, which is meant to protect the soul and the body of a person. In psychology, this type is referred to as the *flight-or-fight response*. By making use of this fear the person feels incorporated with one’s life, and is afraid of everything that could destroy it. ‘The natural fear represents a power that sustains life by avoiding the things that could destroy it’ says Saint Maximus the Confessor.⁷⁷⁸ The generally acknowledged formula is that of the preservation instinct.

The bad fear is defined as ‘a danger tasted in advance, a quiver as the heart takes fright before unnamed calamity’⁷⁷⁹ and is seen as a passion, which is enumerated by Saint John of Damascus between other passions caused by the darkening of nous.⁷⁸⁰ He classifies fear into six types: ‘shrinking, shame, disgrace, consternation, panic, anxiety. Shrinking is fear of some act about to take place. Shame is fear arising from the anticipation of blame: and this is the highest form of the affection. Disgrace is fear springing from base act already done, and even for this form there is some hope of salvation. Consternation is fear originating in some huge product of imagination. Panic is fear caused by some unusual product of the imagination. Anxiety is fear of failure, that is, of misfortune: for when we fear that our efforts will not meet with success, we suffer anxiety’.⁷⁸¹

⁷⁷⁸ St Maximus, *apud*, Larchet, *Terapeutica bolilor spirituale*, op. cit., p.186

⁷⁷⁹ St John Climacus, ‘On Unmanly Fears’, 21, in: *The Ladder*, op. cit., p. 199

⁷⁸⁰ ‘... senseless dejection, fear, cowardice ...’ Cf. St John of Damascus, *On the Virtues and Vices*, EPH 2, p. 335

⁷⁸¹ St John of Damascus, II, 15, in: NPNFCC

2. Aetiology

In terms of aetiology, there are a few sources for fear. Saint Maximus the Confessor links the idea of good and bad with the temporal dimension, either present or future, from which result four possible situations: ‘A good which is expected in the future is called desire, and one which is possessed in the present is called pleasure. Conversely, an evil which is expected in the future is called fear, and one which is experienced in the present is called distress’.⁷⁸² This type of distress is usually identified with a form of sadness or dejection which will be treated in a separate chapter. Further on we are interested in the relationship between desire and fear since *desire when fulfilled produces pleasure, and when frustrated results in distress*, a distress which once experienced and not dealt with in a ‘healthy way’ will become a source for the occurrence of *anticipated evil*. Thus, the absence of the expected *good* results in *evil*, manifested here as fear, with evil being *an absence* of something that should have been there, ‘a privation of good’.⁷⁸³ Otherwise, ‘evil has no substantial existence’.⁷⁸⁴

Another identified cause for fear is lack of faith.⁷⁸⁵ The same is emphasized by Saint John Climacus when stating that fear is ‘a lapse from faith that comes from anticipating the unexpected. Fear is a loss of assurance. A proud soul is the slave of cowardice. Trusting only itself, it is frightened by a sound or a shadow’.⁷⁸⁶ Fear is then outwardly manifested through relating to various events or people, while inwardly it is associated with *trusting only itself* and a *loss of assurance*. As a result, a vicious circle is created where man remains closed only within himself, an isolation which enforces and is enforced in its turn by the emergence of other passions. Thus, as showed above, pride generates cowardice and cowardice fortifies pride in its turn. It links with various other passions such as: concerns of losing one’s wealth or fortune;⁷⁸⁷ dependency on various worldly things;⁷⁸⁸ listlessness and dejection;⁷⁸⁹ self-indulgence;⁷⁹⁰ despair;⁷⁹¹ vainglory;⁷⁹² and various involuntary sins.⁷⁹³ Thus, we have the lack of faith, which in psychological terms may be translated as the inability of one *to entrust* in something or

⁷⁸² St Maximus, *On Theology*, V, 78, EPH 2, p. 279

⁷⁸³ St Maximus, *On Love*, III, 29, EPH 2, p. 88

⁷⁸⁴ St Maximus, *On Theology*, I, 56, EPH 2, p. 177

⁷⁸⁵ Cf. St John Cassian, EPH 1, pp. 80-1

⁷⁸⁶ St John Climacus, op. cit., p. 199

⁷⁸⁷ St John Cassian, *On the Eight Vices*, EPH 1, p. 80; St Peter of Damascus, Book 1, *The Fourth Stage of Contemplation*, EPH 3, p. 125

⁷⁸⁸ St Symeon the New Theologian, 153 Texts, 54, EPH 4, p. 35

⁷⁸⁹ St John Cassian, *On Listlessness*, EPH 1, p. 88

⁷⁹⁰ St Diadochos of Photiki, *On Spiritual Knowledge*, 17, EPH 1, p. 257

⁷⁹¹ St Peter of Damascus, Book 1, *How God Has Done All Things to Our Benefit*, EPH 3, p. 174

⁷⁹² St John Climacus, op. cit., 20, 8, p. 199

⁷⁹³ St Diadochos of Photiki, *On Spiritual Knowledge*, 100, EPH 1, p. 296

somebody else except oneself, this results in fear that in time generates and becomes associated with the various passions enumerated above, which in their turn will reinforce the lack of faith, that is the very cycle of fear.

A third cause of fear is considered to be the action of demons which intervene either directly upon the soul, especially during prayer when the nous turns towards God, or through the various weaknesses created by passions.⁷⁹⁴ However, the major and primary cause of fear is the one inherited by all humans through the fall of the first people into sin.⁷⁹⁵ Saint Maximus makes it clear; when drawing on Saint Gregory of Nyssa, he explains that *fear and desire, pleasure and distress*, together with their consequences were not part of our original constitution but ‘were introduced as a result of our fall from perfection, being infiltrated into that part of our nature least endowed with intelligence. Through them the blessed and divine image in man was at the time of our transgression immediately replaced by a clear and obvious likeness to animals. Once the true dignity of the intelligence had been obscured, it was inevitable and just that human nature should be chastised by those witless elements which it had introduced into itself’.⁷⁹⁶ Hence, fear is not only associated with the idea of evil manifested in passions, but is first seen as a pure spiritual phenomenon involved both in the direct denial of Logos and a failure to do what is good inwardly and outwardly.⁷⁹⁷

3. Cure

The philokalic anthropology framework indicates a somewhat paradoxical cure for fear which is connected to its identified causes. As mentioned above, the *bad and unnatural fear* is cured by the *good and natural one*. Thus having to speak of the good fear, we talk at the same time about the cure for the bad fear. The good fear is represented by the fear of God. Here are a few definitions and functions ascribed to it: the fear of God is *the father of the soul’s purity and chasteness*,⁷⁹⁸ it accompanies man all the way to dispassion,⁷⁹⁹ it makes one pay attention to his thoughts knowing they are all seen by God,⁸⁰⁰ it is the natural companion of the process of

⁷⁹⁴ St Maximus, *On love*, II, 69, EPH 2, p. 77; St Symeon the New Theologian, 153 Texts, 150, EPH 4, p. 61

⁷⁹⁵ ‘the race of Adam, having broken the commandment and become guilty of sin, is shaken by restless thoughts, full of fear, cowardice and turmoil’ St Symeon Metaphrastas, *Paraphrase, III, Patient Endurance and Discrimination*, 52, EPH 3, p. 307

⁷⁹⁶ St Maximus the Confessor, *On Theology*, I, 65, EPH 2, p. 178

⁷⁹⁷ St Maximus, *On Theology*, I, 43, EPH 2, p. 173

⁷⁹⁸ St Nikitas Stithatos, *On the Inner Nature of Things*, 48, EPH 4, p. 120

⁷⁹⁹ St Isaiah the Solitary, *On Guarding the Intellect*, 18, EPH 1, p. 26; St John Cassian, *On the Eight Vices*, EPH 1, p. 77

⁸⁰⁰ *Ibid*, 27, p. 28

repentance,⁸⁰¹ it ‘is a life-giving medicine’,⁸⁰² it detaches one from material possessions and wealth,⁸⁰³ it is abstention from evil deeds.⁸⁰⁴

Throughout the Philokalic writings, the fear of God is presented in many texts as being the first and absolutely necessary step towards the love of God. By most writers it is presented as being of two kinds: impure and pure,⁸⁰⁵ introductory and perfect.⁸⁰⁶ The impure or introductory fear ‘is generated in us by the threat of punishment. It is through such fear that we develop in due order self-control, patience, hope in God and dispassion; and it is from dispassion that love comes’ while the second type, which is pure and perfect ‘is linked with love and constantly produces reverence in the soul, so that it does not grow indifferent to God because of the intimate communion of its love’.⁸⁰⁷ The first is a *slave-like fear*, while the person who has acquired the second type ‘has the status of a son, for he cherishes virtue not out of fear of punishment, but because of the love that “casts out fear”⁸⁰⁸. The condition of the son bestowed on him allows him to ‘greatly delight, unlike the slave who carries out orders under constraint because of his fear of punishment’.⁸⁰⁹

Inner freedom is also put in relation to fear. Before engaging in spiritual warfare man fears distress and rejects the pain necessary to liberate his soul and as such he has the condition of a ‘slave and servant of cowardice, trembling like a baby and fearing fear’.⁸¹⁰ The anxiety experienced may be about himself or others,⁸¹¹ but both result in lack of freedom. In between these two types of fear, there are those who started to fight against the passions. At this stage, passions may ‘become good if – like wise physicians who use the body of the viper as a remedy against present or expected harm resulting from its bite – we use them to destroy present or expected evil’.⁸¹² At this level the man *enslaves* himself with the fear of God, through a life of

⁸⁰¹ St Mark the Ascetic, *On Spiritual Law*, 148, EPH 1, p. 120; St Mark the Ascetic, *Made Righteous by Works*, 219, EPH 1, p. 144

⁸⁰² St Diadochos of Photiki, *On Spiritual Knowledge*, 17, EPH 1, p. 258

⁸⁰³ St Antony the Great, *On the Character of Men*, 170 Texts, 152, EPH 1, p. 352

⁸⁰⁴ St Maximus, *On Theology*, III, 39-40, EPH 2, p. 219

⁸⁰⁵ Cf. St Maximus, *On Theology*, I, 69, EPH 2, p. 180

⁸⁰⁶ Cf. St Peter of Damascus, Book II, *The Two Kinds of Fear*, EPH 3, p. 218

⁸⁰⁷ St Maximus, *On love*, I, 81, EPH 2, p. 62

⁸⁰⁸ St Peter of Damascus, Book II, *The Two Kinds of Fear*, EPH 3, p. 218; St Diadochos addresses the same issue: ‘No one can love God consciously in his heart unless he has first feared Him with all his heart. Through the action of fear the soul is purified and, as it were, made malleable and so it becomes awakened to the action of love,’ St Diadochos of Photiki, *On Spiritual Knowledge*, 16, EPH 1, p. 257

⁸⁰⁹ St Peter of Damascus, Book II, *The Two Kinds of Fear*, EPH 3, p. 218

⁸¹⁰ St Symeon the New Theologian, 153 Texts, 50, EPH 4, p. 34; St Peter of Damascus points to the same idea: ‘Like a slave he fears what produces distress, and he is led captive by his own conceit.’ St Peter of Damascus, Book I, *How God Has Done All Things to Our Benefit*, EPH 3, p. 175

⁸¹¹ Cf. St Symeon the New Theologian, 153 Texts, 54, EPH 4, p. 35

⁸¹² St Maximus, *On Theology*, I, 66, EPH 2, p. 179

inner stillness, waiting for the freedom that God grants.⁸¹³ This intermediary category sometimes overcomes fear and sometimes is overcome by it. But for the last category ‘who fears the Lord, there is no fear’,⁸¹⁴ purity of heart has completely triumphed over cowardice, thus inner freedom is offered to them. Between love and fear there is an inverse ratio: the more one loves, the less one fears.⁸¹⁵

Since one identified cause for fear as a passion is *lapse of faith*, it comes naturally that the cure involves its opposite, namely the presence of faith in one’s soul. Since ‘Christ is present in us through faith’⁸¹⁶ as long as the soul is found in faith, it is not fearful because of His presence within. As we pointed out above, fear being not *something in itself*, but rather *something lacking*, it becomes extinct when God is present. Hence, the need for a *cure* through prayer.⁸¹⁷ In Philokalic anthropology man cannot exist by himself, but his life is sustained permanently and entirely by God, whether he is aware of it or not. Thus, a close relation to God means a lack of fear, while a distant relation to Him means the presence of fear.

Faith has two functions: it eliminates *unnatural fear* and replaces it with *the good one*. Saint Theodoros the Great Ascetic asserts that faith is a quality inherited in our nature⁸¹⁸ which when lived inwardly in truth begets fear of God.⁸¹⁹ Faith may assume such a role because through Christ which is the Truth, the ‘real faith is truth’ as well as one ‘which is all-embracing, all-sustaining and free from all falsehood’.⁸²⁰ Hence, *faith is inherited in our nature* as part of being made *in the image of Christ* and as a consequence, naturally disposes towards faith in Him, in the virtue of *potential likeness with Him*. Fear of God is *structurally* related to the activity of intellect. Saint Illias the Presbyter highlights a useful relation between fear and thoughts: ‘Where fear does not lead the way, thoughts will be in a state of confusion, like sheep that have no shepherd. Where fear leads the way or goes with them, they will be under control and in good order within the fold’.⁸²¹

⁸¹³ ‘Thus, through fear of sinning, I have fled to this stillness; and because of my sins and my many weaknesses I sit doing nothing in my cell, like a prisoner, awaiting the Lord’s decision.’ St Peter of Damascus, Book 1, Dispassion, EPH 3, p. 149

⁸¹⁴ St Symeon the New Theologian, 153 Texts, 50, EPH 4, p. 34

⁸¹⁵ ‘Its love increases as its fear diminishes, until it attains perfect love, in which there is no fear but only the complete dispassion which is energized by the glory of God.’ St Diadochos of Photiki, *On Spiritual Knowledge*, 17, EPH 1, p. 258

⁸¹⁶ St Peter of Damascus, Book 1, *How to Acquire True Faith*, EPH 3, p. 165

⁸¹⁷ Evagrius the Solitary, *On Prayer*: 153 Texts, 97, EPH 1, p. 67

⁸¹⁸ St Theodoros the Great Ascetic, *A Century of Spiritual Texts*, 21, EPH 2, p. 18

⁸¹⁹ St Philotheos of Sinai, *On Watchfulness*, 2, EPH 3, p. 17; St Theodoros the Great Ascetic, *A century of Spiritual Texts*, 4, EPH 2, p. 23; St Maximus, *To Thalassios*, I, 16, 23, EPH 2, p. 117

⁸²⁰ St Maximus, *On Theology*, III, 37, EPH 2, p. 218

⁸²¹ St Illias the Presbyter, *A Gnostic Anthology*, IV, 136, EPH 3, p. 65

As the unnatural fear is linked to passions, the fear of God is linked to various virtues: humility⁸²² and wisdom⁸²³; patient endurance⁸²⁴ and acceptance of afflictions⁸²⁵; self-control⁸²⁶; and watchfulness.⁸²⁷ Saint Maximus brings an interesting perspective on the matter of wisdom associated with both fear and love. He states that wisdom may manifest itself for our sake as fear, and then may become love: ‘To those who do not long for it, wisdom is fear, because of the loss which they suffer through their flight from it; but in those who cleave to it, wisdom is loving desire, promoting an inner state of joyous activity’.⁸²⁸ Therefore, wisdom⁸²⁹ appears to be found on a continuum and the human soul perceives it as love or fear according to its own condition.

The opposing virtue of fear is courage, placed between the four principal virtues that govern the three powers of the soul.⁸³⁰ Saint Symeon Metaphrasis shows that courage is absolutely necessary if one wants to acquire divine love or become ‘a Son of God born of the Spirit’.⁸³¹ Hence, love can be reached ‘by way of many hardships and struggles, after much time and diligence, testing and temptation’ and only ‘who has courageously endured all the trials of evil’⁸³² will receive it. The final cure for fear is ‘tested’ by the absence of its most terrifying fear, the fear of death, which in turn brings victory and joy⁸³³, as well as the living presence of the kingdom of heaven.⁸³⁴

⁸²² St John Cassian, *On the Eight Vices*, EPH 1, p. 93; St Maximus, *On love*, I, 48, EPH 2, p. 57

⁸²³ St John Cassian, *On the Holy Fathers of Sketis and on Discrimination*, EPH 1, p. 108

⁸²⁴ St Peter of Damascus, Book II, *Patient endurance*, EPH 3, pp. 222-3

⁸²⁵ St Mark the Ascetic, *Made Righteous by Works: 226 Texts*, 150, EPH 1, p. 138

⁸²⁶ St Maximus, *On love*, I, 2, EPH 2, p. 53

⁸²⁷ St Hesychios the Priest, *On Watchfulness*, 7, EPH 1, p. 163

⁸²⁸ St Maximus, *On Theology*, III, 61, EPH 2, p. 227

⁸²⁹ Is linked to the intellect’s activity: ‘The intellect is the organ of wisdom, the intelligence that of spiritual knowledge’. St Maximus, *On Theology*, III, 33, EPH 2, p. 217

⁸³⁰ Cf. St Philotheos of Sinai, *On Watchfulness*, 18, EPH 3, p. 23

⁸³¹ St Symeon Metaphrasis, *Paraphrase*, V, 129, EPH 3, p. 342

⁸³² St Symeon Metaphrasis, *Paraphrase*, V, 111, EPH 3, p. 333

⁸³³ St John of Karpatos, *Ascetic Discourse*, EPH 1, p. 324; St Peter of Damascus, Book 1, EPH 3, p. 179

⁸³⁴ St Theognostos, *On the Practice of the Virtues*, 12, EPH 2, p. 361

III. Fear and Anxiety: Comparison

Although the initial focus of this work was on *psychological and spiritual illness*, in order to treat them properly we had to delve into the study of the anthropological perspectives presupposed by the two paradigms under discussion. For the present research the comparative analysis of fear and anxiety is seen as a ‘case study’ which may validate or invalidate the hypothesis according to which the major differences between how fear and anxiety are seen largely depends on the anthropological perspective employed by the two fields under discussion.

Our comparative effort will focus on description and definition, aetiology and cure as proposed by the two paradigms, followed by some conclusions at the end. Calling on Williams’ social-cognitive viewpoint mentioned before, we also think that comparison is possible at the level of inner psychological dimensions rather than syndromes or disorders, which are designed to serve the present needs of practitioners in the medical field.

1. Comparison in Terms of Description

In terms of *description and definition*, the two perspectives present salient and evident similarities. Both paradigms highlight in the midst of the phenomena the presence of anticipatory anxiety, of anxious expectation that something bad is about to happen. Both fields speak about fear as being linked to physiological as well as psychological mechanisms,⁸³⁵ out of which emotion, cognition and imagination are most prominent. Fear is defined by writers of the *Philokalia* from the 7th and 8th centuries in surprisingly modern terms: *danger tasted in advance* (St John Climacus), *anxiety is fear of failure, fear that our efforts will not meet with success* (St John of Damascus) etc. Thus, the empirical evidence provided by both fields in terms of their descriptions of fear seems to be almost identical, although nowadays due to a different target, various dimensions/symptoms were gathered together in various combinations so as to form what we call an anxiety disorder.

⁸³⁵ ‘Fear starts sometimes in the soul, sometimes in the body, and the one communicates the weakness to the other. But if your soul is unafraid even when the body is terrified, you are close to being healed’. St John Climacus, op. cit., p. 200.

2. Comparison in Terms of Aetiology

The modern psychotherapeutic viewpoint concerning the *aetiology of anxiety* comprises a few different routes as previously presented: *failure of defence mechanisms* to ‘protect’ unconscious content; *faulty learning* accompanied by negative reinforcement through avoidance; *dysfunctional beliefs and distorted automatic thinking*, misperception and misinterpretation of internal or external stimuli; *failure to live according to the real self* which sometimes may assume sufferance, in other words, *existential anxiety* due to a failure to assume sufferance and a search for meaning.⁸³⁶ Briefly, *anxiety rests on unconscious, behaviour, thoughts and inner incongruence or fragmentation*. On the other hand, the Philokalia names as causes for fear a few sources: *frustration of desire; lack of faith; actions of the demons; and denial of the Logos*. Next, we try to see what links may be established between all these sources.

Psychodynamic accounts concerned with the use of repression created by the deeply unconsciously felt fear, and the defence mechanisms meant to avoid awareness of both fear and the mechanisms used to ‘hide’ it, are envisaged by the Philokalia as well. As previously showed, Saint Maximus’ writings especially identify the close link that fear has with unfulfilled desire and rejection of pain. Identical accounts are offered by psychoanalysis which highlights that anxiety becomes a substitute for the pleasure that would have resulted from the fulfilment of desire.⁸³⁷

Whereas psychoanalysis explains in detail the inner mechanisms, the approximate age of their occurrences and the effects they have had on the lives of individuals, the Philokalia goes beyond these descriptions and seems more concerned with a careful discrimination of their causes, from which they derive specific treatments. It seems that since the Philokalia knows what is according to nature, i.e. healthy, it finds its way easier towards pointing out what is not according to nature, i.e. unhealthy, and what should be done in order to re-establish equilibrium. Our hypothesis is that the Philokalia naturally integrates by prevailing over the psychoanalytic perspective on our present discussion on fear, and as a consequence we will next try to offer such an account.

Our account will refer to both the link between *desire and fear*, and fear resulting from *loss of assurance, or lack of faith*, since as we will see they are closely interconnected. In order to do this, we will inevitably have to employ a symbolic language which is specific to both psychoanalysis and the Philokalia. Thus, as in the physical delivery of beings, the ‘birth’ of psychological beings requires some optimum conditions, and similarly, when in the physical

⁸³⁶ This corresponds with the *entropy or laziness* identified by Scott Peck, whose viewpoint we presented in the section on *Cure by Grace*.

⁸³⁷ ‘The sense that anxiety has become a substitute for all other kinds of pleasure, is usually totally unconscious and only occurs in people who have lost contact with all other sources of liveliness and pleasure’ Rycroft, op. cit., p. 9

realm these conditions are not met they result in various disabilities, the same in the psychological realm may result in various dysfunctions. In Philokalic terms, the ‘birth’ of the psychological being is not a separate phenomenon but interconnected to its spiritual birth. Both perspectives emphasize that experience of frustrated desire becomes a reason for the occurrence of fear. Psychoanalysis places its beginning in infancy or even in pre-natal stages when the ability *to trust and entrust* is due to be formed.

On the interaction between the growing psyche and environment, in the first instance represented by the natural mother and later by the caregiver, which usually remains the mother, in the virtue of being created *in the image of God-Love*, the human infant ‘expects’ a good treatment⁸³⁸, *meant to help him acquire a likeness with God-Love*, i.e. ‘expects’ to be encountered with a loving attitude and help him grow healthy, that is *according to nature*. These expectations of being met properly address all *the three powers of the soul*, i.e. the entire soul understood in its unity. If he is met with adversity either in the form of being offered too little (frustration, punishments) or too much (over-protection) of what is needed, various dysfunctions occur. In this area the entire psychodynamic area presents outstanding and detailed descriptions. In Philokalic language, *too little or too much relates to the passions* existing in the caregiver, which actually form a first environment for the child and may distort him relationally, first in the relationship with himself and through this in relationships with others. Since every human being is unique, the same is true of every relation between the infant and the caregiver, and that is why nobody can capture in words exactly what it means to encounter a child properly on the way to *becoming into being*. I think it is not wrong to say that there is always a sense of mystery in this relationship due to the numerous combinations of elements that are part of it. As many mental health practitioners noticed, we might be able to describe illness, but we cannot explain the mystery of health, why some people remain healthy in worse conditions compared to others who fail in better ones.

Thus, if the infant’s needs are not met promptly and carefully, that is in such a way so that *the powers of the soul* can be brought from *potentiality to reality, from inexistence to existence*, what appears is a *lack of assurance*, i.e. fear. That is to say that, if the soul does not meet the necessary conditions to develop, to grow, to exist and become, the ‘inexistent’ remains in place, and instead of the ability *to trust and entrust*, mistrust appears. The ‘inexistent’ considered here relates to the *desiring power of the soul* and takes the form of fear. That is why the frustration of desire results in fear, as both fields emphasize, and at the same time blocks further inner development through the *loss of assurance and lack of faith*. According to the Philokalia, all three powers of the soul need to be developed according to nature since they all communicate

⁸³⁸ In reference to the concept of *the good mother or breast* developed by Donald Winnicott, cf. Winnicott, D.W., *The Maturation Processes and the Facilitating Environment*, (London: Karnac Books Ltd., 1990)

their energies from one to the other in the virtue of the soul's indivisible unity, and therefore the dysfunction that appears at the level of desire will ultimately influence the health of the others.

When one *becomes*, in whichever power of the soul, that component *has being*, and as such is healthy. Drawing on both Philokalic and psychoanalytic sources, it becomes clear that what is *sick* is something that *has no existence*, in other words *is dead*, while what is *healthy* is at the same time good, and as such *has being*, hence *is alive*. What the Philokalia adds to this apprehension is the ascertainment that what is *inexistent* is actually *evil*.⁸³⁹ The *state of inexistence*, even if not named as such by psychoanalysis, is found underlying various types of disorders, from which the clinical state of *false self* where fear generates extremely well organized forms of 'existence', is perhaps most eloquent. Here is a quote highlighting this very idea: 'The best example I can give is that of a middle-aged woman who had a very successful False Self but who had the feeling all her life that she had not started to exist, and that she had always been looking for a means of getting to her True Self'.⁸⁴⁰ The problem of the true self is of primary concern for humanists as well, and for them fear results from the failure to live according to this true self.

While we agree with Winnicott concerning the defensive nature of the False Self, we disagree on the matter that the function of the False Self is to 'hide and protect the True Self, whatever that may be'.⁸⁴¹ Our research evidence showed that indeed the False Self is not just a simple defence mechanism, but a *total defence*, but whose resistance to change is meant not to defend the True Self but to defend itself from destruction. Thus, as the True Self 'comes to life', the False Self 'has to die'. In reference to the resistance opposed by defence mechanisms in order to avoid awareness of the inner world, Peck notices that the 'psychological dysfunction' follows the same pattern as 'sin' and that 'the central defect of the evil is not the sin but the refusal to acknowledge it'.⁸⁴² A radical form of *false self* is seen in narcissism⁸⁴³ which in current

⁸³⁹ 'evil has no substantial existence', St Maximus the Confessor, *On Theology*, I, 56, EPH 2, p. 177; looking at clinical evidence the psychiatrist Scott Peck reaches the same conclusions.

⁸⁴⁰ Winnicott, D.W., op. cit., p. 142

⁸⁴¹ Ibid. A useful study on the false and true self from a patristic perspective is offered by: Thermos, V., *In Search of the Person – True and False Self According to Donald Winnicott and St Gregory Palamas*, op. cit.

⁸⁴² Peck, S., *People of the lie*, p. 77

⁸⁴³ We have analyzed the matter of the narcissistic personality disorder in another study where we showed that the drama of these people develops between the reality of man being made in God's image, and as such possessing the inner call towards love, and at the same time, the impossibility of love because they 'lack the organ' to love. They are basically locked in a *state of inexistence*, and in their deep existential confusion they leave a series of victims behind, identified in literature as a special category of victims of narcissism who requires specially designated treatments. Although without a cure in modern psychotherapy, at the end of the paper I suggest the possibility of a cure based on Philokalic sources, where the NPs do have the chance of being 'born into love' and consequently *become both into being and Being*. Cf. Ciobanu, S., *Narcissism or The Drama of Not Being 'Born into Love'*. *The*

psychotherapies presents one of the poorest prognostics for cure.⁸⁴⁴ In our opinion, the presence of the *false self* proves the failure to *become into being*, while the *true self* is correlated with *the image of God within*.⁸⁴⁵

On the other hand, although fear is experienced mainly in the desiring power, due to the soul's inseparable unity, the willing power is also involved. Saint Maximus the Confessor states that 'we suffer evil as something contrary to nature which occurs in the will; for we do not have a natural capacity for generating evil. Thus while we are in our present state we can actively accomplish the virtues by nature, since we have a natural capacity for accomplishing them'.⁸⁴⁶ Therefore, sickness, or evil, rests on the choice of our will. If we think of the incredible energy employed by the defence mechanisms in *repression*, and later in *resistance*, we understand that it is the willing power that maintains illness. The illness comes from an incorrect inner choice, and instead of being directed towards acknowledging what is being kept covered through defences and then experience and accept the suffering that results from this, it is directed towards preserving the life of the *defence mechanisms*, or *conditions of worth*, in the humanists' language. In a more evident or subtle way, such choices based on *fear* to assume sufferance keep one in a state of 'inner deadness', i.e. not according to nature, and since man is a relational being, the same 'deadness' will inevitably be promoted outwardly.⁸⁴⁷

The above discussion concerning fear which is initially blocked by the emergence of defence mechanisms and later maintained by the resistance that they oppose, is essentially the same process captured later by behaviourists as forming the negative reinforcement cycle used in faulty learning and by cognitivists through the employment of a faulty cognitive style. In other words, we see defence mechanisms, faulty learning and distorted automatic thinking as having the same role in maintaining fear, since defence mechanisms may be considered a type of faulty learning, and are obviously accompanied by various thoughts which justify them; faulty learning also involves thoughts and acts as a defence mechanism opposed to new learning, whereas

Philokalic and Psychological Perspective. The Role of 'Word' in Cure, Studia Theologica Doctoralia, Symposium Papers, (Iasi, 2012), to be published

⁸⁴⁴ Frey, R.J., 'Narcissistic Personality Disorder', in: *The Gale Encyclopedia of Mental Disorder*, vol. 1, eds. Ellen Thackery and Madeleine Harris, (Farmington Hills, MI: Gale and Thomson, 2003), pp. 647-8

⁸⁴⁵ This idea is referenced by two principal biblical passages: one in which God described Himself as Being 'I am that I am' (Ex. 3:14) and the other one when He indicates the place where He may be found by each person 'the kingdom of God is within you' (Luke 17:21).

⁸⁴⁶ St Maximus, *On Theology*, I, 75, EPH 2, p. 181

⁸⁴⁷ Such an example of inner deadness is given by Dr. Scot Peck in the following quote: 'How can they be evil and not designated as criminals? The key lies in the word "designated". They are criminals in that they commit "crimes" against life and liveness. But except in rare instances – such as the case of Hitler- when they might achieve extraordinary degrees of political power that remove them from ordinary restraints, their "crimes" are so subtle and covert that they cannot clearly be distinguished as crimes. The theme of hiding and coyness will occur again and again'. In: *People of the lie*, p. 77

thoughts ultimately express themselves behaviourally and may also be very resistant to change.⁸⁴⁸ However, the Philokalia, while acknowledging these inner phenomena, goes beyond them and establishes *lack of faith* as a cause of them all. Thus, man turns towards the world of the senses⁸⁴⁹ which keeps him bound to *fallen nature* through *self-love (philautia)*, which is said to be ‘the mother of all passions’.⁸⁵⁰ On such a background the Philokalia adds an extra cause which is the interference of demons: ‘The demons bind the intellect to sensible things by means of desire and fear, distress and sensual pleasure’.⁸⁵¹

As we have already mentioned humanists see *fear* as resulting from a failure to self-actualize the true self, but does not present a clear concept of the true self. In a Philokalic view, the true self is linked to the image of Christ and as previously pointed out the process involved is that of Christ-actualization. Thus, fear emerges as a result of this process not being initiated and developed and represents at the same time *a denial of the Logos*, considered the prime cause by the Philokalia. The next quote from Saint Maximus will explain both how this denial of Logos takes place and what the solution is for refocusing man’s functioning according to nature:

‘Evil is the noetic soul’s forgetfulness of what is good according to nature; and this forgetfulness results from an impassioned relationship with the flesh and the world. When the intelligence is in control it dispels this forgetfulness through spiritual knowledge, since intelligence, having investigated the nature of the world and the flesh, draws the soul to the realm of spiritual realities which is its true home. Into this realm the law of sin cannot penetrate; for the link between the soul and the senses has now been broken, and the senses, limited to the world of sensible objects, can no longer function as a bridge conveying the law of sin into the intellect. When the intellect transcends its relationship with sensible objects and the world to which they pertain, it becomes utterly free from the sway of the senses’.⁸⁵²

3. Comparison in Terms of Cure

As highlighted in the first part of the research, the cure of every illness in the Philokalia starts with the healing of nous, which is the leading power of the soul. Unless the soul does not acknowledge itself as being made in Christ’s image and all the consequences that result from this, fear will not be cured completely since there will always be a love for its cause, i.e. dependence upon the world and the associated consequences described above. The relapse in

⁸⁴⁸ The persistence and intrusivity of thoughts in OCD may be only an example.

⁸⁴⁹ This matter is more obvious in the cognitive paradigm according to which the human *cognitive schema* operates only with information provided by senses. Therefore, its analysis implies only this type of information.

⁸⁵⁰ St Maximus, *On Love*, II, 8, EPH 2, p. 66

⁸⁵¹ St Thallasios the Libyan, *On Love*, II, 17, EPH 2, p. 314; St Maximus, *On Theology*, I, 57, EPH 2, p. 176

⁸⁵² St Maximus, *On Theology*, I, 57, EPH 2, p. 176

various forms of anxiety after a cognitive-behavioural intervention, which is most effective in treating anxiety, may find an explanation in this way. As long as the causes that produce the thoughts are not cut off, they will reappear in one way or another, with a stronger or lesser intensity, at one moment or another. Still, the efficacy of this therapy is explained from a Philokalic viewpoint in that it uses the rational power of the soul to control the appetitive part. It seems that if the *rational* may be switched to the *noetic*, it will succeed in eliminating completely the causes of anxiety.

St Maximus, in opposition to forgetfulness, proposes knowledge as the beginning of cure. Psychotherapeutic accounts make the same observation when stating that ‘knowledge is incompatible with anxiety and ... the drive to know, may be regarded as a way of trying to eliminate anxiety’.⁸⁵³ Thus, what is observed empirically through observation and experience seems to concord in the two fields, the difference is in that Saint Maximus implies spiritual knowledge obtained through the activity and purification of nous that may put one in line with functioning according to nature, while Rycroft’s explanation has no such reference criteria and target. What results from here is that knowledge may help one temporarily eliminate various anxieties and substantially improve living standards, but spiritual knowledge eliminates causes for fear and deals with the ultimate fear of man, i.e. fear of death.

Therefore, spiritual knowledge in the Philokalia is used to transform unhealthy fear into a healthy fear of God, which also involves the process of *transforming* a vice into virtue, and of fear into courage. If fear was defined above as an unhealthy alertness or watchfulness, we observe that the ascetic method has developed *a curative technique based on watchfulness*, from which we conclude that the state of being attentive is not psychologically unhealthy. In both types of anxious watchfulness one is paying attention to thoughts, specifically *bad thoughts*. The difference suggested by the Philokalia is in that when one is watchful outside the process of Christ-actualization one develops clinical anxiety and the anticipated evil may become fact, whereas when one does this inside this process, which may also take the form of prayer, one becomes aware of the bad thoughts and in time even develops a fine discrimination as to their causes, but is not afraid of them because they are expelled by Christ through the power of Being.

There is also reference to the category of *unwatchful* people, which do not develop anxiety. About them Saint John Climacus states that they are even in a worse state than the fearful ones, since they are *dead*. He is careful in distinguishing between truthful courage and false courage, whose main feature is unwatchfulness in relation to one’s inner world. Indirectly, he also shows that the state of ‘well-being’, which we previously discussed as being a criterion for normality in the clinical area, does not necessary provide the proof for the lack of a clinical condition, but in fact it shows a very serious illness: ‘The one that does not fear does not mean that is not afraid,

⁸⁵³ Rycroft, op. cit., pp. 14-5

but just that is dead: While cowards are vainglorious not everyone who is free from fear is also humble. Thieves and grave robbers may be untroubled by fear'.⁸⁵⁴ This perspective confirms once again our hypothesis that fear is not an illness in itself but the sign of one's psyche that something is not going well within deeper layers, which relate to his spiritual life.⁸⁵⁵ In other words, fear evidenced in the psychological sphere sends to its cause which is ultimately spiritual, in the same way as fever evidenced in the body sends to a deeper cause found within it.

Frankl's logotherapy highlights exactly such a perspective on fear. The methods he proposes for its cure are similar to the patristic perspective. Thus, the paradoxical intention, which directs one towards the very thing he is afraid of, is the same method implied by Saint John Climacus:

'Do not hesitate to go in the dark of the night to those places where you are normally frightened. The slightest concession to this weakness means that this childish and absurd malady will grow old with you ... However, it is barrenness of soul, not the darkness or the emptiness of places, which gives the demons power against us'.⁸⁵⁶

This method is also similar to the behaviourist technique of *exposure to the feared stimulus*, the only difference being that it first involves a gradually imaginary exposure followed by the one in real life, and with the cognitivists' *worry exposure* which is the behaviourist equivalent applied only to mental life.

Also, *Frankl's dereflection* implies a similar process to the one employed through prayer in the Philokalia, and is successful precisely because it involves 'self-transcendence'.⁸⁵⁷ The process of opposing some thoughts with others utilized both by *dereflection and prayer*⁸⁵⁸ is proved as being efficient mainly by studies on OCD patients where the activity of dysfunctional thoughts is

⁸⁵⁴ St John Climacus, op. cit., p. 199

⁸⁵⁵ In a previous paper we suggested the role played by the spiritual factor in various categories of anxiety, as described by DSM. Having worked with children for many years we could see that anxiety, if not having its cause within the child, will always be found as being maintained by the parent in the child due to the natural bond that exists between the two. We found that the ultimate cause for anxiety was in fact spiritual: cf. Ciobanu, S., 'On Fear and Anxiety: Psychiatric and Patristic Perspectives', *Conference Presentation within Mental Health and Spirituality Conference*, (Durham, Sept., 2010)

⁸⁵⁶ St John Climacus, op. cit., pp. 199-200

⁸⁵⁷ 'A realistic fear, like the fear of death, cannot be tranquilized away by its psychodynamic interpretation; on the other hand, a neurotic fear, such as agoraphobia, cannot be cured by philosophical understanding. Anticipatory anxiety has to be counteracted by paradoxical intention; hyper-intention as well as hyper-reflection have to be counteracted by dereflection; dereflection, however, ultimately is not possible except by the patient's orientation toward his specific vocation and mission in life. It is not the neurotic's self-concern, whether pity or contempt, which breaks the circle formation; the cue to cure is self-transcendence'. Frankl, *Man's Search for Meaning*, p. 152

⁸⁵⁸ Note that *dereflection and prayer* are similar only in terms of the technique involved, that of focusing one's attention on something else and not 'discuss' with the thoughts, but they are obviously completely different in their content.

most evident and the efforts to oppose directly such thoughts by suppression, doubly increases their occurrence.⁸⁵⁹ Research on other forms of anxiety associated with trauma as in PTSD seem to point towards the same idea where a cure is obtained not by a *debriefing technique*, which might even worsen the diagnostic by talking things over, but rather by informal support received through the empathetic and loving attitude of people around.⁸⁶⁰

Rollo May's existential account, previously mentioned, allows us to make some new connections. Drawing on work previously done by Freud, Otto Rank and others he highlights that at bottom all anxiety is separation anxiety, and that loneliness is the painful awareness of such separation. He considers that there is a normal anxiety in the form of *loneliness at the top* and the *loneliness of the long distance runner*, identified in psychoanalysis as *the ability to be alone*, and the *neurotic anxiety which results from the transformation of the original normal anxiety*. This transformation is done by a process of *conformation* to social values and standards which are in turn reinforced by such a choice to conform.⁸⁶¹ May's observations are confirmed by the Philokalic experience which speaks almost in similar terms about the tension that has been created between man having turned exclusively towards the world of the senses and the unhealthy fear that results. Looked at in psychological terms, the cure proposed is similar, as it involves *the transformation of the unhealthy fear into a healthy one*, which is described by May as *loneliness at the top* and the *loneliness of the long distance runner* and that is precisely the same inner state aimed to be acquired in the end of the ascetic effort in the Philokalia: the state of *monachos*, which literally means single, solitary.⁸⁶²

Putting the two theories together results in that the initial anxiety felt by the infant is ameliorated through the empathetic and loving attitude of the mother. If such an attitude is missing then high amounts of anxiety will give rise to various defences against becoming aware of it. Based on a Philokalic view, *we hypothesize that this anxiety is ultimately God-separation anxiety* which in practical psychological terms equals the inability of one to address his inner world where he may

⁸⁵⁹ Bennet, op. cit., p. 170

⁸⁶⁰ In relation to *debriefing* Gill presents the following results: 'Unfortunately, the evidence shows that this can actually be harmful, increasing rates of PTSD at follow up – the exact opposite of what it was designed to do. It seems that most people actually do better on their own than if they are directed down a mental health route; informal support mechanisms, whether going to the pub with workmates or having a good cry with loved ones, seem more healthy. Accordingly, the NICE PTSD guideline (<http://www.nice.org.uk/page.aspx?o=CG026NICEguidelineword>) advises against routine use of debriefing'. Gill, D., op. cit., p. 110

⁸⁶¹ 'Loneliness is a common experience of those who conform, for while on one hand they are driven to conform because of loneliness, on the other, the validating of the self by means of becoming like everyone else reduces their sense of self and their experience of personal identity. The process makes for inner emptiness, thus causing greater loneliness'. May, op. cit., p. 77

⁸⁶² This topic is the subject of a work found still in progress, where we hypothesize that the false-self is the extreme defence against the *ability to be alone*, i.e. *monachos*, which is the healthy state of the human being as shown by both modern psychotherapy and patristic writings. The existence of the false-self shows that no one is able to develop the capacity to be alone, unless found in the presence of God-Being as opposed to non-being.

meet God. This confirms Peck's findings previously addressed in the section on Cure by Grace, according to which all mental illness, and therefore anxiety, is a disorder of consciousness which through various blocking mechanisms unconsciously resists that which possesses the wisdom to cure, a curing wisdom called grace.⁸⁶³ On the other hand this type of God-separation anxiety may be the only one able to explain why people considered healthy psychologically still experience the pain of loneliness.

The comparative analysis of the *aetiology* and *curing methods* proposed by the two paradigms points toward *an integration by overcoming* of the ones identified within the psychotherapeutic area by the Philokalic ones, due to the extent of *the universe of discourse* involved in their anthropological perspective. At the empirical level the things observed coincide most of the time; the difference consists in the interpretation of what is observed, and *this interpretation depends on the larger anthropological framework in which they stand*. The major difference consists in that every Philokalic *interpretation of the facts points to Christ*, as a result of man's being made in His image. *Inner departure from this image results in illness, while cure comes from restoring it*. In Philokalic terms this restoration starts with *faith* which is factually *the science of healing* described by Christ,⁸⁶⁴ and which generates the *healthy fear of God* that ultimately takes one *to love and likeness with Him*. Faith is not understood as something which opposes reason, but actually as involving the ultimate Logos, since Christ is present within this faith which is *inherited in our nature*, as showed above.

In other words, *faith is the very process of Christ-actualization*. The more Christ grows within one's soul, the more faith increases and unhealthy fear decreases, being replaced by the healthy fear and later by love. For Philokalics, 'faith' is actually 'science' since it is naturally linked to the truth 'which is all-embracing, all-sustaining and free from all falsehood'.⁸⁶⁵ That is to say that truthful faith is linked to that which really *exists*, and *has life*, as opposed to *inexistence* which is *the lack of such life*. Inwardly, *what really and truthfully exists relates to its likeness to Christ*, as the only one *Who IS* and is the Archetype of man, and everything else *does not exist but has only the appearance of existence*.

To express this in psychological terms, we observe that the three powers of the soul may be found at different levels of *likeness*, and therefore of *Christ-actualization*. We stated above that where there is likeness, there is life and truthful *existence*, where likeness lacks, *inexistence* appears. But even if man *has no existence* in some powers of the soul, and therefore is ill, because another of his soul's powers may be alive, due to the natural communication between the powers of the soul

⁸⁶³ Cf. Peck, *The Road Less Travelled*, op. cit., pp. 270-1

⁸⁶⁴ In the chapter on methodology a short account of 'science' as 'faith' and of 'faith' as 'science' in relation to our investigated fields is offered.

⁸⁶⁵ St Maximus, *On Theology*, III, 37, EPH 2, p. 218

and in the virtue of *being made in the image*, the man on the whole is alive until the moment of physical death. This is how the existence of the *false-self* discussed above may be possible, and even have such a strong socially validated *appearance of existence*. But as we have seen in Winnicott's case previously quoted, the person inside feels at the same time lifeless and that its life has not yet started.

Our conclusion to this comparative analysis is that fear is ultimately a failure to become inwardly alive, supported both by Philokalic and modern psychotherapeutic accounts. The person seems to be in an intermediary place, neither having completely entered *the world of the senses*, nor having become fully connected to *the world of the nous*. On the *continuum from inexistence to existence*, or from death to life, experienced anxiety shows *the crossroads* to which one is found and his indecision to take one way or another. On this continuum if one follows it one direction reaches to the *fear of God transformed later into the love of God*, while if one goes towards the other end it reaches anxiety and later to depression, deep despair, ending in suicide. Simply put, fear takes one *to death*, whereas its opposite, courage, takes one *to life*. At the end of the first part concerned with anthropology, we said that we will follow in the next chapters the idea of the Philokalia as embodying *a will to love*. In our opinion, this comparative analysis of fear and anxiety seems to have offered clear evidence of such a will to have a leading role throughout the Philokalia and upon the way it conceptualizes human beings.

CHAPTER 7

DEPRESSION AND DEJECTION

This chapter discusses comparative issues on *depression* and *dejection*, the last *travelling concepts* to be analyzed in this research. In the first section we draw on the main psychotherapeutic positions expressed in relation to depression as applied in the clinical context, while in the second section we present the Philokalic perspective on dejection. In the final section we apply different *concluding techniques* and draw on the various findings that resulted from the comparison. In addition, this last section includes a discussion on *symbolism and realism* in relation to depressive loss and a sub-section that tries to connect anxiety/fear and depression/dejection by placing them on *the continuum from existence to inexistence*.

The conclusion of the chapter on fear and anxiety points towards depression as being a ‘continuation’ of anxiety or a ‘deepening’ of fear, found on *the continuum from existence to inexistence*. Next, we will see if this hypothesis is confirmed by the two paradigms considered here while focusing on the aetiology, description, classification and available treatment for depression/dejection.

1. The Modern Psychotherapeutic Perspective on Depression

1. Description

Depression is currently considered one of the major causes of disability around the world, with a 4th leading place concerning disease causation, and estimated by WHO to become by 2020 the second after ischemic heart disease.⁸⁶⁶ It is believed to affect up to 25% of people during their lifetime and is identified as the third most common presenting symptom of patients arriving at a Psychiatry Emergency Service, usually associated with a suicide attempt.⁸⁶⁷ Although studied from the times of Hippocrates and valuable advances have been made concerning its definition and treatment, this dysfunction is still considered ‘something of a mystery’⁸⁶⁸ while others concluded that there is no single concept that can be described about this disease.⁸⁶⁹

⁸⁶⁶ Cf. Young, E.W., et al., ‘Mood disorders/affective psychoses’, in: *Psychiatry and Evidence Based Texts*, eds. Prof. Bassant Puri and Dr. Ian Tresaden, (London: Hodder Arnold, 2010), p. 616

⁸⁶⁷ Boursiquot, P.E., Brasch, J.S., ‘Depression, Euphoria, and Anger in the Emergency Department’, in: *Clinical Manual of Emergency Psychiatry*, eds. Michelle B. Riba and Divy Ravindranath, (Washington: American Psychiatric Association, 2010), p. 95

⁸⁶⁸ Alloy, op. cit., p. 238

⁸⁶⁹ Cf. Cantopher, T., *Bolile depressive. Blestemul celor puternici*, (Bucuresti: Antet, 2003), p. 27

As in the case of anxiety, depression is more often presented in the clinical terms of syndromes, but for our current discussion, it is more useful to emphasize a dimensional presentation which allows for comparison. There are various types of depression⁸⁷⁰, but the one we will consider here is the major depressive syndrome, which is most common and usually identified simply with depression.

Depression is defined by a series of negative emotions such as ‘anxiety, loneliness, irritability, fear, anger, and panic’,⁸⁷¹ in terms of ‘overriding constructs of weakness, inadequacy or helplessness’,⁸⁷² a kind of ‘anger turned against ego’,⁸⁷³ ‘a disruption of affection where mood disorders dominate, and as a recent addition, of intellectual and cognitive processes’,⁸⁷⁴ a ‘less intense state of diminished vitality’ or ‘the feeling of being blocked by excessive inhibition’.⁸⁷⁵ It comprises symptoms from a few areas: biological; emotional; cognitive; behavioural, which many times may end in a suicidal attempt or even death.⁸⁷⁶ Symptoms associated with depressive disorders include sleep disturbance, diminished energy, changes in appetite, significant guilt, self-blame and worthlessness, feelings of helplessness-hopelessness, impaired concentration and difficulties in thinking, psychomotor retardation or agitation, and preoccupation with death or suicide.⁸⁷⁷ However, for a diagnosis of major depressive episode to be made prolonged sadness and anhedonia are essential features.⁸⁷⁸

2. Aetiology

The aetiology of affective/mood disorders is seen multifactorial in individual patients, and the most frequently employed is the biopsychosocial model that gives an account of biological, psychological and social factors that influence people in the course of their lifetime.⁸⁷⁹ Due to the characteristic of our research we have focused only on the psychological and social factors, as

⁸⁷⁰ *Somatic conditioned depressions*, which cure depends on the amelioration of the somatic disorder itself; *endogen depressions* which depend more on the heredity and are mainly pharmaceutically treated; and *typical neurotic depression* which falls under the concerns of psychotherapy. Cf. Stiemerling, D., *10 abordări psihoterapeutice a depresiei*, (București: Editura Trei, 1995), pp. 12-13. DSM-IV and ICD-10 describe two main forms of major depressive disorder, with a single episode, or recurrent.

⁸⁷¹ Burgess, W., *The Depression Answer Book, Professional Answers to More Than 275 Critical Questions About Medication, Therapy, Support and More*, (Illinois: Sourcebooks, 2009), p. 10

⁸⁷² Sheehan, M.J., ‘Constructs and “conflict” in depression’, *British Journal of Psychology*, 72:2 (1981: May), p. 208

⁸⁷³ Cantopher, op. cit., p. 32

⁸⁷⁴ Loo, H., Loo, P., *Depresia*, (București: Corint, 2003), p. 20

⁸⁷⁵ Rycroft, op. cit., p. 49

⁸⁷⁶ Cf. Young, E.W., et al., op. cit., p. 617; Another study shows that: ‘89% of individuals who attempted suicide had major depression in the last 12 months’ in: Beidel, op. cit., p. 216

⁸⁷⁷ Cf. Alloy, op. cit., p. 239-40 and Boursiquot, op. cit., p. 95

⁸⁷⁸ Boursiquot, op. cit., p. 95

⁸⁷⁹ Young, E.W., et al., op. cit., p. 610

emphasized by the psychotherapeutic paradigms considered here. Currently, the aetiological explanations that prevail in the field are of a cognitive nature, being strongly supported by research, but concurrent psychodynamic and behavioural accounts are also in place. Historically, Freud's paper on *Mourning and Melancholia* constituted a major shift from Kraepelin's biogenic theory and directed further research towards the causative psychological factor.

Psychoanalytically, depression is a kind of reactivated loss which according to Freud allows the patient to merge his identity with the one of the person he has lost (either real or symbolic) by regressing to a dependency stage and thus symbolically regaining the lost person.⁸⁸⁰ Freud's main thesis is that in the way 'mourning results from loss by death, so depression results from loss of other kinds'.⁸⁸¹ The ambivalent feelings towards the lost love object are *negative* in the form of *anger*, and *positive* in the form of *guilt*, and are both turned towards the self through the process of introjection, 'thus producing the self-hatred and despair that we call depression'.⁸⁸² The two categories of people which develop depression later in life are considered to be those whose parents failed to nurture or neglected them, and those who were overprotected. These people 'may devote their lives to others, desperately searching for love and approval'⁸⁸³ and when their efforts are not met, depression occurs.

Therefore, in psychodynamic therapies the state of *helplessness and hopelessness* – an expression of the previous and real child's powerlessness in the face of harm – that occurs in depression is interpreted as being a cry for the lost love and a need for security and affection. Some authors even described depressives in terms of *love addicts* who try 'continually to compensate for their own depleted self-worth by seeking comfort and reassurance from others'.⁸⁸⁴ The psychodynamic theory seems to be confirmed by the various triggering factors of depression which all have in common the notion of *failure* either in the personal, professional, or social life of the individual. At the same time this theory assigns to depression not only a *structural role*, focused on what people *feel or think*, but also a *functional role*, being *something that people use* in developing relationships, 'particularly in the form of dependency'.⁸⁸⁵ In other words, depression reveals not only what a person feels inside but especially what a person does, how a life is arranged, how days are spent, what activities are prioritized, what life targets are followed.

⁸⁸⁰ Comer, R.J., *Abnormal Psychology*, (New York: Worth Publishers, 7th ed., 2010), pp. 251-2

⁸⁸¹ Young, E.W., et al., p. 613

⁸⁸² Alloy, op. cit., p. 253

⁸⁸³ Comer, op. cit., p. 252

⁸⁸⁴ Otto Fenichel (1945), mentioned in; Alloy, op. cit., p. 253

⁸⁸⁵ Alloy, op. cit., p. 253

A unique viewpoint on depression is offered by Tim Cantopher,⁸⁸⁶ a British psychiatrist, who thinks that strong people are more susceptible to develop the illness due to their sense of responsibility and need to push themselves hard in order to accomplish their tasks and not disappoint others. Depression in his opinion occurs because ‘you’ve done too much, you were too strong, and you struggled too much for too long’.⁸⁸⁷ First, the treatment he suggests presupposes one to understand his illness and therefore stop and take a break. Then he recommends crying as a therapeutic method, which fulfils the cathartic role of grieving and later frees the person towards experiencing the entire spectrum of human emotions, not only the blocking feelings of sadness. In the end, he advises one to accept his feelings, however painful, without chasing them since once they are experienced they will be overcome.⁸⁸⁸

Behavioural theories concerning aetiology see depression as being *a result of extinction*, i.e. behaviours which cease as a result of not being properly rewarded. The leading behaviourist theory belongs to Lewinsohn who suggested that the low rate of positive social reinforcement depends mainly on two factors: the available level of social reinforcement accessible to the individual, and his ability in obtaining reinforcement.⁸⁸⁹ Thus, behaviourists’ depression becomes a process of man’s withdrawal into himself.⁸⁹⁰ Some authors observe that although sometimes unfavourable social circumstances make people depressed, ‘it may also be that their dark mood and flat behaviors help produce a decline in social rewards’,⁸⁹¹ whereas other behaviourally shaped researches emphasize that depression’s ‘cry for help’ rarely works and instead of support depressives receive ‘rejection which aggravates their depression’.⁸⁹²

The cognitive perspective is undisputedly the dominant psychological model of depression fostered both by ‘research and common sense’.⁸⁹³ There are two particularly influential cognitive explanations: *Beck’s theory of negative thinking* to which we also referred in the previous

⁸⁸⁶ In his book ‘Depressive Illness: The Curse of the Strong’ he presents a radical medical view on depression and accounts for it in terms of a purely physical illness. While reduced levels of serotonin and noradrenaline do play a significant role in depression there is no research evidence to sustain that depression is exclusively a physical rather than a psychological illness. However, we are interested here only in his psychological explanation associated with depression.

⁸⁸⁷ Cantopher, op. cit., p. 54

⁸⁸⁸ Ibid, pp. 96-7

⁸⁸⁹ Cf. Bennet, op. cit., pp. 179-180

⁸⁹⁰ Alloy explains the process: ‘A new and reluctant retiree, for example, may find that the world outside the office holds few things that are truly reinforcing. Or a man whose wife has recently died may find that, whereas he had the social skills to make a success of marriage, he is at a loss in the dating situation. In their new circumstances, these people simply do not know how to obtain reinforcement; therefore, they withdraw into themselves.’ Alloy, op. cit., p. 254

⁸⁹¹ Comer, op. cit., p. 255

⁸⁹² Alloy, op. cit., p. 255

⁸⁹³ Hammen, C., ‘Mood Disorders’ in: *Handbook of Psychology: Clinical Psychology*, v. 8, eds. George Stricker and Thomas A. Widiger, (NJ: John Wiley and Sons, 2003), p. 103

chapter on anthropology, and *Seligman's theory of learned helplessness*, a theory found at the crossroads of the behaviourist and cognitive perspective. Aaron Beck considers that depression is caused by a persistent pattern of negative automatic thinking, rather than various underlying conflicts or cessation of positive reinforcements. Albert Ellis also emphasized the role of irrational thoughts and maladaptive thinking as a cause for depression.

According to Beck, depression is produced by a combination of *maladaptive attitudes*, a *cognitive triad*, *errors in thinking*⁸⁹⁴, and *automatic thoughts*. Maladaptive attitudes⁸⁹⁵ are formed during childhood, acquired through personal experience or introjection of people's judgments, whereas automatic thoughts⁸⁹⁶ through repetition become a habitual pattern of thinking and take the form of beliefs about the self that in turn are associated with negative feelings. Automatic thoughts are *intrusive*, when they appear for the first time, and become *circular* through repetition.⁸⁹⁷ Other lines of research underlined that people harbouring ruminative responses to their depressive moods 'are more likely to develop clinical depression later in life than people who avoid such ruminations'⁸⁹⁸ The cognitive triad identified in depression refers to negative thoughts about the self, the world, and the future.

Seligman's learned helplessness theory places *helplessness* at the heart of depression and is a consequence of people thinking that they have no power or control over the surrounding environment and that they are solely responsible for this. Hence, people's *attributional style*, which in this case is internal, is closely linked to depression and helplessness.⁸⁹⁹ This initial cognitive-behavioural explanation of depression evolved through further studies to an explicitly cognitive one which *links helplessness to hopelessness*. According to Abramson and her colleagues, depression is caused both by the belief of one's lack of control over the environment and the belief that negative events are persistent and re-occur. Thus, the initial *helplessness*

⁸⁹⁴ They were previously described in this research. They usually take the form of dichotomous thinking, overgeneralizations, selective thinking, catastrophizing, excessive personalizing, or personal ineffectiveness. Cf. Beidel, op. cit., p. 227

⁸⁹⁵ They may be generated by thoughts such as: "My general worth is tied to every task I perform" or "If I fail, others will feel repelled by me." Cf. Comer, op. cit., p. 256

⁸⁹⁶ 'Such examples are: "I'm worthless ... I'll never amount to anything ... I let everyone down ... Everyone hates me ... My responsibilities are overwhelming ... I've failed as a parent ... I'm stupid ... Everything is difficult for me ... Things will never change."' Comer, op. cit., pp. 256-7

⁸⁹⁷ Burgess, op. cit., pp. 30-1

⁸⁹⁸ Nolen Hoeksema & Corte, 2004, *apud* Comer, op. cit., p. 257

⁸⁹⁹ Plenty of research supports this hypothesis, cf. Taube-Schiff & Lau, 2008 and Yu & Seligman, 2002 *apud* Comer, R.J., op. cit., p. 259. Attributions that lead to depression are: 'Internal ("It is my fault")', global ("Whatever I do, it never works") and stable ("It always happens to me"). The opposite constellation of attributions is protective against depression,' cf. Bennet, p. 180

expectancy is accompanied by a *negative outcome expectancy*, i.e. hopelessness, which is ‘the immediate cause of depression’ and at the same time ‘the best single predictor of suicide’.⁹⁰⁰

Other categories of stressors that trigger depression are to be found in the social environment. Thus, problems related to finance (lack of income or debt), employment (instability, retirement, dissatisfaction or unemployment), shelter (insecurity or homelessness), relationship (loss, violence, infidelity, bullying, conflict, and abuse), health issues, adjustment to new cultural environments, and social inequality may become stressful life events that activate depression.⁹⁰¹ As mentioned before, depression may end with a suicidal attempt or even death. Suicide is associated in research with a high amount of anxiety which in the presence of depression produces ‘unremitting psychic pain’⁹⁰² that culminates with feelings of hopelessness and finally leads to suicide.

3. Cure

The psychological cure for depression involves a combination of cognitive behavioural (CBT) and interpersonal therapy derived from the psychoanalytic method. CBT is focused on changing the negative patterns of thinking and cognitive schema and is a short-term directive therapy. Albert Ellis’s and Aaron Beck’s approaches are most used, with an emphasis on Beck’s method which is devised to correct the cognitive dysfunctions specific to depression. Although CBT focuses mainly on cognition, it usually starts by using behavioural methods meant to trigger some improvements in energy and mood. Beck’s method follows a few steps: initially, through some behavioural techniques people are encouraged to become confident and active; then people are instructed in relation to their automatic thoughts and taught to record them as they occur so as to discuss them at the next session; a third step shows them how various illogical thinking processes develop and maintain the automatic thoughts and beliefs; and finally, therapists help clients change the maladaptive attitudes which determined the occurrence of depression.⁹⁰³

Interpersonal psychotherapy (ITP) aims at bringing unconscious content related to loss to consciousness, help the patient grieve upon them, and finally switch from dependence to a more functional way of life. The core principle is that there are mutual influences between interpersonal problems and depression, in the sense that one can determine and maintain the other.⁹⁰⁴ Like CBT, it tends to be a short therapy, with standardized and brief therapy sessions.

⁹⁰⁰ Alloy, pp. 256-7

⁹⁰¹ Boursiquot, et al., op. cit., p. 96; Young, op. cit., p. 614; Hammen, op. cit., p. 103

⁹⁰² Fawcett, apud: Wong, F.K., et al., ‘The Suicidal Patient’ in: *Clinical Manual of Emergency Psychiatry*, eds. Michelle B. Riba and Divy Ravindranath, (Washington: American Psychiatric Association, 2010), pp. 38-9

⁹⁰³ Cf. Comer, op. cit., p. 283; Baldwin, D.S., Birtwistle, J., *An Atlas of Depression*, (New York: The Parthenon Publishing Group, 2002), p. 50; Bennet, op. cit., pp. 184-186

⁹⁰⁴ Cf. Beidel, op. cit., p. 229

This therapy ‘seems to be of greatest help in cases of depression that clearly involve a history of childhood loss or trauma, a long-standing sense of emptiness, feelings of perfectionism, and extreme self-criticism’.⁹⁰⁵

Other forms of cure include: *psychoeducation*,⁹⁰⁶ that empowers patients to contribute to the management of their condition by offering them the necessary psychological information; *supportive psychotherapy* which offers encouragement, emotional support and guidance;⁹⁰⁷ *problem solving treatment*⁹⁰⁸ which addresses the everyday problems considered as causes for symptoms; *Cognitive Behavioural Analysis System of Psychotherapy* (CBASP) a new goal-oriented therapy which is efficient and simple to implement;⁹⁰⁹ *behavioural activation* devised to increase contact with positive reinforcements.⁹¹⁰

Major and important improvements have been done in understanding depression and alleviating it and yet, professionals in the field complain at the lack of a comprehensive definition of this vast dysfunction of the human’s soul: ‘efforts at identifying disorders, specifying their causes, and providing effective treatments for them are all handicapped by the absence of a valid definition of depressive disorder’.⁹¹¹ However, this complaint might as well be reversed and address the shortage in causal identification which would perhaps allow a better definition of depression. Whichever is the case, there are still a lot of mysteries to uncover concerning depression and we hope that the last comparative section of this chapter will be able to offer some more insight into these matters.

II. The Philokalic Perspective on Dejection

The general Philokalic framework for dejection follows the same pattern as for fear. It speaks of two types of *grief or sorrow*, a *healthy* and an *unhealthy* one, and proposes the same paradoxical cure of one through the other. The Philokalia distinguishes between two forms of sorrow as passion, *dejection and despondency*, but since in current psychotherapeutic practice there is no

⁹⁰⁵ Blatt, 1999, *apud*: Comer, op. cit., p. 279

⁹⁰⁶ Cf. Young, et al., op. cit., p. 633

⁹⁰⁷ Cf. Chadda, R.K., ‘Depression in General Practice’ in: *Psychiatry for General Practitioners*, eds. R.C. Jiloha, M.S. Bhatia, (New Delhi: New Age International, 2010) ,p. 60

⁹⁰⁸ Baldwin, op. cit., p. 50

⁹⁰⁹ Driscoll A.K., *Simple Treatments for Complex Problems: A Flexible Cognitive Behavior analysis System Approach to Psychotherapy*, (New Jersey: Lawrence Erlbaum Associates, 2004), p. 2

⁹¹⁰ Beidel, op. cit., pp. 229-230

⁹¹¹ Horwitz, A.V., Wakefield, J.C., *The loss of sadness – How psychiatry transformed normal sorrow into depressive disorder*, (Oxford: Oxford University Press, 2007), p. 225

clear distinction between the two,⁹¹² it would not be useful to emphasize such a difference in respect to our comparative effort and therefore we will treat them all together. However, some general remarks will be made in the last section of this chapter as to their connection with *the three powers of the soul*.

1. Description

Throughout the Philokalic text there are many words associated with dejection such as: worldly sorrow or grief; listlessness; restlessness; despondency; anguish; exhaustion; apathy; sadness; low spirits; weariness; sloth or negligence from excessive attention to worldly matters; carelessness.⁹¹³ Dejection is mentioned as one of the eight *evil thoughts* or *passions*⁹¹⁴ or just listed between many other vices.⁹¹⁵ It is described as ‘a paralysis of the soul, a slackness of the mind, an approval of worldly things’,⁹¹⁶ ‘a passion that corrupts soul and body, affecting even the marrow of one’s bones ... often resulting in death’,⁹¹⁷ which involves ‘discouragement, debility, psychic heaviness and sorrow, distress, oppression, most often accompanied by anxiety and even with anguish’.⁹¹⁸ Saint John of Damascus identifies four types of pain, out of which three are considered unhealthy (anguish, grief and envy) and one healthy or positive (pity). *Anguish* is defined as ‘pain without utterance’ and *grief* as ‘pain that is heavy to bear like a burden’.⁹¹⁹

Mutual and close relations are established between the *intellect’s activity and dejection*. On one hand dejection and listlessness have a negative impact on spiritual knowledge: ‘The incensive power roused in an unnatural fashion against men, sorrow that does not accord with God’s will

⁹¹² ‘Most contemporary mental health professionals would diagnose a despondent person as having depression’. Holden, D.V., *The Christian Ascetic Tradition on Dejection and Despondency*, 2004, online resource: <http://ocampr.files.wordpress.com/2011/03/the-christian-ascetic-tradition-on-dejection-and-despondency-david-holden-2004.pdf> (Accessed: 26.01.2009), p.6

⁹¹³ The same terms defining dejection are found in writings prior to Evagrius according to Jackson. Cf. Jackson, S.W., ‘Acedia the Sin and its Relationship to Sorrow and Melancholia in Medieval Times’, *Bulletin of the History of Medicine*, 55:2 (1981: Summer), p. 173

⁹¹⁴ St Gregory of Sinai, *On Commandments and Doctrines*, 91, EPH 4, p. 231; St John of Damascus, *On the Virtues and Vices*, EPH 2, p. 337; St Peter of Damascus, Book I, *A list of Passions*, EPH 3, p. 205; St John Climacus, *On Despondency*, op. cit., pp. 162-3

⁹¹⁵ St Mark the Ascetic, *Letter to Nicholas*, EPH 1, p. 151, St John of Damascus, *On the Virtues and Vices*, EPH 2, p. 335

⁹¹⁶ St John Climacus, op. cit., pp. 162-3

⁹¹⁷ St Nikitas Stithatos, *On the Practice of Virtues*, 100 Texts, 60, EPH 4, p. 95

⁹¹⁸ St Dorotheos of Gaza, St John Cassian, and Evagrius quoted in Larchet, *Mental Disorders and Spiritual Healing*, op. cit., p. 93

⁹¹⁹ St John of Damascus, op. cit., *Concerning Pain*, XIV, p. 33

and listlessness are all equally destructive of holy thoughts and spiritual knowledge⁹²⁰ and on the other hand, lack of spiritual knowledge produces unhealthy and inconsolable grief such as that for ‘unsolicited worldly poverty’.⁹²¹ Saint John Cassian puts dejection in relation to the activity of demons or evil spirits and from this perspective he talks about ‘the demon of dejection, who obscures the soul’s capacity for spiritual contemplation and keeps it from all good works’.⁹²² He also points out dejection’s relation to cognition, emotions and its behavioural and social implications:

‘Undermining all the soul's salutary resolutions, weakening its persistence and constancy, he leaves it senseless and paralyzed, tied and bound by its despairing thoughts. Just as a moth devours clothing and a worm devours wood, so dejection devours a man’s soul. It persuades him to shun every helpful encounter and stops him accepting advice from his true friends or giving them a courteous and peaceful reply. Seizing the entire soul, it fills it with bitterness and listlessness ... and casts the soul into despair’.⁹²³

Dejection is also associated with two opposed categories: at one end, laxity and lack of inner discipline specific to ‘those who are dissipated in their life and habits’⁹²⁴ and at the other end it affects those who have previously attained dispassion through insistent remembrance of their past sins.⁹²⁵ Despair is seen as being worse than sin and is connected with the state of hopelessness which may lead to actual death as was the case of Judas,⁹²⁶ or to a kind of inner ‘total death’⁹²⁷ from which it is very difficult to recover.

2. Aetiology

In terms of aetiology, dejection ‘is born of and dominated by all the passions’⁹²⁸ whence the difficulty of opposing it by cultivating a particular virtue.⁹²⁹ Saint John Climacus expresses dejection’s various sources and consequences in the following terms: ‘I have many mothers: Stolidity of Soul, Forgetfulness of the Things of Heaven, or, sometimes, Too Heavy a Burden of Troubles. My children who live with me are Changing from Place to Place, Disobedience of

⁹²⁰ St Hesychios the Priest, *On Watchfulness*, 136, EPH 1, pp. 185-6

⁹²¹ St Gregory Palamas, *To Reverend Nun Xenia*, 63, EPH 4, p. 319

⁹²² St John Cassian, *On the Eight Vices*, EPH 1, p. 87

⁹²³ St John Cassian, *On the Eight Vices*, EPH 1, pp. 87-8

⁹²⁴ St Anthony the Great, *On the Character of Men*, EPH 1, p. 331

⁹²⁵ Cf. St Theodoros the Great, *A century of Spiritual Texts*, 67, EPH 2, p. 27

⁹²⁶ ‘It is more serious to lose hope than to sin’. St John of Karpathos, *For Monks in India*, 85, EPH 1, p. 318

⁹²⁷ St John Climacus, op. cit., p. 163

⁹²⁸ St Gregory Palamas, *To Reverend Nun Xenia*, 66, EPH 4, pp. 320-1; Evagrius the Solitary, *Texts on Discrimination*, 1, EPH 1, p. 38.

⁹²⁹ St John Climacus, p. 163

One's Superior, Forgetfulness of the Judgment to Come, and sometimes, the Abandonment of One's Vocation'.⁹³⁰ More specifically, dejection has a few causes: frustrated desire, 'for those who love pleasure, when deprived of it, grow angry and embittered',⁹³¹ or 'can come from thoughts of anger',⁹³² or may simply be the result of demonic activity: 'the thoughts that come to one from the demon are first of all distressing and full mixed with sadness'.⁹³³

Moreover, in other descriptions 'worldly despondency between others is considered a "fruit of the spirit of evil" as opposed with those of the Holy Spirit'⁹³⁴ and at the same time as begetting in its turn other 'fruits of the evil spirit: listlessness, impatience, anger, hatred, contentiousness, despair, sluggishness in praying'.⁹³⁵ As we see from this description and others,⁹³⁶ dejection seems to produce listlessness which 'works hand in hand with the demon of dejection ... making him slack and full of fear'.⁹³⁷ This passion is mainly associated with the inability of one to stay still and focused and therefore determines one either to look for various distractions under disguised meritorious causes or makes him oversleep and forget completely about his responsibilities.

Dejection may also be triggered by 'destructive forgetfulness or by the laziness which paralyzes the intellect and turns it away from life; ignorance, the cause of all evils, negligence, sensual pleasure, gluttony, lust, anger which causes hate'.⁹³⁸ As a combined result of all these factors the soul reaches a state of crisis and 'eventually the intellect, at a loss where to turn, is overwhelmed by dejection ... and forfeits all its spiritual progress'.⁹³⁹ Thus, we might say that dejection occurs after a general surrender of the soul's powers irrespective of the order in which they submitted. When presented as part of *a short chain of passions linked with the desiring power* dejection occurs in the end: 'the vice of gluttony can lead to that of unchastity; and this in turn can lead to the vice of dejection'.⁹⁴⁰ When included in *a general chain of passions addressing all powers of the soul* that describes *the foolish man* and which starts with *lack of faith and laziness*, dejection appears towards the end, after *anger*, and is followed by *listlessness, self-esteem and pride*.⁹⁴¹

⁹³⁰ St John Climacus, pp. 163-4

⁹³¹ St Neilos the Ascetic, *Ascetic Discourse*, EPH 1, p. 239; 'The failure to secure sensual pleasure breeds dejection'. St Thalassios the Libyan, *On Love*, I, 35, EPH 2, p. 309; 'For sadness is a deprivation of sensible pleasure, whether actually present or only hoped for'. Evagrius Ponticus, *The Praktikos and Chapters on Prayer*, 19, (NY: Image Books, 1981), p. 21

⁹³² Evagrius, *Praktikos*, 10, p. 17; St John of Damascus, 'Concerning Anger, XIV', in: *Exposition*, II, pp. 33-4

⁹³³ St Barsanuphius, *Letters* 124, 70, apud: Larchet, op. cit., p. 97

⁹³⁴ St Nikitas Stithatos, *On the Inner Nature of Things*, 30, EPH 4, p. 115

⁹³⁵ St John Cassian, *On the Eight Vices*, EPH 1, p. 88

⁹³⁶ 'If the intellect dallies with pleasure or dejection, it rapidly succumbs to the passion of listlessness'. St Thalassios the Libyan, *On Love*, I, 90, EPH 2, p. 312

⁹³⁷ St John Cassian, *On the Eight Vices*, EPH 1, p. 88

⁹³⁸ St Mark the Ascetic, *Letter to Nicholas*, EPH 1, p. 149

⁹³⁹ Ibid.

⁹⁴⁰ St Neilos the Ascetic, *Ascetic Discourse*, EPH 1, p. 227

⁹⁴¹ Cf. St Peter of Damascus, Book I, EPH 3, p. 79

However, Saint Peter of Damascus, after having described how passions are chained together, adds: ‘Those consumed by them are led to despair and utter destruction; they fall away from God and become like the demons, as has already been said’.⁹⁴² We put this last description of *despair and utter destruction* in relation to despondency that is considered *a total death*, and pushes one to commit suicide which, as showed above, was exemplified by the case of Judas.

3. Cure

The cure for dejection evolves along the same lines as those for fear. Thus, as was the case for *fear* whose proposed cure was *the fear of God*, in the same way *the worldly sorrow/grief* is cured through *spiritual or godly sorrow/grief*. The latter, again as in the case of fear, presents two stages: an *initial stage* united with the *fear of God*, and a *later stage* united with the *love for God*.⁹⁴³ As fear and dejection were linked in concern to their aetiology and evolution, the same seem to be closely linked in the curing process. Saint Gregory Palamas parallels the two stages first with betrothal and wedlock:

‘the initial stage of grief resembles something that appears to be almost unattainable – a kind of petition for betrothal to God ... But the consummation of grief is pure bridal union with the Bridegroom’⁹⁴⁴ and second with the parable of the prodigal son: ‘The first stage of grief resembles the return of the prodigal son. For this reason it fills the mourner with dejection ... But the consummation of grief resembles the moment when the heavenly Father runs out to meet him and embraces him. And when the son finds himself accepted with such inexpressible compassion and on account of it is filled with great joy and boldness, he receives the Father’s embrace and embraces Him in return’.⁹⁴⁵ Therefore, both *godly fear and grief* end in love.

As is the case with all the passions, the treatment proposed by the Philokalia really starts with healing the nous through spiritual knowledge, which redirects the powers of the soul towards their natural role. Saint Maximus the Confessor states in regard to the healing activity of the intellect that ‘the state of spiritual knowledge heals the mental dejection produced by the storm of trials and temptations’.⁹⁴⁶ In addition, various pieces of advice which equal a cognitive treatment are offered in relation to specific situations. For example, one is advised to ‘respond

⁹⁴² Ibid.

⁹⁴³ ‘... the initial stage of grief, which is painful inasmuch as it is conjoined with the fear of God. ... But in later stages it becomes in a wondrous manner wedded to love for God’. St Gregory Palamas, *To Reverend Nun Xenia*, 68, EPH 4, p. 321

⁹⁴⁴ St Gregory Palamas, *To Reverend Nun Xenia*, 69, EPH 4, p. 321

⁹⁴⁵ St Gregory Palamas, *To Reverend Nun Xenia*, 70, EPH 4, p. 322

⁹⁴⁶ St Maximus, *On Theology*, II, 23, EPH 2, p. 192

without rancour to thoughts of dejection, but oppose thoughts of self-indulgence with enmity'.⁹⁴⁷ In the same way, when 'the demons that attack the soul induce in us by this thought an excessive depreciation of human nature on the grounds that, being mortal, it is valueless – and this is what they like to do when we torment them with the thought of death – we should recall the honour and glory of the heavenly kingdom, though without losing sight of the bitter and dreadful aspects of judgment. In this way we both relieve our despondency and restrain the frivolity of our hearts'.⁹⁴⁸

Hence, the first treatment recommended for dejection is 'sorrow prompted by God' which acts as 'an excellent tonic for those parts of the soul corrupted by evil actions, and it restores them to their natural state',⁹⁴⁹ grief and tears whose final result is virtue as well as joy and the *soul's blessed laughter*,⁹⁵⁰ and faith and hope in God.⁹⁵¹ Other means of treatments include prayer backed by a firm hope in the blessing of the future,⁹⁵² confession,⁹⁵³ meditation on Holy Scripture, and by living with godly people.⁹⁵⁴ The cure for listlessness stresses the thought of death, the singing of psalms, manual labour, and patience, whereas the main challenge really consists in remaining undistracted in thoughts and activities, and persevering silently and still in enduring it.⁹⁵⁵

III. Depression and Dejection: Comparison

1. Comparison in Terms of Description

The approach towards *the pair dejection-depression* employed by the Philokalia and modern psychotherapy presents striking similarity in terms of description. They both emphasize biological, cognitive, emotional, behavioural and social factors that associate with depression. Thus, both paradigms refer to key aspects of depression such as: exhaustion; weakness; inhibition; fear; anger; persistent psychic pain; deep sorrowfulness; all overriding in hopelessness and eventually death.

⁹⁴⁷ St Thalassios the Libyan, *On Love*, I, 23, EPH 2, p. 308

⁹⁴⁸ St Diadochos of Photiki, *On Spiritual Knowledge*, 81, EPH 1, p. 283

⁹⁴⁹ St Nikitas Stithatos, *On the Practice of Virtues, 100 Texts*, 61, EPH 4, p. 95; St John of Karpathos, *Ascetic Discourse, A Supplement*, EPH 1, p. 322

⁹⁵⁰ St Gregory Palamas, *To Reverend Nun Xenia*, 55-56, EPH 4, p. 315

⁹⁵¹ St John of Karpathos, *Ascetic Discourse, A Supplement*, EPH 1, p. 325; St John Cassian, *On the Eight Vices, On Dejection*, EPH 1, p. 88

⁹⁵² St John Climacus, op. cit., p. 164

⁹⁵³ St Hesychios the Priest, *On Watchfulness*, 135, EPH 1, p. 185

⁹⁵⁴ St John Cassian, *On the Eight Vices*, EPH 1, p. 88

⁹⁵⁵ Cf. *ibid.*, pp. 90-1; St John Climacus, op. cit., p. 164

2. Comparison in Terms of Aetiology

In terms of aetiology, depression is considered multifactorial by both fields, but whereas modern psychotherapy uses a *bio-psycho-social model*, the Philokalia employs a *bio-psycho-socio-spiritual model*. As previously mentioned the Philokalic text points clearly towards a biological component of depression,⁹⁵⁶ as it does for anxiety,⁹⁵⁷ but the in-depth analysis of this connection is not the object of this research. As far as the psychological and social factors are concerned, again, the two perspectives present great similarities drawing on the same psychological dimensions. All modern psychotherapeutic paradigms make great contributions in understanding depression. Hence, it is conceptualized as a *reactivated loss of love* which connects with feelings of anger and guilt turned towards self, *a result of extinction* due to positive behaviours not being reinforced, as being caused by *negative patterns of thinking* affecting all areas of life (self, world and the future) or *by incongruence* associated with the false self, and *confusion in regard to existential meaning*.

In its turn, the Philokalic text points towards the same dimensions conceptualized as sadness due to unsatisfied desire and attachment to *worldly things*, it is often associated with anger or seen as being produced by it, a lack of pleasure produced by current activities which used to be previously longed for and preferred, *too heavy a burden of troubles*, forgetfulness and existential confusion of the soul. In short, depression is considered as *being born of and dominated by all passions*, and as such, similar to modern perspectives, is viewed as having a broad and extensively debilitating effect upon one's life.

The main difference, however, is the influence of the spiritual factor, considered the main cause of depression which is linked to two main aspects: the *neglect, ignorance or forgetfulness* regarding spiritual knowledge, on one hand; and *the activity of demons associated with thoughts* (logismoi), on the other hand. The Philokalic discourse specifically talks about *the demon of dejection* closely connected with *the demon of listlessness*, and in doing so it involves at all times a mainly ontological dimension, to which the psychological one is subordinated. That is why, all psychological and social factors enumerated by modern psychotherapy as causative for depression may be simply termed in a Philokalic language as *worldly attachment*, whether due to past loss, as emphasized by psychodynamic therapies, lack of social positive reinforcement as in behaviourism, misinterpretations and errors in thinking as in cognitivism, or lack of self-genuineness and values confusion due to an existential vacuum, as in existential humanism.

⁹⁵⁶ St Nikitas Stithatos, *On the Practice of Virtues*, 60, EPH 4, p. 95

⁹⁵⁷ Cf. St John Climacus, op. cit., pp. 199-200

3. Comparison in Terms of Cure

In the same way, the similarities and differences of cure between the two paradigms rest on the distinctions that exist in regard to their aetiology. Thus, in terms of curing methods the Philokalia encompasses: *behavioural methods*, similar to *behavioural activation*, such as manual labour, the singing of psalms; *in-depth psychoanalytic methods*, such as grief and tears referred to as godly sorrowfulness meant to treat those parts of the soul affected by sickness and restore them to natural functioning;⁹⁵⁸ *cognitive methods* addressing the issue of thoughts which, as we have seen at one level, equal a cognitive intervention in that they oppose the negative thought through the remembrance of positive spiritual-like thoughts, but transcends this level by linkage with the idea of evil spirits present within various thoughts, whose eradication employs confession and the specific power of prayer; whereas *interpersonal methods* involve living with godly people on one hand; and the other two treatments specifically addressing dejection or despondency, on the other hand.

Hence, in order to cure the withdrawal tendency specific to depression, the advice is to not to go away from people but to intensify the ascetic efforts, since separating from people will eliminate chances to diagnose it properly by understanding that ‘sickness does not come from without but lies within’ and that ‘man can be harmed by another only through the causes of the passions which lie within himself’.⁹⁵⁹ For listlessness, however, one is advised to do the opposite, to avoid any distractions through thoughts or activities,⁹⁶⁰ remain in stillness and train himself in patience and endurance.⁹⁶¹ In both cases, it is essential to face the sickness and acknowledge the various causes from within that caused it. Therefore, Philokalic methods address the same dimensions of the soul: grieve upon previous *unconscious issues*; *trigger behavioural and cognitive changes*; *underline and propose clear approaches as to interpersonal relations*; but their intended finality and outcome is different in that they redirect the soul’s powers to their natural state, in conformity with the anthropological framework followed by the Philokalia.

⁹⁵⁸ St Nikitas Stithatos, *On the Practice of Virtues*, 61, EPH 4, p. 95

⁹⁵⁹ St John Cassian, *On the Eight Vices*, EPH 1, pp. 87-8

⁹⁶⁰ In classic ascetic sources, listlessness was known as the noon demon, and usually was made present around noon due to the ascetic’s lifestyle. Contemporary sources note that ‘the demon of listlessness rushes upon people at different times and in connection with other circumstances’ according to the lifestyle they have developed nowadays. However, the emphasis in both accounts falls on restlessness and neglect of one’s duties and responsibilities under false positive reasons. The state described equals that of a continuous tendency to run away and therefore the treatment prescribed is stillness and patient endurance. Bishop Varnava, Holiness Art Foundations, apud: Avdeed, D., *Depresia ca patima si ca boala*, (Bucuresti: Sophia, 2005), p. 30

⁹⁶¹ St John Cassian, *On the Eight Vices*, EPH 1, pp. 90-1

Having highlighted the similarities and differences we found between these two paradigms, next we will try to put together the information they provide in order to reach a conclusion concerning the comparative effort on depression. In the end, we will try to integrate the conclusions on anxiety with those on depression with the hope of obtaining a unified viewpoint on how psychological illness is seen by these two fields. Depressives were described by psychotherapy as *love addicts*, whose addiction consists of a constant search for the comfort and reassurance offered by others. While thinking of themselves in almost exclusively negative terms, they see others in almost exclusively positive terms. As such, they look for and expect the positive coming from outside. Depression, with its *helplessness-hopelessness dyad*, occurs when one has exhausted all variants of looking for love: when he enters inwardly the depressive meets a combination formed from *repressed and reactivated pain* and *the negativistic cognitive triad made up of various misguided beliefs*, while outwardly his merits are not properly recognized and rewarded, the cry for help and the need for security and affection fail to find compassion and therefore results in failure. Depressives reach a *dead end* only after having used up all their resources. They have resources, but they seem not to be able to make a proper ‘investment’ of them. As Carpenter noted, depression seems to be a problem *of having done too much, of being too strong, of having struggled too much and for too long*, hence not a problem of weakness but rather of *persistent misdirected search*. By comparison, fear seems to be *a repetitive run away from something* while depression is *a repetitive misdirected run towards something*.

Through the psychotherapeutic methods presented above, depression is temporarily ameliorated, but not completely cured ‘tending to be a relapsing condition’.⁹⁶² Even if some distorted thinking patterns and beliefs are corrected and produce a great improvement in the condition, or the therapeutic process will allow the grievance labour to take place, or some behaviours are positively reinforced and improved for a period of time, since depression’s triggering factors are so numerous and diverse the probability of reoccurrence is very high. A vicious circle is in place – the depressive *searches for love* with all his strength; he does this in a *misdirected way*, inwardly and outwardly, and after a while realizes that he did not find what he was looking for; his past *inward helplessness* reactivates and couples with the current *outward hopelessness*; depression occurs; as a result of a therapeutic process or support from people around the depressive recovers partially and goes on searching in the same misdirected way and the vicious circle is repeated over and over until some people renounce this search and may even end in death.

Other descriptions depict the depressive *as seeing the glass half-empty*, hence the emphasis on the negative, and that the cure comes from training to *see the glass as half-full*. So, on one hand he searches for love in a *misdirected way*, and on the other hand this misdirection seems to rest on looking at the *empty half*, i.e. to what does not exist. Thus, depression appears to be both a

⁹⁶² Young, E.W., et al., op. cit., p. 622; cf. Hammen, op. cit., p. 105

misguided and misdirected search for love, where *misguidance is related inwardly and misdirection outwardly*. Misguidance is due to the focus on the negative inside, and misdirection is due to searching for love outside when according to the Philokalic anthropology it is to be found within. That is why, according to contemporary research, clinical depression arises only when on top of the initial helplessness felt by the depressive, hopelessness is added,⁹⁶³ as a result of repeated failures to find what one was searching for.

Our conceptualization of depression as *misdirection and misguidance* also relies on *the concept of anhedonia* which is considered the core feature of major depression and distinguishes it from normal sadness.⁹⁶⁴ The same is highlighted by the Philokalia which points out this paradox: on one hand depression is created by *attachment to the world*, but manifests itself as an acute form of deprivation on the other hand.⁹⁶⁵ According to Saint Dorotheos of Gaza, passion is described as being ‘too much or too little’ while ‘virtue stands in the middle [between excess and defect]’.⁹⁶⁶

Hence, the excess recorded here comes from the constancy of a misdirected and misguided search on one hand and total withdrawal and refraining from it on the other hand. In our opinion, the depressive’s core problem seems to be *the confusion as in regard to where love may be found*, hence his perpetual misdirected quest and failure. Taking into account both the Philokalic understanding of love, and the psychodynamic accounts on the loss of love, we conclude that the depressive has once inwardly met love, so he knows what it is, but he has then become confused as to where may be found, and currently the access to it is blocked through the vicious circle described above. It is at this point concerning the way out of the vicious circle that we see the Philokalia adding extra value to the discussion on depression.

As we know, the Philokalia does not deny any of the powers of the soul including *the desiring power to which depression is closely related*, but what it underlines is that they need to function according to nature. Therefore, it is not the fact that one follows one’s desire that is considered unhealthy, but its direction. Having reached here we need to bring in a few more specific clarifications as to how love is seen according to Philokalic sources. As previously mentioned,

⁹⁶³ Alloy, op. cit., pp. 256-7

⁹⁶⁴ ‘The inability to enjoy activities and experiences that you used to enjoy is at the heart of unipolar major depression. If you have anhedonia, it does not matter whether your emotions are mainly sad, anxious, angry, or anything else; you still qualify for the diagnosis of unipolar major depression if you have enough of the physical and mental symptoms from the checklist.’ Burgess, W., op. cit., p. 22

⁹⁶⁵ ‘All the demons teach the soul to love pleasure; only the demon of dejection refrains from doing this, since he corrupts the thoughts of those he enters by cutting off every pleasure of the soul and drying it up through dejection, for “the bones of the dejected are dried up” (Prov. 17:22. LXX),’ Evagrius the Solitary, *Texts on Discrimination*, 11, EPH 1, p. 45

⁹⁶⁶ St Dorotheos of Gaza, *Discourses and Sayings*, (Michigan: Cistercian Publications, 1977), p. 167

the Philokalic anthropological framework relates love with God since God is love (1 John, 4:16). However, we will next be interested in *relating love to the three powers of the soul* and underline its structural and functional role, since as current psychotherapeutic accounts suggested, depression is not only something that one *feels or thinks*, but something that one *uses* in interpersonal relations, and as such becomes a way of relating to self, world and others.

St Maximus the Confessor extensively treated the subject of love throughout the *Four Hundred Texts on Love*. He states that love relates to being unified inwardly through the divine since:

‘Nothing so much as love brings together those who have been sundered and produces in them an effective union of will and purpose. Love is born in a man inwardly, when his soul’s powers — that is, his intelligence, incensive power and desire — are concentrated and unified around the divine’⁹⁶⁷ and outwardly because ‘He wishes to unite us in nature and will with one another, and in His goodness urges all humanity towards this goal’.⁹⁶⁸ Love is structurally connected to the desiring power since ‘without the power of desire there is no longing, and so no love, which is the issue of longing; for the property of desire is to love something’⁹⁶⁹ but functionally also influences or is influenced by the other two powers of the soul, the noetic/intelligent and incensive/volitional power: ‘Without the power of intelligence there is no capacity for spiritual knowledge; and without spiritual knowledge we cannot have the faith from which springs that hope whereby we grasp things of the future as though they were present. ... And without the incensive power, intensifying the desire for union with what is loved, there can be no peace, for peace is truly the complete and undisturbed possession of what is desired’.⁹⁷⁰

In another place, Saint Maximus speaks about the many different forms in which love might be experienced and its relationship with goodness and beauty:

‘Observe how the divine force of love — the erotic power pre-existing in the good - has given birth to the same blessed force within us, through which we long for the beautiful and good in accordance with the words, “I became a lover of her beauty” (Wisd. 8:2), and “Love her and she will sustain you; fortify her and she will exalt you” (Prov. 4:6,8). Theologians call the divine sometimes an erotic force, sometimes love, sometimes that which is intensely longed for and loved. Consequently, as an erotic force and as love, the divine itself is subject to movement; and as that which is intensely longed for and loved it moves towards itself everything that is receptive of this force and love. To express this

⁹⁶⁷ St Maximus, *On Theology*, II, 72, EPH 2, p. 202

⁹⁶⁸ St Maximus, *On Theology*, I, 45, EPH 2, p. 173

⁹⁶⁹ St Maximus, *On Theology*, II, 74, EPH 2, p. 202

⁹⁷⁰ *Ibid.*

more clearly: the divine itself is subject to movement since it produces an inward state of intense longing and love in those receptive to them; and it moves others since by nature it attracts the desire of those who are drawn towards it. In other words, it moves others and itself moves since it thirsts to be thirsted for, longs to be longed for, and loves to be loved'.⁹⁷¹

Viewed through a Philokalic anthropological framework it seems obvious to us that not only do depressives *long for love* as a result of *being made in the image*, but that *they have in fact experienced divine love* and for some reasons *their growing into love has been stopped*. In our opinion, this is sustained by a few arguments: first, the blockage formed by the negative cognitive functioning and its associated emotional and behavioural consequences which seem to prevent the access towards within where one may re-experience *Love as God*, irrespective of the fact that we see the cognitive functioning in Philokalic terms – as evil thoughts or spirits – or in psychotherapeutic terms – as negative automatic and irrational thinking. The main issue here is that one is prevented from accessing the good from within; second, it explains the efforts and the strength depressives employ to obtain love or to make themselves worthy of it; third, psychoanalytic sources argue that the depressive's grief over loss is caused by the 'fantasy of having destroyed some internal authority'⁹⁷² whence his feelings of helplessness and lack of control, an authority which in our opinion is directly related to the experience of Love as Being, if we follow the Philokalic definition of God as One Who Is, and evil consisting in a lack of being. The *loss of internal authority* is therefore the loss of the relationship one used to have with God as Love, and is otherwise expressed through the cognitive blockage discussed above; and last, the fact that depression is mainly the result of an internal confusion concerning love seems to be supported by both contemporary research which points towards the cognitive methods as being most efficacious in treating it and the Philokalic focus on the cure through spiritual knowledge which addresses the intellect's activity and therefore provides various cognitive clarifications in the process. All these ideas put together make us think that depression reveals the struggle of one who strives *towards likeness*, a view to which the next discussion on *symbolism and realism in depression* we think will offer a few more clarifications.⁹⁷³

4. *The depressive loss – symbolism and realism*

The main psychoanalytic thesis which sees depression in terms of a mourning process caused by a real or symbolic loss allows us to make some new connections with the Philokalic

⁹⁷¹ St Maximus, *On Theology*, V, 83-84, EPH 2, pp. 280-1

⁹⁷² Rycroft, C., *op. cit.*, p. 47

⁹⁷³ This conclusion seems to confirm Peck's findings who views mental illness as a sign of a deeper spiritual inadequacy.

anthropological viewpoint. Our working hypothesis is that what is described as *symbolic* in a psychoanalytic anthropological framework is actually *real* in a Philokalic anthropological framework.

In Freud's own words depression is characterized as 'the reaction to the loss of a loved object. ... there is a loss of a more ideal kind. The object has not perhaps actually died, but has been lost as an object of love (e.g. in the case of a betrothed girl who has been jilted). In yet other cases one feels justified in maintaining the belief that a loss of this kind has occurred, but one cannot see clearly what it is that has been lost, and it is all the more reasonable to suppose that the patient cannot consciously perceive what he has lost either. This, indeed, might be so even if the patient is aware of the loss which has given rise to his melancholia, but only in the sense that he knows *whom* he has lost but not *what* he has lost in him. This would suggest that melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradistinction to mourning, in which there is nothing about the loss that is unconscious.'⁹⁷⁴ Therefore, even if one is aware of the object-loss, usually represented by the first caregiver, he cannot perceive *what was actually lost in him*. The psychoanalytical anthropological framework does not allow us to go more in-depth in trying to grasp the meaning of the inner loss that happens in depression, that is, to understand *what was actually lost*, even when we know *through whom we have lost it*. However, the Philokalic anthropological framework may provide useful information in this regard by showing that what Freud considers a symbolic or ideal nature is actually real. But first we have to highlight the Philokalic view on symbolism as used in parables and the principles of interpretation in the Philokalia which are different from the interpretations used in psychoanalysis.

St Maximus the Confessor explains that one can apprehend Christ the Logos in two ways, directly or mediated by symbols:

'When He is contemplated in His true simplicity, in His principal state with God the Father (cf. John 1:1-2), although He embraces the models of the truth of all things in a distinct and naked manner, He does not contain within Himself parables, symbols and stories needing allegorical interpretation. But when He draws near to men who cannot with the naked intellect come into contact with noetic realities in their naked state, He selects things which are familiar to them, combining together various stories, symbols, parables and dark sayings; and in this way He becomes flesh. Thus at the first encounter our intellect comes into contact not with the naked Logos but with the incarnate Logos, that is, with various sayings and stories. The incarnate Logos, though Logos by nature, is flesh in appearance. Hence most people think they see flesh and not the Logos, although in fact He is the Logos. The intellect – that is, the inner meaning — of

⁹⁷⁴ Freud, S., 'Mourning and Melancholia' in: SECPWSF, v. 16, 1917, p. 245

Scripture is other than what it seems to most people. For the Logos becomes flesh in each of the recorded sayings'.⁹⁷⁵ The same meaning is conveyed by Saint Mark the Ascetic when saying that *Christ is hidden within His commandments*.

In another presentation,⁹⁷⁶ we showed in relation to the symbols used in parables that, by employing the cognitive processes of abstracting, generalization and concretization, they actually transfer one in the world of spiritual meanings making him partake inwardly in them. In psychology it is currently established that there are two types of concrete: one sensory and one logical. Through processes of abstraction and generalization, cognition rises from the sensory concrete to the abstract and through the abstract to the logical concrete, where noetical meanings are conveyed. As in Philokalic accounts, cognition was identified as being 'a distinct psychological mechanism'⁹⁷⁷ within the more comprehensive concept of intelligence. Intelligence uses cognition, but is not limited to and not to be confused with it. Cognition is one of the forms of intelligence whose main function is to adjust to the real, while intelligence involves more than that.⁹⁷⁸ Although there is not enough evidence as to equate intelligence as described here with the nous and the fundamental role it plays in apprehending spiritual realities, however, it is obvious that the subordinate relation between cognition and intelligence described by modern psychology is similar to the same subordinate relation between reason and nous as described in the Philokalia.

St Maximus, largely quoted above, emphasizes these matters by drawing on the spiritual meanings employed by one and the same reality of Logos Who presents Himself in two ways according to the state of the receptor: when one can perceive noetic realities in their naked state the Logos presents to him through means of the nous; when one cannot approach Him noetically, He becomes flesh by making use of parables and symbols to communicate with him. The first type of communication is possible through dispassion, while the second is specific to those who are involved in the process of acquiring dispassion. The first situation implies a pure nous, the second a reasoning procesuality which ends in grasping noetical meanings. The latter category depends on the former to be offered the 'route' of symbols and parables which will take them to the right noetical meanings, otherwise delusions may appear.

Next, we shall try to put the two perspectives together and offer a more comprehensive understanding of depression as resulting from this comparative effort. Hence, *love is a relational phenomenon* and is naturally lived first in relation with the mother, as a concrete effect of being

⁹⁷⁵ St Maximus, *For Thalassios*, II, 60, EPH 2, p. 151

⁹⁷⁶ Ciobanu, S., *The Parable of the Prodigal Son – A Psychological Perspective*, presented within the Seminar of Religious Educational Ideas, (The Roman-Catholic Theological Institute, Bucharest, February, 2007) and Patristics Seminar, (Department of Theology and Religious Studies, Durham, March, 2008)

⁹⁷⁷ M. Zlate, *Psihologia mecanismelor cognitive*, (Iasi: Polirom, 1999), p. 230

⁹⁷⁸ Cf. *ibid.*

made *in the image*. As previously stated, psychoanalytically, depression occurs due to either overprotection or neglect, i.e. what is *too much or too little*, while normality should stand in the middle, i.e. the mother should just be there and empathetically respond to the child's needs.⁹⁷⁹ The patristic perspective employs the same principle in stating that virtue, i.e. normality, stands in the middle between excess and defect.⁹⁸⁰ On the other hand, patristically, the potential to love is naturally found in man's constitution and is born in a man inwardly when all his soul's powers are unified around the divine.⁹⁸¹ Applying the patristic principles to the situation just described, we conclude that what both psychoanalysis and patristics noticed is the need for the mother to be there and protect the child from every excess or deficiency, first starting with her own. While both patristics and psychoanalysis noticed *through whom* (the first caregiver, usually the mother) and *how* (excess or deficit) the loss appeared, patristics in addition might tell us *what was actually lost*, namely the already-experienced union with God in love.

For the depressive, the process of *Christ-actualization* seems to have been abruptly disturbed by *the whom and how* described above, he lost the relation with his *true self* and as a result the loving union with God, and consequently depression occurred. The *lost loved object*, of which psychoanalysis talks about, is therefore not the parent, who usually continues to exist and share love with the child in the form that he is able to, but the relationship of union with God which the child experienced and which was disrupted by circumstances beyond his control and understanding, hence the feeling of powerlessness and helplessness. The criterion against which the disruption appeared is not primarily the parent, but *the model in whose image was made, i.e. Christ the Logos*. The parent was only the *disturbance-predisposing environment, one which ideally should have acted as a facilitator for the potentiality hidden within the image*. From a patristic perspective, the normality of a parental environment is the one which allows the birth of Christ within the child's soul, namely the actualization of Christ's image from within.

The ascetic method and the inner healing it implies, suggests that through spiritual knowledge the child is reconnected to *the source of life within* and this relationship may be completely restored. The disruption that appeared through the parents or other people attending to the child is explained in terms of *inherited fallen nature* and is the object of the *process of forgiveness*, where man is assisted by *grace*. Thus, it seems that the *misdirected and misguided search for love* that we discussed above is rooted in the confusion of one searching for *the lost object-relation*, while he searches for *the lost experience of union with God in love*. This might also explain why people that have everything they want according to current social standards (profession, family, social status and opportunities, etc.) still develop depressions and feel empty or unfulfilled.

⁹⁷⁹ Cf. Comer, op. cit., p. 252

⁹⁸⁰ Cf. St Dorotheos of Gaza, op. cit., p. 167

⁹⁸¹ St Maximus, *On Theology*, II, 72, EPH 2, p. 202

We provided the above clarifications in order to show that *what is psychoanalytically symbolic might be actually patristically real*, but not a kind of immediate sensory reality that results from information brought by the physical senses. Symbolic refers to the reality perceived through the inner senses that many Philokalic writers talk about.⁹⁸² In other words, *the loss of love involved in depression is not symbolic, but real*, that is why *the search for it, even if misdirected, is itself real*.

5. Connecting fear /anxiety and depression/dejection

Contemporary research on anxiety and depression shows a high rate of comorbidity concerning their aetiology and pathogenesis.⁹⁸³ Other psychoanalytically oriented authors notice that from the perspective of the inner experienced phenomena ‘anxiety is incompatible with sorrow and grief’ and therefore ‘bad news gives relief from anxiety as effectively as good news’.⁹⁸⁴ At a first look these two ideas may seem contradictory. But if we look at them from a Philokalic perspective they may find a proper explanation. Thus, anxiety and depression co-occur since they are produced in the same *desiring power of the soul*, and are incompatible with each other since they send to different states found on the *continuum of existence-inexistence* previously described: when bad news arrives *anxiety diminishes*, as a result of anticipated evil becoming real, whereas *depression increases* due to the reinforcement of the negative outcome expectancy – hopelessness.

Based on Philokalic sources, we arrived at the conclusion that both anxiety and depression have to do with *evil*, either anticipated as in fear or expected as in depression, conceptualized as *privation of good and inexistence*. Anxiety results from lack of *assurance or misbelief concerning existence*, while depression is a misdirected focus on *what does not exist*, i.e. the empty half of the glass. In Philokalic terms, *what does not exist* relates to evil, while *what is* relates to God defined as He Who Is. In anxiety, *the will* is wrongly used to block awareness, while in depression *the will* focuses on evil or negative awareness. In both cases there is lacking a proper knowledge and discrimination of *good and evil*, i.e. *existence and inexistence*. While anxiety results from the refusal to acknowledge *evil*, hence the presence of the diverse defence mechanisms employed, depression comes from acknowledging and somehow confronting it but failing to ‘conquer’ it, hence the occurrence of the dyad helplessness-hopelessness. If the anxious

⁹⁸² St Isaiah the Solitary, *On Guarding the Intellect*, 7, EPH 1, p. 24; St Peter of Damascus, *Spurious Knowledge*, EPH 3, p. 196; Nikitas Stithatos, *On the Practice of Virtues*, 8, EPH 4, pp. 80-1; Nikitas Stithatos, *On the Practice of Virtues*, 10, EPH 4, p. 81

⁹⁸³ Cf. Carey, P., Castle, D.J., Stein, D.J., ‘Anxiety Disorders’ in: *Essential Psychiatry*, eds. Robin M. Murray et al., (NY: Cambridge University Press, 4th ed., 2008), p 148. Other researches show a genetic correlation of 100% between the two, cf. Beidel, op. cit., p. 213. Since Philokalic sources also point towards dejection and anxiety being linked with bodily activity, perhaps a further study approaching this matter would be useful.

⁹⁸⁴ Rycroft, op. cit., p. 8

person is still staying indecisively at the crossroads, the depressive has moved on and tried to face things but did it by going in the wrong direction and failing. While facing the various defence mechanisms and changing irrational beliefs and negative thinking patterns psychotherapy is greatly and consistently helping to improve these two conditions by getting one closer to his own inner world, in the light of the information provided by this comparative study, it seems that depression and anxiety may be completely overcome when *the inner inexistence becomes existence*, through the process of Christ-actualization previously described.

An interesting connection between depression and anxiety, as described in the Philokalia, is that the viper is the symbol of the demons that produce both of them.⁹⁸⁵ As previously noted their curing process develops similarly, *the fear and the worldly grief* being gradually replaced by *the godly fear and grief*, and thus the unhealthy and unnatural inner states move to their healthy and natural ones. Evagrius associates the symbol of the viper to depression: ‘When used in moderation for man’s good, its poison is an antidote against that of other venomous creatures, but when taken in excess it kills whoever takes it’.⁹⁸⁶ On one hand, he uses it to explain the underlying realities of dejection which as showed above may be produced by all passions and as such curing depression would mean fighting against these various passions first, i.e. to cut off its numerous causes, and on the other hand it shows that excess of dejection leads to despondency⁹⁸⁷ and further on to death.⁹⁸⁸

Therefore, on the continuum discussed above, *on the way to inexistence* fear results in despair,⁹⁸⁹ dejection begets listlessness,⁹⁹⁰ and finally death, while *on the way to existence* fear is replaced by courage and faith, dejection by spiritual joy, and listlessness once faced develops into patience and strength acquired through long endurance.⁹⁹¹ If in anxiety we deal with a kind of *inactivity due to lack of assurance and faith*, depression emerges from an *activism* which temporally helps surpass the blocking anxiety, but an activism conducted in a wrong direction due to a *misplacement of trust and assurance*. Before the onset of depression one might have strived hard, wholeheartedly and have exhausted all his inner resources to fight against his deep fears of worthlessness and emptiness on one hand, and having proved himself worthy of being loved by others on the other hand. The *misplacement of trust* comes from expecting from others

⁹⁸⁵ Cf. Evagrius, *Texts on Discrimination*, 11, EPH 1, p. 45; St Maximus, *On Theology*, I, 66, EPH 2, p. 179

⁹⁸⁶ Evagrius, *Texts on Discrimination*, 11, EPH 1, p. 45

⁹⁸⁷ St John Cassian, *On the Eight Vices*, EPH 1, p. 88

⁹⁸⁸ To avoid such an end Evagrius, drawing on the words of the Apostle Paul, recommends love as an urgent treatment. ‘Confirm your love towards him ... lest perhaps he should be swallowed up with too great dejection’ (2 Cor. 2:7-8). He knew that this spirit, in troubling men, can also bring about true repentance. Evagrius, *Texts on Discrimination*, 11, EPH 1, p. 45

⁹⁸⁹ St Peter of Damascus, Book 1, *How God Has Done All Things to Our Benefit*, EPH 3, p. 174

⁹⁹⁰ St John Cassian, *On the Eight Vices*, EPH 1, p. 88

⁹⁹¹ The kind of endurance developed through fighting against listlessness we believe shares common features with the ones acquired by accepting and bearing ‘the long-runner loneliness’ described by Rollo May.

what they could never offer, i.e. what the depressive has lost, namely the previously unique and personal encounter with God in love.

While *fear and dejection* seem to be mainly related to the desiring power of the soul, *listlessness* appears as an extension of dejection over the incensive power of the soul, but all three types of illness are the consequence of *a darkened nous due to the denial of the Logos*, whence the direction of the soul's powers which do not follow their natural course towards *existence through unification with the One Who Is*, but the opposite. That is why the curing process inevitably starts with *cleaning the nous* following *the scheme of treatment and the methods* described within the chapter on anthropology. Reversing the course of the soul's three powers on *the continuum from inexistence to existence*, one is expected to transform the worldly sorrow into godly sorrow which will naturally join on the way the godly fear emerged from the reverse of the unhealthy fear.

The will to love that we mentioned in the end of the previous chapter on anxiety is even more evident in the case of depression. If anxiety seems to display *a fear to look for love*, depression appears *as a misguided and misdirected look for love*. In anxiety *the will to love is obstructed and annihilated* by the various and strong defence mechanisms whereas in depression *the will to love is present but deviated*. In the Philokalia, *the will to love* seems to be the force that drives one to travel the inner journey from inexistence to existence and fulfil his life by becoming *a god by grace*, since 'to love is to live for and in the beloved whose life becomes our life. Love leads to singleness of being'.⁹⁹²

⁹⁹² Saharov, S., (Arch.), *His life is Mine*, (NY: St Vladimir's Seminary Press, 1977), p. 29

CHAPTER 8

CONCLUSIONS

'Why can't I be happy?' This is the question of a little girl aged seven, having her face bathed in tears while looking to her colleagues from the window of my cabinet. They were running and playing outside on a marvellous sunny day when the heart of each would sing 'the song of life', let alone that of a child! It is not a usual occurrence to be absorbed into such a deep depression at the age of seven, especially when you are coming from a family which seems happy and balanced. This is highly uncommon! At the same time, the child was psychologically healthy, in fact one of the healthiest. So, what was this deep heartbreaking suffering about? And more important, how does it need to be approached and cure attempted? It is for children like her, and all the other 'children' from the adults' souls whom I have met along my professional practice and personal life and whom I never ceased to bear in my heart and thoughts, that I own this research. For them I aim to assume the risk of venturing myself in 'academically unknown and perhaps dangerous realms', in search for the method that would allow intervention in cases such as this where you need to trespass the border of the 'psychological method and understanding' and consider the spiritual one, but without confusing it with 'psychology'.

As a result of the comparative methodology employed by this research the third section of each chapter already comprise various conclusions in relation to specific matters treated there. What we shall note in this concluding part of the study is a general overview of the research with an emphasis on the research question as to *the relationship between psychological and spiritual illness*, a short discussion around values, the 'labelling' they bring and their final impact on the human being, and at the end our personal viewpoint as it has emerged from this inquiry into the human soul.

1. General Considerations

1. *Psychological illness* due to psychological pain is real, with all its physiological, psychological, social and spiritual implications.
2. In line with their own anthropologies, modern psychotherapies' conclusions in regard to psychological illness do not completely overlap the Philokalic ones, neither the Philokalic ones give full coverage to the former. 'Their positions separate when it comes to

clarifying the roots and ways of treating these natural phenomena'.⁹⁹³ The whole discussion, concerned with anxiety, depression, habits, thoughts, and so on, supports this fact.

3. The more *scientific* the methods in psychotherapy are, the more they resemble statements from the Philokalia. As an example is the discussion around the mechanism of faulty learning acquired through a process of classical conditioning in psychology and habits in the Philokalia whose mechanism was found to be similar. This is explained by the fact that behaviourists derived their conclusions from experiments on animals, but since they restricted this research to what the Philokalic writers call the appetitive power of the soul which is common to animals, between the two at this level agreement there have been found. The difference is in that the Philokalia, while recognizing them, does not see them as an end in itself but subordinated to the higher faculties of the soul and serving higher purposes. Hence, we have previously mentioned the failure of such methods applied to young people in the communist prisons in the attempt to *re-educate* and transform them into *the new man*.

A second example to mention here is the efficacy of the cognitive approach with its emphasis on the need to change the negative, irrational, automatic thoughts which is very close and confirmed by the Philokalic perspective that emphasizes the role of the intellect and its adjacent thoughts in healing. Again, in the latter the perspective is larger and includes the spiritual factor in considering thoughts up to the measure of seeing them as evil or demonic thoughts which produce illness and divine thoughts that bring health. The way one deals with them is also different, and direct challenge is not always recommended but rather transformation and redirection towards the divine and spiritual knowledge.

However, while the behavioural and cognitive approaches are credited to be the most scientific and having the best curative impact in the current psychotherapeutic field, and they also most resemble the areas comprised by the ascetic method, they do present 'secondary effects'. Viewed from a Philokalic perspective, the behavioural methods themselves used without spiritual direction might be used against human beings, as exemplified above, where the attempt to 'change' the appetitive part of the soul served the intention of controlling the noetic one. In the second case, the relapse into the negative thinking patterns in depression and anxiety is bound to reappear until their causes are uprooted.

⁹⁹³ Jerotić, op. cit., p. 146

At a first glance, psychodynamic therapies through the depths of the matters approached resemble very much the preoccupations of the inner work undertaken within the Philokalia. Still, our inquiry has found them to be closer only in form but at a considerable distance in content. From a Philokalic perspective, although focusing on the same issues, they failed to interpret correctly what they ‘found’. Thus, a paradox was created: the closer they got, the further they departed by incorrectly interpreting the findings. One example would be the unilateral and negative approach towards the Freudian repressed unconscious, which through generalization became a natural part of the human being. It is seen as problematic only if it becomes conflicting at the interface with ego’s requirements and generates tension. Otherwise, it is seen as a normal part of man’s psychological functioning, since anyone has it. At the same time, the theory does not allow for the existence of a healing from the unconscious, as underlined by Dr. Scott Peck. While evidence points towards all of us possessing a kind of repressed unconscious in different measures, the Philokalic perspective does not seem to provide any kind of information as to how the repressed unconscious is a normal and natural companion of the human being but instead sees it as a result of *fallen nature*. Peck’s findings are an exception, which indirectly confirms the patristic understanding of the unconscious, defined by Larchet as *l’inconscient theophile*. Other examples would be the position concerning the defence mechanisms or the object relations, tackled in the section on anxiety. To put it simply, from a Philokalic perspective they failed to see *Christ’s image* from within man’s soul although by going so in-depth they arrived at His immediate proximity.

As argued in the first part concerned with anthropology, the humanist perspective drawing on purely theological categories such as free will, freedom to choose, love, person, and wholeness behaves as a religion whose proposed end is *self-actualization*, which represents a process of *self-deification* that naturally opposes the process of *Christ-actualization* and *deification in Christ* proposed by the Philokalia. However, an exception is represented by Frankl’s existential logotherapy which is perhaps the closest point of interaction with the Philokalic perspective by directly acknowledging the world of nous, and therefore the spiritual constitution of man. The main difference stands again on anthropology, and as such there is no connection made between the worlds of nous, logotherapy and Logos, although the process of self-transcendence needed in healing is acknowledged.

4. Similarities between the two fields stand mainly on empirical facts, while differences on the opposed anthropological perspectives, which inevitably involve different values and meanings. We suggest that as long as the comparison is kept at the empirical level, it might be feasible. At the empirical level the matters observed coincide most of the times, the difference consists in the interpretation of what is observed, and this interpretation

largely depends on the anthropological framework within which it is done. From a Philokalic perspective it implies *a pure heart*.⁹⁹⁴

The comparative analysis at *the descriptive* level was found to be similar in most cases, while the differences appear in terms of *aetiology* and *curing methods* proposed by the two paradigms, which point towards a kind of *integration by distinction and overcoming* the psychotherapeutic by the Philokalic ones, due to the extent of *the universe of discourse* involved in their anthropological perspectives.

5. The Philokalic perspective was found to provide the *best explanatory concept* concerning the psychological structure of the soul, which points, at the same time, towards the possibility of a total healing. I think the following quote from Saint Gregory Palamas bears both a great psychotherapeutic explanation and solution: ‘For the soul is a single entity possessing many powers. Thus if one of its powers is vitiated the whole of it is denied; for since the soul is single, the evil in one of its powers is communicated to all the rest. Now since each of the soul’s powers produces a different energy, it is possible that with diligence one of these energies might be temporally purified; but the power in question will not therefore be pure, since it communes with all the rest and so it remains impure rather than pure’.⁹⁹⁵ As Peck noticed, any psychotherapeutic process is aided by accessing grace which is to be found within and the same is noted by the Philokalia: ‘only the Holy Spirit can purify the intellect, for unless a greater power comes and overthrows the despoiler, what he has taken captive will never be set free’.⁹⁹⁶
6. In addition, the Philokalia’s perspective on man appears to be more far-reaching by embracing the human being in all its facets and by viewing it simultaneously as an ‘irreducible pneumatic-psycho-physical being, of which both the material and immaterial constituents are mysteriously conjoined and are essential for a properly integrated existence’.⁹⁹⁷

⁹⁹⁴ ‘The spiritual art, the most difficult of all the arts ... it is an invisible, hidden art which is understood only through purity of heart, and failure in it brings, not temporary loss, but the soul’s destruction and eternal death’, St John Cassian, *To Abba Leontios*, EPH 1, p. 104

⁹⁹⁵ St Gregory Palamas, *On Prayer and Purity of Heart*, 3, EPH 4, p. 344

⁹⁹⁶ St Diadochos of Photiki, *On Spiritual Knowledge*, 28, EPH 1, p. 260

⁹⁹⁷ Chrysavgis J., *John Climacus: From the Egyptian Desert to the Sinaite Mountain*, (Aldershot: Ashgate, 2004), p. 47

2. Psychological and Spiritual Illness

Our conclusions on the topic are drawn within the universe of discourse represented by the current research, and therefore their generalization is restricted to it. Although the generality of the patterns found in depression and anxiety,⁹⁹⁸ as well as those found in the Philokalia might be considered to capture general laws of functioning of the human soul.

The *implicit question* of the research was whether such a separation between psychological versus pneumatological/spiritual realms does exist. The answer to this as suggested by research is that this is merely a theoretical distinction, meant to emphasize that the *noetic power* is ‘the eye of the soul’ when if cleaned one may access the divine realities, but is not a factual distinction. Saint Gregory Palamas just quoted above emphasized the natural unity of all powers of the soul, and in the virtue of this unity, the noetic power naturally communicates its noetic/spiritual energy to the others, whose natural position is to let themselves be led and coordinated by the nous. Since man has Christ as Archetype, seems that ‘theology’ is implicit in every ‘psychological’ movement as Nellas also points out: ‘God is not an external “principle” on which man depends, but truly and in reality his ontological origin and consummation. Having been made in the image of God, man has a theological structure. And to be a true man he must at every moment exist and live theocentrically. When he denies God he denies himself and destroys himself. When he lives theocentrically he realizes himself by reaching out into infinity; he attains his true fulfillment by extending into eternity’.⁹⁹⁹

The *explicit question* of the research was concerned with the specific comparison between *psychological versus spiritual illness*, which was exemplified here through the *case studies* of anxiety and depression. In both cases a great similarity was found in the description and definition of these illnesses, and partially in the case of aetiology and treatments. While their origin was placed in the appetitive part of the soul by both paradigms, their manifestation included also the rational power, hence the focus on thinking patterns. Within its *universe of discourse*, our research clearly suggests that what is described in modern psychotherapy as

⁹⁹⁸ ‘Depression is a worldwide phenomenon and certain symptoms of this disorder seem to be constant across all countries. A landmark study of four countries – Canada, Switzerland, Iran, and Japan – found that the great majority of depressed people in these very different countries reported symptoms of sadness, joylessness, anxiety, tension, lack of energy, loss of interest, loss of ability to concentrate, ideas of insufficiency, and thoughts of suicide’, Matsumoto & Juang, 2008 and WHO, 1983 *apud*: Comer, op. cit., p. 262; ‘The content of obsessions and the nature of the related compulsions is remarkably consistent across time and nationalities. The most prevalent obsessions involve contamination, pathological doubt or uncertainty, somatic obsessions and a need for symmetry in descending order of prevalence. Checking followed in turn by washing, counting and needing to confess are the most prevalent compulsions’. Eisen & Rasmussen, 2002 *apud*: Carey, op. cit., p. 163; the Philokalia due to its anthropological foundations indirectly suggests a great generality by referring to all mankind.

⁹⁹⁹ Nellas P., *Deification in Christ: The Nature of Human Person*, (NY: St Vladimir’s Seminary Press, 1997), p. 42

psychological is described in the Philokalia as pneumatologic/spiritual/noetic and as implying categories of good and evil. While comparing the two illnesses between the two paradigms, using the method of *the best (comprehensive) explanatory concept*, we arrived at the conclusion that both of them deal with the pneumatological/spiritual categories of good and evil, with the latter understood as *privation of good and inexistence*, and the former with *existence*. It was also suggested that depression and anxiety may be completely overcome when *the inner inexistence becomes existence*, and that this might be accomplished through the process of Christ-actualization, since what *is* relates to God defined as He Who Is, in opposition to evil which relates to *what does not exist*.

It was also suggested that the individual will, either in a conscious or unconscious manner is essential in maintaining the illness.¹⁰⁰⁰ Therefore, in anxiety, *the will* is wrongly used to block awareness, while in depression *the will* focuses on evil or negative awareness. This finding relates strongly with the need to restore responsibility for the illness to the individual, or allow *empowering* as discussed very much in the psychotherapeutic paradigm. The healing comes from using the will to do the opposite of what maintains illness and in our discussed cases from transforming the *worldly sorrow* into *godly sorrow*, and the *unnatural fear* into *godly fear*, with both finding their end in love. All these strongly suggest that we deal with the same category, only that when we emphasize the place of illness, the discussion becomes more psychological, while when we emphasize its aetiological and curative aspects, i.e. the redirection of functionality according to nature, the discussion becomes more pneumatological, hence theological. Still, the phenomena under discussion are one and the same. For practical purposes perhaps it is good to keep the distinctions but also to be aware of the overlaps and similarities.

Our findings confirm Peck's conclusions as to anxiety and depression being only 'symptoms' that point towards a deeper spiritual illness which is its main cause, and even more that they are 'manifestations of grace'¹⁰⁰¹ meant to help us. From this perspective they might be seen as playing the role of a fever or headache that announces to us that something is wrong somewhere in our body. In the same way, anxiety and depression show that something is not going well in our inner being and we should see to it. As in the physical realm, where the most dangerous illnesses are those that do not give any signs, the same is here. Also our findings are consistent with the statements of Larchet and Vlachos who point towards the same idea of psychogenic

¹⁰⁰⁰ 'we suffer evil as something contrary to nature which occurs in the will; for we do not have a natural capacity for generating evil'. St Maximus, *On Theology*, I, 75, EPH 2, p. 181

¹⁰⁰¹ 'In other words, the painful and unwanted symptoms of mental illness are manifestations of grace. They are the products of a powerful force originating outside of consciousness which nurtures our spiritual growth ... Many of the case histories I have used to demonstrate other principles can also be used to illustrate this one: the unpleasant symptoms of mental illness serve to notify people that they have taken the wrong path that their spirits are not growing and are in grave jeopardy'. Cf. Peck, *The Road Less Travelled*, pp. 278-9

illnesses as having spiritual causes,¹⁰⁰² and with Littlewood,¹⁰⁰³ who by employing a different comparative methodology, arrives at the same resemblance between what we call a psychological or spiritual pattern for illness. Therefore, following the ‘road’ to psychological healing as described above one is found in the same time on the way to deification since ‘*every movement of the Holy Spirit, who dwells within us, aims at bringing us into a living communion with Christ and with the Father, at deifying us*’.¹⁰⁰⁴

In the following points we might entirely agree with Freud: ‘Let me remind you that psychotherapy is in no way a modern method of treatment. On the contrary, it is the most ancient form of therapy in medicine ... There are many ways and means of practising psychotherapy. All that lead to recovery are good. I despise none of these methods and would use them all in appropriate circumstances.’¹⁰⁰⁵ In addition, we think that without a proper understanding of the ‘roots’ of illness, it will not be able to collect the ‘fruits’ of health. Perhaps the real shortage of the current psychotherapeutic approaches is the lack of the proper anthropological framework in which to operate. If adhering to the Philokalic anthropology many of them would find a natural place and resemblance. It seems that the huge proliferation of methods and orientations in psychotherapy is due to the lack of a unitary anthropological framework as other authors have previously suggested.

The findings of the present research openly reactivate the discussion in connection with the categories of good/evil, which were considered undesirable to define psychological illness. The main argument was that psychological illness is something that *happened* to the individual, hence he is not to be held responsible for it, and therefore it is legitimate to call him ‘sick’, rather than ‘bad’, since the latter is stigmatizing. Research in the psychotherapeutic field proved both assumptions unfounded: first, it was concluded that the responsibility for illness needs to be returned to the individual so as to increase chances of cure, and therefore methods of *empowering* individuals enhanced by *psychoeducation*¹⁰⁰⁶ and *bibliotherapy* were designed to bear the task of helping the individual to master his illness; second, research also shows that labelling people as ‘sick’ is more stigmatizing than labelling them as ‘bad’ because our fear of mental illness is even greater than our fear of becoming involved in crime or other immoral activities¹⁰⁰⁷ and due to the negative impact it has on worsening by maintaining the illness,

¹⁰⁰² Cf. Larchet, *Mental Illness*, op. cit., pp. 89-90

¹⁰⁰³ Cf. Littlewood, op. cit.

¹⁰⁰⁴ Spidlik T., *The Spirituality of the Christian East: A Systematic Handbook*, (Michigan: Cistercian Publications, 1986), p. 45

¹⁰⁰⁵ Freud, S. ‘On Psychotherapy’ in: SECPWSF, v. 7, (London: Hogarth Press, 1953), pp. 258-59

¹⁰⁰⁶ Carey, et al., op. cit., p. 151

¹⁰⁰⁷ Cf. Gross,, op. cit., p. 761

‘stigma has been proposed as one of the main burdens of mental illness’¹⁰⁰⁸ and special solutions are searched for in order to reduce it.

While the presence of categories of *good and evil* cannot be avoided when considering psychological illness, as various researches as well as our comparative study throughout emphasized, the question that we arrived at is: why is there a tendency as to obscure or even exclude them? Why might one be considered ‘objective’ or ‘scientific’ on the basis of excluding them while it was showed that they are present implicitly or explicitly even in the physical realm,¹⁰⁰⁹ and that on the other hand, *naming things on their real name* in clinical psychology is what brings healing?¹⁰¹⁰ As a psychologist, I cannot find a proper answer to this question which far exceeds the goal of this inquiry. However, it is a question that we feel the need to reflect on if what we are truly looking for is to reach *the essence of things* and find the most suitable ways to alleviate our fellow beings’ distress.

As a means towards concluding, the following quote from Arch. Sophrony, in our opinion a recent *Philokalic-type writer*, seems to synthesize the major lines of our work and findings:

‘In the beginning God creates our spirit as pure potential. What follows does not depend altogether on Him. Man is free to disagree, even to resist Him. A situation arises in which we ourselves determine our eternal future – always, of course, in relation to Him: without Him, we should not exist. And if we seek a hallowed eternity which essentially appertains to Him alone, then our every action, all our creative activity, must most certainly proceed not separately from Him but together with Him and in Him. Born as pure potential, our spirit must go on to actualize our being as hypostasis. We need to grow, and this growth is linked with pain and suffering. However strange it may seem, suffering is imperative for the preservation of life created from nothing. If animals did not feel hunger, they would never make any effort to find food but would simply lie down and die. Similarly, acute discomfort compels primitive man to look for nourishment. Then, as he advances towards rational cognition, suffering discloses to his contemplative mind both his own imperfection and that of the world around him. This forces him to recognize the necessity

¹⁰⁰⁸ Cf. Burns, op. cit., p. 65

¹⁰⁰⁹ Cf. Alexander, op. cit.

¹⁰¹⁰ In the specialist literature, the case of Françoise Dolto is famous, who succeeded in healing a child suffering of autism by naming the kind of ‘evil’ he was suffering from. In that context some connections with Christ’s therapeutic methods were made. Cf. Dolto, F., *Despre educație în copilărie*, (Cluj: Image, 1994); Also, C.S. Lewis in one of his fictional novels, in a fictional way, seems to suggest some interesting insight as to the problem of extremes, of *what is too much or too little*: ‘There are two equal and opposite errors into which our race can fall about the devils. One is to disbelieve in their existence. The other is to believe, and to feel an excessive and unhealthy interest in them. They themselves are equally pleased by both errors, and hail the materialist and the magician with the same delight’, Lewis, C. S., *The Screwtape Letters*, (New York: HarperCollins, 2001), p. 3

for a new form of creative effort to perfect life in all its manifestations ... For us, Christians, Jesus Christ is the measure of all things, divine and human. In Him dwelleth the fullness of the Godhead (Col. 2.9) and of mankind'.¹⁰¹¹

Within the *universe of discourse* described by this research, in some ways, the psychological illness seems to be a disclaimer to the will of *becoming into being*¹⁰¹² and therefore, man treats himself as an object. From the Philokalic perspective, healing implies to acknowledge himself as a *hypostasis* and as such, the 'birth' of the psychological being is not a separate phenomenon but interconnected with his spiritual 'birth'. In the Philokalia, the driving force towards being is *the will to love* which overcomes and encompasses all other types of 'wills'. As far as our knowledge goes, nowhere is spoken in a nicer, more caring, loving, truthful but non-judgmental manner about psychological illness than in the Philokalia, where it is essentially seen as *a failure to love* and therefore healing comes as a *reinstatement into love*.

¹⁰¹¹ Saharov, S., (Arch), *His Life is Mine*, (NY: St Vladimir's Seminary Press, 1997), pp. 33, 31

¹⁰¹² This expression belongs to the Romanian philosopher Constantin Noica, whose son Rafail Noica, a hieromonk and spiritual son of Arh. Sophrony Saharov, added an extra meaning by changing the transliteration to a capital letter. Therefore, he speaks about 'becoming into Being'. Cf. Noica R., *Celălalt Noica*, (București: Anastasia, 2002)

Bibliography

Primary Sources: Patristics

Callistus and Ignatius of Xanthopoulous, 'Directions to Hesychasts', in *Writings from the Philokalia: On Prayer of the Heart*, trans. From the Russian Text Dobrotolubiye by E. Kadloubovsky and G.E.H. Palmer, (London: Faber and Faber, 1992)

Evagrius Ponticus, *The Praktikos and Chapters on Prayer*, (NY: Image Books, 1981)

Evagrius the Solitary, *On Prayer: 153 Texts*, EPH 1, (London: Faber and Faber, 1979)

Evagrius the Solitary, *Texts on Discrimination in Respect of Passions and Thoughts*, EPH 1, (London: Faber and Faber, 1979)

Ilias the Presbyter, *A Gnostic Anthology, Part I*, EPH 3, (London: Faber and Faber, 1984)

Ilias the Presbyter, *A Gnostic Anthology, Part III*, EPH 3, (London: Faber and Faber, 1984)

Ilias the Presbyter, *A Gnostic Anthology, Part IV*, EPH 3, (London: Faber and Faber, 1984)

Nicephorus the Solitary, 'Profitable Discourse on Sobriety', in *Writings from the Philokalia: On Prayer of the Heart*, trans. From the Russian Text Dobrotolubiye by E. Kadloubovsky and G.E.H. Palmer, (London: Faber and Faber, 1992)

Nikitas Stithatos, *On Spiritual Knowledge, Love and the Perfection of the Living: One Hundred Texts*, EPH 4, (London: Faber and Faber, 1995)

Nikitas Stithatos, *On the Inner Nature of Things and on the Purification of the Intellect: One Hundred Texts*, EPH 4, (London: Faber and Faber, 1995)

Nikitas Stithatos, *On the Inner Nature of Things and on the Purification of the Intellect – 100 Texts*, EPH 4, (London: Faber and Faber, 1995)

Nikitas Stithatos, *On the Practice of the Virtues: One Hundred Texts*, EPH 4, (London: Faber and Faber, 1995)

Sfântul Isaac Sirul, 'Cuvinte despre nevoință', în *Filocalia*, vol. 10, (București : EIBMO, 1981)

Sfântul Maxim Mărturisitorul, *Ambigua*, (București: EIBMBOR, 1983)

Saint Anthony the Great, (attributed to), *On the Character of Men and on the Virtuous Life: 170 Texts*, EPH 1, (London: Faber and Faber, 1979)

Saint Diadochos of Photiki, *On Spiritual Knowledge and Discrimination – 100 Texts*, EPH 1, (London: Faber and Faber, 1979)

Saint Dorotheos of Gaza, *Discourses and Sayings*, (Michigan: Cistercian Publications, 1977)

Saint Gregory of Sinai, *On Commandments and Doctrines, Warnings and Promises; On Thoughts, Passions and Virtues, and Also on Stillness and Prayer: 137*, EPH 4, (London: Faber and Faber, 1995)

Saint Gregory of Sinai, *On Prayer: Seven Texts*, EPH 4, (London: Faber and Faber, 1995)

Saint Gregory of Sinai, *On Stillness: Fifteen Texts*, EPH 4, (London: Faber and Faber, 1995)

Saint Gregory Palamas, *In Defense of Those who Devoutly Practice a Life of Stillness*, EPH 4, (London: Faber and Faber, 1995)

Saint Gregory Palamas, *Three texts on Prayer and Purity of Heart*, EPH 4, (London: Faber and Faber, 1995)

Saint Gregory Palamas, *To the Most Reverend Nun Xenia*, EPH 4, (London: Faber and Faber, 1995)

Saint Gregory Palamas, *Topics of Natural and Theological Science and on the Moral and Ascetic Life: 150 texts*, EPH 4, (London: Faber and Faber, 1995)

Saint Hesychios the Priest, *On Watchfulness and Holiness*, EPH 1, (London: Faber and Faber, 1979)

Saint Isaiah the Solitary, *On Guarding the Intellect: 27 Texts*, EPH1, (London: Faber and Faber, 1979)

Saint John Cassian, *On the Eight Vices*, EPH 1, (London: Faber and Faber, 1979)

Saint John Cassian, *On the Holy Fathers of Sketis and on Discrimination*, EPH 1, (London: Faber and Faber, 1979)

Saint John Climacus, *The Ladder of Divine Ascent*, (NY: Paulist Press, 1982)

Saint John of Damascus, *On the Virtues and the Vices*, EPH 2, (London: Faber and Faber, 1981)

Saint John of Karpathos, *Ascetic Discourse Sent at the Request of Some Monks in India*, EPH1, (London: Faber and Faber, 1979)

Saint John of Karpathos, *For the Encouragement of the Monks in India who had Written to Him – 100 Texts*, EPH 1, (London: Faber and Faber, 1979)

Saint Justin Popovich, *Man and the God-Man*, (Alhambra: Sebastian Press, 2008)

Saint Mark the Ascetic, *Letter to Nicolas the Solitary*, EPH 1, (London: Faber and Faber, 1979)

Saint Mark the Ascetic, *On the Spiritual Law: 200 Texts*, EPH 1, (London: Faber and Faber, 1979)

Saint Mark the Ascetic, *On Those Who Think that They are Made Righteous by Works*, EPH 1, (London: Faber and Faber, 1979)

Saint Maximus the Confessor, *Four Hundred Texts on Love*, I-IV, EPH 2, (London: Faber and Faber, 1981)

Saint Maximus the Confessor, *On the Lord's Prayer*, EPH 2, (London: Faber and Faber, 1981)

Saint Maximus the Confessor, *Theology and the Incarnate Dispensation of the Son of God, Written for Thalassios – 200 Texts*, EPH 2, (London: Faber and Faber, 1981)

Saint Maximus the Confessor, *Various Texts on Theology, the Divine Economy, and Virtue and Vice*, I-IV, EPH 2, (London: Faber and Faber, 1981)

Saint Neilos the Ascetic, *Ascetic Discourse*, EPH 1, (London: Faber and Faber, 1979)

Saint Peter of Damascus, *Book 1: A treasury of divine knowledge*, EPH 3, (London: Faber and Faber, 1984)

Saint Peter of Damascus, *Book II: Twenty-Four Discourses*, EPH 3, (London: Faber and Faber, 1984)

Saint Philotheos of Sinai, *Forty Texts on Watchfulness*, EPH 3, (London: Faber and Faber, 1984)

Saint Symeon Metaphrastis, *Paraphrase of the Homilies of Saint Makarios: Spiritual Perfection*, EPH 3, (London: Faber and Faber, 1984)

Saint Symeon Metaphrastis, *Paraphrase of the Homilies of Saint Makarios: The Raising of the Intellect*, EPH 3, (London: Faber and Faber, 1984)

Saint Symeon Methaphrastis, *Paraphrase of the Homilies of Saint Makarios: Patience Endurance and Discrimination*, EPH 3, (London: Faber and Faber, 1984)

Saint Symeon Methaphrastis, *Paraphrase of the Homilies of Saint Makarios: Love*, EPH 3, (London: Faber and Faber, 1984)

Saint Symeon Methaphrastis, *Paraphrase of the Homilies of Saint Makarios: The Freedom of the Intellect*, EPH 3, (London: Faber and Faber, 1984)

Saint Symeon the New Theologian, (attributed to), *The Three Methods of Prayer*, EPH 4, (London: Faber and Faber, 1995)

Saint Symeon the New Theologian, *One Hundred and Fifty- three Practical and Theological Texts*, EPH 4, (London: Faber and Faber, 1995)

Saint Symeon the New Theologian, Practical and Theological Precepts, *Writings from the Philokalia: On Prayer of the Heart*, trans. From the Russian Text Dobrotolubiye by E. Kadloubovsky and G.E.H. Palmer, (London: Faber and Faber, 1992)

Saint Thalassios the Libyan, *On Love, Self-control and Life in Accordance with the Intellect: Written for Paul the Presbyter*, I, III, IV, EPH 2, (London: Faber and Faber, 1981)

Saint Theodoros the Great Ascetic, *A Century of Spiritual Texts*, EPH 2, (London: Faber and Faber, 1981)

Saint Theodoros the Great Ascetic, *Theoretikon*, EPH 2, (London: Faber and Faber, 1981)

Saint Theognostos, *On the Practice of the Virtues Contemplation and the Priesthood*, EPH 2, (London: Faber and Faber, 1981)

Saint John of Damascus, 'Exposition of the Orthodox Faith', Books II-III, in: *A Select Library of Nicene and Post Nicene Fathers of The Christian Church*, v. IX, (Oxford: James Parker and Company)

Primary Sources: Psychology

Adler, A., *The science of living*, (New York: Anchor Books, 1969)

Adler, A., *What life should mean to you* (New York: Capricorn Books, 2nd ed., 1958)

Allport, G. W., *Becoming*, (New Haven CT: Yale University Press, 1955)

Allport, G.W., 'Psychological models for guidance', in *Harvard Educational Review*, 32, (1962), pp. 379-380

Beck, A. T., *Cognitive therapy and the emotional disorders* (New York: International Universities Press, 1976)

Beck, A., Weishaar, M., 'Cognitive Therapy', in *Comprehensive handbook of cognitive therapy* ed. Arthur M. Freeman (et. al) Karen M. Simon, Larry E. Beutler and Hal Arkowitz, (New York: Plenum Press, 1989), pp. 21-36

Beck, A.T., et al., *Cognitive Therapy of Substance Abuse*, (New York: The Guildford Press, 1993)

Beck, J.R., Demarest, B., *The Human Person in Theology and Psychology: A Biblical Anthropology for the Twenty-First Century*, (Grand Rapids: Kregel Publications, 2005)

Dolto, F., *Despre educație în copilărie*, (Cluj: Image, 1994)

Ellis, A., *Humanistic Psychotherapy: The Rational-Emotive Approach*, (New York: Julian Press, 1973)

Ellis, A., 'The History of cognition in psychotherapy' in *Comprehensive handbook of cognitive therapy* ed. Arthur M. Freeman (et. al) Karen M. Simon, Larry E. Beutler and Hal Arkowitz, (New York: Plenum Press, 1989), pp. 5-19

Ellis, A., 'The Theory of Rational-Emotive Therapy' in. *Theoretical and Empirical Foundations of Rational-Emotive Therapy*, eds. A. Ellis and J.M. Whiteley, (Monterey: Brooks/Cole, 1979), pp. 43-60

Ellis, A., *Reason and emotion in psychotherapy*, (Secaucus, NJ: Citadel Press, 1962)

Ellis, A., 'Rational-emotive therapy' in *Theoretical and empirical foundations of rational-emotive therapy*, A Ellis & J. M. Whiteley (eds.), (Monterey: Brooks, Cole, 1979), pp. 1-6

Frankl, V.E., *Man's Search for Meaning. An Introduction to Logotherapy*, (New York: Washington Square Press, 1963)

Frankl, V.E., *The doctor and the soul: From psychotherapy to logotherapy*, (New York: Vintage Books, 1986)

Frankl, V.E., *The Unconscious God: Psychotherapy and Theology*, (New York: Simon and Schuster, 1975)

Freud, S. 'On Psychotherapy' in: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, v. 7, (London: Hogarth Press, 1953), pp. 258-59

Freud, S., 'An outline of Psycho-analysis' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, v.23, (London: Hogarth Press, 1937-1939), pp. 144-289

Freud, S., 'Introductory Lectures on Psycho-analyses', *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, v.16, (London: Hogarth Press, 1953), pp. 243-463

Freud, S., 'Mourning and Melancholia' in: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, v. 14, (London: Hogarth Press, 1917), pp. 237-258

Freud, S., 'The Origin and Development of Psychoanalysis', *The American Journal of Psychology*, Vol. 21, No. 2 (Apr., 1910), pp. 181-218

Freud, S., *Dincolo de principiul plăcerii*, (București : Jurnalul literar, 1992)

Freud, S., *New introductory lectures on psychoanalysis* (New York: Norton, 1933)

Freud, S., *Opere I, Totem și tabu, Moise și monoteismul, Angoasa în civilizație, Viitorul unei iluzii*, (București : Ed. Științifică, 1991), pp. 169-288

Freud, S., *Scrieri despre literatură și artă*, (București : Univers, 1980), pp. 57-138

James ,W., *The Principles of Psychology*, 1890, Classics in the History of Psychology, electronic resource developed by Christopher D. Green, 1997, <http://psychclassics.yorku.ca/James/Principles/index.htm> (15 May 2008)

Jung, C. G. 'Psychological factors determining human behavior' in: *The structure and dynamics of the psyche, Collected works of e. G. Jung*, v. 8, (Princeton: Princeton University Press, 1968), pp. 114-125

Jung, C. G., 'The archetypes and the collective unconscious', in *The Collected works of C G. Jung*, v. 9, part 1, (Princeton, NJ: Princeton University Press, 1968), pp. 3-41

- Jung, C. G., 'The psychology of the transference', in *Collected works of e. G. Jung*, v. 16, (Princeton: Princeton University Press, 1966), pp. 163-323
- Jung, C. G., *Conscious, unconscious, and individuation*, *Collected works of e. G. Jung*, v. 9, part 1, (Princeton: Princeton University Press, 1968), pp. 275-289
- Jung, C. G., *Memories, dreams, reflections*, ed. Aniela Jaffe, trans. Richard and Clara Winston, (New York: Vintage Books, 1989)
- Jung, C. G., *The Archetypes and the Collective Unconscious*, (London: Routledge, 1991)
- Jung, C. G., *Two Essays on Analytical Psychology*, *The Collected Works of C. G. Jung* v. 7, (Princeton: Princeton University Press, 1966), pp. 9-118
- Jung, C.G., *Psychology and alchemy*, in *Collected works of C. G. Jung*, v. 12, (Princeton, NJ: Princeton University Press, 1968), pp. 1-46
- Jung, C.G., *The Secret of the Golden Flower*, vol. 13, *The Collected Works of C. G. Jung*, (Princeton: Princeton University Press, 1967), pp. 1-56
- Maslow, A., *Motivation and Personality*, (New York: Harper and Row, Publishers, 3rd ed., 1987)
- Maslow, A.H., 'A Theory of Human Motivation', *Psychological Review*, 50, 1943, pp. 370-396
- Maslow, A.H., *Toward a Psychology of Being*, (New York: Van Nostrand, 2nd ed., 1968)
- May, R., *Psychology and The Human Dilemma*, (New York: D. Van Nostrand Company, 1967)
- Rogers, C. R., *Client-Centered Therapy*, (Boston, MA: Houghton-Mifflin, 1951)
- Skinner, B. F., *Walden Two*, (New York: Macmillan, 1976)
- Tolman E.C., *Purposive Behavior in animals and Man*, (New York: Appleton-Century-Crofts, 1932)
- Watson, J.B., 'Psychology as the Behaviorist views it', in *Psychological Review*, 20, (1913), pp. 158-177
- Wolpe, J., *The Practice of Behavior Therapy*, (New York: Pergamon, 4th ed., 1990)
- Wolpe, J., 'The Promotion of a Scientific Psychotherapy: A Long Voyage' in *The evolution of psychotherapy*, ed. J. K. Zeig (New York: Brunner – Mazel, 1987), pp. 133-144
- Wundt, W., *Introduction to Psychology*, (New York: MacMillan Company, 1912)

Wundt, W., *Principles of Physiological Psychology*, 1902, trans. E.B. Titchner, Classics in the History of Psychology, electronic resource developed by Christopher D. Green, 1997, <http://psychclassics.yorku.ca/Wundt/Physio/> (15 May 2008)

Secondary Sources

Adnes, P., 'Nepsis', *Dictionnaire de Spiritualité*, IX, 1981, col. 110-118

Alexander, P., 'Normality', in: *Philosophy*, Vol. 48, No. 184 (Apr., 1973), pp. 137-151

Allan, J.J., *The Ministry of the Church*, (Crestwood: St Vladimir's Seminary Press, 1986)

Alloy, B. L., Jacobson, N.S., Acocelia, J., *Abnormal Psychology: Current Perspectives*, (Boston: McGraw-Hill College, 8th ed., 1999)

Ansbacher, H. L., & Ansbacher, R. R., (eds.) *The Individual Psychology of Alfred Adler: A systematic presentation in selections from his writings*, (New York: Harper & Row, 1964)

Arbuckle, D.S., *A philosophical base for counseling and psychotherapy* (NY: McGraw Hill, 1997)

Arkowitz, H., 'Integrative theories of psychotherapy' in *History of psychotherapy: A century of change*, ed. D. K. Freedheim (Washington: American Psychological Association, 1992), pp. 261-303

Avdeed, D., *Depresia ca patimă și ca boală*, (București: Sophia, 2005)

Avdeev, D.A., *Când sufletul este bolnav*, (București : Sophia, 2005)

Avdeev, D.A., *Nervozitatea: cauze, manifestări, remedii, duhovnicești*, (București, Sophia, 2003)

Avens, R., 'The Image of the Devil in C. G. Jung's Psychology' in *Journal of Religion and Health*, Vol. 16, No. 3 (Jul., 1977), pp. 196-222

Bacu, D., *Pitești: Centru de reeducare studențească*, (Hamilton : Cuvântul Românesc, 1989)

Baldwin, D.S., Birtwistle, J., *An Atlas of Depression*, (New York: The Parthenon Publishing Group, 2002)

Banev, K., *The Ecclesiology of Philokalia*, (Durham Research Seminar in Patristics, December 2009)

Banister, P., et. al., *Qualitative Methods in Psychology: A Research Guide*, (Buckingham: Open University Press, 1994)

Barclay, M., *Anxiety and neurotic disorders*, (New York: John Wiley and Sons, 1971)

Barker, C., et al., *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners*, (Chichester, John Wiley and Sons, 2nd ed., 2002)

Beard, K., 'Anxiety and Anxiety Disorders' in: *The Gale Encyclopedia of Mental Disorder*, v. 1, eds. Ellen Thackery and Madeleine Harris, (Farmington Hills, MI: Gale and Thomson, 2003), pp. 71-75

Beidel, DC., Bulik, CM., Stanley, MA., *Abnormal Psychology*, (New Jersey: Pearson Education, 2nd ed., 2012)

Bennet, P., *Abnormal and Clinical Psychology*, (Maidenhead: Open University Press, 2003)

Bernstein D.A., et. al., *Psychology* (Boston: Houghton Mifflin Company, 8th ed., 2008)

Blumer, H., *Symbolic Interactionism: Perspective and Method*, (NJ: Prentice-Hall, 1969)

Bobgan, M., Bobgan, D., *Psychoheresy: The Psychological seduction of Christianity*, (Sana Barbara: East Gate Publishers, 1987)

Bordeianu, D., *Mărturisiri din mlaștina disperării. (Cele văzute trăite și suferite la Pitești și Gherla)*, vol I, II, ediția a II-a, îngrijită de prof. Marcel Petrișor, (București : Gama, 1995)

Boursiquot, P.E., Brasch, J.S., 'Depression, Euphoria, and Anger in the Emergency Department', in: *Clinical Manual of Emergency Psychiatry*, eds. Michelle B. Riba and Divy Ravindranath, (Washington: American Psychiatric Association, 2010), pp. 93- 114

Brewin, C.R., Power, M.J., 'Meaning and psychological therapy: overview and introduction' in *Transformation of Meaning in Psychological Therapies. Integrating Theory and Practice*, eds. Mick Power and Chris E. Brewin, (London: John Wiley and Sons, 1997), pp. 1-14

Brown D., Pedder, J., *Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice*, (London: Tavistock Publications, 1979)

Burgess, W., *The Depression Answer Book, Professional Answers to More Than 275 Critical Questions About Medication, Therapy, Support and More*, (Illinois: Sourcebooks, 2009)

Burns, T., *Psychiatry: A Very Short Introduction*, (Oxford: Oxford University Press, 2006)

Buss, H.A., *Psychopathology*, (NY: John Willey and Sons, 1966)

Butler, A., Chapman, J., 'The Empirical Status of Cognitive Behavioral Therapy: A review of Meta-analysis', *Clinical Psychology Review* 26, 2006

- Cantopher, T., *Bolile depressive. Blestemul celor puternici*, (București: Antet, 2003)
- Carey, P., Castle D.J., Stein, D.J., 'Anxiety Disorders' in: *Essential Psychiatry*, eds Robin M. Murray et al., (NY: Cambridge University Press, 4th ed., 2008), pp. 147-180
- Chadda, R.K., 'Depression in General Practice' in: *Psychiatry for General Practitioners*, eds. R.C. Jiloha, M.S. Bhatia, (New Delhi: New Age International, 2010), pp. 53-60
- Chartier, J.P., *Introducere în psihanaliza lui Sigmund Freud*, (București: Iri, 1993)
- Choy, Y., Fryer, A. J. and Lipsitz, J. D. 'Treatment of specific phobia in adults', *Clinical Psychology Review*, 27, (2007), 266-86
- Chryssavgis J., *John Climacus: From the Egyptian Desert to the Sinaite Mountain*, (Aldershot: Ashgate, 2004)
- Ciobanu, S., 'On Fear and Anxiety: Psychiatric and Patristic Perspectives', Conference Paper, Mental Health and Spirituality Conference, (Durham, Sept, 2010)
- Ciobanu, S., *Anthropological perspectives in dialogue: modern psychology and Fathers of the Philokalia*, in: *Studia Theologica Doctoralia*, III, (Iasi: Doxologia, 2011), pp. 75-91
- Ciobanu, S., *Narcissism or The Drama of Not Being 'Born into Love'. The Philokalic and Psychological Perspective. The Role of 'Word' in Cure*, in: *Studia Theologica Doctoralia*, IV, (Iasi, 2012), to be published
- Ciobanu, S., *The Parable of the Prodigal Son : A Psychological Perspective*, presented within the Seminar of Religious Educational Ideas, (The Roman-Catholic Theological Institute, Bucharest, February, 2007) and Patristics Seminar, (Department of Theology and Religious Studies, Durham, March, 2008)
- Clarkson P., Pokorny, M., (eds), *The handbook of psychotherapy*, (London: Routledge, 1994)
- Comer, R.J., *Abnormal Psychology*, (New York: Worth Publishers, 7th ed., 2010),
- Cook, C.C.H, *The Philokalia and The Inner Life*, (Cambridge: James Clarke and Co, 2011)
- Coolican, H., *Research Methods and Statistics in Psychology*, (London: Hodder and Stoughton, 2nd ed., 1994)
- Coon, D., Mitterer, J. O., *Introduction to Psychology: Gateways to mind and behavior*, (Wadsworth: Cengage Learning, 12th ed., 2010)
- Corey, G., *Theory and Practice of Counseling and Psychotherapy*, (Belmont: Thomson Brooks/Cole, 8th ed., 2009)

Craighead, Eduard W., Nemeroff, Charles B. (eds.), *The Concise Corsini Encyclopedia of Psychology and Behavioral Science*, (New Jersey: John Wiley & Sons, 3rd ed. 2004), p. 113-116

David D, *Psihologie Clinică și Psihoterapie*, (Iasș :Polirom, 2006)

David, Daniel, *Cognitive-Behavior Therapy in Psychological and Psychosomatic Disorders and Human Development*, (Cluj Napoca: Risoprint, 2000)

Demorest, A., *Psychology's Grand Theorists. How personal experience shaped personal ideas*, (New Jersey: Lawrence Erlbaum Associates Inc., 2005), pp. 125-171

Dobson, D., Dobson, K.S., *Evidence-Based Practice of Cognitive-Behavioral Therapy*, (NY: The Guildford Press, 2009)

Dobson, K., Dozois, D., 'Historical and philosophical basis of cognitive-behavioral therapy' in K. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (New York: Guilford, 2001), pp. 3–39

Dreikurs, R., 'Psychodynamic diagnosis in psychiatry', *American Journal of Psychiatry*, 119, (1963), pp.1045-1048

Driscoll A., K., *Simple Treatments for Complex Problems: A Flexible Cognitive Behavior analysis System Approach to Psychotherapy*, (New Jersey: Lawrence Erlbaum Associates, 2004)

DSM-IV-TR - *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, text revision (American Psychiatric Association, 2006)

Elkins, D. N., *Humanistic Psychology: A Clinical Manifesto: a Critique of Clinical Psychology and the Need for Progressive Alternatives*, (Colorado: University of the Rockies Press, 2009)

Emilianos Simonopetritul, (Arh) *Tâlcuiri la Filocalie :Avva Isaia*, (Arad : Sfântul Nectarie, 2006)

Emilianos Simonopetritul, (Arh), *Tâlcuiri la Filocalie :Avva Isihie*, (Arad : Sfântul Nectarie, 2008)

Enăchescu, C., *Tratat de Psihopatologie*, (București: Editura Tehnica, 2000)

English, H B., English, A.C., *A Comprehensive Dictionary of Psychological and Psychoanalytic Terms*, (New York: McKay, 1958)

Erwin, E., *Philosophy and Psychotherapy Razing the Troubles of the Brain*, (London: Sage Publications, 1997)

Erwin, E., *Philosophy and Psychotherapy*, (London: Sage, 1997)

- Evsevios Vitti, (Arh) *Tâlcuiri la Filocalie, Sfântul Nil Ascetul*, (Arad : Sfântul Nectarie, 2009)
- Farber, I.E., 'The Things People Say to Themselves', in *American Psychologist*, 18, (1963) pp. 185-197
- Faros, F., *Dialogul în psihoterapia ortodoxă*, (București: Sophia, 2010)
- Faros, F., *Mitul bolii psihice*, (Galați : Ecumenița, 2009)
- Fonagy, Peter, 'The Outcome of Psychoanalysis. The Hope for the Future', in *The Psychologist*, vol. 13, no. 12, December 2000, pp. 620-23
- Fordham, F., *An Introduction to Jung's Psychology*, (Middlesex: Penguin Books, 1963)
- Foucault, M., *Boala Mintală și Psihologică*, (Timișoara: Amarcord, 2000)
- Foucault, M., *Madness and Civilisation: A History of Insanity in the Age of Reason*, (London: Routledge, 1989)
- Foulds, G.A., Caine, T.M., *Personality and Personal Illness*, (London: Tavistock Publications, 1965)
- Frey, R.J., 'Narcissistic Personality Disorder', in: *The Gale Encyclopedia of Mental Disorder*, vol. 1, eds. Ellen Thackery and Madeleine Harris, (Farmington Hills, MI: Gale and Thomson, 2003), pp. 642-648
- Gill, D., *Hughes' Outline of Modern Psychiatry*, (Chichester: John Wiley and Sons Ltd., 5th ed., 2007)
- Glassman, William E., Hadad, Marilyn, *Approaches to psychology*, (London: McGraw-Hill, 5th ed. 2009)
- Goldfried, M.R., Castonguay, L. G., 'The future of psychotherapy integration' in *Psychotherapy*, 29, (1992), pp. 4-10
- Grant, B. F., Dawson, D. A., Stinson, F. S. *et al.* (2006) Trends in DSM-IV alcohol abuse and dependence: United States, 1991-1992 and 2001-2002, *Alcohol Research & Health*, 29(2), pp. 79-91
- Gross, *Psychology: The Science of Mind and Behavior*, (Abington: Hodder and Stoughton, 6th ed., 2010)
- Gross, R., *Key Studies in Psychology*, (Abingdon, Hodder and Stoughton, 2003)
- Hadfield, J. A., *Introduction to psychotherapy. Its History and Modern Schools*, (London: George Allen and Unwin Ltd, 1967)

- Hammen, C., 'Mood Disorders' in: *Handbook of Psychology: Clinical Psychology*, v. 8, eds. George Stricker and Thomas A. Widiger, (NJ: John Wiley and Sons, 2003), pp. 93-118
- Hayes, Nicky, *Foundations of psychology*, (London: Thomson Learning, 3rd ed., 2000)
- Heffner, Christopher, *Psychology 101*, www.allpsych.com/psychology101, (Accessed: 20 November 2006)
- Hergenhahn, B.R., *An Introduction to the History of Psychology*, (Wadsworth: Cengage Learning, 2009)
- Holden, D.V., *The Christian Ascetic Tradition on Dejection and Despondency*, 2004, online resource: <http://ocamp.files.wordpress.com/2011/03/the-christian-ascetic-tradition-on-dejection-and-despondency-david-holden-2004.pdf> (Accessed: 26.01.2009)
- Holdevici, I., *Psihoterapia Tulburărilor Anxioase*, (București: Ceres, 1998)
- Hollanders, H, 'Eclecticism/Integration: Historical Developments' and 'Eclecticism/ Integration: Some Key Issues and research', in: *Integrative and Eclectic Counseling and Psychotherapy*, eds. Palmer, S., Woolfe, R (London: Sage Publications, 2000), pp. 1-57
- Holt, R. R., 'The current status of psychoanalytic theory', *Psychoanalytic Psychology*, 2, (1985)
- Horwitz, A. V., Wakefield, J. C., *The loss of sadness – How psychiatry transformed normal sorrow into depressive disorder*, (Oxford: Oxford University Press, 2007)
- Howitt, D., *Introduction to Qualitative Methods in Psychology*, (Harlow: Pearson Education Limited, 2nd ed., 2010)
- Ianolide, I., *Întoarcerea la Hristos. Document pentru o lume nouă*, editie îngrijită la Mănăstirea Diaconești, cu un cuvânt înainte de Părintele Gheorghe Calciu-Dumitreasa, (București : Christiana, 2006)
- ICD-10 - *International Classification of Diseases*, 10th edition (World Health Organisation, 2006)
- Jackson, S. W., 'Acedia the Sin and its Relationship to Sorrow and Melancholia in Medieval Times', *Bulletin of the History of Medicine*, 55:2 (1981: Summer), pp.172-185
- Jacobs, M., Sigmund Freud, (London: Sage Publications, 1992)
- Jacobson, E., *Progressive relaxation* (Chicago: University of Chicago Press, 1938)
- Jerotić, V., *Numai faptele dragostei dăinue*, (Bacău: Editura Bunavestire, 2003)

Jorge, M.R., 'Diagnosis and Classification of Phobias and Other Anxiety Disorders: Quite Different Categories or Just one Dimension?' in: *WPA Series Evidence and Experience in Psychiatry*, Phobias, vol. 7, ed. Mario Maj et. al., (Chichester: John Wiley and Sons, 2004), pp. 59-60

Kalat, James W., *Introduction to Psychology*, Belmont: Wadsworth Cengage Learning, 9th ed., (2011)

Kearney, C.A., *Social Anxiety and Social Phobia in Youth - Characteristics, Assessment, and Psychological Treatment*, (Springer Science and Business Media, 2005)

Keller W, Westhoff G, Dilg R, Rohner R, Studt HH, 2006, accessed online here: <http://www.uni-saarland.de/fak5/krause/ulm97/keller.htm>

Kohler, Wolfgang, *The Mentality of Apes*, (New York: Harcourt, Brace and World, 1925)

Kohn, A., *Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's praise, and other bribes*, (New York: Houghton Mifflin Company, 1999)

Kottler, Jeffrey A. and Hazler, Richard J., 'The therapist as a Model of Humane Values and Humanistic Behavior', in *The Handbook of Humanistic psychology. Leading Edges in Theory, Research and Practice*, eds. Kirk J. Schneider, James F.T. Bugental, J.Fraser, Pierson, (London: Sage Publications, 2001), pp. 355-370

Kraiopoulos, S., (Arh), *Sufletul meu, temnița mea*, (București: Editura Bizantină, 2009)

Kraiopoulos, S., (Arh), *Taina suferinței*, (Bucuresti : Editura Bizantină, 2007)

Kraiopoulos, S., (Arh), *Te cunoști pe tine însuși? Viața duhovnicească și problemele psihologice*, (București : Editura Bizantină, 2008)

Kring, M.A., et.al., *Abnormal Psychology*, (NY: Willey, 10th ed., 2007)

Laing, R.D., *The Divided Self: An Existential Study in Sanity and Madness*, London: Penguin Books, 1990)

Landis, C., 'Psychoanalysis and Scientific Method' in: *Proceedings of the American Philosophical Society*, Vol. 84, No. 4, Symposium on Recent Advances in Psychology (Jun. 30, 1941), pp. 515-525

Larchet, J.C., *Creștinul în fața bolii, suferinței și morții*, (București: Sophia, 2004)

Larchet, J.C., *Despre iubirea creștină*, (București: Sophia, 2010)

Larchet, J.C., *Inconștientul spiritual*, (București: Sophia, 2009)

- Larchet, J.C., *Mental Disorders and Spiritual Healing*, (Hillsdale: Sophia Perennis, 2005)
- Larchet, J.C., *Teologia bolii*, (Sibiu: Oastea Domnului, 1998)
- Larchet, J.C., *Terapeutica bolilor mintale*, (București: Sophia, 2008)
- Larchet, J.C., *Terapeutica bolilor spirituale*, (București: Sophia, 2001)
- Lewis, C. S., *The Screwtape Letters*, (New York: HarperCollins, 2001)
- Lienhard, T.J., 'On 'Discernment of Spirits' in the Early Church', *Theological Studies*, 41:3 (Sept: 1980), pp. 505- 529
- Littlewood, R. *The Pathologies of the West: An Anthropology of Mental Illness in Europe and America*, (London: Continuum/Cornell University Press, 2002)
- Logothetis, S., *Depression: A Spiritual Guide*, (Nafpaktos, Brotherhood of the Transfiguration of our Savior Jesus Christ, 2004)
- Lonergan, B.J.F, *Method in Theology*, (Datton Longman and Todd, 1972)
- Loo, H., Loo, P., *Depresia*, (București: Corint, 2003)
- Lossky V., *Orthodox Theology: An Introduction*, (NY: St Vladimir's Seminary Press, 1989)
- Louth, A., 'The Theology of the Philokalia' in: *Abba: The Tradition of Orthodoxy in the West. Festschrift for Bishop Kallistos (Ware) of Diokleia*, eds. J. Behr, A. Louth, D. Conomos, (Crestwood : St Vladimir's Seminar Press, 2003), p. 351-361
- Louth, A., *Discerning the Mystery: An Essay on the Nature of Theology*, (Oxford: Clarendon Press, 1999)
- Louth, A., *Maximus the Confessor: Early Christian Fathers*, (London: Routledge, 1996)
- Luborsky, L., 'Theories of cure in psychoanalytic psychotherapies and the evidence for them' in: *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals*, vol. 16, issue 2, 1996, pp. 257-264
- Magnavita, Jeffrey J. (ed.), *Psychodynamic/ Object Relations*, vol. 1, *Comprehensive Handbook of Psychotherapy* (New York: John Wiley and Sons, 2002)
- McGrath, J.E., Johnson, B.A., 'Methodology Makes Meaning: How Both Qualitative and Quantitative Paradigms Shape Evidence and Its Interpretation' in: *Qualitative Research in Camic* Rhodes, M.P., Yardeley, E.J., (eds.), *Psychology, Expanding Perspectives in Methodology and Design*, (Washington: American Psychological Association, 2003)

- McMinn, M.R., Campbell, C.D., *Integrative Psychotherapy. Toward a Comprehensive Christian Approach*, (Downers Grove: InterVarsity Press, 2007)
- McWilliams, N., Weinberger, J., 'Psychodynamic Psychotherapy' in *Handbook of Psychology, Clinical Psychology*, v. 8, eds. George Stricker and Thomas A. Widiger, (New Jersey: John Wiley and Sons, 2003), pp. 253-279
- McWilliams, N., *Psychoanalytic diagnosis: Understanding Personality Structure in the Clinical Process*, (NY: Guilford Press, 2011)
- Meeks-Hunt, S., 'The Anthropology of Carl Jung: Implications for Pastoral Care', *Journal of Religion and Health*, Vol. 22, No. 3 (Fall, 1983), pp. 191-211
- Meichenbaum, D., *Cognitive-Behavior Modification. An Integrative Approach*, (New York: Plenum Press, 1977)
- Menninger, K., *Whatever Became of Sin?*, (NY: Hawthorn Books, 1973)
- Meyer, R.G., et al., *Case Studies in Abnormal behavior*, (Boston: Pearson, 8th ed., 2009)
- Millon, T., et. al., *Personality Disorders in Modern Life*, (NJ: Wiley, 2nd ed., 2004)
- Milton, J., 'Why Assess? Psychoanalytical Assessment in the NHS' in: *Psychoanalytic Psychotherapy*, vol.11, No.1, 1997, pp 47-58
- Moran, J., 'Orthodoxy and Modern Depth Psychology' in: *Living Orthodoxy in the Modern World*, eds. Andrew Walker and Costa Carras, (London: SPCK, 1996), pp. 131-158
- Moss, D., 'The Roots and Genealogy of Humanistic Psychology' in *The Handbook of Humanistic psychology. Leading Edges in Theory, Research and Practice*, eds. Kirk J. Schneider, James F.T. Bugental, J.Fraser, Pierson, (London: Sage Publications, 2001), pp. 5-21
- Nellas P., *Deification in Christ: The Nature of Human Person*, (Crestwood: St Vladimir's Seminary Press, 1997)
- Noica R., *Celălăt Noica*, (București: Anastasia, 2002)
- Oei, T.P.S., Dingle, G., 'Anxiety Disorders: Brief Intensive Group Cognitive Behavior Therapy' in: *Encyclopedia of Psychotherapy*, eds. Michael Hersen and William H. Sledge, (New York: Academic Press, 2002), pp. 57-60
- Ogliari, R., 'Spiritualitatea sinaită', în *Filotei Sinaitul: Trezia minții și cerul inimii*, (Sibiu: Deisis, 2009)
- Palmer, G.E.H., Sherrard, P, and Arch Kallistos Ware, 'Introduction' in *Philokalia*, v. 1, p. 11-18

- Paterson, C.H., 'Is Psychotherapy Dependent Upon Diagnosis?' in: *Understanding Psychotherapy: Fifty Years of Client-Centered Theory and Practice*, PCCS Books, 2000) pp. 155-159
- Patterson, C.H, Watkins, Eduard C. Jr., *Theories of Psychotherapy*, (New York: Harper Collins College Publishers, 5th ed. 1996)
- Patterson, C.H., 'Eclecticism in Psychotherapy: Is Integration Possible?' in *Psychotherapy*, 26, (1989), pp. 157-161
- Patterson, C.H., 'Values in Counseling and Psychotherapy' in: *Understanding Psychotherapy: Fifty Years of Client-Centered Theory and Practice*, PCCS Books, 2000, pp. 164-176
- Pattison, E. Mansell, 'Contemporary Views of Man in Psychology', *Journal of Religion and Health*, Vol. 4, No. 4 (Jul., 1965), pp. 354-366
- Pear, J.J., *A Historical and Contemporary Look at Psychological Systems*, (New Jersey: Lawrence Erlbaum Associates, 2007)
- Peck, S. M., *The road less traveled* (London: Arrow books, 1983)
- Peck, S.M., *People of the Lie*, (London: Arrow Books, 1983),
- Pennings, P., Keman, H. Kleinnijenhuis, J., *Doing Research in Political Science*, (London: Sage Publications, 2nd ed., 2006)
- Persons, J.B., *The Case Formulation Approach to Cognitive-Behavioral Therapy*, (NY: The Guildford Press, 2008)
- Pound, M., *Theology, Psychoanalysis and Trauma*, (London: SCM Press, 2007)
- Prochaska, J.O, Norcross, J. C., *Systems of Psychotherapy: A Transtheoretical Analysis*, (Belmont: Brooks/Cole, 2010)
- Rachman, S., *Anxiety*, (Hove and New York: Psychology Press Ltd, 2nd ed., 2004)
- Ralea, M., Botez, C.I., *Istoria psihologiei*, (București: Editura Academiei Republicii Populare Romîne, 1958)
- Reicher, S., 'Against methodolatry: Some comments on Elliott, Fischer, and Rennie' in: *British Journal of Clinical Psychology*, 39, 1:6, (UK: The British Psychological Society, 2000), pp. 1-7
- Reiss, S., *The Normal Personality: A New Way of Thinking About People*, (NY: Cambridge University Press, 2008)

- Rich, A. D., *Discernment in the Desert Fathers*, (Milton Keynes: Paternoster, 2007)
- Robertson, Donald, *The Philosophy of Cognitive Behavioral Therapy: Stoic Philosophy as Rational and Cognitive Therapy*, (London: Karnak, 2010)
- Rowan, John, 'Existential Analysis and Humanistic Psychotherapy' in *The Handbook of Humanistic psychology. Leading Edges in Theory, Research and Practice*, eds. Kirk J. Schneider, James F.T. Bugental, J.Fraser, Pierson, (London: Sage Publications, 2001), pp. 447-464
- Rycroft, C., *Anxiety and neurosis*, (London: H.Karnac Books, 1988)
- Sabshin, M., 'Concepts of Normality and the Classification of Psychopathology' in: *Handbook of Personology and Psychopathology*, ed. Stephen Strack, (NJ: Wiley, 2005), pp. 229-238
- Sadler, J.D., *Values and psychiatric diagnosis*, (Oxford: Oxford University Press, 2005)
- Saharov, S., (Arch.), *His life is Mine*, (NY: St. Vladimir's Seminary Press, 1977)
- Schinka J.A., Velicer, W.F., eds., 'Research Methods in Psychology', v. 2, in: *Handbook of Psychology*, (New Jersey: John Wiley and Sons, 2003)
- Schreiber, S.D., *The Instinct to Heal: Curing Depression, Anxiety and Stress Without Drugs*, (Rodale, 2004)
- Schultz, D. P., Schultz, S.E., *A History of Modern Psychology*, (Belmont: Wadsworth, Cengage Learning, 10th ed. 2011)
- Seligman, L., *Systems, Strategies and Skills of Counseling and Psychotherapy*, (NJ: Prentice Hall, 2001),
- Shaffer, B.P., *Humanistic Psychology*, (New Jersey: Prentice-Hall, Englewood Cliffs, 1978)
- Sharf, R., *Theories of Psychotherapy and Counseling*, (Belmont: Cengage, 5th ed. 2012)
- Shaughnessy, J., et al., *Research Methods in Psychology*, (NY: Mc Graw-Hill, 9th ed., 2012)
- Sheehan, M.J., 'Constructs and 'conflict' in depression', *British Journal of Psychology*, 72:2 (1981: May), pp. 197-209
- Snygg, D., Combs, A.W., *Individual Behavior: A New Frame of Reference for Psychology*, (New York: Harper, 1949)
- Sokolov, A. N. *Inner speech and thought* (New York: Plenum Press, 1972)
- Spidlik T., *The Spirituality of the Christian East: A Systematic Handbook*, (Michigan: Cistercian Publications, 1986)

- Stăniloae, D., (trans), 'Scara raiului', în *Filocalia*, vol. 9, (București : EIBMO, 1980)
- Stăniloae, D., (trans.), *Filocalia*, v. 1, (Sibiu: Dacia Traiana, 1947)
- Stiemerling, D., *10 abordari psihoterapeutice a depresiei*, (București: Editura Trei, 1995)
- Storr, A., *Freud: A very short introduction*, (Oxford: Oxford University Press, 1989)
- Strickland Bonnie, ed., *The Gale Encyclopedia of Psychology*, (Farmington Hills: Gale Group, 2nd ed., 2001)
- Szasz, T., *Pharmacracy: Medicine and Politics in America*, (Prager 2001)
- Szasz, *The Myth of Mental Illness*, (NY: Perennial, 2003)
- Szasz, *The Myth of Psychotherapy*, (NY: Syracuse University Press, 1988)
- Teoclit Dionisiatul, *Tâlcuiri la Filocalia : Sfântul Diadoh al Foticeii*, (Arad : Sfântul Nectarie, 2008)
- Thermos, V., *In Search of the Person –True and False Self According to Donald Winnicot and St Gregory Palamas*, (Montreal: Alexander Press, 2002)
- Thermos, V., *Om la orizont: Psihologia și psihiatria ortodoxă*, (București: Sophia, 2010)
- Ungersma, A. J., *The search for meaning*, (Philadelphia: Westminster, 1961)
- V. Harghidan, *Metode de psihodiagnostic*, (București: Editura Didactică și Pedagogică, 1997)
- Vanheule, S., 'Diagnosis in the field of psychotherapy: A plea for an alternative to the DSM-5.x' in: *Psychology and Psychotherapy: Theory, Research and Practice*, 85, 2012, pp. 128–142
- Vaughan, R.P., 'Religious Belief, Values, and Psychotherapy' in: *Journal of Religion and Health*, vol. 2, No. 3, Apr., 1963, pp. 198-209
- Vits, P.C., *Psychology as Religion*, (Mitch: William B. Eerdmans Publishing Company, 1980)
- Vlachos, H., *Hesychia and Theology: The Context for Man's Healing in the Orthodox Church*, (Levadia: Birth of the Theotokos Monastery, 2007)
- Vlachos, H., *Psihologia existentialistă și Psihoterapia Ortodoxă*, (București: Editura Bizantină, 1997)
- Vlachos, H., *Psihoterapia ortodoxă: Continuare și dezbateri*, (București: Sophia, 2001)
- Vlachos, H., *The Person in the Orthodox Tradition*, (Levadia: Birth of the Theotokos Monastery, 1998)

Vlachos, H., *The Science of Spiritual Medicine*, (Levadia: Birth of the Theotokos Monastery, 2010)

Vlachos, *Orthodox Psychotherapy*, (Levadia: Birth of the Theotokos Monastery, 2006)

Wampold, B.E, Psychotherapy: 'The Humanistic (and Effective) Treatment' in: *American Psychologist*, Nov. 2007, pp. 857- 873

Ware, K., 'Philokalie', in: *Dictionnaire de spiritualité ascétique et mystique, doctrine et histoire*, ed. Marcel Viller, et. al., vol. 12, part 1:1336-52, (Paris: Beauchesne, 1984)

Ware, K., 'The Spirituality of Philokalia', in *Sobornost*, 13:1, 1991, pp. 6-24

Williams, S. L., 'Anxiety Disorders' in: *Psychopathology: Foundations for a Contemporary Understanding*, eds. James E. Maddux and B.A. Winstead, New York: Routledge, 2nd ed., (2008), pp. 141-169

Winnicott, D.W., *The Maturation Processes and the Facilitating Environment*, (London: Karnac Books Ltd, 1990)

Wolitzky D.L., 'Psychodynamic Theories' in *Comprehensive Handbook of Personality and Psychopathology*, v. 1, eds. Jay C. Thomas and Daniel L. Segal, (New Jersey: John Wiley and Sons, 2006), pp. 65-95

Wong, F.K., et al., 'The Suicidal Patient' in: *Clinical Manual of Emergency Psychiatry*, eds. Michelle B. Riba and Divy Ravindranath, (Washington: American Psychiatric Association, 2010), pp. 33-60

Wright, J.H., Iasco, M.R., Thase, M.E., *Learning Cognitive-behavior Therapy: An Illustrated Guide*, (Arlington: American Psychiatric Publishing, 2006)

Young, E.W., et al., 'Mood disorders/affective psychoses', in: *Psychiatry and Evidence Based Texts*, eds. Prof. Bassant Puri and Dr. Ian Tresaden, (London: Hodder Arnold, 2010), pp. 610-639

Zimbardo et al., *Psychology: Core Concepts*, (Pearson, 7th ed., 2012)

Zlate, M., *Psihologia mecanismelor cognitive*, (Iași: Polirom, 1999)

Zorin, K.V., *Genele și cele șapte păcate capitale*, (București: Sophia, 2006)

Zorin, K.V., *Păcatele părinților și bolile copiilor*, (București : Sophia, 2009)

Zorin, K.V., *Pași spre însănătoșire : Scoală-te și umblă*, (București : Sophia, 2009)