been actualized. At the height of everyday psycho-traumatic situations, intractable due to national traditions and mentality, a psychomotor attack develops with “loss of consciousness”, when a patient hears almost everything that happens around, sees the behavior of relatives, notes, who helps him during an attack, and who does not help, and remembers what is happening.

During a conversion attack of the type of “large convulsive hysterical attack, there is first a slight tremor of the whole body, then a fine tremor turns into a “body beat” on the ground, and then the chaotic twisting and spreading of the limbs begin. A conversion attack can last from 3-5 minutes to 2-3 hours. A fragmented twilight state of consciousness is noted, but the cortical functions are not completely disabled. At this time, the patient makes inarticulate sounds, reminiscent of "mooing" or loud cries with a modified voice modulation, reminiscent of the roar of wild animals. Mimicry is distorted and becomes torturous. It is assumed that at this moment there is an active movement of the “Jin” through the body, which is accompanied by tears and sobs. Only separate episodes of memories after an attack remain. In this case, if the “gin” seizes and controls the person, then in a rude voice, demands are made so that, for example, the husband or any relative does not approach. “Jin” claims that the patient belongs to him personally, he “searched for him for a long time”, now he “found it and will not give it to anyone”. “Jin” usurps the role of her husband and drives away the real husband with shouts, screams, curses and threats, at least “to bring damage”. The husband usually waits patiently for the expulsion of the “Jin”, who often “moved” through the veins of the patient and “hid” in certain organs.

During this, sometimes 2-5-year period, representatives of religious institutions – mullahs – actively cooperated with the patient, using, often successfully for a short period of time, Islamic spiritual practices, in particular, exorcism, reading the Koran and other methods of Islamic medicine. It should be noted that during Islamic practices, an improvement was noted, and then the patients had the same conversion attacks with partial twilight stupefaction, with even greater external manifestation, expression, shouts, “roar of gin”, which “did not want” to leave body and soul of the patient. Out of the attack was accompanied by fragmentary amnesia. It should be noted that conversion disorders almost always culminate in the formation of the depressive syndrome of the neurotic level. Patients partially understand the relationship of mental disorders with the essence of the traumatic situation, when, for example, the parents of the husband did not want to see the patient as a wife or the husband had a girlfriend in love with him before the wedding. It is assumed that it was this girl that “caused damage”. Despite the expressiveness of clinical manifestations, the degree of their severity is not critical.

It should be noted that the conversion states were characterized by partial twilight stupefaction in the form of a narrowing of the field of consciousness, without completely turning off the higher cortical functions, with fragmented subsequent amnesia. Psychopathological analysis of the entire period of the disease showed that personality, pathocharacterological, neurotic, or psychopathic manifestations prevailed and increased.

We believe that repeated extended social and military catastrophes in Chechnya led to defensive actualization of the religious-ethnic archetypes of response among the population in the form of conversion syndromes, which may be due to the observed decrease in cultural and educational levels.

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## RELIGION AND SPIRITUALITY - PROTECTIVE FACTOR IN SUICIDE ATTEMPTS IN PEOPLE WITH DEPRESSION

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Spirituality as a dimension of quality of life and well-being has recently begun to be more valued within the treatment approaches to mental health. A range of studies have also looked at spirituality or affiliation to spiritual or religious groups in relation to suicide and suicide attempts. Nisbet et al. (2000) reported that the suicide rate is four times lower in people who attend religious activities. In this study of 31 patients with depression, it is found that those who are attending religious activities, or those who have reported having a spiritual faith, were significantly less likely to have suicidal attempts. Results suggest that religious attendance and spiritual faith is associated with decreased suicide attempts. These findings that the depressive patients who have no religious affiliation, who are not attending religious activities or having spiritual faith, have higher rates of suicide attempts gives an association that religion and spirituality may act as a protective factor against suicide attempts, because of the religious social mores or ‘rules’ which prevent behaviors as suicide attempts.