

## Article

# Augustine, Carl Rogers and Orthodox Psychotherapy: Connections and Differentiations

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## Abstract

The paper examines key positions in three distinct approaches to psychotherapy based on the theological work of Augustine, the psychiatric work of Carl Rogers, and one of the key relevant Orthodox Christian views within “Orthodox Psychotherapy”. Connections are discussed, and certain key differentiations are highlighted, with the hope for the development of a more nuanced discourse between the three related fields of Psychiatry, Psychology and Orthodox Psychotherapy. I conclude that Orthodox Psychotherapy, even though distinct and different in its approach, can be less polemical and more open for a dialogue between the three approaches, becoming more effective in its therapeutic approach.

**Keywords:** Augustine; Carl Rogers; St Gregory Palamas; Orthodox Psychotherapy

## 1. Introduction

There is a strong research interest among contemporary psychologists and psychiatrists for faith-based and human (client)-centred or Christian-centred approaches (e.g., Foreman 2017; Cook 2013). This is a continuation of earlier relevant discussions by Carl Jung (1875–1961) and Viktor Frankl (1905–1997), among others. They advocate for faith-informed components in therapeutic approaches, as well as more research into how a practitioner’s and patient’s faith and religious beliefs and practices contribute to therapeutic outcomes (e.g., Jung 1959; Foreman 2017). Other studies discuss specifically the effect of spiritual well-being and a faith-based life on the psychological and physiological progress of terminally ill patients (Bai and Lazenby 2015). In a parallel development, after the pioneering work of Metropolitan Ierotheos Vlachos (of Nafpaktos), see cf. Ιεροθέου (1997) and relevant publications from Fr Vasileios Thermos (Θερμού 2005, 2025; Κυριαζής Δ. and Θερμός 2012) and others, there is a considerable increase in publications, conferences, and Lectures in Greece about the links between Orthodox Psychotherapy and Western approaches to Psychotherapeutic treatments of mental illness (cf. Κορναράκη 2011; Αυγουστίδης et al. 1999; Μπαλογιάννη 1995). In this spirit, my contribution is not just one more attempt to provide an intellectual bridge between East and West in terms of psychotherapy. Rather, I would like to highlight some of the commonalities of a significant number of mental illnesses and psychiatric disorders to what is described in the Palamite corpus as *typhos* and how this can help us understand better both the commonalities and the differentiations from Western faith-informed therapeutic approaches. I will start with Augustine and then turn to Carl Rogers. I will close with a brief examination of Orthodox Psychotherapy, its differences and commonalities in relation to the Western approaches (evidenced in the Augustine and Carl Rogers sections), and provide the details of how the Palamas’ concept of *typhos* can help us understand these.



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## 2. Method

Allow me to discuss in a few words my methodology and overall approach here. One could ask about the validity of a comparison between different forms of therapy that are incompatible in terms of basic concepts of anthropology and perspectives (as I claim). My method here is the one that is familiar to philosophers, who engage in comparative philosophy investigations. What these philosophers often try to do seems quite impossible: they attempt to compare two or more radically different perspectives with little prospect of success when they start their investigation. Even though one could be critical of this approach, it has significant merits: it provides an important hermeneutical tool that can prove particularly useful for the therapist: by ‘mapping’ concepts across different perspectives and their possibilities, one can provide creative options for meaning and new syntheses which may enhance the therapeutic nexus (Frazier 2020). There are two different (but equally plausible) perspectives in most of these attempts. Firstly, there is the view that there can be no comparison, and the different perspectives are incommensurable in some important way, leading their supporters to just acknowledge that they are different. Perhaps here a good representative of this approach is Fleischacker (1992), who is influenced by Wittgenstein’s approach to “world pictures” (cf. Wittgenstein 1975, §§83, pp. 93–97, 162, 167, 233, 262). There is a lot of discussion about what exactly Wittgenstein had in his mind when he wrote about “world pictures” or “background” or “hinges” (Weiberg 2025; Hoyt 2025; Athanasopoulos 2020a, 2020b). But I think we can accept for the purposes of this work that Wittgenstein was close to what Fleischacker took him to be. Secondly, there is the view that even though different, there could be some common basis in terms of a substantial agreement about many of the basic concepts that are relevant in the discussion between the cultures or perspectives that are different. Perhaps here the views of Moody-Adams (1997) and Cooper (1978) are most relevant. There are many variants of perspectives on this issue between these two views, but for our purposes, I think we can be satisfied that these two provide us with good examples of what this approach may entail. I would like to choose for our purposes here the first perspective. Highlighting the differences between the three perspectives is just acknowledging that they differ significantly. This can be very valuable not only for conceptual mapping investigations but also for providing material for creative options of meaning and new syntheses (as Frazier 2020 has indicated). However, I do not wish to prescribe what an individual therapist will wish to do in particular circumstances while trying to follow one or more of the therapeutic perspectives outlined here. For example, if they have to treat a client who is Orthodox in the sense discussed here, they may respect the differences and offer a form of therapy that is more culturally friendly to the client. If the client is an atheist, they may try the Carl Roger’s approach, while acknowledging the limitations of this approach, as discussed here. This would be beneficial, for example, for a therapist who is also Orthodox (knowing and fully understanding the differences does not only help the therapist-client nexus but also guarantees the mental, psychological and spiritual integrity of the therapist). Similarly, for a therapist who is Roman Catholic with Augustinian inclinations and so on. Understanding the differences here could be one of the significant and key first steps in making the therapeutical nexus more meaningful and more effective.

Let me address here also a potential criticism to my methodological approach, which has been expressed by one of the reviewers of this work. The reviewer has expressed worries that there is a conscious attempt in this work to select authors and intellectual traditions primarily because they support the argument being advanced, rather than because they provide a balanced representation of the relevant scholarship. What I would like to stress in relation to this is that the “relevant scholarship” is significant. As I indicate in relation to Augustine, there is a variety of approaches when it comes to integrating his

intuitions into a therapeutic nexus (I charted some tendencies here in relation to integrationism). And this is only in relation to Augustine. There is significant research for other faith-based approaches (including non-Christian) which could be discussed, but I chose not to due to my focus and limitations of my paper in terms of scope. My work that follows is not a review paper, where breadth of scope would be a primary concern. Similarly, for the Orthodox approaches, in the relevant section, I outline that there is considerable research to be reviewed, if my concern was to produce a review paper. As far as Carl Rogers is concerned, there are also a variety of approaches that have been developed from his time till now, and research has been produced that outlines possible directions in therapeutic applications. But, again, producing a review paper is not my main interest here. There is also the concern about “balance” that needs to be addressed. One could suggest here that I would need to discuss possible replies from each one of the theories that I discuss, especially regarding their possible weaknesses. Again, this would be required if my work here is a refutation of one perspective or a treatise in support of one perspective. My work here is the product of a comparative philosophy investigation. I am not claiming that one perspective is the best for all cases. As you will see later on, what I recommend with this paper is for the therapist to decide what perspective fits best the therapeutic nexus at hand. Knowing the details in the differences between these perspectives means that the therapist is better equipped to judge the weaknesses and the strengths of each, in a given therapeutic nexus where the main concern is the welfare of the person under care.

### 3. Augustine (354–430): Psychology and Psychiatry as Interpersonal Friendship

Augustine’s ideas have influenced not only Western theology but also Western psychology and psychiatry (Kingham 2017; Cook 2013). In what follows, I will outline Augustine’s particular ideas about friendship and how these can assist in the building of a positive relationship between a patient and a mental health practitioner, making it a key factor in the therapeutic nexus.

Augustine believes that no one can learn something evil. For Augustine, knowledge and learning are good. They have an inherent and inalienable value. The educator’s (or, in our case, the health practitioner’s) task is then a moral one: to provide access to this inherently good asset that is knowledge (of the world and one’s true self). Both the content of what is taught and the way that this is taught attain an ethical dimension that is intrinsically linked to the process and the aims of this process. i.e., to attain good. (*De Libero Arbitrio* I, 3; in St. Augustine 1955b). This line of thinking is very close to Aristotle’s insistence that true friendship can only be attained through a common vision of the good (see *Nicomachean Ethics*, 1157b). However, one must remember that Augustine relates his ethical discussion of the educational nexus with his vision of the good life in Christ (*beatitudo* or *beata vita*). Aristotle and Augustine differ on their concepts of a good or happy life, and it is Augustine who makes a more radical embrace of Platonism in the attainment of the good life and of true knowledge in true adherence to earlier Christian Platonists. For Augustine to know what is good and to believe that something in front of us corresponds to our knowledge of the good is not enough for the attainment of the good life. What is important is true interpersonal love that will provide the inexhaustible fuel, motive and drive in one’s struggle to know and do good (Augustine *De Trinitate*, Book 10, Chapter 3: *That When the Mind Loves Itself, It Is Not Unknown to Itself*).

For Augustine, it is love that provides the “weight” that will enable the process to find its way in its attainment of truth (St. Augustine 1955a, *Confessions*, Book 13, chap. 9). This love is what supports the educational (and in our case, therapeutic) nexus and allows it to bring good results (St Augustine, *On the Teacher*, 8, 21).

Love here is important for seeking, attaining and securing the truth through action; it is important for the therapist to attain and secure a moral state that would be conducive for the facilitation of this process. Only then will the loving relationship between the therapist and the client be conducive to the good of the client. If this is not so, the befriended (in our case, the client) will be driven away from the good and the truth, thus destroying any prospects he may have in an effective resolution to the given problem. As Augustine himself many times admits in his *Confessions*, befriending people who do not love good makes us evil (see St. Augustine 1955a, *Confessions*, Book 2, chap. III, para. 7; Book 2, chap. IV, para. 9).

There is a particular interest in Augustine for a radical change of will. In this voluntaristic attitude towards the human mind, love for the good plays a special role that is undoubtedly tied to Augustine's strong theological conviction, but it does show us that a transformation of the will through an act of the will is something that should be sought in the therapeutic process. This transformation is not effected without verbal communication. Actually Augustine is emphasising that the role of the good educator (or therapist in our case) is to build a fence of good advice around the soul of the tutee/client and to interrogate the soul of the tutee/client, so that he can recognise and agree with the tutee/client regarding their joint limitations and failures; in this way, the tutee/client will allow for this transformation of will to have a lasting effect upon their soul (mind) (see St Augustine, *On the Teacher*, 5, 14; 6, 17; 10, 31). Note also that for Augustine, the real teaching comes from within and from God and not from another man; so, this is another way why the transformation of will gains more importance in his system (St Augustine, *On the Teacher*, 11, 38; 14, 45; see also Thomas Aquinas, q. 11, a.1 of *De Veritate*).

The application of Augustine's ideas to psychiatric and psychological practice is very important here. In many cases, the therapist has to deal with clients who do not want to discuss much, or they do not know much about the circumstances surrounding a given situation or the problem to be solved. For the therapeutic goals to succeed, there is a need to establish in a clear way a therapeutic contract between the two parties that is based on an agreement of true friendship and love, not just one of (primarily) monetary returns. An idea of trust with firm foundations on friendship and love is very important in this process. But I want to claim that this is not enough. Trust, if not guided or driven constantly by friendship and love (in the Augustinian and Judeo-Christian sense of *agape*), may soon be turned to mistrust, especially when the probing is unsettling and defence-breaking. It is at this point that the therapeutic nexus fragments and the problem-solving cascade mechanisms collapse. Aspects of this process have been the focus of some significant relevant research (Sutherland 1997; Swinton 2025). Of course, this is not the only use of Augustinian ideas a psychiatrist and/or a psychologist can have. There is some research into the wider Augustinian conceptual framework that can be used in specific mental health issues (Boa 2004; McMinn 2008). A good example is the Augustinian concept of evil, which researchers find as non-substantialist and relational and so more appropriate in discussions about harm in the therapeutic nexus (see Parvan 2013). But I will stop my examination into potential uses of Augustinian intuitions in psychotherapy here, due to the nature and purposes of this paper. Of course, there are problems with the Augustinian-based therapeutic approach. As many specialists on Augustine have written, there is an animosity towards the body and all physical senses that reminds one of Plato's contempt for the physical and bodily senses. In this way, Augustine's ideas lead one towards an intellectualism that will be further pronounced by Aquinas (Thero 2006, pp. 61–64). There are other, more theological problems having to do with Augustine's very pessimistic outlook on human will (which he finds too corrupt to do anything good on its own, causing serious problems for human freedom), as I will later point out in Romanides' critique of Augustine.

But I think our investigation into an Augustinian approach to therapy has identified some key characteristics that merit further study from a therapist with Christian inclinations or while providing therapy to a Christian client (esp. coming from a pro-Augustinian Roman Catholic background).

#### 4. Carl Rogers (1902–1987): Freedom as Debilitating Fear

Carl Rogers, in his aptly named “Client-Centred Therapy”, offers not only a therapeutic approach but also a theory of personality with existentialist undertones. His work is the result of his lengthy psychiatric engagement with many veterans’ cases of PTSD as well as his personal interest in forms of existential psychotherapy. I will try to summarise here some of the key points in this therapeutic approach.

In this theory, there is a postulate of constant interaction with the natural and social environment and a continuous creation of the self (as a centre or focal point of understanding of one’s consciousness), particularly as a result of value-based interaction with others. In the continuous process of symbolisation of the environment, values and symbols that are consistent with one’s concept of self are kept and supported. Inconsistencies within the structure of the self, produced by needs not yet symbolised, produce problems of “ownership”. The client on these occasions sometimes needs external help in bringing about a psychological adjustment, bringing all sensory and visceral experiences of the organism into an assimilation on a symbolic level, and forming a consistent relationship with the concept of self. In cases of maladjustment, there is tension that sometimes cannot be resolved. The person experiencing this may resort to rigidity: Any experience which is inconsistent with the organisation of the structure of the self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organised to maintain itself. Under certain conditions, involving primarily the complete absence of threat to the self-structure, experiences which are inconsistent with it may be perceived and examined, and the structure of self is revised to assimilate and include such experiences. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals. While the person is trying to accept all emerging organic experiences, there is a constant organismic valuing process. This is a fearsome project because it entails a constant revision of the self (Rogers 1951).

In this way, a key idea in Carl Rogers’ system of psychotherapy becomes the concept of *incongruence*. The image of the self that we actualise in our social interaction sometimes does not follow our own organismic values and self-regard. Social values, perceptions and understanding of us most of the time do not correspond to what we want ourselves to be. Thus, a clash ensues between the socially lived and the self-projected self (or, in Rogers’ terms, between the *I am* and the *I should be*). This is what allows for incongruence to appear, and this is what interferes with the therapeutic nexus, not allowing the therapist to identify the roots and causes of a given problem. In this way, the therapist needs to prioritise a facilitating process through the therapeutic nexus that will allow both the therapist and the client to achieve *congruence*, i.e., clarity and coherence in the adopted value system and truth in the self-perception of the self, and to assist in the realisation of this self-perception. A major tool in this is the therapist’s continual questioning or puzzlement, both about him/herself and about the client (Rogers 1969).

Beyond any doubt, Carl Rogers’ theory has an important advantage for our (mostly secular) age: it minimises metaphysical and epistemological commitments (i.e., there is no necessity for the Augustinian insistence on divine illumination and attainment of a personal truth in Christ). However, Carl Rogers himself admits there is a serious tension between the continuous drive towards congruence (that both the client and the practitioner

must always entertain in the nexus) and the drive towards reaching an equilibrium in the socially perceived self and adopted defences. This (perceived as absolute) freedom from external evaluations creates the possibilities for an intense and agonising fear, which can break the nexus and create additional problems for the problem-solving techniques adopted in the therapeutic practice. Carl Rogers thinks that his theory can avoid the pitfalls of both the existentialist and the deterministic-behaviourist theories of the person, through the organismic embodiment of one's values into a symbolic system (i.e., as the values are embodied, they are allowed to grow like an organism, and thus, provide enough inertia to bar a sense of absolute freedom). But, as many critics on his theory are eager to point out, the lack of a specific metaphysical basis and a coherent metaphysical perspective that can provide safety and protection from fundamental metaphysical and epistemological anxieties create an environment, where the fear of absolute freedom is strengthened and allowed to grow and damage the practice nexus (for more on these issues please read: [Van Kalmthout 1998](#); [Purton 1998](#); [Schmid 1998](#); [Van Belle 1980, 1990](#)). To strengthen this criticism, one could point out here the dire consequences of using essentially Sartrean ideas about authenticity, (in)congruence and bad (or good) faith in a therapeutic nexus like this one ([Athanasopoulos 1996](#)).

There seems to be no way out of this predicament in Rogers' theory. Perhaps, the voluntarist perspective of Augustine's approach can indeed help in focusing the nexus on the love aspect of the nexus and disregard the potentially damaging effects of the lack in terms of a fundamental, coherent and comprehensive metaphysics and epistemology.

Augustine's approach could also provide assistance in Rogers' perspective in this: Rogers' practical aim in aiding the client's continuous re-orientation of his/her lifestyle on the basis of personal choices of specific existential importance turns the client into a never-ending project of someone trying to become something else; but this without a specific (and transcendent to personal whims) goal turns the life of the client into a shallow, empty and ultimately boring routine of the always new (which loses its "newness" because it is always changing). Here, a more consistent application, aided by the transcendental (to personal whims) and personal goal-fixing process that the Augustinian approach allows, will enable the therapist to help the client gain a more stable and meaningful, essentially a goal-directed, existence. But note that integrating key ideas from Augustine to Rogers' approach to deal with its structural problems makes Rogers' approach lose its attractiveness for the atheists. So, a win in terms of dealing effectively with problems in Rogers' theory becomes a failure for the therapeutic approach to live up to its atheistic aspirations.

In this way, Rogers' atheistic foundations have led this therapeutic approach to some grave consequences for its success as a therapy. But one could maintain here that this means that the Augustinian approach comes out as a winner. Without going into the debate about whether the Biblical Counselling Model ([Crabb 2013](#); [Powlison 2010](#)) or the Integration Model ([McMinn 2012](#)) is the most successful, there seems to be a growing number of health care professionals, theologians, psychologists and psychiatrists in the West, who find that some kind of combination of psychology and theology approach may be the solution to the many problems in atheist approaches ([McMinn and Campbell 2007](#)).

What this means for our investigation is that Rogers' approach seems radically different from the Augustinian approach, even though in practice an atheist therapist may have the Augustinian approach as a corollary in cases where the client is metaphysically inclined. In any case, the two approaches we examined so far (Augustinian and Rogers') coming from two radically different backgrounds (Christian vs. Atheist) show us that, even though radically different, they should be in the conceptual mapping repertoire of the therapist to cover as many contingencies as possible. But note that the Augustinian ap-

proach is primarily focused on the Western theological approach and seems troublesome from the Orthodox perspective. Let's see next why.

## 5. Orthodox Psychotherapy and St Gregory Palamas' Concept of "Typhos"

In the East, taking as my focus developments primarily in Greece, there has been a growing interest in what is termed "Orthodox Psychotherapy" during the last 50 years or so. Many writers have contributed to the development of this approach (Θερμού 2005, 2025; Κυριαζής Δ. and Θερμός 2012; Κορναράκη 2011; Αυγουστίδη Αδαμαντίου 1999; Αυγουστίδης et al. 1999; Μπαλογιάννη 1995). I will focus here on the views of Fr John Romanides and Metropolitan Ierotheos due to their affinity and relation to the relevant work of St Gregory Palamas that I will examine later on.

"Orthodox Psychotherapy" is a term that most commonly today is associated with the title of a famous book written by Metropolitan Ierotheos Vlachos (of Nafpaktos- Ιεροθέου 2004). One can find the early forms of the ideas expressed here in the polemical works of Fr John Romanides, a Professor of Theology at the University of Thessaloniki during the 1970s and 1980s, who was a major influence on Metropolitan Ierotheos. A key work of Romanides is focused on Augustine's conception of sin and how this differs from the Orthodox understanding of sin (Romanides 2002). For Augustine, according to Romanides, the tendency to sin becomes ingrained in our nature after the Fall of Adam and remains within us and our volition till our death, no matter what we do, while for Romanides (and a significant part of Orthodox Theologians who follow his approach) this can be overcome with divine grace, while alive and in this world, via *glorification* (or *theosis* for certain other Orthodox writers), in the same way that Holy Mary the Theotokos, the Apostles and Saints achieved this with divine energy, while alive. Church, in the work of Romanides and Metropolitan Ierotheos, through its continuous life of prayer, asceticism and its many mysteries, becomes the mystical healing place for our transformation of will and heart toward becoming appropriate vessels for divine energies. There is a certain optimism in this perspective that the Augustinian perspective cannot support. As both Romanides and Metropolitan Ierotheos maintain (in the aforementioned works), this profound soteriological optimism was settled at the Ninth Ecumenical Synod (1341–1351), which proclaimed the works of St Gregory Palamas as the true Orthodox Theology in these issues. Augustine's views, especially as these were studied and discussed by Medieval (Roman Catholic) Theologians were proclaimed as heretical together with other views of Varlaam of Calabria, who was the philosophical and theological opponent of St Gregory Palamas in their dispute about Hesychasm. I have discussed in other works some of the key ideas that can be found in the Palamas corpus (for more recent work, see Athanasopoulos 2020a, 2020b, 2021). What I would like to do here is focus on one key idea of great potential interest for psychologists and psychiatrists: *typhos*.

St Gregory Palamas (1296–1359) is one of the key late Byzantine Orthodox Theologians and Philosophers, having influenced Orthodox Theology to a great extent today. In his works, we not only see an Orthodox Anthropology but also an Orthodox Psychology of how sin influences human mental, psychological and physical behaviour. We certainly cannot claim that St Gregory Palamas studied Psychology in the way that modern academics and mental health practitioners do. But he did study in his youth Ancient Greek Philosophy (most of the Platonic and Aristoteleian Corpus, including Aristotle's psychological works like the *De Anima*, *Parva Naturalia*, *De Sensu* or *On Sense and the Sensible* and *De Memoria* or *On Memory and Recollection* and certain parts of *Metaphysics* and *Nicomachean Ethics*), as well as other relevant texts from the Presocratics and the Stoics and other Hellenistic and earlier Byzantine philosophers) under the tuition of eminent academic teachers at the University of Constantinople (most famous among them being the Aristoteleian spe-

cialist Theodoros Metochites—who probably taught Palamas between 1305–1328). He also became the spiritual father and confessor (sometime after 1331) in a number of monastic communities in Holy Mt Athos (most notable among them the Holy Monastery of Esfigmenou, in which he became an Abbot for a year). So, he also had a lot of psychological and psychotherapeutic “hands-on” experience as a spiritual father to hundreds of monks. Of particular interest to our investigation here are his *Two Apodeictic Orations on the Holy Spirit* (written sometime around 1335; see the critical edition of his collected works in Γρηγορίου Παλαμά 1989, τ.1, σελ.35). Palamas’ primary target was the Roman Catholic Church’s alteration of the Creed, but while elaborating on the theology behind this, he proceeded into a psychological analysis of why theologians in the West would argue in the way that they do. He makes specific observations regarding not only the working of specific mental powers but also psychosomatic behaviours that could be of great interest to contemporary psychologists and psychiatrists. Considering the Roman Catholic position on the *Filioque*, Palamas finds that the Latins (as he calls the Roman Catholic Church) are suffering from a particular mental disease, caused by their incorrect doctrinal interpretation of fundamental Christian truths, as found in the New Testament and the early Fathers of the Church. Palamas calls this *paranoia* (παράνοια, 2.32; Γρηγορίου Παλαμά 1989, τ. 1, σελ. 242). The psychological root of this mental illness is, for Palamas, in the will; it is a *typhos* (τύ[*yellow*]φος, which for ancient Greeks was not only a form of delusion and vanity-based aberration, but also a feverish psychosomatic condition that paralyses the will and mental powers and makes the will incapable of resisting irrational powers and urges). So, *typhos* was not only a form of moral weakness of will, making one’s will unable to control the self-regarding powers, but also a psychosomatic symptom that could be seriously debilitating. Note that he does not think that this is to be treated by chemical substances and prescription medications. For him, this disease is purely mental and psychological and can only be treated with spiritual means. As a spiritual father, he would have to refer monks to medical practitioners for organic and physiological treatments. But Palamas thinks that this *typhos* is not such a case.

If we trace the origins of the term in Ancient Greek Philosophy, we can find that for the Cynics (most notably Antisthenes of Athens, c.446–c.336 BCE), it was a key vice that could destroy the whole psychosomatic unity of a person, with *ἀτυφία* being the goal of their philosophical and educational program (Clement of Alexandria, *Strom.* 2.21.130.7).

Palamas believes that this mental and psychosomatic disease is very hard to cure (he calls it: *ανίατον*; 2.2; Γρηγορίου Παλαμά 1989, τ. 1, σελ. 184). Palamas notes that the Devil is a paradigmatic example of the full and permanent spiritual embodiment of *typhos*. Note that the Devil, for Palamas, has no specific bodily substance, and it is a spiritual-mental power.

Perhaps here he had in his mind the myth that was used frequently in Ancient Greek Literature, about the personification of this mental disease in the character of Typhon (or *Τυφών*), who was a god of disorder and chaos and an opponent of Zeus; in the case of Hercules, it was Typhon who pushed Hercules in making the wrong decision in the case of two mountain peaks (Dudley 1937, pp. 56–57).

Palamas provides a very good late Byzantine study of this mental disease, building on fundamental positions one can find in earlier Neptic Psychology texts (Κορναράκης 2017). In Palamas’ *Homilies*, one can find detailed analyses of how *typhos*, caused by sin, alters and perverts the soul and the mind. In one these *Homilies* (*Homily* 29), he describes in detail how this *typhos* made Judas insane to the point of not recognising who he was and who Jesus was and what to do with his failure to do good for his teacher ([Patrologia Graeca] PG 151, 369 AB).

It is worthy of note that, in a similar fashion, Fr John Romanides identifies the root of the problem in the Western attitudes to sin and human will, having its theological origin in the works of Augustine (Romanides 2002). This is by no accident. Romanides' work actually carries forward the work of Palamas in the 20th c., by identifying the problem as a complex issue of doctrinal misinterpretation and a volition of will to stand steadfast in erroneous ways, disregarding doctrinal exegesis, apodeixis and disputation.

Today researchers can still find the context and background of this disease diagnosis and therapy in the collections of sayings from the Desert Fathers and the texts collectively called *Philokalia* (edited by St Nikodemos the Hagiorite and Metropolitan Macarios of Korinth), which provide patristic evidence for many of Palamas' ideas (see Athanasopoulos 2021; for an abridged version of *Philokalia* in English, see Palmer et al. 1979–2023). In these works, one can find many examples of people suffering from *typhos* and how their spiritual fathers healed them. For example, St Gregory of Sinai (1255–1347), connects anger (in all its forms, including rage and hidden anger) to *typhos* in this way: «Θυμοῦ εἰσι πάθη· ὀργή, πικρία, κραυγή, ὀξύχολία, θράσος, τύφος, ἀλαζονεία, καὶ εἴ τι ἕτερον» (Γρηγορίου τοῦ Σινάϊτου, Κεφάλαια δι' ἀκροστιχίδος πάνυ ὠφέλιμα, [Patrologia Graeca] PG 150.126 A). There is a significant amount of texts in *Philokalia* and other early patristic neptic texts, which discuss in detail the genesis, the diagnosis and the prognosis of a variety of mental illnesses, which for Abba Dorotheos are just symptoms of key passions like anger, vanity, etc., created due to a long absence from the cultivation of the virtues (Αββά Δωροθέου, Διδασκαλῖαι ψυχῶφελεῖς διάφοροι, I', γ', PG 88, 1725–1728).

Metropolitan Ierotheos (Iεροθέου 2004), proceeding further in this direction, provides a detailed analysis of the psychosomatic unity that should be the goal in terms of curing mental disease. One could outline it in the form of a unity between the body, the mind (nous) and the soul (psyche), which can only be complete via divine energies. A human wishing to achieve this unity needs to undergo a cleansing process and a transformation of the passions through *askesis* and continuous participation in the mysteries of the Orthodox Church. The gradual and total transformation of the mind and the will becomes a continuous process of *nepsis*, which secures a state of mind and will in a state that can accommodate divine energies. Divine energies will complete this union in the heart, which is not only the bodily organ but also a focal point of all human psychosomatic powers and energies. Daily tools and methods in this ongoing process are continuous prayer in the form of the *Jesus prayer* or prayer of the heart (*Lord Jesus Christ, have mercy upon me, the sinner*), self-observation and continuous check of thoughts and actions during conversations with a spiritual father. Conducive to this process is the safeguarding from the effects of the operations of the unconscious, which, if left unchecked and uncontrolled, leads one to the darkness of the mind and *typhos*. Self-love, if left unchecked, overcomes the person and makes the person have a *προσωπεῖον* (a mask which covers our true being and makes our life inauthentic and fake). What is the goal in the therapeutic process is to transform the person by the giving of oneself to love for God and one's neighbour, because it is through love that one can find truth, both in others and in one's self (for a more detailed discussion of this process see the work of Ephraim (2015)). The power of the dyadic relation of pain gets nullified in self-sacrifice for others and in "carrying one's cross". Metropolitan Ierotheos insists that for this process to be appropriately supported, there is a need for experienced priests-healers, who will assist and guide in this process; in his work, there is a detailed discussion about the selection and training required for these healers (Iεροθέου 2004, σελ.28–45). Recognising the healing powers of these priests is not a responsibility of the clergy but also of the faithful. The healing relationship here is not based on power. It is a free nexus that can be sustained only with a free relationship built within the Orthodox practice over a long time. Hesychastic devotion to prayer becomes a continuous method

of strengthening and securing this process, and Metropolitan Ierotheos shows how this encompasses both body and mind in pursuance of their unity in the heart (Ιεροθέου 2004, σελ.163–175).

As we can understand, the Orthodox Psychotherapy approach (esp. according to Fr John Romanides and his followers) is radically different from the Augustinian and Rogers' approaches. But here, and in order to bring to fruition our methodological aims, one could ask how Western psychological and psychiatric approaches could be useful in such an approach, with radically different anthropology and metaphysical foundations.

Firstly, allow me to note one common element in all three of the approaches I have examined above: they are united in their attempt to isolate the cause of mental illness in ways of thinking about the world and oneself. In terms of the Augustinian approach, there is a conscious attempt by both therapist and client to direct the focus of the therapeutic nexus to a love relation on the basis of an elementary shared understanding of key Christological messages about salvation. In Rogers' approach, the therapeutic work is focused on issues of incongruence between the postulated self and the requirements of the communally perceived reality. So, even though, when one compares Augustine and Orthodox Psychotherapy, one can find a commonality in some key aspects of the Christian terms of the therapeutic discourse, when one compares Rogers' approach to Orthodox Psychotherapy one can find a common attempt to disentangle the self-perceived and self-projected understanding of the self and bring it to terms with the real community-based understanding and perception of the self. But one can immediately note here that even though Rogers' approach is anthropocentric (suitable for atheists), the Orthodox Psychotherapy approach is Christocentric. In addition, in all three approaches, the root cause of mental illness is not reductionist; it is not (only or primarily) physical and organic. But also note that today's adherents to these three approaches are not polemical towards the physiological and organic approaches to psychology and psychiatry; they see their work as complimentary. So, there are commonalities in all three approaches, and the Orthodox Psychotherapist would do well to be familiarised with them.

There are other reasons Orthodox therapists should be familiarised with the Western approaches outlined above. Orthodox therapists should be acquainted with Western approaches due to the continuous influx of ideas and treatments from the West to the East. Knowing the differences, limitations and problems of the Western approaches secures the distinctiveness and value of the Orthodox Psychotherapeutic approach and forces it to articulate its key messages more clearly. This is not new in terms of Orthodox Theology and Orthodox Philosophy. I have explained the value of recognising the distinctness of the Orthodox theological and philosophical approach in other works (cf. Athanasopoulos 2012, 2015).

Orthodox therapists also can influence and stimulate Western approaches to abandon their intellectualist and cognitivist underpinnings. For example, one of the key Orthodox Psychotherapy messages that could succeed in this is the castigation of intellectualism and cognitivism in many Western therapeutic approaches. Orthodox Psychotherapy finds adherence to true Orthodox Dogmatic Theology as greatly important for the success of the therapeutic nexus and eventually the therapeutic treatment. However, true Orthodox Theology cannot be intellectualist, rationalist and cognitivist (Mantzarides 2020, 2015). It needs the experience and practical understanding of how *typhos* works today, which one can find not only in the patristic and neptic texts like the *Philokalia* and St Gregory Palamas' texts, but also in the experience and practical knowledge of spiritual healers-priests, confessors and spiritual fathers that Metropolitan Ierotheos mentions as key to the whole healing process. Many contemporary Orthodox Saints, including St Paisios the Hagiorite (1924–1994) and St Sophronios Zacharov of Essex (1896–1993), have discussed this in their works (cf. Παϊσίου Αγιορείτου μοναχού 1998–2006; Σωφρονίου Σαχάρωφ 1999,

2009). In this way, any therapeutic approach that can be accommodated within the Orthodox Psychotherapy approach cannot be intellectualist, rationalist, or cognitivist. Western approaches could learn from this approach and try to curtail their intellectualist, rationalist and cognitivist tendencies. It is interesting to note that both Augustinian integrationist approaches and Carl Rogers-based approaches have limited dependency on intellectualist and rationalist presuppositions in comparison to other approaches (for example, compare and contrast here integrationist approaches based on Aquinas' works or intellectualist cognitive behaviour approaches). One can highlight here the Augustinian emphasis on love, as well as Carl Rogers' emphasis on the role of sensory and visceral experiences. But note the Augustinian intellectualist take on the will and the problematic nature of congruence in Carl Rogers' approach. Perhaps their contact with Orthodox Psychotherapy will further curtail their intellectualist and rationalistic tendencies.

## 6. Current Research Trends into Psychosomatic Treatments

The Orthodox Psychotherapy approach outlined above can be considered in parallel with many recent psychological and psychiatric attempts to return psychology and psychiatry to a more unified and seamless psychosomatic treatment in many serious mental illnesses. In a recently published discussion of psychotherapy approaches to serious psychiatric disorders from the American Psychiatric Association, a conclusion notes: "There is evidence that psychological therapies are beneficial for patients with physical health problems, although the treatment effects are generally small" (Guthrie 2018). More detailed research highlights specific benefits of religious practices like yoga, mantras and mindfulness techniques in stress arousal, psychological trauma or depression (Walach et al. 2012). In a more recent study, there is a strong link between "wisdom" therapies and treatment of clinical symptoms associated with psychosomatic medicine (Linden 2024). Research into the physiological pathways of the mind-body connection highlighted that prayer modifies both the sympathetic-adrenal-medullary pathway (SAM), which has a direct effect on the autonomic nervous system (ANS) and the hypothalamic-pituitary-adrenal pathway (HPA), which signals the endocrine system to release hormones; both SAM and HPA have a direct effect on the development and treatment of many psychiatric disorders (Maier-Lorentz 2004).

The above evidence shows that Orthodox Psychotherapy can be a potential further avenue for research into how Orthodox practices can influence treatment of psychiatric disorders and mental illnesses. These avenues of clinically based research can include potential effects in SAM and HPA or other psychosomatic domains.

## 7. Conclusions

In the above examination, we compared three distinct and different approaches: the Christian Augustinian approach (which is gaining more and more followers in integration-based approaches in Psychology and Psychiatry), the atheist Carl Rogers' approach, and the Orthodox Psychotherapeutic approach (the version promoted by Metropolitan Ierotheos). Analysing their arguments, we observed commonalities and differences between them but also discussed potential benefits for a continuous exposure and further discussion. I note here the commonalities identified in terms of non-reductive anthropological understanding of the therapeutic nexus in all three approaches. The love-based and Christocentric direction of the Augustinian approach (which brings it close to the Orthodox Psychotherapy in this regard, even though they differ significantly in terms of an understanding of sin and salvation). The attempt to address issues of incongruence (mismatch between self-perceived self and reality and communal understandings of them) in both Rogers' and the Orthodox Psychotherapy (even though, Rogers' approach is anthropocen-

tric and the Orthodox being Christocentric). Undoubtedly, further comparative research is needed to provide more space for fruitful discussion. Research is also needed in terms of establishing in more detail further psychosomatic influences of Orthodox Psychotherapy on the treatment of mental illnesses and psychiatric disorders.

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