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Special Editor

Professor Beatrice Gabriela Ioan, PhD, MD

Grigore T.Popa University of Medicine and Pharmacy of Iasi, Romania

E-mail: ioanbml@yahoo.com

TABLE OF CONTENT

Editorial	3
Beatrice Gabriela Ioan	
The 6 Culture Clusters and Healthcare	5
Huib Wursten, Carel Jacobs	
Human Weakness and the Need of God in Bioethics.....	21
Emanuel Vidican, Mircea Gelu Buta	
Ethical Visions for the Development of Patient Care in the Health Care Practice	27
Richard Moreno, Cristinel Ștefănescu, Beatrice Gabriela Ioan, Mariana Cuceu	
The Relationship between Doctor and Patient. An Intercultural Comparison	35
Carel Jacobs, Huib Wursten	
End-Of-Life Suffering in a Personal, Family and Social Context in Roma Communities in Romania. A Qualitative Approach	45
Ștefana Maria Moisă, Gabriel Roman, Mariana Enache, Andrada Pârnu, Rodica Gramma, Silvia Dumitraș, Beatrice Ioan	
Designing Culture-Sensitive Social Assistive Robots in the Care of Elderly Living With Dementia: An Exploratory Study.....	55
Sumiko Shimo	
Application of the Health Belief Model in Collectivist Cultures: Conceptual Framework To Design Educational Intervention For Obesity Prevention	65
Veronica Mocanu	
Cultural Competency and Diabetes. Challenges for the Physician-Patient Communication.	71
Liviu Warter, Iulian Warter	
Bridging the Team Communication Gap, an Essential Step in the Medical Organizational Cultures	79
Andreea Alexandra Hleșcu, Bianca Hanganu, Irina Smaranda Manoilescu, Andreea Elena Bîrlescu, Valentin Petre Ciudin, Beatrice Gabriela Ioan	

ETHICAL VISIONS FOR THE DEVELOPMENT OF PATIENT CARE IN THE HEALTH CARE PRACTICE

Richard Moreno

Parish Vitality Coordinator, Roman Catholic Archdiocese of Chicago, USA

E-mail: Moreno@archchicago.org

Corresponding author

Cristinel Ștefănescu

Professor, Department of Psychiatry, "Grigore T. Popa" University of Medicine and Pharmacy, Iași, Romania

Beatrice Gabriela Ioan

Professor, Department of Legal Medicine, "Grigore T. Popa" University of Medicine and Pharmacy, Iași, Romania

E-mail: ioanbml@yahoo.com

Mariana Cuceu

MD, MPH, The University of Chicago, USA- Program on Medicine and Religion (Affiliate).

Doctoral School "Grigore T. Popa" University of Medicine and Pharmacy Iași, Romania

E-mail: cuceu.mariana@gmail.com

Corresponding author

ABSTRACT

This article will propose an ethical prospective of the reality of the human person that shapes and defines culture, society, business, politics and the interpersonal engagements that lay the foundations of all the above through the work and insights of the Jewish philosopher Emmanuel Levinas. Second, we will use this Levinasian foundation of thought to offer a deeper understanding of health care and the medical ethical practice within the particular issue of patient centered care. Third we will look at a Patristic Christian understanding of the human person that both fits within and uniquely expands and integrates with the Levinasian foundation development. This work in total allows us to produce a vision of an ethical culture and foundation through Levinas that can be both used in a general practical application and in the area of medical care. It will also be shown that its foundation can be built upon by other cultures to address same practical realities of medical care with their own unique methods and forms while remaining consistent with the foundation of Levinas' thinking.

Key Words: Ethics, Levinas, Health-Medical Care, Patient Care, Patristics, Philosophy

Ethical Responsibility

The French Jewish philosopher Emmanuel Levinas in his work *God, Death, and Time* establishes a clear and very precise vision of the reality of the human encounter that defines the reality of human person. This begins with the foundation that all intentionality involved in human encounter has a limit established by its very *action*. Intentionality reaches to a limit in the *content* that it intends in the apperception of its aim. It is here at this limit of intentionality that thinking achieves clarity about two critical realities. Thinking comes to a fruition of its own power in the recognition of its very limit and at the same time comes to the *anticipation*

of something beyond this limit manifest in its power and its reducible content found in the words and expressions that it uses and generates. These words and expressions are formed by having a content they actually cannot contain. “Thoughts overflowing their limit, like desire, searching, questioning, hope—these are thoughts that think more than they can think, more than they contain”.(Levinas, 2000 p. 172) It is here in the incommensurability, the overflow of human thought and presence that the power of that which cannot be thought outweighs the power of thinking and that we find in the phenomenon of the *non-proportional*. This non-proportional phenomenon is the evidence of a reality of the excess, which outweighs thinking, and in this calls thinking beyond its very power and content. This is an overflow, an excess that confronts us, and we here find a capability and developing capacity to respond. Thinking or in other words reasons ability to think about the unthinkable constitutes within its action of thinking, its very happening, not only a limit to itself but also excess this limit is defined by. These two critical realities establish the emergence of a third and even more significant reality of response. It is in this overflow of thought and this excess of reason that a fully human encounter happens. It happens both in relation to ones very self, the limit of one’s power and content, and in relation to the *other*, the overflow and excess that is always, even infinitely, beyond us. (Levinas, 2000 p.214) The question that remains to be addressed is what establishes the very structure of these relations.

In relation to the self the non-proportional words and expressions which we have examples of above carry with them unfulfilled, unknown, and maybe even unknowable realities that cannot be reduce to a content. These are realities beyond the content of statements, statements without full meaning or signification; these realities are part of the very definition of the human person. This leaves the human person even when under the lenses of self-reference, which comes through the ego and intentionality, undefinable by and unreducible to the power of one’s unique will and to the content of the articulation of themes of human discourse. This, which is beyond the power of will and the content of articulation of reason, constitutes excess we can understand as *affectivity* or even in other words *spirit*. (Levinas, 2000 p. 172) What is now made critical here is what actually is and lies within this excess of *spirit*, which as shown above appears and resides within our very act of thinking? For Levinas this that lies, lets say, at the heart of the excess is for him a surplus of responsibility emerging from a reality both prior to ones origin and prior to any one’s own freedom. (Levinas, 2000 p. 172) This means a person is defined by being given access to ones origin and given the call to respond which constitutes the reality of one’s freedom. These two realities of priority and response found here shape the heart of ethical responsibility for Levinas. These two realities are mutually given to persons in the structure of the one-for-the-other for Levinas and it is this structure that we can see the reality of the spirit. But how do we enter into this reality? This reality of thinking it abstractly does not make it present in person. It must be thought and truly only can be thought in the lived and therefore unique relation of persons where the identity of each person becomes in their “very identity of being irreplaceable”. (Levinas, 2000 p.172) It’s irreplaceable presence we share uniquely in the lives other’s that our lives find origin and foundations of our freedom. We are free to stand in the place of the other by our will to both experience our limit and open oneself to that which is beyond our power. This opening, once again, one-for-the-other is the place of *substitution*. (Levinas, 2000 p. 173) For Levinas the reality of one-for-the-other turns quickly into the reality of “for the other in the form of one-self” and this is the full turn of substitution. (Levinas, 2000 p. 173)

And we must understand that here is a relationship unintelligible within being, which also means that this substitution is an exception to essence. Compassion is, to be sure, natural sentiment on the part of him who was hungry once, toward the other and for the

hunger of the other. But with substitution, there is a break in the mechanical solidarity that has currency in the world or in being. (Levinas 2000, pgs. 172,173)

It is in this ethics of responsibility that is both shown to constitute the very foundation of what, who, and how we are and at the same time therefore what all culture, society, business, and most of all inter-personal reality that forms them all rests upon. It is from this Levinasian understanding we will look at the ethics and culture of medical care particularly in the area of patient centered care and the formation of the healthcare worker.

Medical Care and Ethics : A Consideration of Patient Centered Care

The question of ethics and patient centered care is inextricably linked to the way healthcare workers are trained and formed and how a culture of patient care emerges from this formation. Either implicit or explicit some type of ethical framework or ideas drives the theories and defines the approaches and practices of health care. Let's look at some critical historical examples of ideas and teachings on patient care surrounding and leading to our present day.

Beginning with Hippocrates we already see a very real consideration of patient centered care through the nature of the reality of human emotions. Hippocrates understood the human emotions of compassion and sympathy as having a healing role in the context of patient care. He even valued the emotional development and work of the caretaker. Hippocrates went to the extent to clarify those only selfish-feelings and harmful emotions should be overcome so they would not compromise or obscure the positive emotions of the caretaker. (Halpern, 2001 p. 21) These positive emotions, such as compassion were believed to be necessary for the clear thinking that generates the best medical judgements. This very early thinking and tradition understood and taught that well formed emotional faculties in the caretaker was a needed reality for good diagnostics and for care of the patient. This reality of formed emotions can be known as *philia* in the Greek language used in the Hippocratic tradition. *Physiophilia (love of nature)* is a description of real human disposition that enters into and shapes and forms human responses and actions as not only a theoretical idea about the human person and their nature but as truly lived experience and encounter with people and their experience of their nature. This overall emotional and *natural* orientation continued to have special significance in patient care until the modern period. (Halpern, 2001 p.19) This approach establishes an approach with ethical implications of how the patient should be approached through natural and emotional parts of their experience. This precludes that the patient should not be simply limited to medical observation or diagnostic approach that would limit, cut out, or not value that part of the patient care taker relationship rooted in the nature of human emotions.

In the late 19th and early 20th century in American medical practice we begin to see the greater effect of modern rationalism upon the ideas that shape the field of patient care in medical practice. The idea of "detached concern" begins to arise. This redefines the ideas and expectations of how physicians should understand and form their own emotions. At the same time in this shift in thinking the emotions of the patient are also viewed and addressed differently as well. The idea and reality of objectivity begins to become more and more present in medical care culture with the rapid developments in scientific areas that gave the medical field new ways to approach and think about health and healing. (Halpern, 2001 p. 21) The patient was redefined in this process and in this redefinition how they were treated and cared for also shifted and the expectations as such as well. Sir William Osler, the "father of modern American medicine", elaborated the need that a mental state of "equanimity" or "detached concern" should be worked for. For him physicians must strive to control bodily emotions toward patients as well as their interaction between their own mind and body in order to secure this state or disposition of detachment. (Osler, 1910 pgs. 1-12) This idea of

“detached concern” reduces both the patient and the caretaker to new understanding as simply agents of an interaction simply defined by a health care analysis, diagnosis, and prescription. This can be seen as a late modern ethical model of detachment that redefines the patient caretaker relationship in a more distant and scientific light and understanding.

In recent years throughout the theoretical and practical sciences this notion of detached thought and/or reduced rationalism has been countered by approaches that look to embrace, integrate, from, and even utilize these emotional and interpersonal realities that involve aspects that are beyond scientific “objectivity”. Judith Halpern makes that all judgements and reasoning are profoundly influenced by social conditions and the reality of being embodied. This for Halpern requires a constant reorientation of the treatment paradigm in a reality of discernment. A physician must always discern the health care situation not just the scientific truths about diagnostic evidence, but more so what that evidence and its symptoms are and cause in the patient and their life and the ones apart of it. This discerning reality the physician is inextricably apart of in caring for a person can be defined as an immediate context of surplus of responsibility that no person can completely cognitively address. The discerning process enters into an extra-linguistic reality of emotions, opinions, beliefs, and others as well directly involved in the present context and future of health. No person or team can ever fully address this surplus of responsibility but working towards an even better uniquely personal response should always move us forward . The inability or non-capacity is not an excuse to ignore or devalue the discerning process or the quality of care it can help form. Rather it requires the medical care taker and their team and institution to find ways to best serve the patient and their lives so as to address the truth and spirit of their situation through its complexity.

Halpern also makes it clear that there is a mutual influence between caretaker and patients that shapes each other and the overall relationship of medical care and this cannot be lost. Studies indicate and make it clear that detachment is not sufficient nor even necessary for sound medical judgment. Extra-linguistic and ethical insights make an important contribution to good overall judgment. (Mayer & al 2002) All parties involved in the medical care practice and the judgments they form and bring their inner realities to the situations they face. This creates a constant ethical stage for the medical care community and its care for patients. How we understand, define, and respond to our ever-growing understanding of our ethical situation of medical care practice becomes a constant work. The thought and work of Emmanuel Levinas opens and establishes a critical dimension of an extra-linguistic reality of a surplus of responsibility that can be known as the *spirit*. This reality establishes a foundation of discourse and analysis that can help discern and develop the future ethical vision and work in this area of healthcare. Let us look at another approach that can also contribute to this work.

An Eastern Christian Orthodox View

The insight into the surplus of responsibility by Levinas outlined above is both instrumental but also truly formative and lies at the core of ethics and inter-human relationship in general. What will be shown here is how other traditions of thought and belief can see this insight of Levinas as common ground of shared understanding and practice yet at the same time open to development in their own unique ways and traditions. The Eastern Orthodox faith and tradition with its very deep, rich, and well-developed traditions and thought will be an example of this. The teaching of the Fathers of the Eastern Christian Orthodox tradition offers teachings that are directly applicable to the formation of the health care worker.

Fathers of the Eastern Orthodox Church in particular extensively address the formation of the human’s person and their responsibilities towards others. According to Saint

Basil the Great the image of God mediates to us true knowledge, but we can only fix our gaze on His image if we are joined by *The Spirit of knowledge*, which “supplies to those who love to see the truth, the power to see the image in himself”. (St. Basil The Great, 2011 pgs. 29-32) The Spirit “shows in Himself the glory of the Only-begotten and furnishes to true worshippers the knowledge of God himself. The way, then, to knowledge of God is from the one Spirit, through the one Son, to the one Father”. (St. Basil The Great, 2011 pgs. 25) The Holy Spirit represents the light that is needed to see the image of God and the defining reality of the Divine Communion of the Father and the Son and it is inferred that the Spirit is also needed to acquire any true knowledge. (St. Basil The Great, 2011 pgs. 32-39) The reliance on the role and understanding of an extra-linguistic reality beyond the capacities of the person oneself is a central concept that both grounds and opens up to further elaboration by Saint Basil, this reality is referred to as the *Holy Spirit*. As Levinas built an argument leading to awareness and conclusion of the role extra-linguistic reality that lead to an awareness of constitution of human life that is a surplus of ethical responsibility the church father Saint Basil starts with an argument that builds upon a given understanding of a similar reality. In Saint Basil this given reality of course is a part of living tradition of a faith community; he is a part of and contributes to in order to advance its intellectual understanding and livelihood. The Orthodox Christian understanding of the Holy Spirit obviously here comes with certain definitive ideas and expressions such as Father, Son, and Holy Spirit with the role of Holy Spirit seen here in Divine order and reality. And from this showing how the human person is situated and in itself defined. Levinas and St Basil share a common ground of an understanding and active force in the human life understood to be the spirit yet both lines of thought achieve this insight and further develop it in different ways even up to very similar if not identical outcomes.

A second Orthodox teaching that follows a similar understanding of Levinas’s extra linguistic reality is the *passions of the soul*. These realities of the human spirit experienced in the *affliction of the soul* of the person are clearly described by Fathers of the Church as blunting the Light of God and obscuring human ability of gaining true knowledge and paralyzing or clouding the senses and clarity of thinking in human thought process. Through the experience and knowledge of the passions we should understand the opposite spirits and affections of the soul as virtues. Examples of passions are: self-love¹, pride and vain-glory, lust, envy, anger² sorrow and acedia³. All these passions are distorting the powers of desire⁴ in the soul and contribute to an abuse of their corresponding talents. At the opposite spectrum we find the virtues; the spectrum of virtues begins with exalted humility, love for God and for one’s fellow man, nobility of spirit, simplicity in faith, hope in God, and discernment which is described as the crown of all virtues. Without humility the Fathers of the church also understand that these virtues can also become “toxic”; patience can hide grumbling and hypocrisy; simplicity can be diverted into imprudence; joy may not emanate from spiritual exaltation but from secular satisfaction. If one acts to fulfill the desire found in the passion of pride it will obstruct the true acquisition of knowledge. The work, energy, and action preformed in the spirit of the passion hampers the processes of acquisition of *the truth* of his

¹ Self-Love is an impassionate, mindless love for one’s body. One who is dominated by this passion is dominated by all passions. Gluttony is described as being derived from this passion.

² Incensive power is considered the second power of the soul and manifests itself with anger and wrath a state of provoking irascible feelings. This power should be use only to repel temptations and evil.

³ A weariness of the soul characterized by a stage of stupor, lassitude or torpor in which all the powers of the soul are paralyzed. It is considered the worst of all passions as it represents the summation of all passions together.

⁴ The power of desire is one of the three powers of the soul described by the Fathers of the Church. The desire should be detached by material earthly things and oriented towards longing for God.

or hers owns existence and responsibilities. From within the person one's own pride blinds and compromises 's own knowledge and abilities. Another example is the passion of sorrow. If one allows the passion of sorrow to grow it deprives oneself of the power to rejoice in the abundant blessings of God one becomes spiritually weak again making one apathetic and disconnected from the greater truth of one's existence.

The first step in the process of growth in spirit of virtues is to learn about these passions, then to be able to recognize them present in one's own life and then make efforts to turn away from them and their influence and instead focus diligently on nurturing the virtues. (Saint Paisios of Mount Athos Spiritual Counsels V, 2016 pgs. 21-39) St Paul talks about the need to stay awake in a world that is broken and covered up by cares and concerns of our daily lives; he talks about how to become conscious and aware - not only about the life of outer senses (which is mostly cultivating the passions) but especially about our interior senses, which brings us closer to deification or *theosis* in Greek. This reality of deification can be understood as the person living fully in the truth of their existence, the responsibility they have towards themselves, others, and to God, that moves one beyond oneself. The process of working out this state of life the Fathers and tradition call the light of *discernment*. This discernment rests in a daily rigorous practice and work with oneself that makes one conscious and aware about understanding the inner perception and understating of divine or spiritual sensations or *aesthesis* (in Greek). Recalling the story of Moses in Exodus 3 before the burning bush may be a paradigm of every person's divine visitation or awakening which is another way of narratively understanding when one becomes aware of surplus of responsibility one has in one's own life, also known as manifestation of the spirit. This process requires serious reflection on the tools of spiritual journey so we move forward towards clarifying answers to questions such us: Who am I? How do I discern the path ahead, what choices do I make? Are my decision write? The path to discernment grows as we strive to purify ourselves in all areas of our existence. These purifications require a constant fight against the dominating influence of passions, striving towards the purifications of the mind and heart.⁵ The tools that the fathers and the tradition provide us with to serve the process of purifying the heart and mind are: *fasting* which help to control bodily needs, *alms giving* that exercises our virtues and a regular schedule of *prayers* which attune us to the life of the spirit by invoking the Divine in all decision that we make so we don't misuse our freedom of choice. This interior discipline of purification of the soul and mind takes rigorous practice, a practice that tradition calls "ascetical life".

How does such knowledge and practice help the medical profession in general through and the formation and education of caretaker in particular? Sociologist Jonathan Imber addresses in his book "*Trusting the Doctors: The Decline of Moral Authority in American Medicine*" how the American public once viewed the medical profession as a "sacred vocation" and in his book is reflecting on the steady decline in the professional stature. The trust for the contemporary physicians has been shifting from the "physician noble character" to technical competence. (Funk, 2013 pgs. 10-16) In the scientific literature there is no clear consensus about what is the primary goals of ethical educations should be. Studies are reflecting on the fact that the field of bioethics has been focusing primarily on procedural dimensions of clinical reasoning and decision making rather than the moral formation of the physicians, which have been contributing inadvertently to this decline. (Kass, 1990 pgs. 5-12) The focus in bioethics on "dilemma solving" impacted the medical profession even farther from moving away from the important task of reflecting on the character of a doctor and the virtues a doctor needs to practice its medical profession in a world that is entrapped in medical science, technology and regulations. (Kenny, 2006) A large scale of pedagogical

efforts were made to shape behavior that is contributing to the formation of physicians and yet there is no clear consensus about what type of virtue characterizes a good physician and how those virtues can be taught. In a study of ethics and professionalism in medical education (Leffel & al., 2015 pgs. 1371-1383) the authors argue that character development is best accomplished by activating moral intuitions, intensifying moral emotions related to intuitions. This development can be done through strengthening intuition-expressiveness and those emotions related to moral virtues rather than by cognitive exposure and learning of a set of ethical precepts. This expressed need for fuller, deeper, and more comprehensive moral-emotional formation. A large part of any ethical formation, finds common responses towards the acknowledgement and development of the life of moral-emotional formation in the work of *the Holy Spirit* that is moving us beyond false passions to the heath of humble virtues in the thinking and practice of the Eastern Orthodox Christianity. This vision of faith and yet a moral and ethical imperative for life adds a vision that has a certain depth that challenges one to look at the true motivating forces in one's life and how they shape our actions. In the realm of responsibility that health care practice requires such a depth of attention is certainly justified. Eastern Orthodox thought and spirituality has something unique yet adaptable and common enough in this character to provide a healthy, challenging, and insightful light into the formation of medical practice and its caretakers.

Conclusion

The work of this paper to establish an ethical vision and even foundation for the care of patients in the medical health care field has brought us to an understanding of human limitations. Levinas has shown that these limitations are more signs of realities greater than oneself and thus we must ethically be opened to be responsive towards. In similar fashion yet uniquely developed in other religious and anthropological ways the Eastern Orthodox tradition has named the challenges and the work that must be done to respond in love to our fellow man and God. This sets a foundation of Christian ethics rooted in understanding the spirit of God founded in the Divine reality of Holy Trinity and the human life of Jesus. These limitations, both causes humanities awareness for greater ethical responsibility and action, are less examples of our failures and faultiness and more so opportunities to grow into more ethically aware and responsive persons. In line of these consideration through moral intuitions and moral emotions that science can't fully quantify or measure, (Coulehan, 2015 pgs. 892-898) philosophical and religious arguments in nature, bring to this discussion a richness and complexity that is faithful to the modern contexts we live in. Therefore it is additionally important to recognize that researchers are focusing on open pluralism and culture (Kingham & al., 2007 pgs. 40-45) and how these elements could be in part formative for virtues given the moral pluralism both outside and inside of the medical profession. Thus educators should be committed to explore, understand and hear the voices of the particular moral communities that forms our diverse world and further to encourage medical students to integrate, reflect and discuss how these surrounding world views affect their clinical practice. (Curlin, 2008 pgs. 1118-1120) Here are presented two views that are examples of this pluralistic work that are helping us move towards a deeper truth and response to the human condition.

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