

The EMCAPP Journal

Christian Psychology Around The World

Some of the main articles

- Characteristics of a Christian Psychology
- Prayer – Psychodynamics, Effectiveness, Therapy
- Conscience and faith in Christian counselling practice
- Understanding of Marriage and Final Marriage Counselling
- Can neuropsychology find a fruitful place in Christian psychology?



Focus Country: Switzerland

Main articles in English and in German, two in Italian and French

Die Hauptartikel sind auch in Deutsch, je einer in Italienisch und Französisch

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Editorial

I was just sitting over my lecture outline for this year's EMCAPP Symposium L' Viv (Ukraine) on the subject of "Therapeutic factors in Christian psychology."

I was involved once again with the great question of how God's working and human action come together.

Initially, I sympathised with a classical position: "Act as if everything depended on you, but trust as if everything depended on God." But there I see the danger of falling on both sides of the horse: either forgetting God entirely, or pushing God forward as an excuse for one's own deficits or lack of effort.

Yes, without doubt, the greater proportion is due to God, but he seldom acts without our contributory action. And our contributory action – seen from our little human perspective – means, in turn, giving everything we have: training, trust in God, supervision, prayer, further training, spiritual development, ...

At our IGNIS Institute, we very much appreciate the multiplication of the loaves in the Gospels. Jesus accepted everything that was available – it was not very much, only a few loaves and fishes – and with it fed thousands.

My wish is that the reader of this Journal should find a few such loaves and fishes, perhaps only "bread crumbs" and "fish bones", which the Holy Spirit converts into a sustained and comprehensive blessing.

Christian psychology is a psychology on the basis of a Christian world-view and a cooperation with the Holy Spirit, and it is a psychology which names a person, Jesus Christ. It will, and must, be about him that a Christian psychology speaks. He should be glorified.

Once again, I invite you, with this 4th edition of *Christian Psychology Around The World*, to a study journey around the world, with the focus resting on Switzerland and with comments and further contributions worldwide. Let us once again receive a sense of the greatness of God, who is Lord of this world!

Yours
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Act as if everything
depended on you, but trust
as if everything depended
on God?



Jesus takes
what we have
and multiplies it.

Invitation to a journey
around the world



This edition is accompanied by the artwork of Anita Sieber Hagenbach, Switzerland, who is both a social worker and an artist. „With my works, I try to create an image of words of life, as a picture, a text image, an object, an installation. I understand this as a way of making God's speaking visible. It is intended to give access to the treasures, encouragements, challenges, provocations of biblical texts and to take these as a theme.“

Around The World: The Authors





Why do we have a bilingual journal?

In our movement for Christian Psychology, we meet as Christians with very different backgrounds: different churches, different cultures, different professional trainings...

There is a common desire to the movement, but highly “multi-lingual” ideas of its realization!

Therefore, a bilingual journal is just a small reference to our multilingual voices to remind us:

- Languages are an expression of cultures, countries and of their people. By writing in two languages, we want to show our respect to the authors of the articles, to their origin and heritage, and at the same time symbolically show respect to all the readers in other foreign countries.
- There are many foreign languages that we do not understand. Within our own language, we intend to understand one another, but we fail to do so quite often. To really understand one another is a great challenge, and we also want to point to this challenge by offering a bilingual journal.
- “When languages die, knowledge about life gets lost.” (Suzanne Romaine, 2011)
- Finally, there is a pragmatic reason: As we want to have authors from one special country to write the main articles of every journal, it will be easier for them to distribute the journal in their own country, when it also is in their own language.

Christian Psychology Around The World

The main articles - Number 1

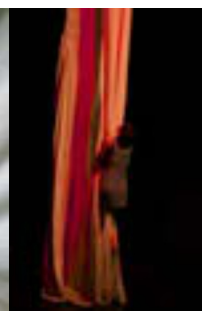
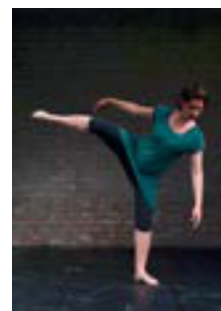
- Step by step we were lead - About the beginnings of the Association of Christian Psychologists (ACP) in Poland. Interview with Agata Rusak
- Krzysztof Wojcieszek: Nature of Despair
- Romuald Jaworski: The Role of Religious Trust in Overcoming Conflicts.
- Romuald Jaworski: Personal & impersonal religiousness: A psychological model and its empirical verification
- Anna Ostaszewska: Anxiety Therapy from the Perspective of the Integrative Psychotherapy: A Christian Approach
- Anna Ostaszewska: Insight into a Therapy - Ela
- A Portrait: Władysław Schinzel
- Forum: Christian Psychology, only for Christians?



See: <http://emcapp.ignis.de/1> or www.emcapp.eu

The main articles - Number 2

- Eric L. Johnson What is a Christian Psychology?
- Agnes May: The living rhythm of healthy abilities
- Werner May: The Healing No
- Agnes May: 14 Theses on possibilities and limits of human knowledge
- Friedemann Alsdorf: My Therapy Goal – Your Therapy Goal – God’s Therapy Goal?
- Wolfram Soldan: Process models in the field of healing in a Christian psychology with the inner forgiveness model as an example
- New Paths in AD(H)D Counselling. An interview with Joachim Kristahn
- Hanne Baar - a portrait: „Interpreting spiritual things spiritually to the spiritually-minded“
- Forum: The fundamental meaning of conscience in CP



See: <http://emcapp.ignis.de/2> or www.emcapp.eu

The main articles - Number 3

- Romuald Jaworski: The relevance and beauty of Christian Psychology
- Andrey Lorgus: The concept of a person according to Orthodoxy
- Fedor Vasilyuk: Prayer & experiencing in the context of pastoral care
- Andrey Lorgus: Christian Psychology in the realm of Humanistic paradigm
- Boris Bratus: Notes on the outer circle of opponents of Christian Psychology
- Elena Strigo: The psychic reality and the image of God in Christian psychotherapy – Case context and methods
- Olga Krasnikova: The specifics of the Christian Orthodox psychotherapy and consulting. Contemplations of a christian psychologist
- Tatiana Grigorieva, Julia Solomonik, Maria Joubert: Symbols in restoring moral self-awareness in trauma psychotherapy
- Forum: Strong theismus (Brent D. Slife) in discussion



See: <http://emcapp.ignis.de/3> or www.emcapp.eu

Read our first number:
Focus country: Poland
Main articles in English
and in Polish

Read our second number:
Focus country : Germany
Main articles in English
and in German

Read our third number:
Focus countr y: Russia
Main articles in English
and in Russian



Characteristics of a Christian Psychology

Wolfram Soldan (Germany)

Abstract

A Christian Psychology wants to be psychology under a specific paradigm: A Christian worldview, epistemology and anthropology. This article examines commonalities and differences between a Christian Psychology paradigm and that of mainstream psychology, humanistic psychology and others. The topic of forgiveness psychology is used to demonstrate the specific characteristics of Christian Psychology since this subject has found a place in mainstream psychology as well. A positivistic mainstream psychology paradigm inhibited forgiveness research in psychology up to the 1980s but even currently, Christian Psychology often can ask questions and give answers that secular psychology can hardly address, such as false empathy/compassion or multidimensional perspectives on moral shortcomings.

Characteristics of a Christian Psychology

What is Christian Psychology?

To open a discussion of the characteristics of a Christian Psychology, we need to determine what Christian Psychology means. Under the presupposition that any psychology operates from the foundation of worldviews and epistemological presumptions, Christian Psychology seeks to take on psychological questions on the basis of fundamental presumptions that are in accordance with God's revelation of himself through the Bible. The methods as well as the issues maintain a deeply relational dimension, i.e., disorder and healing must always be seen in the context of an existentially disturbed relationship dynamic between humans and/or between God and man and its restoration through God's love (cf. Hübner *Das Menschenbild*, Hübner *Patchwork-Identity*, Hübner, *Prolegomena* and Hübner, 1992; Johnson, 1997; Langberg, 2008; Roberts, 2003; Soldan, n.d.).

Secular Psychological World Views or Paradigms

What are the typical world views or paradigms found in psychology? The most prevalent models in psychology, which we may call mainstream, are epistemological presumptions that, for the sake of simplicity, one could call positivistic. The goal in positivism is to gather and interpret objective discoveries without a value judgment. Understood in this way, psychology has more affinity with "hard" science than the humanities. Particularly anchored in these presumptions are quantitative empirical psychology and, for the most part, neuropsychology.

There are at least two common main alternatives in the current psychology scene: holistic and constructivist. The goal of the holistic perspective is to consider the psyche of the person as a whole. Positivism is criticized for not being able to consider what it is to be a human existen-

tially, being forced to see the person as some kind of machine operating by a series of determined causes and effects. This ultimately reduces the person to a mere object. In contrast, the a holistic perspective maintains that subjectively experienced realities, such as relationships, values, freedom, and spirituality, are essential subjects of psychological research, which also means that there is openness to including questions about the transcendent in psychological research. However, this transcendent level is traditionally understood in secular psychology as vaguely spiritual (or sometimes called: "transpersonal") and not related to real spiritual person such as a God who truly is, as would be the case in the Christian paradigm. This contrasts with the analytical psychology of C.G. Jung (Davison, Neale & Hautzinger, 2007), and to an even larger extent, transpersonal psychology (Wilber, 1988) with its even more explicit inclusion of transcendence. The second common alternative current to positivism is what I would identify as constructivistic in the postmodern sense: Mankind cannot have a valid approach to reality or truth that is "objective". Valid reasonable approaches are always "constructions" of (a) subject(s), i.e., inevitable "subjective". The term "objective" would only make sense in the meaning of "intersubjective," i.e. "relevant subjects" have agreed on a shared/common construction of a reality (von Schlippe & Schweitzer, 1997; Kuhn, 1981). The constructivistic paradigm radically calls into question quantitative empirical science and its positivistic paradigm. While constructivism has not become a dominant view, it plays an increasingly vital role not only in systemic family therapy and the accompanying systemic psychology and philosophy (von Schlippe & Schweitzer, 1997), but also in community psychology (Duncan et al., 2007; Zaumseil, 1997; Bezadi & Hermann, 2008; Duckett, 2009), social psychology (Fuks 2008; Denzin 2003; Flick 2003; Bohnsack 2005), psychiatry (Simon, 1999) and psychosomatic medicine (Uexküll, Geigges & Plassmann, 2002; Simon, 1999)

Christian Psychology as a Paradigm

Now how does the worldview of Christian Psychology fit in to this landscape of paradigms? Much like positivism, Christian Psychology would hold fast to the possibility and sense of an objective reality, but it would emphasize at the same time that the objective view of reality is reserved for God. That is, only God knows reality purely and perfectly. Objective reality therefore cannot be investigated easily, directly and methodically; rather, it is always quite dependent on revelation. We will be able to investigate only that which God in the end wants to reveal to us in some form, but perhaps also in the form that makes something "investigable" for us (cf. Delitzsch, 1855; Soldan, 2010b).

Along with humanistic schools of thought, we would consider Christian Psychology to be holistic with a strong emphasis on the relational aspects of persons. Thus important research subjects for Christian Psychology are realities such as relationships, values, freedom, and spirituality, similar to those of humanistic psychology. Since all reality, and consequently also the exploration of reality, is

dependent on what God wishes to reveal, there is no reason not to do research also in the area of things that are transcendent. In accordance with the self-revelation of God in the Bible, we assume God to be a personal counterpart as in Buber's (1994) philosophy): For any "I-thou" relationship, Buber indicates that behind the small "thou" is always the big THOU – the eternal Thou, or God. The grasp on reality in Christian Psychology, and therefore ultimately its research, must be process-oriented and relational – suitable to the Biblical statement that Truth is a person, namely Jesus Christ himself, and not merely a propositional truth that can be formulated.

The most concrete way to enter into a relationship with the one who is Truth is traditionally called prayer. In prayer, a Christian, even as a scientist, may expect from God an encounter, guidance, and possibly even direct revelation. But since prayer is an intimately subjective experience, the knowledge gleaned from prayer must be tested and argumentatively supported with "intersubjective" scientific methods.

As in constructivism, Christians are challenged to engage in our own personal construction or reconstruction/rebuilding of reality. However, unlike constructivism, God's willingness to reveal himself through his works opens a gateway to a kind of objective reality. This may happen through his written Word, but also in daily life, through current revelation by "natural" means in Creation (which are accessible by traditional methods of research)-, or by "supernatural" ways of more direct "charismatic" revelation. But let me qualify that by saying that all these gateways are accessible only through cultivation of a knowledge and relationship with God formed over time through study and experience.

It is important to note here that the Bible does not teach any one conclusive philosophical worldview or any one unambiguous epistemology. The Bible does, however, provide standards for such philosophical constructs. The epistemological framework outlined here therefore represents only one possibility for an epistemology conformable to the Bible.

International Aspects of Christian Psychology

Besides the philosophical bases of Christian Psychology, there is also the fact that the ideals of it are being pursued around the world. There is now an international network of people who grapple with the basic tenets of Christian Psychology not only the German Society of Christian Psychology (IGNIS). Examples of these are the Society for Christian Psychology in the USA, the European Movement of Christian Psychology and Anthropology, and the Institute of Christian Psychology in South Africa. Christian Psychology is not just a German or an American construct by any means, but one being pursued around the world.

The Specifics of Christian Psychology as Exemplified by Forgiveness

The Problem of Forgiveness in Psychology

Let us proceed to clarify the difference that Christian Psychology makes in comparison to the already established schools of psychological thought by using forgiveness as an example. This suits our purpose because forgiveness is a concept valued by Christians and has also been intensively investigated for decades in secular psychology, especially in the USA (Baskin & Enright, 2004; Enright, 1992,1996; Enright & Fitzgibbons, 2002; Enright & Gassin, 1992; Gassin 2000, 2001; Linn & Linn, 1993; Mc Culough, Pargament & Thoreseon, 2000; Peterson & Seligman, 2004; Sandage & Weins, 2001; Shults & Sandage, 2003; Seres, 2004; Tausch,1993; Weingardt, 2000). Many of these authors are Christians, but it seems almost all American authors publish "under the flag" of mainstream (i.e., empirical) psychology. Forgiveness psychology is a relatively new subject matter in psychology, likely excluded in the past by positivist biases since forgiveness at least suggests the idea of wilful decisions and of value judgments, and along with that the possibility that one could become guilty. Well-known developmental psychologist Leo Montada (1978) uses the idea of free will to make the point:

It has become apparent that this discipline has made an anthropological preliminary decision that doesn't allow the problem of free will to be looked at in a positive way of definition at all. That has consequences. Psychology can't raise any questions that would require the concept of free will in solving them. Psychology can possibly justify punishment, but not a guilty verdict, unless it sees the conviction as the means to a further end that affects the culprit or the community. (p. 7)

A search of common German psychological dictionaries (Arnold & Eysenck & Meili, 1996; Dorsch, 1982; Lexikon der Psychologie, 2001; Städtler, 2003; Zimbardo, 1995; Krech/Crutchfield et al., 1992; Davison & Neale, 1998, Davison, Neale & Hautzinger, 2007) showed no coverage for "forgiveness".

Let us first establish a definition of forgiveness, as there are numerous competing variants in the psychological literature about forgiveness. An attempt has also been made to define a sort of irreducible consensus captured by McCullough, Pargament, and Thoreson (2000):

All of the existing definitions seem to be built on one core feature: When people forgive, their responses toward (or in other words, what they think of, feel about, want to do, or actually do to) people who have offended or injured them become more positive and less negative. (p. 9)

They summarize forgiveness as being characterized as "intraindividual prosocial change towards a perceived transgressor that is situated within a specific interpersonal context." This irreducible consensus is formulated in such a way that research on forgiveness would still be somewhat possible within the positivistic paradigm inasmuch as it does not address the problem of objective evil much less whether there is a God before whom we need to be forgiven..

Emmons (2000) offers a different idea of forgiveness: Forgiveness can activate integrative tendencies in the person, rescuing the psyche from inner conflict and turmoil, transforming the person from a state of fragmentation to a state of integration, from separation to reconciliation. Forgiveness is the integrated state of a person who is in a right relationship with God, with others, and within himself or herself. (p.171)

This comprehensive and integral definition contains many statements that are beyond the scope of positivism (such as "right relationship") and only could be researched under a holistic or constructivistic paradigm.

The basic conflict of the discipline Psychology shown in relevant German psychological dictionaries (Arnold, Eysenck & Meili, 1996; Dorsch, 1982; Lexikon der Psychologie, 2001; Städtler, 2003, especially the headings "psychology" and "history of psychology") whether defining itself as scholarship of the (human) soul (belonging to the humanities) or as behavioural science exemplifies itself in the scholarship of forgiveness: The inadequacy of positivistic psychology to address vital aspects of soul care is exposed here. Forgiveness as a complex, both intrapsychic and relational (understood humanly and spiritually) phenomenon with partly hidden emotional and motivational aspects that cry to be addressed more thoroughly through the liberal arts, including theology and philosophy (e.g., Hrassowa, 2009). The empirical scientific approaches are in danger of dealing only with the surface and thus missing the essence of forgiveness. In the American psychological forgiveness scholarship, the empirical science approach dominates though several philosophical and methodological problems are discussed (e.g., McCullough, Hoyt & Rachal, 2000). In the existing German psychological forgiveness discussion I could not even find a relevant awareness of such problems.

Comparing the Models through Analysis of Specific Examples

Two fundamentally different approaches have been established in describing forgiveness. One of these has led to decision-based models, the other process-based models. Decision-based models reduce forgiveness more or less to a one-time act of the will. I consider this reduction as an unrealistic over-simplification and therefore will leave this approach out of the subsequent discussion. Process-oriented models are characterized by their attempt to portray forgiveness as a complex intrapersonal, and also partly an interpersonal, process.

In the following, I would like to briefly present two such typical established process models and compare them with the five-phase forgiveness model that I have developed.

All three models are outlined here in simplified form. Figure 1 is a diagram that shows roughly the typical double-structure (intertwining "forgiving others" with "receiving forgiveness") of my model based on Matthew 18 and several years of therapy practice. The stripe and the arrows hint at one possibility of a typical course of phases.

First I begin with a short explanation of my model based on Matthew 18 and several years of therapy practice as

shown in Figure 1 (for more detailed information see Kix & Soldan, n.d., and Soldan, 2010): Forgiving another begins (I) with the decision to look at the injury holistically and then to do this (II) as a process of settling accounts, recognizing (cognitively and emotionally) the suffered wrong in all dimensions (see Figure 3). In simple cases this will take seconds or minutes while in very severe cases (e.g. child abuse) even the decision making (I) may require months or years (rebuilding a sense of one's own willpower). The process of looking at the truth always starts with the subjective perspective of the victim and becomes step by step more objective (meaning looking to the wrong as God does) without reaching total objectivity (which is reserved to God).

The necessary next phase is showing mercy (III) to the offender, but this is rather unnatural if not impossible after holistic recognition of the wrong. So the forgiver needs a deep experience of receiving or having received forgiveness from God (left side of figure I) to be able to impart the mercy/compassion he or she has received from God to the offender. The term used in Matthew 18:21ff is a holistically embodied word for mercy (literally translated as something is "bellying" me) and is almost totally reserved to God himself in the New Testament (implying it must be imparted to us by God and we cannot produce it ourselves). After this experience the forgiver really can release or set free (IV) the offender; that is, he or she can holistically separate the offense from the offender. This then is the basis to give away ("remit") the wrong (V) from me (to God) and to be free to a "renewed" (not restored because it will be different!) relationship. This "becoming free" describes the inner forgiving process which may be followed by the analogously described outer forgiving process (reconciliation of the relationship) that needs both partners (the forgiver and the offender). The distinction between forgiveness and reconciliation is disputed by scholars (according to Frise and McMinn [2010] psychologists tend to do so more than theologians). Because of the theologically sound unity of both concepts, I term them inner (forgiveness) and outer (reconciliation) forgiveness.

Soldan's Forgiveness Model - The Inner Forgiveness Process

receiving forgiveness	Phases	to forgive others
I want God and people to make me aware of my trespasses ↓	I. decision to settle accounts	I decide to look at the debt of the transgressor ↓
I accept my guilt (as God shows me!) ↓	II. settle accounts	I name the debt of the transgressor ↓
I accept God's love and mercy →	III. mercy, love compassion	I pass on the mercy and love that I've experienced →
I accept being set free from the consequences of sin.	IV. letting go or release of (self) accusation	I set the other person free
I experience freedom from sin for a fresh start.	V. remission of debt, inner reconciliation, renewal	I can interact with the other person without bitterness

Figure 1. Soldan's Model of Forgiveness: The Inner Forgiveness Process

Enright / Reed Model (2011) www.forgiveness-institute.org	Soldan's Forgiveness Model	Shults / Sandage Model (2003) THE FACES OF FORGIVENESS p. 93-97
	I. Decision to settle account / to uncover	
Uncovering Phase	II. Settling up/ Finding the truth	Engaging in lament
Decision Phase	III. Mercy / Compassion (i.e. attitude incl. emotion)	Encouraging Empathy and Humility
Work Phase	IV. Release, Setting free	Extending Narrative Horizons
Outcome / Deepening Phase	V. Letting go of blame/guilt Inner reconciliation Renewal / Justice/ Righteousness	

Figure 2.
Comparison of two American secular psychological phase models with the Soldan model

In Figure 2 I compare my model with two established American process models of forgiveness. The secular psychological forgiveness models focus mainly on “how to forgive others”, sometimes mentioning that “receiving forgiveness” can be important (but without being part of the model). The arrows in the diagram indicate the extent to which I can recognize connections between the three models in regards to content. The basic similarity in all three models is that they all seek to conceive of forgiveness as a complex process that runs its course in phases, and if necessary, this process can require a good deal of time. In its conception, a model must be differentiated enough to be able to portray various ways that forgiveness can come about while still maintaining enough order as a model to remain somewhat researchable, and also to serve as a map for those working practically in the field of forgiveness. All three models fulfill these requirements.

I will briefly explain the two other models.

For Magnuson and Enright (2008) the forgiver moves through four phases: uncovering anger (acknowledging the pain and exploring the injustice), deciding to forgive (exploring forgiveness and making a commitment to work toward forgiveness), working on forgiveness (reframing and developing empathy and compassion for the offender and bearing the pain), and outcome (experiencing healing).

The Shults and Sandage (2003) model is quite holistic and theologically grounded. They propose the following stages:

Engaging in Lament: Lament is a psychological and even spiritual practice of facing and experiencing the emotional pain caused by an interpersonal conflict. ... This involves empathically helping the client acknowledge shame, anger, sadness, and confusion and sensitively moving past defenses to uncover unacknowledged or bypassed shame.

Encouraging Empathy and Humility: The second major phase in the forgiveness process involves encouraging intersubjective empathy and humility.... Forgiving empathy or compassion is the capacity to become aware of the suffering and weakness of our offenders while still holding them responsible for moral wrongdoing. ... This form of empathy is closely related to the humility that can allow us to realize we might be capable of similar failures and offenses.

Extending Narrative Horizons: Some cases of unforgiveness can be understood as confusion over how to make sense of the chaos of hurt and injustice in an interpersonal relationship. ... The process of forgiveness should ultimately move beyond experiencing forgiveness of a specific offense or offender toward wrestling with the potential meaningfulness of forgiveness as an overall life practice and a theme in one's future story. (pp. 93-97)

Shults and Sandage offer a kind of a halfway house between secular and Christian psychological models although they argue explicitly in secular psychological terms. So, in differentiating between secular and Christian models theirs might be atypical.

The first big difference between typical secular models and my model, which is formed on the basis of Christian

Psychology, is the basic definition of what is to be forgiven, i.e., a wrong. In the secular models, the wrong—what is to be forgiven or that for which I myself want forgiveness—can be only either purely subjectively defined (wrong as the wronged person experiences or interprets it), or defined by a social consensus about right and wrong.

In contrast, my Christian psychological model looks to the Bible to understand what guilt, wrong, or to use the biblical term, sin, are. This leads directly to a second difference from these secular models: the Bible describes wrong as a multidimensional entity. The first dimension is personal acts, the second dimension is personal inner attitudes, the third dimension is relationship, interpersonally or transcendentally, and the fourth dimension is being subdued to sin in my own existence. These are not different forms of sins but a multidimensional design of every sin: If somebody does something wrong, at least if it is repeatedly and not only by chance, this deed roots in an inner attitude which is more or less (sub)conscious (cf. Carson et al., 2009). This deed has always implications of relation and responsibility: With the wrong I violate healthy relationships to me, to the other(s), to the creation, to rules/commandments/conscience, and ultimately to God. At the same time, I come into destructive relationship with the evil and idolatized parts of the creation. At last every wrong has a connection to forces outside of me, including all kinds of evil beings, evil things, evil traditions and so on, without erasing my personal responsibility or responsibility).

Out of this arises a four-dimensional model of guilt or wrong (see Figure 3) which is grounded in the Bible and proven many times over in my practice, both with clients and students. One must address all four dimensions in order to deal completely with concrete wrongs, thereby working through Phase II of my model, which corresponds to Phase I of the American models described above. In achieving or consolidating forgiveness, which ultimately implies lifestyle change and further personality development, the relational dimension plays the decisive role.

Realizing deeply (cognitively and emotionally) that sin always hurts God himself in the deepest possible way and yet at the same time he offers and is the solution to sin (both mine and others') is the only way to totally overcome sin through forgiveness. In this reality all of us meet in God as sinners, delivered and sanctified by grace and therefore becoming part of his genuine mercy and compassion that we could never obtain by merely human means. So the ultimate forgiveness is not a moral effort (as in modern psychologies) but rather a gift to be received with humility (thus the provocative term “immoral morals” in figure 3). This aspect is not very clear in the explicitly secular psychological model by Enright (Enright & Fitzgibbons 2002), whereas in the Shults and Sandage (2003) model, which attempts to integrate secular psychological ideas with theological ideas, this aspect is as strongly emphasized and elaborated in a manner similar to the Christian Psychology model.

It is common in process models to attempt to distinguish

genuine from false forgiveness. However, with the Christian Psychology model, it is possible to make a considerably more precise and refined delineation for counterfeit or false forgiveness, a third distinctive. This is simply because we can draw from a relatively specific revelation about what sin and wrong are and what forgiveness ultimately involves, something secular psychology cannot do. In all models it is important, if one truly wants to forgive, to be clear about what is considered to be wrong or sin. The corresponding phase in the model by Enright and Reed is named the “Uncovering Phase” whereas according to Shults and Sandage’s model, it is called “Engaging in Lament” and in Soldan’s model, “Settling up/Finding the Truth”. In all three models, the central beginning point is how the person in question subjectively experiences the wrong done to him or her, and/or subjectively experiences the wrong he or she has done for which he or she seeks forgiveness.

The explicitly Christian psychological model holds that, in the course of the journey to forgiveness, one’s view of sin becomes ever closer to what God reveals as sin; and accordingly, to some extent a convergence with an objective view of sin occurs. I maintain that only the Christian five-phase model can depict in a precise way the course that this journey takes towards objectivity, and the difficulties and limitations that may be encountered. As noted earlier, objectivity, according to the Christian paradigm, is how God sees things (his perspective), which is (partly) accessible through a process dependent upon his revelation, especially in the Bible but also in prayer and in every activity of (self)exploration under the guidance of the Holy Spirit, which includes also natural means, including psychotherapy.

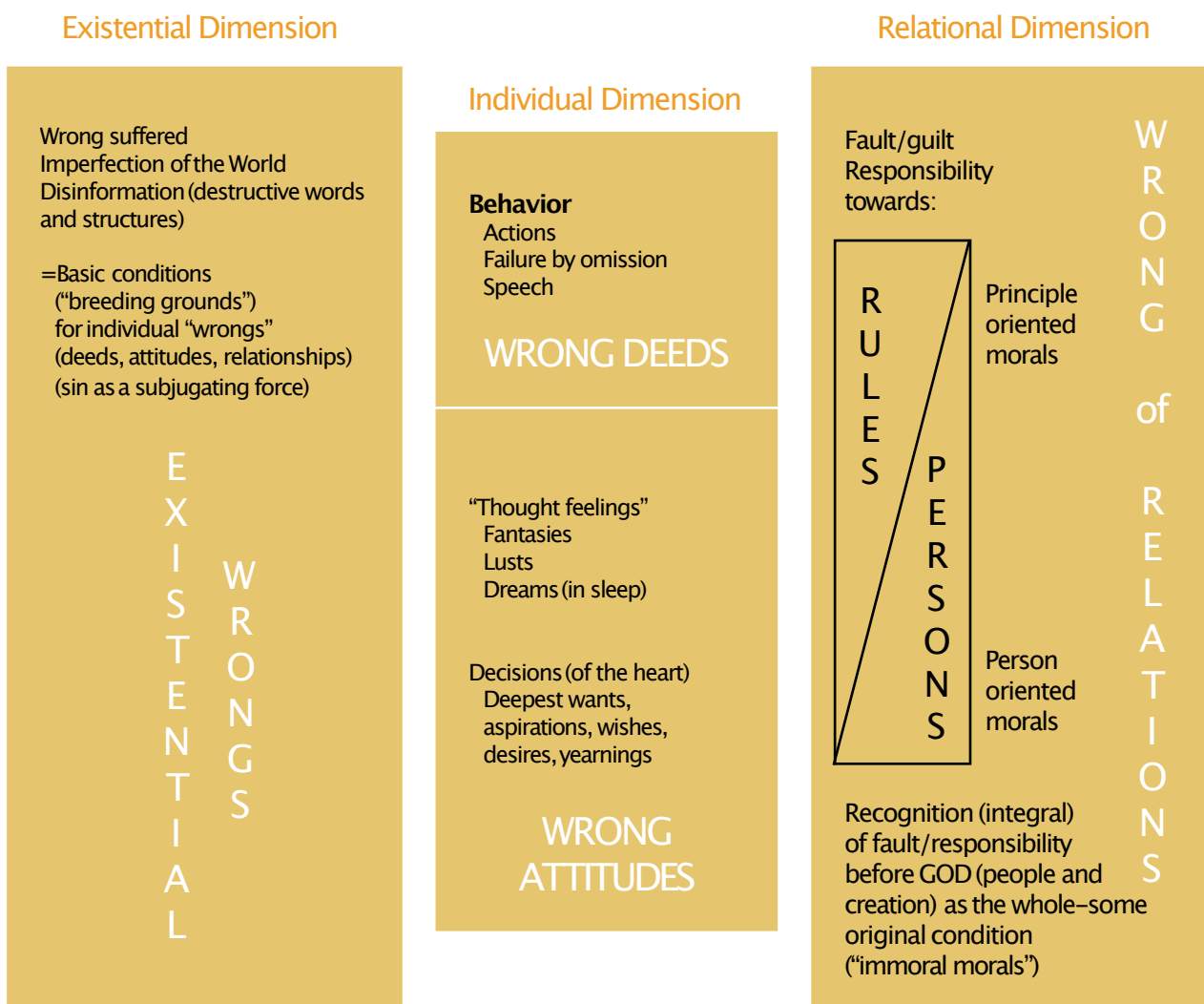


Figure 3. What then is wrong / sin / guilt? A holistic, multi-dimensional attempt at a definition taken from Biblical revelation and experience.

One other clear difference among these models is in empathy or mercy. In most secular psychological process models of forgiveness, including Shults and Sandage's (2003), the construct of empathy plays an important supporting role.

Although this role of empathy is considered valuable, it is still not indispensable to many secular models. In the Schults and Sandage model empathy is an integral component, one of the three phases, though the authors pay attention not to force empathy (encouraging empathy!) whereas Enright resists making empathy inevitable (in Enright & Fitzgibbons, 2002, this is not quite clear, though in Enright & Reed, 2011, the repeated use of "may" with regard to empathy makes this uncertainty more obvious). The Christian Psychology model replaces the term empathy with mercy as an essential and inevitable component of forgiveness. This concept is derived from the Parable of the Unmerciful Servant in Matthew 18:21-35. Because of the absolute necessity of mercy (Matthew 18:27; in KJV: compassion) and its special quality of being given by God, it seems reasonable to suspect that this mercy can also often be found in a false form within forgiveness processes. The question of counterfeit empathy is missing from most secular models. Insincere empathic mercy can, for example, be found in an arrogant inner attitude of moral superiority to others, which in secular psychological models would nevertheless be labeled empathy since in psychology empathy usually is understood as morally neutral, unlike compassion (Enright & Fitzgibbons, 2002). In the Christian Psychology model, however, such an attitude would be perceived as counterfeit mercy, and consequently, leading to a type of false forgiveness.

Consequences and Implications for Research Design

In research on forgiveness, forgiveness is stressed as a relational construct which must be examined on the basis of its impact on concrete relationships. Therefore, in some secular psychological models, just as in my model, the level of internal forgiveness is clearly distinguished from the level of external reconciliation, that is, coming anew into a constructive relationship with the offender. But it is striking that most research (McCullough, Hoyt & Rachal, 2000) focuses on the individual side of forgiveness, and only the introspective side at that (the main research method is self-report questionnaires). Research designs that actually investigate relationship dynamics in vivo in the context of forgiveness research are extremely rare, still in the very beginning stages. It is remarkable that, in spite of the theoretical knowledge about the nature of forgiveness, quantitative research predominates in the literature. For example, the reference lists of Enright & Fitzgibbons, 2002, and Worthington, 2011, consist predominantly of theoretical or quantitative research publications, and in the same proportion found in the forgiveness-related articles in the *Journal of Psychology and theology* over the last years. Even students at the IG-NIS Institute of Christian Psychology have written only theoretical or quantitative papers about the topic (Jäkel, 1999; Seres, 2004; Schlagmüller, 2003). This holds even

though in-depth qualitative research would seem to be an important method for exploring the theoretically described nature of forgiveness.

Forgiving encompasses the transcendent relationship in the sense that faith in a transcendent other can help one to forgive but also, forgiveness can relate to the reestablishment of a relationship with the transcendent other. This phenomenon secular psychology has noted, and yet, in accordance with the pragmatic and sometimes still rather positivistic tradition in psychology, models are never formulated or studied that would incorporate a transcendent other. In contrast, the Christian psychological model, based on the Parable of the Unmerciful Servant, is dependent on the big THOU as Buber (1994) would put it; indeed, even more so in the deepened form of faith in a God who sacrificed himself for our sins to take this wrong upon himself and away from us. Of course at the same time, Christian Psychology therapists also face the challenge of helping people along in the forgiveness process who do not grasp these core Christian constructs. This problem is solved in my model in that, in accordance with the picture of God in the New Testament, God works even among people who do not perceive his workings themselves. He stands at the ready incognito, so to speak, as a helping counterpart for those who doubt his existence and/or would not acknowledge his vital role in guiding an authentic, deep forgiveness process. In this way, the steps of the five-phase model can also be applied to non-Christians, whereby naturally if the person consciously acknowledges the essential role that God—or more specifically Jesus Christ—plays in forgiving, the power of the forgiveness will be even stronger and deeper. Of course the application of the model to unbelievers requires an adaptation in terminology avoiding unfamiliar biblical terms (which sometimes is the case when dealing with some Christians!). Fortunately, naming the phases avoids explicit biblical terminology and has been applied to non-Christians.

The Principle of Rebuilding

The last point in illustrating Christian Psychology with forgiveness is the principle of rebuilding. Because Christian Psychology grants epistemological presuppositions a decisive role in the way that psychology is studied, practiced, and organized, it could definitely stand to learn something from psychological schools of thought that have different presuppositions, though it cannot adopt them just as they are. This process whereby findings from secular psychology are gathered and comprehended but then purposefully reworked is called reconstruction, or rebuilding (Halder, 1999).

An example of how this is accomplished within the framework of the forgiveness model could be the defense mechanisms of projection and transference. The prevalent mechanism of transference, for instance, was conceived of in the five-phase forgiveness model as an indicator that forgiveness had not yet taken place or been completed, whereby some paraphrasing of the classic definitions were necessary and the construct of transference given a new ecological environment, namely the forgiving pro-

cess environment. Psychoanalyst and psychologist Martin Dornes (1997), according to Daniel N. Stern, describes babies as astonishingly competent in relationships with their own preverbal relational “language” (called the “schema of being with”). Because the mechanism of transference relies on this pre-verbal abilities of the person, which are particularly suited to representing relationship constellations and internal attitudes in people, a detailed recording and analysis of transference in action facilitates specific and holistic clearance of blame, and thereby becomes a valuable aid in Phase II (settling up) of the Christian Psychology model. Infants can record negative relationship experiences (that is offences!) in this preverbal language, which leads later to relationship experiences mirroring the original situation (Dornes 1997) and therefore containing holistic information about the suffered wrong (relation and attitude dimension in figure 3). In a specific experiential design of analyzing the transference situation (as a mirror of the original not yet forgiven experience) one can help a client in settling accounts (phase II of forgiving) in a holistic way. Along these same lines, the mechanism of projection was reformulated and newly fitted into forgiveness in the process model in such a way that the analysis of projections can serve not only in recognizing one’s own faulty structures in the psyche, but also in detecting so-called “accounting to the wrong side”, e.g., of blame that falls objectively on the side of another culprit, but which I have taken on as my own.

Summary of comparing

In conclusion, here is a summary of comparing approaches to forgiveness in Christian Psychology and mainstream psychology.

1. The epistemological paradigms of Christian Psychology differ from those of positivism, humanism, and postmodernism, but they incorporate certain viewpoints of each of the various paradigms.
2. The research methods of Christian Psychology are primarily the same as in secular psychology. However, qualitative and other humanities-specific research methods are evident in this field, although a broadening in the spectrum of qualitative methods employed will probably be seen in the near future.
3. By virtue of the reckoning with Godly revelations in the written Word of God and also through a personal relationship with God, the following can come about: a) research questions which in secular psychology would not be posed at all, e.g., false mercy versus true mercy; b) differentiated definition-related characteristics in the constructs of secular psychology, e.g., the four-dimensional model of wrong or sin; c) an exposure of secular constructs needing rebuilding, such as the construct empathy, which in the typical secular formulation would not fit into the forgiveness model, but was instead effectively replaced with a considerably different formulation in the construct of mercy.
4. Christian Psychology can possibly be classified in psychology history alongside the various attempts made thus far to surmount the narrow epistemological pathways of scientific, positivist-oriented psychology. In this attempt

would also be humanistic psychology with its rediscovery of holism, community psychology with its strongly explicit value orientation, transpersonal psychology with its rediscovery of transcendence within psychology, as well as the ideas of Buddhist psychology or positive psychology, and even attempts to establish postmodern constructivist thinking more strongly in psychology. Christian Psychology and all of these approaches have in common their endeavor to research and analyze aspects of the human psyche that have not yet been studied in mainstream psychology. But Christian Psychology takes these a step further as it assumes the existence of the transcendent God who has spoken to us in his Word, providing insight into our psychology as he intends it to be.



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Comment

to „Characteristics of a Christian Psychology“

Paul C. Vitz

Wolfram Soldan's paper represents an important and welcome contribution to the topic of a Christian conception of psychology. We at the Institute for the Psychological Sciences (IPS) have read it with interest, and find that the differences between our approach and Soldan's are relatively small and are far outweighed by our points of agreement. To clarify our response to Soldan, we first respond to his general Christian approach, second to his treatment of forgiveness and third we compare his conception of a Christian psychology with the integrative model developed over the last decade here at the IPS.

To begin Soldan makes it clear that a Christian psychology, although sharing some assumptions with existing secular approaches, must in many respects be contrasted with them and this contrast identifies differences in epistemology, worldview and anthropology. We strongly agree with Soldan and encourage Christian psychologists everywhere to clarify and enlarge on these differences without overlooking the similarities. (For a sample of American perspectives on this problem see Bergin, 1991; Browning and Cooper, 2004; Johnson, 2007; McMinn & Campbell, 2007; Vitz, 2011, 2009)

With respect to forgiveness Soldan makes the claim that before one can genuinely forgive another, a person must first accept God's forgiveness/mercy. This requires that God, the existence of evil and a person's own offenses before God, as well as the harmful behavior of others be acknowledged as part of the forgiveness paradigm. Soldan also identifies different dimensions of harmful behavior (sin) and the importance of showing mercy rather than empathy. The scriptural arguments for the Christian and psychological importance of such concepts, lie at the center of Soldan's innovative model. (Apparently Soldan's emphasis would be consistent with a recent critique of self-forgiveness, Vitz and Meade, 2011). The understanding of forgiveness here at IPS has been based on Enright's approach, with some influences coming from Worthington as well. Soldan proposes major changes and additions but they are described in a somewhat complex manner. At present we at IPS are not resolved with respect to Soldan's position but will be giving it much further thought.

For now we suggest, however, that there may be a form of forgiveness that is possible without the explicit Christian framework of Soldan, and that such forgiveness forms a substrate upon which Soldan's presentation can build. Regardless, a major question is: How does one account for the documented positive effects of the En-

right and Worthington types of approach? And further, does Soldan's model give still better results, whatever that might mean.

We now turn to the IPS model (The IPS Group, 2013; an earlier version, Brugger, 2009) and to other contributions of Soldan. Very briefly summarized, the IPS structural model states that the human person is:

- (1) a unity, to be treated holistically;
- (2) an embodied (body/soul) reality whose bodily nature is foundational;
- (3) interpersonally relational, being made in the image of an interpersonal God (the Trinity), and made for love of God and love of others;
- (4) rational, ordered towards truth and often capable of knowing it; and
- (5) volitional and free, and therefore capable of moral action, although this freedom is diminished by various causes including sin and illness.

We find explicit within Soldan's paper considerable agreement with the IPS model, particularly in principles (1) unity, and (3) relationality. We applaud Soldan's insistence on a holistic treatment of the human person, and of those concerns that give life meaning. We likewise endorse his observation that a Christian psychology can fully appreciate the extent to which human persons are relational, since we are made in the image of a loving, triune God. Further, we find in his work a clear implicit agreement with the principles of (4) rationality, and (5) volition, as expressed in Soldan's assertions that the Christian is intended to investigate and come to know the objective world and divine revelation, and to live by revealed moral precepts. As far as we can ascertain, Soldan did not explicitly address the bodily nature of the human person, but an emphasis on body keeps a Christian psychology in touch with the large, growing, neuroscience literature and prevents it from becoming too spiritual. The body also maintains an appropriate focus on the Christian doctrine of the Incarnation.

In addition to the structural model, the IPS has developed a narrative, theological model of the person, with which we think that Soldan would likewise be in agreement. In this narrative model, again very briefly, the person is (1) created in the image of God, thus every person has intrinsic dignity and value, (2) fallen through sin, much of which shows up in psychological suffering and pathology and, (3) redeemed through Christ, and called to a life of holiness. We believe these three principles are uncontroversial to most Christians, regardless of denomination.

We further assume a realistic philosophy and anthropology, which Soldan also assumes, by which we are capable of attaining some knowledge of both God and nature, apart from divine revelation, and we have a Catholic understanding of philosophical and theological truth as found in the Christian tradition. On some of these points our Protestant brethren may have some differences of opinion.

In any case, Soldan has made an important contribution, raised important issues and reminds us that positing a Christian psychology does not diminish the possibility of lively intellectual discussion or theoretical debate.



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Gwatt 1990 – a starting signal: an introduction to the contributions from the Focus Country Switzerland:

Although I have had many opportunities over more than 20 years to teach and share responsibility in Switzerland, the focus country of this number, the variety, maturity and experience which I have encountered during research for this edition of *Christian Psychology Around The World* surprised me, and I am astonished at the creative, professional and spiritual potential in my Swiss colleagues, which is visible here.

In worldwide mission, we value the commitment of Swiss Christians and are familiar with their important role in the history of the church. This also applies to their theoretical and practical examination of questions regarding psychology and faith. The use of four languages by the roughly 8 million inhabitants of this land, with French (22,8%), Italian (8,4%), Rhaeto-Romanic (0,6%) and German (65,6%), is apparent only to a limited extent in what follows, in an article from Ticino and one from francophone Switzerland.

Gwatt 1990 - ein Startsignal: Eine Einführung zu den Beiträgen aus dem Fokusland Schweiz

Obwohl ich schon seit über 20 Jahren viele Gelegenheiten hatte, in der Schweiz, dem Fokusland dieser Ausgabe, zu lehren und Verantwortung mitzutragen, hat mich die Vielfalt, Reife und Erfahrung, die mir bei der Recherche für diese Ausgabe von *Christian Psychology Around The World* begegnet ist, überrascht und ich staune über das kreative, fachliche und geistliche Potenzial meiner Schweizer Kollegen, das sichtbar wird.

In der weltweiten Mission schätzen wir den Einsatz der Schweizer Christen und wissen um ihre wichtige Rolle in der Kirchengeschichte. Dies gilt auch für die theoretische und praktische Auseinandersetzung mit Fragen zu Psychologie und Glauben.

Die Viersprachigkeit der knapp 8 Millionen Einwohner dieses Landes mit Französisch (22,8 %), Italienisch (8,4 %), Rätoromanisch (0,6%) und Deutsch (65,6 %), wird im Folgenden nur etwas sichtbar, durch einen Artikel aus dem Tessin und einen aus der französischen Schweiz.



Lake Thun, Photo: Katrin Widmer

In 1990, I came into contact with this potential for the first time when I was one of the speakers at the Congress for Psychotherapy and Counselling in Gwatt. Many of our authors were already present there, where I also had a brief opportunity to meet some of them. Samuel Pfeifer published the congress reader and wrote in the foreword that “the Symposium on Psychotherapy and Counselling in Gwatt, on Lake Thun in Switzerland, has delivered

1990 bin ich zum ersten Mal mit Schweizer Kollegen persönlich in Berührung gekommen, als ich einer der Redner am Kongress für Psychotherapie und Seelsorge in Gwatt war. Viele der jetzigen Autoren waren bereits dort anwesend und einige habe ich schon damals kurz kennen gelernt. Samuel Pfeifer hat den Reader der Tagungsbeiträge veröffentlicht¹ und schreibt im Vorwort: „Das

¹ Samuel Pfeifer (Hrsg.): Seelsorge und Psychotherapie - Chancen und Grenzen der Integration. Moers: Brendow, 1991

important impulses for the 90s. The congress, from 23rd to 27th May, 1990, became a gathering which left a deep impression on the 400 participants from eight nations...” The same is true for me and for the German IGNIS Academy, for, as a result, we were commissioned to train staff of Christian in-patient rehabilitation centres throughout Switzerland, which had joined together to form the Working Group Christian Life Aid, from which today’s Institute for Christian Psychology, Pedagogy and Therapy (ICP, www.icptp.ch) emerged.

Roland Mahler, the scientific director of the ICP, was himself for many years director of a drug rehab centre and writes in this journal, against the background of his experiences in therapy, on “conscience and faith in Christian counselling practice”. In the interview with him, “An ethic of the special – not only in addiction therapy”, we encounter his reflections, as theologian, psychologist and psychotherapist, on a fundamental need of every person: to be something special, without becoming proud of it or becoming permanently fixed in neuroticism.

Two reports by affected persons on their paths out of drug addiction provide supplements to these reflections on addiction therapy: we hear from Giuseppe Milazzo, “Steps of liberation from drugs – courage to share with others” and Markus Röthlisberger, “May’ instead of ‘must’: my way out of drugs in serving people”. Both are also former students at the ICP.

The article by Thomas Schüpbach, “Experiential education in the foundation YOU Count”, is the fruit of the institutions of long tradition which are allied to the ICP, even though the subject matter here is not from the field of drug addiction therapy.

In 1990, at the “legendary” congress in Gwatt, I met Samuel Pfeifer for the first time. I am therefore very glad to be able to present him and his service of many years in this journal. For many years, he was director of the Christian Clinic in Sonnenhalde for Psychiatry and Psychotherapy, and made a name for himself as an international speaker at numerous conferences. Gerhard Gutscher gives us a brief glance at everyday work in this clinic in “Forum for Questions of Life and Faith, Sonnenhalde Clinic in Riehen.” Samuel Pfeifer himself contributed the article “Prayer – Psychodynamics, Effectiveness, Therapy”.

Rene Hefti, likewise involved since 1990, is director of the second Christian specialist clinic for Psychosomatics, Psychiatry and Psychotherapy in Switzerland. “The value of empirical research for the clinical practice of a Christian specialist clinic for psychosomatics, psychiatry and psychotherapy” is the title of his contribution, together with Lars Kägi and Maria Deschner. Maria Drechsler’s



Lake Thun, Photo: August Martin

Symposium Psychotherapie und Seelsorge in Gwatt am Thunersee in der Schweiz hat wichtige Impulse für die Neunzigerjahre gegeben. Die Tagung vom 23. bis 27. Mai 1990 ist für die 400 Teilnehmer aus acht Nationen zu einer prägenden Zusammenkunft geworden...” Dies trifft auch für mich und für die deutsche IGNIS Akademie zu, denn als Folge wurden wir beauftragt, die Mitarbeiter christlicher stationärer Rehabilitationseinrichtungen der

gesamten Schweiz, die sich im Arbeitskreis christlicher Lebenshilfe zusammengeschlossen hatten, auszubilden, woraus das heutige Institut für christliche Psychologie, Pädagogik und Therapie (ICP, www.icptp.ch) entstanden ist.

Roland Mahler, der wissenschaftliche Direktor des ICPs, leitete selbst viele Jahre ein Drogenrehabilitationszentrum und er schreibt, mit seinen therapeutischen Erfahrungen als Hintergrund, in diesem

Journal über „Gewissen und Glaube im christlich-seelsorgerlichen Handeln“.

Auch im Interview mit ihm „Eine Ethik des Besonderen – nicht nur in der Suchttherapie“ begegnen wir seiner Reflexion als Theologe, Psychologe und Psychotherapeut über ein Grundbedürfnis jedes Menschen: etwas Besonderes zu sein, ohne dabei stolz zu werden oder sich in Neurotizismus zu verfestigen.

Ergänzend zu diesen suchtherapeutischen Reflexionen stehen die beiden Berichte Betroffener über ihren Weg aus der Drogensucht; von Giuseppe Milazzo „Freisetzen der Schritte von Drogen - Mut, andere teilhaben zu lassen“ und von Markus Röthlisberger: „Dürfen statt Müssen: Mein Weg aus den Drogen in den Dienst am Menschen“. Beide sind auch ehemalige Studenten am ICP.

Der Bericht von Thomas Schüpbach „Erlebnispädagogik in der Stiftung YOU COUNT“ kommt aus der Arbeit der mit langjähriger Tradition geführten Institutionen, die mit dem ICP verbunden sind, auch wenn es hier nicht um den Bereich der Drogentherapie geht.

1990, auf der „legendären“ Tagung in Gwatt begegnete ich Samuel Pfeifer zum ersten Mal. So freue ich mich sehr, ihn und seinen langjährigen Dienst in diesem Journal im Portrait vorstellen zu können. Über viele Jahre war er Leiter der christlichen Klinik Sonnenhalde für Psychiatrie und Psychotherapie und machte sich einen Namen als internationaler Sprecher auf zahlreichen Konferenzen. Gerhard Gutscher gibt etwas Einblick in den Alltag dieser Klinik „Patientenforum zu Lebens- und Glaubensfragen in der Klinik Sonnenhalde“. Samuel Pfeifer selbst steuert den Artikel „Das Gebet – Psychodynamik, Wirksamkeit, Therapie“ bei.

René Hefti, ebenfalls schon 1990 dabei, leitet die zweite christliche Fachklinik für Psychosomatik, Psychiatrie und Psychotherapie in der Schweiz. „Der Wert empiri-

reflections on everyday clinic life there appear in “Religious coping and post-traumatic growth in the course of a trauma therapy”.

With this, the potential of Gwatt 1990 is not yet exhausted. I also had the privilege of meeting there Manfred Engeli, who influenced me in the following years as a person and in his approach. He established the counselling centre in Bern and was director there for many years before concentrating exclusively on his main topic, final marriage counselling, which is the subject of his article, “Understanding of Marriage and Final Marriage Counselling”.

Claudio Agosta, “We have already tried, and it does not work” – a case report from a marriage counseling”, likewise a former student at the ICP, provides a supplementary case study. Claudia Agosta comes from Ticino, the Italian-speaking part of Switzerland. As an author from the French-speaking part, Bernard Bally, for many years director of ACC in the Suisse Romande, writes on the topic of «Existential therapy and Christian hope».

The present edition of the e-journal does not offer a complete overview; there would be further treasures to be found, at the universities in Lausanne, Fribourg and Zurich, for example, where numerous empirical studies on forgiveness research have been published. The rich theological work for anthropology, that field of such importance as the basis of a Christian psychology, also receives too little space here.

What would this number be without the contribution by the artist Anita Sieber Hagenbach? She wishes, with her pictures, to create access to biblical texts; it soon becomes clear that her artistic work would hardly be imaginable without her many years of experience in addiction therapy.

How much potential lies in this land and its culture! An encouragement for us all regarding our own cultural identity and regarding global service for and with each other. The relevant comments from colleagues worldwide voice their agreement!

Werner May



Lake Thun , Photo: Thomas Härtner

scher Forschung für die klinische Praxis einer christlichen Fachklinik für Psychosomatik, Psychiatrie und Psychotherapie“ lautet sein Beitrag, verfasst mit Lars Kägi und Maria Deschner. Eine therapeutische Arbeit aus dem

dortigen Klinikalltag reflektiert Maria Drechsler „Religiöses Coping und posttraumatisches Wachstum im Verlauf einer Traumatherapie“.

Das Potenzial von Gwatt 1990 ist hiermit noch nicht ausgeschöpft. Ich durfte dort auch Manfred Engeli kennen lernen, der mich persönlich in den folgenden Jahren als Person und in seinem Ansatz beein-

flusst hat. Er baute die Beratungsstelle in Bern auf und leitete diese über viele Jahre, bevor er sich ganz auf sein Hauptthema konzentrierte, die finale Eheberatung, worüber sein Artikel geht „Eheverständnis und Finale Ehe-seelsorge“.

Claudio Agosta, ebenfalls ehemaliger Student am ICP, ergänzt durch einen Fallbericht: “>Ci abbiamo già provato, e non funziona<” – il resoconto di una consulenza matrimoniale“. Claudia Agosta kommt aus dem Tessin, dem italienisch sprechenden Teil der Schweiz.

Als Autor aus dem französisch sprechenden Teil hat Bernard Bally, langjähriger Leiter von ACC in der französischen Schweiz, zum Thema « La thérapie existentielle et l'espérance chrétienne » geschrieben.

Die vorliegende Ausgabe des E-Journals bietet keinen vollständigen Überblick, es gäbe weitere Schätze, zum Beispiel an den Universitäten in Lausanne, Fribourg und Zürich, wo zahlreiche empirische Arbeiten zur Vergebungsforschung vorgelegt wurden. Auch die reichen theologischen Arbeiten für die so wichtige Anthropologie als Grundlage einer Christlichen Psychologie, kommen zu kurz.

Was wäre diese Ausgabe ohne den Beitrag der Künstlerin Anita Sieber Hagenbach. Sie möchte mit ihren Bildern Zugang zu biblischen Texten schaffen und hat als Hintergrund ihres künstlerischen Schaffens langjährige Erfahrungen in der Suchttherapie.

Was für ein Potenzial steckt in diesem Land und in seiner Kultur! Eine Ermutigung für uns alle zu eigener kultureller Identität und zum globalen Dienst mit- und aneinander. Die jeweiligen Kommentare weltweiter Freunde stimmen dazu ein!

Werner May

About the artist

Anita Sieber Hagenbach

With my works, I try to create an image of words of life, as a picture, a text image, an object, an installation. I understand this as a way of making God's speaking visible. It is intended to give access to the treasures, encouragements, challenges, provocations of biblical texts and to take these as a theme. The works also repeatedly reflect the concern with social justice and with healthy, mature relationships. In the field of painting, my substrates are, for example, paper, cardboard, canvas, rusty metal; the painting materials are mainly tar, sand, ash, pigment, acrylic paint, gold leaf, diverse collage elements or Indian ink and water colours. Born in 1962, brought up bilingually (D/F) in Utzigen by Bern, married to Urs Hagenbach. Diploma course in social work and qualification as course leader. Many years of activity in the drugs scene, subsequently part-time teaching contract until beginning of 2011 at the theological/diaconal seminar in Aarau in the field of social diaconal work. Parallel to this freelance artistic work. Artistic training at the design school in Bern. Further courses and works in the studios of Tom Blaess, Bern (monotypes) and Doris Muster, Herrenschanen (tar images).

Since 2011 full-time freelance designer.
Diverse exhibitions and art in public areas.

Über die Künstlerin

Anita Sieber Hagenbach

Mit meinen Arbeiten versuche ich Lebens-Worte zu verbildlichen zum Bild, zum Schrift-Bild, zum Objekt, zur Installation. Ich verstehe es als Weg, Gottes Reden sichtbar werden zu lassen. Es soll Zugang zu den Kostbarkeiten, Ermutigungen, Herausforderungen, Provokationen

biblischer Texte verschaffen und diese zum Thema machen. Auch spiegelt sich in den Werken immer wieder das Anliegen für soziale Gerechtigkeit und für gesunde, gereifte Beziehungen.

Im Bereich der Malerei sind meine Untergründe zum Beispiel Papier, Karton, Leinwand, Rostiges Metall; die Malmaterialien sind hauptsächlich Teer, Sand, Asche, Farbpigmente, Blattgold, Acrylfarbe, diverse Collage-Elemente oder Tusche und Aquarell.

Geboren 1962, zweisprachig (D/F) aufgewachsen in Utzigen bei Bern, verheiratet mit Urs Hagenbach.

Ausbildung zur Dipl. in Sozialer Arbeit FH und Ausbilderin eidg. FA.

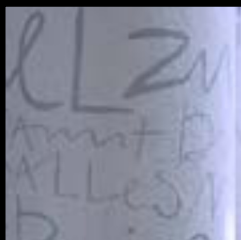
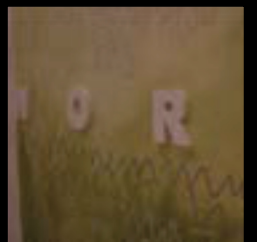
Langjährige Tätigkeit im Drogenbereich, anschließend teilzeitlicher Lehrauftrag am Theologisch-Diakonischen Seminar in Aarau im Fachbereich Sozialdiakonie bis Anfang 2011. Parallel dazu freiberufliches künstlerisches Schaffen.

Künstlerische Ausbildung an der Schule für Gestaltung in Bern. Weitere Kurse und Arbeiten im Atelier von Tom Blaess, Bern (Monotypien) und Doris Muster, Herrenschanen (Teerbilder).



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“An ethic of the special” – not only in addiction therapy

Roland Mahler talking with Werner May

W.M.: In your article in “Ethik, Ziele und Werte in der Suchtarbeit” [“Ethics, aims and values in addiction therapy”], published by yourself in 2005, I came across a term that electrified me: ethics of the special. Until then, I had never heard anything about that, and this, furthermore, in connection with psychology and psychotherapy. How do you understand it?

R.M.: Whether in therapy or in everyday life, we are repeatedly faced with the challenge of wanting and being obliged to evaluate human behaviour and life – our own or that of others. An “ethic of the special” is in this case the attempt to give a transformation-relevant answer.

The given, created uniqueness of each person, with his unique conditions, his unique paths in life and with a unique calling, leads as a rule, in a fallen world (formulated theologically), in the experience of limitation through other fellow creatures (and their uniqueness) and of corrupted reality, either to his suppression or to his disproportionate elevation. Personality psychology formulated this in the so-called Big Five as one of the five independent culturally largely stable factors, as neuroticism. In other words, every person wishes somehow to be something special. An “ethic of the special” therefore encourages each to be something special, and also to admit this to others.



W.M.: But why precisely this term “special”? Could one not also say “uniqueness” or “personality”, as representatives of humanistic psychology have already done?

R.M.: As already mentioned, this term consciously seeks to start with the neurotic factor, i.e. to maintain that neuroticism is not a wrong path, but a path of failure, the failed longing for a good, right path. This is one reason for choosing this term, but the main reason is that we really are something special, because of being in God's image. Everyone is his own piece of being in God's image. This stands for the special, quasi vertical position of man in creation, while uniqueness can rather be assigned to horizontal differentiation.

“Ethik des Besonderen” - nicht nur in der Suchttherapie

Roland Mahler im Gespräch mit Werner May

W.M.: In deinem Beitrag in „Ethik, Ziele und Werte in der Suchtarbeit“, von dir 2005 herausgegeben, bin ich auf einen Begriff gestoßen, der mich elektrisiert hat: Eine Ethik des Besonderen. Davon hatte ich bisher noch nie etwas gehört, und dann auch noch im Zusammenhang mit Psychologie und Psychotherapie. Was verstehst du darunter?

R.M.: Ob in der Therapie oder im alltäglichen Leben, immer wieder stehen wir vor der Herausforderung, menschliches Handeln und Leben – eigenes oder das anderer – bewerten zu wollen und zu sollen. Eine „Ethik des Besonderen“ ist der Versuch hier eine veränderungsrelevante Antwort zu geben.

Die gegebene, geschöpfliche Einzigartigkeit jeder Person, mit ihren einzigartigen Bedingungen, ihren jeweiligen einzigartigen Lebenswegen und mit einer einzigartigen Erwählung führt in der Regel, in einer gefallenen Welt – theologisch formuliert, im Erleben der Begrenzungen durch die anderen Mitgeschöpfe (und deren Einzigartigkeit) und der korruptierten Wirklichkeit, zu ihrer Unterdrückung oder zu ihrer Überhöhung. Die Persönlichkeitspsychologie formuliert das in den so genannten Big Five als einen der fünf unabhängigen und weitgehend kulturstabilen Faktoren, als Neurotizismus. Mit anderen Worten, jeder Mensch möchte irgendwie etwas Besonderes sein. Eine „Ethik des Besonderen“ ermutigt nun jeden auch, etwas Besonderes zu sein und das auch anderen zuzugestehen.

W.M.: Aber warum gerade dieser Terminus „Besonderes“, hätte man nicht auch sagen können „Einzigartigkeit“ oder „Persönlichkeit“, was Vertreter der humanistischen Psychologie schon getan haben?

R.M.: Wie gesagt, dieser Begriff möchte ja bewusst am neurotischen Faktor ansetzen, also behaupten, Neurotizismus ist kein Irrweg, sondern ein scheiternder Weg, die gescheiterte Sehnsucht nach einem guten, richtigen Weg. Das ist ein Grund für diese Begriffswahl, aber der Hauptgrund ist, dass wir wirklich etwas Besonderes sind, aufgrund unserer Gottebenbildlichkeit. Jeder ist sein Stück Gottebenbildlichkeit. Diese steht für die besondere, gleichsam vertikale Stellung des Menschen in der Schöpfung, während die Einzigartigkeit eher der horizontalen Unterschiedlichkeit zugeordnet werden kann.

Ich liebe das so auszudrücken, dass wir uns nach Unmittelbarkeit sehnen, damit meine ich eine vollkommene Präsenz im Leben und eine möglichst umfassendes Erfülltsein unserer Bedürfnisse und unserer Wünsche nach Sinn, bzw. nach unserem schöpfungsgemäßen Platz, keinerlei Spaltung. Und das ist nur durch den Weg des Glaubens möglich, zwar nicht jetzt schon endgültig zu erreichen, aber meint, sich in die richtige Richtung be-

I like expressing it this way: that we long for immediacy, by which I mean a perfect presence in life and as comprehensive as possible a fulfilment of our needs and of our wish for meaning, or for our place according to creation, without any kind of splitting. And this is only possible by following the path of faith, although it cannot yet be attained fully, but meaning that movement in the right direction is possible. Faith means entrusting oneself to a relationship with God offering perspective, a firm hold and guidance. This is a relationship of hope (perspective), personified by the life, death and resurrection of Jesus Christ. Nor would I want to forget that this transcendent relationship always places me in relationships with others.

W.M.: These are radical thoughts.

R.M.: Yes, they assume a symbolic or pointer character for this world, as formulated above all by Lacan. I see this world as being symbolic of eternity. Symbols are first of all the object itself, e.g. the things, the persons, but they are also at the same time a sign, a sign pointing to eternity. We cannot reach the goal in this life. Our repeated failure to do so drives us to resignation, to materialistic attempts at solutions, of which addiction is one realisation. The addict tries to overcome the loss of immediacy using the addictive substance, which suggests immediacy to him.

W.M.: You told me that your therapeutic experiences led to this concept of "an ethic of the special". A constant theme there, you said, were the questions of clients regarding what is right and wrong; formulating wide ethical "main roads" (general commandments, rules and norms) did not do justice to the individual cases. To remain in this metaphor, the skill of the therapist can be seen as finding "side roads" for the individual, without losing contact with the "main road", which would be placing oneself completely outside general ethical guidelines.

R.M.: That is right, here we must of course become more concrete and expand and embed this term of "the special". Expand, by which I mean there is a need for – however you might express it – a holy, an authentic or a thankful specialness. A specialness which consists in a lived relationship with God and in a considerate responsibility towards creation – thus not drifting off into pride, self-assertion and violence. And, beyond this, it is also repeatedly necessary to refrain, and to want to refrain, from inconsiderate self-assertion. For addiction therapy and for other processes of life change, a further corollary is that there can be no successful individual therapies, but that they must always take place in a group, so that, due to the specialness of others and the limits which this imposes on me in life in community, the value of this refraining from self-assertion, the practice of considerateness towards others can be increasingly treasured and understood. But if I do not have this healthy goal, let us say holy specialness, in view, I can fall from the other side of the horse, in seeing my inferiority as confirmed – there are bound to be any number of old experiences of this – and

wegen zu können. Glaube bedeutet, sich einer perspektivischen, haltgebenden und führenden Gottesbeziehung anzuvertrauen. Diese ist eine Beziehung der Hoffnung (perspektivisch), personifiziert durch das Leben, Sterben und Auferstehen Jesu Christi. Nicht vergessen möchte ich, dass mich diese transzendente Beziehung immer in die Beziehungen zu anderen hineinstellt.

W.M.: Das sind radikale Gedanken.

R.M.: Ja, sie gehen aus vom Symbolcharakter oder Verweiskarakter dieser Welt, wie sie Lacan vor allem formuliert hat. Ich sehe, diese Welt ist eine Symbolik für die Ewigkeit. Symbole sind zunächst erst einmal die Sache selbst, die Dinge, die Menschen z.B., aber auch dann noch ein Zeichen, ein Zeichen auf die Ewigkeit hin. Wir können in diesem Leben nicht am Ziel ankommen. Das Scheitern daran immer wieder treibt uns in Resignation, in materialistische Lösungsversuche, wovon die Sucht eine Realisierung ist. Der Süchtige versucht den Verlust von Unmittelbarkeit durch das Suchtmittel zu überwinden, was ihm Unmittelbarkeit suggeriert.

W.M.: Du hast mir erzählt, dass dich deine therapeutischen Erfahrungen zu diesem Konzept „einer Ethik des Besonderen“ geführt haben. Ein durchgängiges Thema dort seien die Fragen der Klienten, was richtig oder falsch sei, was gut oder schlecht sei. Die Formulierung großer ethischer „Hauptstraßen“ (allgemeine Gebote, Regeln und Normen) würden nicht dem Einzelfall gerecht werden. Um in diesem Bild zu bleiben, das therapeutische Geschick bestünde darin, „Nebenstraßen“ für den Einzelnen zu finden, ohne den Kontakt zur „Hauptstraße“ zu verlieren, sich also völlig außerhalb von allgemeinen ethischen Richtlinien zu stellen.

R.M.: Richtig, hier müssen wir natürlich konkreter werden, diesen Begriff des Besonderen ausweiten und einbetten. Ausweiten, damit meine ich, es braucht eine – wie man auch sagen mag – eine heilige, eine authentische oder eine dankbare Besonderheit. Eine Besonderheit, die in der gelebten Gottesbeziehung und in der rücksichtsvollen Verantwortlichkeit gegenüber der Schöpfung Bestand hat, also nicht in Stolz, Selbstbehauptung und Gewalt abdriftet. Und dazu ist es also nötig, auf rücksichtslose Selbstbehauptung immer wieder verzichten zu müssen und zu wollen. Für die Suchttherapie und für andere Prozesse der Lebensveränderung heißt das dadurch auch, dass es keine erfolgreiche Einzeltherapie geben kann, sondern dass sie immer in der Gruppe stattfinden muss, um durch die Besonderheit der anderen und die mir dadurch gesetzten Grenzen des gemeinsamen Lebens, den Wert dieses Verzichts auf Selbstbehauptung, das Einüben von Rücksicht auf den anderen immer mehr zu ergreifen und zu begreifen. Wenn ich aber nicht dieses gesunde Ziel, sagen wir der Heiligen Besonderheit, im Auge habe, kann ich von der anderen Seite des Pferdes fallen, meine Minderwertigkeit bestätigt zu sehen – dafür gibt es sicher Unmenge von alten Erfahrungen – und mit den entsprechenden selbstabwertenden oder mehr verdeckten selbstdurchsetzenden Mitteln zu reagieren.

in reacting with corresponding self-demeaning, or more covert, methods of self-assertion.

W.M.: If I attempt to reduce this to one main point, it means encouraging the individual to evaluate himself, accept his uniqueness and withstand the emotional evaluation of specialness, to withstand it so long that it loses the aspect of pride. An ethic of the special therefore exposes itself to the dangers of neurotic defence structures and does not seek to avoid them, but rather to overcome them and change this neurotic defence structure. This means not avoiding pride, but going through it to the end, because the experience of the special within the creation and before God will lead to thankfulness, because, with the passage of time, the appearance that the special is at our command, and thus attributable to our own achievements, will prove to be utopian. Our life is a gift.

R.M.: The space for encounter which is opened up here is, theologically speaking, that of grace. But it is the explicit exceptional grace of God towards man and is that which enables man to believe in the first place! The ethic of the special, as a Christian ethic, thus represents the view of man in the field of grace. Grace is here in no sense a resource at our command, but rather a word, of justice and right, directed to us from outside during an encounter in the relationship with God and in the relationship with one's neighbour. I would formulate it as follows: in this light, action is determined not only by forbearance (grace), but always also by forward-looking consideration for others. The ethic of the special is therefore, from the point of view of the Gospels, an ethic of considerateness, i.e. it does not lose awareness, during the events of action, of the fellow human behind one's immediate field of vision. Not out of fear, I hasten to add, but rather out of mercy, because I myself have experienced what it is not to be overlooked, to be seen.

W.M.: So addiction therapy must also always be a social therapy. Learning to understand, in the course of time, the limits of living together also as an expression of the special will be the goal. Permanent experiences of this kind, at one's limits, will be result from the rules of the institution, but also from the uniqueness of the others.

R.M.: Working out and negotiating these rules, whether institutional or inter-personal, is an essential prerequisite, as you made clear in your stimulating article "The Healing No", and only then will self-esteem be securely directed towards an ethic of the special.

I admit that the content of our conversation feels, for me as well, still a little unripe, and I am tempted to say that an ethic of the special will first have to prove itself in practice. But then I think: Have I not often experienced how the lack of courage to stand up for one's uniqueness and specialness has been the reason for failure in the therapy? We need an exceptional ethic which takes into account the specialness of each person.



W.M.: Wenn ich versuche, das Ganze auf einen Punkt zu bringen, bedeutet es, den Einzelnen in seiner Selbstbewertung Mut zu machen, zu seiner heiligen Einzigartigkeit zu stehen und die emotionale Bewertung des Besonderen auszuhalten, so lange auszuhalten, bis sie ihren Stolzaspekt verloren hat. Eine Ethik des Besonderen setzt sich demnach der Gefahr neurotischer Abwehrstrukturen aus, will diese nicht umgehen, sondern überwinden und diese neurotische Struktur verarbeiten. Also nicht dem Stolz ausweichen, sondern durch ihn hindurch, weil die Erfahrung des Besonderen innerhalb der Schöpfung und vor Gott zur Dankbarkeit führen wird, weil mit der Dauer auch die Verfügbarkeit des Besonderen und damit ihre Zuschreibung an unsere eigene Leistung sich als Utopie herausstellen wird. Unser Leben ist Geschenk.

R.M.: Der sich eröffnete Raum der Begegnung ist theologisch gesprochen derjenige der Gnade. Sie aber ist die explizite Ausnahmegerechtigkeit Gottes für den Menschen und ermächtigt Letzteren erst zum Glauben! Die Ethik des Besonderen als eine christliche Ethik vertritt also die Sicht des Menschen im Raum der Gnade. Letztere ist dabei keineswegs eine verfügbare Möglichkeit, vielmehr ein in der Begegnung sich ereignender Zuspruch von außen von Gerechtigkeit und Recht, in der Beziehung zu Gott und in der Beziehung zum Nächsten. Ich würde es so formulieren, Handeln ist demnach nicht nur bestimmt von Nachsicht (Gnade), sondern stets auch von vorlaufender Rücksicht. Die Ethik des Besonderen ist aus Sicht des Evangeliums darum eine Rücksichtsethik, d.h. behält im Handlungsgeschehen auch den im Rücken stehenden Mitmenschen im Auge. Nicht aus Angst, möchte ich hinzufügen, sondern mehr aus Barmherzigkeit, weil ich es selbst erlebt habe, nicht übersehen zu werden, gesehen zu werden.

W.M.: Suchttherapie muss also immer eine Sozialtherapie sein. Die Grenzen des Zusammenlebens auch als einen Ausdruck des Besonderen mit der Zeit verstehen zu lernen, wird das Ziel sein. Solche permanenten Grenzerfahrungen werden sich durch die Regeln der Institution, aber auch durch die Einzigartigkeit der anderen ergeben.

R.M.: Ein Aus- und Verhandeln dieser Regeln, ob institutionell oder zwischenmenschlich, ist unbedingte Voraussetzung, das hast Du in deinem Ansatz „The Healing

Hören Hearing

Kunst im öffentlichen Raum
Hörgang, Temporäre Installation in der
Nachtgalerie, Zürich-Oerlikon
www.kfmf.ch/nachtgalerie, 2011

Art in the public space
Hearing Path, temporary installation in
the Nachtgalerie, Zürich-Oerlikon



W.M.: And the challenge in this will be to demonstrate specialness using the example of specialness, and not to fall into the trap of our culture, in which only the unusual is considered as special, or where specialness is equated with fulfilling norms, i.e. to identify the special as being better than others or as a comparative status. For this would once again mean failure. No, the special, as I have come to understand it, lies certainly in refraining from inconsiderate self-assertion, but also in small gestures, which are in addition voluntary, based on the understanding that only I, and no-one else, can exercise this refraining restraint at this moment and in this situation, because I want to make a gift of respect to the other person, because of his specialness.

R.M.: And I would like to come back once again to the true reason why we are something special, our being in the image of god, i.e. our special position in creation and before God. We will increasingly encounter this, in our relationship of faith, as hope for immediacy, and we will also taste it, at least incipiently, so that a choose-to-be-satisfied attitude regarding what we have and what is possible, i.e. life with its limitations, acquires its full value. In the action of refraining from inconsiderate self-assertion, which has now become easier, we experience our specialness. We learn from divine forbearance (grace) and considerateness our own forbearance and considerateness.

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(This conversation took place in May, 2013)

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No“ deutlich gemacht, und nur dann wird Selbstwert in Richtung einer Ethik des Besonderen gesichert sein.

Ich gebe zu, der Inhalt unseres Gespräches tönt für mich auch noch ein Stück unausgereift, und ich bin versucht zu sagen, eine Ethik des Besonderen wird sich erst in der Praxis beweisen müssen. Aber dann denke ich doch, habe ich es nicht schon oft erlebt, wie der fehlende Mut zu seiner Einzigartigkeit und Besonderheit zu stehen, der Grund für ein Scheitern in der Therapie war? Wir brauchen eine Ausnahmeethik, die der Besonderheit jedes Menschen Rechnung trägt.

W.M.: Und die Herausforderung dabei wird es sein, das Besondere am Besonderen deutlich zu machen, und nicht in unsere kulturelle Falle zu tappen, nur das Außergewöhnliche als das Besondere zu betrachten oder dem Genügen einer Norm, also das Besondere am Bessersein als andere und am Vergleichen festzumachen. Denn das würde wieder Scheitern bedeuten. Nein, das Besondere, so wie ich es jetzt verstanden habe, liegt im Verzicht auf rücksichtsloser Selbstbehauptung, auch in kleinen Gesten, und das freiwillig, aus dem Verständnis, dass diesen Verzicht im Augenblick und in dieser Situation nur ich leisten kann und niemand sonst, weil ich dem anderen Be-Achtung wegen dessen Besonderheit schenken möchte.

R.M.: Und ich möchte noch einmal auf den eigentlichen Grund zurückkommen, warum wir etwas Besonderes sind, unsere Gottebenbildlichkeit, d.h. unsere besondere Stellung in der Schöpfung und vor Gott. Diese wird uns immer mehr in unserer Glaubensbeziehung als Hoffnung auf Unmittelbarkeit begegnen, und wir werden sie auch ansatzweise schmecken, sodass ein Sich-genügen-lassen, an dem, was wir haben und was möglich ist, also das Leben mit Grenzen, seinen Wert gewonnen hat. Im jetzt leichter möglichen Akt des Verzichts auf rücksichtsloser Selbstbehauptung erleben wir unsere Besonderheit. Wir lernen an der göttlichen Nachsicht (Gnade) und Rücksicht, unsere eigene Nachsicht und Rücksicht.

(Dieses Gespräch wurde im März 2013 geführt.)

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Comment

to “An ethic of the special” – not only in addiction therapy

Roland Mahler talking with Werner May

Nicolene Joubert

“An ethic of the special” provides a thought provoking Christian philosophical interpretative framework for human behavior. As the meaning of this term is explored in the dialogue between Roland Mahler and Werner May I became increasingly intrigued by the potential therapeutic power embedded in this approach.

Reviewing the unconscious wish to be special in the light Biblical anthropology with specific reference to neuroticism leads to new and challenging insights. Firstly, neuroticism, generally viewed as a symptom of pathology, is refined as failed attempts to fulfill the unconscious wish to be special (a normal wish most people have) resulting in compensatory or avoidance behavior in the form of for example addiction.

Acknowledging and voicing the wish to be special in an open and honest manner opens up new avenues for therapeutic actions. One such action could be to reinterpret the pain caused by failure as good and necessary for a deeper understanding of the true specialness embedded in a God-intended self. The fulfillment of this wish is thus only possible in a relationship with God, the source of our specialness. Secondly failure is not indicative of pathology but rather a searching heart. The search is for meaning which would emerge from a deeper understanding of the true God-intended self.

The conversationalists make it clear that a deeper understanding of our uniqueness as image bearers of God is void of false ideas of superiority but leads to humbleness and gratefulness instead. The task of the therapist would be to facilitate a process of openness and honesty in the place of suppression or delusions of grandeur, typical characteristics of a neurotic character. The ethic of the special framework provides a beautiful intervention option as the person is encouraged to not only admit the wish for being special but to explore the true meaning of this in a relationship with God and others.

Applying this approach presents challenges such as understanding the complexity of this framework and developing a practical and clear process. The complexity of this framework lies in the paradox of being special as an image bearer on the one hand and being broken as a sinful being on the other hand. True fulfillment of our wish is only possible when we acknowledge this paradox and learn to depend solely on God's grace to become the true God-intended beings we are. The therapist is not exempt from this paradox and should join the group as an equally broken and searching soul.



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Lacan points out that desire is based on the desire of the Other. Children learn to desire what they perceive as the desire of the Other. In therapy clients would tend to desire what they perceive as the desire of the Other, in this case the therapist. The immediacy of the therapist in a live relationship with Jesus Christ and desire what Jesus (as the Other) desires would steer the therapy process in the right direction, i.e. towards transformation.

Thus, this intriguing framework holds the promise of Holy Spirit empowered transformation (instead of trying to cure symptoms of neuroticism) but needs to be developed more comprehensively on both theoretical and practical levels.



Installation mit Schuhen, 4.9.2010
50 Jahre Theologisch Diakonisches Seminar im
KUK, Kultur & Kongresshaus Aarau

Installation with Shoes, 4th Sept. 2010
50 years Theological/Diaconal Seminar
in KUK, the culture & congress centre in Aarau



Comment

on the conversation with Roland Mahler

Robert Robertson

In English we say, “Everybody wants to be somebody.” Nobody wants to be just a cipher, just another member of the crowd, a zero, a nonentity, a nobody. But this healthy desire, with which each of us is created, can be elaborated and made concrete in various ways, and many of these ways are not healthy. Often, the desire to be somebody develops and transforms into a desire to dominate others, to stand out from the crowd by our superiority — our intelligence, our skills, our money, our social connections, our “position.” As Mahler points out, we are constantly evaluating ourselves: How am I doing in this competition for being somebody? If we find ourselves falling short, we become anxious and depressed. And if we feel that we’re making the grade, we take pleasure in our superiority, and are especially happy when we can compare ourselves with someone in our circle who is doing less well — until we run into somebody who’s doing even better, and the self-doubt and emptiness returns.

Roland Mahler proposes that a Christian psychology and psychotherapy will affirm and approve our basic desire to be somebody “special.” But the Christian understanding of the teleology of that basic desire — the mature and

healthy end-state that it aims at, its “perfection,” as the medieval Christian psychologists would say — is significantly different from what the secular world would propose. The Christian teaching is that each of us is “special” before God, who loves each of us in our particularity. Our desire to be somebody finds its ultimate satisfaction in our belonging to God, and consciously and intentionally and worshipfully recognizing God as our Father and Creator and Lord. Thus our desire to be special culminates in gratitude, the happy recognition that we have not created ourselves, but owe our existence and our wellbeing to God. This is the first and great fulfillment. And a second is like it: to recognize that each and every fellow human being is equally someone perfectly special to God, and to be simply happy in not domineering over our fellows, in not being superior to them, but in serving them and fellowshiping with them in love.

According to Mahler, this double fulfillment of our drive to be special is basic psychological wellbeing, in the view of Christian psychology.

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Professor of Ethics
Baylor University, Areas
of Interest: Ethics
(especially virtues),
Kierkegaard, Emotion
Theory, Moral Psychology,
Epistemology





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Das Wort von der Ver-
söhnung, das verbind-
det. Das ist der Kern-
auftrag des TDS. Die
Energie dazu kommt
von oben, aus dem
offenen Himmel. Das
Wort Gottes ist Jesus
Christus, verborgen
und offenbart. Es er-
schliesst sich, wenn
wir uns die Mühe neh-
men. Das soll auch in
den Ausbildungen am
TDS geschehen.

Grundlage des TDS
ist das Wort Gottes. Es
kommt von oben aus
der unsichtbaren Welt,
tritt handfest in unsere
Welt, schafft grünen-
des Leben.

Gibt es Leichen im
Keller des (Lebens-)
Hauses? Versteckt hin-
ter der goldenen Fassa-
de und doch treten sie
hervor. Ein „Wehe!“-
Wort für die ernsthaf-
ten Religiösen, auch
am TDS.

Wo es am Tiefsten ist,
entsorgt Gott unsere
Schuld. Tiefer geht es
nicht am TDS.Aarau

Art on the Building in the stairwell of the TDS
The word of reconciliation, which binds together.
This is the core task of the TDS. The energy for
this comes from above, from an open heaven.
The Word of God is Jesus Christ, hidden and re-
vealed.

It is shown to us when we make the effort.
This should also happen in the training courses
at the TDS.

The basis of the TDS is the Word of God.

It comes from above out of the invisible world,
enters our world tangibly, creates verdant life.
Are there skeletons in the cellar of the house (of
life)?

Hidden behind the golden façade, and yet they
do show themselves. A word of “woe” to the ear-
nestly religious, including those at the TDS.

Where it is deepest, God disposes of our guilt.
There is nowhere deeper at Aarau TDS

Conscience and faith in Christian counselling practice¹

Roland Mahler

Since Bultmann, the conscience has become a prominent topic, as part of a theology of faith-based existence, in the Protestant tradition of the 20th century². Faith as an existential phenomenon has an immediate relationship with conscience, inasmuch as faith, for the Reformation, meant the choice, according to conscience, of freedom, i.e. against the attachment to the inauthenticity of man and, at the same time, for distinction from the world. In his conscience, man knows himself to be a lost being, unable to change with his own strength the nature of his participation in the world. Here, faith is simultaneously the turning of this knowledge into hope in the perspective of the offer of grace. It is thus grounded in the reality of a confrontation which forces a decision between lostness and salvation, the “unbedingt Angehende” [“inescapable issue”] (Tillich), in man’s existence. Only in such a case of “either/or” regarding one’s own existence can one speak of faith. Theology speaks here, in an existential way, of guilt and forgiveness. Faith demands from the conscience an acknowledgement of guilt or the capacity of the self for guilt. Only from this immediate insight does knowledge of grace grow. The conscience thus represents, in the premises of existential theology, the unmasking of human guilt in keeping with the judgement and grace of God.

A differentiation of this kind can also provide orientation for spiritual counselling. In the statement man makes about himself, his neighbour and God, the self loses its supposed innocence. In the operation of the conscience, the individual acknowledges the discrepancy between his actions, himself and his neighbour and accepts responsibility for this discrepancy before himself, the other person and God³. It is of course precisely this act of responsibility that must lead to despair – unless the person encounters, along his path of responsibility, something like grace.

The demands of oneself and one’s neighbour allow man no peace before God, unless neighbour and self meet in a new “light”, the light of grace.

We can speak, more psychologically, of being accepted and of being loved unconditionally. But does one encounter this new light, this acceptance and this unconditional love? Here spiritual counselling practice itself loses its innocence. Even the therapeutic relationship is

1 This article is a reworking of Mahler, Roland, *Gewissen und Gewissensbildung in der Psychotherapie*. Verlag für Sozialwissenschaften. Wiesbaden. 2009. Chap. 9, pp.169 - 174

2 Cf. on Bultmann’s approach his remarks on *συνείδησις* in id., *Theologie des Neuen Testaments*, 81980, pp.217ff.

3 G.Ebeling speaks of the human “coram relation”. Id., *Dogmatik des christlichen Glaubens*, 21982, pp.248f.

Gewissen und Glaube im christlich-seelsorgerlichen Handeln¹

Roland Mahler

Seit Bultmann ist das Gewissen in der protestantischen Tradition des 20.Jahrhunderts zu einem prominenten Thema im Zeichen einer Theologie der glaubenden Existenz geworden². Der Glaube als existentielles Phänomen hat einen unmittelbaren Bezug zum Gewissen. Dies insofern, als der Glaube reformatorisch die Gewissensentscheidung der Existenz für die Freiheit, d.h. gegen das Verfallensein an die Uneigentlichkeit des Man und zugleich für die Unterscheidung von der Welt bedeutet. Im Gewissen weiss der Mensch um sich selbst als das verlorene, aus eigener Kraft nicht zur Veränderung seines In-der-Welt-Seins fähige Wesen. Der Glaube ist dabei zugleich die Wende dieses Wissens in die Hoffnung angesichts der begegnenden Gnade. Er gründet also in der Wirklichkeit einer Betroffenheit, welche sowohl Verlorenheit als auch Rettung als das unbedingt Angehende (Tillich) in der Existenz des Menschen zur Entscheidung bringt. Nur wo es um solches Entweder-Oder hinsichtlich der eigenen Existenz geht, kann von Glauben die Rede sein. Hierbei wird theologisch in existentialer Weise von Schuld und Vergebung gesprochen. Der Glaube fordert vom Gewissen das Anerkennen von Schuld bzw. der Fähigkeit des Selbst zur Schuld. Nur aus dieser unmittelbaren Einsicht wächst das Wissen um die Gnade. Das Gewissen steht existentialtheologisch also vorab für die Demaskierung menschlicher Unschuld im Zeichen des Gerichts und der Gnade Gottes.

An einer derartigen Unterscheidung kann sich auch seelsorgerliches Handeln orientieren. In der Stellungnahme des Menschen zu sich selber, zum Nächsten und zu Gott verliert das Selbst seine vermeintliche Unschuld. Im Gewissensakt anerkennt der einzelne die Diskrepanz zwischen Handeln, Selbst und Nächstem und übernimmt für diese Diskrepanz vor sich selbst, dem Gegenüber und Gott Verantwortung³. Freilich ist es eben dieser Akt der Verantwortung, welcher zur Verzweiflung führen muss – begegnet dem Menschen auf seinem Weg der Verantwortung nicht so etwas wie Gnade.

Der Anspruch des Selbst und des Nächsten lässt den Menschen vor Gott nicht zur Ruhe kommen, es sei denn, der Nächste und das Selbst begegnen in einem neuen „Licht“, dem Licht Gnade.

1 Dieser Artikel ist eine Überarbeitung von Mahler, Roland, *Gewissen und Gewissensbildung in der Psychotherapie*. Verlag für Sozialwissenschaften. Wiesbaden. 2009. Kap.9, S. 169 - 174

2 Vgl. zu Bultmanns Ansatz seine Ausführungen zur *συνείδησις* in ders., *Theologie des Neuen Testaments*, 81980, S.217ff.

3 G.Ebeling spricht von der menschlichen „coram-Relation“. Ders. *Dogmatik des christlichen Glaubens*, 21982, S.248f.

not able to provide this kind of unconditional caring and closeness to its neighbour. It finds itself confronted by a discrepancy on which it will ultimately have to fail – unless this relationship encounters in turn more closeness and care than can be offered in an inter-personal setting. The transcendence thus intended for the therapeutic relationship has always been the experience of grace familiar from the Christian tradition, the grace which allows both clients and therapists, in their state of guilt, to hold onto hope. The hope in this case is the assurance of a greater coherence in existence than that which the therapeutic work in itself is able to represent. The unconditional love essential for every relationship is owed to a proof of existence that cannot be produced methodically. As a result, faith begins at the point where the neurotically (over-) compensated uncertainty of existence is recognised in advance as not being ultimately removable by therapeutic work, but only made existentially acceptable. Faith is the accepted permanent crisis of being-in-the-world⁴ and thus the readiness to examine a critique calling existence and the world into question. To that extent, it (faith) intrinsically represents an existential goal for every therapy. The question has become: “To whom is this faith directed?” The person who is the object of belief determines the factual capability of humans to exist in the relational truth of guilt and forgiveness. Nevertheless, we hold firmly onto the statement that we are still dealing with a therapeutically relevant goal when, in other cases, therapy is a perspective-oriented process whose vanishing points may lie outside the therapeutic field⁵.

To realise the uncertainty of existence illuminated in the therapeutic process as a mouldable form of relationship with oneself and one's neighbour in the present and as an opportunity for development and change of oneself in the here-and-now is a matter for the conscience. Only in the existential knowledge of being lost to something such as the world can the possibility of an existence beyond man's control, in the form of hope and fellowship, be realised. Here, the hope and certainty of not being alone are central aspects of the self-efficacy which, as such, we likewise impute to the conscience function of the spirit. Without hope, a therapeutic process can hardly succeed; where, on the other hand, it is present, more change and restitution is often possible than those involved would have expected. Faith is ubiquitous as a relational phenomenon in this situation – probably more so than most therapists like to admit! How significant the feeling of fellowship or the inner representation of belonging to a social entity is has already been ascertained by Adler's Individual Psychology⁶. Regarding group therapy, Yalom speaks of the “universality of suffering”⁷, which, for the individual who belongs to a group, has a significant influence on his self-evaluation and self-efficacy expectation. It is therefore

Psychologischer kann von Angenommensein und bedingungslosem Geliebtsein gesprochen werden. Wo aber begegnet dieses neue Licht, dieses Angenommensein und dieses bedingungslose Geliebtsein? Hier verliert das seelsorgerliche Handeln selbst seine Unschuld. Auch die therapeutische Beziehung vermag eine derartige Unbedingtheit der Zuwendung und des Seins beim Nächsten nicht zu leisten. Sie sieht sich selbst einer Diskrepanz gegenüber, an welcher sie letztlich scheitern muss – begegnet sie nicht ihrerseits einem Mehr an Nähe und Zuwendung als dies in einem zwischenmenschlichen Setting geboten sein kann. Die damit intendierte Transzendenz der therapeutischen Beziehung ist je und je die aus der christlichen Tradition vertraute Erfahrung der Gnade, welche den Klienten wie den Therapeuten in ihrem Schuldigsein hoffen lässt. Die Hoffnung ist dabei die Gewissheit einer grösseren Fügung des Daseins als dies die therapeutische Arbeit als solche zu repräsentieren vermag. Die für jede Beziehung wesentliche Unbedingtheit des Geliebtseins verdankt sich einer Evidenz des Daseins, welche nicht methodisch bewirkt werden kann. Damit beginnt der Glaube dort, wo die neurotisch (über-) kompensierte Unsicherheit der Existenz vorab als eine nicht grundlegend durch die therapeutische Arbeit behebbare, sondern lediglich existentiell akzeptierbare erkannt wird. Der Glaube ist die akzeptierte Krise des In-der-Welt-Seins in Permanenz⁴ und damit die Bereitschaft zur Auseinandersetzung mit einer das Sein und die Welt in Frage stellenden Kritik. Insofern stellt er (der Glaube) seinem Wesen nach ein existentielles Ziel einer jeden Therapie dar.

Die Frage ist indessen die nach dem Gegenüber solchen Glaubens. An wen geglaubt wird, entscheidet über die tatsächliche Möglichkeit menschlichen Daseins, in der relationalen Wahrheit von Schuld und Vergebung zu existieren. Damit übersteigt ein solches Ziel grundsätzlich die Möglichkeiten des therapeutischen Prozesses. Dennoch halten wir an der Aussage fest, dass es sich immer auch um ein therapeutisch relevantes Ziel handelt, wenn anders Therapie ein perspektivisches Geschehen ist, dessen Fluchtpunkte ausserhalb des therapeutischen Feldes liegen können⁵.

Die im therapeutischen Prozess erhellte Unsicherheit des Daseins als eine gestaltbare Form der Beziehung zu sich selbst und zum Nächsten in der Gegenwart und als Chance zur Entwicklung und Veränderung des Selbst im Hier und Jetzt auszutragen, ist Sache des Gewissens. Nur im existentialen Wissen um die eigene Verlorenheit an so etwas wie Welt kann die Möglichkeit des Daseins als das unverfügbare Sein in der Gestalt von Hoffnung und Gemeinschaft aktualisiert werden. Die Hoffnung und die Gewissheit, nicht alleine zu sein, sind dabei zentrale Aspekte der Selbstwirksamkeit, die wir als solche gleichfalls der Gewissensfunktion des Geistes unterstellen. Ohne Hoffnung kann ein therapeutischer Prozess kaum gelingen, wo sie sich hingegen einstellt, ist oft mehr an

4 On this: R.Bultmann, Die Krisis des Glaubens, 1931, in: id., Glauben und Verstehen, vol. II, p.19.

5 On the perspective form of life cf. P.Tiedemann, Über den Sinn des Lebens. Die perspektivische Lebensform, 1993.

6 Above all the Community Psychology of Seif and Kunkel.

7 On this I.D.Yalom, Theorie und Praxis der Gruppentherapie, 41996.

4 Dazu R.Bultmann, Die Krisis des Glaubens, 1931, in: Ders., Glauben und Verstehen, Bd. II, S.19.

5 Zur perspektivischen Lebensform vgl. P.Tiedemann, Über den Sinn des Lebens. Die perspektivische Lebensform, 1993.

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re no surprise that faith, as a conscience-based decision of the individual, exercises an unmistakable pull towards fellowship, to the "Du" ("Thou") and, finally, to social activity. His conscientiousness is displayed in that he relates himself in a historical perspective to his neighbour in the latter's conscience-determined isolation.

The conscience as an orientation function of the spirit in the coram relation (Ebeling) is described by P. Hübner as the "Christophile conscience"⁸, which underlines the heteronomy of the conscience in the relationship with Christ. This heteronomy, of course, inasmuch as it is freely chosen, is essentially the result of a process within the conscience. The conscience ultimately subjects itself, in its statement on self and neighbour, to God's judgement, i.e. to the justifying message of the Cross. In that (and only in that) consists its similarity to Christ. That this action can take place, of course, is due to the preceding statement on the heard message of grace. It is precisely in this action that the conscience shows itself to be the anthropological place-keeper for salvation.

In the same way, of course, as history brings itself to an end in the historical Christ, the conscience brings itself to the abyss of faith. Whether it will allow itself to fall into it is at all times the subject of an ultimate statement of the individual before himself, his neighbour and God. The Christian faith is, so to speak, the end of the conscience, inasmuch as the conscience must acknowledge before God that, ultimately, it cannot assume responsibility for the existence of man in a statement, because there is no place before that abyss of faith where it can place man before himself, his neighbour and God in such a way that something resembling ontological wholeness appears possible. The conscience brings man, in view of this impossibility of a wholeness in the statement or in existence before God, into a crisis. Here faith constitutes a "death-defying somersault" of the conscience into a completely new position regarding itself, its neighbour and, last but not least, God. This new position is, theologically speaking, grace!

For the therapeutic process, this turning of the conscience into faith amounts to a change of categories. By placing man before God, this category is distinguished from the anthropological category of self-evaluation because of the radical transcendence and immanence of the other person. It is thus no longer a question of placing man between self and non-self, but between self and self or non-self and non-self. The man, as one belonging to God, confronts himself in his godlessness; in the same way, his fellow human being appears to him in deadly ambivalence. In the category of faith, therapy becomes the enactment of the capitulation in the face of one's own contradictions and, simultaneously, a commitment to the always deadly ambivalence of one's neighbour. The act of conscience thus reaches its final culmination in loving one's enemy. The conscience must utter a statement precisely at the point where relations with one's fellow man become impossible, at the radical contradiction between self and the other, between self and that which threatens

Veränderung und Wiederherstellung möglich, als von den Beteiligten zu erwarten war. Der Glaube ist dabei als relationales Phänomen allgegenwärtig – wohl mehr als den meisten Therapeuten lieb ist! Wie bedeutsam das Gemeinschaftsgefühl bzw. die innere Repräsentation von Zugehörigkeit zu einem sozialen Ganzen ist, hat schon die Adlersche Individualpsychologie herausgearbeitet⁶. Im Blick auf die Gruppentherapie spricht Yalom von der „Universalität des Leidens“⁷, welche durch die Zugehörigkeit zur Gruppe einen bedeutsamen Einfluss auf die Selbstbewertung des Individuums und auf seine Selbstwirksamkeitserwartung hat. Es wundert also nicht, dass der Glaube als Gewissensentscheidung des einzelnen Menschen einen unverkennbaren Zug zur Gemeinschaft, zum Du und schliesslich zum sozialen Handeln hat. Darin erweist sich seine Gewissenhaftigkeit: dass er geschichtlich Stellung bezieht zum Nächsten in dessen eigener gewissensbedingter Vereinzelung.

Das Gewissen als Orientierungsfunktion des Geistes in der coram-Relation (Ebeling) wird von P. Hübner als das „christophile Gewissen“ bezeichnet⁸. Damit ist die Heteronomie des Gewissen in der Christusrelation auf den Punkt gebracht. Freilich ist diese Heteronomie, sofern sie eine frei entschiedene ist, an sich das Resultat eines Gewissensvorgangs. Das Gewissen unterwirft sich in seiner Stellungnahme zum Selbst und zum Nächsten letztlich dem Urteil Gottes bzw. der rechtfertigenden Botschaft des Kreuzes. Darin (und nur darin!) besteht seine Christusähnlichkeit. Dass freilich dieser Akt zustande kommt, verdankt sich der vorangegangenen Stellungnahme zur vernommenen Botschaft der Gnade. Eben darin erweist sich das Gewissen als anthropologischer Platzhalter des Heils.

Wie freilich die Geschichte sich selbst im geschichtlichen Christus zu Ende bringt, so bringt sich das Gewissen an den Abgrund des Glaubens. Ob es sich in diesen fallen lassen will, ist je und je Gegenstand einer ultimativen Stellungnahme des Menschen vor sich selbst, vor dem Nächsten und vor Gott. Der christliche Glaube ist gleichsam das Ende des Gewissens, sofern dieses vor Gott erkennen muss, dass es die Existenz des Menschen letztlich nicht durch eine Stellungnahme verantworten kann, weil es vor jenem Abgrund des Glaubens keinen Ort findet, an den es den Menschen vor sich selbst, den Nächsten und Gott so stellen kann, dass damit so etwas wie ontologische Ganzheit möglich erscheint. Das Gewissen bringt den Menschen angesichts dieser Unmöglichkeit einer Ganzheit der Stellungnahme bzw. des Seins vor Gott in die Krise. Hier bedeutete Glaube einen „Salto Mortale“ des Gewissens im Sprung zu einer gänzlich neuen Stellung im Blick auf sich selbst, den Nächsten und last but not least Gott. Diese neue Stellung ist theologisch gesprochen die der Gnade!

Für den therapeutischen Prozess bedeutet diese Kehre

6 Vor allem die Gemeinschaftspsychologie von Seif und Künkel.

7 Dazu I.D. Yalom, Theorie und Praxis der Gruppentherapie, 41996.

8 Vgl. P. Hübner, Der Mythos der Neutralität. Zur Disjunktivität von Gut und Böse, in: IGNIS-Journal 2-91, 1991.

8 Cf. P. Hübner, Der Mythos der Neutralität. Zur Disjunktivität von Gut und Böse, in: IGNIS-Journal 2-91, 1991.

in the neighbour and in pain, in the fear of closeness and loneliness, whose symbol is the other person. This statement cannot be based on the evaluation of one's own or the other's deeds; it is only possible in adopting the statement which has already been made unconditionally in favour of the enemy: the statement made by God in the cross of Jesus.

Access in its own way to man, with a claim of divine truth, is represented by the mystic/ascetic tradition. Its premise is a relatively archaic view of the problem of human existence in the tension between self and world (as a force field of alienation associated with sin) in the context of the (early) monasticism of the anchorites and coenobites in late antiquity. The scene of the confrontation between divine ideal and human reality is thus, explicitly, an existence under conditions of voluntary external social and material deprivation (retreat into remote regions). Only asceticism as a path to divinisation (apotheosis) provided the necessary spiritual viewpoint to enter the battle of the self qua spirit against the self qua world and win it with God's help⁹. In truth, however, the ascetic path of ascent of the individual proves to be the descent of the individual into the depths of his own powerlessness in wrestling with himself. The spiritual companionship of an older hermit on this path can be understood as an elementary form of Christian spiritual counselling. Decisive factors in this are the so-called cardiagnosis (insight into the heart) on the one hand and diacrisis (discernment) on the other. Both are essentially gifts of God, but are at the same time an expression of the self-awareness and self-knowledge in which the spiritual companion receives the counselee. This self-awareness is, in the opinion of Evagrius Pontikos¹⁰, one of the essential tasks of the monk. In this process, the conscience (this term is not used explicitly by Evagrius) is the spiritual organ of discernment and insight (intuition). Thoughts and emotions should be both tested in this way and differentiated according to their origin and their usefulness for the seeker of God. While, at this very early stage in the development of monasticism, the responsibility of the individual is still in the foreground, in the course of the later creation of the orders the rule (*observantia regularis*) becomes the fixed point in the obedience to the conscience. The control of the personal will represented by the conscience thus becomes increasingly tied to the rules of the community in written form or to the representatives of the same, the leaders of the order. Obedience to the superior thus takes over the central role in the activity of the conscience in early medieval monasticism. This development affected the western church first, where it marked, for the moment, the end of an emphasis on personal self-awareness and self-purification in the process of achieving a god-like life. Gregory the Great notes the role of the conscience in the purification of the individual by ascribing to it, in conjunction with reason, the central role in the

des Gewissens in den Glauben einen Kategorienwechsel. Mit der Stellung des Menschen vor Gott ist diese Kategorie von der anthropologischen Kategorie der Selbstbewertung durch die radikale Transzendenz und Immanenz des Gegenübers unterschieden. Damit handelt es sich nicht mehr um eine Stellung des Menschen zwischen Selbst und Nicht-Selbst, sondern um eine solche zwischen Selbst und Selbst bzw. Nicht-Selbst und Nicht-Selbst. Der Mensch als der Mensch Gottes steht sich selbst in seiner Gottlosigkeit gegenüber wie auch das mitmenschliche Gegenüber in seiner tödlichen Ambivalenz erscheint. In der Kategorie des Glaubens wird Therapie zum Geschehen der Kapitulation vor dem eigenen Widerspruch und gleichzeitig zur Hingabe an die stets tödliche Ambivalenz des Nächsten. Damit erfährt der Gewissenakt schliesslich seine Zuspitzung in der Feindesliebe. Gerade am Punkt der Unmöglichkeit einer Beziehung zum Mitmenschen, im radikalen Widerspruch des Selbst zum Fremden, zum Bedrohenden im Nächsten und im Schmerz, in der Angst vor der Nähe und der Einsamkeit, deren Symbol das Gegenüber ist, hat sich das Gewissen zu stellen. Diese Stellungnahme kann nicht aus der Bewertung eigener oder fremder Werke geschehen, sie wird einzig in der Übernahme einer Stellungnahme möglich, die vorgängig bedingungslos für den Feind Partei ergriffen hat: die Stellungnahme Gottes im Kreuz Jesu.

Einen eigenen Zugang zum Menschen unter dem Anspruch göttlicher Wahrheit repräsentiert die mystisch-asketische Tradition. Diese begründet vorab eine relativ archaische Sicht auf die menschliche Problematik des Selbstseins im Spannungsfeld von Ich und Welt (als Kraftfeld der Entfremdung im Zeichen der Sünde) im Kontext des spätantiken (frühen) Mönchtums der Anachoreten und Koinobiten. Der Schauplatz der Auseinandersetzung von göttlichem Anspruch und menschlicher Wirklichkeit ist dabei in expliziter Weise die Existenz unter der Bedingung der freiwilligen äusseren sozialen und materiellen Deprivation (Rückzug in einsame Gegenden). Die Askese als Weg der Vergottung (Apotheosis) liefert erst die notwendigen geistlichen Sichtverhältnisse, um den Kampf des Selbst qua Geist gegen das Selbst qua Welt aufzunehmen und mit Gottes Hilfe zu gewinnen⁹. Dabei erweist sich der asketische Weg des Aufstiegs in Wahrheit als Abstieg des Individuums in die Tiefen der eigenen Ohnmacht im Ringen mit sich Selbst. Die auf diesem Weg erfahrene geistliche Begleitung durch einen älteren Eremiten kann als elementare Form christlicher Seelsorge verstanden werden. Entscheidend dafür sind die sog. Kardiognosie (Herzensschau) einerseits und die Diakrisis (Unterscheidung) andererseits. Beide sind im Wesentlichen Gaben Gottes aber zugleich Ausdruck der Selbstwahrnehmung und Selbsterkenntnis, in welcher der geistliche Begleiter dem Ratsuchenden begegnet. Diese selbstbewahrende Achtsamkeit gehört zu den wesentlichen Aufgaben des Mönchs nach Meinung des Evagrius Pontikos¹⁰. Dabei ist das Gewissen (der Begriff wird von Evagrius nicht explizit verwendet) das geistige Organ

9 Cf. on this J. Cassian, *De institutis coenobiorum*, V, 21.

10 Evagrius Pontikos, *Briefe aus der Wüste* [Letters from the Desert] 11; cf. in addition A. Grün, *Geistliche Begleitung*, p.79.

9 Vgl. dazu J. Cassian, *De institutis coenobiorum*, V,21.

10 Evagrius Pontikos, *Briefe aus der Wüste* 11; vgl. dazu A. Grün, *Geistliche Begleitung*, S.79.



processes of contrition and repentance¹¹. It thus serves to stabilise the self-experience of the believer and therefore enables service for the community. What we see with Gregory the Great already corresponds in general to a formal, moralised understanding of conscience. The agreement between behaviour and pre-determined norms of scripture and tradition is the aim of the function of conscience or of its effect in assessing behaviour.



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In medieval mysticism, it is Meister Eckhardt who takes up the term of the conscience, the „synteresis“, and develops language giving it a significance for the self. The conscience function is like the ground of the soul, the spark of the decisive inner reality, the totality of the soul, in which the mystical revelation, the intuitive contemplation of the divine (as the union of knowledge and being) is accomplished¹². This quality of being in the image of God, tangible in the conscience seen as spark of the soul and

der Unterscheidung und der Einsicht (Intuition). Sowohl Gedanken als auch Emotionen sollen auf diese Weise geprüft und unterschieden werden im Blick auf ihre Herkunft und Nützlichkeit für den Gottessucher.

Während in dieser sehr frühen Phase der Entwicklung des Mönchtums noch die Verantwortlichkeit des Individuums im Vordergrund steht, wird im Verlauf der späteren Entstehung der Orden die Regel (observantia regularis) zum Fixpunkt der Gewissensobservanz. Damit bindet sich die durch das Gewissen repräsentierte Steuerung des personalen Willens zunehmend an die verschriftlichte Ordnung der Gemeinschaft bzw. an die Repräsentanten derselben, die Ordensleiter. Der Gehorsam gegenüber den Oberen tritt so ins Zentrum der Gewissenstätigkeit des frühen mittelalterlichen Mönchtums. Diese Entwicklung, welche vorab die Westkirche betrifft, markiert für diese das vorläufige Ende eines Prozesses der Betonung von personaler Selbstwahrnehmung und -läuterung im Geschehen der Verwirklichung eines gottähnlichen Lebens. Gregor der Grosse streicht noch einmal die Rolle des Gewissens im Läuterungsprozess des Individuums heraus, indem er diesem gemeinsam mit der Vernunft die zentrale Rolle beim Reue- und Bussgeschehen zuweist¹¹. Damit dient sie der Stabilisierung des Selbsterlebens bei den Glaubenden und ermöglicht so den Dienst für die Gemeinschaft. Was wir bei Gregor dem Grossen sehen, entspricht bereits weitgehend einem formalen moralisierten Gewissensbegriff. Die Übereinstimmung des Verhaltens mit den vorgegeben Normen der Schrift und der Tradition ist das Ziel der Gewissensfunktion bzw. ihrer das Handeln bewertenden Wirkung.

In der mittelalterlichen Mystik ist es Meister Eckhardt, der den Begriff des Gewissens, die „Synteresis“, aufgreift und in einer für das Selbst bedeutsamen Weise zur Sprache bringt. Die Gewissensfunktion ist als der Seelengrund, der Funke die entscheidende innere Wirklichkeit, die Totalität der Seele, in der sich die mystische Offenbarung, die intuitive Schau des Göttlichen (als die Einheit von Erkennen und Sein) vollzieht¹². Diese im Gewissen als Seelenfunke und Seelengrund greifbare Qualität menschlicher Gottebenbildlichkeit steht im Denken und Lehren Eckhardts in Spannung zur offiziellen Doktrin vom Gehorsam des Individuums gegenüber der Kirche. Die subjektive Erfahrung Gottes, die Schau des Nichts, d.h. die unaussprechliche Gegenwart des Göttlichen, ist dogmatisch nicht kontrollierbar. Damit entzieht sich das Wesentliche des menschlichen Glaubens und Handelns der Kontrolle durch die institutionalisierte Wahrheit. Was immer als für das Verhalten letztgültig und massgebend war und ist, es bedeutet die Freiheit des Individuums für die Wirklichkeit des in ihm selbst begegnenden Wahrhaftigen und Einzigartigen. In dieser radikalen Objektivierung der Subjektivität im Zeichen des Glaubens besteht das, was sich als die Verantwortlichkeit der Person bezeichnen lässt.

11 Cf. Gregory the Great, *Moralia* XXVII, cap.25 but also id., *Homiliae* in *Evangelia* I.I, hom. 10.

12 See also A.Lasson, *Meister Eckhardt der Mystiker*, 1868. Cf. Meister Eckhardt, *Quaestiones Parisienses*, *Quaestio* 1: Ist in Gott Sein und Erkennen identisch?

11 Vgl. Gregor der Grosse, *Moralia* XXVII cap.25 aber auch ders., *Homiliae* in *Evangelia* I.I, hom. 10.

12 Dazu A.Lasson, *Meister Eckhardt der Mystiker*, 1868. Vgl. Meister Eckhardt, *Quaestiones Parisienses*, *Quaestio* 1: Ist in Gott Sein und Erkennen identisch?

ground of the soul, appears in the thinking and teaching of Eckhardt as contrary to the official doctrine of obedience of the individual towards the church. The subjective experience of God, the contemplation of nothingness, i.e. the inexpressible presence of the divine, cannot be controlled dogmatically. The central element of human faith and action thus eludes control by institutionalised truth. Whatever was and is fundamental and decisive for this behaviour, it means the freedom of the individual for the reality of the veracity and uniqueness that he encounters in himself. It is in this radical objectivisation of subjectivity in the name of faith that what can be called the responsibility of the person consists.

The existence of faith appears, whether in the light of mysticism or of hermeneutic theology, as the place of the unjustifiable reality of human existence before God as the ultimately personal. The fact that that happens outside the limits of all objectivity provides the foundation for the dispensation of grace effective there and for the gift-like character of life and of its self-realisation in the individual.

Outlook

Empirical investigations of the conscience function and the forming of the conscience through both the pedagogical and psychotherapeutic process are, and continue to be, an important requirement in view of a radically individualised and privatised behavioural culture as proclaimed by the global post-industrial world. Work with the conscience within the context of the therapeutic process plays an important and, until now, neglected role in promoting the personal autonomy of the client. The significance of the conscience function for human behaviour and activity, especially in our individualised and simultaneously 'connectivised' social surroundings, must be emphasised and, for the psychotherapeutic working process, suitably presented and explained¹³. Here, autonomy and relationality with regard to the personality of human existence are conscience-guided states of consciousness with significant relevance for the individual in his everyday relationships. This is the starting point for all practical/ethical considerations.

The prevailing tone in today's approach to ethics is no longer characterised by collectivised and standardised norms, but, increasingly, by constructions to legitimise the individual, privatistic expectations and demands for support, strategic enforcement of particular interests and the safeguarding of majority rights. Effectively, the spectrum of individual value-based action ranges from general rules of behaviour to privatistic or particular demands. The question of the concrete form to be taken by systematic conscience-related work as part of the public or private educational task is, in the light of the far-reaching normative sovereignty of the individual, explosively urgent, but also, for the sake of the individual in his global isolation, absolutely necessary.

Die Existenz des Glaubens erscheint im Lichte der Mystik wie der Hermeneutischen Theologie als Ort der unvertretbaren Wirklichkeit des Menschseins vor Gott als dem ultimativ Personalen. Dass es sich dabei um ein Geschehen jenseits aller Objektivität handelt, bildet die Grundlage für die dabei wirksame Gnadenhaftigkeit, für den Geschenkcharakter des Lebens und seiner Selbstaktualisierung im Individuum.

Ausblick

Empirische Untersuchungen zur Gewissensfunktion und zur Gewissensbildung im pädagogischen wie im psychotherapeutischen Prozess sind und bleiben eine wichtige Forderung angesichts einer radikal individualisierten und privatisierten Kultur des Handelns, wie sie die globale postindustrielle Wirklichkeit proklamiert. Gewissensarbeit im Horizont des therapeutischen Prozesses kommt eine wichtige, bisher vernachlässigte Rolle im Interesse der personalen Autonomie des Klienten zu. Die Bedeutung der Gewissensfunktion für das menschliche Verhalten und Handeln gerade in einem individualisierten und zugleich vernetzten gesellschaftlichen Umfeld muss betont und für den psychotherapeutischen Arbeitsprozess dargestellt und begründet werden¹³. Autonomie und Relationalität im Zeichen der Personalität des Menschseins sind dabei gleichermassen gewissensgesteuerte menschliche Bewusstseinszustände mit bedeutender Alltagsrelevanz für das Individuum in den Bezügen seiner Lebenswelt. Hier knüpfen sämtliche praktisch-ethische Überlegungen an.

Nicht mehr kollektivierte und standardisierte Normen, sondern in zunehmendem Masse individuelle Legitimationskonstrukte, privatistische Ansprüche und Beteiligungsforderungen, strategische Durchsetzung von partikularen Interessen und Wahrung mehrheitlicher Rechte prägen in der Gegenwart die gesellschaftliche Grosswetterlage in Sachen Ethik. Das individuelle Werthandeln bewegt sich dabei praktisch zwischen allgemeinen Verhaltensregeln und privatistischen bzw. partikularen Ansprüchen. Die Frage nach der jeweils konkreten Form einer systematischen Gewissensarbeit als Teil des öffentlichen oder privaten Bildungsauftrags ist angesichts weitgehender normativer Souveränität des Einzelnen eine brisant-dringlich aber gerade um des Individuums in seiner globalen Vereinzelung willen eine notwendige. Personale Autonomie und Relationalität im Zeitalter der medialen Massenbeeinflussung erweisen sich (aus unserer Sicht) als ein in letzter Konsequenz nur durch gezielte Gewissensarbeit zu schaffendes und zu bewahrendes Gut. Sie (die Gewissensarbeit) ist es, die das einzelne Individuum zu jener Wertorientierung befähigt, welche zur Wahrung eigener Entscheidungsmöglichkeiten sowie vom gesellschaftlichen und ideologischen Druck unabhängiger Ansichten unverzichtbar ist.

¹³ See my exposition: Mahler, Roland, *Gewissen und Gewissensbildung in der Psychotherapie*. Verlag für Sozialwissenschaften. Wiesbaden. 2009

¹³ Siehe meine Darlegung: Mahler, Roland, *Gewissen und Gewissensbildung in der Psychotherapie*. Verlag für Sozialwissenschaften. Wiesbaden. 2009

It is evident (in our opinion) that personal autonomy and relationality in the age of mass medial influence can only be created and maintained by targeted conscience-related work. It is this work which makes each individual capable of that value-orientation which is indispensable for preserving personal decision-making capabilities and for maintaining opinions independently of social and ideological pressure.

Pedagogics oriented on the formation of conscience are an important building block in a 21st century education aiming to strengthen the self and to support the relevant regulative capacities. Likewise, help offered in psychotherapy must enable the individual to reach his own sovereign decisions, against the majority opinion if necessary, and, at the same time, remain open for the connective force of the community, taking orientation from it and becoming part of it, without, however, becoming one with it.

In no sense new or easy, these requirements on pedagogical and therapeutic processes must also be placed more emphatically at the centre of the conceptional/fundamental work in these areas.

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Eine an der Gewissensbildung orientierte Pädagogik ist ein wichtiger Baustein in einer das Selbst stärkenden und die zugehörigen regulativen Fähigkeiten stützenden Erziehung im 21. Jahrhundert. Ebenso gilt für die psychotherapeutischen Hilfestellungen, dass sie das Individuum dazu befähigen, eigene souveräne Entscheidungen, wenn nötig auch gegen die Mehrheitsmeinung, zu treffen und zugleich offen zu bleiben für die konnektive Kraft der Gemeinschaft, sich an ihr zu orientieren und ein Teil von ihr zu werden, ohne in ihr aufzugehen.

Diese keineswegs neuen oder leichten Anforderungen an pädagogische und therapeutische Prozesse sind verstärkt ins Zentrum auch der konzeptionellen Grundlagenarbeit in diesen Bereichen zu stellen.

Comment

to “Conscience and faith in Christian counselling practice”

Romuald Jaworski

Conscience and faith reinforce each other mutually in counselling and psychotherapy

In his interesting article, Roland Mahler delineates a range of important themes from different perspectives:

1. The nature of the conscience and its role in the life of man (the perspective of existential philosophy)
2. The significance of religious faith in the activity of the conscience (the theological perspective)
3. The function of the conscience and its connection with faith in pastoral care and in giving form to spirituality (the pastoral perspective).

From the philosophical point of view, the functionality of conscience relates to the imparting of values (cognitive aspect) and their evaluation (emotional aspect). The results of this evaluation are emotional states (feelings of obligation, guilt, remorse, pride, contentment).

Conscience enables the assessment of one's own activity with reference to values: good, truth, beauty, love, life. As a result of the assessment, there arise responsibility for oneself and a relationship with God, with other persons and with the world. Experiences of discrepancy lead us to seek forgiveness and grace. Faith is a reaction to this deep need.

From the point of view of religion, conscience can be analysed with regard to a theology of creation or a theology of salvation. Looking at creation makes it possible to see the truth about God's presence in us, about the Holy Spirit in man. When God created man, he breathed breath into him. It depends precisely on the presence of the divine breath, of divine inspiration (inspiro – i.e. infusion, ignite) – and in the human body the conscience comes into being.

The conscience is a quite special gift of this imparting of breath. It shows itself (becomes present) in the decisions and actions of the will. Conscience enables the assessment of moral activity, whether internally (thoughts, intentions, wishes, desires) or externally (words and deeds). From the point of view of salvation, the conscience functions through the presence of the Holy Spirit. Jesus said that he will send the Holy Spirit, who “convinces the world of sin, of righteousness and of judgement. Of sin, because they do not believe in me; of righteousness, because I go to my father, where you can no longer see me; finally, of the highest court, because the ruler of this world is judged” (Jn 16: 7-11).

The interpretation of the conscience in connection with the mystery of salvation gives new depth and quality. It is not only linked to nature, but is also a look at sin through faith and through the grace experienced. I find Peter Hübner's¹ statement important, that the conscience

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should be regarded as the orientational function of the spirit. This orientation and guidance is possible only in relation to Christ and the Holy Spirit.

The experience of discrepancy between one's own attitude and divine inspiration calls for efforts in therapy to heal this gap. Thanks to the pastoral perspective, we can recognise the significance of a therapy which places itself in relation to the Christian faith. It appears that the place of psychotherapy is to be found somewhere in the precursory stages to religious life. To the person whose trust has been broken by damage, suffering and senseless behaviour, psychotherapy should restore faith and hope of God's help. Faith then enables the individual to see himself from God's perspective: as a beloved child of God, as the lost sheep, the prodigal son or daughter. This experience helps in developing a healthy identity, one of which the apostle Paul says: “I live, but not I, but Christ lives in me.” (Gal 2, 20).

And psychotherapy and counselling are therefore helpful, and strengthen the moral and spiritual health of the conscience. I share the author's opinion when he writes that the importance of the conscience for human behaviour and action, particularly in an individualised and simultaneously connectivised social environment, must be emphasised and, for the psychotherapeutic work process, represented and justified.

Every good therapy leads along the path of faith to change, to repentance, to remorse, in order to create a space in which grace can work unhindered.

It is good to remember that

- 1) the essence of conscience, as an internal guardian of unchangeable values, consists in a special relationship with God,
- 2) religious faith is not only the basis for a better understanding of nature and the functionality of the conscience, but also represents clear support in overcoming evil and realising the good,
- 3) psychotherapy is an important part of pastoral and counselling activity. Psychotherapy removes the existing human side of slavery and hindrances on the way to God.

It is however important to remember that God works the willing and the doing in us.

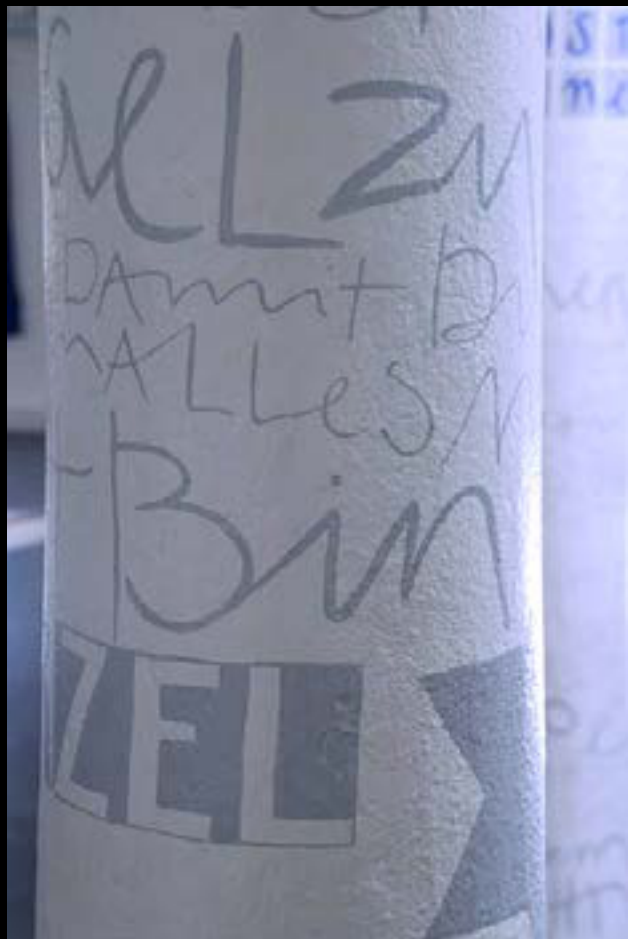
¹ Hübner P., *Der Mythos der Neutralität. Zur Disjunktivität von Gut und Böse*, in: *IGNIS-Journal* 2-91, Kitzingen, 1991



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Von-Roll-Areal
Fabrikstrasse 11, Bern
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Anita Sieber Hagenbach



Understanding of Marriage and Final Marriage Counselling

Manfred Engeli

Marriage counselling and couple therapy in Switzerland

There is a long tradition of marriage counselling and couple therapy in Switzerland. Here I point to only three of the pioneers; all three were medical doctors. Dr. Theodor Bovet (1900-1976) initiated the Evangelical Marriage Counselling Centre in Zurich in 1949 and was also its director. With his books dealing with marriage from a biblical point of view, he laid the foundation for Christian marriage counselling.¹ An immigrant to Switzerland from Rumania, Dr. Bernhard Harnik (*1910) likewise turned his attention to Christian marriage counselling at the end of the 1950s.² During my training in couple and family therapy, I was present at one of his training blocks. In the secular field, Dr. Jürg Willi (*1934), Zurich, was the first psychiatrist in the German speaking countries to offer, from 1965 on, couple therapy. He became a pioneer of research into couple relationships and wrote several books.³ These three doctors recognised that the understanding of marriage forms the basis for any help offered to couples. I am indebted to them for some important insights.⁴

My path: understanding of marriage and couple counselling

After my studies in psychology and a doctorate at Bern University, I founded the Christian Counselling Centre in Bern. My aim was to provide professional psychotherapy including the offers of Christian faith. The demand was so great that I soon had to gather a team of fellow workers; it finally consisted of 2 male and 1 female psychologists and 1 male and 1 female psychiatrist. At the beginning of my activities, I had decided to understand God as being the acting counsellor, and myself as his assistant.⁵

1 Books by Dr. Bovet: „Die Ehe - Das Geheimnis ist gross“ [“Marriage – the mystery is great”](1955) and „Ehekunde“ [“Fundamentals of marriage”](1961/62).

2 In 1961 he published the book „Ehekrankheiten“ [“Marriage Illnesses”].

3 His book „Die Zweierbeziehung“ [“The couple relationship”] (1975) was included in the list of the 100 masterworks of psychotherapy. Further books: „Therapie der Zweierbeziehung“ [“Therapy of the couple relationship”] (1978), „Ko-evolution - Die Kunst gemeinsamen Wachsens“ [“Co-evolution – the art of growing together”] (1985), „Was hält Paare zusammen?“ [“What keeps couples together?”] (1991).

4 From Theodor Bovet I adopted e.g. the concept of the „Eheperson“ [“marital-person”]; from Ben Harnik the image of the „Ehehaus“ [“marital house”]; from Jürg Willi the topic of co-evolution.

5 I adopted Jesus' attitude as he outlined it in John 5: 17, 19, 20.

Eheverständnis und Finale Eheseelsorge

Manfred Engeli

Eheberatung und Paartherapie in der Schweiz

Eheberatung und Paartherapie haben in der Schweiz eine lange Tradition. Ich weise hier nur kurz auf drei Pioniere hin; alle drei waren Ärzte. Dr. Theodor Bovet (1900-1976) rief 1949 die Evangelische Eheberatungsstelle Zürich ins Leben, die er dann auch leitete. Mit seinen Büchern über die Ehe aus biblischer Sicht hat er die Grundlage für die christliche Eheberatung gelegt.¹ Der aus Rumänien in die Schweiz eingewanderte Dr. Bernhard Harnik (*1910) wandte sich Ende der 50er Jahre ebenfalls der christlichen Eheberatung zu.² In meiner Ausbildung in Paar- und Familientherapie habe ich einen Ausbildungsblock mit ihm erlebt. Im säkularen Bereich führte Dr. Jürg Willi (*1934), Zürich, als erster Psychiater im deutschen Sprachraum ab 1965 Paartherapien durch. Er wurde ein Pionier der Erforschung der Paarbeziehung und der Paartherapie und schrieb mehrere Bücher.³ Die drei Ärzte haben erkannt, dass das Eheverständnis die Grundlage jeder Hilfestellung für Paare bildet. Ich verdanke ihnen einige wichtige Erkenntnisse.⁴

Mein Weg: Eheverständnis und Eheseelsorge

Nach meinem Psychologiestudium und der Promotion an der Universität Bern gründete ich die Christliche Beratungsstelle Bern. Mein Ziel war, Psychotherapie unter konkretem Einbezug des christlichen Glaubens anzubieten. Die Nachfrage war so gross, dass ich bald ein Mitarbeiter-Team aufbauen musste; es bestand schliesslich aus 2 Psychologen, 1 Psychologin, 1 Psychiater und 1 Psychiaterin.

Zu Beginn meiner Tätigkeit hatte ich mich entschieden, Gott als den eigentlich Handelnden und mich als seinen Mitarbeiter zu verstehen.⁵ Damit er im therapeutischen Prozess Regie führen konnte, trat ich Gott mein Wissen, meine therapeutischen Ausbildungen und meine Erfahrung ab und machte mich abhängig von dem, was er mir

1 Bücher von Dr. Bovet: „Die Ehe - Das Geheimnis ist gross“ (1955) und „Ehekunde“ (1961/62).

2 1961 veröffentlichte er das Buch „Ehekrankheiten“.

3 Sein Buch „Die Zweierbeziehung“ (1975) wurde in die Liste der 100 Meisterwerke der Psychotherapie aufgenommen. Weitere Bücher: „Therapie der Zweierbeziehung“ (1978), „Ko-evolution - Die Kunst gemeinsamen Wachsens“ (1985), „Was hält Paare zusammen?“ (1991).

4 Von Theodor Bovet z. B. habe ich das Konzept der „Eheperson“ übernommen; von Ben Harnik das Bild des „Ehehauses“; von Jürg Willi das Thema Ko-Evolution.

5 Ich trat in die Haltung Jesu ein, die er in Johannes 5,17.19-20 umschreibt.

To enable him to take over the directing of the therapeutic process, I gave up my knowledge, therapeutic training and experience and made myself dependent on what he was going to show and give me, and on how he wished to lead me.⁶ I soon made encouraging experiences with this collaboration and discovered the great transforming potential of the client's faith, his personal relationship with God.

It was from my work with individuals that the first requests for couple sessions arose. The difficult experiences encountered in this area, the helplessness I felt, the threat resulting from the whirlpool of negative relationship dynamics within the couple, the contradictory needs of the partners, and the unsatisfactory results were very discouraging. As a result, two things became very clear to me: as long as I did not understand how God had intended marriage to be, my work remained directionless; furthermore, the different relational dynamics in couple sessions demanded a different procedure.

I drew the consequences: my first new step, if the persons concerned agreed, was to involve, after 4-5 individual sessions, the partners of married clients in the therapy. This enabled the "relational system" to adapt itself anew and thus accelerated the personal transformation of my clients. The second step was to take the time for a personal three-day retreat in order to discover, with the help of the Bible and with prayer, how God could have meant marriage to be. The results were summarised in my article "Gedanken zur christlichen Ehe" ["Thoughts on Christian marriage"], which I began to give to couples seeking help as basic information and as a starting-point for discussion. Later, a follow-up retreat on the subject of "The family in the Bible" led to the article "Die Familie als Beziehungsfeld" ["The family as a relational field"]. Finally, I got together with Christian colleagues to form a training group for couple and family therapy. After completing the two years of training, we went on meeting as an intervision group to share and investigate in depth certain topics, up to 5 times per year.

Working with couples thus became a focus of my therapeutic activity, and a forward-oriented working procedure crystallised increasingly out of it: I gave it the name of "Final Marriage Counselling". In addition, my couple therapy intervision group encouraged me to offer training courses in "Final Marriage Counselling" for non-professionals. By the time I retired, my wife and I had conducted 4 training courses. In the brochure „Final Marriage Counselling“⁷ I summarised briefly the content of the course.

Looking back, I am astonished how God had led me through this process, equipping and preparing me for each succeeding step.

zeigen und geben und wie er mich führen würde.⁶

Ich machte bald ermutigende Erfahrungen mit dieser Zusammenarbeit und entdeckte, welch grosses Veränderungspotenzial in der persönlichen Glaubensbeziehung der Klienten liegt.

Aus der Einzelarbeit ergaben sich dann auch erste Anfragen für Paargespräche. Die dabei gemachten schwierigen Erfahrungen, Ratlosigkeit, das Bedrohtsein vom Strudel der negativen Beziehungsdynamik des Paares, der Zwiespalt zwischen den unterschiedlichen Bedürfnissen der Partner, und die unbefriedigenden Ergebnisse waren sehr entmutigend. Dadurch wurden mir zwei Dinge bewusst: So lange ich nicht verstand, wie Gott die Ehe gemeint hatte, blieb meine Arbeit ziellos; und: die andere Beziehungsdynamik der Paargespräche verlangte nach einer anderen Vorgehensweise.

Ich zog meine Schlüsse: Als erstes begann ich, falls die Betroffenen dazu bereit waren, die Ehepartner von verheirateten Klienten in die Therapie mit einzubeziehen. Nach 4-5 Einzelgesprächen nahm ich den Partner dazu; dies ermöglichte es dem „Ehe-System“, sich wieder zu adaptieren und beschleunigte so die persönliche Veränderung meiner Klienten. Als zweites nahm ich mir Zeit für eine dreitägige Retraite, um mit Hilfe der Bibel und aus dem Gebet heraus zu erkennen, wie Gott die Ehe gemeint haben könnte. Die Ergebnisse fasste ich in einem Artikel zusammen, „Gedanken zur christlichen Ehe“, den ich Hilfe suchenden christlichen Paaren zu Beginn als Grundinformation und Gesprächsgrundlage abzugeben begann. Später folgte eine weiterführende Retraite zum Thema „Die Familie in der Bibel“, die zum Artikel „Die Familie als Beziehungsfeld“ führte. Schliesslich schloss ich mich mit christlichen Kollegen zu einer Ausbildungsgruppe für Paar- und Familientherapie zusammen. Nach Abschluss der zwei Jahre dauernden Ausbildung trafen wir uns weiter als Intervisionsgruppe zum Austausch und zur Vertiefung bestimmter Themen, bis zu 5 Mal pro Jahr. So war die Arbeit mit Paaren zu einem Schwerpunkt meiner therapeutischen Tätigkeit geworden, und immer klarer kristallisierte sich eine vorwärtsgerichtete Arbeitsweise heraus, der ich schliesslich den Namen „Finale Eheseelsorge“ gab. Meine Paartherapie-Intervisionsgruppe ermutigte mich schliesslich, Ausbildungskurse in „Finaler Eheseelsorge“ für Laien anzubieten. Bis zu meiner Pensionierung führten meine Frau und ich 4 Ausbildungskurse durch. In der Broschüre „Finale Eheseelsorge“⁷ fasste ich den Kursinhalt kurz zusammen. In der Rückschau staune ich darüber, wie Gott mich durch diesen Prozess hindurch geführt, zugerüstet und jeweils für die nächste Etappe bereit gemacht hatte.

6 More on this in my book: Manfred Engeli, „Gottes Angebote - Final ausgerichtete Seelsorge“ [“God's offers – Final-oriented counselling”], Schwarzenfeld, 2012, ISBN 978-3-86256-020-2.

7 Dr. Manfred Engeli, „Finale Eheseelsorge“, Scesaplana Verlag, 3rd impression, 2011, ISBN 978-3-9523310-0-2 / English edition: „Final Marriage Counselling“, 2nd edition 2008, ISBN 978-3-9521992-5-1

6 Mehr dazu in meinem Buch: Manfred Engeli, „Gottes Angebote - Final ausgerichtete Seelsorge“, Schwarzenfeld 2012, ISBN 978-3-86256-020-2.

7 Dr. Manfred Engeli, „Finale Eheseelsorge“, Scesaplana Verlag, 3. Aufl. 2011, ISBN 978-3-9523310-0-2 / English edition: „Final Marriage Counselling“, 2nd edition 2008, ISBN 978-3-9521992-5-1

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I experienced this path as an interactive process of clarification and focusing: the understanding of marriage enabled the setting of therapeutic aims; the insight into so many marriages in turn honed my understanding of marriage.

For the courses, the concept of marriage and the working procedure had to be reviewed and formulated clearly; teaching in turn produced a positive feedback into practice. I am very thankful for this interactive process.

A biblically-founded understanding of marriage

When married couples seek help, they need a lightening of their burden; this can be achieved by our understanding of marriage. What are the characteristics of the biblically-founded understanding of marriage as the basis of Final Marriage Counselling? Usually, it was a little drawing that spontaneously and significantly took away pressure:

What is the liberating message of the "God-marriage triangle"? It is "We are not alone; God is present in our marriage".⁸

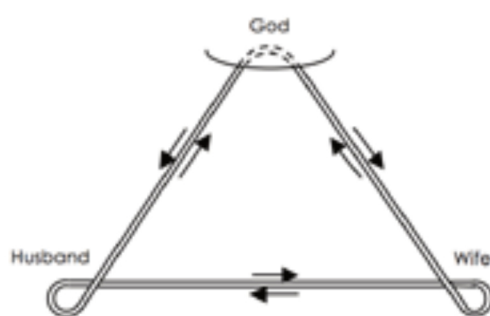
Initially, most of the client couples are hopelessly entangled and entrapped by expectations, conditions, destructive conflict mechanisms, claims etc. On such rocks, love shatters. Much marriage counselling therefore begins with disentanglement work based on the „God-marriage triangle“: everything that "folds upwards", i.e. can be transferred onto God, results in less strain on the horizontal level, reduces tension and creates more freedom. When we work on an area of conflict with a couple, we draw the triangle and ask each partner: "Are you in your place in the triangle in this conflict?" The partners often recognise quickly what changes would be necessary in themselves to reduce strain.

God is a very active partner if he is allowed to take his place in the marriage. He joins man and woman together and builds their unity.⁹ This is also confirmed in marriage counselling: the more clearly the partners begin to live their couple life on the basis of a personal relationship with God, the more they expect God to fulfil their needs, the more consciously they do everything for him¹⁰, the more they accept their responsibility before God, the freer they are, and thus become more capable of loving. Since God does everything he can in order to develop a marriage, he never declares one partner to be in his right, but encourages and challenges each one to forgive, thus promoting individual responsibility. The stronger the personal relationship with God becomes, the more each partner will develop personally, and thus the relationship will develop as well.

8 On this cf. Malachi 2:14, where God reveals himself as an active "witness" of the covenant of marriage.

9 In Matthew 19:5-6, Jesus emphasises God's activity in joining together.

10 See Colossians 3:17,23.



Ich erlebte diesen Weg als interaktiven Klärungs- und Schärfungsprozess: das Eheverständnis ermöglichte das Festlegen von therapeutischen Zielen; der Einblick in so viele Ehen schärfte wiederum das Eheverständnis.

Für die Kurse mussten das Eheverständnis und die Arbeitsweise überdacht und klar formuliert werden; das Lehren hatte dann seinerseits wieder eine positive Rückwirkung auf die Praxis. Ich bin sehr dankbar für diesen Weg.

Ein biblisch begründetes Eheverständnis

Wenn Ehepaare Hilfe suchen, brauchen sie Entlastung; diese kann durch unser Eheverständnis bewirkt werden.

Welches sind die Merkmale des der Finalen Eheseelsorge zugrundeliegenden biblisch begründeten Ehebildes? Meistens war es eine kleine Zeichnung, welche spontan grosse Entlastung bewirkte:

Welches ist die entlastende Botschaft des „Gott-Ehe-Dreiecks“? Sie heisst: „Wir sind nicht allein; Gott ist in unserer Ehe mit dabei.“⁸

Zu Beginn sind die Klientenpaare meist hoffnungslos ineinander verkrallt und verstrickt durch Erwartungen, Bedingungen, automatisierte Konflikt-Mechanismen, Rechtsansprüche usw. Daran geht die Liebe zugrunde. Viele Ehe-Seelsorgen beginnen deshalb mit Entflechtungsarbeit anhand des Dreiecks: alles was „hochgeklappt“, d.h. auf Gott übertragen werden kann, bewirkt auf der horizontalen Ebene Entlastung, Entspannung und mehr Freiheit. Wenn wir mit dem Paar einen Konfliktpunkt bearbeiten, das Dreieck zeichnen und jedes fragen: „Sind sie in diesem Konflikt an ihrem Platz im Dreieck?“, erkennen die Partner oft schnell, welche Veränderung bei ihnen selber nötig wäre, um Entspannung zu bewirken.

Gott ist ein sehr aktiver Partner, wenn er seinen Platz in der Ehe einnehmen darf. Er fügt Mann und Frau zusammen und baut die Einheit.⁹ Dies bestätigt sich auch in der Eheseelsorge: Je klarer die Partner ihre Ehe aus der persönlichen Gottesbeziehung heraus zu leben beginnen, je stärker sie Stillung von Gott erwarten, je bewusster sie alles für ihn tun¹⁰, je mehr sie ihre Verantwortung ganz vor ihm tragen, desto freier werden sie und desto liebesfähiger. Da Gott alles tut, um eine Ehe zu entfalten, gibt er den Partnern nie Recht, ermutigt jedes zu vergeben, fordert es heraus und fördert dadurch die Eigenverantwortung. Je stärker die persönliche Beziehung der Partner zu Gott wird, desto besser entwickelt sich jedes, und dadurch entfaltet sich auch die Beziehung.

8 Vgl. dazu Maleachi 2,14, wo Gott sich als aktiven „Zeugen“ des Ehebundes zu erkennen gibt.

9 In Matthäus 19,5-6 hebt Jesus das zusammenfügende Wirken Gottes hervor.

10 Siehe Kolosser 3,17.23.

It has repeatedly impressed me how quickly certain couples understand this developmental dynamic and thus become motivated to seek personal change. And the readiness for personal growth, combined with the resolution to leave it to God to change the partner, is the best precondition for successful marriage counselling.

Concepts for the marital relationship

The "God-marriage triangle" is the fundamental concept¹¹ in my understanding of marriage. Other concepts contain important statements about the horizontal level of the relationship. Three of them I mention here briefly:

- The "Relationship formula" shows the connection between love and freedom:

$$\begin{array}{ccccc} F & + & CA & > & L \\ \text{Freedom} & + & \text{Caring attention} & > & \text{Love} \end{array}$$

There is never more love in a marriage than there is freedom; to be able to love, one has to be free; whoever wishes to be loved by their partner must be willing to give him/her freedom. God himself embodies this truth. But these terms require a clear definition: with freedom¹², I refer to the freedom of Jesus Christ. He won this by voluntarily making himself dependent on the will and actions of the Father (see again John 5: 17, 19, 20). This is "the glorious freedom of the sons of God" (Romans 8:21), which he wants to give to us. Indissolubly linked with freedom is personal responsibility¹³. In marriage, therefore, it is not a matter of making one's partner content, but of loving him in freedom and responsibility before God. Freedom alone does not lead automatically to love; it requires an intermediate link: caring attention. This means first the clear decision for marital faithfulness (caring attention in the long run); on the other hand, it involves moments of conscious caring for the partner (care in the moment), which create a high quality of relationship. The aim of freedom and caring attention is independent love, which is not dependent on the behaviour of the person loved ("I love you because you ...") but rather has its power source in the heart of the one who loves.¹⁴

11 Under the term "concept" I understand images and comparisons which, like parables, speak to the heart and enable a holistic, intuitive grasp of important truths.

12 On this cf. also this sentence by Matthias Claudius: "And he is not free who wishes to do whatever he wants to; rather, he is free who is able to want freely what he should do" ("An meinen Sohn Johannes" ["To my son Johannes"], 1799).

13 Under this term I understand the readiness to take responsibility for one's whole being, thinking, words and actions before God and man, and to be able to admit guilt.

14 As it is with God. Independent love could therefore be described as "agape love".

Es hat mich immer wieder beeindruckt, wie schnell gewisse Paare diese Entwicklungsdynamik verstehen und so motiviert werden, sich nach persönlicher Veränderung auf den Partner hin auszustrecken. Und die Bereitschaft zu persönlichem Wachstum, verbunden mit dem Entschluss, die Veränderung des Partners Gott zu überlassen, ist die beste Voraussetzung für eine gelingende Ehe-Seelsorge.

Konzepte für die Beziehung

Das „Gott-Ehe-Dreieck“ ist das Grundkonzept¹¹ meines Eheverständnisses. Andere Konzepte enthalten wichtige Aussagen über die horizontale Beziehungsebene.

Drei davon führe ich kurz an:

- Die „Beziehungsformel“ zeigt den Zusammenhang auf zwischen Liebe und Freiheit:

Es gibt in einer Ehe nicht mehr Liebe, als es Freiheit gibt; um lieben zu können, muss man frei sein; wer vom Partner geliebt werden will, muss ihn freilassen. Gott selber verkörpert diese Wahrheit. Die Begriffe brauchen aber eine klare Definition: Mit Freiheit¹² meine ich die Freiheit von Jesus Christus. Er gewann sie, indem er sich freiwillig abhängig machte vom Wollen und Handeln des Vaters (siehe wieder Johannes 5,17.19-20). Das ist „die herrliche Freiheit der Kinder Gottes“ (Römer 8,21), mit der er uns beschenken will. Mit der Freiheit unauflöslich verbunden ist Eigenverantwortlichkeit¹³. Es geht in der Ehe also nicht darum, seinen Partner zufriedenzustellen, sondern ihn in Freiheit und der Verantwortung vor Gott zu lieben. Freiheit allein führt nicht automatisch zur Liebe; es braucht noch ein Zwischenglied: Zuwendung. Darunter verstehe ich einerseits die klare Entscheidung zur ehelichen Treue (Zuwendung auf Dauer); andererseits geht es dabei um Momente der bewussten Hinwendung zum Partner (Zuwendung im Moment), die eine hohe Beziehungs-Qualität ermöglichen. Das Ziel von Freiheit und Zuwendung ist die unabhängige Liebe, die nicht vom geliebten Gegenüber abhängig ist („Ich liebe dich, weil du...“), sondern ihren Antrieb im Herzen dessen hat, der liebt.¹⁴

11 Unter „Konzepten“ verstehe ich Bilder und Vergleiche, welche, ähnlich wie Gleichnisse, das Herz ansprechen und ein ganzheitliches, intuitives Erfassen wichtiger Wahrheiten ermöglichen.

12 Vgl. dazu auch den Satz von Matthias Claudius: „Und der ist nicht frei, der da will tun können, was er will, sondern der ist frei, der da wollen kann, was er tun soll“ („An meinen Sohn Johannes“, 1799).

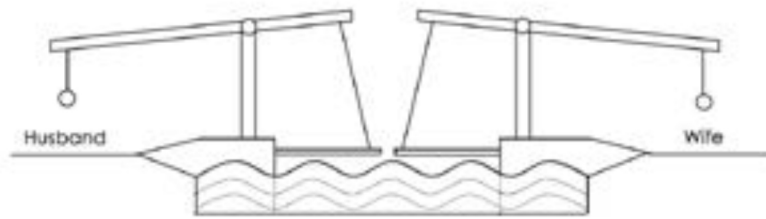
13 Darunter verstehe ich die Bereitschaft, die Verantwortung für sein ganzes Sein, Denken, Fühlen, Reden und Handeln vor Gott und den Menschen zu übernehmen und zu Schuld stehen zu können.

14 So liebt Gott. Die unabhängige Liebe könnte also auch als „Agape-Liebe“ umschrieben werden.



- The concept of the “Dutch bridge” demonstrates other important aspects of the marriage relationship:

A marriage consists of two relationships: that of the man towards his wife and that of the woman towards her husband. Each partner is fully responsible for his part of the bridge.



He can draw it up in a conflict and lower it again after inner processing and personal „digestion“;¹⁵ it is therefore not dependent on the partner. A reconciliation only takes place, however, if both wish it. The parts of the bridge also demonstrate that marriage is composed of two areas of personal responsibility; the partners must learn to recognise the border between the two areas and to respect it.

- In most marriages, the partners have chosen each other according to the principle of complementarity: they were attracted by the differences in nature and personality of a person of the opposite sex, bringing into the relationship what is lacking in oneself.¹⁶ Now, a simple rule applies in couple therapy: “The point of attraction later becomes the point of conflict”. The otherness of the partner demands a high level of adaptation and creates stress. A great challenge and a frequent topic in therapy is making the freely chosen complementarity into an opportunity. The principle of complementarity is God’s choice: he wishes to create unity by complementarity; the path to this is independent love.

Consequences for marriage counselling

The underlying understanding of marriage determines the aims, topics and paths of an approach to marriage counselling:

- Important aims of Final Marriage Counselling: giving God his place in the marriage as the most important partner; strengthening the unity which God builds; change and personal development for each partner; living in the freedom of the children of God and learning to allow one’s partner freedom; growing in faithfulness, caring attention and the capacity to love independently; allowing

¹⁵ The capacity of processing conflicts unilaterally without a contribution by the partner is one of the most important competences that the partners have to develop in order to become able to deal with conflicts. On this see chapter 5 of my book “Makarios - Der Weg, ein glücklicher Mensch zu werden” [“Makarios – the way to become a happy person”], 2nd impression, Schwarzenfeld, 2011, ISBN 978-3-86256.019-6.

¹⁶ This is the principle of “opposites attract”: the eloquent man seeks a listening woman, the chaotic woman seeks a structured man etc. In the largely unconscious process of partner selection, there is also a contrary principle: “like goes with like”. This applies above all to the basic values of life: faith, aims in life, concept of marriage, idea of family.

- Das Konzept der „Holländischen Brücke“ zeigt andere wichtige Aspekte der Ehebeziehung auf:

Eine Ehe besteht aus zwei Beziehungen: der des Mannes zu seiner Frau und der der Frau zum ihrem Manne. Jedes ist eigenständig für seinen Brückenteil verantwortlich.

Es kann ihn in einem Konflikt hochziehen und nach der inneren Verarbeitung und persönlichen Bereinigung¹⁵ wieder senken; es ist dafür nicht vom andern abhängig. Zu einer Begegnung kommt es aber nur, wenn beide dies wollen. Die Brückenteile zeigen auch auf, dass sich die Ehe aus zwei Eigenverantwortlichkeiten zusammensetzt; die Partner müssen lernen, die Grenze zwischen den Verantwortlichkeiten zu erkennen und zu respektieren.

- In den meisten Ehen haben sich die Partner nach dem Ergänzungsprinzip gewählt: Sie waren angezogen durch die Andersartigkeit einer Person des andern Geschlechts, die in die Beziehung einbringen konnte, was ihnen fehlte.¹⁶ Nun gilt in der Paartherapie aber eine einfache Regel: „Der Punkt der Anziehung wird später zum Punkt des Konflikts“. Die Andersartigkeit des Partners verlangt eine hohe Anpassungsleistung und schafft Stress. Es ist eine grosse Herausforderung und ein häufiges Therapie-thema, die frei gewählte Ergänzung zur Chance zu machen. Das Ergänzungsprinzip ist Gottes Wahl: Er will die Einheit durch Ergänzung schaffen; der Weg dazu ist die unabhängige Liebe.

Schlussfolgerungen für die Eheeseelsorge

Das zugrundeliegende Eheverständnis bestimmt die Ziele, Themen und Wege eines eheseelsorgerlichen Ansatzes:

- Wichtige Ziele der Finalen Eheeseelsorge: Gott in der Ehe seinen Platz geben als wichtigsten Partner; Stärkung der Einheit, die Gott baut; Veränderung und persönliche Entfaltung für jeden Partner; in der Freiheit der Kinder Gottes leben und den Partner freigeben lernen; Wachstum in der Treue, der Zuwendung und der Fähigkeit zur unabhängigen Liebe; sich von Gott zu einem Geschenk

¹⁵ Die Möglichkeit, Konflikte ohne einen Beitrag des Partners einseitig zu verdauen, ist eine der wichtigsten Kompetenzen, die Ehepaare entwickeln müssen, um konfliktfähig zu werden. Siehe dazu in Kapitel 5 in meinem Buch „Makarios - Der Weg, ein glücklicher Mensch zu werden“, 2. Aufl., Schwarzenfeld 2011, ISBN 978-3-86256.019-6.

¹⁶ Die ist das Prinzip „Gegensätze ziehen sich an“: der Redegewandte sucht eine ZuhörerIn, die ChaotIn einen strukturierten Mann usw. Bei der weitgehend unbewusst sich abspielenden Partnerwahl gibt es auch noch ein gegenläufiges Prinzip: „Gleich und gleich gesellt sich gern“. Dieses bezieht sich v.a. auf die Grundwerte des Lebens: Glaube, Lebensziele, Ehebild, Familienvorstellung.

oneself to be transformed by God into a present for one's partner.

- Important topics: reducing strain by the understanding of marriage; disentangling the relationship; deepening one's personal relationship with God; freedom and independent love; capacity to face up to conflict and for unilateral cleansing of the relationship; making complementarity into an opportunity; personal development and widening of the marital-person¹⁷; etc.
- The ways of proceeding associated with our understanding of marriage are described in the following section.

Marriage counselling with Final orientation

Every helping activity must face some fundamental questions: What is man? / Can he change lastingly, and how? / How do I define my helping activity; what are the elements of the responsibility of the helper, what are they for the client? / What place is given to God in the counselling process?

Some answers I would give from the point of view of Final Marriage Counselling: I understand marriage counselling as help offered on the basis of the Christian faith, incorporating God's offers and prayer. In the personal relationship with God lies the most powerful potential for change in the help-seeking married couples.

The marital-person is the client for whom we work in marriage counselling. We help it by promoting the personal development of the partners. By their change towards the other, the marital-person changes as well. The development of the personality of the partners and the development of the marriage relationship are not in contradiction; they belong together.

In Final Marriage Counselling, God receives the central place; he should be the active agent. The counselling couple understand themselves – completely in the sense of Jesus' basic attitude towards the Father¹⁸ – as co-workers with God. The counsellors make themselves dependent on the leading of the Holy Spirit¹⁹ and count firmly on God's showing them what area he is working on in each partner. One of the three inner questions which should direct the listening of the counsellor is "Where is God at work in each partner?" In this way, four channels are available to God: each marriage partner and the two counsellors.

God wishes to cause growth and lasting changes in the partners. This process is called "sanctification" in the New Testament.²⁰

17 The marital-person, which God creates, becomes visible in the unique marital relationship between this man and this woman. It is born with the covenant of marriage and "dies" with the death of one partner. God wishes to bring growth to the marital-person by building up unity in the couple.

18 Cf. his statements already referred to above in John 5: 17, 19, 20.

19 This is promised to us in many passages, e.g. in Romans 8: 14-15.

20 On this cf. e.g. 1 Thessalonians 5: 23-24; Hebrews 12:14.

für den Partner umgestalten lassen.

- Wichtige Themen: durch das Eheverständnis Entlastung schaffen; Entflechtung der Beziehung; Vertiefung der persönlichen Gottesbeziehung; Freiheit und unabhängige Liebe; Konfliktfähigkeit und einseitige Bereinigung der Beziehung; die Ergänzung zur Chance machen; persönliche Entwicklung und Entfaltung der Eheperson¹⁷; usw.
- Die mit unserem Eheverständnis verbundenen Vorgehensweisen werden im folgenden Teil beschrieben.

Eheseelsorge mit finaler Ausrichtung

Jede helfende Tätigkeit, muss sich einigen Grundfragen stellen: Was ist der Mensch? / Kann er sich dauerhaft verändern, und wie? / Wie definiere ich meine helfende Tätigkeit; worin besteht die Verantwortung der Helfer, worin die der Hilfesuchenden? / Welcher Platz kommt Gott im seelsorgerlichen Prozess zu? Hierzu einige Antworten der Finalen Eheseelsorge:

- Unter Eheseelsorge verstehe ich ein Hilfsangebot auf der Grundlage des christlichen Glaubens und mit Einbezug der göttlichen Angebote und des Gebets. In der persönlichen Beziehung der Partner zu Gott liegt das stärkste Veränderungspotential für die Hilfe suchenden Ehepaare.

- Die Eheperson ist der Klient, für den wir in der Eheseelsorge arbeiten. Wir kommen ihr zu Hilfe, indem wir die persönliche Entwicklung der Partner fördern. Durch ihre Veränderung aufeinander zu entfaltet sich auch die Eheperson. Die Selbstwerdung der Partner und die Entwicklung der Ehebeziehung stehen nicht im Widerspruch miteinander; sie gehören zusammen.

- In der Finalen Eheseelsorge kommt Gott der zentrale Platz zu; er soll der eigentlich Handelnde sein. Das Seelsorger-Ehepaar versteht sich - ganz im Sinne der Grundhaltung Jesu dem Vater gegenüber¹⁸ - als Mitarbeiter Gottes. Die Seelsorger machen sich abhängig von der Leitung durch den Heiligen Geist¹⁹ und rechnen damit, dass Gott ihnen zeigt, wo er bei jedem Partner am Werk ist. Deshalb heisst eine der drei inneren Fragen, welche das Zuhören der Seelsorger leiten sollen: „Wo ist Gott bei jedem dran?“ So stehen Gott für sein Wirken vier Kanäle zur Verfügung; jeder Ehepartner und die beiden Seelsorger.

- Gott will in den Hilfesuchenden Wachstum und bleibende Veränderung bewirken. Dieser Prozess wird im Neuen Testament „Heiligung“ genannt.²⁰ Jesus Christus hat am Kreuz die Grundlage dafür geschaffen: „Wenn jemand in Christus ist, so ist er eine neue Schöpfung; das Alte ist vergangen, siehe, Neues ist geworden“²¹.

17 Die Eheperson, die Gott schafft, wird in der einmaligen Ehebeziehung zwischen diesem Mann und dieser Frau sichtbar. Sie entsteht beim Ehebund, entwickelt sich und „stirbt“ beim Tod eines Partners. Gott will die Eheperson zur Entfaltung bringen, indem er die Ehe-Einheit baut.

18 Vgl. seine bereits oben angegebenen Aussagen in Johannes 5,17.19-20.

19 Diese ist uns mehrfach zugesagt, z.B. in Römer 8,14-15.

20 Vgl. dazu etwa 1. Thessalonicher 5,23-24; Hebräer 12,14.

21 2. Korinther 5,17; vgl. auch Epheser 2,8-10 und Kolosser 3,8-10.12-15.

Jesus Christ created the foundation for this on the cross: "If anyone is in Christ, he is a new creation; the old has passed away, all things are become new."²¹ Final counselling serves as a midwife at the birth of the new man, as a companion to clients on their way to becoming, in the reality of their lives and in their marriage relationship, what they already are in Christ.

How does this happen in practice in couple counselling? In working through a relational conflict, for example, our initial assumption is that God has a personal, concrete offer to make to each partner, aiming at the conscious laying aside of the old and making ready to put on the new. The new creation of each individual can thus be appropriated in small portions and then put into practice in daily life. This is the path of grace for change. If we read Colossians 3: 8-10; 12-15 attentively (cf. footnote 21), we understand that God wishes to give us the gift of ways of thinking, behaving and feeling which we could not have on the basis of our own life history and in our own strength. God thus enables us to live according to his will. But this requires clear decisions in order to be able to let go of the old and to enter into the new.²²

And how do we discover God's offers to the clients? If they do not emerge in conversation, we ask God for them in listening prayer. Out of what is received, each partner can now take in prayer a step of decision. In the challenge of applying this in daily life, the clients need the help of the counselling couple.

And what happens in the forward-oriented working procedure with the needs and all that is unresolved in the past of the partners? If they are prepared to leave their past to Jesus and to trust the promise of Romans 8: 28²³ they can be reconciled with the difficult experiences of the past²⁴ and forgive the persons who have become guilty towards them. This causes the negative to lose its determining power and to come under the grace of God, who wishes to grant healing, liberation and growth. People can thus enter the final attitude of faith: "Forgetting what is behind me and straining towards what is ahead of me, I press on towards the goal."²⁵

Final Marriage Counselling as a structured process

Final Marriage Counselling is a structured process: the clearer the framing conditions, the greater the chances of a satisfactory outcome. This applies to the conditions adopted in the "counselling agreement" at the beginning of working together; to the regular assessment of the cur-

21 2 Corinthians 5: 17; cf. also Ephesians 2: 8-10 and Colossians 3: 8-10; 12-15.

22 Philippians 4: 5 can serve as an example: "Let your friendliness be evident to all." Friendliness towards all men appears to be built into us as part of the new creation. We do not have to make an effort to achieve this, but simply decide to allow it to become evident.

23 "But we know that all things work together for good to those who love God." Romans 8: 28.

24 To be reconciled with the past means saying Yes to it in trust in God's promise: "It can be the way it was because God promises good to be created out of it."

25 Paul in Philippians 3: 12-14.

Finale Seelsorge ist Geburtshilfe für den neuen Menschen, Begleitung auf dem Weg der Klienten, in der Realität ihres Lebens und ihrer Ehe-Beziehung das zu werden, was sie in Jesus Christus bereits sind.

- Wie geschieht das in der eheseelsorgerlichen Praxis? Bei der Bearbeitung eines Ehekonfliktes beispielweise gehen wir davon aus, dass Gott für jeden Partner ein persönliches, konkretes Angebot hat, um Altes bewusst ablegen und Neues anziehen zu können. So kann die individuelle Neuschöpfung in kleinen Portionen in Besitz genommen und im alltäglichen Leben dann umgesetzt werden. Dies ist der Weg der Gnade zur Veränderung. Wenn wir Kolosser 3,8-10.12-15 (vgl. Anmerkung 21) aufmerksam lesen, verstehen wir, dass Gott uns mit Denk- und Verhaltensweisen und Gefühlen beschenken will, die wir aufgrund unserer Lebensgeschichte und aus eigener Kraft nicht haben könnten. Gott befähigt uns also, seinem Willen gemäss zu leben. Aber es braucht klare Entscheidungen, um Altes loszulassen und in Neues einzutreten.²²

- Und wie entdecken wir Gottes Angebote für die Klienten? Falls sie sich im Gespräch nicht ergeben, bitten wir Gott darum im hörenden Gebet. Aufgrund des Empfangenen kann nun jeder Partner einen Entscheidungsschritt im Gebet vollziehen. Bei der Herausforderung, diesen im Alltag dann umzusetzen, brauchen die Klienten die Hilfe des Seelsorger-Ehepaares.

- Und was geschieht in der vorwärtsgerichteten Arbeitsweise mit den Nöten und dem Ungelösten in der Vergangenheit der Partner? Wenn sie bereit sind, ihre Vergangenheit Jesus zu überlassen, und der Verheissung von Römer 8,28²³ vertrauen, können sie sich mit dem Vergangenen versöhnen²⁴ und den Menschen, die an ihnen schuldig geworden sind, vergeben. Dadurch verliert das Ungute seine bestimmende Macht und kommt unter die Gnade Gottes, welche Heilung, Wiederherstellung, Freisetzung und neues Wachstum schenken will. So können Menschen in die finale Haltung des Glaubens eintreten: „Ich vergesse, was dahinten, strecke mich aber aus nach dem, was vorn ist, und jage auf das Ziel zu.“²⁵

Finale Eheseelsorge als strukturierter Prozess

Finale Eheseelsorge ist ein strukturierter Prozess; je klarer die Rahmenbedingungen sind, desto grösser sind die Chancen für ein befriedigendes Ergebnis. Das gilt für die in der „Seelsorge-Vereinbarung“ zu treffenden Absprachen zu Beginn der gemeinsamen Arbeit; für die regelmässig durchgeführten Standortbestimmungsgespräche, in denen „Kurskorrekturen“ vorgenommen werden kön-

22 Philipper 4,5 kann als Beispiel dienen: „Eure Freundlichkeit soll allen Menschen kund werden.“ Freundlichkeit allen Menschen gegenüber scheint als Teil der Neuschöpfung in uns angelegt zu sein. Wir müssen uns dafür also nicht anstrengen, aber uns entscheiden, sie kund werden zu lassen.

23 „Wir wissen aber, dass denen, die Gott lieben, alle Dinge zum Guten mitwirken.“ Römer 8,28.

24 Sich mit der Not und dem Unguten zu versöhnen bedeutet, im Vertrauen auf Gottes Verheissung sein Ja dazu zu geben: „Es darf so sein, wie es war, weil Gott daraus Gutes entstehen lässt.“

25 Paulus in Philipper 3,12-14.

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rent status of the process, where “course corrections” can be made; to the subject matters to be worked on in couple and eventually in individual sessions; and to the rules about when and how the marriage counselling should end.²⁶

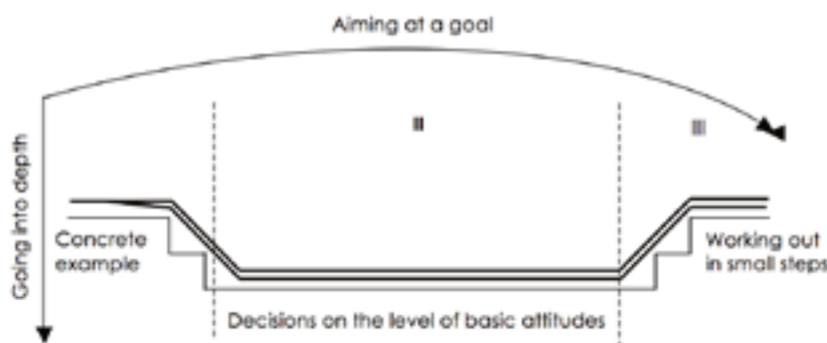
Final Marriage Counselling takes place in conversations involving four persons: a counselling couple works with a client couple. This way of working has many advantages: each partner has an opposite number of the same sex who can understand, but also challenge, him or her. The male and female ways of feeling, thinking, understanding and seeking solutions complement each other. In spiritual sensitivity and in faith, this again leads to a greater bandwidth. The Holy Spirit makes use of whichever person he wishes, coordinates the joint work of the counsellors and watches over it.²⁷ Serving God together as fellow workers can become a great blessing for the helping couple.

The structure of each session results on the one hand from the counsellors’ subjecting themselves to God’s working and, on the other hand, from the Final orientation. Each session is understood as a work prepared by God and as a whole in itself. It has a goal set by God which we may not recognise initially but which will crystallise in the course of the conversation. “Directed towards a goal” is therefore the first characteristic of conducting a session.

The second characteristic is “going into depth”: God likes to begin the transformation of a person on the level of basic attitudes;²⁸ a new basic attitude enables new behaviour which will show itself in many areas.²⁹

Since God’s working starts here, we expect for each partner divine offers and solutions for change on the level of basic attitudes. A further characteristic is disentanglement as a way of working: we approach the changes in the relationship via personal changes in the partners rather than via couple solutions. These characteristics determine the course of the Final interlocation.³⁰

Phase I: Once the couple has named a conflict which they wish to work on, the counsellors ask about the last conflict event and ask each partner to describe his/her per-



nen; dafür, was in Paar- und was in Einzelgesprächen bearbeitet werden soll; und für die Regeln, wann und wie die Eheeseelsorge abgeschlossen wird.²⁶

Finale Eheeseelsorge geschieht im Vierergespräch: ein Seelsorger-Ehepaar arbeitet mit einem Klientenpaar. Diese Arbeitsweise hat viele Vorteile: Jeder Partner hat ein gleichgeschlechtliches Gegenüber, das es verstehen, aber auch herausfordern kann. Die männliche und die weibliche Art zu empfinden, denken, verstehen und nach Lösungen zu suchen ergänzen sich. Auch in der geistlichen Sensibilität und im Glauben entsteht dadurch eine grössere Bandbreite. Der Heilige Geist setzt jedes ein, wie er will, koordiniert die Zusammenarbeit der Seelsorger und wacht über ihr.²⁷

Gott gemeinsam als Mitarbeiter zu dienen, kann für das helfende Paar zu einem grossen Segen werden.

Die Struktur des einzelnen Gesprächs ergibt sich einerseits aus der Unterordnung der Seelsorger unter Gottes Wirken und andererseits aus der finalen Ausrichtung. Jedes Gespräch wird als ein von Gott vorbereitetes Werk und als Ganzes verstanden. Es hat ein von Gott bestimmtes Ziel, das wir zu Beginn zwar noch nicht kennen, das sich aber im Verlauf des Gesprächs heraus kristallisieren wird. „Zielgerichtetheit“ ist also das erste Merkmal der finalen Gesprächsführung. Das zweite Merkmal ist

„Tiefgang“: Gott beginnt die Umgestaltung einer Person gerne auf der Ebene der Gesinnung²⁸; eine neue Gesinnung ermöglicht ein neues Verhalten, das sich in vielen Bereichen zeigen wird.²⁹ Da Gottes Wirken hier

ansetzt, erwarten wir für jeden Partner göttliche Angebote und Lösungen zur Veränderung auf der Gesinnungsebene. Ein weiteres Merkmal ist die entflechtende Arbeitsweise: wir gehen die Beziehungsnöte durch die persönliche Veränderung der Partner statt durch Ehepaarlösungen an. Diese Merkmale bestimmen den finalen Gesprächsverlauf.³⁰

Phase I: Wenn das Paar einen Konflikt, den es bearbeiten will, genannt hat, fragen die Seelsorger nach dem letzten Konfliktereignis und bitten jedes, sein persönliches Erleben möglichst genau zu schildern. Da die Partner das

26 More on this in the booklet „Final Marriage Counselling“, 2nd edition, 2008, ISBN 978-3-9521992-5-1.

27 On this cf. 1 Corinthians 12: 4-6,11.

28 One’s attitude is the deepest recognisable and consciously changeable part of oneself. It is the expression of the heart (Hebrews 4: 12 speaks of the “attitudes of the heart”). The attitudes determine behaviour.

29 On this cf. Philippians 2: 5-8; Ephesians 4: 22-24.

30 On this see once again „Final Marriage Counselling“, 2nd edition 2008, ISBN 978-3-9521992-5-1.

26 Mehr dazu in der Broschüre „Finale Eheeseelsorge“, Scsaplana Verlag, ISBN 978-3-9523310-0-2.

27 Vgl. dazu 1. Korinther 12,4-6.11.

28 Die Gesinnung ist der tiefste erkennbare und bewusst veränderbare Teil der Person. Sie ist Ausdruck der Haltung des Herzens (Hebräer 4,12 spricht von den „Gesinnungen des Herzens“). Die Gesinnung bestimmt das Verhalten.

29 Vgl. dazu Philipper 2,5-8; Epheser 4,22-24.

30 Siehe dazu auch wieder in „Finale Eheeseelsorge“, Scsaplana Verlag, ISBN 978-3-9523310-0-2.

sonal experience of it as precisely as possible. Since each partner had a different subjective experience of the event, the counsellors can detect here important indicators regarding which issue the man may have to deal with in this conflict and which the woman.³¹ In the sense of disentanglement, they help to clarify the personal issue for each partner; when working through this, they keep both threads separate. Each partner needs, in his/her issue, a personal offer from God and has to take a step alone; God coordinates the steps of the partners.

Phase II: The art of leading a Final interlocation lies in seeking with each partner the right path on the level of basic attitudes. Besides the question already mentioned, "Which area is God working on?", a second one can prove useful: "What occupies each partner most deeply?" When it comes to identifying the step of change for each partner and taking care that they do not demand too much of themselves, a third question is useful: "How far can each partner go today?" Once the steps have been taken in prayer, it becomes a question of applying them in daily life.

Phase III: A decision formulated in prayer only becomes meaningful when it has been complied with in daily life. Certain steps demand total compliance;³² but, since we must reckon with relapses into old patterns, there must be clear discussion of how one can respond to relapses. It is important that every relapse be dealt with immediately and the original decision re-confirmed. In complying with other decisions, such a broad "compliance front" opens up that we have to begin progress in a very small area, according to the "art of small steps".³³ Only after the compliance has been successful in the first area can the next small area be determined. After successful compliance in 3-4 small areas, the domino-effect of grace comes into force and the new attitude begins to make itself felt in all aspects of behaviour. It goes without saying that we will always open the next session with sharing about experiences in compliance.

The training courses for Final Marriage Counselling and the LiSa Marriage Workshop Association

Final Marriage Counselling has proved to be an approach which can be understood well and learned by lay persons without a background of studies in psychology.

31 The "mother-in-law problem" can serve as an example of this: for the woman, this topic will at most amount to "How can I love my enemy?" The man, however, faces two challenges: honouring his mother and being united with his wife. Here he needs a solution from God.

32 The decision to maintain marital faithfulness on the mental level, for example.

33 E.g. "I lay down my resentment against my husband and enter into the friendliness of the new creation" (cf. Philippians 4: 5). A small 1st step could be to show him this friendliness once a day.

Ereignis je subjektiv anders erlebt haben, gewinnen die Seelsorger dadurch wichtige Hinweise, welches bei diesem Konflikt das zu bearbeitende Thema des Mannes, und welches das Thema der Frau sein könnte.³¹ Im Sinne der Entflechtung arbeiten sie mit jedem Partner das persönliche Thema sauber heraus; bei der Bearbeitung halten sie die beiden Fäden getrennt. Jeder Partner braucht in seinem Thema von Gott ein persönliches Angebot und hat einen eigenen Schritt zu vollziehen; Gott koordiniert die Schritte der Partner.

Phase II: Die Kunst der finalen Gesprächsführung besteht darin, mit jedem Partner den Weg auf die Gesinnungsebene zu suchen. Neben der bereits erwähnten Frage „Wo ist Gott bei jedem dran?“, ist eine zweite Frage dafür hilfreich: „Was beschäftigt jedes zu tiefst?“ Wenn es dann darum geht, den Veränderungsschritt für jedes herauszuarbeiten und darüber zu wachen, dass sie sich nicht überfordern, ist eine dritte Frage hilfreich: „Wie weit kann jedes heute gehen?“ Wenn die Schritte im Gebet vollzogen sind, geht es um die Frage der Umsetzung im Alltag.

Phase III: Eine im Gebet gefasste Entscheidung gewinnt erst Bedeutung durch die Umsetzung im Alltag. Gewisse Schritte verlangen eine totale Umsetzung³²; da wir aber mit Rückfällen ins alte Muster rechnen müssen, muss klar besprochen werden, wie Rückfälle verarbeitet werden können. Es ist wichtig, dass jeder Rückfall sofort bereinigt und der gefasste Entschluss wieder bestätigt wird. Bei der Umsetzung anderer Entschlüsse tut sich eine so breite Umsetzungsfront auf, dass wir gemäss der „Kunst der kleinen Schritte“ in einem ganz kleinen Bereich damit beginnen müssen.³³ Wenn die Umsetzung im ersten Bereich gelungen ist, kann der nächste kleine Bereich festgelegt werden. Nach der erfolgreichen Umsetzung in 3-4 kleinen Bereichen tritt der Domino-Effekt der Gnade ein, und die neue Haltung beginnt, sich im ganzen Verhalten durchzusetzen. Es ist selbstverständlich, dass wir im nächsten Gespräch je zuerst über die Erfahrungen beim Umsetzen austauschen.

Die Ausbildungskurse für Finale Eheeseelsorge und der Verein LiSa Eheatelier

Die Finale Seelsorge hat sich als Ansatz erwiesen, den Laien auch ohne den Hintergrund einer psychologischen Ausbildung gut verstehen und lernen können.

31 Das „Schwiegermutter-Problem“ mag als Beispiel dafür dienen: Für die Frau heisst das Thema allenfalls: „Wie kann ich meine „Feindin“ lieben?“ Der Mann aber steht vor zwei Herausforderungen: seine Mutter zu ehren und seinem Weibe anzuhängen. Hier braucht er von Gott her eine Lösung.

32 So etwa der Entschluss zur ehelichen Treue auf der gedanklichen Ebene.

33 Z.B. „Ich lege den Groll gegen meinen Mann ab und trete in die Freundlichkeit der Neuschöpfung ein“ (vgl. Philipper 4,5). Ein 1. kleiner Umsetzungsschritt könnte sein, ihm diese Freundlichkeit einmal pro Tag zu zeigen.

The „LiSa Eheatelier“ [“LiSa Marriage Workshop”] Association³⁴ offers Christian married couples training courses in Final Marriage Counselling, led by staff teams under my supervision. The basic module consists of a marriage week in which the couples become familiar with our understanding of marriage and learn to apply this to their own marriage. In the process, they learn in their own person how God develops a marital relationship by changing the individuals. The following training lasts about one-and-a-half years; it consists of 12 intensive weekends and a week of practice, where the participants conduct sessions with couples from outside. The course lays great emphasis on interlocutive practice and on acquiring the basic inner attitude and the collaborative competences which are needed for working together with God. LiSa offers advanced training for the trained couples and participation in regional intervision groups. LiSa has also established a French language training branch.³⁵

Der Verein „LiSa Eheatelier“³⁴ bietet christlichen Ehepaaren Ausbildungskurse für Finale Eheeseelsorge an, die unter meiner Gesamtleitung durch Mitarbeiterteams durchgeführt werden. Das Basismodul besteht in einer Ehewoche, in der die Paare unser Eheverständnis kennen und auf ihre eigene Ehe anwenden lernen. Dabei erleben sie an sich selber, wie Gott eine Ehebeziehung durch die persönliche Veränderung jedes Partners entfaltet. Die anschliessende Ausbildung dauert ca. anderthalb Jahre; sie setzt sich aus 12 intensiven Wochenenden und einer Praxiswoche zusammen, in der die Teilnehmer Gespräche mit Paaren von aussen führen. Der Kurs legt grosses Gewicht auf die Gesprächspraxis und auf den Erwerb der inneren Grundhaltung und der Mitarbeiter-Kompetenzen, welche für die Zusammenarbeit mit Gott nötig sind. LiSa bietet den ausgebildeten Paaren Weiterbildungen und die Teilnahme an regionalen Intervisionsgruppen an. LiSa hat auch einen französischsprachigen Ausbildungszweig aufgebaut.³⁵

Manfred Engeli, (married to Fleurette from southern France, 5 adult children) has a doctorate in psychology and is a psychotherapist, couple and family therapist, supervisor and trainer in counselling. He founded the Christian Advisory Centre in Bern and has led its staff of psychologists and psychiatrists, on the basis of Christian faith, for 20 years now. Since retiring in 2002, he has been concerned primarily with the training of married couples for couple counselling. The approach he developed from practice, “Final Marriage Counselling”, is taught in the courses run under his supervision with counsellor couples. Dr. Engeli is active in a number of European countries as a speaker on the subjects of psychology and faith, marriage, relationships, Christian counselling and as an expert in advanced training.



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Manfred Engeli, (verheiratet mit Fleurette aus Südfrankreich, 5 erwachsene Kinder) ist promovierter Psychologe, Psychotherapeut, Paar- und Familientherapeut, Supervisor und Ausbilder in Seelsorge. Er hat die Christliche Beratungsstelle Bern gegründet und das vom christlichen Glauben her arbeitende Mitarbeiterteam von Psychologen und Psychiatern während 20 Jahren geleitet. Seit seiner Pensionierung im Jahre 2002 widmet er sich vorrangig der Ausbildung von Ehepaaren für die Paarseelsorge. Sein in der Praxis entwickelter Ansatz, die Finale Eheeseelsorge, wird in den Kursen durch ein unter seiner Oberleitung stehendes Team von Mitarbeiter-Ehepaaren gelehrt. Dr. Engeli ist in mehreren Ländern Europas aktiv als Referent zu den Themen Psychologie und Glaube, Ehe, Beziehungen, christliche Seelsorge und für Weiterbildungen.

34 The name “LiSa” suggests that the Association wishes to contribute to married couples being or becoming “light and salt”, in the biblical sense, in their environs (cf. Matthew 5: 13-16). Detailed information, including current courses and services, at www.lisaehatelier.ch.

35 Information and available courses at www.lisa-sel-lumiere.ch.

34 Der Name „LiSa“ deutet an, dass der Verein dazu beitragen will, dass Ehepaare im biblischen Sinne „Licht und Salz“ sein bzw. werden können in ihrer Umgebung (vgl. Matthäus 5,13-16). Nähere Angaben, auch über aktuelle Kurse und Angebote, unter www.lisaehatelier.ch.

35 Informationen und Kursangebote unter www.lisa-sel-lumiere.ch.

...des Lebens
...zwölf Fm
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Comment

to „Understanding of Marriage and Final Marriage Counselling“

Joachim Kristahn

Manfred Engeli certainly belongs to the pioneers in his special field of professional and, simultaneously, Christian marriage counselling. His longing for God can be detected clearly in the preceding pages.

Seldom have I read a Christian therapeutic concept which was able to establish itself in the public counselling landscape and, at the same time, contains biblical reflection in every strand of the texture.

The themes of sanctification and discipleship are constantly present, as becomes clear in the section “Consequences for marriage counselling” and in the points “Important aims” and “Important topics”. Conflicts are used precisely to recognise the individual “old man” and, in keeping with Col. 3, to lay him aside or to put on the “new man”. This is successful when each of the partners does it, but also when one wishes to live sanctification for himself. Here we find the principle of “unilateral disarmament” again.

This is the make-up of the marital person, a key point in Engeli’s understanding of marriage: “The marital person is the client for whom we work in marriage counselling. We come to this person’s aid by promoting the personal development of the partners. By their changes towards each other, the marital person changes as well. The partners becoming themselves and the development of the marriage relationship are not fundamental contradictions; they belong together.”

The formulated statements of the therapeutic directions of the Bible in the field of marriage counselling I view with the greatest respect! This motivation has been an integral part of IGNIS since its foundation in 1986. Yet, there is an additional one on top of that: the wish to approach without anxiety, and as a matter of course, the various secular concepts and to enter into an analytical and procedural dialogue with them¹. This happens on the basis of a Christian concept of man and, correspondingly, a relational understanding of the world.

The task is therefore to penetrate all aspects of topics such as communication, conflict resolution, sexuality and also, for example, the system view from a Christian perspective, to “metabolize” them and, in certain cases, to provide new formulations. This, too, is a characteristic of professional marriage counselling.

In counselling sessions with those of our clients in whom the problem has become visible, the systematic view, for example, is a challenge to us as Christians not to treat them automatically as so-called “identified patients”. This person is perhaps more a “bearer of truth or hope” and is indicating that something has changed within the system

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and that a new balance (homeostasis) is necessary. The symptoms can thus perhaps even be seen and evaluated positively (pos. connotation). The behaviour in the system thus appears in a new frame (reframing). “Stuck-in-the-groove” stories can suddenly be told in a completely new way. New, transforming perspectives thus come into the system, especially if we assume that God is a part of the system and ask how he might tell the story of this married couple, of this conspicuous behaviour, and also how he would tell it for the future. Which message could, from his viewpoint, be behind the behaviour/symptoms? Even simply reflecting on this and praying can be enough to bring big changes.

In our experience, not every married couple can be counselled using the same concept. They differ too much for that. Nor are all counsellors equally open for all approaches. In addition, there are in the field of marriage counselling so many different Christian movements with their own experiences that an astonishing number of approaches to marriage counselling and spiritual advice exist. We wish to pass on skills in some of these in our advanced training courses for marriage counsellors.

I recently asked a married couple, for example, if they would prefer to work on their conflicts, to train in communication with each other, or actively to devote attention to the friendship in their marriage, thus creating the chance for them to develop more passionate feelings for each other again. They decided to work on their friendship.

We thus have both at IGNIS: a discipleship part, characterised by trust in his presence and his word, and a Christian psychology part, which likewise points to him (example: system view). Both enrich each other mutually. This attitude is also at the basis of our advanced training in marriage counselling (see box).

Recommendation:

Eheberaterkurs

Herbst 2013, 5 Wochenenden

Fortbildung für alle Interessierten mit therapeutischen oder seelsorgerlichen Vorkenntnissen

Beginn am 27./28. September 2013 in Winterthur

GvC Winterthur, Quellenhof-Stiftung Jobarena

Leitung: Joachim Kristahn

Info: www.ignis.de/Seminare/Eheberaterkurs.html

¹ Halder, Kathrin (2011) Die Grundlagen Christlicher Psychologie - Ein Lehrbuch. Vol. 2: Zum Wirklichkeitsverständnis der Christlichen Psychologie. IGNIS: Kitzingen.



Zusammenrücken
Closing ranks



Gebet 1
Prayer 1



Gebet 2
Prayer 2

Prayer – Psychodynamics, Effectiveness, Therapy

Samuel Pfeifer

In a study of the prevalence of alternative methods of healing (Eisenberg 1993), a surprising result emerged: the most frequent of all methods was prayer. Later studies also confirmed how important prayer is for patients alongside the usual therapeutic procedures (e.g. O'Connor et al. 2005, Cheung et al. 2007).

Prayer is probably the most frequent expression of spirituality, found around the world and in all cultures. In a number of religions, it is a public confession of faith – in Islam, for example – while, for others, it is the intimate expression of the relationship with God.

The following text is primarily intended as an investigation of the interaction between psychology and prayer. For this reason, many thematically related aspects must be omitted, from the sociology of religion or transcultural findings to theological questions (further literature: Andreescu 2011). It is however necessary to present certain descriptive aspects and definitions of prayer in advance, in order to do justice to the polymorphic character of the topic.

Definitions: between ritual and dialogue

Spilka (2005) defines prayer as follows: prayer is entering into contact with a “culturally postulated superhuman” (CPS) with the aim of relationship and exerting influence, with prayer often being accompanied by a sense of elevation, emotion or of union with a higher power. The content of prayer, in Spilka's opinion, is interwoven, from a religious point of view, with shared explanatory or justificational traditions. Prayer is further considered to be an important extended (communal) expression of personal spirituality.

In many religions, and particularly in religious events, prayer has a ritualised function. Religious traditions determine when, how and with what content prayers are spoken and performed. Communal prayers can often evoke a deep resonance in the individual and underline the sense of community.

Prayer is also an essential part of personal spirituality. According to a survey (Beliefnet 2005), 64 percent of those questioned claimed to pray daily.

The following indicators of the significance and psychodynamics of prayer are generally limited to practical examples arising from the Christian understanding, as is presented by the majority of patients in our culture.

For the individual, prayer is a dialogue with God, diverse in its intention and depth of experience, sometimes nothing more than a prayer in a moment of distress. In content, at least five aspects of prayer can be distinguished:

- Worship
- Expression of thankfulness

Das Gebet – Psychodynamik, Wirksamkeit, Therapie

Samuel Pfeifer

In einer Studie zur Prävalenz alternativer Heilmethoden (Eisenberg 1993) ergab sich ein überraschendes Resultat: Am häufigsten unter allen Methoden war das Gebet. Auch in späteren Studien bestätigte sich, wie wichtig neben den üblichen therapeutischen Massnahmen das Gebet für Patienten ist (z.B. O'Connor et al. 2005, Cheung et al. 2007).

Das Gebet ist wohl der häufigste Ausdruck der Spiritualität, weltumspannend und in allen Kulturen. In manchen Religionen ist es öffentliches Bekenntnis des Glaubens – etwa im Islam, für andere Menschen aber ist es der intimste Ausdruck der Gottesbeziehung.

Der folgende Text soll sich in erster Linie mit der Interaktion von Psychotherapie und Gebet beschäftigen. Aus diesem Grund müssen viele Aspekte der Thematik weggelassen werden, von Religionssoziologie über transkulturelle Befunde bis hin zu theologischen Fragen (weiterführende Literatur: Andreescu 2011). Dennoch ist es unumgänglich, einige deskriptive Aspekte und Definitionen des Gebetes vorwegzunehmen, um der Vielgestaltigkeit des Themas gerecht zu werden.

Definitionen: Zwischen Ritual und Zwiesprache

Spilka (2005) definiert das Gebet wie folgt: Das Gebet sei die Kontaktaufnahme zu einem „culturally postulated superhuman“ (CPS), mit dem Ziel von Beziehung und Beeinflussung. Oft gehe das Gebet mit Gefühlen der Erhabenheit, Ergriffenheit, oder der Einheit mit einer höheren Macht einher. Inhaltlich sei das Gebet verwoben mit den gemeinsamen erklärenden oder rechtfertigenden Traditionen aus religiöser Sicht. Zudem sei das Gebet ein wichtiger erweiterter (gemeinschaftlicher) Ausdruck der persönlichen Spiritualität.

In vielen Religionen und insbesondere in religiösen Veranstaltungen hat das Gebet eine ritualisierte Funktion. Die religiösen Traditionen geben vor, wann, wie und mit welchem Inhalt Gebete gesprochen und verrichtet werden. Die gemeinsamen Gebete können oft eine tiefe Resonanz im Individuum auslösen und das Gefühl der Gemeinschaft unterstreichen.

Das Gebet ist auch ein wesentlicher Teil der persönlichen Spiritualität. Gemäss einer Umfrage (Beliefnet 2005) geben 64 Prozent der Befragten an, täglich zu beten.

Die folgenden Hinweise auf Bedeutung und Psychodynamik des Gebetes begrenzen sich weitgehend auf Anwendungsbeispiele aus dem christlichen Verständnis, wie es sich in der Mehrzahl der Patienten in unserem Kulturkreis präsentiert.

Für das Individuum ist das Gebet eine Zwiesprache mit Gott, vielgestaltig in ihrer Intention und Erlebnistiefe, manchmal nichts anderes als ein Stossgebet in der Not.

- Personal requests
- Intercession for others
- Confession and asking for forgiveness

Worship refers to paying homage to the great Creator God, the Ruler of the World – it is an attuning for the meeting with God, a meditative focusing on the presence of a superordinate transcendence. In many religions, this kind of prayer is strongly formalised, while in charismatic groups it is characterised rather by personal feelings. A second function of prayer is the expression of thankfulness, a linking of the existential experience of wellbeing to the divine authority. The most frequently encountered content is, no doubt, requests, in which the longing for help, but also for success in life, is placed in a broader, transcendent context. Intercessions cover a circle of persons in their whole range of significances for the individual. Intercessions often reflect central interpersonal concerns and indicate the place of other people in the significance hierarchy of the individual. The fifth category of prayer content to be mentioned is confession and asking for forgiveness. Prayer is an effective form for expressing personal failings and inter-personal inadequacies and placing these in a context in which (assuming a reasonably benevolent concept of God) comfort, purification and new perspectives are provided.

Prayer and meditation are often reinforced by gestures and bodily attitudes of prayer. Going down on one's knees expresses an attitude of awe and of subjection to God – across all religious traditions. The hands, otherwise whirling around in everyday life, are folded, raised, formed into a receiving vessel. The body – in Judaism, for example – rocks back and forth rhythmically. And, in meditation and Yoga, bodily posture takes on an additional significance going far beyond questions of fitness. Finally, awareness-based exercises contain a strong body-orientated element with conscious breathing and the perception of inner functions.

Psychological aspects of prayer – empirical findings

Empirical research into prayer from a psychological perspective is still a new field, calling forth differentiated publications only in the last 25 years (Spilka & Ladd 2012). Hole (1977) was one of the first in German-speaking areas to look into the role of prayer among depressives. Factor-analytic studies (e.g. Laird 1991) pointed out a multiplicity of functions that prayer can have for a person. He identified five kinds of prayer, characterised by 18 factors: prayer of worship, request, confession, thanksgiving and receiving. Even within Christian culture, however, one observes various functions of prayer, often as strongly cultural as they are spiritual.

For psychotherapy, a central question is to what extent prayer has a supporting function in overcoming difficult life-situations. In a broadly-based survey in London (Loewenthal et al. 2001), various religious approaches in overcoming depressions were described, although these occupied only a place far behind the interpersonal resources of support and counselling. However: in very traumatic moments, prayer is often one of the first re-

Inhaltlich lassen sich mindestens fünf Aspekte des Gebetes unterscheiden:

- » Anbetung
- » Ausdruck von Dankbarkeit
- » Persönliche Bitten
- » Fürbitten für andere
- » Bekenntnis und Bitte um Vergebung

Anbetung umschreibt die Huldigung an den grossen Schöpfergott, den Herrscher der Welt – sie ist eine Einstimmung auf die Begegnung mit Gott, eine meditative Fokussierung auf die Präsenz einer übergeordneten Transzendenz. In vielen Religionen ist diese Gebetsart stark formalisiert, in charismatischen Gruppen eher von persönlichen Gefühlen geprägt. Eine zweite Funktion des Gebetes ist der Ausdruck der Dankbarkeit, eine Anbindung der existentiellen Erfahrung des Wohlergehens an die göttliche Instanz. Die wohl häufigsten Inhalte sind Bitten, in denen die Sehnsucht nach Hilfe, nach Heilung, aber auch nach Gelingen des Lebens in einen weiteren, transzendenten Kontext gestellt wird. Fürbitten schliessen einen Kreis von Menschen ein, in ihrer ganzen Palette der Bedeutung für das Individuum. Oft reflektieren Fürbitten die interpersonellen Kernanliegen und geben ein Abbild der Bedeutungshierarchien anderer Menschen für die Person. Als fünfter Inhalt sind Gebete des Bekenntens und der Bitte um Vergebung zu nennen. Das Gebet ist eine effektive Form, persönliches Versagen und zwischenmenschliche Unzulänglichkeit auszudrücken und in einen Kontext zu bringen, der (bei einem einigermaßen wohlwollenden Gottesbild) Trost, Bereinigung und neue Perspektive vermittelt.

Unterstrichen werden Gebet und Meditation oft durch körperliche Gesten und Gebetshaltungen. Das Niederknien drückt eine Haltung der Ehrfurcht und der Unterwerfung gegenüber Gott aus – quer über alle religiösen Traditionen hinweg. Die Hände, ansonsten im Alltag quirlig handelnd, werden gefaltet, erhoben, empfangend zum Gefäss gebildet. Der Leib wird – etwa im Judentum – rhythmisch vor und zurück gewiegt. Und in Meditation und Yoga erhalten Körperstellungen weit über Fitness hinaus zusätzliche Bedeutung. Schliesslich enthalten achtsamkeitsbasierte Übungen ein starkes leiborientiertes Element mit dem bewussten Atmen und Wahrnehmen der inneren Funktionen.

Psychologische Aspekte des Gebetes – empirische Befunde

Die empirische Erforschung des Gebetes aus psychologischer Perspektive ist ein noch junges Fachgebiet, das erst in den letzten 25 Jahren differenzierte Publikationen hervorgebracht hat (Spilka & Ladd 2012). Hole (1977) war einer der ersten, die sich im deutschsprachigen Raum mit der Rolle des Gebetes bei Depressiven beschäftigte. Faktorenanalytische Untersuchungen (z.B. Laird 1991) ergaben eine Vielfalt an Funktionen, die das Gebet für eine Person haben kann. Er identifizierte fünf Arten des Gebets, charakterisiert durch 18 Faktoren: Gebet der Anbetung, der Bitte, des Bekenntens, des Dankes und des Empfangens. Selbst innerhalb der christlichen Kultur zeigen sich aber unterschiedliche Funktionen des Gebetes,

actions (Schuster et al. 2001). Positive religious coping – and prayer, of course, is part of this – is accompanied by better mastering of stress (Ano & Vasconcelles, 2005; Poloma & Pendleton 1991; Tix & Frazier 1998; Bänziger, Van Uden & Janssen 2008). Prayer as a means of coping with health problems, according to an empirical study, has tended to increase (Wachholtz & Sambamoorthi 2011). In healthcare, spiritual coping has been receiving greater attention in recent years (Narayanasamy 2002; Treloar 2002).

Prayer and healing – empirical approaches

The plea for healing is one of the most central burdens of prayer (Cohen et al. 2000), with documentation from thousands of years, from the holy writings of the monotheistic religions to the image panels of Buddhist temple precincts. In a Time Magazine survey (Wallis 1996), 82 percent of the sample claimed to believe in a healing effect of prayer. 64 percent supported the suggestion that doctors should pray for patients if the latter desire it. McCullough et al. (2000) showed in a meta-analysis a positive correlation between regular attendance of church services and health, including a significant effect on life expectancy. The positive subjective effect of prayer in critical life-situations is well documented (Ai et al. 2006). It was also shown that people who list prayer as a resource in times of illness maintain a substantially healthier lifestyle (O'Connor et al. 2005): "Those who pray had significantly less smoking and alcohol use and more preventive care visits, influenza immunizations, vegetable intake, satisfaction with care, and social support and were more likely to have a regular primary care provider." The authors also ascertained, however, that "rates of functional impairment, depressive symptoms, chronic diseases, and total health care charges were not related to prayer."

Scientists, from whom the highest standards of rational study design are required, conducted a double blind experiment. Here patients in an intensive coronary ward were prayed for without their knowledge (Harris et al. 1999). The results were surprising: patients for whom prayer was made suffered 10 % fewer complications during the healing process ($p < 0.04$), although the period in hospital was the same. The results led to a lively and controversial reaction in the medical world (Dossey 2000). An overview of empirical studies in similar settings is provided by Fenwick (2004). A multicenter study, published in the notable specialist journal "The Lancet" (Krucoff et al. 2005), investigated the effect of "noetic forms of therapy" – music, imagery, healing touch and prayer – in a strictly double blind design with patients who had undergone a coronary catheterisation (MANTRA II Study). When a patient was assigned to the prayer sample, their name, age and illness were passed on by a coordinator to one of 12 prayer groups, which then prayed for between 5 and 30 days for the person. All prayer groups were existing prayer groups from various religious traditions: Christian, Muslim, Jewish and Buddhist. Result: neither prayer nor the other applications tested made a significant difference. In a systematic Cochrane review, no adequate findings for or against prayer in medical settings could

die oft ebenso sehr kulturell wie spirituell sind.

Für die Psychotherapie wesentlich ist die Frage, inwieweit das Gebet eine stützende Funktion in der Bewältigung schwieriger Lebenssituationen hat. In einer breit angelegten Befragung in London (Loewenthal et al. 2001) wurden verschiedene religiöse Zugänge in der Bewältigung von Depressionen beschrieben, doch kamen diese erst weit nach den zwischenmenschlichen Ressourcen von Unterstützung und Beratung. Allerdings: in sehr traumatischen Momenten ist oft das Gebet eine der ersten Reaktionen (Schuster et al. 2001). Positives religiöses Coping – und dazu gehört ja das Gebet – geht mit besserer Stressbewältigung einher (Ano & Vasconcelles, 2005; Poloma & Pendleton 1991; Tix & Frazier 1998; Bänziger, Van Uden & Janssen 2008). Gebet als Mittel zur Bewältigung bei gesundheitlichen Problemen hat gemäss einer empirischen Studie eher zugenommen (Wachholtz & Sambamoorthi 2011). In der Krankenpflege hat das spirituelle Coping in den letzten Jahren vermehrt Aufmerksamkeit erlangt (Narayanasamy 2002; Treloar 2002).

Gebet und Heilung – empirische Ansätze

Das Flehen um Heilung ist eines der zentralsten Anliegen des Gebetes (Cohen et al. 2000), über Jahrtausende dokumentiert, von den heiligen Schriften der monotheistischen Religionen bis zu den Bildertafeln buddhistischer Tempelanlagen. In einer Umfrage des Time Magazine (Wallis 1996) gaben 82 Prozent der Befragten an, an eine heilende Wirkung des Gebetes zu glauben. 64 Prozent unterstützten den Vorschlag, Ärzte sollten für Patienten beten, falls diese es wünschten. McCullough et al. (2000) zeigten in einer MetaAnalyse eine positive Korrelation von regelmässigem Gottesdienstbesuch und Gesundheit, die sich auch signifikant auf die Lebensdauer auswirkte. Die positive subjektive Auswirkung des Gebets in kritischen Lebenssituationen ist gut dokumentiert (Ai et al. 2006). Es zeigte sich auch, dass Menschen, die das Gebet als Ressource in Krankheitszeiten angeben, einen deutlich gesünderen Lebensstil pflegten (O'Connor et al. 2005): "Those who pray had significantly less smoking and alcohol use and more preventive care visits, influenza immunizations, vegetable intake, satisfaction with care, and social support and were more likely to have a regular primary care provider." Allerdings stellten die Autoren auch fest: "Rates of functional impairment, depressive symptoms, chronic diseases, and total health care charges were not related to prayer."

Wissenschaftler, die den höchsten Standards eines rationalen Studiendesigns verpflichtet sind, versuchten es mit einem Studiendesign, der doppelblind durchgeführt wurde. Dabei wurde für Patienten auf einer koronaren Intensivstation gebetet, ohne dass diese es wussten (Harris et al. 1999). Die Resultate waren überraschend: Patienten, für die gebetet wurde, erlitten 10 % weniger Komplikationen im Heilungsverlauf ($p < 0.04$), allerdings bei gleicher Hospitalisationsdauer. Die Resultate lösten eine lebhafte und kontroverse Reaktion in der medizinischen Welt aus (Dossey 2000). Einen Überblick über empirische Studien mit ähnlichen Settings gibt Fenwick (2004). Eine Multicenter-Studie, die im renommierten Fachjournal „Lan-



Trauer in Freude
Sorrow in Joy



Lechzen
Thirsting



Gebet
Prayer

be established (Roberts et al. 2009). Furthermore, the question was raised of whether investigations of prayer can be adequately assessed at all by scientific criteria and whether the factor "God" is too unpredictable.

Psychodynamic aspects of prayer in the context of psychotherapy

What effect does prayer have in a therapeutic relationship? What significance does it have for patients? In what form does it influence the course of a therapeutic consultation?

In the light of their background, some patients consider prayer necessary in order to have a "genuinely Christian" consultation. Some wish to counteract their anxiety about the therapy, especially since they often go to a psychologist with great reservations. But often the deep need is present to bring one's soulful needs to God within one's own spiritual tradition.

Case vignette: Prayer strengthens the therapeutic relationship: A 60-year-old woman with multifarious social problems asked me for prayer at the end of each of our short private consultations during a supporting therapy. Her parting words were often that "the prayer is for me the most valuable part of our exchange."

Positive and problematic aspects of prayer in psychotherapy

Prayer in psychotherapy is not undisputed: one side finds that it is permissible (e.g. Tan 2007), while the other accepts it only as a separate (in time and space) complementation of therapy. Prayer touches deep layers in the personality and can take the therapy onto another level. The resulting intimacy can be positive, but it can also reduce the required distance in an inadmissible manner. Shared prayer influences transference and countertransference:

^a positive: increased trust, improved compliance; courage to tackle problems with God's help.

^a negative: reduction of the necessary therapeutic distance; reduction of therapeutic consistency.

Therapists who pray with patients have described various functions for prayer:

^a Divine agent assumption: prayer in therapy invites a higher power to intervene actively in the healing process.

^a Prayer can promote ego-integration and can lead to opening up the deeper thoughts and feelings of a client (Helminski 1992).

^a Prayer can strengthen the rapport with clients, bring about relaxation, and improve the self-reflection of a client.

In a controversial article, two British psychiatrists discussed the role of prayer in psychotherapy (Poole & Cook 2011). Poole, a self-confessing atheist, formulated the thesis that praying with a patient during therapy violates professional boundaries. He suggested that prayer was a personal conviction of the therapist with little connection to his professionalism. Even if therapist and patient share a faith, their understanding of prayer is in fact often different. One of the questions he raises here is how one reacts to unanswered prayer – depressive patients allegedly tend

to "publish" (Krucoff et al. 2005) and investigated the effect of "noetic therapy forms" – music, imagination, healing touch and prayer – in a strict double-blind design on patients, who underwent a coronary catheterization (MANTRA II Study). When a patient was assigned to the prayer group, name, age and illness were coordinated by a coordinator to one of 12 prayer groups further divided, who between 5 and 30 days for the person prayed. All prayer groups were existing groupings from different religious traditions: Christian, Muslim, Jewish and Buddhist. Result: Neither prayer nor the other investigated interventions showed a significant difference. In a systematic Cochrane Review no sufficient evidence for or against prayer in a medical setting (Roberts et al. 2009). Moreover, it was also the question raised, whether investigations of prayer can be adequately assessed at all by scientific criteria and whether the factor "God" is too unpredictable.

Psychodynamische Aspekte des Gebetes im Kontext der Psychotherapie

Was bewirkt ein Gebet in der therapeutischen Beziehung? Welche Bedeutung hat es für den Patienten? In welcher Form beeinflusst es den Verlauf eines therapeutischen Gesprächs?

Manche Patienten betrachten von ihrem Hintergrund ein Gebet als notwendig, um eine „wirklich christliche“ Beratung zu erhalten. Andere möchten ihren Ängsten vor der Therapie entgegenwirken, zumal sie oft mit grossen Vorbehalten zu einem Psychologen gehen. Oft ist da aber auch das tiefe Bedürfnis, in der eigenen spirituellen Tradition die seelischen Nöte vor Gott zu bringen.

Fallvignette: Das Gebet stärkt die therapeutische Beziehung: Eine 60-jährige Frau mit vielfältigen sozialen Problemen bat mich in meiner privaten Sprechstunde jeweils am Ende der kurzen stützenden Therapie um ein Gebet. Oft sagte sie beim Abschied: „Das Gebet ist für mich das Wertvollste an unserem Gespräch.“

Positive und problematische Aspekte des Gebetes in der Psychotherapie

Gebet in der Psychotherapie ist nicht unumstritten: Die einen finden, es sei zulässig (z.B. Tan 2007), die anderen, nur als separate Ergänzung zur Therapie (räumlich und zeitlich). Das Gebet berührt tiefe Schichten einer Person und kann die Therapie auf eine andere Ebene führen. Die dadurch entstehende Intimität kann positiv sein, sie kann aber auch die notwendige Distanz in unzulässiger Weise abbauen. Das gemeinsame Gebet beeinflusst die Übertragung und die Gegenübertragung:

» positiv: vermehrtes Vertrauen, verbesserte Compliance; Mut, Probleme mit Gottes Hilfe anzugehen.

» negativ: Verminderung der notwendigen therapeutischen Distanz; Verminderung der therapeutischen Konsequenz.

Therapeuten, die mit Patienten beten, haben verschiedene Funktionen für das Gebet beschrieben:

too quickly to blame themselves; shared prayer is said to change the therapeutic relationship and produce ambivalence which can disturb the course of the therapy.

Case vignette: Prayer creates a sense of closeness: Mr. W. suffered yet another recurrence of his psychic illness, rendering him unfit for work for months. The urgency of the situation was tangible. In consultations, the doctor discussed the symptoms, the medication and the structure of his day. But a further factor was his strong faith, which continued to carry him and his wife. At the end of the consultation, he asked for prayer. The therapist responded to his wish and formulated a free prayer of intercession. When he had finished, the patient said, "Doctor, your prayer did me so much good. Can't we speak to each other as friends? [German: 'per Du']" The therapist had to explain to him that it is difficult to be on very personal terms within the doctor/patient relationship. But he would continue to be committed to his patient.

Prayer as defence: An approximately 40-year-old woman of very strong faith came to me with a bipolar disorder after she had entered a manic phase and had become unbearable to those around her. She felt herself to be strong, full of the Spirit, and wished on no account to have medication. When I explained to her unmisunderstandably that medication and possibly hospitalisation would be necessary, she began abruptly to pray loudly and fervently. She asked for God's blessing and also his wisdom for me, extended the prayer in fluttering thoughts to cover all friends, acquaintances, doctors etc. and had no thought of stopping. While I had initially shared the fundamental devotional attitude, I was left with no choice but to interrupt the prayer after several minutes and proceed to the steps needed for her treatment.

Cook referred to this passage in the ethical code of the General Medical Council: "Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular treatment needs. You must respect patients' right to hold religious or other beliefs and should take those beliefs into account where they may be relevant to treatment options." It is apparently often a patient's unvoiced wish that he should not only receive the scientific side of the therapy, but also experience the doctor as a sympathetic human being who does not rule out transcendence or spirituality.

Both authors agree, bearing in mind the specialist literature, that prayer in psychotherapy is a sensitive field which requires ethical guidelines. It has to be emphasised in this regard that at least six forms of prayer can form part of the therapeutic dyad (cf. Illustration 21-1).

No prayer	Patient prays in his private life	Therapist prays for the patient outside the therapy	Therapist tells the patient that he prays for him	Therapist prays with the patient in the therapy	Patient prays in the presence of the therapist	Therapist and patient pray in the course of the therapy
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Illustration 21-1: Spectrum of the application of prayer in therapy (adapted from Poloma & Pendleton 1991)

» Divine agent assumption: Gebet in der Therapie lädt eine höhere Macht ein, aktiv in den Heilungsprozess einzugreifen.

» Gebet kann die Ich-Integration fördern und kann eine Öffnung der tieferen Gedanken und Gefühle eines Klienten bewirken (Helminski 1992).

» Gebet kann den Rapport mit Klienten fördern, Entspannung bewirken, und die Selbstreflexion eines Klienten verbessern.

In einem kontroversen Artikel diskutierten zwei britische Psychiater die Rolle des Gebetes in der Psychotherapie (Poole & Cook 2011). Poole, selbst bekennender Atheist formulierte die These, mit einem Patienten in der Therapie zu beten, sei eine Verletzung professioneller Grenzen. Er wies darauf hin, dass das Gebet eine persönliche Überzeugung des Therapeuten sei, die wenig mit seiner Professionalität zu tun habe. Selbst wenn Therapeut und Patient einen Glauben teilten, so sei doch ihr Verständnis des Gebets oft unterschiedlich. Da sei etwa die Frage, wie man mit einem unerhörten Gebet umgehen solle – depressive Patienten neigten vorschnell dazu, sich selbst die Schuld zu geben. Gemeinsames Gebet verändere die therapeutische Beziehung und erzeuge Ambivalenzen, die den Therapieverlauf stören könnten.

Fallvignette: Das Gebet schafft ein Gefühl der Nähe: Herr W. hatte wieder einen Rückfall seiner psychischen Erkrankung erlebt, die ihn über Monate arbeitsunfähig machte. Die Not war mit Händen greifbar. Im Gespräch diskutierte der Arzt die Symptome, die Medikation und seine Tagesstruktur. Doch da war auch sein starker Glaube, der ihn und seine Frau durchtrug. Am Ende des Gesprächs bat er um ein Gebet. Der Therapeut entsprach seinem Wunsch und formulierte ein freies Fürbittegebet. Als er geendet hatte, sagte der Patient: „Herr Doktor, Ihr Gebet hat mir so wohl getan. Können wir uns nicht Du sagen?“ Der Therapeut musste ihm dann erklären, dass es in der Arzt-Patienten-Beziehung schwierig sei, einem Patienten das Du anzubieten. Er sei aber dennoch weiterhin mit Engagement für ihn da.

Das Gebet als Abwehr: Eine etwa 40-jährige sehr gläubige Frau mit einer bipolaren Störung suchte mich auf, nachdem sie in eine manische Phase geraten war und für die Umgebung unerträglich wurde. Sie fühlte sich stark, vom Geist erfüllt und wollte absolut keine Medikamente. Als ich ihr in deutlichen Worten die Notwendigkeit einer Medikation und einer eventuellen Hospitalisation erläuterte hatte, begann sie unvermittelt laut und flehentlich zu beten. Sie erbat den Segen Gottes und seine Weisheit für mich, schloss in ideenflüchtiger Weise alle Freunde, Bekannten, Ärzte, etc. ins Gebet ein und wollte nicht mehr aufhören. Hatte ich am Anfang noch die andächtige Grundhaltung geteilt, so wurde es nach mehreren Minuten unumgänglich, das Gebet zu unterbrechen, und die notwendigen Schritte zu ihrer Behandlung zu unternehmen.

Cook beruft sich auf die Passage im ethischen Code des General Medical Council: „Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular

Ethical guidelines

Introducing spiritual elements into psychotherapy calls for ethical guidelines, which were compiled comprehensively with regard to prayer by Walker & Moon (2011).

a) Own standpoint (self-awareness): Therapists who treat religious patients must first of all know where they themselves stand, not only in therapeutic and ethical questions, but also in spiritual ones. They must admit to themselves the extent to which they feel at ease with the subject of prayer. This basic attitude extends along a continuum ranging from implicit to explicit integration of spiritual inputs into the therapy (cf. Tan 1996). Implicit integration does not necessarily demand a religiosity of one's own, but respect for the patient's values and a readiness to grant such topics an esteemed place in the therapy. If a patient/client desires more in the religious direction, he can be referred to a person of his faith (pastor, priest, rabbi), who can pray with him in his tradition. Explicit integration means that the therapist deliberately addresses spiritual topics and uses religious elements in the therapy as required.

b) Evaluating the clinical situation: Even if a patient comes from a religious tradition, it can happen that, in his depressive phase or in his conflict, he feels no need to go into religious topics, perhaps even experiencing these as conflictual or oppressive. Initially, a severe depression simply must be treated clinically. The pathological distortion of prayer as part of a compulsive disorder is also complex (cf. Bonchek & Greenberg 2009).

c) Evaluating the therapeutic goals, the needs and expectations: The appraisal of the clinical situation and the therapeutic goals at the beginning of the therapy call for a broad evaluation of all factors, amongst which spiritual aspects can only be allowed to be part of the whole picture (cf. Leach, Aten, Wade & Hernandez 2009). Two essential pillars are the goals in the therapy (whether secular or spiritual) and the techniques which are necessary to achieve them (here again secular or spiritual).

d) Information and agreement on the use of prayer (Informed Consent). If patients wish prayer, it is sensible to show respect to the patient regarding this wish, but to discuss what significance such prayer has for him. But there is often also a deep need to present one's soulful distress to God in one's own spiritual tradition. If the impulse comes from the therapist, the patient's agreement must be obtained in any case.

e) Flexible adaptation of the spiritual supporting measures according to changes in the therapy. The initial anxiety-fuelled need for a prayer can change in later phases. Out of a prayer for coping with fear, a need can develop for contemplative prayer, which must not necessarily be practiced within the psychotherapy.

The leap of faith

Science does not always reflect the ultimate realities. It was Soeren Kierkegaard who introduced the image of the leap of faith into his philosophical/theological writings (Kubsch 2010). At the point where reason has nothing more to say, it is permissible, or indeed necessary, to make a leap into the other reality of existence, which in-

treatment needs. You must respect patients' right to hold religious or other beliefs and should take those beliefs into account where they may be relevant to treatment options." (Deutsche Übersetzung: „Die Diskussion persönlicher Überzeugungen kann, wenn sie feinfühlig erfolgt, mithelfen, in Partnerschaft mit dem Patienten seine speziellen Behandlungsbedürfnisse herauszuarbeiten. Sie müssen aber das Recht des Patienten auf seine eigenen religiösen oder anderweitigen Überzeugungen respektieren und diese in den Behandlungsoptionen entsprechend berücksichtigen“). Es sei oftmals der ausgesprochene Wunsch eines Patienten, nicht nur die wissenschaftliche Seite der Therapie zu erhalten, sondern den Arzt auch als mitfühlendes menschliches Wesen zu erleben, das Transzendenz bzw. Spiritualität nicht ausschliesse.

Beide Autoren sind sich auf dem Hintergrund der Fachliteratur einig, dass Gebet in der Psychotherapie ein sensibler Bereich ist, der ethische Leitlinien braucht. Dabei ist zu betonen, dass es mindestens sechs Formen des Gebets in der therapeutischen Dyade geben kann (vgl. Abbildung 21-1).

kein Gebet	Patient betet in seinem Privatleben	Therapeut betet außerhalb der Therapie für den Patienten	Therapeut sagt dem Patienten, dass er für ihn betet.	Therapeut betet in der Therapie mit dem Patienten	Patient betet im Beisein des Therapeuten	Therapeut und Patient beten im Verlauf der Therapie
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Abbildung 21-1: Spektrum der Anwendung des Gebets in der Therapie (adaptiert nach Poloma & Pendleton 1991)

Ethische Leitlinien

Das Einfließen spiritueller Elemente in die Psychotherapie braucht ethische Leitlinien, die in Bezug auf das Gebet von Walker & Moon (2011) ausführlich zusammengestellt wurden.

a) Eigener Standort (Self-Awareness): Therapeuten, die religiöse Patienten behandeln, müssen zuerst einmal wissen, wo sie selbst stehen, nicht nur in therapeutischen und ethischen Fragestellungen, sondern auch spirituell. Sie müssen sich selbst eingestehen, wie wohl sie sich mit dem Thema Gebet fühlen. Diese Grundhaltung bewegt sich entlang eines Kontinuums von impliziter bis expliziter Integration spiritueller Zugänge in der Therapie (vgl. Tan 1996). Implizite Integration erfordert nicht unbedingt eine eigene Religiosität, sondern Respekt für die Werte des Patienten und eine Bereitschaft, solche Themen in der Therapie würdigend zuzulassen. Wenn ein Patient/Klient sich in religiöser Sicht mehr wünscht, so kann die Überweisung an eine Person seines Glaubens (Pastor, Priester, Rabbi) erfolgen, die mit ihm in seiner Tradition beten kann. Explizite Integration bedeutet: der Therapeut spricht bewusst auch spirituelle Themen an und wendet bei Bedarf religiöse Elemente in der Therapie an.

b) Einschätzung der klinischen Situation: Auch wenn ein Patient aus einer religiösen Tradition kommt, kann es sein, dass er in seiner depressiven Phase oder in seinem Konflikt nicht das Bedürfnis hat, religiöse Themen anzuschneiden, diese vielleicht sogar als konflikthaft oder bedrückend erlebt. Eine schwere Depression muss zuerst einmal klinisch behandelt werden. Komplex ist auch die

cludes a transcendence beyond all the insights of reason. Qualitative studies on the significance of prayer for patients show clearly how important prayer was in their healing process (Helming 2011). Therapists with a personal relationship with God will therefore experience prayer at a different depth and bring it into the therapy. For them, it is not only an “alternative method of healing”, but a personal addressing of the sovereign God in the existential distress of the patient – and perhaps also amid their own difficulties in processing the severe blows suffered by their patients.

Conclusion and summary

Prayer is without doubt one of the most important and most commonly encountered spiritual resources. It expresses deep longings and interpersonal value hierarchies and communicates the felt presence of a higher power which lies beyond daily struggles and conflicts. Prayer as an individual form of expression also deserves respect and appreciation in psychotherapy.

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pathologische Verzerrung des Gebetes im Rahmen einer Zwangsstörung (vgl. Bonchek & Greenberg 2009).

c) Einschätzung der therapeutischen Ziele, der Bedürfnisse und der Erwartungen: Die Beurteilung der klinischen Situation und der therapeutischen Ziele zu Beginn der Therapie braucht eine breite Einschätzung aller Faktoren, bei denen spirituelle Aspekte nur ein Teil des Ganzen sein dürfen (vgl. Leach, Aten, Wade & Hernandez 2009). Zwei wesentliche Pfeiler sind die Ziele in der Therapie (ob säkular oder spirituell) und die Techniken, die zu deren Erreichung notwendig sind (auch hier säkular oder spirituell).

d) Information und Einverständnis zur Anwendung eines Gebetes (Informed Consent). Wenn Patienten Gebet wünschen, ist es sinnvoll, dem Patienten den Respekt für diesen Wunsch zu zeigen, aber zu diskutieren, welche Bedeutung ein solches Gebet für ihn hätte. Oft ist da aber auch das tiefe Bedürfnis, in der eigenen spirituellen Tradition die seelischen Nöte vor Gott zu bringen. Kommt der Impuls vom Therapeuten, so ist in jedem Fall das Einverständnis des Patienten einzuholen.

e) Flexible Anpassung des spirituellen Angebotes mit der Veränderung in der Therapie. Das anfängliche angstbesetzte Bedürfnis nach einem Gebet kann sich in späteren Phasen verändern. Aus einem Gebet zur Bewältigung der Angst kann ein Bedürfnis nach kontemplativem Gebet werden, das nicht mehr unbedingt innerhalb der Psychotherapie praktiziert wird.

Der Sprung des Glaubens

Wissenschaft reflektiert nicht immer letzte Realitäten. Es war Soeren Kierkegaard, der in seinen philosophisch-theologischen Schriften das Bild vom Sprung des Glaubens einführte (Kubsch 2010). Dort wo die Vernunft nicht mehr weiterkommt, ist es erlaubt, ja notwendig, einen „Sprung“ zu machen in die andere Realität der Existenz, die eine Transzendenz jenseits aller vernünftigen Erkenntnis mit einschliesst.

Qualitative Studien zur Bedeutung des Gebetes für Patienten zeigen deutlich, wie wichtig diesen das Gebet in ihrem Heilungsprozess war (Helming 2011). Therapeuten mit einer persönlichen Gottesbeziehung werden deshalb das Gebet in einer andern Tiefe erleben und in die Therapie einbringen. Für sie ist es nicht nur eine „alternative Heilungsmethode“, sondern eine personale Ansprache des souveränen Gottes in der existenziellen Not des Patienten – und vielleicht auch in der eigenen Not der Verarbeitung schwerer Patientenschicksale.

Fazit und Zusammenfassung

Das Gebet ist zweifellos eine der wichtigsten und häufigsten spirituellen Ressourcen vieler Menschen. Es drückt tiefe Sehnsüchte und interpersonelle Werthierarchien aus und vermittelt die gefühlte Präsenz einer höheren Macht, die jenseits der täglichen Kämpfe und Konflikte liegt. Gebet als individuelle Ausdrucksform verdient auch in der Psychotherapie Respekt und Würdigung.

Die Versuche, das Gebet wissenschaftlich durch Doppelblindstudien beweisen zu wollen, sind nicht nur methodisch, sondern auch aus Sicht des Glaubens als zu

Attempts to prove prayer scientifically by double blind experiments must be seen as not only methodically inadequate but also, from the point of view of faith, as too short-sighted and methodically limited. Ultimately, they represent a manipulative instrumentalisation of a spiritual practice in which much deeper values should be able to come into effect.

The question of whether a spoken prayer is sensible in a psychotherapeutic relationship must be approached with great caution. Even if the wish is expressed by the patient, therapists are often unsure about their ability to incorporate this subcultural form of expression. In particular, the displacement of the therapeutic space of intimacy and of closeness/distance regulation in the therapy must be regarded as problematic.

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kurz ge-griffen und methodisch mangelhaft zu bewerten. Sie stellen letztlich eine manipulative Instrumentalisierung einer spirituellen Praxis dar, in der sehr viel tiefere Werte zum Tragen kommen sollten.

Die Frage, ob ein gesprochenes Gebet in einer psychotherapeutischen Beziehung sinnvoll ist, muss mit grosser Zurückhaltung angegangen werden. Selbst wenn der Wunsch von Patienten geäussert wird, ist der Therapeut / die Therapeutin oft nicht sicher, ob sie die subkulturelle Ausdrucksform erfassen kann. Als problematisch wird insbesondere die Verschiebung des therapeutischen Intimitätsraumes und der Nähe-Distanz-Regulierung in der Therapie gesehen.

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Leben
Life

Lebendiger Stein
Living stone



Comment

on Samuel Pfeifer's "Prayer – Psychodynamics, Effectiveness, Therapy"

Kevin J. Eames

I am grateful to Dr. Pfeifer for his thoughtful discourse on the relationship between prayer and psychotherapy, particularly as it relates to the welfare of the patient. Moreover, Dr. Pfeifer has highlighted some important professional and ethical issues related to the use of prayer as part therapeutic intervention. To highlight the controversial view of prayer as a valid therapeutic intervention, Dr. Pfeifer cites an article by Poole and Cook's (2011) that illustrates a curious dualism in the treatment of mental illness. Poole opposes prayer with patients as a violation of the boundaries that protect the patient from abuse and ensure that the relationship is therapeutic. Conversely, Cook argues that prohibiting prayer in the exercise of psychiatric care when there are no contraindications is to impose "a boundary between the secular and the spiritual domains" (Poole & Cook, 2011, p. 95). Cook continues the argument by asserting that "secularity is a far from neutral domain within which to conduct the therapeutic encounter ... It is an aberration of our secular age that prayer understood as relationship with the transcendent might be considered unprofessional" (Poole & Cook, 2011, p. 95).

Note that Cook allows for contraindications for prayer, including prayer that is part of the patient's idiom of distress and would exacerbate rather than alleviate symptoms, ethical reservations about particular prayer requests, or different faith traditions. Cook does not assert that prayer with patients should be analogous to the prescription of antibiotics for bacterial infections. Cook allows for but does not mandate the use of prayer when it is in the patient's best interest. By contrast, Poole argues proscriptively against prayer.

We live in a diverse, pluralistic society. The idea that the positive power of prayer is more important than professional obligations (i.e. the implication that any religious faith is necessarily true and that it should be privileged over other beliefs) is unacceptable. Prayer is outside of respectable clinical practice in the UK in the 21st century, and the only responsible position is simply not to do it (Poole & Cook, 2011, p. 95).

Professor Poole's conclusion highlights the dichotomy between the secular and spiritual domains. First, Poole privileges the belief that professional obligations should be privileged over religious beliefs with the implicit assumption that secularism and its attendant materialism should be privileged over the spiritual.



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In doing so, Poole is practicing a kind of secularist foundationalism where he is not required to offer empirical support for his assertion. Instead, it is sufficient to cite the diversity and pluralism of the 21st century, as if that is adequate justification to reject the validity of spirituality. Moreover, although acknowledging the diverse and pluralistic nature of society, such pluralism apparently does not extend to those for whom prayer would be therapeutic. This position raises two issues: one professional, the other ontological.

The professional issue relates to the cultural competence of the practitioner. Sue (1998) has identified three characteristics of cultural competence in psychotherapy: being scientifically minded, knowing when to generalize and when to individualize the client, and the development of culturally-specific proficiency. Sue describes scientific mindedness as forming hypotheses about culturally different clients rather than forming premature conclusions, the latter of which occurs when therapists accept the "myth of sameness" (Wilson, Philip, & Kohn, 1995, cited in Sue, 1998). Cultural competence also involves the ability to "place the client in a proper context – whether that client has characteristics typical of, or idiosyncratic to, the client's cultural group" (Sue, 1998, p. 446). Finally, development of culturally-specific expertise relates to the clinician's knowledge of their own worldview, knowledge of the worldviews of the cultural groups with which they are working, and the ability to intervene in culturally appropriate and sensitive ways. Research by Abernathy, Houston, Mimms, and Boyd-Frankin (2006) apply Sue's model of cultural competence through a case study involving the therapeutic intervention and role of spirituality and prayer in African American families.

The ontological issue involves the nature of human beings. Religiosity appears to be a fundamental characteristic of human beings and is evidenced across time and across cultures. Barrett (2004) suggests that atheism, not

religiosity, is the exception to cultural and historic norms, and more likely to emerge in technologically advanced, urban environments where like-minded people reinforce one another's (lack of) belief. To accept Professor Poole's dualism separating professional practice from individual spirituality, we effectively deny the ontological characteristic of spirituality and desire for communion with deity that characterizes a majority of humanity. Conversely, Professor's position allows for the presence of this ontological characteristic without insisting it be explicitly manifested.

The issue ultimately comes down to the perspective through which we choose to see help for those in distress. If we choose to operate strictly within the limits imposed by professional standards boards and ethical guidelines for specific professions, then we are so constrained to adopt the limited view of human beings implicitly prescribed by those standards. There are times when such a position is necessary and, thank the Lord, He is not constrained by those standards. Alternatively, we may accept Eric Johnson's parameters of a Christian psychology, namely that we concern ourselves both with "the empirical object of actual, individual human beings and their features – and ... God's understanding and appraisal of that object" (2007, p. 8) and thereby availing ourselves to "the most comprehensive understanding and appraisal of human beings available" (Johnson, 2007, p. 10). Such a comprehensive understanding suggests we may reject the dualism inherent in the formal psychiatric approach to treatment, and are free to employ all of the means of grace available, including prayer.

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The value of empirical research for the clinical practice of a Christian specialist clinic for psychosomatics, psychiatry and psychotherapy

René Hefti, Lars Kägi, Maria Drechsler

Abstract

This contribution gives an insight into empirical research practice in a Christian specialist clinic for psychosomatics, psychiatry and psychotherapy in Switzerland. The reasons for starting, and the concrete steps towards realising, this activity are outlined; the instruments used and the specially developed data collection system are presented.

On the basis of concrete research results, the significance of empirical investigations for the holistic treatment concept, clinical practice and the understanding of fundamental connections is evaluated. The examples presented focus on outcome measurement, on the changes in religiosity and spirituality during the therapeutic process and their significance for the outcome of the treatment, and also on a specific forgiveness intervention. A subdivision of the case mix into patients of low, medium and high religiosity shows interesting differences. Surprisingly, patients of low religiosity profited most strongly from the holistic therapy concept.

The final section presents reflections on the value of empirical research for Christian therapeutic institutions in general and sketches possible prospects.

Key words: empirical research, religiosity/spirituality, Christian specialist clinic, holistic therapeutic treatment concept, outcome measurement, possible predictors.



1 Empirical research in the Clinic SGM Langenthal

1.1 The holistic treatment model

The Clinic SGM Langenthal (Switzerland) is a specialist clinic for psychosomatics, psychiatry and psychotherapy, offering in-patient, day-clinic and out-patient treatments. The clinic is carried financially by the Foundation for Holistic Medicine (SGM), formed in 1980 by the surgeon Dr. Kurt Blatter (Blatter, 1980). The clinic itself was opened

Der Wert empirischer Forschung für die klinische Praxis einer christlichen Fachklinik für Psychosomatik, Psychiatrie und Psychotherapie

René Hefti, Lars Kägi, Maria Drechsler

Abstract

Der Beitrag gibt einen Einblick in die Praxis empirischer Forschung in einer christlichen Fachklinik für Psychosomatik, Psychiatrie und Psychotherapie in der Schweiz. Beweggründe und konkrete Schritte der Umsetzung werden beleuchtet, die eingesetzten Instrumente und das eigens entwickelte Erhebungssystem vorgestellt.

An Hand ausgewählter Ergebnisse wird die Bedeutung empirischer Untersuchungen für das ganzheitliche Behandlungskonzept, die klinische Praxis und das Verständnis grundsätzlicher Zusammenhänge illustriert. Die dargelegten Beispiele fokussieren auf Ergebnismessung, auf die Veränderung von Religiosität und Spiritualität im therapeutischen Prozess und ihre Bedeutung für das Behandlungsergebnis, sowie auf eine spezifische Vergebungsintervention. Eine Aufgliederung des Patientenkollektivs in niedrig-, mittel- und hochreligiöse Patienten zeigt interessante Unterschiede. In letzten Teil wird der Wert empirischer Forschung für eine christlich-therapeutische Einrichtung reflektiert und in einen grösseren Kontext gestellt.

Keywords: Empirische Forschung, Religiosität/Spiritualität, christliche Fachklinik, ganzheitliches Behandlungskonzept, Ergebnismessung, mögliche Prädiktoren.

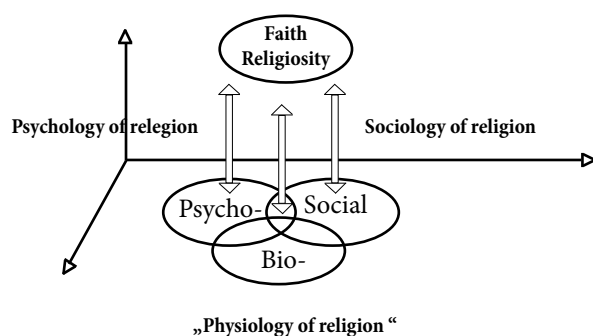
1 Empirische Forschung in der Klinik SGM Langenthal

1.1 Das ganzheitliche Behandlungsmodell

Die Klinik SGM Langenthal (Schweiz) ist eine Fachklinik für Psychosomatik, Psychiatrie und Psychotherapie mit stationärem, tagesklinischem und ambulantem Behandlungsangebot. Die Trägerschaft der Klinik ist die Stiftung für ganzheitliche Medizin (SGM), welche 1980 vom Chirurgen Dr. med. Kurt Blatter gegründet wurde (Blatter, 1980). Die Klinik ihrerseits wurde 1987 mit 36 Betten eröffnet. Gemäss dem Leitvers „Gott sandte sein Wort und machte sie gesund“ (Psalm 107,20) stand Gott als letztlich Handelnder im Zentrum. Ganzheitlichkeit wurde im Sinne eines dreidimensionalen Menschenbilds verstanden (s. Abb. 1), welches die religiöse Dimension des Patienten mit einschließt (Hefti, 1989). Daraus ging in der Folge das erweiterte biopsychosoziale Behandlungsmodell hervor, welches den ganzheitlichen Ansatz auf der Basis des biopsychosozialen Modells konzeptualisiert (Hefti, 2003, 2009, 2010).

in 1987 with 36 beds. In keeping with the guideline verse, “God sent his word and healed them” (Ps. 107,20), God stood at the centre as the ultimate active agent. Holistic was understood in the sense of a three-dimensional concept of man (cf. Graphic 1), which also includes the religious dimension of the patient (Hefti, 1989). From this, the extended bio-psychosocial model emerged, which conceptualised the holistic approach on the basis of the bio-psychosocial model (Hefti, 2003, 2009, 2010).

Extended bio-psychosocial model



Graphic 1: The extended bio-psychosocial treatment model (after Hefti, 2002)

The inclusion of religiosity and spirituality in a medical treatment concept was visionary in the 1980s and was hardly taken seriously in professional circles. The clinic was therefore strove to evaluate the holistic approach to therapy and to investigate the influence of religiosity and spirituality on the therapeutic process.

1.2 Concretisation of the research goal

In 1991, as a complement to the clinic, the Foundation for Religious Psychology and Religious Psychopathology (SRP) was formed, with the purpose of “promoting research in the field of religious psychology and religious psychopathology”. The guiding mind at this point was Prof. Günter Hole, with his work on “Faith and depression” (1977). Our own research projects initially failed, however, due to the resources available.

In 1998, it was possible, with the continued expansion of quality assurance in the therapeutic area, to take up the research goal again. With the Heidelberg/Stuttgart Model (Lutz, Stammer, Leeb, Dötsch, Bölle & Kordy, 1995), a computer-supported instrument for active internal quality control and systematic outcome measurement was available and was put into service throughout the clinic from 1999 on. At the same time, Grom, Hellmeister and Zwingmann (1998) developed the first German language religious questionnaire, the Munich Motivational Psychology Religiosity Inventory (MMRI). With this, the foundation-stone for routine collection of data on religiosity was laid.

1.3 Description of the instruments and the data collection system

The Heidelberg/Stuttgart Model for active internal quality assurance (Lutz, 1995) covers three dimensions of psy-

Erweitertes Biopsychosoziales Modell

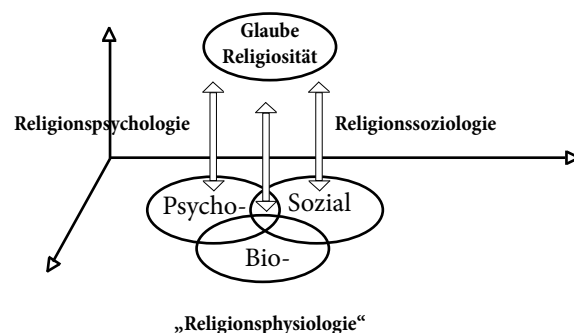


Abbildung 1: Das erweiterte biopsychosoziale Behandlungsmodell (nach Hefti, 2002)

Der Einbezug von Religiosität und Spiritualität in ein medizinisches Behandlungskonzept war in den 1980er-Jahren visionär und wurde in Fachkreisen kaum ernst genommen. Deshalb war es der Klinik ein Anliegen, den ganzheitlichen Therapieansatz zu evaluieren und den Einfluss von Religiosität und Spiritualität auf den therapeutischen Prozess zu untersuchen.

1.2 Konkretisierung des Forschungsanliegens

1991 wurde in Ergänzung zur Klinik die Stiftung für Religionspsychologie und Religionspsychopathologie (SRP) gegründet, deren Zweck es war „Forschung auf dem Gebiet der Religionspsychologie und Religionspsychopathologie zu fördern“. Pate stand damals Prof. Günter Hole mit seinen Arbeiten über „Glaube und Depression“ (1977). Die Durchführung eigener Forschungsvorhaben scheiterte aber zunächst an den vorhandenen Ressourcen.

1998 konnte mit dem Aufbau der Qualitätssicherung im therapeutischen Bereich auch das Forschungsanliegen wieder aufgegriffen werden. Mit dem Heidelberger-Stuttgarter Modell (Lutz, Stammer, Leeb, Dötsch, Bölle & Kordy, 1995) stand ein computergestütztes Instrument zur aktiven internen Qualitätssicherung und zur systematischen Ergebnismessung zur Verfügung, welches wir ab 1999 flächendeckend in der Klinik einsetzten. Gleichzeitig entwickelten Grom, Hellmeister und Zwingmann (1998) einen ersten deutschsprachigen Religionsfragebogen, das Münchner Motivationspsychologische Religiositäts-Inventar (MMRI). Damit war der Grundstein für die routinemäßige Erfassung der Religiosität gelegt.

1.3 Beschreibung der Instrumente und des Erhebungssystems

Das Heidelberger-Stuttgarter Modell der aktiven internen Qualitätssicherung (Lutz, 1995) erfasst drei Dimensionen der psychotherapeutischen Behandlung, nämlich die psychische Symptomatik (Brief Symptom Inventory; Franke, 2002; Derogatis, 1975), den interpersonellen Bereich (Inventar interpersoneller Probleme; Horowitz, Strauss & Kordy, 1994) und die körperliche Dimension (Giessener Beschwerdebogen, Brähler&Scheer 1995). Wir haben dieses Inventar um weitere Instrumente ergänzt: das Beck'sche Depressions-Inventar (Beck, Ward,

chotherapeutic treatment, namely the pattern of mental symptoms (Brief Symptom Inventory; Franke, 2002; Derogatis, 1975), the interpersonal area (Inventar interpersoneller Probleme,) and the physical dimension (Giessener Beschwerdebogen, Brähler&Scheer, 1995). We have supplemented this inventory with further psychometric instruments: the Beck'sche Depressions-Inventar (Beck, Ward, Mendelson, Mock&Erbaugh, 1961), the Existenzskala (Längle, Orgler&Kundi, 2000) and the WHO Quality of Life Inventory (Angermeyer, Kilian & Matschinger, 2000).

In order to be able to cover religiosity and spirituality as well, we have used and tested various religious inventories since 1998. The question here was which instruments are suitable for a clinical setting and which aspects of religiosity they covered. It was also necessary to weigh what is acceptable for the patient against the value to research. Table 1 shows the religious inventories in chronological order. Through the inventories used, the following aspects of religiosity and spirituality were operationalised: Centrality of religiosity and feelings towards God (R-S-T), thankfulness and forgiveness (DKS-VZK), religious convictions and practices, including support from the religious fellowship (SBI), styles in the religious overcoming of problems (RPS), positive and negative religious coping (RCOPE) and meaning-orientatedness/spirituality (WHOQOL).

Rel/Spir Test (variable nomenclature)	Scales used	Time period	N
Munich motivational psychology religiosity inventory (MMRI)	All scales	1998-01 to 2005-03	482
Religiosity structure test (RST_C, RST_T)	Centrality pos. feelings t. God neg. feelings t. God	Since 2005-03	1438
Thankfulness and forgiveness scale (DKS VZS)	Thankfulness Forgiveness	2005-01 to 2007-12	440
Systems of Belief Inventory (SBI-15R)	SBI complete	2005-01 to 2007-12	431
Religious Problem-Solving Scale (RPS)	RPS complete	2005-01 to 2006-08	231
Religious Coping (RCOPE, Brief RCOPE)	Pos. religious coping Neg. religious coping	Since 2006-08	775
WHO quality of life (WHOQOL)	Spirituality	Since 2007-07	1162

Table 1: Chronological listing of the survey instruments used with the relevant time period and the number of patients surveyed to date (entry statistic)

In the following sketches, the individual instruments are described:

Mendelson, Mock & Erbaugh, 1961), die Existenzskala (Längle, Orgler&Kundi, 2000) und das WHO Quality of Life Inventory (Angermeyer, Kilian&Matschinger, 2000). Um auch Religiosität und Spiritualität zu erfassen, haben wir seit 1998 verschiedene Religionsinventare eingesetzt und getestet. Dabei ging es um die Frage, welche Instrumente für den klinischen Kontext geeignet sind und welche Aspekte von Religiosität sie erfassen. Auch musste zwischen Zumutbarkeit für die Patienten und Forschungsinteresse abgewogen werden. Tabelle 1 zeigt die verwendeten Religionsinventare in chronologischer Reihenfolge. Durch die eingesetzten Inventare wurden folgende Aspekte von Religiosität und Spiritualität operationalisiert: Zentralität der Religiosität und Gefühle gegenüber Gott (R-S-T), Dankbarkeit und Verzeihen (DKS-VZK), religiöse Überzeugungen und Praktiken sowie Unterstützung durch die religiöse Gemeinschaft (SBI), religiöse Problembewältigungsstile (RPS), positives und negatives religiöses Coping (RCOPE) und Sinnorientierung/Spiritualität (WHOQOL).

Rel/Spir-Test (Variablenbezeichnung)	Verwendete Skalen	Zeitraum	N
Münchner Motivationspsychologisches Religiositäts-Inventar (MMRI)	Alle Skalen	1998-01 bis 2005-03	482
Religiositäts-Struktur-Test (RST_C, RST_T)	Zentralität pos. Gefühle g. Gott neg. Gefühle g. Gott	Seit 2005-03	1438
Dankbarkeits- und Verzeihensskala (DKS VZS)	Dankbarkeit Verzeihen	2005-01 bis 2007-12	440
Systems of Belief Inventory (SBI-15R)	SBI-Gesamt	2005-01 bis 2007-12	431
Religious Problem-Solving Scale (RPS)	RPS-Gesamt	2005-01 bis 2006-08	231
Religious Coping (RCOPE, Brief RCOPE)	Pos. religiöses Coping Neg. religiöses Coping	Seit 2006-08	775
WHO-Lebensqualität (WHOQOL)	Spiritualität	Seit 2007-07	1162

Tabelle 1: Chronologische Aufstellung der eingesetzten Erhebungsinstrumente mit Angabe der jeweiligen Zeitperiode und der bis zum aktuellen Zeitpunkt erfassten Patienten (Eintrittsmessungen)

Nachfolgend sollen die einzelnen Instrumente kurz beschrieben werden:

- Das Münchner Motivationspsychologische Religiositäts-Inventar (MMRI; Grom et al., 1998) erfasst acht verschiedene Motive für intrinsisches religiöses Verhalten. Dazu gehören moralische Selbstkontrolle, passive und kooperative Kontrolle, Verdienst- und Gerechtigkeits-

- The Munich Motivational Psychology Religiosity Inventory (MMRI; Grom et al., 1998) defines eight different motives for intrinsic religious behaviour. These include moral self-control, passive and cooperative control, striving for merit and righteousness, positive self-esteem, thankfulness and honouring, pro-social behaviour and the striving for knowledge and coherence.

- The Religiosity Structure Test (R-S-T; Huber, 2003, 2008a, 2008b) is a multi-dimensional measurement instrument for religiosity. The R-S-T distinguishes between centrality and content and has a modular structure. Centrality refers to the place of the religiosity within the "mental system". The more centrally the religiosity is established in the personality, the stronger its internal psychological effects will be on the various areas of life. The R-S-T also measures feelings towards God

- The Thankfulness and Forgiveness Scale (DKS-VZK) was conceived by Mathias Allemand. He developed the Thankfulness Scale himself, integrating items from existing instruments. The Forgiveness Scale is a translation of the forgiveness scale, comprising 10 items, from the Inventory of Strengths, VIA-IS; Peterson, Park & Seligman, 2004) and two new items.

- The Systems of Belief Inventory (SBI-15R; Holland, Kash, Passik & Russak, 1998, German: Albani et al., 2002) measures religious and spiritual convictions and practices and also the social support from a religious or spiritual fellowship.

- The Religious Problem Solving Scale (RPS; Pargament et al., 1988, German: Dörr 2001) as well as the RCOPE (Lehr, Fehlberg, Hess & Fix, 2007, original English version: Pargament, Koenig & Perez, 2000) measure religious coping. The RCOPE is subdivided into positive and negative religious coping behaviour. A short version is also available.

- The WHO questionnaire for measuring quality of life, WHOQOL (see above), includes, in the long version, a "spirituality" scale. This measures to what extent a person's convictions create meaning and are helpful in overcoming difficulties.

For systematic data collection, we used XPsy (www.xpsy.eu). XPsy is a very flexible data collection system developed by our chief psychologist, Franz Fischer. Patients fill out the questionnaire directly on the computer with the support of psychology interns. The results are available immediately and can be used by the therapists for further diagnostics and/or therapy planning (siehe Graphic 2).

streben, positives Selbstwertgefühl, Dankbarkeit und Verehrung, prosoziales Verhalten und das Streben nach Erkenntnis und Kohärenz.

- Der Religiositäts-Struktur-Test (R-S-T; Huber, 2003, 2008a, 2008b) ist ein multidimensionales Messinstrument der Religiosität. Der R-S-T unterscheidet zwischen Zentralität und Inhalt und ist modular aufgebaut. Zentralität meint die Stellung der Religiosität innerhalb des „psychischen Systems“. Je zentraler die Religiosität in der Persönlichkeit angesiedelt ist, je stärker wird sie sich innerpsychisch und auf die verschiedenen Lebensbereiche auswirken. Der R-S-T erfasst auch die Gefühle gegenüber Gott.

- Die Dankbarkeits- und Verzeihensskala (DKS-VZK) wurde von Mathias Allemand konzipiert. Die Dankbarkeitskala ist eine eigene Entwicklung, welche Items aus bestehenden Instrumenten integriert. Die Verzeihensskala ist eine Übersetzung der 10 Items umfassenden Verzeihensskala aus dem Inventar zur Erfassung von Stärken (Inventory of Strengths, VIA-IS; Peterson, Park & Seligman, 2004) und zwei neuen Items.

- Das Systems of Belief Inventory (SBI-15R; Holland, Kash, Passik & Russak, 1998, deutsch: Albani et al., 2002) misst religiöse und spirituelle Überzeugungen und Praktiken sowie die soziale Unterstützung durch eine religiöse oder spirituelle Gemeinschaft.

- Die Religious Problem Solving Scale (RPS; Pargament et al., 1988, deutsch: Dörr 2001) wie auch der RCOPE (Lehr, Fehlberg, Hess & Fix, 2007, englische Originalversion: Pargament, Koenig & Perez, 2000) messen religiöses Coping. Der RCOPE gliedert sich in positives und negatives religiöses Bewältigungsverhalten. Es existiert eine Kurzversion.

- Der Fragebogen der WHO zur Messung Lebensqualität WHOQOL (s.o.) beinhaltet in der Langversion eine Skala „Spiritualität“. Diese erfasst, in welchem Maß die persönlichen Überzeugungen Sinn geben und bei der Bewältigung von Schwierigkeiten helfen.

Zur systematischen Datenerfassung setzten wir XPsy ein (www.xpsy.eu). XPsy ist ein von unserem leitenden Psychologen Franz Fischer entwickeltes, sehr flexibles Erhebungssystem. Die Patienten füllen die Fragebogen mit Unterstützung der Psychologiepraktikanten direkt am Computer aus. Die Ergebnisse sind unmittelbar verfügbar und können von den Therapeuten für die weitere Diagnostik und/oder Therapieplanung genutzt werden (Abbildung 2).



Gemeinsam unterwegs
Travelling together



Dein Reich komme
Your kingdom come



Leben teilen
Sharing life

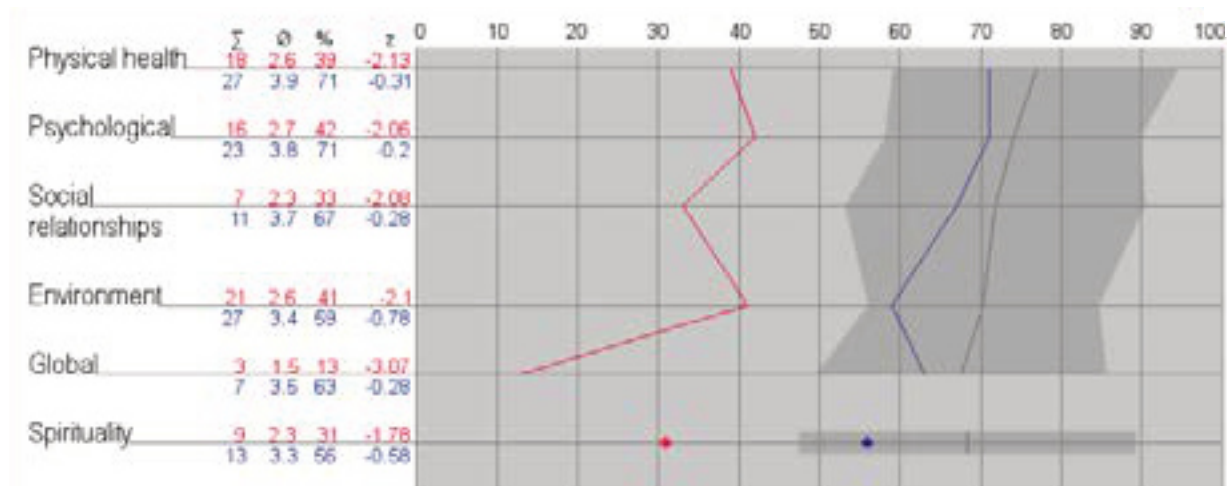


Illustration 2: Representation of the WHOQOL results on scale level with norming. The curve on the left shows the entry values, the middle curve the exit values, and the “curve on the right” the mean value of the norming. The graphic displays the percentile ranks and shows that the patient’s quality of life at the exit point has returned to the norm area again. The numbers in the left part of the graphic attached to each scale show the cumulative sum of the scale (Σ), the average value per item ($\bar{X}$), the percentile rank (%) and the Z value (z). Above the separating line are found the entry values, above the exit values.

The results are represented on two levels. On the scale level, diagrams are presented. If available, various normings can be displayed in the background, so that each measurement value can be interpreted in relation to a reference group. To trace how the scale values are reached, the answers to the individual items are reproduced in a table. Every representation can be printed out as a PDF and thus deposited in the medical records. In addition, all data collected using XPsy can be exported for statistical analyses, inasmuch as the patient has given written permission. XPsy then creates a data packet and constructs the corresponding SPSS syntax for reading the data in SPSS. The syntax also contains all relevant meta-information, such as variable names, labelling of the variables and definitions of the missing values.

2 Selected examples from empirical accompanying research

2.1 Result measurement – a biblical commission?

As early as the story of creation, God reveals himself as a God who checks the quality of his own work: “and behold, it was very good” (Genesis 1,4/10/12/18/21/25). If God evaluates his own “divine work”, are we then not also called to check the results of our work? There are no doubt different ways of doing this. Empirical checking seems to me, however, to be the most radical form of test. This idea, this “biblical commission”, was one of the decisive factors in introducing voluntarily quality assurance, in the sense of result measurement, as early as 1999. We wanted to make our results transparent and also test earnestly the efficacy of our holistic approach to treatment.

Abbildung 2: Ergebnisdarstellung des WHOQOL auf Skalenebene mit Normierung. Die linke Kurve zeigt die Eintrittswerte, die mittlere Kurve die Austrittswerte und die „rechte Kurve“ den Mittelwert der Normierung. Die Graphik stellt die Prozentränge dar und gibt an, dass die Lebensqualität des Patienten zum Austrittszeitpunkt wieder in den Normbereich (dunkelgrau) zurückgekehrt ist. Die den Skalen zugeordneten Zahlen im linken Teil der Graphik zeigen den Summenwert der Skala (Σ), den Durchschnittswert pro Item ($\bar{X}$), den Prozentrang (%) und den Z-Wert (z). Oberhalb der Trennlinie finden sich die Eintrittswerte und unterhalb die Austrittswerte.

Die Ergebnisdarstellung erfolgt auf zwei Ebenen. Auf Skalenebene werden Diagramme ausgegeben. Falls vorhanden, lassen sich verschiedene Normierungen in den Hintergrund einblenden, so dass jeder Messwert im Verhältnis zu einer Referenzgruppe interpretiert werden kann. Um nachzuvollziehen, wie die Skalenwerte zustande kommen, werden die Antworten auf die einzelnen Items in einer Tabelle wiedergegeben. Jede Ergebnisdarstellung kann als PDF ausgedruckt und so in der Krankenakte abgelegt werden. Zudem können sämtliche mit XPsy erhobenen Daten für statistische Analysen exportiert werden, sofern die Patienten die schriftliche Einwilligung dazu gegeben haben. XPsy erstellt dann ein Datenpaket und bildet dazu die SPSS-Syntax zum Einlesen der Daten in SPSS. In der Syntax sind auch alle relevanten Metainformationen wie Variablennamen, Beschriftungen der Variablen und Definitionen der fehlenden Werte enthalten.

2 Ausgewählte Beispiele aus der empirischen Begleitforschung

2.1 Ergebnismessungen – ein biblisches Mandat?

Bereits in der Schöpfungsgeschichte offenbart sich Gott als ein Gott, der die Qualität seiner Arbeit überprüft: „und siehe, es war sehr gut“ (Genesis 1,4/10/12/18/21/25). Wenn Gott seine eigene, göttliche Arbeit evaluiert, sind dann nicht auch wir aufgefordert, die Ergebnisse unserer Arbeit zu überprüfen? Es gibt wohl verschiedene Arten, das zu tun. Die empirische Evaluation scheint mir aber die radikalste Form der Prüfung zu sein. Dieser Gedanke, dieses „biblische Mandat“, war für uns ein weiterer

Psychometrische Skalen Psychometric scales	N	Eintritt	Austritt	Differenz Eintritt-Austritt Difference entry - exit			
		Entry M (SD)	Exit M (SD)	ΔM ($\Sigma \Delta$)	%-Diff	d	p
Psychische Belastung Mental stress (BSCL)	2119	65.3 (36.3)	34.9 (28.3)	32.5 (32.2)	-37.23%	0.235	.000
Depressive Symptomatik Depressive symptoms (BDI)	1479	21.3 (11)	10.5 (8.6)	11.3 (10.2)	- 43.66%	0.275	.000
Interpersonelle Probleme Interpersonal problems (IIP)	2010	97.4 (38)	77.8 (38.8)	21 (33.2)	- 16.46%	0.127	.000
Körp. Beschwerden Physical complaints (GBB)	2122	30.7 (16.6)	20 (14.6)	11.4 (13.6)	- 29.31%	0.177	.000
Emotionsregulation Emotional regulation (EmoReg)	471	6.6 (2.7)	8 (2.3)	1.7 (2.6)	86.98%	0.142	.000
Positiver Affekt Positive affect (PANAS)	726	12.9 (9.7)	22.8 (9.1)	10.6 (11)	216.75%	0.263	.000
Negativer Affekt Negative affect (PANAS)	726	17.5 (8.5)	10.7 (9.3)	6.8 (11)	-25.50%	0.193	.000
Existentielle Erfüllung Existential fulfilment (ESK)	1198	189 (37.3)	209.4 (32.7)	22.1 (29.4)	14.33%	0.145	.000
Lebensqualität Quality of life (WHOQOL)	1517	81.1 (14.9)	94.7 (15.1)	14.3 (14.3)	19.73%	0.226	.000

Beweggrund, bereits 1999 freiwillig in die Qualitätssicherung einzusteigen. Wir wollten unsere Ergebnisse transparent machen und damit auch die Wirksamkeit unseres ganzheitlichen Behandlungsansatzes ernsthaft prüfen.

Tabelle 2: Ergebnismessung Eintritt-Austritt inklusive prozentuelle Veränderungen und Effektstärken.

Anmerkungen:
M=Mittelwert
SD=Standardabweichung,
 ΔM =Differenz d. Mittelwerte
Range=Minimum-Maximum
%-Diff=mittlere Veränderung als prozentualer Anteil des theoretischen Range
($\Delta M \times 100 / \text{Range}$)
d=Effektstärke nach Cohen
p=p-Wert.

Table 2: Measurement of entry-exit results including percentile change and strength of effect

Remarks: M = mean value, SD = standard deviation, ΔM = difference of the mean values, Range = minimum-maximum, % diff = mean change as percentile proportion of the theoretical range ($\Delta M \times 100 / \text{Range}$), d = effect strength after Cohen, p = p-value.

Table 2 provides an overview of the treatment outcomes. The strongest effects are shown, as expected, on the symptom level (Beck'sches Depressionsinventar, Cohen's d = 0.275), followed by the general mental symptoms (Brief Symptom Checklist, d = 0.235) and the physical complaints (Giessener Beschwerdebogen, d = 0.177). Parallel to the BDI, there are changes in the PANAS (Positiv And Negative Affect Scale, Watson & Clark, 1994) in positive and negative affect as well as in quality of life (WHO Quality of Life Inventory) (d = 0.226). There are less strong changes in the area of interpersonal problems (IIP, d = 0.127), emotional regulation (Emoreg, d = 0.142) and existential fulfilment (Existenzskala, d = 0.145). The significance of these treatment effects can only be assessed, however, in comparison with other clinics and institutions. The prerequisites for this are a comparable case mix, comparable measuring instruments and a comparable range of treatments on offer, which has so far hardly come into existence. Only with the prescribed National Results Measurement (ANQ) will these conditions be created in Switzerland

Tabelle 2 gibt eine Übersicht über unsere Behandlungsergebnisse. Die stärksten Effekte zeigen sich erwartungsgemäss auf der Symptomebene, also bei den depressiven Symptomen (Beck'sches Depressionsinventar, Cohen's d = 0.275), gefolgt von der allgemeinen psychischen Symptomatik (Brief Symptom Checklist, d = 0.235) und den körperlichen Beschwerden (Giessener Beschwerdebogen, d = 0.177). Parallel zum BDI verändern sich im PANAS (Positiv And Negative Affect Scale, Watson & Clark, 1994) positiver und negativer Affekt (d = 0.263/0.193) sowie im WHOQOL (WHO Quality of Life Inventory) die Lebensqualität (d = 0.226). Weniger stark sind die Veränderung im Bereich der interpersonellen Probleme (IIP, d = 0.127), der Emotionsregulation (Emoreg, d = 0.142) und der existentiellen Erfüllung (Existenzskala, d = 0.145). Die Bedeutung dieser Behandlungseffekte lässt sich aber nur im Vergleich mit anderen Kliniken und Institutionen beurteilen. Voraussetzung dazu sind ein vergleichbares Patientenkollektiv („Casemix“), vergleichbare Messinstrumente und vergleichbare Behandlungsangebote, was bisher kaum gegeben ist. Erst die vorgeschriebene Nationale Ergebnismessung (ANQ) wird in der Schweiz diese Voraussetzung schaffen.

2.2 Changes in religiosity and spirituality during the treatment process

Going beyond changes in the psychometric values, we were also interested in whether religiosity and spirituality also change in the course of our holistic therapy concept. For this, in analogy to the result measurements described above, a mean value comparison of the various religious values between entry and exit was conducted and the percentile ranks and effect strengths calculated. The results are shown in Table 3.

Rel. Variablen Rel. variables		Eintritt Entry	Austritt Exit	Differenz Eintritt-Austritt Difference entry-exit				
	N	M (SD)	M (SD)	Δ M (SD)	Range	%-Diff	d	p
Zentralität Centrality	976	27.9 (7.7)	28.8 (7.5)	0.9 (4.7)	0-40	2.2%	0.11	.000
Pos. Gefühle Pos. feelings	976	31.2 (7.3)	33.5 (7.1)	2.4 (5.6)	9-45	6.6%	0.33	.000
Neg. Gefühle Neg. feelings	976	18.0 (5.6)	16.4 (5.1)	-1.7 (4.7)	7-35	-5.9%	-0.31	.000
Dankbarkeit Thankfulness	304	47.1 (8.5)	51.0 (7.7)	3.9 (6.6)	11-66	7.0%	0.48	.000
Verzeihen Forgiveness	304	47.2 (5.8)	48.8 (6.3)	1.6 (5.2)	12-72	2.7%	0.27	.000
Überzeugungen Convictions	296	33.6 (8.4)	36.0 (7.9)	2.4 (5.8)	0-45	5.3%	0.29	.000
Problemlösung Problem-solving	159	60.9 (11.8)	64.2 (10.7)	3.3 (8.4)	18-108	3.7%	0.29	.000
Pos. R-Coping Pos. rel. coping	436	18.9 (4.2)	19.6 (4.0)	0.6 (3.5)	7-28	3.0%	0.15	.000
Neg. R-Coping Neg. rel. coping	436	14.7 (4.3)	13.2 (4.1)	-1.4 (3.2)	7-28	-6.9%	-0.34	.000
Spiritualität Spirituality	818	13.4 (4.1)	15.4 (3.5)	2.0 (3.7)	4-20	12.5%	0.53	.000

Table 3: Descriptive analysis of the religion readings at entry and exit.

All religious values change significantly during treatment. The percentile changes lie between 2.2% (centrality scale RST) and 12.5% (spirituality scale WHOQOL). Two scales are negatively poled. Clear changes are also visible in thankfulness (7.0%), negative religious coping (- 6.9%) and the positive and negative feelings towards God (6.6% vs. - 5.9%) feelings towards God (6.6%). The effect strength occupies the range of weak to medium effects, with a maximum of 0.53 (d) for spirituality. To what extent these changes in the religious values correspond to a general therapeutic phenomenon or have something to do with our holistic therapy concept with religious extensions cannot, in view of the absence of comparison groups, be determined.

A further point of interest for us was how the pre/post changes in religiosity and spirituality are distributed

2.2 Veränderungen von Religiosität und Spiritualität im Behandlungsprozess

Über die Veränderung der psychometrischen Masse hinaus hat uns interessiert, ob sich im Rahmen unseres ganzheitlichen Therapiekonzeptes auch Religiosität und Spiritualität verändern. Dazu wurde analog zur oben dargestellten Ergebnismessung ein Mittelwertsvergleich der verschiedenen Religionsmaße zwischen Ein- und Austritt durchgeführt, sowie die Prozentränge und Effektstärken berechnet. Die Ergebnisse sind in Tabelle 3 dargestellt.

Tabelle 3: Deskriptive Analyse der Religionsmaße zu den Zeitpunkten Eintritt und Austritt.

Alle Religionsmasse verändern sich während des Behandlungsprozesses signifikant. Die prozentualen Veränderungen liegen zwischen 2.2% (Zentralitätsskala RST) und 12.5% (Spiritualitätsskala WHOQOL). Zwei Skalen sind negativ gepolt. Deutliche Veränderungen zeigen die Dankbarkeit (7.0%), das negative religiöse Coping (- 6.9%) und die positiven wie auch negativen Gefühle gegenüber Gott (6.6% vs. - 5.9%). Die Effektstärken liegen im Bereich schwacher bis mittlerer Effekte mit einem maximalen d von 0.53 für Spiritualität. Inwieweit diese Veränderung der Religionsmasse einem allgemeinen Therapiephänomen entsprechen oder mit unserem ganzheitlichen, religiös erweiterten Therapiekonzept zu tun haben, lässt sich bei fehlender Vergleichsgruppe nicht bestimmen.

Weiter hat uns interessiert, wie sich die Prä-Post-Veränderungen von Religiosität und Spiritualität auf die Gruppe der hoch-, mittel- und niedrigreligiösen Patienten verteilen (Abbildung 3). Die Gruppen der Hoch-, Mittel- und Niedrigreligiösen wurden anhand der Zentralitätsskala (Z) des Religiositäts-Struktur-Tests gebildet: Hochreligiöse $Z \geq 32$, Mittelreligiöse $32 > Z \geq 26$, Niedrigreligiöse $Z < 26$. Die Cut-offs wurden so gewählt, dass drei möglichst gleich große Gruppen entstehen. Bei den niedrigreligiösen Patienten veränderten sich Religiosität und Spiritualität am Stärksten. Das gilt insbesondere für folgende Skalen: Zentralität, positive Gefühle gegenüber Gott, Dankbarkeit, religiöse Überzeugungen, Problemlösungsverhalten, positives religiöses Coping und Spiritualität.

amongst the groups of patients of high, medium and low religiosity (Graphic 3). The groups of high, medium and low religiosity were formed using the Centrality scale (Z) of the Religiositäts-Struktur-Test: high religiosity: $Z \geq 32$, medium religiosity: $32 > Z \geq 26$, low religiosity: $Z < 26$. The cut-offs were chosen so that the three groups were of as equal size as possible. With low religiosity patients, religiosity and spirituality changed most strongly. This is particularly true for the following scales: centrality, positive feelings towards God, thankfulness, religious convictions, problem-solving behaviour, positives religious coping and spirituality.

Graphic 3: Percentile changes in the religion values within the three centrality groups

The values for the patients of medium religiosity correspond approximately to the average for all patients. With the high religiosity patients, the various religious measurements change least. These results are understandable inasmuch as the initial values for religiosity and spirituality in the high religiosity group were already high, so it can be expected that further growth would be limited. Among low-religiosity patients, the potential for change is substantially greater. To an extent, this pattern of results can be interpreted as "regression to the mean" (Zwingmann & Wirtz, 2005).

Interestingly, there is no difference between the centrality groups regarding the negatively poled measurements such as negative feelings towards God and negative religious coping. Unbeneficial forms of coping and negative feelings towards God are found among high religiosity patients as well. This may well be linked to psychopathological influences which show only limited differences among high, medium and low religiosity patients. This is the point at which therapeutic work in its strictest sense starts, with its emphasis on treating negative attitude, cognitions and emotions.

2.3 Religious or spiritual measurements as predictors for the therapy outcome?

The identification of predictors for the success of a therapy is classical topic in therapy research. It was therefore of interest to us whether the religiosity values at entry have a predictive value for the therapy outcome. We correspondingly correlated the religiosity values with the possible outcome values. As outcome value we defined

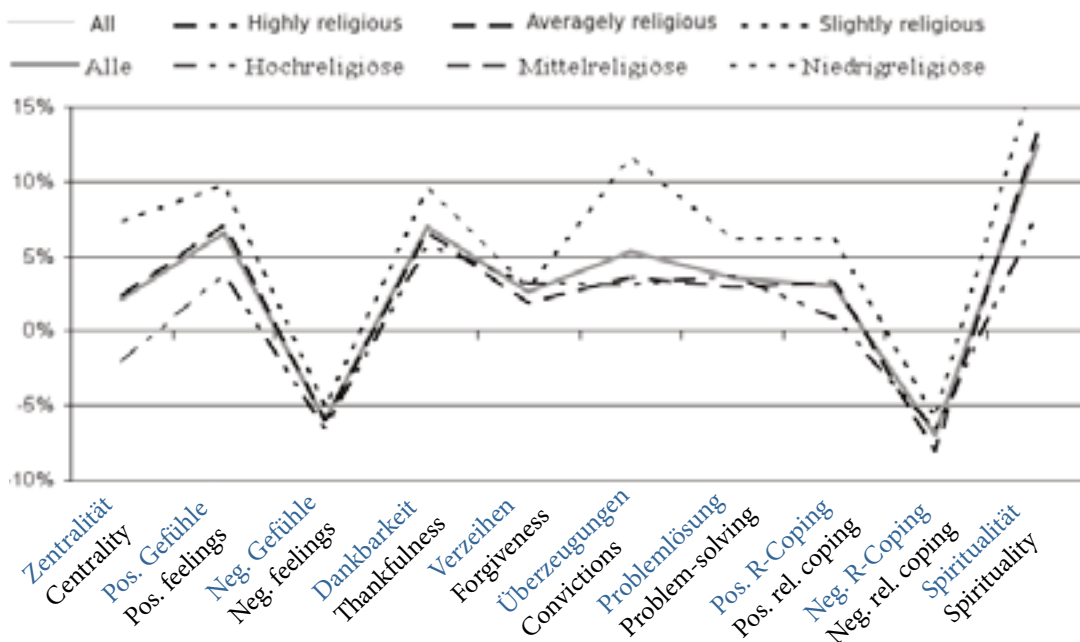


Abbildung 3: Prozentuale Veränderung der Religionsmaße innerhalb der drei Zentralitätsgruppen

Die Werte der mittelreligiösen Patienten entsprechen in etwa dem Durchschnitt aller Patienten. Bei den hochreligiösen Patienten verändern sich die verschiedenen Religionsmaße am wenigsten. Diese Ergebnisse lassen sich insofern nachvollziehen, als dass in der Gruppe der hochreligiösen Patienten die Ausgangswerte für Religiosität und Spiritualität bereits hoch sind und damit ein weiterer Zuwachs in schwächerem Maße zu erwarten ist. Bei den niedrig-religiösen Patienten ist das Potenzial hinsichtlich Veränderung deutlich größer. Teilweise lässt sich dieses Ergebnismuster als „Regression zur Mitte“ deuten (Zwingmann & Wirtz, 2005).

Interessanterweise zeigt sich bezüglich der negativ gepolten Maße wie negative Gefühle gegenüber Gott und negatives religiöses Coping kein Unterschied zwischen den Zentralitätsgruppen. Auch bei hochreligiösen Patienten finden sich ungünstige Bewältigungsformen und negative Gefühle gegenüber Gott. Dies hängt möglicherweise mit psychopathologischen Einflüssen zusammen, die sich zwischen hoch-, mittel- und niedrigreligiösen Patienten nur bedingt unterscheiden. Hier setzt auch die psychotherapeutische Arbeit im engeren Sinne an, deren Schwerpunkt die Bearbeitung negativer Haltungen, Kognitionen und Emotionen ist.

2.3 Die Evaluation einer spezifischen „religiösen Intervention“

Die Identifikation von Prädiktoren für den Therapieerfolg ist ein klassisches Thema der Therapieforschung. Uns hat deshalb interessiert, ob die Religionsmaße bei Eintritt einen prädiktiven Wert für das Therapieergebnis haben. Deshalb haben wir die Religionsmaße mit möglichen Outcome-Maßen korreliert. Als Outcome-Maße definierten wir die Differenz der Skalenwerte zwischen Ein- und Austritt, konkret die Differenzmaße der Symptom-Checklist (Δ GSI), des Beck-Depressions-Inventars

the difference of the scale values between entry and exit, in concrete terms the difference values in the Symptom Checklist (Δ GSI), the Beck-Depressions-Inventars (Δ BDI; Beck, 1961), the Gießener Beschwerdebogen (Δ GBB; Brähler & Scheer, 1995) and the Existenzskala (Δ ESK; Längle, 2000). The results are shown in Table 4. With the exception of centrality, the total SBI value (rel. convictions) and positive religious coping, a significant connection with the therapy outcomes was discernible (p between .05 and .001), although the correlations were weak.

(Δ BDI), des Gießener Beschwerdebogens (Δ GBB) und der Existenzskala (Δ ESK). Die Ergebnisse sind in Tabelle 4 dargestellt. Bis auf die Zentralität, den SBI-Gesamtwert und das positive religiöse Coping zeigten sich signifikante Zusammenhänge mit den Therapieergebnissen bei jedoch schwachen Korrelationen.

Tabelle 4: Korrelationen zwischen den Religionsmaßen und dem Therapie-Outcome

Rel. Variablen Eintritt Rel. variables entry	Δ GSI		Δ BDI		Δ GBB		Δ ESK	
	N	r	N	r	N	r	N	r
Zentralität Centrality	750	-.020	598	-.056	749	.007	474	-.058
Pos. Gefühle Pos. feelings	750	-.072*	598	-.125**	749	-.001	474	-.137**
Neg. Gefühle Neg. feelings	750	.200**	598	.183**	749	.150**	474	.221**
Dankbarkeit Thankfulness	339	-.223**	189	-.234**	338	-.116*	308	-.300**
Verzeihen Forgiveness	339	-.178**	189	-.104	338	-.126*	308	-.203**
Überzeugungen Convictions	337	-.080	188	-.081	336	-.066	306	-.119*
Problemlösung Problem-solving	171	-.268**	39	-.391*	171	-.146	164	-.269**
Pos. R-Coping Pos. rel. coping	610	-.042	581	-.092*	609	.003	335	-.029
Neg. R-Coping Neg. rel. coping	610	.189**	581	.203**	609	.085*	335	.155**
Spiritualität Spirituality	857	-.235**	832	-.303**	853	-.064	229	-.208**
Remarks /Anmerkungen: * $p < .05$, ** $p < .01$								

Table 4: Correlations between the religion values and the therapy outcome

Surprisingly, all correlations except the two negatively poled scales (negative feelings towards God, negative religious coping) were negative. The lower the religiosity at the beginning of treatment, therefore, the better the treatment outcome. Low religiosity patients benefit more strongly from the holistic treatment concept.

2.3 The evaluation of a specific “religious intervention”

To achieve an even better targeted evaluation of the significance of religiosity in the therapeutic process, we conducted in 2004 a group programme specifically for forgiveness (seven sessions of 90 minutes each), drawing on the “four-phase model of forgiveness” after Enright and Fitzgibbons (2002). The aim of this programme was to identify the therapeutic efficacy of this forgiveness intervention regarding mental stress and satisfaction with life. In addition, process-like aspects of forgiveness, such as revenge and avoidance motivations or attitudes of thought, emotion and behaviour towards the causer of the injury are observed. Fourteen patients took part in the study and were assigned randomly to the forgiveness or control group.

The evaluation of the forgiveness programme (Teschner, 2004) gave the following results: in participants of both the forgiveness (FG) and the control (CG) groups, the mental stress diminished (measured using the SCL-90-R, see Graphic 5) and the satisfaction with life increased

Überraschenderweise waren alle Korrelationen bis auf die beiden negativ gepolten Skalen (negative Gefühle gegenüber Gott, negatives religiöses Coping) negativ. Je geringer also die Religiosität zu Behandlungsbeginn, desto besser ist das Behandlungsergebnis. Niedrig-religiöse Patienten profitieren damit stärker vom ganzheitlichen Behandlungskonzept.

2.3 Die Evaluation einer spezifischen „religiösen Interventionen“

Um die Bedeutung der Religiosität im therapeutischen Prozess noch gezielter zu evaluieren, machten wir 2004 eine kleine Interventionsstudie. Frau Dipl.-Psych. Maria Drechsler führte ein vergebungsspezifisches Gruppenprogramm durch, welches an das „Vier-Phasenmodell der Vergebung“ nach Enright und Fitzgibbons (2002) angelehnt war. Ziel dieses Programms war es, die Wirksamkeit einer Vergebungsintervention auf die psychische Belastung sowie die Lebenszufriedenheit zu eruieren. Zudem wurden prozesshafte Aspekte der Vergebung wie Rache- und Vermeidungsmotivationen und gedankliche-, emotionale- und Verhaltenseinstellungen gegenüber dem Verursacher der Verletzung erfasst. Vierzehn Patienten nahmen an der Studie teil und wurden zufällig der Vergebungs- oder der Kontrollgruppe zugeteilt.

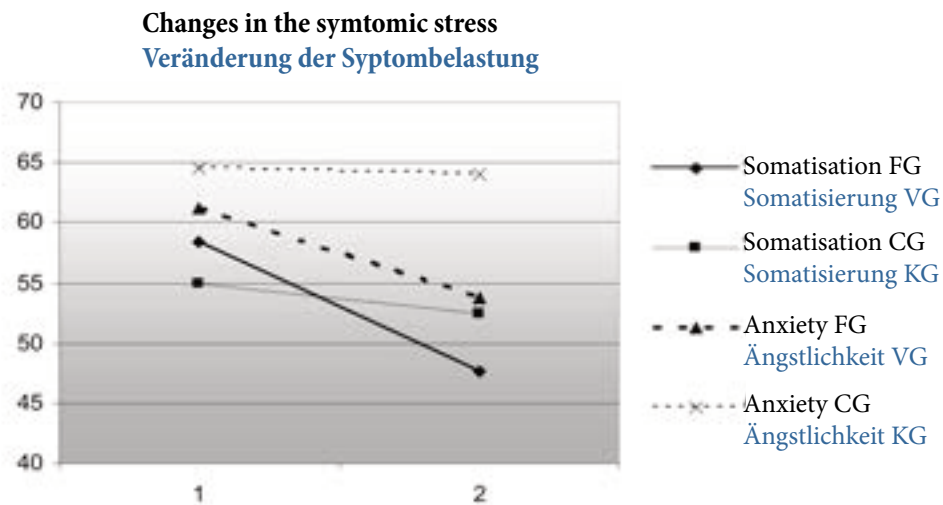
Die Auswertung des Vergebungsprogramms (Teschner, 2004) ergab folgende Resultate: sowohl bei den Teilnehmern der Vergebungsgruppe (VG) als auch bei denen der Kontrollgruppe (KG) nahm die psychische Belastung ab (SCL-90-R, siehe Abb. 5) und die Lebenszufriedenheit zu

Wertvoll
Valuable



(measured using the FLZ; Fahrenberg, Myrtec, Schumacher & Brähler, 2000, see Graphic 6), with the improvements in patients of the forgiveness group being substantially greater.

(FLZ; Fahrenberg, Myrtec, Schumacher & Brähler, 2000, s. Abb. 6), wobei die Verbesserung bei den Patienten in der Vergebungsgruppe deutlich größer war.

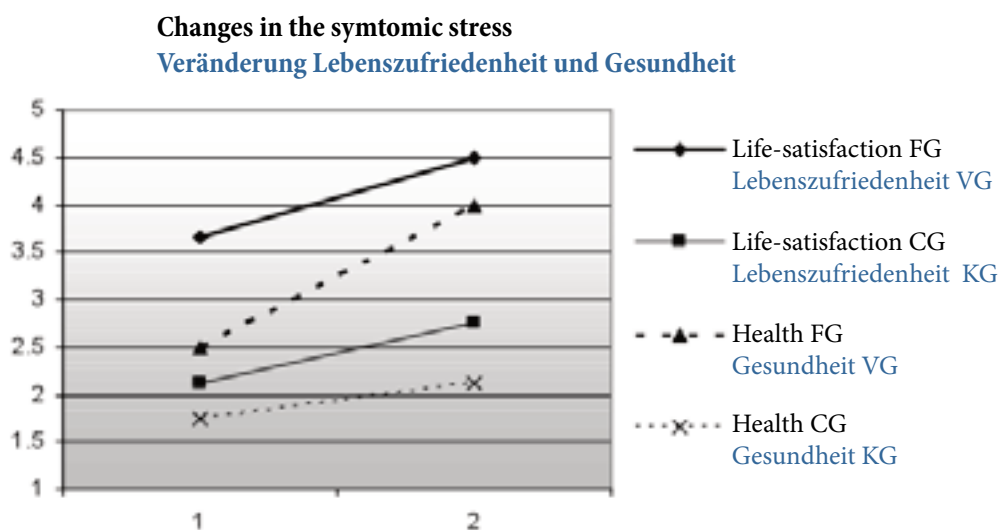


Graphic 4: Changes in symptomatic stress, specifically for somatisation and anxiety in the forgiveness and control groups. The Y-axis was shortened to enable a better representation of the changes (starts at 0).

Abbildung 4: Veränderung der Symptombelastung, spez. Somatisierung und Ängstlichkeit in der Vergebungs- und Kontrollgruppe. Die Y-Achse wurde zur besseren Darstellung der Veränderung gekürzt (Beginn bei 40).

Members of the forgiveness group complained less about physical symptoms, problems in concentration and memory, feelings of emptiness in the head, and difficulties making decisions. They were also less anxious and nervous. Additionally, they saw themselves as being more satisfied with life, not only regarding their own person, but also in relation to their social surroundings (acquaintances), as well as feeling healthier.

Die Teilnehmer der Vergebungsgruppe klagten weniger über körperliche Symptome, Konzentrations- und Gedächtnisprobleme, Leeregefühle im Kopf und Entscheidungsschwierigkeiten. Auch waren sie weniger ängstlich und nervös. Zudem schätzten sie sich lebenszufriedener ein, und zwar hinsichtlich der eigenen Person als auch im Bezug auf ihr soziales Umfeld (Bekannte), und fühlten sich gesünder.



Graphic 5: Change in satisfaction with life (FLZ) and health in the forgiveness and control group. The Y-axis was shortened for better representation of the change (starts at 0).

Abbildung 5: Veränderung der Lebenszufriedenheit (FLZ) und der Gesundheit in der Vergebungs- und Kontrollgruppe. Die Y-Achse wurde zur besseren Darstellung der Veränderung gekürzt (Beginn bei 1).

Statistically significant changes resulted for the members of the forgiveness group regarding negatively binding thoughts towards the causer of the injury. They can think about this person “neutrally” to “positively”. This in turn means that the binding to the causing person can be dissolved. On the level of individual cases within the forgiveness group, in addition, there were changes in the motivations to revenge and avoidance. The close examination of the individual injury incurred initially led to a rise in the feelings of revenge, but later, as the process continued, to a decline. The decision to forgive can bring about a cognitive process of change, from which an emotionally experienceable forgiveness develops. Religious attitudes can influence this forgiveness process.

3. Value of the systematic collection of empirical treatment data

3.1 Practicability of routine data collection

The routine collection of data in psychometry and religious psychology within our holistic therapy concept has proved to be practicable and profitable for us. The work for patients and therapists, thanks to the computer-supported data collection, could be kept within acceptable limits. The religious scales used were repeatedly adjusted during the course of work to accommodate the state of knowledge and the instruments available (see 1.3).

More recently, we have increasingly made use of short versions of questionnaires. This applies to the religious scales (short version of the R-S-T with centrality and feelings towards God, short version of the RCOPE) as well as to the psychometric instruments (short versions of SCL-90 and the Existenzskala). The short versions are sufficient not only for clinical diagnostics, but also for scientific evaluation.

Direct collection of data on a computer enables immediate therapeutic use and good data quality for further evaluations. An important contribution here was made by the XPsy (www.xpsy.eu) data collection system developed by Mr. Fischer.

3.2 Benefits for clinical work, the further development of the therapy concept and the understanding fundamental connections

The collection of data in psychometry and religious psychology enables the therapist to supplement his psychopathological and spiritual anamnesis and to objectify changes in the course of treatment. The religious questionnaires give the therapist valuable indications regarding important religion-related attitudes, convictions, coping, stress and resources, including social support. These indications, subject to the agreement of the patient, can be integrated into the therapeutic work.

On the level of the clinic as a whole, the concern is for systematic testing of outcomes and for the resulting continued development of the therapy concept. The examination of results is carried out quarterly and annually, including a comparison with current therapy outcomes of those of the previous year. Comparison with other clinics (benchmarking) is still only possible on a very limited basis, but remains very desirable. The outcome mea-

Statistisch signifikante Veränderungen ergaben sich für die Teilnehmer der Vergebungsgruppe hinsichtlich negativ bindender Gedanken an den Verursacher der Verletzung. Sie konnten „neutral“ bis positiv an diese Person denken. Dies wiederum führte dazu, dass die negative Bindung an die verursachende Person aufgelöst werden konnte. Auf Einzelfallebene ergaben sich bei den Teilnehmern der Vergebungsgruppe zudem Veränderungen in den Rache- und Vermeidungsmotivationen. Die Auseinandersetzung mit der geschehenen individuellen Verletzung führte vorerst zu einem Anstieg der Rachegefühle, im weiteren Verlauf aber zu einer Abnahme. Die Entscheidung zur Vergebung kann einen kognitiven Veränderungsprozess bewirken, aus dem sich eine emotional erfahrbare Vergebung entwickelt. Religiöse Haltungen können diesen Vergebungsprozess beeinflussen.

3. Der Wert empirischer Forschung für unsere christliche Fachklinik

3.1 Praktikabilität der routinemäßigen Datenerhebung

Die routinemäßige Erhebung psychometrischer und religionspsychologischer Daten im Rahmen unseres ganzheitlichen Therapiekonzeptes hat sich für uns als praktikabel und gewinnbringend erwiesen. Der Aufwand für Patienten und Therapeuten konnte dank der computer-gestützten Datenerhebung in einem zumutbaren Maß gehalten werden. Die eingesetzten Religionsskalen wurden im zeitlichen Verlauf immer wieder unserem Kenntnisstand und den verfügbaren Instrumenten angepasst (siehe 1.3).

In jüngerer Zeit sind wir vermehrt dazu übergegangen, Kurzversionen von Fragebögen einzusetzen. Das gilt für die Religionsskalen (Kurzversion des R-S-T mit Zentralität und Gefühlen gegenüber Gott, Kurzversion des RCOPE) wie auch für die psychometrischen Instrumente (Kurzversionen von SCL-90 und der Existenzskala). Die Kurzversionen sind für die klinische Diagnostik wie auch für die wissenschaftliche Auswertung hinreichend.

Die direkte Datenerfassung am Computer ermöglicht uns einen unmittelbaren therapeutischen Nutzen und eine gute Datenqualität für die weiteren Auswertungen. Dazu leistet auch das von Herr Fischer entwickelte Erhebungssystem XPsy (www.xpsy.eu) einen wichtigen Beitrag.

3.2 Gewinn für die klinische Arbeit, die Weiterentwicklung des Therapiekonzepts und das Verständnis grundsätzlicher Zusammenhänge

Die systematische Erfassung von Patienten- und Behandlungsdaten ermöglicht es den Therapeuten, ihre psychopathologische und spirituelle Anamnese zu ergänzen und Veränderungen im Behandlungsverlauf zu objektivieren. Die Religionsfragebogen geben den Therapeuten wertvolle Hinweise über wichtige religionsbezogene Haltungen, Überzeugungen, Coping's, Belastungen und Ressourcen inklusive sozialer Unterstützung. Diese Hinweise können sie in Absprache mit dem Patienten in die therapeutische Arbeit integrieren.

Auf Ebene der Gesamtklinik geht es um die systematische Ergebnisprüfung und die daraus resultierende kontinuierliche Weiterentwicklung des Therapiekonzeptes. Die

surement required by law in Switzerland since 2012 will create the necessary preconditions for this and will enable a comparison of clinics as soon as the data has reached a sufficient quality.

On the superordinate, scientific level, the concern is for a fundamental understanding of the interaction between religiosity / spirituality and psycho-social factors in the therapeutic process. We have presented examples and results, e.g. the influence of religiosity on the treatment outcome. This example also shows that we must develop our models and methods further in order to grasp even differentiatedly the influence of religiosity and spirituality on the therapeutic process.

Also left open is the question of what is ultimately behind the change in religiosity as part of our holistic therapy concept. Are we dealing with a general therapeutic phenomenon, or with a specific effect of our holistic treatment concept? We could get closer to this question by including characteristics of the treatment (including therapy characteristics) or by qualitative analyses. We have already collected qualitative data on religiosity as a therapeutic agent in depressive patients as part of a double licentiate paper (Schmidt & Adami, 2008). Comparison with other institutions could further clarify the influence of the treatment concept. Last but not least, however, an investigation of specific therapy programmes such as the forgiveness intervention by Enright (Teschner, 2002) or the cognitive/behavioural therapy modified for religious patients by Rebecca Probst (1992) is indispensable in order to identify, differentiate and understand the significance of religious and spiritual elements in therapy. (Hefti, 2011).

3.3 Limits to the collection of empirical treatment data

We must of course remain aware of the limitations when we collect empirical data. This is particularly true of data on religiosity. What we measure empirically as “religiosity” and “spirituality” are ultimately psychological constructions which cannot be allowed to be equated with religion or faith. Here the word from the Eucharistic Prayer of the Catholic Liturgy applies: “No-one knows about their faith except you (God)” (Catholic Prayer and Hymn Book, 1975). The evaluating of religiosity and spirituality is thus always an approximation to the patient’s relation to the transcendental, and should never lead to a final definition of any kind for religion or spirituality.

Ergebnisprüfung geschieht mittels Quartals- und Jahresauswertungen, welche die aktuellen Therapieergebnisse jeweils mit der Vorperiode vergleichen. Ein Vergleich mit anderen Kliniken (Benchmarking) ist zurzeit nur sehr bedingt möglich, wäre aber sehr wünschenswert. Die in der Schweiz seit 2012 gesetzlich vorgeschriebene Ergebnismessung wird die Voraussetzungen dazu schaffen und den Klinikvergleich ermöglichen, sobald eine genügende Datenqualität erreicht wird.

Auf der übergeordneten, wissenschaftlichen Ebene geht es ein grundsätzliches Verständnis des Zusammenwirkens von Religiosität/Spiritualität und psychosozialen Faktoren im therapeutischen Prozess. Beispiele und Ergebnisse dazu haben wir dargestellt, z.B. der Einfluss der Religiosität auf das Behandlungsergebnis. Dieses Beispiel zeigt auch, dass wir unserer Modelle und Methodik weiterentwickeln müssen, um den Einfluss von Religiosität und Spiritualität auf den therapeutischen Prozess noch differenzierter zu erfassen.

Auch bleibt die Frage offen, was der Veränderung der Religiosität im Rahmen unseres ganzheitlichen Therapiekonzepts letztlich zu Grunde liegt. Handelt es sich hier um ein allgemeines Therapiephänomen oder um die spezifische Wirkung unseres ganzheitlichen Behandlungskonzeptes? Eine weitere Annäherung an diese Frage wäre durch den Einbezug von Behandlungsmerkmalen (inkl. Therapeutenmerkmalen) oder durch qualitative Analysen möglich. Eine qualitative Erhebung zur Religiosität als therapeutischer Wirkfaktor bei depressiven Patienten haben wir im Rahmen einer Doppel-Lizentiatsarbeit bereits durchführen (Schmidt & Adami, 2008). Auch der Vergleich mit anderen Institutionen könnte den Einfluss des Behandlungskonzeptes verdeutlichen. Last but not least ist aber die Untersuchung spezifischer Therapieprogramme wie die Vergebungsintervention von Enright (Teschner, 2002) oder die für religiöse Patienten modifizierte kognitiv-behaviorale Therapie von Rebecca Probst (1992) unumgänglich, um die Bedeutung religiöser und spiritueller Elemente in der Therapie zu identifizieren, zu differenzieren und zu verstehen (Hefti, 2011).

3.3 Grenzen empirischer Forschung und Datenerhebung

Wir müssen uns auch der Grenzen bewusst bleiben, wenn wir empirische Daten erheben und wissenschaftlich auswerten. Dies gilt in besonderem Masse für „Religiositätsdaten“. Was wir empirisch als „Religiosität“ und „Spiritualität“ messen, ist letztlich immer ein psychologisches Konstrukt, das nicht mit Religion oder Glauben gleichgesetzt werden darf. Hier gilt das Wort aus dem Hochgebet der katholischen Liturgie: „um deren Glauben niemand weiß als Du (Gott)“ (Katholisches Gebet- und Gesangbuch, 1975). Die Erfassung von Religiosität und Spiritualität ist damit immer eine Annäherung an den Transzendenzbezug des Patienten und darf nie zu einer wie auch immer gearteten religiösen oder spirituellen Festschreibung führen.



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Comment

to „The value of empirical research for the clinical practice of a Christian specialist clinic for psychosomatics, psychiatry and psychotherapy“

Timothy A. Sisemore (USA)

I am so grateful to have the opportunity to respond to this important article on the value of empirical research for the clinical practice of a Christian specialist clinic in Switzerland. In addition, I am grateful for the forum of this journal which is cross-fertilizing scholars in Christian psychology across not only Europe, but the world as well. I will respond to each section as presented by the authors.

The extended bio-psychosocial model presented fits smoothly onto a model that is called by Plante (2012) and others a biopsychosocialspiritual model. Increasingly, secular psychotherapists are valuing the role of the religious and spiritual aspects of persons in coping with daily life and managing stressors, including mental illness. Even the American Psychological Association (2007) has resolved to take a stand against prejudice toward (and from) religious persons, considering it a form of diversity akin to race, ethnicity, and gender. The difference, though, is while American psychologists are not, for the most part, being well-trained in this area, Hefti and colleagues have moved ahead to integrate a model for addressing the religious in their treatment.

Another impressive aspect of the work of these authors is their long-term commitment to internal quality assurance and seeking empirical support for their program. In the United States, Christian psychotherapists are often reluctant to do research and to assess the effectiveness of their use of faith in counseling. Yet, as health care in the United States is changing dramatically, we can learn important lessons from Hefti et al. about the importance of assessing what we do. Increasingly insurance companies are moving to pay only for therapy with empirical support – meaning that religious psychotherapy approaches need to be more active in demonstrating their effectiveness or face a loss of these third party payments. While certainly we trust God, we cannot ask others to rely simply on that when they pay for psychiatric and psychological services. Few American clinics are as committed to this research as Hefti and associates. We are indebted to them for setting the pace. I especially appreciate their rationale for assessing their work – seeing God himself as a model as he “assessed” the work of creation by calling it good.

As to the results of the impact of religiosity and spirituality in treatment, I am not particularly surprised that the “slightly” religious group showed the greatest gains,



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especially in convictions. Separating out the degree of commitment to faith was wise, as this varies from nominal Christians to those who structure their entire lives around the faith. I appreciate the authors' intellectual honesty in admitting it is unclear whether these changes were due to therapy in general or to the holistic therapy concepts of the clinic. It would be interesting to run the data to learn more about the roles of positive versus negative religious coping on the outcomes. Table 3 shows that negative religious coping changed more than positive, and one wonders who was using it the most. Negative religious coping could be more harmful to a devout Christian in some ways than to a mildly religious believer.

The results are vague as to moderators and mediators of the effects of treatment, and the forgiveness study is a helpful beginning to addressing this important issue. It will be important for ongoing research on both sides of the Atlantic to become more specific in identifying the specifics of religious therapy that make a difference. This will be of particular importance in areas of faith that are particular to Christians. Along with my colleagues, we have begun a series of studies on the role of a Christian's understanding of grace in promoting change in mental health and found that those who see God's grace as stronger tend to be less anxious and depressed and in better mental health in general (Sisemore et al., 2010).

I think research into “vertical” as opposed to “horizontal” forgiveness will be important (seeing oneself as forgiven by God as opposed to being forgiving toward others), as well as attitudes toward sin, the role of Christian community, and others.

To sum, I will comment on the three categories of benefits they cite at the end (section 3.2). Individual American therapists who are Christian would do well to follow the lead of the Swiss in looking at outcome and the role of religious and spiritual intervention in it. This would promote an understanding of what is really helpful to the patients and provide better care. Clinics, too, would profit from a greater commitment to assessment. Apparently Switzerland has added laws on this, and Americans should expect similar standards to be forthcoming here. Finally, I have focused on this most, but the basic science of seeing how religion helps and sometimes hurts in psychiatric distress is important. Positive versus negative religious coping can facilitate change or make matters worse. We need to understand this better in order to use it more wisely. I am most grateful for the leadership of these authors in setting examples for us and establishing protocols for assessment from which we all can learn.

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Einzigartig Unique



Gebet Prayer



Segen Blessing



Religious coping and post-traumatic growth in the course of a trauma therapy

Maria Drechsler

Summary

It is generally known that religiosity represents an important factor, in some cases even the main resource in dealing with illnesses. There are only a few studies in the literature, however, which investigate how sexually traumatised persons use their religious or spiritual convictions in overcoming the illness. The present article investigates if and how religious coping and post-traumatic growth change in the course of a trauma therapy.

Post-traumatic growth and religious coping

More than half the population undergo at least once in their lives a traumatic experience (Schnyder, 2007). Of these – according to Schnyder (2007) – c. 10% develop a so-called post-traumatic stress disorder (PTSD). These are the “sober” facts. In my daily clinical life, however, I also repeatedly encounter traumatised persons who – although they suffer under a certain psychopathology as part of a post-traumatic disorder – speak of positive effects. Some even claim that, without the trauma, they would not be the person they have become today, and correspondingly would not wish to cross this out of their lives. A similar report is given by Levi – a concentration camp survivor – in his book “Se questo è un uomo” (“If this is a man”):

“But that is not all. Perhaps you have noticed that, for me, the camp, and to have written about the camp, was an important experience, one that changed me profoundly and gave me maturity and a goal in life.” (cit. from Fookien, 2009, p. 66).

What causes Levi and the persons mentioned above to think this way and – contrary to all supposed reason – to speak this way? What “secret” do these people have? Starting with my clinical observations and the texts of well-known personalities (e.g. Primo Levi, 1919-1987), I became increasingly occupied with the topic of post-traumatic growth.

The concept of post-traumatic growth was developed by Tedeschi and Calhoun (2004). It designates soulful growth processes which can develop as a consequence of an experienced trauma. The content of such growth processes includes a changed, more positive view of the world and oneself. They go on to name five further areas of post-traumatic growth. These comprise (1) an intensification of the appreciation of life generally, (2) an intensification of personal relationships, (3) the discovery of new possibilities in life, (4) an awareness of one's own

Religiöses Coping und posttraumatisches Wachstum im Verlauf einer Traumatherapie

Maria Drechsler

Zusammenfassung

Es ist hinreichend bekannt, dass Religiosität eine wichtige Rolle, teilweise sogar die Hauptressource bei der Verarbeitung von Krankheiten darstellt. Es finden sich in der Literatur jedoch nur wenige Studien, die untersuchen, wie sexuell traumatisierte Menschen ihre religiösen oder spirituellen Überzeugungen in der Krankheitsbewältigung nutzen. In der vorliegenden Arbeit wird untersucht, ob und wie sich das religiöse Coping sowie das posttraumatische Wachstum im Verlauf einer Traumatherapie verändern.

Posttraumatisches Wachstum und religiöses Coping

Mehr als die Hälfte der Bevölkerung erleidet mindestens ein Mal im Leben ein traumatisches Ereignis (Schnyder, 2007). Davon entwickeln – gemäss Schnyder (2007) – ca. 10% eine sog. posttraumatische Belastungsstörung (PTBS). Das sind die „nüchternen“ Zahlen. In meinem klinischen Alltag begegne ich jedoch auch immer wieder traumatisierten Menschen, die – obschon sie unter einer gewissen Psychopathologie im Rahmen einer Traumafolgestörung leiden – von positiven Auswirkungen sprechen. Einige behaupten sogar, ohne Trauma wären sie heute nicht die Person, die sie (geworden) sind und dieses somit nicht aus ihrem Leben streichen wollen. Ähnliches hat bereits Levi – ein KZ-Überlebender – in seinem Buch „Se questo è un uomo“ („Ist das ein Mensch?“) geschrieben:

„Aber das ist nicht alles. Vielleicht haben Sie gemerkt, dass für mich das Lager und vom Lager geschrieben zu haben ein bedeutendes Erlebnis gewesen ist, das mich zutiefst verändert, mir Reife und ein Lebensziel gegeben hat.“ (zit. nach Fookien, 2009, S. 66).

Was lässt Levi und die oben erwähnten Personen so denken und – entgegen jeder vermeintlicher Vernunft – so reden? Welches „Geheimnis“ haben diese Menschen? Ausgehend von meiner klinischen Beobachtung und den Texten bekannter Persönlichkeiten (z. B. Primo Levi, 1919-1987) beschäftigte ich mich zunehmend mit dem Thema des posttraumatischen Wachstums.

Das Konzept des posttraumatischen Wachstums wurde von Tedeschi und Calhoun (2004) entwickelt. Es bezeichnet psychische Reifungsprozesse, die sich infolge eines erlebten Traumas entwickeln können. Derartige Reifungsprozesse beinhalten eine veränderte, positivere Welt- und Selbstsicht. Weiterhin werden fünf Bereiche posttraumatischen Wachstums benannt. Dazu gehören

strength and (5) the intensification of the spiritual side of life (Maercker & Langner, 2001). Fookien (2009) goes on to write that post-traumatic growth is not to be equated with a psychological adaptation in the sense of the absence of a psychopathology. One of the investigations reflecting this is that by Grubaugh and Resick (2007), according to which growth processes are independent of the severity of the symptoms. The soulful suffering can even initiate the growth process in that it motivates those affected to find a meaning in what has happened. Nor is post-traumatic growth to be equated with a generalised growth of resources. Post-traumatic growth – after Tedeschi, Calhoun and Cann (2007) – goes beyond an increase in resources.

The term coherence was introduced by Antonovsky, as early as the 1970s, in connection with the question of how health is created. (Antonovsky, 1997). According to this, the search for meaningfulness is one of three features of the feeling of coherence. But by what means do (traumatised) persons find meaningfulness? In religiosity – according to Pargament, Koenig and Perez (2000) – lie five key functions. These include the search for meaningfulness. In a systematic review by Shaw, Joseph and Linley (2005), reference was made to a total of 11 studies (4 qualitative and 7 quantitative) which examined the relationship between religiosity/spirituality¹ and post-traumatic growth. In this regard, three main conclusions crystallised. The first is that religiosity/spirituality is normally useful in dealing with a trauma. Traumatic experience, furthermore, can lead to a deepening of religiosity. Positive religious coping, religious openness and the readiness to consider existential questions, along with an intrinsically motivated religiosity, are associated with post-traumatic growth. Here, religious coping is one possible variant in responding to and mastering illnesses.

But how do sexually traumatised persons use their spiritual convictions in mastering illness?

Ahrens, Abeling, Ahmad and Hinman (2010) examined the ways in which 100 women dealt with the experience of rape. According to them, positive religious coping gives meaning, comfort and support. Here, comfort can be interpreted as the counterpart to the anxiety experienced during the traumatising (Resick, 1993). Social support, such as can be experienced in a church congregation, is a central factor in mastering traumatic experiences. This matches the statements by Schnyder (2007), according to which insufficient social support can promote the development of a PTSD. In this context, however, it is sensible to refer again to Ahrens et al. (2010), who find that turning to a religious community can also constitute a form of avoidance. In other words: religiosity in the sense of belonging to a church congregation is used for the pur-

(1) eine Intensivierung der Wertschätzung des Lebens allgemein, (2) eine Intensivierung der persönlichen Beziehungen, (3) die Entdeckung neuer Möglichkeiten im Leben, (4) ein Bewusstwerden der eigenen Stärke sowie (5) die Intensivierung des spirituellen Lebens (Maercker & Langner, 2001). Fookien (2009) beschreibt weiterhin, dass eine posttraumatische Reifung nicht gleichzusetzen ist mit einer psychologischen Anpassung im Sinne eines Nicht-Vorhandenseins einer Psychopathologie. Dies widerspiegelt sich u. a. auch in der Untersuchung von Grubaugh und Resick (2007), wonach Wachstumsprozesse unabhängig von der Symptomschwere sind. Das psychische Leiden kann sogar den Wachstumsprozess anstossen, indem es die Betroffenen dazu motiviert, einen Sinn im Geschehen zu finden. Zudem ist ein posttraumatisches Wachstum nicht gleichzusetzen mit einem allgemeinen Ressourcenzuwachs. Eine posttraumatische Reifung – gemäss Tedeschi, Calhoun und Cann (2007) – geht über eine Zunahme der Ressourcen hinaus.

Bereits Antonovsky führte in den 70er Jahren im Zuge der Frage, wie Gesundheit entsteht, den Kohärenzbegriff ein (Antonovsky, 1997). Demnach ist das Suchen nach einer Sinnhaftigkeit eines von drei Merkmalen des Kohärenzgefühls. Doch wodurch erlangen (traumatisierte) Menschen einen Sinn? In der Religiosität liegen – laut Pargament, Koenig und Perez (2000) – fünf Schlüssel-funktionen. Dazu gehört u. a. auch die Suche nach dem Sinn. In einem systematischen Review von Shaw, Joseph und Linley (2005) wurden gesamthaft 11 Studien (4 qualitative und 7 quantitative) herangezogen, welche die Beziehung zwischen Religiosität/Spiritualität¹ und posttraumatischem Wachstum untersuchen. Dabei konnten drei Hauptbefunde herauskristallisiert werden. Zum einen ist Religiosität/Spiritualität meistens nützlich für den Umgang mit einem Trauma. Traumata können weiterhin zu einer Vertiefung der Religiosität führen. Positives religiöses Coping, religiöse Offenheit und die Bereitschaft, sich mit existentiellen Fragen auseinanderzusetzen, sowie eine intrinsisch motivierte Religiosität sind mit einem posttraumatischen Wachstum assoziiert. Religiöses Coping ist dabei als eine mögliche Variante im Umgang und in der Bewältigung von Krankheiten anzusehen.

Doch wie nutzen sexuell traumatisierte Menschen ihre spirituellen Überzeugungen in der Krankheitsbewältigung?

Ahrens, Abeling, Ahmad und Hinman (2010) untersuchten 100 Frauen nach einer Vergewaltigung hinsichtlich ihres Umgangs mit dem Erlebten. Demnach gibt das positive religiöse Coping Sinn, Trost und Unterstützung. Dabei kann Trost als Gegenstück zur erlebten Angst während der Traumatisierung gedeutet werden (Resick, 1993). Auch die soziale Unterstützung, welche zum Bei-

¹ Hereafter, the terms religiosity and spirituality are used synonymously or equivalently, even though the concepts involve, besides shared aspects (belief in transcendent reality), differences in understanding. The term spirituality can be seen as a superordinate term which is more open in content and less prejudicially associated with certain institutions.

¹ Nachfolgend werden die Begriffe Religiosität und Spiritualität synonym oder gleichwertig gebraucht, auch wenn die Begrifflichkeiten neben gemeinsamen Aspekten (Glaube an transzendente Wirklichkeit) auch Unterschiede im Verständnis beinhalten. Der Begriff Spiritualität kann als Überbegriff angesehen werden, der inhaltlich offener und weniger vorbelastet durch Assoziationen mit bestimmten Institutionen ist.

pose of not having to face one's own problems. This shows that religiosity must not always be beneficial.

Previous studies on the subject of "religiosity- post-traumatic growth – traumatisation" point out that religiosity, particularly a positive religious coping, can be experienced as helpful during recovery from traumatic experiences. There are also indications that traumatic experiences can lead to a turning towards religiosity (Shaw et al., 2005). Religious experience can, for some people, promote comfort and sense of meaning in life. It therefore seems not entirely surprising that there is a connection between religiosity and post-traumatic growth, as already described above.

Through traumatic experiences, the sufferer's previous view of himself and the world is at least shaken, if not destroyed. Summarising, Shaw et al. (2005) state that it is indispensable for a therapy that the therapists address the faith system – as part of the subjectively perceived reality – of their patients and attempt to understand it, in order to gain the benefit of the comforting strength which can lie in spirituality. In my clinical/therapeutic work, I repeatedly encounter patients who have a more or less strong spiritual perspective. For some, this is the only firm foothold in life left to them. It is in my view therefore all the more important, where fundamental spiritual convictions exist and are mentioned by the patient, that these should be incorporated into the therapy.

Narrative Exposition Therapy

In research in the literature on the subject, I found only retrospective examinations of traumatised patients (e.g. Ahrens et al., 2010). In addition, no studies are known to me in which the effect of a trauma-specific therapy is investigated with regard to the factors religiosity and post-traumatic growth. Accordingly, I follow up this line of enquiry in the present article.

In carrying out the trauma therapy, I decided on Narrative Exposition Therapy (NET). This form of therapy was originally developed by Schauer, Neuner and Elbert (2011) for application in crisis and war scenarios. In NET, we have a short-term intervention which can be applied to persons with complex traumatisation. The theoretical background of NET is derived from considerations of memory theory. This sees the memory contents of the "cold" (episodic, logically structured) and the "hot" (sensory, perceptual, emotional) memories as unconnected. Localisation and historicising of the traumatic experiences does not take place. The aim of NET is thus the placing in space and time of experiences lying in the past. The patient narrates, as part of NET, his/her entire life story (symbolised by flowers for positive and stones for difficult, traumatic experiences) in chronologic order, so that the past is brought into the present on all levels (feelings, thoughts, physical experiences, sensory experiences). The web of fear at that time (cf. also Neuner, Schauer & Elbert, 2009) – consisting of the elements of the hot memory – is activated as long as is necessary for the experience to be placed in space and time and understood.

spiel in einer Kirchgemeinde erlebt werden kann, ist ein wesentlicher Faktor in der Bewältigung von traumatischen Erlebnissen. Dies deckt sich mit den Aussagen von Schnyder (2007), wonach eine ungenügende soziale Unterstützung die Entwicklung einer PTBS unterstützen kann. In diesem Zusammenhang sei jedoch nochmals auf Ahrens et al. (2010) hingewiesen: Die Hinwendung zu einer religiösen Gemeinschaft kann auch eine Form der Vermeidung darstellen. Mit anderen Worten: Religiosität im Sinne einer Kirchgemeindegemeinschaft wird dazu benutzt, um sich nicht mit seinen eigenen Problemen auseinandersetzen zu müssen. Dies zeigt, dass Religiosität nicht ausschliesslich hilfreich sein muss.

Bisherige Studien zum Thema „Religiosität – posttraumatisches Wachstum – Traumatisierung“ weisen darauf hin, dass Religiosität, insbesondere ein positives religiöses Coping bei der Genesung von traumatischen Erlebnissen hilfreich erlebt werden kann. Es gibt weiterhin Hinweise darauf, dass traumatischen Erfahrungen eine Hinwendung zur Religiosität nach sich ziehen kann (Shaw et al., 2005). Das religiöse Erleben kann für manche Personen Trost und Lebenssinn fördern. Es scheint somit nicht ganz abwegig, dass es einen Zusammenhang zwischen Religiosität und posttraumatischem Wachstum gibt, wie bereits weiter oben beschrieben.

Durch traumatische Ereignisse wird die bisherige Selbst- und Weltsicht der Betroffenen zumindest erschüttert, wenn nicht sogar zerstört. Shaw et al. (2005) fassen zusammen, dass es für eine Therapie unabdingbar ist, dass Therapeutinnen das Glaubenssystem – als Teil der subjektiv empfundenen Realität – ihrer Patientinnen ansprechen und zu verstehen suchen, um die tröstende Kraft, welche in der Spiritualität liegen kann, nutzbar machen zu können. In meiner klinisch-therapeutischen Arbeit begegne ich immer wieder Patientinnen, welchen einen mehr oder minder starken spirituellen Bezug haben. Für manche ist dies noch der einzige Halt im Leben. Umso wichtiger scheint es mir, dort, wo spirituelle Grundüberzeugungen bestehen und seitens der Patienten benannt werden, dies in der Traumatherapie aufzugreifen.

Narrative Expositionstherapie

In meiner Literaturrecherche zum Thema fand ich ausschliesslich retrospektive Untersuchungen an traumatisierten Patienten (z. B. Ahrens et al., 2010). Zudem sind mir keine Studien bekannt, welche den Einfluss einer traumaspezifischen Therapie auf die Faktoren Religiosität und posttraumatisches Wachstum untersuchen. Dieser Fragestellung gehe ich demnach in der vorliegenden Arbeit nach.

Bei der Durchführung der Traumatherapie entschied ich mich für die Narrative Expositionstherapie (NET). Diese Form der Therapie wurde von Schauer, Neuner und Elbert (2011) ursprünglich für den Einsatz in Krisen- und Kriegsgebieten entwickelt. Bei der NET handelt es sich um eine Kurzzeitintervention, welche bei komplex traumatisierten Menschen eingesetzt werden kann. Der theoretische Hintergrund der NET leitet sich aus gedäch-

The result is an integration of the experiences and a habituation. In dialogue with the therapist, the patient thus puts together, in the course of the therapy, a consistent narration of his/her experiences in life. Further remarks on carrying out NET are in Neuner et al. (2009). Previous efficacy studies successfully showed a reduction of post-traumatic stress disorder symptoms, as well as a decrease in the depressivity values (e.g. Schaal, Elbert & Neuner, 2009).

Overall, the following line of enquiry can be determined for the present paper:

“How do religious coping mechanisms and post-traumatic growth change in the course of a trauma therapy with NET?”

Introducing the patient Ms Rosenheim

Ms Rosenheim² received a completed course of treatment with NET as an outpatient between October 2011 and February 2012 (in total 15 sessions à 90 minutes).

Ms Rosenheim was 36 years old at the time of treatment. She was single, without children and lived together with her mother, who required care. As part of a comprehensive psycho-diagnostic examination, it was possible to verify the diagnoses of a post-traumatic stress disorder as well as a severe depressive episode without psychotic symptoms.

Ms Rosenheim was an only child. Her parents had a restaurant and were “permanently drunk”. When she was about five years old, they separated. She reports experiencing much violence. Her mother allegedly “exploited” her over all the years. She “gave me no love”. The relationship with her father “was good”. The latter died, however, when she was 10 years old. At school, she was reserved and shy – “an outsider”. She recalls frequently being made fun of because she was always very thin. Her marks at school she describes as mediocre. Often, she could apparently not concentrate on lessons. Later, she completed a commercial training. This was a joyless task, but “I had to do something, didn’t I”. Ms Rosenheim says that she was never together with a man. Although she wishes for partnership, she is also afraid of it. She reports living for several years alone in a small apartment abroad. When her mother started to need care, she gave up her apartment, came back to Switzerland and returned to her parent’s house.

Ms Rosenheim seemingly had to go to her aunt and uncle often as a small child. The uncle is a brother of her mother. The aunt and uncle had two sons, somewhat younger than Ms Rosenheim. Initially, the visits were a pleasure. Ms Rosenheim had for the first time a sense of family. She recalls going to the swimming pool or walking together and playing. Her uncle then began – perhaps when she was aged 5 or 6 – to dry her in a special way after swimming. He allowed himself a lot of time for the process and also touched her in intimate places. She felt this to be unpleasant but without seeing it as anything excepti-

nistheoretischen Überlegungen ab. Demzufolge bleiben die Gedächtnisinhalte des „kalten“ (episodisch, logisch strukturiert) und des „heissen“ (sensorisch, perzeptuell, emotional) Gedächtnisses unverbunden. Die Verortung und Vergesichtlichung der traumatischen Ereignisse finden nicht statt. Ziel der NET ist somit eine raum-zeitliche Einordnung der Erlebnisse in die Vergangenheit. Die Patientin erzählt im Rahmen der NET ihre gesamte Lebensgeschichte (symbolisiert mit Blumen für positive und Steine für schwierige, traumatische Ereignisse) in chronologischer Reihenfolge, wobei die Vergangenheit auf allen Ebenen (Gefühle, Gedanken, Körpererfahrungen, sensorische Erfahrungen) aktualisiert wird. Das damalige Furchtnetzwerk (vgl. auch Neuner, Schauer & Elbert, 2009) - bestehend aus den Elementen des heissen Gedächtnisses - wird so lang aktiviert, bis das Erlebte in Raum und Zeit eingeordnet und begriffen werden kann. Dadurch kommt es zu einer Integration der Erlebnisse und zu einer Habituation. Im Dialog mit der Therapeutin erstellt die Patientin somit im Verlauf der Therapie eine konsistente Narration ihrer Lebensereignisse. Weitere Ausführungen zur Durchführung der NET können bei Neuner et al. (2009) nachgelesen werden. In bisherigen Wirksamkeitsstudien konnte eine Reduktion der post-traumatischen Belastungsstörungssymptome, ebenso ein Rückgang der Depressivitätswerte nachgewiesen werden (z. B. Schaal, Elbert & Neuner, 2009).

Insgesamt lässt sich somit folgende Fragestellung für die vorliegende Arbeit ableiten:

„Wie verändern sich die religiösen Copingmechanismen und das posttraumatische Wachstum im Verlauf einer Traumatherapie mit NET?“

Vorstellung der Patientin Frau Rosenheim

Frau Rosenheim² wurde von Oktober 2011 bis Februar 2012 im ambulanten Setting mit der NET abschliessend behandelt (gesamthaft 15 Sitzungen à 90 Minuten).

Frau Rosenheim war zum Zeitpunkt der Behandlung 36 Jahre alt. Sie war alleinstehend, ohne Kinder und lebte mit ihrer pflegebedürftigen Mutter zusammen. Im Rahmen ausführlicher psychodiagnostischer Untersuchungen konnten die Diagnosen einer posttraumatischen Belastungsstörung sowie eine schwere depressive Episode ohne psychotische Symptome verifiziert werden.

Frau Rosenheim wurde als Einzelkind geboren. Ihre Eltern haben ein Restaurant geführt und seien „ständig betrunken“ gewesen. Als sie etwa fünfjährig gewesen sei, haben sie sich getrennt. Sie habe viel Gewalt miterlebt. Ihre Mutter habe sie über all die Jahre „ausgenutzt“. Sie „hat mir keine Liebe gegeben“. Die Beziehung zum Vater sei „gut gewesen“. Dieser sei jedoch gestorben, als sie 10 Jahre alt gewesen sei. In der Schule sei sie zurückhaltend und schüchtern gewesen – „eine Aussenseiterin“. Man habe sie häufig gehänselt, da sie schon immer sehr dünn gewesen sei. Ihre Schulnoten seien mittelmässig gewesen. Sie habe sich häufig nicht auf den Unterricht konzentrieren können. Später habe sie eine kaufmännische Ausbil-

2 The patient’s name has been changed. The name selected satisfies the needs of easy legibility.

2 Der Name der Patientin wurde verändert. Der gewählte Name dient lediglich der besseren Lesbarkeit.

onal. One Friday evening – as she was about 10 – he lay down next to her on the sofa. The sons were apparently already in bed, his wife out of the house. Here the first sexual assault occurred. He stroked and kissed her and “examined” her vagina. The assaults became increasingly intensive. The first rape was when she was 12. The assaults were combined with flattery (“You are my only princess.”) and threats. He said he would betray her and “punish” her if she allowed her mother to get any hint of it. It was, he said, her fault and she would be put in a home in which much worse things were done to “bad girls.” As a result, Ms Rosenheim never spoke of it. At 12 or 13, he took her to the cellar for the first time. In the following years, this cellar was the scene of repeated rapes and sexualised violence with elements of torture. No-one apparently ever heard anything about it. The assaults ceased when she went abroad after finishing school.

Ms Rosenheim is an intelligent woman. She was able to build up an independent life, successfully complete vocational training, live independently and work. A particularly valuable resource for her is reading. When she reads a novel or a biography, she can become totally engrossed in it and “forget my terrible life.” She was embedded in an admittedly small but functioning social network. At 13, she was converted. Since then, she has found a major firm hold in the Christian faith or in turning to religion. Until five years ago, she was active in a Christian fellowship, where she sang in the choir. Currently, she does not attend any church. Ms Rosenheim describes herself as a “believer”.

Measurement instruments used

Before and after the trauma therapy, two questionnaires were used. Religious coping was assessed on the basis of the German translation of RCOPE (Lehr, Fehlberg, Hess and Fix, 2007). RCOPE is a self-assessment questionnaire which covers the following dimensions of religious coping: (1) active trust in God’s help, (2) discontent with God, (3) the search for social support, (4) life changes, (5) directing attention towards religion and (6) asking for God’s intervention.

The questionnaire on post-traumatic personal growth (PTG) was translated into German by Maercker and Langner (2001). It is a self-assessment questionnaire with 21 items divided into five sub-scales: (1) new possibilities, (2) relationship with others, (3) personal strengths, (4) appreciation of life and (5) religious changes.

Results

Ms Rosenheim was treated using NET in 15 sessions with the aim of working through the events. Her participation in the therapy was active, motivated and committed. It was initially difficult for her to narrate the events in chronological order. She attempted to leave out particularly difficult passages. A corresponding psychoeducation was then necessary. On the whole, however, emotional activation was possible, so that the symptoms of PTSD were significantly reduced after the end of the therapy. The depressivity values were also diminished. At the end

derung absolviert. Es habe ihr keinen Spass gemacht, aber „irgendwas musste ich ja machen“. Frau Rosenheim sei noch nie mit einem Mann zusammen gewesen. Obschon sie sich eine Partnerschaft wünsche, habe sie auch Angst davor. Sie habe über mehrere Jahre allein in einer kleinen Wohnung im Ausland gelebt. Als ihre Mutter pflegebedürftig geworden sei, habe sie ihre Wohnung aufgegeben, sei zurück in die Schweiz gekommen und ins Elternhaus zurückgekehrt.

Frau Rosenheim habe bereits als kleines Kind häufig zu ihrer Tante und Onkel gehen müssen. Der Onkel sei ein Bruder von ihrer Mutter. Tante und Onkel hatten zwei Söhne, welche etwas jünger als Frau Rosenheim gewesen seien. Zu Beginn seien die Besuche schön gewesen. Frau Rosenheim habe erstmals ein Gefühl von Familie erhalten. Man sei zusammen ins Schwimmbad oder wandern gegangen und habe gespielt. Ihr Onkel habe dann – etwa im Alter von 5 bis 6 Jahren – angefangen, sie nach dem Baden besonders abzutrocknen. Dabei habe er sich viel Zeit gelassen und habe sie auch an intimen Stellen berührt. Es sei ihr unangenehm gewesen, wobei sie sich nie etwas dabei gedacht habe. An einem Freitagabend – etwa mit 10 Jahren – sei er zu ihr aufs Sofa gelegen. Die beiden Söhne seien bereits im Bett gewesen, seine Frau ausser Haus. Da sei es zu einem ersten sexuellen Übergriff gekommen. Er habe sie gestreichelt, geküsst und ihre Vagina „untersucht“. Die Übergriffe haben sich immer weiter gesteigert. Die erste Vergewaltigung sei im Alter von 12 Jahren erfolgt. Die Übergriffe seien mit Schmeicheleien („Du bist meine einzige Prinzessin.“) und Drohungen verbunden gewesen. Er würde sie verraten und „bestrafen“, wenn sie sich gegenüber ihrer Mutter etwas anmerken lasse. Sie sei nämlich schuld und man würde sie in ein Heim stecken, in dem noch viel schlimmere Dinge mit „bösen Mädchen“ gemacht werden. Somit habe Frau Rosenheim immer geschwiegen. Mit 12 oder 13 Jahren habe er sie erstmals mit in den Keller genommen. In diesem Keller fanden über die nächsten Jahre wiederholte Vergewaltigungen und sexualisierte Gewalt mit Folterelementen statt. Niemand habe je etwas davon mitbekommen. Die Übergriffe haben aufgehört, als sie nach der Schule ins Ausland gegangen sei.

Frau Rosenheim ist eine intelligente Frau. Sie konnte sich ein eigenes Leben aufbauen, eine Ausbildung erfolgreich abschliessen, selbständig wohnen und arbeiten. Eine besonders wertvolle Ressource sei das Lesen. Wenn sie einen Roman oder eine Biografie lese, dann könne sie darin aufgehen und „vergesse mein schlimmes Leben“. Sie war eingebettet in ein zwar kleines, aber durchaus funktionierendes soziales Netz. Mit 13 Jahren habe sie sich bekehrt. Seither finde sie einen grossen Halt im christlichen Glauben resp. in der Zuwendung zur Religion. Bis vor fünf Jahren sei sie aktiv in einer Kirchgemeinde gewesen, in der sie im Chor mitgesungen habe. Aktuell besuche sie keine Gemeinde. Frau Rosenheim selbst beschreibt sich als „gläubig“.

ist die Arbeit
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und deine
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absetzen

L. K. n. 20:5 / 11.12.2001

of the NET, there was at most a slight depressive episode left over.

RCOPE

Before the beginning of the trauma therapy, I set up the hypothesis that an increase of positive religious coping and of post-traumatic growth would result. During the first half of the therapy (up to around the 8th/9th session), negative coping was clearly prevalent. Ms Rosenheim saw the many years of sexual abuse as God's punishment. She saw herself as guilty because of her supposedly culpable behaviour. During the process of working through the events, a change occurred, namely to a religious coping which cannot be categorised as either clearly positive or clearly negative. Towards the end of the NET, however, a rather positive coping became visible. Ms Rosenheim became conscious of her resources, such as singing. God was no longer a punishing adversary; she no longer saw herself as a person who was "bad" and deserved punishment. She was able to attribute clearly the guilt and responsibility to the perpetrator. The change in the religious coping mechanism was reflected in the final measurement. In total, it became clear that an increase in active trust in God had occurred. Before the beginning of the therapy, Ms Rosenheim stated that she no longer sought comfort from God. During the course, she sought more comfort and also found it. The discontent she had formulated up to that point had dissolved. She was better able to trust that God was by her side. The initially expressed strong concurrence that God was punishing her for her sins was rejected from this point on. In the following table (Table 1), individual quotations from Ms Rosenheim are presented. The statements quoted were made spontaneously in the course of the dialogue.

Eingesetzte Messinstrumente

Vor und nach der Traumatherapie wurden zwei Fragebogen eingesetzt. Das religiöse Coping wurde mittels der deutschen Übersetzung des RCOPE erfasst (Lehr, Fehlb-berg, Hess und Fix, 2007). Der RCOPE ist ein Selbstbeurteilungsfragebogen, welcher folgende Dimensionen des religiösen Copings abbildet: (1) Aktives Vertrauen in Gottes Beistand, (2) Unzufriedenheit mit Gott, (3) Suche nach sozialer Unterstützung, (4) Lebensveränderung, (5) Aufmerksamkeitslenkung auf Religion und (6) Bitte um göttliches Eingreifen.

Der Fragebogen zur posttraumatischen persönlichen Reifung (PPR) wurde von Maercker und Langner (2001) ins Deutsche übersetzt. Es ist ein Selbstbeurteilungsfragebogen mit 21 Items, die sich auf fünf Subskalen aufteilen: (1) Neue Möglichkeiten, (2) Beziehung zu Anderen, (3) Persönliche Stärken, (4) Wertschätzung des Lebens und (5) Religiöse Veränderungen.

Ergebnisse

Frau Rosenheim wurde zur Aufarbeitung der Geschehnisse mit der NET in 15 Sitzungen behandelt. Sie nahm aktiv, motiviert und engagiert an der Therapie teil. Es fiel ihr zu Beginn schwer, die Geschehnisse in chronologischer Reihenfolge zu erzählen. Besonders schwierige Passagen versuchte sie auszulassen. Dann war eine entsprechende Psychoedukation erforderlich. Insgesamt war jedoch eine emotionale Aktivierung möglich, so dass die Symptome der PTBS nach Abschluss der Therapie deutlich reduziert waren. Auch die Depressivitätswerte waren rückläufig. Nach Beendigung der NET war allenfalls noch eine leichte depressive Episode gegeben.

RCOPE

Ich stellte vor Beginn der Traumatherapie die Hypothese auf, dass es im Verlauf der NET zu einer Zunahme des positiven religiösen Copings und zu einem Anstieg des posttraumatischen Wachstums kommt. In der ersten Hälfte der Therapie (etwa bis zur 8./9. Sitzung) überwog klar das negative Coping. Frau Rosenheim sah den lang-jährigen sexuellen Missbrauch als Strafe Gottes an. Sie gab sich selbst die Schuld daran aufgrund ihres eigenen vermeintlich schuldhaften Verhaltens. Im Rahmen der Aufarbeitung der Geschehnisse kam es zu einer Veränderung, nämlich zu einem religiösen Coping, welches weder klar positiv noch klar negativ einzuordnen ist. Gegen Ende der NET wiederum wurde ein eher positives Coping sichtbar. Frau Rosenheim erlebte ihre Ressourcen, so zum Beispiel beim Singen. Gott war nicht länger ein strafendes Gegenüber; sie selbst sah sich nicht mehr als Person an, welche „böse“ war und Strafe verdiente. Die Schuld und Verantwortlichkeit konnten klar dem Täter zugeordnet werden. Die Veränderung der religiösen Copingmechanismen spiegelte sich bei der Austrittsmessung wider. Gesamthaft wurde deutlich, dass es zu einer Zunahme des Aktiven Vertrauens in Gott kam. Vor Beginn der Therapie äusserte Frau Rosenheim, dass sie bei Gott keinen Trost mehr suche. Im Verlauf suchte sie mehr Trost und fand diesen auch. Die bis anhin formulierte Unzufriedenheit löste sich auf. Sie konnte mehr darauf vertrauen, dass Gott an ihrer Seite ist.

Tab. 1: Religious coping mechanisms in Ms Rosenheim

Session/ Date	Quotation from Ms Rosenheim	Definition/ placing on the RCOPE scales	p/n
3rd session/ 18th Oct. 2011	"No. I do not entrust myself to anyone. I am much too ashamed of myself for that. I also always thought that no-one believes me anyway."	Search for social support (3)	n
4th session 26th Oct. 2011	"I am so angry. I am being punished by God. I didn't deserve anything else."	Discontent with God (2)	n
6th session 9th Nov. 2011	"For a long time I thought that something evil, devilish is responsible for all this. My uncle in the form of the devil."	The event is seen as the work of the devil.	n
6th session 09th Nov. 2011	"I pleaded with God. Again and again. I wished that he [God] had rescued me during that time. That time in the cellar."	Begging God for a miracle. Plea for divine intervention (6)	n
7th session 17th Nov. 2011	"Oh yes. I very often asked myself why God allowed it. He is a loving God, after all, isn't he? I often thought that it was all a fairytale, all this business with faith and so on."	Confusion and spiritual discontent. Discontent with God (2)	n
8th session 24th Nov. 2011	"When I heard about God, that was receiving an answer. Finally, I knew that I was not alone. Jesus is at my side. Always and everywhere."	Search for religious leading, turning towards religion (5)	
9th session 30th Nov. 2011	"I have always assumed that God would rescue me. I needed only to wait. Then perhaps everything will turn out well."	Passive religious dedication. Plea for divine intervention (6)	n
10th session 6th Dec. 2011	"In communion [...] I found something like liberation from all of this dirt."	Search for spiritual purification	
11th session/ 29th Dec. 2011	"I turned away. I didn't want to hear anything more about God. He – like all the others – had abandoned me in my moment of need. I went away. Simply away."	Self-determined religious coping, without God's help	
12th session 4th Jan. 2012	"I read the Bible. Every day. Constantly. And hoped so much that he would show me through his word at least that he loved me."	Search for closeness and God's love	
13th session 11th Jan. 2012	"In singing above all – yes – there I was one with God. The melodies and texts – they simply do me good. Through them I find comfort."	Active trust in God (1)	p
13th session 11th Jan. 2012	"My faith is changing. I now believe that God did not do this to me. It was my uncle."	Religious change with turning towards religion, life change (4)	p
14th session 18th Jan. 2012	I will never forget what my uncle did to me. Never. Perhaps I will be able to forgive him sometime."	Religious forgiveness, liberation from anger, pain and fear (5)	p
15th session 20th Jan. 2012	"I do not know why this was done to me. But God had his hand over it. I know that."	Benevolent religious re-assessment of the event, active trust in God (1)	p

Legend:

p = positive, n = negative, strategies without "p" or "n" cannot be clearly categorised

(1) active trust in God

(2) discontent with God

(3) search for social support

(4) life change /transformation

(5) directing attention towards religion,

(6) plea for divine intervention

Tab. 1: Religiöse Copingmechanismen bei Frau Rosenheim

Sitzung/ Datum	Zitat Frau Rosenheim	Definition/ Zuordnung zu den RCOPE-Skalen	p/n
3. Sitzung/ 18.10.2011	„Nein. Ich vertraute mich nie jemanden an. Dafür schämte ich mich zu sehr. Ich dachte auch immer, mir glaubt sowieso niemand.“	Suche nach sozialer Unterstützung (3)	n
4. Sitzung 26.10.2011	„Ich bin so böse. Ich werde von Gott bestraft. Ich habe es nicht anders verdient.“	Unzufriedenheit mit Gott (2)	n
6. Sitzung 09.11.2011	„Lange dachte ich, dass etwas Böses, Teuflisches für all das verantwortlich ist. Mein Onkel in Teufelsgestalt.“	Das Ereignis wird als Tat des Teufels angesehen.	n
6. Sitzung 09.11.2011	„Ich flehte zu Gott. Immer und immer wieder. Ich wünschte mir, er [Gott] hätte mich damals errettet. Damals im Keller.“	Flehen zu Gott für ein Wunder. Bitte um göttliches Eingreifen (6)	n
7. Sitzung 17.11.2011	„O ja. Sehr häufig fragte ich mich, warum Gott das zulässt. Er ist doch ein liebender Gott, oder? Oft dachte ich, dass dies alles nur ein Märchen ist, das mit dem ganzen Glauben und so.“	Verwirrtheit und spirituelle Unzufriedenheit. Unzufriedenheit mit Gott (2)	n
8. Sitzung 24.11.2011	„Als ich von Gott hörte, war das wie ein Erhört-Werden. Endlich wusste ich, dass ich nicht allein bin. Jesus ist bei mir. Immer und überall.“	Suche nach religiöser Führung, Zuwendung zur Religion (5)	
9. Sitzung 30.11.2011	„Ich habe immer angenommen, dass Gott mich errettet. Ich muss nur warten. Dann wird vielleicht alles gut.“	Passive religiöse Hingabe. Bitte um göttliches Eingreifen (6)	n
10. Sitzung 06.12.2011	„Im Abendmahl [...] da fand ich so etwas wie Befreiung von dem ganzen Schmutz.“	Suche nach spiritueller Reinigung	
11. Sitzung/ 29.12.2011	„Ich wendete mich ab. Ich wollte nichts mehr von Gott wissen. Er hat mich – wie alle anderen auch – im Stich gelassen. Ich ging weg. Einfach nur weg.“	Selbstbestimmtes religiöses Coping, ohne Gottes Hilfe	
12. Sitzung 04.01.2012	„Ich las in der Bibel. Jeden Tag. Immerzu. Und hoffte so sehr, dass er mir durch sein Wort zeigen könnte, dass wenigstens er mich liebt.“	Suche nach Nähe und Bestätigung durch Gottes Liebe	
13. Sitzung 11.01.2012	„Vor allem beim Singen – ja – dort war ich eins mit Gott. Die Melodien und Texte – sie tun mir einfach gut. Dadurch finde ich Trost“	Aktives Vertrauen in Gott (1)	p
13. Sitzung 11.01.2012	„Mein Glaube verändert sich. Ich glaube jetzt, dass nicht Gott mir das angetan hat. Es war mein Onkel.“	Religiöser Wandel mit Zuwendung zur Religion, Lebensveränderung (4)	p
14. Sitzung 18.01.2012	„Ich werde nie vergessen, was mein Onkel mir angetan hat. Nie. Vielleicht kann ich irgendwann vergeben.“	Religiöse Vergebung, Befreiung von Ärger, Schmerz und Angst (5)	p
15. Sitzung 20.01.2012	„Ich weiss nicht, warum mir das angetan wurde. Aber Gott hat seine Hand darüber. Er weiss es.“	Wohltuende religiöse Neubewertung des Ereignisses, Aktives Vertrauen in Gott (1)	p

Legende:

p = positiv, n = negativ, Strategien ohne „p“ oder „n“ können nicht klar zugeordnet werden,

- (1) Aktives Vertrauen in Gott,
- (2) Unzufriedenheit mit Gott,
- (3) Suche nach sozialer Unterstützung,
- (4) Lebensveränderung/Transformation,
- (5) Aufmerksamkeitslenkung auf Religion,
- (6) Bitte um göttliches Eingreifen.

In this case study, it becomes clear that the religious coping mechanisms change in the course of the NET. Although Ms Rosenheim described herself before the beginning of the therapy as a “believer”, the RCOPE results indicated that negative coping strategies were in the foreground. Her faith continued to be largely institutionalised in the sense of religious/church-based ties of security. Her religious orientation primarily served the purpose of diverting attention away from her problems. From this point of view, it was – in part at least – an avoidance strategy. Working through the transcripts in the course of the therapy revealed changes towards more “neutral” coping mechanisms. Towards the end of the therapy, after the “stones” had been worked through, it was more possible for the patient to make use of positive coping strategies. In the later course of the therapy, a clear reduction of the negative religious overcoming strategies took place.

PTG

In the final session, Ms Rosenheim produced the following formulation:

“The pictures have gone. Sometimes, of course, especially at night, the fear still returns. But it doesn’t make me so rigid anymore. I have been through so much in my life. I have survived. And I have made it through the therapy as well. I will no longer allow myself to be lamed, I want to live, really live. I will keep up fellowship with other people again. I want a church fellowship again in which I find a place where I belong, where I meet people who believe the same as I do. Yesterday I read the book “You are unique” by Lucado. It touched so strongly. God made me. He knew about me from the beginning. How often I had the feeling of being alone. Really alone. But I am not. Jesus is there. And I am strong. And precious. And loved. I am completely moved and touched. (Weeps.) It is unbelievable and – exactly – it is still sometimes difficult really to believe it. But I am on the way. [...]”

Alone in these few sentences, the five areas of post-traumatic growth according to Maercker and Langner (2001) become clear. Ms Rosenheim can value herself and her life more, as is evident from her feeling created by God. The need for “genuine” inter-personal relationships has at least arisen. Her religiosity was until now more institutionalised and instrumentalised. During the therapy, the need for fellowship, contact and encounter was formed. In addition, she became aware of her own strength and energy (“I have survived”) and was able to see new possibilities for her life (looking for a church congregation, her own apartment). Her spiritual consciousness has also changed. She speaks of being privileged to recognise the love of God.

Discussion

In this case study, there appears to be a connection between religious coping and post-traumatic growth. I assume that the increase of positive religious coping and the decrease of negative coping are factors in favour of post-traumatic growth.

Die eingangs bestehende starke Zustimmung, dass Gott sie für ihre Sünden bestrafe, wurde nunmehr abgelehnt. In der nachfolgenden Tabelle (Tabelle 1) wurden einzelne Zitate von Frau Rosenheim abgebildet. Die Zitate sind spontan aus dem Gesprächsverlauf entstanden.

In dieser Falldarstellung wird deutlich, dass sich die religiösen Copingmechanismen im Verlauf der NET ändern. Obschon sich Frau Rosenheim vor Beginn der Therapie als „gläubig“ bezeichnete, so zeigte sich anhand des RCOPE, dass die negativen Copingstrategien im Vordergrund standen. Weiterhin war ihr Glaube eher institutionalisiert im Sinne einer religiös-kirchlichen Verankerung. Ihre religiöse Orientierung diente v. a. zur Ablenkung von ihren Problemen. Es war demnach – zumindest teilweise – eine Vermeidungsstrategie. Die Durcharbeitung der Transkripte zeigte im Verlauf dahingehende Veränderungen, dass es zu mehr „neutraleren“ Copingmechanismen kam. Gegen Ende der Therapie, nachdem die „Steine“ durchgearbeitet waren, war es der Patientin eher möglich, auf positive Copingstrategien zurückzugreifen. Im Weiteren kam es zu einem deutlichen Rückgang der negativen religiösen Bewältigungsstrategien.

PPR

In der Abschlusssitzung formulierte Frau Rosenheim folgendes:

„Die Bilder sind weg. Natürlich kommt manchmal, vor allem nachts noch die Angst. Aber sie macht mich nicht mehr so starr. Ich habe so viel in meinem Leben durchgemacht. Ich habe überlebt. Und die Therapie habe ich auch geschafft. Ich will mich nicht länger lähmen lassen, ich will leben, wirklich leben. Ich will wieder Gemeinschaft mit anderen Menschen pflegen. Ich will wieder eine Kirchgemeinde, in der ich eine Heimat finde, wo ich Leute treffe, die dasselbe glauben wie ich. Gestern habe ich das Buch: „Du bist einmalig“ von Lucado gelesen. Es hat mich so berührt. Gott hat mich geschaffen. Er hat von Anfang an um mich gewusst. Wie häufig hatte ich das Gefühl, allein zu sein. Wirklich allein. Aber ich bin es nicht. Jesus ist da. Und ich bin stark. Und wertvoll. Und geliebt. Ich bin ganz ergriffen und berührt. (Weint) Es ist unglaublich und – eben – manchmal ist es noch schwer, das wirklich zu glauben. Aber ich bin auf dem Weg. [...]“

Allein in diesen wenigen Sätzen werden die fünf Bereiche der posttraumatischen Reifung nach Maercker und Langner (2001) deutlich. Frau Rosenheim kann sich und ihr Leben mehr wertschätzen, was darin deutlich wird, dass sie sich von Gott geschaffen fühlt. Es ist zumindest das Bedürfnis nach „echten“ zwischenmenschlichen Beziehungen entstanden. Ihre Religiosität war bisher eher institutionalisiert und instrumentalisiert. Während der Therapie entstand das Bedürfnis nach Gemeinschaft, Kontakt und Begegnung. Zudem wurde sie sich ihrer eigenen Stärke und Kraft gewahr („Ich habe überlebt.“) und konnte neue Möglichkeiten für ihr Leben sehen (Kirchgemeinde suchen, eigene Wohnung nehmen). Auch das spirituelle Bewusstsein hat sich verändert.

Unfortunately, it is not possible to make causal statements about the connection between religiosity and post-traumatic growth. Although there are indications that religiosity promotes post-traumatic growth, post-traumatic growth can itself lead to a re-assessment of religiosity (Shaw et al., 2005).

Since, as far as I know, no comparable investigations have been carried out, it has proved difficult to place the results outlined here in the current research landscape. In addition, this is a presentation of a single case. Further investigations are necessary on how religious coping and post-traumatic growth appear when therapies follow other courses. A corresponding quantitative survey is desirable. It is likewise still unclear if and how a change in religious/spiritual coping and in post-traumatic growth can be identified in non-religious patients.

In addition, neither the present study nor those mentioned (e.g. Shaw et al., 2005) introduced a distinction between the concepts of religiosity and spirituality. Here there are – besides the common factors – also differences. A finer definition of the terminology for religious and spiritual variables could at least lead to clearer statements regarding post-traumatic growth (Shaw et al., 2005).

At this point, I must still ask myself whether the case study presented here is really concerned with an increase in religious coping and in post-traumatic growth, or whether it is rather a matter – because of working through these traumatic experiences in life – of a re-assignment of meaning. An essential part of NET is reflection on the level of meaning. The change in the “question of guilt” can therefore, at least partially, also be seen as a result of the NET, independent of religious coping or post-traumatic growth. Here again, it becomes clear that further investigations are needed in order to be able to answer this question.



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Sie habe die Liebe Gottes erkennen dürfen.

Diskussion

In der Falldarstellung scheint es einen Zusammenhang zwischen religiösen Coping und posttraumatischem Wachstum zu geben. Ich gehe davon aus, dass die Zunahme des positiven religiösen Copings und die Abnahme des negativen Copings ein posttraumatisches Wachstum begünstigt. Leider sind keine kausalen Aussagen über den Zusammenhang zwischen Religiosität und posttraumatischer Reifung möglich. Obschon es Hinweise dahingehend gibt, dass Religiosität ein posttraumatisches Wachstum fördert, so kann auch das posttraumatische Wachstum zu einer Neubewertung der Religiosität führen (Shaw et al., 2005).

Da meines Wissens bislang keine vergleichbaren Untersuchungen durchgeführt wurden, gestaltet sich die Einordnung der hier beschriebenen Ergebnisse in die aktuelle Forschungslandschaft schwierig. Zudem können die dargestellten Ergebnisse nur begrenzt verallgemeinert werden. Zum ersten ist dies die Darstellung eines Einzelfalles. Es braucht weitere Untersuchungen darüber, wie sich das religiöse Coping und posttraumatisches Wachstum bei anderen Therapieverläufen darstellt. Eine entsprechende quantitative Erhebung ist erstrebenswert. Unklar bleibt ebenfalls, ob und wie sich eine Veränderung des religiösen/spirituellen Copings und des posttraumatischen Wachstums bei nicht-religiösen Patienten darstellt.

Zudem fand weder in dieser Arbeit noch in den erwähnten Studien (z. B. Shaw et al., 2005) eine Unterscheidung zwischen den Begrifflichkeiten Religiosität und Spiritualität statt. Dabei gibt es – neben den gemeinsamen Aspekten – auch Unterschiede. Eine feinere Begriffsklärung von religiösen und spirituellen Variablen könnte allenfalls zu klareren Aussagen hinsichtlich des posttraumatischen Wachstums führen (Shaw et al., 2005).

Weiterhin stellt sich für mich an dieser Stelle noch die Frage, ob es sich in der hier vorgestellten Falldarstellung tatsächlich um eine Zunahme des religiösen Copings und des posttraumatischen Wachstums handelte, oder ob es vielmehr – durch die Aufarbeitung der traumatischen Lebensereignisse – zu einer neuen Bedeutungszuschreibung kam. Ein wesentlicher Bestandteil der NET ist das Reflektieren der Bedeutungsebene. Daher kann die Änderung der „Schuldfrage“ zumindest teilweise auch als ein Ergebnis der NET angesehen werden, unabhängig vom religiösen Coping resp. posttraumatischen Wachstum. Auch hier wird deutlich, dass es weiterer Untersuchungen bedarf, um diese Frage beantworten zu können.

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DER HERR

STEGE

Der Herr hat dich
sich barmherzig

und zeigt dir seine
Barmherzigkeit

Der Herr

ist dir

helfend

und

Freiend

4. Mos. 6 / K&I 2000

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Comment

to „Religious coping and post-traumatic growth in the course of a trauma therapy“

Anna Ostaszewska

Sexual abusing in childhood should never happen. A child is dependent on others and needs safety to grow up. The child experiences everything as a first time – this is a lesson of life. Especially the relationship with close adults teaches him/ her about who am I and how relationships look. Childhood sexual abusing destroys self, creates unbearable fear. The child creates his or her self image and model of relationships on the basis of defence mechanisms. The child's experience is “nobody defends me, I am alone”.

I was really touched by the statements made by Ms Rosenheim in the quotation. “Why did God allow it?” “But finally I knew that I was not alone. Jesus is at my side”. And “How often I had the feeling of being alone. Really alone. But I am not”. I know such statements from my psychotherapeutic praxis. I am always touched by such statements because I know the cases and I understand what does it mean. Other therapists also know it. The title of the article “God, where are you?” (Nichole, Murray-Swank & Pargament, 2005) presents similar question of many victims of sexual abuse. This article underlines that spiritually - integrated therapeutic programs are helpful in enhancing spiritual recovery from childhood sexual abuse.

Maria Drechsler gives us an example of short-term therapy integrated with spirituality. Her client Ms Rosenheim changed her religious attitude with no relationship with God to a spiritual attitude with a personal supportive relationship with Him. She increased in positive religious coping.

Religiosity as an institutional system may be not helpful in post-traumatic growth. But spirituality or religiosity understood as a personal relationship with God is helpful and it is one of main factors of happiness. This is the conclusion of professor Mayers' research on happiness (Mayers, 1993, 1995, 1996). A personal relationship with God is a source of inner security and power.

There is research which confirms the results presented by Maria Drechsler (Smith, Bartz, Richards, 2007): In general, many survivors of traumatic events rely on spirituality as a valuable coping resource, turning to God and faith communities in difficult times (Pargament, 1997). In the words of one childhood sexual abuse survivor: “God was the only one who was always there for me” (Murray-Swank, 2003). Researchers have demonstrated that survivors of sexual abuse frequently use spirituality as an important coping resource (e.g., Falsetti, Resick, & Davis, 2003; Kennedy, Davis, & Taylor, 1998; Valentine & Feinauer, 1993). In addition, spirituality may prove helpful in the recovery process, as positive forms of religious coping (e.g., developing a collaborative partner-



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ship with God, seeking spiritual connection and support) have been related to improved mental health, increased stress-related growth, lower levels of mortality, and less hostility in people struggling with major life events (e.g., Koenig, Pargament, & Nielsen, 1998; Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

Definitions of religiosity and spirituality are already present in professional psychotherapeutic literature (Smith, Bartz, Richards, 2007): “Religiousness has often been defined as adherence to an institutionalized system of beliefs, values, and activities based upon spiritual creeds, whereas spirituality refers to transcendent experiences and understandings about God and/or other nonvisible characteristics of life and the universe (Kelly, 1995). Individuals can be spiritual and religious, primarily religious but not particularly spiritual, or primarily spiritual but not religious.”

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Hört ihr uns?
Do you hear us?



Existential therapy and Christian hope

We are born again to a living hope! (1 Peter 1:3)

Bernard Bally

Circumstances provided me the opportunity to meet a prominent representative of existential therapy, of philosophical orientation, Mrs. Emmy van Deurzen, a psychotherapist oriented towards the search for truth (reality) and the meaning of life for her clients. She is director of the „New School of Psychotherapy and Counseling“ in London. She also teaches existential psychotherapy in various British universities. In addition, she is the author of several books, including „Psychotherapy and the Quest for Happiness“ (Sage, 2009).

Since the Enlightenment, man has relied on his intelligence and his ability to control almost all of life. Freedom from God and the rise of Science have laid new foundations. Not denying great achievements, they were however accompanied by great tragedies. The 20th century has largely demonstrated this. Despite this fact, after the last war, the West experienced a period of remission which could suggest we were finally reaching the goal. Those who grew up in that time lived in a flurry of activity and euphoria. Then the wheels seized up. Technological civilization has reached its limits. Man was capable of the best and the worst. The current context of the world brings back the great questions of life, death, and human frailty. This environment has generated increasing doubts, anguished and despair.

Back to the foundations

This existential orientation is developing relevant reflections on life for our early 21st century. We see some similarities with the questions asked by our clients, explicitly or more often unconsciously. What is the truth? What is the meaning of life? Is there any hope possible? In this slow but inexorable evolution, man is forced back to himself. Can he still find answers? What is man? Man is stopped short, questioning and wondering about his apparent certainties. Since Nietzsche, some have proclaimed that God is dead. However, „the lack of faith in God is a great misery“ recently declared a Jesuit priest in an interview. Atheism is a prison closed from the inside, with no future and no hope (Sartre).

One might think that Christians are immune to these issues, because they do have good answers. This is not always the case. Unfortunately they are not always rooted in the existential reality. And this has consequences on our work as Christian therapist. For most people, their „faith“ is without substance, defined by abstract concepts. „I am looking for a God connected to my reality“, said a client who experienced twenty years of Buddhism. The deism of our contemporaries has left a complete vacuum and constant anxiety. This is what Kierkegaard analyzed in depth with great relevance. This is also true for many

La thérapie existentielle et l'espérance chrétienne

Nous sommes régénérés pour une espérance vivante ! (1 Pierre 1 :3)

Bernard Bally

Des circonstances m'ont permis de rencontrer une éminente représentante de la thérapie existentielle, Mme Emmy van Deurzen, psychothérapeute dont l'orientation philosophique est vouée à la recherche de la vérité (réalité) et au sens de l'existence pour ses clients. Elle est directrice de la « New School of Psychotherapy and Counselling » à Londres. Elle enseigne également la psychothérapie existentielle dans diverses universités anglaises. De plus, elle est l'auteure de plusieurs ouvrages, dont « Psychotherapy and the Quest for Happiness » (Sage, 2009).

Depuis le 18^e siècle, dit des Lumières, l'homme occidental s'est appuyé sur son intelligence et ses capacités pour maîtriser la vie. Il s'est affranchi de Dieu, et la Science a pris le relais. Sans nier de grandes réussites, force est de constater cependant qu'elles ont été accompagnées de grandes tragédies. Le 20^e siècle nous en a fait la démonstration évidente. Malgré cela, après la dernière guerre, l'Occident a vécu une période de rémission qui a pu laisser croire qu'enfin on touchait au but. Ceux qui ont grandi à ce moment-là ont vécu dans une activité fébrile et une certaine euphorie. Puis les rouages se sont grippés. La civilisation technicienne a touché à ses limites. L'homme était capable du meilleur comme du pire. Le contexte troublé du monde actuel fait resurgir les grandes questions de la vie, de la mort, et de notre fragilité. Cet environnement a généré des doutes de plus en plus profonds, des angoisses, du désespoir.

Retour sur les fondements

La thérapie existentielle développe des réflexions pertinentes dans le contexte de notre société post-moderne. Nous constatons une certaine correspondance avec les questions posées par nos clients, parfois explicites, mais le plus souvent inconscientes. Qu'est-ce que la vérité ? Quel est le sens de la vie ? Une espérance est-elle possible ? Dans cette lente, mais inexorable évolution, l'homme est contraint de revenir sur lui-même. Peut-il encore trouver des réponses ? Les fondements de la vie établis depuis des siècles sont remis en question. Qu'est-ce que l'homme ? Il est arrêté dans sa marche, questionné et s'interrogeant sur ses soi-disant certitudes. Depuis Nietzsche, certains ont proclamé que Dieu était mort. « L'absence de foi en Dieu est une grande misère » déclarait récemment un père jésuite dans une interview. L'athéisme est une prison fermée de l'intérieur, un monde clos, sans avenir et sans espérance (cf. Sartre).

On pourrait croire que les chrétiens sont à l'abri de ces questions, parce qu'ils ont de bonnes réponses. Mais celles-ci ne sont malheureusement pas toujours ancrées dans la réalité existentielle. Et cela n'est pas sans incidence

people still calling themselves „Christians“, but detached from any practice. Others are immersed into the current mass culture, in search of a cheap but illusory safety. They walk within the mainstream, taking maximum advantage of the consumer society. But materialism is not able to meet the basic needs of man ... What would give real security for mankind ?

Bernard Bally, half of his life as an independant architect. Then trainings in Theology and Christian Counselling, Couple and Family Therapy (systemic), Clinical Pastoral Training. Founded Horizon 9, Christian Therapy Center in Geneva, as director for 20 years. Chairman of ACC Suisse romande (Association of Christian Counsellors).



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In our counseling sessions we have often encountered Christians whose faith was sincere, but disconnected from reality. In other words, they are living a shift (or even a real dichotomy) between their head faith and reality in their heart and emotions. Already in the 19th century Kierkegaard addressed this issue. This discrepancy shows that something is wrong, and many Christians have become confused. The foundations of life are shaken. How to find the truth of life, and know hope as an anchor of the soul (see Hebrews 6:19) ? We believe that many of our contemporaries seek, even unconsciously, answers in this confused world. The merit of Emmy van Deurzen is to address the subject, still taboo for professionals, of the moral and spiritual role of psychotherapists and counselors. This is a surprising finding, as the author declares herself an atheist! But that does not prevent her (and us) from asking good questions, including spiritual ones !

The existential approach to reality

The existential approach is concerned with the meaning of life, the truth of man's existence. It takes a certain amount of courage to move in this direction because it requires addressing issues of being, nothingness and death. It is paradoxical for an atheist, whose death means

sur notre travail de thérapeute chrétien. Pour la plupart des gens, leur « foi » est sans consistance, définie par des concepts abstraits. « Je cherche un Dieu connecté à ma réalité » disait une cliente ayant vécu vingt ans dans le bouddhisme. Le déisme de nos contemporains laisse un grand vide et une angoisse permanente. C'est ce que Kierkegaard a analysé avec beaucoup de pertinence et de profondeur. Cela est tout aussi vrai pour nombre de gens se déclarant encore « chrétiens », mais détachés de toute pratique. D'autres se sont fondus dans la masse, en recherche d'une sécurité à bon compte, mais illusoire. Ils ont marché avec le courant dominant, tirant le maximum de profit de la société de consommation. Pourtant, le matérialisme ne peut pas combler les besoins essentiels de l'homme... Que va-t-il rester qui tienne lieu de vraie sécurité ?

Nous avons souvent rencontrés dans nos entretiens des chrétiens dont la foi sincère était déconnectée de la réalité, vivant un décalage (voire une véritable dichotomie) entre leur foi dans leur tête et la réalité dans leur cœur et leurs émotions. Déjà au 19e siècle Kierkegaard s'était penché sur cette question. Ce décalage démontre bien que quelque chose ne va pas, et beaucoup de chrétiens sont désorientés. Les fondements de la vraie vie sont ébranlés. Comment retrouver la vérité de l'existence, et connaître une espérance qui serait comme une ancre de l'âme ? (selon Hébreux 6 :19) Nous croyons que beaucoup de nos contemporains cherchent, même inconsciemment, des réponses dans ce monde déboussolé. Le mérite d'Emmy van Deurzen est d'aborder le sujet, encore tabou pour la plupart des professionnels, du rôle moral et spirituel des psychothérapeutes et conseillers. Surprenant pour cette auteure qui se déclare athée ! Cela ne l'empêche pas de se (nous) poser de bonnes questions, y compris spirituelles !

L'approche existentielle du réel

L'approche existentielle (non-chrétienne) se préoccupe du sens de la vie, de la vérité de l'existence de l'homme. Il faut un certain courage pour avancer dans cette direction, car elle requiert d'aborder les questions de l'être, du néant et de la mort. Paradoxe pour un athée, dont la mort signifie la fin de toute vie. Et là, nous touchons au point central de cette philosophie qui affirme : le sens est dans l'action présente, dans la volonté d'exister - pour être. C'est une fin en soi, une expérience dans laquelle le « croyant » existentialiste espère (peut-être) trouver un sens qui le comblera. Cette dynamique est toute tournée vers l'intérieur, sans aucune référence extérieure. La volonté d'agir est la source et la finalité. L'homme est seul, il n'a pas de moi essentiel, préexistant. Il se « fait » dans l'action. Cette quête existentielle est quelque chose de pathétique, car elle doit faire face à la réalité concrète, à tout ce qui génère son angoisse : le vide et le néant, l'incertitude, l'insécurité, la vulnérabilité. L'homme post-moderne se jette à corps perdu dans ce qui n'aboutit qu'à la mort et au néant. Pourtant, il continue à croire que c'est sa responsabilité de créer quelque chose à la place de rien, pour

the end of all life. And here we come to the end point of this philosophy which says : the meaning is in the present action, in the will and courage to be. It is an end in itself, an experiment in which the existentialist „believer“ hopes (maybe) to find a way that will make him whole. This dynamic is all turned inward, without external reference. The will to act is the source and goal, according to this thinking. Man is alone, with no essential, pre-existing self. This existential quest is without real hope as it faces everything that generates anguish, emptiness and nothingness, uncertainty, insecurity, vulnerability. Post-modern man throws himself headlong into what leads only to death and nothingness. Yet, he continues to believe that it is his responsibility to create something to fill this vacuum, to give meaning to his life. This is what Camus described in the myth of Sisyphus, as a never ending effort.

Yet according to biblical revelation, man is not an end in himself. He cannot live without an external reference, without God, his Creator. He was created with an essential self, in the image of God, called by his name to existence, valuable and worthy of love. Hope becomes assurance : man does not need to do in order to be, he can only receive a revelation of who he is and thus gradually acknowledge himself. All self-seeking is doomed to failure. Discovering his identity, an inward sense of himself, may be the very content of the therapy. Our hope is outside of ourselves, from beginning (birth) to end (physical death). Everything is contained in God, at first hidden to us (Col. 3:3) and then revealed in the course of our lives. This change of perspective about ourselves is liberating from false images, transforming our present and opening up our future.

On the spiritual level, the existential therapist considers himself as connected to the unknown and creating an ideal world, an ideology or a philosophy of life. He is faced with the tension between meaning and absurdity, hope and despair. He creates his values in the hope of finding something to live or die for. In his quest, he faces the possibility of emptiness and nothingness. In contrast, the Christian therapist has found a future and a hope, as God has planned for man. By the will of God, he received motion and being. By the grace given in Christ, he is a new creature (2 Cor. 5:17) regenerated to a living hope (1 Peter 1:3).

Man is trapped in a net since his birth or even before, meshes interwoven by the world around him. His life has been overwhelmed by messages of slavery and death. It is this reality that he is trying to get free of. But his efforts are vain as long as he is trusting in his own strength. He must go through a change of paradigm and let go of his autonomy. He may then discover that God has a message of life, which is exactly what he is personally yearning for deep inside himself. Despite the difficulties of life, described by his client in the session, a Christian therapist looks in a different way at his story, and tries to discern with him what God wants to accomplish for him by love. The difficulty for the client is often to accept to be so infinitely loved despite everything, in order to adopt this new vision. The invisible reality may become so real that it can

donner sens à sa vie. C'est ce que Camus a décrit dans le mythe de Sisyphe, par un effort toujours à reprendre.

Selon la révélation biblique, l'homme n'existe pas « en soi », par son action. Il ne peut pas vivre sans une référence extérieure, sans Dieu, son Créateur. Il a été créé avec un moi essentiel, à l'image de Dieu, appelé par son nom à l'existence, précieux et digne de son amour, par grâce infinie. L'espérance se fait certitude : l'homme n'a pas besoin de faire pour être, il peut « se recevoir » et, progressivement, se (re)connaître. Toute recherche de soi par soi est vouée à l'échec. Découvrir cette identité, ce sens intérieur à lui-même, cela peut être le contenu même de la thérapie. Notre espérance est en dehors de nous, du début (naissance) à la fin (mort physique). Tout est contenu en Dieu, tout d'abord comme caché (Col. 3 :3), puis révélé au fil de notre vie. Ce changement de regard sur nous-mêmes est libérateur de nos fausses images, il transforme notre présent et ouvre un futur.

Au niveau spirituel, le thérapeute existentiel athée se considère comme relié à l'inconnu, et se crée un monde idéal, par une idéologie ou une philosophie de la vie. Il est confronté à la tension entre le sens et l'absurde, l'espoir et le désespoir. Chacun crée ses valeurs dans l'espoir de trouver de quoi vivre ou mourir. Dans sa quête, il affronte le vide et la possibilité du néant. En contraste, le thérapeute chrétien a découvert un Dieu personnel qui s'intéresse à sa vie et se révèle à lui. Alors peut aussi s'ouvrir pour son client en recherche un avenir et une espérance, tels que Dieu les a voulus pour tous les hommes. Par la volonté de Dieu, il a reçu le mouvement et l'être. Par la grâce qui est en Jésus-Christ, il peut devenir une nouvelle créature (2 Cor. 5 :17), régénérée pour une espérance vivante (1 Pierre 1 :3).

L'homme est prisonnier d'un filet tissé depuis sa naissance ou avant, par le monde qui l'entoure. Sa vie a été entourée de messages de servitude et de mort. C'est une réalité dont il cherche à se libérer. Mais ses efforts restent vains tant qu'il compte sur ses propres forces. Il doit passer par un changement de paradigme, abandonner son autonomie, lâcher prise. Il peut découvrir alors que Dieu a un message de vie qui correspond exactement à ses aspirations personnelles les plus profondes. Malgré les difficultés de son existence que son client décrit en entretien, le thérapeute chrétien pose un autre regard sur cette histoire, et cherche à discerner avec lui ce que Dieu veut accomplir en lui, par amour. Sa difficulté est souvent d'accepter d'être infiniment aimé malgré tout, afin d'entrer dans cette vision nouvelle. La réalité invisible peut devenir réelle et faire progressivement partie de sa vie !

Prenons l'exemple d'une jeune femme que nous avons eue en entretien. Durant toute son enfance, elle a été maltraitée par une mère divorcée, sans cesse en conflit violent avec sa fille, son bouc émissaire. Elle était devenue une véritable survivante, prisonnière de liens de mort psychique et spirituelle. Elle subissait des circonstances auxquelles elle avait dû s'adapter. La tentation du suicide n'était pas loin. Nommer cette réalité comme anormale, lui parler de la possibilité d'une libération, a été pour elle une révélation. Le Dieu vivant est venu en son Fils Jésus-Christ prendre sa défense dans le mal subi, et reconst-



Glaube
Faith



Hoffnung
Hope



Liebe
Love

progressively be part of his life.

Let us take the example of a young woman we have been counselling not long ago. During all her childhood she was ill-treated by her divorced mother, as a scapegoat, in a never-ceasing and violent conflict. She had become a survivor, in psychic and spiritual bonds of death. She was subjected to such circumstances that she had been obliged to adapt herself. The temptation of suicide was present. Naming this reality as abnormal reality, to call her to the possibility of release, was quite a revelation to her. She realized that the living God had come in His Son Jesus-Christ to undertake her defense against this extreme suffering, and rebuild her personal reality of life. Change progressively occurred in her internal and external vision and she became a new person. A true resurrection ! Joy is now her strength.

Facing difficulties in an abnormal world

We live in an abnormal world where good and evil, health and disease, coexist as two sides of the same coin. We are never able to eliminate the negative side, dreaming of a permanent well-being. The art of existential living is to deal with life, the world and ourselves. It is a lifetime process, synonymous with wisdom. The Christian hope is not to escape reality, but to face it. Psychological problems result from either an avoidance of reality, or an inability to cope with it. They can also arise from a misunderstanding of oneself, or from lies about oneself, beliefs, habits, rules and reasoning.

We have often found, alas, that if western society has lost its spiritual landmarks, many Christians have lost their human ones, on psychological and emotional levels. They have learned not to take themselves into account (by a false self-abnegation, a refusal of anger, etc.). Therefore one must be true to oneself, authentic in what one is capable of doing or not doing. This is also true in daily life. Many people avoid real life because it is scary to face the ongoing challenges, failures, crises and doubts to which existence exposes us. To live authentically is to accept our own vulnerability and mortality.

From reality to hope

This realistic view of life may discourage us, but it is paradoxically one that saves us. Kierkegaard has written about despair as leading us to God. The truth recalls itself to us through consciousness, existential guilt, ill-being, which may signal a departure from reality. When we are at peace with ourselves, we see more clearly where the truth is, where lies have blinded us. The Christian goes astray when he is too exclusively isolated in the spiritual world, without being sufficiently rooted in the real world. The call of conscience tends to bring us back to the hope of life, by way of truth and realism.

Life constantly presents us with challenges in the normal course of existence, at any stage of our development. Life is not a bed of roses. Clouds can accumulate, unexpected events can occur, such as death of a loved one, loss of a job, or any situation which reveals our vulnerability. These then trigger a sense of failure, anxiety or despair. Our values, our motives are questioned. Too often, requests

ruire sa normalité. Changeant progressivement de regard sur sa vie, elle est devenue une nouvelle personne. Une véritable résurrection ! La joie fait maintenant sa force.

Affronter les difficultés dans un monde anormal

Nous vivons dans un monde anormal où le bien et le mal, la santé et la maladie, coexistent comme les deux faces d'une même pièce. Nous ne pouvons jamais éliminer le côté négatif, en rêvant à un bien-être permanent. C'est ce que démontre l'approche existentielle, dans un processus continu pour atteindre une certaine sagesse. De même, l'espérance chrétienne ne consiste pas à fuir cette réalité, mais à l'affronter. Les difficultés psychologiques proviennent soit d'un évitement de la réalité, soit d'une incapacité à l'affronter. Elles peuvent aussi surgir d'une méconnaissance de soi, ou de mensonges sur soi, de croyances, d'habitudes, de règles et de raisonnements.

Hélas, en tant que thérapeute chrétien, nous devons faire un constat, souvent vérifié : la société a certes perdu ses repères spirituels, mais de nombreux chrétiens ont perdu leurs repères humains, au niveau psychologique et émotionnel. Ils ont appris à ne pas tenir compte d'eux-mêmes (par un faux renoncement à soi, par l'interdit de la colère, etc.). Il s'agit donc d'être vrai avec soi-même, authentique dans ses possibilités et limites les plus intimes. C'est également vrai par rapport à la vie de tous les jours. Beaucoup de gens évitent la vie authentique parce que c'est angoissant de faire face aux défis permanents, aux échecs, crises et doutes auxquels l'existence nous expose. Vivre de façon authentique, c'est accepter sa propre vulnérabilité et sa condition mortelle.

De la réalité à l'espérance

Cette vision réaliste de la vie peut nous décourager, mais c'est paradoxalement celle qui nous sauve. Kierkegaard a parlé du désespoir comme ce qui nous conduit à Dieu. La vérité se rappelle à nous, par la conscience, une culpabilité existentielle, un mal-être, qui signalent un éloignement de la réalité. Lorsque nous sommes en paix avec nous-mêmes, nous voyons plus clair où la vérité se situe, où les mensonges nous ont aveuglés. Le chrétien se fourvoie lorsqu'il se projette dans un monde trop exclusivement spirituel, sans enracinement dans le monde réel. L'appel de la conscience veut nous remettre dans l'espérance de la vie, par un chemin de vérité et de réalisme.

La vie nous place constamment devant des défis sur nos chemins habituels, et cela à n'importe quelle étape de notre développement. La vie n'est pas un long fleuve tranquille. Des nuages peuvent s'amonceler, des événements inattendus peuvent surgir, tels que la mort d'un être cher, la perte d'un emploi, ou toute situation qui révèle notre vulnérabilité. Ceux-ci déclenchent alors un sentiment d'échec, d'angoisse ou de désespoir. Nos valeurs, nos motivations, sont remises en question. Trop souvent, les demandes d'une intervention de Dieu sont le signe d'une non-acceptation de la réalité, comme si un chrétien ne devait pas être malade ou ne pas traverser l'épreuve. La question n'est pas d'éviter l'épreuve, mais de l'affronter et de lui trouver un sens (comme Frankl l'a bien démontré). Dans ces temps d'incertitude et d'angoisses, il est facile de se perdre. L'autorité spirituelle a été progressivement

for God's intervention are a sign of non-acceptance of reality, as if a Christian should not be sick or go through hard times. It is a lack of realism. The question is not to avoid the trial, but to confront it and find the meaning out of it (as Frankl has well demonstrated).

In these times of uncertainty and anxiety, it is easy to lose one's way. Where spiritual authority was gradually replaced by the death of God and Scientific authority, the human mind is unable to meet the moral and spiritual dilemmas. Moreover, anxieties are not only generated, but also maintained by a society disconnected from the fundamentals of life. The signs of failure are often ignored or denied. The therapeutic cure cannot reach the goal when the fundamental existential questions are not addressed. This is where the Christian therapist brings hope, and may accompany those who suffer to find their way, not the superficial surface of a religion, but through faith in a living God the Source of all life. Seeing the sufferings of men, He comes „down“ to them, to be close to deliver them from their slavery (Exodus 3:7-8) and opening a door of hope (Hosea 2:16-17). In the same way the therapist draws close to his client in his own existential and relational truth, but without enmeshment, to share the way to freedom.

Christian hope : opening a new life

Existential therapy is based on real questions. It is realistic, not dodging men's situation in this present century. It is helpful for those who have questions about the evolution of the world, such as those on the margins of existence, those who are nearly dying or thinking of suicide, people in crisis, or those who have lost any sense of belonging in this world. This approach is less suited to those who do not want to question their assumptions and explore the foundations of human existence. By focusing on the experiences and relationships of each person or couple, existential exploration can usefully complement other psychotherapeutic approaches, with the exception of those which are more directive and prescriptive, which are not orientated to the existential rule of openness to the different meanings that emerge for the person.

Christian hope takes up these questions, where the existential atheistic approach is deadlocked in a closed world with no future. Indeed, faith in God the Creator and Redeemer of man opens prospects for personal development and action in a way that elevates the individual. It is the duty of Christian therapists to translate this hope in the reality of daily life through a consistent lifestyle and by the various means at their disposal in the service of their clients.

remplacée par l'autorité scientifique et la mort de Dieu. Cependant, la raison humaine est incapable de répondre aux dilemmes moraux ou spirituels de l'humanité. Les angoisses sont non seulement générées, mais aussi maintenues, par une société déconnectée des principes fondamentaux de la vie. Les signaux d'échec sont souvent ignorés ou niés. La cure thérapeutique ne peut pas atteindre son but lorsque les questions existentielles fondamentales ne sont pas abordées. C'est là que le thérapeute chrétien est porteur d'une espérance, et peut accompagner ceux qui souffrent à retrouver leur chemin, non pas celui d'une religion extérieure superficielle, mais de la foi en un Dieu vivant à l'origine de toute vie, et qui, voyant la souffrance des hommes, « descend » jusqu'à eux, se rendant proche pour les délivrer de leur servitude (Exode 3 :7-8) et leur ouvrir une porte d'espérance (Osée 2 :16-17). C'est alors au thérapeute de se montrer proche de son client - dans sa propre vérité existentielle et relationnelle, mais sans confusion - pour l'accompagner vers la liberté.

L'espérance chrétienne : une nouvelle vie

La thérapie existentielle est fondée sur de vraies questions. Elle fait preuve de réalisme, en n'ésquivant pas la situation dans laquelle les hommes se trouvent. Elle est utile à ceux qui réfléchissent sur l'évolution du monde, comme à ceux qui sont en marge de l'existence : ceux qui se meurent ou envisagent le suicide, les gens en crise, ou ceux qui n'ont plus le sentiment d'appartenir à leur environnement. Cette approche est moins adaptée à ceux qui ne veulent pas questionner leurs présupposés et explorer les fondements de l'existence humaine. Par un accent sur les expériences et relations de chaque personne et couple, l'exploration existentielle peut utilement compléter les autres approches psychothérapeutiques, à l'exception de celles qui sont plus directives et prescriptives, peu orientées sur la règle d'ouverture et de sens qui émerge de la personne.

L'espérance chrétienne reprend ces questions de l'être et de son devenir, au point où l'approche existentielle est dans l'impasse, dans un monde fermé sur lui-même et sans avenir. En effet, la foi en un Dieu Créateur et Rédempteur ouvre à l'homme des perspectives de développement personnel et d'action dans un sens qui le comble. C'est la tâche des thérapeutes chrétiens de traduire cette espérance - hors de tout dualisme - dans une cohérence de vie et de moyens thérapeutiques au service de leurs clients.



Comment

to „Existential therapy and Christian hope“

Olga Krasnikova

Bernard Bally's article is significant, as it touches upon the profound questions of human existence in this world, the very ones which psychotherapists and counsellors encounter in their professional practice as well as in their private lives. The main value of the article lies in the methodological foundation and the methodical tools of psychotherapeutic work with spiritual and worldview-related i.e. ideological levels of a person. The article speaks of a "moral and spiritual role of psychotherapists and counsellors". This is important, because many psychologists think work on a spiritual level to be impossible for various reasons. This topic must cease to be "a taboo for professionals".

The most difficult thing in psychotherapy is the approach to work with the deep: the spiritual and the worldview-related attitudes. In my opinion, the author is therefore perfectly right to claim that "The therapeutic cure cannot reach the goal when the fundamental existential questions are not addressed". It is a pity that in the analysis of the existential approach on the whole, one is usually given references to early existential philosophy (Sartre and Kierkegaard), but only little to existential psychology (Frankl) and no mention whatsoever of the scientific achievements of contemporary existential psychotherapists (Alfried Langle, Rollo Mey etc.). Showing that existential psychotherapy can be a useful addition for many other psychotherapeutic areas, Bernard Bally notes also future development of this field in conjunction with a Christian approach, for, as the author writes, "Christian hope takes up these questions, where the existential atheistic approach is deadlocked in a closed world with no future".

An actual case study from the practice leaves questions open. An impression of a "miraculous healing" is created if one does not raise the question of psychotherapeutic elaboration of the consequences of childhood trauma of the client. In the work disclosed, there occurs a break, as it were, of two layers of existence – the psychodynamic and the ideological. The psychotherapist is more intended to work with the psychodynamic level, leaning on the worldview level.

The characteristics, given by the author of the article, are very accurate of people who call themselves "Christians". In Russia, we also observe such phenomena, when "„faith“ is without substance, defined by abstract concepts", or when there is a tear between faith, reason and emotions. Very recognisable is also the situation, when "Christians have lost their human ones, on psychological and emotional levels. They have learned not to take

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themselves into account (by a false self-abnegation, a refusal of anger, etc.)". In our country such false-sacrifice to some believers seems right and is even elevated to virtue. In this regard, Christian psychologists have to undertake a "psychological literacy programme" in the area of development of emotional and motivational spheres of a person. Moscow's Institute of Christian Psychology runs a workshop entitled "Learning to live with emotions"; additionally there is an "Emotional Logic" club, which opened thanks to our cooperation with Dr. Trevor Griffiths, from UK.

The attempt to analyse the psychology of atheists seems interesting. I fully agree with the author on the point that materialism does not meet essential human needs. I also find important the discussion of the Christian and atheist differences in their perspectives on reality. Indeed, the rejection of spiritual life and the quest of security in a consumerist society is often related to a fear "to face the ongoing challenges, failures, crises and doubts to which existence exposes us". As Bernard Bally correctly notes, "this realistic view of life may discourage us, but it is paradoxically one that saves us". The author justly refers to the fact that even though "the Christian hope is not to escape reality, but to face it", it frequently happens that "requests for God's intervention are a sign of non-acceptance of reality, as if a Christian should not be sick or go through hard times". Bernard Bally does indeed not idealise believers and honestly points at difficulties that they encounter. This position is very close to me.

The discussion, raised in the current article, requires continuation. His words from the last paragraph demand clarification: "It is the duty of Christian therapists to translate this hope in the reality of daily life through a consistent lifestyle and by the various means at their disposal in the service of their clients".

It appears important to point out that not only clients have to find hope and prospect, but also some professional psychologists simply need new spiritual foundations of their professional activity. Otherwise, emotional burn-out caused by the realisation of their responsibility and helplessness, anxiety and emptiness, loss of sense of their work, and sometimes even life, might await them. For, "All self-seeking is doomed to failure". It is no secret that among psychotherapists there are people suffering various addictions (smoking, alcohol, drugs), or those who leave their profession and even go insane, not being able to live next door to other people's suffering (their clients). There are even psychologists, (however few, but they exist), who committed suicide. Being "in a prison closed from the inside, with no future and no hope" (Sartre), how can one find strength in himself to stay alive, when on the other side of the prison's threshold are constant anxiety, inexistence and death? Many psychotherapists and counsellors need not only a different look on the clients "histories", but also a different view of their own lives is absolutely vital.

Our profession can become dangerous, when we count only on our own strength; when the image of our world is not illuminated by the light of hope and faith in that everything that happens comes from Love. Even though, at first sight, this seems impossible to believe. And, I agree with the author of the article that it is frightening to "let go of his autonomy" and receive the infinite love of God.

Introduction to the two personal life stories by Giuseppe Milazzo and Markus Röthlisberger

Werner May

Today, there are still traces all over the world of the so-called Jesus People movement. Strongly influenced by the Hippie movement of the 60s and 70s, it reached its peak in 1971-72. Those who observed the development at that time remember not only the radical life-style in following Jesus, but also the impressive testimonies of miracles and life-changing experiences with Jesus.

This, for example, is the report of a German pastor, Volkhard Spitzer:

“In January, 1971, after an evangelistic church service, a girl named Karin stayed behind and confronted me with the question of whether the Jesus Christ, whom I had preached there, was also able to help an addict.” This conversation ended with a suggestion by Spitzer: “Let us pray together that God will help you personally to receive the strength to tackle your problems, and, as far as I am humanly able, I will of course remain available to you.” Spitzer adds: “I was very surprised when, a couple of days later, the telephone rang and she was on the line again and – in her own words – said to me, >You know, that really did work. Since we spoke together and prayed, I have had no further desire at all for narcotics. I am with my parents at home again and, what astonishes me most, I can no longer hate my father.”¹

Giuseppe Milazzo and Markus Röthlisberger have both had this experience, as we can read in the following life stories.

Einführung zu den zwei Berichten von Giuseppe Milazzo und Markus Röthlisberger

Werner May

Auch heute noch gibt es auf der ganzen Welt Spuren der so genannten Jesus People Bewegung. Stark beeinflusst von der Hippie-Bewegung der sechziger und siebziger Jahre, erreichte sie ihren Höhepunkt 1971-72. Diejenigen, die das damals schon verfolgt haben, erinnern sich nicht nur an den radikalen Lebensstil, Jesus nachzufolgen, sondern vor allem auch an beeindruckende Zeugnisse von Wundern und lebensverändernden Erfahrungen mit Jesus.

So berichtet zum Beispiel der deutsche Pastor Volkhard Spitzer:



change
Umbruch
(Anita Sieber Hagenbach)

„Im Januar 1971 blieb nach einem evangelistischen Gottesdienst... ein Mädchen namens Karin zurück und konfrontierte mich mit der Frage, ob der Jesus Christus, den ich da gepredigt hatte, auch fähig wäre, einem Süchtigen zu helfen.“ Dieses Gespräch endete damit, dass Spitzer vorschlug: „Wir wollen zusammen beten, dass Gott dir persönlich hilft, dass du Kraft bekommst, deine Probleme anzugehen, und soweit ich menschlich etwas tun kann, will ich natürlich auch zur Verfügung stehen.“ Spitzer weiter: „Ich war sehr überrascht, als nach ein paar Tagen das Telefon klingelte und sie wieder dran war und mir – mit ihren Worten – sagte: >Du, das hat wirklich funktioniert. Seit wir zusammen gesprochen und gebetet haben, habe ich überhaupt kein Verlangen nach Rauschgift mehr. Ich bin wieder bei meinen Eltern zuhause und, was mich am meisten erstaunt, ich kann meinen Vater nicht mehr hassen.“¹

¹ Volkhard Spitzer, Wilhelm Quenzer, Siegfried Scharrer, Jesus People – nur eine Episode? EZW-Information Nr.50, EZW, Stuttgart III / 1972, pages 2-3

¹ Volkhard Spitzer, Wilhelm Quenzer, Siegfried Scharrer, Jesus People – nur eine Episode? EZW-Information Nr.50, EZW, Stuttgart III / 1972, Seite 2-3

But we can read more there than just a story of fast Christian success: both give us honest information about how, after this initial sense of elevation, there were relapses, and they had to battle with their AIDS illnesses.

My observations of life-changing experiences thanks to the gospel of Jesus Christ, in professional Christian therapy and counselling as well, lead me to state that there are three groups of persons.

The persons in the first group continue, after these initial radical changes, to live in lasting stability. Persons in the second group experience, after the initial sense of elevation, an alternating series of setbacks and advances, but, after some years, can look back and say that, seen as a whole, it has become better. And there is a third group, for whom there was either no initial sense of elevation, or, after the initial elevation, they are soon led back into the battle with the old life style and having to wrestle with long-term damage.

One thing is clear to me: all three groups are equally valuable Christians and our human standards will probably not evaluate these persons as God does.

I believe that our approach is much too strongly fixed on reaching goals to be able to speak of success in cases where, I suspect, God notices rather the steps forward that the individual makes.

“Each person ‘begins’ his journey at a different starting point and has extremely different experiences along the further path.

There are persons who have suffered much through the fault of others, through the turning away from God in their immediate environment, persons who have received little love in their family, their childhood (or later), who have grown up in a very legalistic environment with a lack of life. And there are people who have been privileged to enjoy the blessing of a completely different kind of family and environment, one bearing the imprint of love and God’s presence...

Furthermore, we are often very blind for the network of causes as God sees it. Not only do we fail to notice the different initial conditions, but, in some cases, we do not notice the consequences of an inadequate relationship with God.

Auch Giuseppe Milazzo und Markus Röthlisberger haben diese Erfahrung gemacht, wie wir in den folgenden Berichten lesen können. Aber wir können noch mehr lesen als eine schnelle, christliche Erfolgsgeschichte: Beide geben ehrlich darüber Auskunft, wie sich nach diesem anfänglichen Hoch wieder Rückfälle einstellten und sie mit ihrer Aids-erkrankung zu kämpfen haben.

Meine Beobachtungen von lebensverändernden Erfahrungen dank des Evangeliums von Jesus Christus, auch in professioneller christlicher Therapie und Beratung, führen mich zu der Behauptung, dass es drei Gruppen von Personen gibt.

Die Personen der ersten Gruppe leben nach diesen anfänglichen umwälzenden Veränderungen dauerhaft ein stabiles Leben. Personen der zweiten Gruppe erleben nach dem anfänglichen Hoch einen Wechsel von Rückschritten und Schritten nach vorne, können aber nach Jahren im Rückblick sagen, dass es im Ganzen gesehen besser geworden ist. Und es gibt eine dritte Gruppe, wo es entweder zu gar keinem anfänglichen Hoch gekommen ist oder es nach dem anfänglichen Hoch bald wieder in den Kampf mit dem alten Lebensstil zurückführt und sie auf Dauer mit Beschädigung zu ringen haben.



Crash
Zusammenbruch
(Anita Sieber Hagenbach)

Eines steht für mich fest: Alle drei Gruppen sind gleichwertige Christen und wie Gott den einzelnen bewertet, wird wahrscheinlich unseren menschlichen Maßstäben nicht entsprechen.

Ich glaube, wir gehen viel zu sehr von der Erreichung von Zielen aus, um von einem Erfolg zu sprechen, während ich vermute, dass Gott mehr die Fortschritte sieht, die der Einzelne macht.

„Jeder Mensch „beginnt“ seinen Weg an unterschiedlichen Ausgangspunkten und erlebt höchst Unterschiedliches auf dem weiteren Weg.

Es gibt Menschen, die viel unter der Schuld anderer, unter der Beziehungslosigkeit, unter der Abwendung von Gott in ihrer unmittelbaren Umgebung gelitten haben, die wenig Liebe in ihrer Familie, ihrer Kindheit (oder später) empfangen haben, die in einem sehr gesetzesartigen, wenig lebendigen Milieu aufgewachsen sind.

We judge according to what is in front of our eyes and do not look at the heart...

To a certain extent, we are all blind to the addiction of those people who have their whole lives wonderfully under control, we do not notice that such disciplined, controlled persons, who do everything 'right', are in truth precisely the ones who are bound up in their own rules and legal constructions.

To some 'disorders', such as addiction to achievement or lovelessness, we have become so accustomed that we no longer perceive them. We ourselves are so much part of this society, its norms, its values, we ourselves are so strongly entangled in the most various forms of binding, that we are often blind for God's 'normality', for what in God's eyes is a 'symptom'.²

Out of the experiences of the Jesus-People movement, Christian/therapeutic drug work has grown up all over the world. In Switzerland as well, several such therapy centres have been established. I had the privilege of being involved, over twenty years, in developing an institute which has trained many of the staff of these rehab centres and which today offers an official training in social work, the Institute for Christian Psychology, Therapy and Pedagogy in Switzerland (www.icptp.ch).

There I have come to know and to value great men and women of God, including the two authors Giuseppe Milazzo and Markus Röthlisberger.

Und es gibt Menschen, die den Segen einer ganz anderen, einer von Liebe, von Gottes Gegenwart geprägten Familie und Umgebung erleben durften...

Wir sind außerdem oft sehr blind für die Zusammenhänge, wie Gott sie sieht. Nicht nur, dass wir die unterschiedlichen Startbedingungen übersehen, wir bemerken in manchen Fällen keine Konsequenzen einer mangelhaften Beziehung zu Gott. Wir urteilen nach dem, was vor Augen ist, und sehen nicht das Herz an. ...

Wir alle sind ein Stück weit blind für die Sucht der Menschen, die ihr Leben doch so wunderbar im Griff haben, wir merken nicht, dass oft gerade auch disziplinierte, kontrollierte Menschen, die alles „richtig“ machen wollen, in Wirklichkeit Gebundene ihrer eigenen Regeln und Gesetzmäßigkeiten sein können.

An manche „Störung“, wie Leistungssucht oder Lieblosigkeit, haben wir uns so gewöhnt, dass wir sie nicht mehr wahrnehmen. Wir selbst sind so sehr Teil dieser Gesellschaft, ihrer Normen, ihrer Werte, wir selbst sind ebenfalls in die verschiedensten Gebundenheiten verstrickt, so dass wir oft blind sind für Gottes „Normalität“, für das, was bei Gott „Symptom“ ist.²



outbreak
Ausbruch
(Anita Sieber Hagenbach)

Aus den Erfahrungen der Jesus-People-Bewegung hat sich weltweit eine christlich-therapeutische Drogenarbeit entwickelt. Auch in der Schweiz entstanden mehrere solcher Therapiezentren. Ich hatte das Vorrecht, über zwanzig Jahre ein Institut mit aufzubauen, das viele der Mitarbeiter dieser Reha-Zentren ausgebildet hat und heute eine offizielle Ausbildung in Sozialarbeit anbietet, das Institut für christliche Psychologie, Therapie und Pädagogik in der Schweiz (www.icptp.ch).

Ich habe dort großartige Männer und Frauen Gottes kennen und schätzen gelernt, so auch die beiden Autoren Giuseppe Milazzo und Markus Röthlisberger.

² Halder, Kathrin (2011): Die Grundlagen Christlicher Psychologie, Band 2: Zum Wirklichkeitsverständnis der Christlichen Psychologie, pp.200f

² Halder, Kathrin (2011): Die Grundlagen Christlicher Psychologie, Band 2: Zum Wirklichkeitsverständnis der Christlichen Psychologie, S.200f

Steps of liberation from drugs – courage to share with others

Giuseppe Milazzo

As the eldest of three siblings, I came into the world in Ravenna in northern Italy in 1964. As if sensing what was to come later, my mother had great difficulty giving birth to me when the time came. I simply did not want to be born and apparently felt very much at home in her womb. The doctors had to give active help, and after 4 hours I was finally born, healthy and weighing 4050 grams. Precisely at the moment of my birth, a hefty thunderstorm was raging outside, accompanied by hailstones, some as big as golfballs, which left the landscape under a snow-white cover. Two signs?

Until the age of 10, I spent little time with my parents; instead, my first few years were with my grandparents (on my father's side) in Sicily. My parents had gone to Switzerland in 1969. Aged around eight, I entered a Catholic boarding school in Ticino for a further 1 ½ years and was subsequently raised by my grandmother on my mother's side when she came to join my parents in Switzerland.

Aged 10 ½, then, I had finally arrived completely at the side of my parents, but my development began to lead away from them; no relationship developed. Both of my parents worked, and they gave me much (too much!) freedom.

Very soon, at 14, I came into contact with drugs, which opened up a new world for me. With some interruptions, I spent over 25 years of my life in the 'fascinating' world of drugs.

I become a Christian

Back in prison again, in 1984, because of my drug offences, I always attended the visiting service run by a Christian church – more because of coffee and cake than because of the message itself. When I was released in 1985, I received an invitation from a church member, whose manner had impressed me in prison, to come to his church. In the middle of October 1985, I entrusted my life entirely to Jesus and burned all my occult books. I experienced at that time how Jesus can make you free, even without therapy. From one day to the next, and for the next few years, I stopped taking drugs and had, to the astonishment of many and to the joy of my parents, absolutely no withdrawal symptoms. I tackled various jobs, took an active part in the tea-room work of the church fellowship, and then went to a Bible school in 1990.

Freisetzende Schritte von Drogen - Mut, andere teilhaben zu lassen

Giuseppe Milazzo

Als Ältester von drei Geschwistern bin ich 1964 in Ravenna, Norditalien zur Welt gekommen. Als mögliche Vorahnung auf das, was später kommen sollte, hatte meine Mutter in der Geburtszeit Mühe, mich auf die Welt zu bringen. Ich wollte einfach nicht geboren werden und fühlte mich offensichtlich in ihrem Mutterleib wohl. Die Ärzte mussten aktiv mithelfen und nach 4 Stunden wurde ich doch noch gesund und mit einem Gewicht von 4050 Gramm in diese Welt hineingeboren.

Genau zum Zeitpunkt meiner Geburt tobte draussen ein heftiges Gewitter, begleitet von Hagelschauern, die zum Teil Golfballgrösse hatten, welche die Landschaft schneeweiss bedeckten. Zwei Zeichen?



Bis zu meinem 10. Lebensjahr war ich nicht viel bei meinen Eltern, sondern verbrachte zuerst einige Jahre bei meinen Grosseltern (väterlicherseits) in Sizilien. Meine Eltern waren 1969 in die Schweiz gegangen. Etwa mit acht Jahren kam ich für weitere 1 ½ Jahre in ein katholisches Internat im Tessin und wurde anschliessend noch bei meiner Grossmutter mütterlicherseits erzogen, die meinen Eltern in die Schweiz nachgezogen war.

Als ich dann mit 10 ½ Jahren schliesslich ganz zu meinen Eltern gestoßen war, begann ich mich von ihnen weg zu orientieren, es entstand keine Beziehung. Meine Eltern arbeiteten beide und gaben mir sehr viele (zu viele!) Freiheiten.

Sehr schnell kam ich dann als 14-Jähriger mit Drogen in Berührung, womit sich für mich eine neue Welt erschloss. Mit einigen Unterbrechungen verbrachte ich insgesamt über 25 Jahre meines Lebens in der 'faszinierenden' Welt der Drogen.

Ich wurde Christ

Mal wieder im Gefängnis, 1984, aufgrund meiner Drogendelikte ging ich dieses Mal immer zu dem Besuchsdienst einer christlichen Gemeinde, mehr wegen Kaffee und Kuchen als wegen der eigentlichen Botschaft. Als ich 1985 entlassen wurde, bekam ich von einem Gemeindemitglied, der mich im Gefängnis durch seine Art beeindruckt hatte, eine Einladung in die Gemeinde zu kommen. Mitte Oktober 85 vertraute ich dort mein Leben ganz Jesus an und verbrannte alle meine okkulten Bücher. Ich erlebte damals, dass Jesus frei machen kann, auch ohne Therapie. Vom einen Tag auf den anderen konsumierte ich in den darauffolgenden Jahren keine

Relapse into drugs

During a holiday from the Bible school, at Easter 1991, I met an old acquaintance from my earlier drugs scene. He asked me if I could drive him in my car to buy drugs. I agreed, with the thought of telling him about Jesus during the journey.

As we entered the notorious Platzspitz, previously so familiar to me, I was simply "overwhelmed" by the atmosphere and, after this long time of abstinence, was drawn into a massive relapse into drug taking. Attempts by the church or the Bible school to get me out again no longer got through to me.



Through the subsequent vegetative living in the street and after a stay in South America, where I was furthermore infected with the HI-virus, it became clear to me that things could not continue this way. There followed some efforts to become a little more socially integrated. I joined a substitution programme with Methadone.

Yet, after a short time, this was no longer enough for me, and I began to obtain additional substances again. Following a long series of attempted withdrawals (c. 15!), which all failed, however, I became depressive. Hopelessness prevailed.

I anaesthetised myself with substances containing Benzodiazepine and was mostly asleep. In this way I tried to counteract the hopelessness. During this time, I also became strongly addicted to cocaine, could escape depression during this high at least. But the downward-rushing spiral became constantly tighter and deeper.

Drug therapy

A Christian family from my earlier church had not yet given up on me, had repeatedly found me to encourage me to get out of drugs.

Through them I realised that I often wanted to provide my help myself and, above all, alone. But it simply was not possible to continue this way! I made a renewed attempt and entered a Christian drug withdrawal station. There I made a "cold turkey" withdrawal, which was still customary at that time and which shook me severely for three weeks. After 5 weeks, I was able to move, in 1993, to a Christian therapeutic institute.

Drogen mehr und hatte zum Erstaunen vieler und zur Freude meiner Eltern, trotz massiver Abhängigkeit von verschiedensten Substanzen, überhaupt keine Entzugerscheinungen. Ich ging verschiedenen Jobs nach, nahm aktiv in der Teestubenarbeit am Gemeindeleben teil und besuchte 1990 dann eine Bibelschule.

Der Drogenabsturz

Während eines Urlaubs von der Bibelschule, Ostern 1991, traf ich einen alten Bekannten aus der früheren Drogenszene. Dieser fragte mich, ob ich ihn mit meinem Auto zum Drogenkauf fahren könnte. Ich willigte ein, mit dem Gedanken, ihm auf der Fahrt von Jesus zu erzählen.

Als wir den berühmten, mir von früher vertrauten Platzspitz in Zürich betraten, „überfiel“ mich einfach die Atmosphäre und ich wurde sofort nach dieser langen Abstinenzzeit in einen massiven Drogenrückfall hineingezogen. Die Versuche der Gemeinde oder von der Bibelschule mich wieder zurückzuholen, erreichten mich nicht mehr.

Giuseppe in the foreground in white in the Zurich drug scene (Letten)

Giuseppe vorne in weiß in der Züricher Drogenszene (Letten)

Durch das folgende Dahinvegetieren auf der Gasse und nach einem Aufenthalt in Südamerika, wo ich mich auch mit dem HI-Virus infizierte, wurde mir bewusst, dass es so nicht mehr weitergehen konnte. Es folgten einige Bemühungen, einigermaßen gesellschaftsfähiger zu werden. Ich stieg in ein Substitutionsprogramm mit Methadon ein.

Doch bereits nach kurzer Zeit genügte mir dies nicht mehr und ich begann mir wieder zusätzlichen Stoff zu besorgen. Nach einer langen Reihe von Entzugsversuchen (ca. 15!), die jedoch alle scheiterten, wurde ich depressiv. Hoffnungslosigkeit machte sich breit.

Ich betäubte mich mit Benzodiazepin haltigen Stoffen und schlief vorwiegend. So versuchte ich der Hoffnungslosigkeit zu entgehen. In dieser Zeit wurde ich dazu noch stark Kokainsüchtig, konnte zumindest während dieses Rausches der Depression entgehen.

Doch die abwärtstreibende Spirale wurde immer enger und tiefer.

Die Drogentherapie

Eine christliche Familie aus meiner früheren Gemeinde hatte mich noch nicht aufgegeben, war mir immer wieder mal nachgegangen, um mir Mut zum Ausstieg zu machen.

Durch sie wurde mir bewusst, dass ich mir oft selber und vor allem alleine helfen wollte. So konnte es einfach nicht mehr weitergehen! Wieder versuchte ich einen neuen Anlauf und trat in eine christliche Drogenentzugsstation ein.

Dort machte ich einen kalten Entzug, was zu jener Zeit noch üblich war und mich drei Wochen hart beutelte.

At the beginning I thought it would a short time of therapy for me. After all, I had already been a Christian for several years and had got to know the Bible pretty well.

In the therapeutic/spiritual counselling sessions which followed, I was pressed to examine my childhood and to find deficits which might have opened the door wide to a life in the world of drugs.

I began to look intensively into the eight stages of personality development according to Erik H. Erikson, read books on identity and personality development and, bit by bit, was able to deal with a number of deficits.

It took months, indeed years, to recognise that I would probably never be able to compensate completely for these deficits and to learn how to live with this. My relationship with my father in heaven was especially helpful to me, and I was often able to pour out my heart before him in tears. This made a big contribution to enabling me to experience healing step by step. Conversations with my parents were also a great help in this. We held each other in our arms often, offered each other forgiveness, and wept.

Reconciliation with my parents

During this time, I was able to make a large contribution towards both my parents' finding Jesus and being today active members of an independent church in Sicily.

A short time ago, my mother phoned and described to me how my father had collapsed during a church service; in tears, she had to admit to me that, if she had known this Jesus earlier, she would very probably have been at my side in a different way and supported me.

Both really only wanted the best, had lived through the confused circumstances of World War II, had experienced great hunger, and fundamentally wished for nothing other than that their children should have a better future. The decisions they made at that time can be explained by these experiences. They did not know any better.

Lack of security and recognition

Due to the fact that I was "moved around" a lot as a child, I probably experienced too little security and recognition. When I started taking heroin at the age of 17, on the other hand, I experienced this security, at least as long as the effect lasted. I felt as if I was wrapped in cotton wool. On top of this came the fact that I started to deal in drugs at this time. Suddenly, I was someone and was respected. I had thus found pseudo-recognition.

Identity: who am I?

Many more wounds from my childhood came out into the light; above all, the fact that, inwardly, I felt myself to be neither Italian nor Swiss shocked me profoundly.

In the following years, I named this the homelessness syn-

Nach 5 Wochen konnte ich 1993 in eine christlich-therapeutische Einrichtung wechseln.

Zu Beginn dachte ich, dass es für mich eine kurze Therapiezeit werden würde. Schliesslich war ich doch bereits seit einigen Jahren Christ und kannte die Bibel schon recht gut.

In den nun folgenden therapeutisch-seelsorgerlichen Gesprächen wurde ich angehalten auf meine Kindheit hinzusehen und Defizite zu finden, die den Weg für ein Leben in der Welt der Drogen womöglich Tür und Tor geöffnet hatten.

Ich begann mich intensiv mit den acht Stufen der Ich-Entwicklung nach Erik H. Erikson zu beschäftigen, las Bücher über Identität und Persönlichkeitsentwicklung und konnte nach und nach viele Defizite aufarbeiten.

Es brauchte Monate, ja Jahre, zu erkennen, dass ich diese Defizite wohl nicht ganz ausgleichen können würde, und zu lernen, damit umzugehen. Die Beziehung zu meinem Vater im Himmel half mir besonders

und ich konnte mich bei ihm oft ausweinen. Dies hat viel dazu beigetragen, dass ich nach und nach Heilung erleben durfte. Auch die Gespräche mit meinen Eltern waren mir dabei eine grosse Hilfe. Wir lagen uns mehrmals in den Armen, sprachen uns Vergebung zu und weinten.

Versöhnung mit den Eltern

In dieser Zeit durfte ich viel dazu beitragen, dass meine Eltern beide zu Jesus fanden und heute in einer Gemeinde in Sizilien aktive Mitglieder einer Freikirche sind.

Vor kurzem rief mich meine Mutter an und berichtete mir, wie mein Vater im Gottesdienst zusammengebrochen sei und sich unter Tränen eingestehen musste, dass, wenn sie früher diesen Jesus kennengelernt hätten, sie mir mit grosser Wahrscheinlichkeit anders unterstützend zur Seite gestanden hätten.

Beide wollten eigentlich nur das Beste, hatten die wirren Zustände des 2. Weltkrieges erlebt, mussten viel Hunger leiden und wollten grundsätzlich nichts anderes, als ihren Kinder eine bessere Zukunft geben. Die Entscheidungen, die sie damals trafen sind, sind aufgrund dieser Erlebnisse zu erklären. Sie wussten es nicht besser.

Fehlende Geborgenheit und Anerkennung

Durch die Tatsache, dass ich als Kind viel 'herum geschoben' wurde, erlebte ich wohl zu wenig Geborgenheit und Anerkennung. Als ich mit 17 Jahren mit dem Heroinkonsum begann, erlebte ich dagegen diese Geborgenheit, zumindest solange die Wirkung anhielt. Ich fühlte mich wie in Watte eingebettet. Dazu kam, dass ich in dieser Zeit begann, mit Drogen zu dealen. Plötzlich war ich jemand und wurde respektiert. Ich hatte somit Pseudo-Anerkennung gefunden.



Giuseppe: prevention and teaching
Prävention und Unterricht

drome, also applying it regarding many Secondos whom I was privileged to get to know and who often experienced it in exactly the same way.

There followed a difficult time during which I had to work on my identity. Healing took place regarding my deep feeling of homelessness and its effects.

Becoming more capable of relationships and facing criticism

In this committed therapeutic community, my dysfunctional behaviour was obvious. I was accused of being spiritually arrogant and of not listening to criticism at all, an accusation which, for a long time, I could accept only partially or not at all.

After fully four months, I simply broke down. I began to understand that I was not capable of dealing with criticism and ignored it whenever it was expressed. My inability to share life with the other members of the group gnawed at me painfully.

The most stubborn challenge was to work on my capacity for relationships and not to give up early. After a long inner battle and countless discussions, I gradually found my place in the community and was able to experience that my identity was not measured by my achievements, but that I was accepted as I was. Yes, it is true: if I admit my weaknesses openly and transparently, I experience God's helping and protecting hand, which is over me and surrounds me. For me, capacity for relationships now means being capable of living and behaving acceptably in the family, amongst friends and in society.

After fully two years, I left the therapeutic living group and continued, for about a year, to live near this institution. It had also become clear to me that my biography would never allow me to rest on my laurels in any big way, and that I would be in a therapeutic/counselling process for the rest of my life. For this reason, I go regularly to a

Identität: Wer bin ich?

Viele weitere Verletzungen aus meiner Kindheit wurden ans Licht gebracht, vor allem die Tatsache, dass ich mich in meinem Innern weder als Italiener noch als Schweizer fühlte, erschreckte mich zutiefst. Ich habe dem in den folgenden Jahren den Namen Heimatlosigkeitssyndrom gegeben, dies auch im Hinblick auf viele Secondos, die ich kennenlernen durfte und von denen es oftmals nicht anders erlebt wurde.

Es folgte eine schwere Zeit, in der ich an meiner Identität arbeiten musste. Heilung in meinem tiefen Empfinden der Heimatlosigkeit und deren Auswirkungen geschah.

Kritik- und beziehungsfähiger werden

In dieser verbindlichen therapeutischen Lebensgemeinschaft fiel mein dysfunktionales Verhalten auf. Man hielt mir vor, geistlich hochmütig zu sein und dass ich mir nichts sagen lassen wollte, was ich eine lange Zeit sehr schlecht bzw. gar nicht annehmen konnte.

Nach gut vier Monaten brach ich schlichtweg zusammen. Ich begann zu verstehen, dass ich nicht fähig war, mit Kritik umzugehen und mich jedes Mal darüber hinwegsetzte. Auch meine Unfähigkeit zur Gemeinschaft mit den übrigen Gruppenmitgliedern nagte sehr an mir.

Das hartnäckigste Stück war wohl, an meiner Beziehungsfähigkeit zu arbeiten und nicht frühzeitig aufzugeben. Nach langen inneren Kämpfen und unzähligen Gespräche fand ich langsam meinen Platz in der Gemeinschaft und durfte erleben, dass meine Identität nicht an dem gemessen wird, was ich leiste, sondern dass ich angenommen bin, wie ich bin. Ja, es stimmt, wenn ich offen und transparent zu meinen Schwächen stehe und dem auch Ausdruck verleihe, erlebe ich die helfende und schützende Hand Gottes, die über mir ist und mich umgibt. Beziehungsfähig heisst für mich jetzt, in der Familie, im Freundeskreis und in der Gesellschaft lebens- und tragfähig sein.

Nach gut zwei Jahren trat ich aus der therapeutischen Wohngemeinschaft aus und wohnte noch gut ein Jahr in der Nähe der Institution.

Mir war auch bewusst geworden, dass meine Biographie es mir nie gross erlauben würde, mich auf Lorbeeren auszuruhen und dass ich ein Leben lang in einem therapeutisch-seelsorgerlichen Prozess sein würde. Aus diesem Grunde gehe ich heute regelmässig zu einem pensionierten Pfarrer in die Seelsorge und einmal im Monat zu einem Arzt und Psychotherapeut, der sich auf Sucht spezialisiert hat. Es ist mir wichtig, weich im Herzen und somit immer wieder lernfähig zu bleiben, aber auch bereit zu sein, immer wieder ‚neu‘ anzufangen.



Paragliding
Beim Gleitschirmfliegen

retired pastor for spiritual counselling and once a month to a physician/psychotherapist who specialises in addiction. It is important to me that I remain soft in my heart and thus always capable of further learning, but also to be ready to start 'anew' repeatedly.

In the following 5 years, I was able to achieve peace, married in 1996. Despite my HIV-positive status, and without medication therapy, we were able to produce a healthy child, born 1999, and my wife and son have remained negative.

Initially, I worked with the severely handicapped, which motivated me to complete a training course in social therapy. This was followed by youth work with the local authority, and finally, until 2008, I was employed in a residential youth centre.

This all sounds very good, a typical career in drugs with a Christian happy end.

But, at the end of 1999, the relationship with my wife was becoming more and more difficult. She had no problems with my HIV-positive condition, but we were not successful in getting the many little daily relationship battles and difficulties under control, leading to separation in 2006 and divorce in 2012.

My cultural background, but also my Christian principles, made it very difficult for me to deal with this. I also lost the vision for my life, or at least I thought I did, and for years I had little or no defence mechanism against these feelings.

I must also mention that I had four shorter relapses between 2002 and 2010, always with cocaine. The longest lasted three months.

When the divorce came in 2012, I had reached such a low state that my body, perhaps also weakened by the HIV medication which I had been taking regularly since 2008, collapsed. I lost over 15 kilos within a couple of weeks. I did not want to die in this way! Nor did I want to leave behind my 13-year-old son, who was now living with me, under these circumstances. These thoughts would not let me go, and I still remember how, for several hours during one night, dizziness attacks, heart palpitations and anxiety tortured me. The next day, I was admitted to the regional hospital as an emergency case. Although they succeeded there in bringing me back, I had to take strong tranquilising medication after I left the hospital.

After the stay in hospital, I joined a church again, and was able to phase out the tranquilising medication during the following months.

The remaining medication therapy for my HIV-positivity was showing such strong side effects, however, that I had to give up my work in the social pedagogics field. Repeatedly, in the past decades, I have been successful in not staying down, but in getting back up. In recent days, a Bible verse has been laid on my heart, one that I had received several times many years ago:

In den folgenden 5 Jahren konnte ich zur Ruhe kommen, heiratete 1996. Trotz meiner HIV-Positivität und ohne medikamentöse Therapie durften wir ein gesundes Kind 1999 zur Welt bringen, und meine Frau und mein Sohn sind negativ geblieben.

Zunächst hatte ich mit Schwerbehinderten gearbeitet und war dadurch motiviert worden eine Ausbildung in Sozialtherapie zu absolvieren. Daran schloss sich eine Tätigkeit in der Jugendarbeit in der politischen Gemeinde an und bis 2008 war ich schließlich in einer stationären Einrichtung für Jugendliche tätig.

Das hört sich gut an, eine typische Drogenkarriere mit christlichem Happy End.

Aber Ende 1999 wurde die Beziehung zu meiner Frau immer schwieriger. Sie hatte keine Probleme mit meiner HIV Positivität, aber es gelang uns nicht, die vielen kleinen täglichen Beziehungskämpfe und Schwierigkeiten in Ordnung zu bringen, so dass es 2006 zur Trennung und 2012 zur Scheidung kann.

Mein kultureller Hintergrund, aber auch meine christlichen Grundsätze, machten es mir sehr schwer, damit umzugehen. Auch verlor ich die Vision für mein Leben oder zumindest meinte ich dies, und konnte mich über Jahre hinweg diesen Gefühlen schlecht bis überhaupt nicht erwehren.

Erwähnen muss ich, dass ich zwischen 2002 und 2010 vier kürzere Rückfälle hatte, immer mit Kokain. Der längste dauerte drei Monate.

Als 2012 die Scheidung kam, war ich so an einem Tiefpunkt angekommen, dass mein Körper, vielleicht auch durch die HIV-Medikamente, die ich seit 2008 regelmäßig einnehme, zusammenbrach. Ich nahm innert ein paar Wochen über 15 Kilo ab.

Ich wollte so nicht sterben! Auch wollte ich meinen 13-jährigen Sohn, der jetzt bei mir lebt, nicht so zurücklassen. Diese Gedanken liessen mich nicht mehr los und ich weiss noch, wie mich in einer Nacht Schwindelanfälle über mehrere Stunden, Herzrasen und Ängste quälten. Am anderen Tag wurde ich notfallmässig in das Regionalspital eingeliefert.

Dort konnte man mich zwar wieder auffangen, aber als ich aus dem Spital entlassen wurde, musste ich starke Beruhigungsmittel nehmen.

Nach dem Spitalaufenthalt schloss ich mich wieder einer Gemeinde an und setzte in dem folgenden Monate die Beruhigungsmedikamente erfolgreich ab.

Die verbleibende medikamentöse Therapie in Bezug auf meine HIV-Positivität zeigte aber so starke Nebenwirkungen, dass ich mit der Arbeit im sozialpädagogischen Bereich aufhören musste.

Immer wieder gelang es mir in den letzten Jahrzehnten, nicht liegenzubleiben, sondern aufzustehen.

In letzter Zeit bekam ich wieder einen Bibelvers aufs Herz gelegt, den ich vor langen Jahren bereits mehrmals bekommen hatte:



“For I know the thoughts that I think towards you, says the Lord, thoughts of peace, and not of evil, to give you a future and a hope.”

Jeremiah 29: 11

I do not have to evaluate myself according to what I achieve; rather, precisely the way in which I think about my life makes me what I am – loved, valuable and unique, amid all my weaknesses. In this, the great love of our heavenly Father is shown.

The miracle is to experience repeatedly that God does not condone my deeds, but stands without reservation on my side if I am prepared to admit my weaknesses.

Since my son learned about my being HIV-positive, I have begun in recent months to speak openly and transparently about my HIV status and give talks in this field, work in prevention regarding both HIV and AIDS, and also once again in the field of addiction.

Justified hope

What are the grounds for my justified hope that relapses will not occur again? The regular counsellings are in my experience helpful and strengthening. In my church, I have found a active place, with everyone knowing about my career in drugs. With thankfulness I note that the potential for feeling shame because of my life story is decreasing all the time. Anyone who has ever battled with shame knows that this feeling aims to make one disappear. Turning to drugs was always only a step away. And one other thing has changed, something that previously had surely pushed me into seeking my highs: my large debts – c. quarter of a million Swiss Francs – have now been almost entirely repaid. A huge pressure has been removed.

Courage to face truth and courage to take liberating steps is now more necessary than ever in the areas of HIV-positivity and in addiction as well, and demands a high degree of inner strength and courage to share with others.

„Denn ich weiss, was für Gedanken ich über euch (dich) habe, spricht der Herr, Gedanken des Friedens und nicht des Leides, euch (dir) eine Zukunft und eine Hoffnung zu geben.“

Jeremia 29,11

Ich muss mich nicht an dem messen, was ich leiste, sondern gerade die Art und Weise wie ich über mein Leben denke, macht mich zu dem, der ich bin – geliebt, wertvoll und einzigartig; dies inmitten meiner Schwächen. Darin zeigt sich die grosse Liebe des himmlischen Vaters.

Das Wunder ist, immer wieder zu erleben, dass Gott nicht meine Taten befürwortet, sich aber ganz und gar zu mir stellt, wenn ich bereit bin, zu meinen Schwächen zu stehen.

Seitdem mein Sohn um meine HIV-Positivität weiss, habe ich in den letzten Monaten begonnen, offen und transparent über meine HIV-Betroffenheit zu sprechen und halte Vorträge in diesem Bereich, leiste Präventionsarbeit sowohl was HIV und Aids angeht, aber auch wieder im Suchtbereich.

Begründete Hoffnung

Worin besteht meine begründete Hoffnung, dass es nicht wieder zu Rückfällen kommen wird?

Die regelmäßigen Gespräche erlebe ich als hilfreich und stärkend.

In meiner Gemeinde habe ich einen aktiven Platz gefunden, wobei jeder von meiner Drogenkarriere weiß. Dankbar nehme ich wahr, dass das vorhandene Scham-potenzial aufgrund meiner Lebensgeschichte immer mehr abnimmt. Jeder, der mit Scham zu kämpfen hat, weiß, dass einen dieses Gefühl zum Verschwinden bringen möchte. Der Griff nach den Drogen lag nahe.

Und eines hat sich noch verändert, das mir viel Kraft gekostet hat, aber mich früher sicher auch in den Rausch getrieben hat: Meine hohen Schulden – ca. eine Viertel-million Schweizer Franken, konnte ich fast abbauen. Ein riesen Druck ist weggefallen.

Mut zur Wahrheit und Mut zu den freisetzenden Schritten ist im Bereich der HIV-Positivität, aber auch im Bereich der Süchte, mehr denn je notwendig und verlangt ein hohes Mass an innerer Stärke und Mut, andere darin teilhaben zu lassen.

“May” instead of “must”: my way out of drugs in serving people

Markus Röthlisberger

My childhood took what is generally considered a normal and orderly course. My parents married young. When my mother was 18, married for a month, I came into the world in 1961 as the eldest of three children.

My father had never been able to enter training because, as the eldest of twelve siblings, he was obliged to earn money as soon as possible. Although he would have been given an apprenticeship, he was not allowed and was not able to start it, for, in his days, the parents had to bear the costs of the training, which father could not afford as a simple worker. My father was indeed at home regularly, but usually came home very late. A certain distance prevailed between us; I did not have the feeling that he had any real interest in what occupied me or how my life was going. I would have liked to tell about my heroic deeds, but somehow his heroes always looked different, or so I thought, at least. He saw his heroes on television or in his regular bar.

With little effort, I was in the top third in terms of average class marks. I was enthusiastic about all movement: especially if a ball came into the game, I felt in my element. For eight years, until I was 16, I played soccer in a sports club. But I was always somewhat smaller than everyone else of my age (more exactly, I was always the smallest). This was something I really struggled with, for I was ignored in various talent selections for upcoming footballers. But it was not only in sport that I felt I was in a back seat: the typical practice at that time of placing in order of size for gymnastic training, in counting the class at school, in the double rows we walked in on school trips, and in the military as well, made it clear to me that I had to orient myself backwards.



I would actually have liked to study. Journalism or sport science would have interested me greatly. But my parents thought that studies of that kind would be expensive and it would be better for me to take an apprenticeship.

Dürfen statt Müssen: Mein Weg aus den Drogen in den Dienst am Menschen

Markus Röthlisberger

Meine Kindheit verlief im landläufigen Sinne normal und in geordneten Bahnen. Meine Eltern heirateten früh. Als meine Mutter 18 Jahre alt war, einen Monat verheiratet, kam ich 1961 als Ältester von drei Kindern zur Welt. Mein Vater hatte keine Ausbildung machen können, weil er als Ältester von zwölf Geschwistern dazu verpflichtet gewesen war, möglichst bald Geld zu verdienen. Obwohl er eine Lehrstelle gehabt hätte, durfte und konnte er diese nicht antreten, denn zu seiner Zeit mussten die Eltern für die Ausbildung aufkommen, was sich sein Vater wiederum als einfacher Arbeiter nicht leisten konnte. Mein Vater war zwar regelmäßig daheim, kam aber meistens spät nach Hause. Zwischen uns herrschte eine gewisse Distanz, ich hatte nicht das Gefühl, dass es ihn wirklich interessierte, was mich beschäftigte oder wie es mir ging. Ich hätte ihn gerne von meinem Heldentaten erzählt, aber irgendwie sahen seine Helden anders aus, so meinte ich zumindest. Diese sah er im Fernsehen oder in seiner Stammkneipe.

Mit wenig Aufwand war ich in der Schule im besseren Drittel des Klassendurchschnittes. Ich war ein begeisterter Bewegungsmensch, vor allem wenn ein Ball ins Spiel kam fühlte ich mich in meinem Element. Acht Jahre lang, bis ich 16 war, spielte ich im Sportverein Fußball. Aber ich war immer etwas kleiner als alle anderen in meinem Alter (genau gesagt: ich war eigentlich immer der Kleinste). Dies machte mir richtig zu schaffen, weil ich bei verschiedenen Talentaussuchen im Fußballnachwuchs nicht berücksichtigt wurde. Aber nicht nur im Sport fühlte ich mich zurückgesetzt, auch das damals praktizierte Aufstellen der Größe nach im Turnunterricht, beim Durchzählen der Schulklasse, auf Schulreisen beim Zweierreihenlaufen und auch beim Militär später wusste ich stets, dass ich mich nach hinten orientieren musste.

Markus with his football team today

Markus mit seiner Fußballmannschaft heute

Ich hätte eigentlich gerne ein Studium gemacht. Journalismus oder Sportwissenschaften hätten mich sehr interessiert. Aber meine Eltern meinten, dass so ein Studium teuer sei und ich doch lieber eine Lehre machen sollte. Auch dass meinem Vater selbst dies verwehrt war, wurde subtil als Argument ins Feld geführt. So erlernte ich den Beruf des Kochs, und konnte mit den damit verbundenen Arbeitszeiten die meisten Sportarten nicht mehr ausüben.

The fact that this opportunity was denied to my father was also subtly introduced into the arguments. So I learned the skills of a cook and, due to the associated working hours, could no longer take part in most sports.

In the same measure as my interest in training waned, the influence of the hotel and restaurant business grew. Besides alcohol, there was regular consumption of cannabis and stimulating drugs in these surroundings; I was not able to keep myself completely out of this, but neither did I slide immediately into extreme drug-taking behaviour. My professional career progressed relatively fast (always accompanied by the necessary narcotic substances), in keeping with my father's motto: "If you want to be somebody, you must earn money and be better than the others, for only performance gives you recognition and love!" I noticed relatively soon that, for me, the combination of "being good and recognised in your job" and "substances for strengthening self-assurance" gave a felt 15 cm increase in body height. I thus achieved something. Somehow, I had always placed relatively high expectations on myself and simultaneously failed to perceive the real limits of my capacities, raising the pressure on myself constantly. This increasing pressure brought with it a correspondingly increased consumption in performance-enhancing substances. My addiction career got started.

When I was caught one day by the police as I was buying my monthly quantity of heroin and cocaine (15 g of each), my licence to manage a restaurant and bar was cancelled. My partner immediately abandoned the sinking ship and my father turned his back on me. According to his world-view, drug addicts belonged to the category of people who should at best be locked away or subjected to an even more radical solution. The house of cards of my life collapsed. My whole façade, outwardly so brilliant, as a successful gastronome and leading cook, was left in shreds. Of my intention of pleasing, of showing those around me that I was also "someone", only the feeling of absolute failure was left. When my restaurant and my standing in the higher gastronomy scene and in my immediate social circle were completely gone, I fled from myself, from all the shame, and into substance abuse. The Platzspitz, "Needle Park Zurich", with its open drug scene and its anonymity, was the only option for me. What then followed, from about 1988, was a drug career of the well-known kind: slipping down the social ladder, living in a bicycle shed, with the street as my home. Step by step, the excesses of the scene led to comorbid illnesses: I developed HIV and a hepatitis which continues to be therapy-resistant today and to be in danger of forming cirrhosis. It became increasingly clear to me that this would be the final station of my life and that I had not deserved anything better, as a loser and failure who had really had all the prerequisites for a good life, but had let all these things sink into the sand and had disappointed all the people of significance in his life.

The few glimpses of light in this antechamber of hell (as the world's worst drug scene presented itself to me at the time, with daily shootings and deaths) were provided to me by voluntary helpers, who usually came to the scene

Im gleichen Ausmaß wie mein Trainingsinteresse nachließ, nahmen die Einflüsse des Gastgewerbes zu. Neben Alkohol wurden in diesem Umfeld regelmäßig Cannabis und aufputschende Drogen konsumiert, von welchen ich mich nicht wirklich abgrenzen konnte, aber auch nicht gleich in ein exzessives Konsumverhalten abglitt. Ich machte relativ schnell Karriere in meinem Beruf (immer von den nötigen Dopingmitteln unterstützt), getreu dem Motto meines Vaters: „Wenn du jemand sein willst, dann musst du Geld verdienen und besser sein als die anderen, denn nur durch Leistung gibt es Anerkennung und Liebe!“

Ich merkte relativ schnell, dass mir die Kombination „gut und anerkannt zu sein im Beruf“ und „selbstsicherheitsfördernde Substanzen“ gefühlte 15 cm Körpergrößenzuwachs vermittelten. Ich erreichte damit etwas. Irgendwie hatte ich den Anspruch an mich selbst immer relativ hochgesteckt, meine Leistungsgrenzen dagegen nahm ich nicht wirklich wahr, und ich erhöhte den Druck auf mich selbst permanent. Dieser zunehmende Druck zog eine entsprechende Steigerung des Konsums von leistungsfördernden Substanzen nach sich. Meine Suchtkarriere nahm ihren Lauf.

Als ich eines Tages von der Polizei beim Einkauf meiner monatlichen Heroin- und Kokainmenge (je 15 g) erwischt wurde, wurde mir die Bewilligung zum Führen einer Gaststätte und Bar entzogen. Meine Lebenspartnerin verließ daraufhin das sinkende Schiff und mein Vater wandte sich von mir ab. Nach seiner Weltanschauung gehörten Drogensüchtige in die Kategorie von Menschen, die man bestenfalls wegsperren oder eine noch radikalere Lösung anwenden sollte. Mein Lebenskartenhaus fiel in sich zusammen. Mir bröckelte damals meine ganze, nach außen so glanzvolle Fassade des erfolgreichen Gastronomen und Spitzenkochs in großen Fetzen ab. Von meiner Absicht zu gefallen, meinem Umfeld zu zeigen, dass auch ich ein „Großer“ bin, blieb nur das Gefühl des absoluten Versagens zurück.

Als ich dann mein Restaurant, meinen Stand in der gehobenen Gastroszene und in meinem nahen sozialen Umfeld vollends verloren hatte, flüchtete ich, vor mir selbst, der ganzen Scham und hin zum Stoff. Der Platzspitz „Needle Park Zürich“ mit seiner offenen Drogenszene und der Anonymität war für mich die einzige Option. Es folgte dann, so ab 1988, eine Drogenkarriere wie man sie kennt: sozialer Abstieg, wohnen in einem Fahrradschuppen, die Straße als zuhause. Nach und nach hatte das exzessive Szenenleben komorbide Erkrankungen zur Folge: Ich erkrankte an HIV und einer Hepatitisserkrankung, die sich heute immer noch als therapieresistent herausstellt und in der Gefahr steht, Zirrhosen zu bilden.

Es verdichtete sich die Einsicht, dass dies meine Lebensendstation sein würde und ich dies auch nicht anders verdient hätte, als Loser und Versager, der ja eigentlich alle Voraussetzungen zu einem guten Leben gehabt hätte, jedoch dies alles in den Sand gesetzt hatte und alle ihm bedeutsamen Menschen enttäuscht hatte.

Die wenigen Lichtblicke in diesem Vorhof zur Hölle (so präsentierte sich mir die damals weltweit schlimmste

out of Christian motivation. They offered conversations, relationships and nourishment (material and spiritual). In these encounters, around the middle of 1994, a tangible and experiential respect, dignity and acceptance was extended to me. When, during a Christian concert at the drug scene, I received the gift of a real, experienced embrace of God and an assurance of love as if from his mouth, this was a key moment for me. I wept snot and tears, for I felt on the one hand God's pain concerning my current life, and on the other hand I wept tears of joy over the felt complete acceptance and love towards me. I, of all people, who had lost any rights to love and affection because of my values and moral concepts, experienced there, at a moment in time when I had nothing left to boast about, this assurance of love, this confirmation: "You are totally o.k. for the time being; regarding everything that is to come, we will speak soon!"



From this day on, I started to form thoughts of getting out, making a real attempt at this and accepting help from a Christian inpatient therapy facility. After almost dying several times in the drug scene and finally being brought into intensive care at the last minute, I became increasingly aware that, if I wanted to change anything, it had to be now. Consequently, I was given a place in a Christian inpatient facility from the end of 1994 to 1996, with treatment on a strict stage model of the kind generally applied then. During this time, my first learning experience was to maintain a regular daily routine once again. Relatively soon and successfully, I found how to live with these structures and really flourished in these surroundings of acceptance by people and by Jesus, whom I was privileged to get to know better and better. I could observe some of my own behaviour patterns and tackle them, while others hardly had their surface scratched in

Drogenszene, auf welcher täglich geschossen und gestorben wurde) wurden mir von freiwilligen Helfern geboten, die meistens aus einer christlichen Motivation auf die Szene kamen. Sie boten Gespräche, Beziehung und Nahrung (materielle und geistliche) an. In diesen Begegnungen, so Mitte 1994, wurde mir eine greif- und erlebbare Achtung, Würdigung und Annahme zuteil. Als ich dann während eines christlichen Konzertes auf der Drogenszene eine real erlebte Umarmung Gottes und ein Liebeszusage wie aus seinem Mund geschenkt bekam, war dies ein Schlüsselerlebnis für mich. Ich heulte Rotz und Wasser, denn ich fühlte zum einen Gottes Schmerz über mein aktuelles Leben, zum anderen weinte ich aber auch Tränen der Freude über die gefühlte totale Annahme und Liebe für mich. Ausgerechnet ich, der aus meiner Wert- und Moralvorstellung heraus jeglichen Anspruch auf Liebe und Zuneigung verspielt hatte, erlebte dort, zu einem Zeitpunkt, wo ich mich über nichts mehr rühmen konnte, diese Liebeszusage, diesen Zuspruch: „Du bist zunächst mal total o.k., über alles was kommt, reden wir noch!“

Markus today under the palm
Markus heute unter der Palme

Von diesem Tag an fing ich an, mir über einen Ausstieg Gedanken zu machen, diesen wirklich zu versuchen und die Hilfe einer christlichen stationären Therapieeinrichtung in Anspruch zu nehmen. Nachdem ich auf der Drogenszene mehrere Male beinahe gestorben wäre und schlussendlich im letzten Moment in eine Intensivpflege überführt worden war, verdichtete sich das Bewusstsein, dass, wenn ich nochmal etwas verändern will, dann muss dies jetzt sein. So fand ich Aufnahme in einer christlichen stationären Therapieeinrichtung von Ende 1994 bis 1996, die nach dem dazumal geltenden strengen Stufenmodell geführt wurde. In dieser Zeit lernte ich zunächst wieder einen geregelten Tagesablauf ein- und aufrecht zu erhalten. Ich fand mich relativ schnell und gut in diesen Strukturen zurecht und blühte richtig auf in diesem Milieu der Annahme durch Menschen und Jesus, den ich immer mehr und besser kennen lernen durfte. Ich konnte einige meiner Verhaltensmuster betrachten und angehen, aber einige wurden auch nur angekratzt in dieser therapeutischen Komfortzone. Meine hohe Funktionalität, meine Anpassungsfähigkeit und ein immer noch relativ gut ausgestaltetes Ressourcenportfolio, brachten mir in der Einrichtung schon nach einigen Monaten verantwortungsvolle Positionen innerhalb der Gruppe und im Arbeitsbereich ein. Schleichend und zunehmend fand ich mich unbewusst wieder an einem „Karriereanfang“, jedoch diesmal mit einem christlichen Anstrich (mit Gott im Gepäck ist vieles möglich, selbst das, was ich ohne ihn in den Sand gesetzt hatte). So begann ich dann direkt nach der achtzehn Monate dauernden Suchttherapie ein Studium an einem theologisch-diakonischen Seminar in der Schweiz. Doch befand ich mich schnell wieder

this therapeutic comfort zone. My good functionality, my adaptability and a still relatively well-filled resource portfolio brought me a position of responsibility within the group and working area at the facility even after only a few months. Gradually and increasingly, I found myself, without realising it, at the “beginning of a career”, but this time with a Christian slant (with God in your luggage, much is possible, even in areas where I had failed without him). I thus began, directly after the eighteen months of addiction therapy, studies at a theological/diaconal seminar in Switzerland. Yet I soon found myself in achievement-based thinking, wanting to “be something”. My identity was still strongly determined by what I could do, what my skills were – yes, even by what God was doing in me – all more in the sense of proving my abilities than in deriving my self-esteem from an act of grace and proof of love for my uniqueness.

The inevitable happened: I soon found myself back in the old patterns. The drug scene became my milieu again, but some decisive encounters there led me to a supervised Christian accommodation facility in Basel. Surprisingly, even throughout the drug highs, I had not lost God's closeness in me and had remained sure of his love for me!

At a Christmas celebration in 1999 in Elim House
(when Markus was a resident there)
1999 bei einer Weihnachtsfeier im Haus Elim
(als Markus damals Bewohner war)

It was thus possible for me, in the diaconal Elim House in Basel city, to let myself fall once again into God's hands. One difficult aspect of this was to come again to God, my heavenly father (whom I secretly wished to please as much as my earthly father), with all my failure and with empty hands. After a tooth-and-nail struggle, I finally overcame my intransigence and took steps towards a renewed withdrawal and a repeated short-term therapy, this time, however, going one layer deeper.

But I had to go through another cycle in the scene, reaching homelessness again. But everything I had understood thus far had created a certain foundation of trust in me. I had the privilege of experiencing, step by step, how I could lay down all my guilt before God. It was an unbelievable moment as this load was taken off me. I in turn began to forgive, in various therapy discussions, all those who had become guilty towards me during my life, such as my father. I had learned to forgive him not superficially, but to bring my accusations in full and declare him guilty, yet then to let grace prevail.

For the positive development, in retrospect, all those were responsible who had accompanied me on my way. They have all made a contribution to my being able to recognise who I am, how I was intended to be, and to see myself in my own eyes increasingly in the light of the healthy. How liberating it was to find that life does not consist only of “must”, but that I “may” do much!

im Leistungsgedanken, dem Etwas- sein-wollen. Meine Identität war doch immer noch sehr bestimmt von dem, was man machen konnte, von dem, was ich drauf hatte, ja sogar vom Werk Gottes an mir, alles im Sinne eines Leistungsausweises, als dass sich mein Wert von einem Gnadenakt und Liebesbeweis für meine Originalität ableiten ließ.

Es kam, wie es kommen musste, ich fand mich schnell wieder in den alten Mustern. Die Drogenszene wurde wieder zu meiner Lebenswelt, aber einige einschneidende Begegnungen dort führten mich in eine begleitende christliche Wohneinrichtung in Basel. Überraschend hatte ich selbst im Drogenrausch die Nähe Gottes in mir nicht verloren und war mir seiner Liebe gewiss geblieben!



So konnte ich mich im Haus Elim der diakonischen Stadtarbeit in Basel noch einmal in die Hände Gottes fallen lassen. Das war schon mitunter ein schwieriger Schritt, nochmals vor diesem Gott, dem himmlischen Vater (dem ich heimlich halt auch so gefallen wollte, wie meinem irdischen) zu treten mit all meinen Versagen und mit leeren Händen. Mit Hängen und Würgen bekam ich den Hintern nochmal hoch und machte Schritte zu einem erneuten Entzug und einer nochmaligen Kurztherapie, jedoch dieses Mal mit einer Schicht tiefer.

Aber ich musste nochmals eine weitere Runde in der Szene bis zur Obdachlosigkeit drehen. Doch alles was ich schon verstanden hatte, hatte ein gewisses Grundfundament des Vertrauens in mir geschaffen. Ich durfte jetzt Schritt für Schritt erfahren, meine ganze Schuld bei Gott abwerfen zu können. Es war ein unglaublicher Moment, als mir diese Last abgenommen wurde. Auch begann ich in verschiedenen Therapiegesprächen all den anderen zu vergeben, die in meinem Leben schuldig geworden waren, wie zum Beispiel meinem Vater. Ich hatte gelernt, nicht eine oberflächliche Vergebung zuzusprechen, sondern ihn wirklich anzuklagen, schuldig zu sprechen, ihn dann aber zu begnadigen.

I believe that the decisive point was that I received value in the eyes of people who knew me and nevertheless loved me. In this way, I could learn to admit my failure. They became for me the so-called significant third person, they were there, reliably, I had allowed them to correct me, which they in fact did. And God proved himself in my heart as a constant force, giving me hope and creating meaningfulness.



Für die positive Entwicklung waren im Rückblick alle Menschen entscheidend, die mich auf meinem Weg begleitet hatten. Sie alle haben mit dazu beigetragen, dass ich erkennen konnte, wer ich bin, wie ich gemeint war und dass ich mich in meiner Selbstsicht immer mehr im Lichte des Gesunden sehen konnte. Wie befreiend war das, dass das Leben nicht nur aus „müssen“ besteht, sondern dass ich vieles darf!

Ich glaube, das Entscheidende war, dass ich in den Augen von Menschen Wert behielt, die mich kannten und mich trotzdem liebten. So konnte ich lernen, zu meinem Versagen zu stehen. Sie wurden mir zu den sogenannten bedeutsamen Dritten, sie waren da, verlässlich, ich hatte ihnen erlaubt mich zu korrigieren, was sie auch taten. Und Gott erwies sich in meinem Herzen als eine nachhaltige Größe, die mir Hoffnung gab und Sinn stiftete.

Markus: prevention and teaching
Pravention und Unterricht

In 2004, I began my training as a Christian social therapist. This gave me the opportunity to touch my vulnerable points again, in a completely different dimension and depth and to lay a solid foundation with much teaching, self-awareness seminars and reflection of my own. I have now been working in this way for eight years in a low-threshold addiction centre in Basel (in Elim, where I was once in treatment myself) and am in charge of the social pedagogical programme.

My experience in life is not simply a weight round my neck, but has become a gift. It is the preparation for serving precisely such people as myself, with complex, long and difficult life stories.



2004 begann ich meine Ausbildung als christlicher Sozialtherapeut. Dabei durfte ich noch einmal in einer ganz anderen Dimension und Tiefe an meine wunden Punkte gelangen und mit viel Lehre, Selbsterfahrungsseminaren und eigener Reflektion eine solide Basis legen. So arbeite ich jetzt seit acht Jahren in einer niederschweligen Suchteinrichtung in Basel (in Elim, in der ich selbst einst Bewohner war) und habe dort die sozialpädagogische Leitung inne.

Meine Lebenserfahrung ist mir nicht nur eine Hypothek, sondern auch zum Geschenk geworden. Sie ist die Zubereitung für einen Dienst an ebensolchen Leuten wie mich selbst, mit komplexen, langen schwierigen Lebensgeschichten.

In 2007 I married again, enjoy together with my wife the sea and the sunny south, love deep-sea diving, and sport has gripped me again: weekly squash and badminton and, naturally, football! Besides my work, I train a team for marginalised persons.

These are not things that I must do, but which I may do!

Seit 2007 bin ich wieder verheiratet, genieße gerne mit meiner Frau das Meer und den sonnigen Süden, liebe das Tiefseetauchen, und der Sport hat mich wieder: wöchentliches Squash- und Badmintonspiel und natürlich Fußball! Neben meiner Arbeit bin ich Trainer einer Mannschaft für randständige Menschen.

Das alles muss ich nicht, sondern darf es!

Portrait / Ein Portrait:
Samuel Pfeifer



Samuel Pfeifer

Portrait

By Werner May

Samuel Pfeifer is a consultant for psychiatry and psychotherapy. Since 1988, he has been chief physician at the psychiatric clinic Sonnenhalde in Riehen near Basel. He is well-known from his many books, specialist articles and lectures. One of his special concerns is the interaction of medicine and Christian faith, therapy and spiritual counselling.

Samuel Pfeifer studied medicine at Zürich University and subsequently psychology and theology at Biola University in California, USA. This was followed by advanced training as a consultant in Switzerland.

It was in 1990 that I met Samuel Pfeifer for the first time. In Gwatt on Lake Thun in Switzerland, the landmark German language symposium "Psychotherapie und Seelsorge" ["Psychotherapy and Counselling"], with 400 participants from eight nations, took place, a start signal for many subsequent congresses until today.

We were both, from today's point of view, still very young. As I remember it, Samuel had just returned from a journey to the USA and had experienced the debate going on there on psychology and faith, a world which was still unknown to me at that time. And his own lecture gripped me, delivered with such methodical and didactic skill and showing him to be convinced of his faith and well-grounded in the world of psychology and psychiatry.

And I adopted one of his theses immediately: that he saw love, faith and hope as the basis for an effective therapy. He had previously given an introduction to psychotherapeutic efficacy factor research with reference to the classical work by Jerome Frank (1961) and the current studies by Lambert et al. (1986). The classical psychotherapeutic efficacy factors can without difficulty be associated with these three pillars of Christian faith: faith, hope, love – we both still maintain this today.

And I recall a second point, when he mentioned that he had gone through a burn-out. And indeed, if one looks at his website, www.samuelpfeifer.com, today, it is noticeable that this, alongside the plenitude of publications, has become one of his standard topics. Only a short time ago, in 2012, he spoke on this at the IGNIS Academy conference. But we do not want to pre-empt the rest of this article.

Childhood and youth

"The Christianity with which I become familiar at home was a liberating and enriching experience. For my parents, the Bible was the guideline for a fulfilled life; prayer was a natural dialogue with God. I also experienced in my own life the power of a living faith to carry one through." Thus writes Samuel Pfeifer in 1988. He was born in May 1952 as the eldest of seven children, only seven years af-

Samuel Pfeifer

Im Portrait

Von Werner May

Samuel Pfeifer ist Facharzt für Psychiatrie und Psychotherapie. Seit 1988 ist er Chefarzt der psychiatrischen Klinik Sonnenhalde in Riehen bei Basel. Er ist bekannt durch zahlreiche Bücher, Fachartikel und Vorträge. Ein besonderes Anliegen ist ihm das Zusammenwirken von Medizin und christlichem Glauben, Therapie und Seelsorge.

Samuel Pfeifer studierte Medizin an der Universität Zürich und anschließend Psychologie und Theologie an der Biola University. Darauf folgte in der Schweiz die weitere Facharztausbildung.

1990 habe ich Samuel Pfeifer zum ersten Mal getroffen. In Gwatt am Thunersee in der Schweiz fand das weichenstellende, deutschsprachige Symposium „Psychotherapie und Seelsorge“ mit 400 Teilnehmern aus acht Nationen statt, ein Startzeichen für viele folgende Kongresse bis heute.

Wir waren beide aus heutiger Sicht damals noch recht jung. Nach meiner Erinnerung kam Samuel gerade von einer Amerikareise zurück und zeigte sich kundig über die dortige Auseinandersetzung von Psychologie und Glaube, eine mir damals fremde Welt. Und sein eigener Vortrag fesselte mich, weil er in einer methodisch-didaktisch geschickten Art und Weise referierte, sich von seinem Glauben überzeugt und sich in der Welt der Psychologie und Psychiatrie kundig erwies.

Und eine These habe ich von ihm schon damals übernommen, dass er Liebe, Glaube und Hoffnung als Basis einer wirksamen Therapie betrachte. Zuvor hatte er eine Einführung in die psychotherapeutische Wirkstoffforschung anhand der klassischen Arbeit von Eysenck (1952) und der aktuellen Studien von Lambert et al. (1986) gegeben. Die klassischen psychotherapeutischen Wirkfaktoren lassen sich gut diesen drei Säulen des christlichen Glaubens, – Glaube, Hoffnung, Liebe – zuordnen, das behaupten wir beide heute immer noch.

Und noch ein zweites erinnere ich mich, er erwähnte, dass er ein Burn-Out durchgestanden habe. Und richtig, blickt man heute auf seine Website www.samuelpfeifer.com fällt einem neben der Vielfalt der Publikationen auf, dass dieses Thema zu einem Standardthema geworden ist. Erst kürzlich, 2012, hat er darüber auf der Tagung unserer IGNIS-Akademie gesprochen. Aber wir wollen nicht vorgreifen.

Kindheit und Jugend

„Das Christentum, das ich zuhause kennen lernte, war eine befreiende und bereichernde Erfahrung. Für meine Eltern war die Bibel die Richtschnur für ein erfülltes Leben; das Gebet eine natürliche Zwiesprache mit Gott. Die durch tragende Kraft eines lebendigen Glaubens an

ter the end of World War II, in Graz, Austria. His family, Swiss, really wanted to go to China in missionary service, but China's borders were closed after Mao Tse-tung's victory in the Chinese Civil War in October 1949. His parents therefore decided to go as missionaries to Austria, where his father held Bible studies in various churches and fellowships.

They lived in material poverty but with inner riches. In winter in particular, when their father was more often at home, they came to know him as a very caring man who explained the world to them and supported them in school. The most impressive memories were the devotions around the large family Bible. The father explained the text, but the children were allowed to ask questions and enter discussion – critical questions were also permitted. They were, as Samuel Pfeifer liked to express it, like the family of a Hassidic Rabbi, somewhat outside the “world”, but lively in discourse over the Bible and the questions of the day. Here my father was thoroughly open-minded, looking far beyond the Pietistic horizon. He was licensed to preach in Lutheran churches and maintained good contacts with priests and patres in the Catholic church. And he did something quite unusual for the time: as a spiritual counsellor, he wanted to understand the nature of mental illnesses and therefore attended psychiatric teaching at the local neurological clinic – a guidepost model for Samuel's later life. As a child, Samuel was thus already becoming familiar with love towards those with mental problems.

Student years

In 1971, the family returned to Switzerland because the father had taken on a new task in the Ländli, a Swiss conference and counselling centre (heute <http://www.zentrum-laendli.ch/>). At this point, Samuel was in his heart an Austrian, but his passport and the new culture immersed him in his Swiss surroundings. It was in the restless years of upheaval after 1968 that he started to study medicine in Zurich in 1972. In his free time, he was involved in the Christian youth movement New Life. Young, making a show of strength, earnestly concerned about Christian discipleship, wrestling to live authentically as a Christian in the world: these were the leading characteristics of his student years.

And then there was also Annemarie from the east of Switzerland, a wiry girl in jeans with a wild head of hair and radiant, wide-awake, brown eyes. She was to become his great love. This 18-year-old was studying at the teacher training seminar and Samuel assailed her with a first, eight-page-long letter, full of spiritual principles, but with

Christus habe ich auch in meinem eigenen Leben erfahren.“ So schreibt Samuel Pfeifer 1988. Geboren wurde er als Ältester von sieben Kindern im Mai 1952, nur sieben Jahre nach Ende des Zweiten Weltkriegs, in Graz / Österreich. Seine Familie, Schweizer, wollten eigentlich in den Missionsdienst nach China gehen, aber nach dem Sieg Mao Tsetungs im Oktober 1949 im chinesischen Bürgerkrieg, wurde China dichtgemacht. So entschlossen sich seine Eltern als Missionare nach Österreich zu ziehen, wo sein Vater in unterschiedlichen Kirchen und Gemeinden Predigten und Bibelstunden hielt.

Sie lebten in materieller Armut, aber mit innerem Reichtum. Vor allem im Winter, wenn der Vater mehr zuhause war, lernten sie ihn als einen fürsorglichen Mann kennen, der ihnen die Welt erklärte und sie in der Schule unterstützte. Am Eindringlichsten waren die Andachten rund um die große Familienbibel. Der Vater erläuterte den Text, aber die Kinder durften fragen und diskutieren – auch kritische Fragen waren erlaubt. Sie waren, so drückte es Samuel Pfeifer gerne aus, wie die Familie eines chassidischen Rabbis, etwas außerhalb der „Welt“, aber lebendig im Diskurs um die Bibel und die Fragen der Zeit. Dabei war der Vater durchaus weltoffen, weit über den pietistischen Horizont hinaus. Er hatte die Predigterlaubnis in lutherischen Kirchen und pflegte gute Kontakte mit Priestern und Partres in der katholischen Kirche. Und er tat etwas ganz Ungewöhnliches für seine Zeit: Als Seelsorger wollte er die Natur seelischer Erkrankungen verstehen und besuchte deshalb den Psychatrieunterricht an der lokalen Nerven-klinik – ein wegweisendes Modell für Samuels späteres Leben. Schon als Kind also wurde Samuel mit der Liebe zu psychisch leidenden Menschen vertraut gemacht.



Samuel, third from the left, 1966
Samuel, dritter von links in Österreich, 1966

Und dann, gab es auch noch Annemarie aus der Ostschweiz, ein drahtiges Mädchen in Jeans, mit einem wil-

Studienjahre

1971 kehrte die Familie in die Schweiz zurück, weil der Vater im Ländli, einem Schweizer Tagungs- und Seelsorgehaus (heute <http://www.zentrum-laendli.ch/>) eine neue Aufgabe übernommen hatte. Samuel war zu diesem Zeitpunkt im Herzen ein Österreicher, aber vom Pass und seiner neuen Kultur eingetaucht in die Schweizer Umgebung. Es waren die unruhigen Aufbruchsjahre nach 1968, wo er 1972 in Zürich Medizin zu studieren begann. In seiner Freizeit war er in der christlichen Jugendbewegung New Life engagiert. Jung, sich stark führend, ernsthaft um christliche Jüngerschaft bemüht, ringend um ein authentisches Christsein in der Welt, das waren die Vorzeichen seiner Studienjahre.

Und dann, gab es auch noch Annemarie aus der Ostschweiz, ein drahtiges Mädchen in Jeans, mit einem wil-

a clear message: I love you, I want you, even if it is going to be a long time till I get you!

Today, he has been married to Annemarie for 36 years. She is not only mother of their four sons but, besides studying as a teacher, she also completed additional training as a psychological adviser, is the author of numerous books on Christian education and, ten years ago, went into politics. She was elected to the Grand Council of the City of Basel and as a local councillor in Riehen, where they live. She was in addition for many years the Swiss president of the aid organisation World Vision and for six years also in the administrative council of World Vision International.

Back to Samuel. Besides his studies, his Christian involvement prepared him for his later extensive university teaching activities, although at that point everyone expected that Samuel would choose the path into full-time Christian service. During studies, as in his later psychotherapeutic training, he did not wish simply to listen reluctantly for hours to someone else's thoughts and wait for the lectures to end, but rather, as he was accustomed at home, to reflect on the material himself, leave the beaten paths and develop and test new models. Some professors left a lasting impression on him by their emotional engagement for their patients or by their didactically well-prepared introduction to psychopathological theme complexes. Both became his models, and he later followed their examples, adding his private passion for graphic design.

Although he liked to be immersed in masses of people, he remained, in his own words, something of a recluse, capable of being on his own for hours – which he can still do today. Besides his quiet study in the house of an 80-year-old aunt, the family home in the "Ländli" was the second island of his life. It was from that base, for example, that he accompanied the Indian evangelist Rabi Maharaj around Switzerland; as a result, the continent of India became important to him. The resolution gradually formed in his mind that he should go to India for three months during his free choice study year, the first step towards his later worldwide ties and current involvement in Member Care and Global Mental Health.

Burnout

The apparently securely oriented development of his life suffered a setback in 1980. A time of full professional involvement in a large hospital, the completion of his doctoral thesis, the work on his first book and, alongside all

den Wuschelkopf und strahlenden, wachen braunen Augen. Sie sollte seine große Liebe werden. Die christlichen Veranstaltungen dieser Zeit waren davon geprägt, dass er nach ihr Ausschau hielt, bis es ihm klar war, she's the girl! Die 18-jährige studierte am Lehrerseminar und Samuel überfiel sie mit einem ersten acht Seiten langen Brief, voller geistlicher Grundprinzipien, aber mit der klaren Botschaft: dich liebe ich, dich will ich, auch wenn es noch lange dauern soll!

Heute ist er 36 Jahre mit Annemarie verheiratet. Sie ist nicht nur Mutter ihrer vier Söhne, sondern neben dem Lehrerstudium hat sie sich zu psychologischen Beraterin weitergebildet, ist Autorin christlicher Erziehungsbücher und ist vor zehn Jahren in die Politik gegangen. Sie wurde Großrätin der Stadt Basel und zur Gemeinderätin von Riehen, ihrem Wohnort, gewählt. Zudem war sie über Jahre Präsidentin des Hilfswerks World Vision und über sechs Jahre auch im Verwaltungsrat von Word Vision International.

Zurück zu Samuel. Neben dem Studium bereitete ihn sein christliches Engage-

ment für seine spätere umfangreiche Dozententätigkeit vor, obwohl damals alle erwarteten, dass Samuel den Weg in den Vollzeitdienst wählen würde.

Im Studium wie in der späteren Psychotherapieausbildung wollte er nicht nur mit Widerwillen sich fremdes Gedankengut stundenlang anhören und Vorlesungen absitzen, sondern, wie er es von zuhause her gewohnt war, selbst nachdenken, ausgetretene Wege verlassen und neue Modelle entwickeln und testen. Einige Professoren hinterließen einen nachhaltigen Eindruck, ihr emotionales Einsatz für die Patienten oder ihr gut didaktisch aufbereitete Einführungen in psychopathologische Themenstellungen. Beides wurde ihm zum Vorbild, und er setzt es selber später um, ergänzt durch die private Leidenschaft fürs grafische Gestalten.

Obwohl er gerne in Menschenmassen eintauchte, blieb er, nach seinen Worten, im Herzen eher ein Einsiedler, der gerne stundenlang für sich sein konnte wo und noch heute kann. Neben seinem ruhigen Studierzimmer bei einer 80-jährigen Tante war das Elternhaus Ländli die zweite Insel seines Lebens. Von dort aus begleitete er zum Beispiel als Übersetzer den indischen Evangelisten Rabi Maharaj durch die Schweiz wohl, wodurch ihm auch der Kontinent Indien wichtig wurde. So reifte der Entschluss, im Wahlstudienjahr für drei Monate nach Indien zu reisen, der Auftakt für seine weltweite spätere Verbundenheit und seinem aktuellen Einsatz in member care und global mental health.

Burnout

Diese so scheinbar geradlinige Lebensentwicklung bekam 1980 einen Bruch. Eine Zeit des vollen beruflichen Einsatzes, die Arbeit an seinem ersten Buch, daneben das



Samuel and Annemarie Pfeifer during a talk at a women's breakfast about 1973

Samuel und Annemarie im Einsatz für Jesus in den siebziger Jahren

this, his Christian involvement amongst political refugees – the sum of his activities amounted to “250 % commitment” – led to this inner emptiness and, even deeper, to a genuine crisis of faith which, looking back, Samuel would not want to have missed. He called into question God and his care, and thus also the foundation of his whole life. Here Samuel had not lost his faith but, at most, his “blue-eyed” worldview, as he tells us today, laughing. He could never again forget these fundamental existential experiences of his own suffering; this became a treasure chest when it came to bearing better the suffering of others, but also the suffering in his own life. Annemarie and Samuel's third son died in 1984, 3 months after his birth, a sudden infant death: they found him dead in his cot. Another profound turning point, especially for his wife, who now in her turn had to go through all the basic components of her life of faith again.

Romans 8,17-39: these verses reflected for her the whole curve of her life, from transience to glory. While God's affirmation that nothing could separate her from the love of God (verses 35-39) and God is for her, whoever may be against her (verse 31) had been the content of her wedding texts, she found in the times of suffering in their life together, then and now, a source of strength in verse 17: “... if we indeed share his sufferings in order that we may also share in his glory.”

From our conference last year with Samuel Pfeifer, I took two Bible passages in particular, on the subject of burnout, away with me.

To burnout prophylaxis, in his opinion, belongs the ability to say No – to opportunities, for example, which demand too much from you. On this he writes in one of his brochures: “Some burnout candidates think that a Christian simply has an obligation to get involved wherever the needs of others call for it. But there are situations in the Bible where a No was the only right answer. I am impressed time and again by the self-assurance of the five wise virgins in Jesus' parable. As midnight approaches, the five thoughtless virgins (“foolish” is what the Bible calls them) come to them and ask for oil for their lamps. Would this not have been an excellent opportunity to show them something of God's generosity, to be a witness to them? The answer surprises me repeatedly: “No, otherwise there would not be enough for us and for you; but go to the merchant and buy for yourselves.” (Matthew 25,9) And “What difference does it make if you, for once, are not standing in total commitment on the most exposed battlefield?”

If you burn out, no-one thanks you for it. The preacher Solomon shows he was already aware of this in these

christliche Engagement in der Asylantenarbeit – alles zusammen ergaben „250 % Einsatz“ – führte zu dieser inneren Leere und noch viel tiefer zu einer echten Glaubenskrisis, die im Rückblick Samuel nicht missen möchte. Gott wurde infrage gestellt, seine Fürsorge, und damit, die Grundlagen seines gesamten Lebens. Samuel hatte dabei nicht seine Glauben verloren, sondern höchstens seine Blauäugigkeit, wie er heute lächelnd mitteilt. Diese existenzielle Grunderfahrungen des eigenen Leidens konnte er nie mehr vergessen, wurde zu einem Schatz, das Leid anderer Menschen, aber auch dem Leid in seinem eigenen Leben, besser tragen zu können. Annemaries und Samuels dritter Sohn

starb 1984, 3 Monate nach der Geburt des plötzlichen Kindstodes, sie fanden ihn tot in seinem Bettchen. Ein weiterer tiefer Einschnitt, vor allem auch für seine Frau, die jetzt ebenfalls ihr Glaubensleben durchbuchstabieren musste. Samuel konnte ihr dabei zur Seite stehen.

Römer 8,17-39, diese Verse geben für ihn den ganzen Spannungsbogen ihres Lebens von der Vergänglichkeit bis zur Herrlichkeit wieder. War die Zusage Gottes, dass sie nichts von der Liebe Gottes scheiden könne (Vers 35-39) und dass Gott für sie ist, wer mag wider sie sein (Vers 31) Inhalt ihres Hochzeitstexte, so wurde in den Leidenszeiten des gemeinsamen Lebens, damals und heute, der Vers 37 Quelle der Kraft: „... wenn anders wir mit leiden, auf dass wir auch mit zur Herrlichkeit erhoben werden.“

Von unserer Tagung im letzten Jahr mit Samuel Pfeifer habe ich vor allem zwei Bibelworte zum Thema Burnout mitgenommen.

Zu Burnout Prophylaxe gehöre auch, so meinte er, Nein sagen zu können, zum Beispiel zu Angeboten, die einen überfordern werden. Er schreibt dazu in einer seiner Broschüren: „Manche Burnout-Kandidaten meinen, ein Christ müsse sich eben einsetzen, wenn es die Not anderer Menschen erfordere. Aber es gibt auch Situationen in der Bibel, wo nur ein Nein die richtige Antwort war. Ich bin immer wieder beeindruckt von dem Selbstbewusstsein der fünf klugen Brautjungfern im Gleichnis Jesu. Als Mitternacht herannaht, kommen die fünf gedankenlosen Mädchen („töricht“ nennt sie die Bibel) zu ihnen und bitten sie um Öl für ihre Lampen. Wäre das nicht eine hervorragende Gelegenheit gewesen, ihnen etwas von der Großmut Gottes zu zeigen, ihnen ein Zeugnis zu sein? Die Antwort überrascht mich immer wieder: „Nein, sonst würde es für uns und euch nicht genug sein; geht aber zum Kaufmann und kauft für euch selbst.“ (Matthäus 25,9)“

Und „Was macht es aus, wenn Sie einmal nicht an vor-



Burnout prophylaxis: Chinese cooking – Samuel's favourite dish

Burnout-Prophylaxe: Chinesisch Kochen – Samuels Leibgerichte

words: "Do not be all too righteous and all too wise; why should you destroy yourself?" (Ecclesiastes 7,16). Efforts to overcome his own burnout led him to spend a year, in 1980, as a junior doctor at a mission hospital in Nazareth, Israel. Here it was mainly Palestinian patients that were treated. He learned much regarding emergency medicine, but was also deeply impressed by the Islam-based faith of his patients and their deep humility before God. Here again, a seed was planted for his later life in various worlds – not in the Christian one alone. A conviction was formed that every person seeks God and that, most importantly, God is close to every person, regardless of the confession or religion he belongs to.

The clinic Sonnenhalde in Riehen near Basel

After Samuel Pfeifer had passed through various hospitals as a junior doctor and had finished his training completely (including a year at Biola University in Los Angeles – psychology and theology), he became the young chief physician of the clinic Sonnenhalde near Basel.

In 1897, the Diaconal Sisters' house in Riehen was already thinking about setting up an "evangelical sanatorium for mentally sick females". The Sisters travelled as far as England to gather knowledge. In contrast to the customary safe-keeping and isolation practice of the day with mentally ill patients, there was in that country a sense of the value of human kindness, healing community, regular daily routines and sufficient sleep, all of which are bases for therapeutic treatment of patients. In 1900, the first patients were received in Riehen.

With the enthusiasm he is known for, Samuel took on this task in 1987, at that time with only female patients and with one senior doctor and three juniors. Today the Clinic for Psychiatry and Psychotherapy has 68 beds, a day clinic with 20 places and outpatient services. Eight senior doctors and 20 further doctors, psychologists and therapists are on a total staff of 150.

"By God's grace I am what I am. And his grace in me is not in vain, but I have laboured much more than all of them; yet not I, but God's grace, which is with me." (1 Cor. 15,10). This word of God is likewise written above his life, as Samuel Pfeifer says. He considers it pure grace that, from his instalment address in 1987 to today, more than 25 years later, he does not need to take back anything and that his mission and his plans have proved sustainable. In 1992 the clinic therefore opened its doors to male patients as well. This private clinic is a contract

derster Front in perfektem Einsatz stehen?

Wenn Sie ausbrennen, dankt Ihnen niemand dafür. Das wusste schon der Prediger Salomo, als er schrieb: „Sei nicht allzu gerecht und allzu weise, damit du dich nicht zugrunde richtest.“ (Prediger 7,16).

Die Bewältigung des eigenen Burnouts führte ihn 1980 für ein Jahr als Assistenzarzt an Missionskrankenhaus in Nazareth / Israel. Hier wurden vor allem palästinensische Patienten behandelt. Er lernte viel in Bezug auf Notfallmedizin, aber wurde auch tief beeindruckt vom Glauben seiner Patienten. Auch hier wurde schon ein Grundstock gelegt für sein späteres Leben in unterschiedlichen Welten, also nicht nur in der christlichen. Die Überzeugung entstand, dass jeder Mensch Gott sucht, und vor allem Gott jeden Menschen nahe ist, egal welcher Konfession, welcher Religion, egal ob Atheist oder gottgläubig.

Die Klinik Sonnenhalde, Riehen bei Basel

Nachdem Samuel Pfeifer verschiedene Spitäler als Assistenzarzt durchlaufen und seine gesamte Ausbildung abgeschlossen hatte (inklusive einem Jahr an der Biola University in Los Angeles - Psychologie und Theologie), wurde er junger Chefarzt an der Klinik Sonnenhalde in der Nähe von Basel. (<http://www.sonnenhalde.ch/>)

Schon 1897 hatte das dortige Diakonissenhaus Riehen überlegt, eine „evangelische Heilanstalt für weibliche Gemütskranke“ einzurichten. Die Diakonissen reisten bis nach England, um sich kundig zu machen. Im Gegensatz zur damalig üblichen Verwahrungs- und Ausgrenzungs-

praxis von psychisch kranken Menschen gab es dort schon die Sicht für den Wert von menschlicher Güte, von heilender Gemeinschaft, geregelten Lebensabläufen und genügend Schlaf, insgesamt Ansätze eines therapeutischen Umgangs mit den Patienten. 1900 wurden die ersten Patientinnen in Riehen aufgenommen. Mit der von ihm bekannten Begeisterung stellte sich Samuel 1987 dieser Aufgabe, damals nur weibliche Patienten und mit einem Oberarzt und drei

Assistenten. Jetzt umfasst die heutige Klinik für Psychiatrie und Psychotherapie 68 Betten, eine Tagesklinik mit 20 Plätzen sowie ambulante Dienste. Acht Oberärzte und 20 weitere Ärzte und Psychologen und Therapeuten arbeiten mit, insgesamt sind 150 Mitarbeiter beschäftigt.

„Durch Gottes Gnade bin ich, was ich bin. Und seine Gnade ist nicht vergeblich gewesen, sondern ich habe viel mehr gearbeitet als sie alle; nicht aber ich, sondern Gottes Gnade, die mit mir ist.“ (1.Kor. 15,10) dieses Wort



Team meeting at the Sonnenhalde Clinic
Teambesprechung an der Klinik Sonnenhalde

partner for State services, while approximately a third of the patients choose the clinic principally because of its Christian background.

The author

In 1980, during his time in Israel, his first book, „Gesundheit um jeden Preis? Alternativmedizin und christlicher Glaube“ [“Health at any price? Alternative medicine and Christian faith”] appeared. It burst onto the scene and became a bestseller. As a young scientific journalist and doctor, Samuel conveyed an overview of the articles of faith behind alternative medicine and gave a thoroughly critical account of its effects and side-effects. The alternative health practitioners in Germany in particular were completely horrified and send him mountains of contrary opinions. 30 years later, he is astonished how many of his statements he can still subscribe to today – at that time, he had taken trouble to be carefully critical in his argumentation, suggesting the occult context only through quotations from others, but not placing them in the foreground. He now admits, however, that he wrote in an uninhibitedly controversial tone, not always as politically sensitive as in later years – but precisely this makes the book so worth reading that it is still on the market today. In 1988, his first fundamentally psychiatric book appeared, „Die Schwachen tragen - Moderne Psychiatrie und biblische Seelsorge.“ [„Carrying the weak – modern psychiatry and biblical counselling.“] To write this while employed as senior doctor in a hospital, he worked 80 % time and set up a fine office at home with a computer, which cost him (in 1983) 10,000 Swiss Francs („our second car“, as Annemarie remarked). Samuel attempted to combine in this book his two great gifts: his love for his fellow man suffering mental illness and his passion for comprehensible didactics. In 1993, his next book, „Glaubensvergiftung - ein Mythos? Analyse und Therapie religiöser Lebenskonflikte“ [“Faith poisoning – a myth? Analysis and therapy of religious conflicts.”], was published. The book grew out of his study of an unqualified use of the term “ecclesiogenous neurosis”, also encountered now and again in Christian circles. He personally began at that stage to develop a more phenomenological and culturally sensitive view of the formation and distortion of faith content by pathological procedures, a view he also propounded later in scientific depth in international lec-

Gottes steht ebenfalls über seinem Leben, so Samuel Pfeifer. Er betrachte es als reine Gnade, dass er von seiner Antrittsrede 1987 heute, mehr als 25 Jahre später, nichts zurückzunehmen bräuchte, dass seine Mission und seine Pläne durchgetragen haben. 1992 öffnete sich deshalb die Klinik auch für männliche Patienten. Sie ist heute eine Privatklinik mit staatlichen Leistungsverträgen, etwa ein Drittel der Patienten suchen die Klinik vor allem wegen ihrem christlichen Hintergrundes auf.

Der Autor

1980, während der Zeit in Israel, erschien sein erstes Buch „Gesundheit um jeden Preis? Alternativmedizin und christlicher Glaube“. Es schlägt ein wie eine Bombe und wird zum Bestseller. Samuel hatte darin als junger Wissenschaftsjournalist und Arzt einen Überblick über die Glaubenssätze hinter der Alternativmedizin und eine recht kritische Würdigung von Wirkungen und Nebenwirkungen gegeben. Insbesondere die Heilpraktiker in Deutschland waren hell entsetzt und sandten ihm stapelweise Stellungnahmen. - 30 Jahre später ist er erstaunt, wie viele seiner Aussagen er heute noch unterschreiben kann - er hatte sich damals schon bemüht, vorsichtig kritisch zu argumentieren, die „okkulten“ Zusammenhänge hatte er nur durch Zitate anderer angedeutet, aber nicht in den Vordergrund gestellt. Er gibt allerdings heute zu, dass er in einem unbeschwert pointierten Ton geschrieben hatte, nicht immer so einfühlsam politisch sensibel

wie in späteren Jahren - aber gerade das machte das Buch so lesenswert, dass es bis heute auf dem Markt ist.

1988 erschien sein erstes grundsätzliches Psychiatriebuch: „Die Schwachen tragen - Moderne Psychiatrie und biblische Seelsorge.“ Er hatte dafür während seiner Zeit als Oberarzt in einem Spital nur 80 % gearbeitet und daheim ein schönes Büro mit einem Computer eingerichtet, der

ihm damals (im Jahr 1983) 10'000 Franken gekostet hatte („unser Zweitauto“, wie Annemarie anmerkte).

Samuel hat versucht in dem Buch seine zwei grossen Gaben zu verbinden: seine Liebe zu den psychisch leidenden kranken Mitmenschen und seine Leidenschaft für eine verständliche Didaktik.

1993 folgt das Buch „Glaubensvergiftung - ein Mythos? Analyse und Therapie religiöser Lebenskonflikte.“ Das Buch entstand in der Auseinandersetzung mit einer unqualifizierten Anwendung des Begriffs der „ekklesioge-



Designed by Samuel Pfeifer personally
Von Samuel Pfeifer selbst gestaltet

tures and publications.

In 1995 appeared, as the result of the „Riehen Seminars“ at his clinic in collaboration with the theologian Dr. Hansjörg Bräumer, the book „Die zerrissene Seele - Borderline und Seelsorge“ [„The torn soul – borderline and counselling“]. This book, too, became a long-seller, going through at least seven impressions.

Many of his publications – nine books, alongside a large number of brochures, e-books and lecture recordings – have been translated into ten languages.

The guideline was always those individual life stories which he encountered in his practice which, in a certain sense, fascinated him and challenged him to put them into words.

Living in different worlds

Samuel Pfeifer's starting point was family life with his parents, a source which gave him courage to live open-mindedly. People of other confessions and religions, furthermore, challenged Samuel to go beyond his own religious borders. He is convinced that today's psychological language is a social language which enables people to come into contact with one another across cultures and social classes. He had learned this secular language and was to be seen on the most varied professional platforms worldwide, yet without becoming worldly. Regular participation in professional congresses of the American Psychiatric Association, for example, alternated with visits to the congresses of the American Association of Christian Counselors or the professional conferences „Psychotherapie und Seelsorge“ [„Psychotherapy and Counselling“].

Christian aspects of psychiatric and psychotherapeutic services

Two key ideas are found throughout Samuel's service.

First of all, carrying the weak, which for him primarily means allowing oneself to be touched by the suffering of the individual. This begins with not seeing what is before one's eyes, for example psychological symptoms, conspicuous behaviour or abnormal behaviour, but rather seeing and sensing what is happening in the heart. „There are no laboratory readings, one has to get involved with the person,“ said Samuel Pfeifer in an interview.

And then, living professionally in a three-note-chord: humane – scientifically sound – Christian. Do not remain fixed on what touches you, the humane aspect, the first guiding principle, but develop a professional plan aiming at the goal of a therapy. And here one often moves away from the expectations of, above all, Christian patients, who as a rule bring with them unduly

nen Neurose“, die er auch in christlichen Kreisen immer wieder anzutreffen ist. Er selbst begann bereits damals eine mehr phänomenologische und kultursensible Sichtweise der Formung und Verzerrung von Glaubensinhalten durch krankhafte Vorgänge zu entwickeln, wie er sie später auch wissenschaftlich in internationalen Vorträgen und Publikationen noch vertieft vertrat.

1995 erschien ein Buch als Resultat der „Riehener Seminare“ an seiner Klinik in Zusammenarbeit mit dem Theologen Dr. Hansjörg Bräumer das Buch „Die zerrissene Seele - Borderline und Seelsorge.“ Auch dieses Buch wurde zu einem Longseller, der mindestens sieben Auflagen erlebte.

Viele seiner Publikationen, neun Büchern, daneben eine große Anzahl von Broschüren, e-books und Vortragsaufzeichnungen, wurden in zehn Sprachen übersetzt.

Leitend dabei waren immer die einzelnen Lebensgeschichten, denen er in seiner Praxis begegnet war, die ihn im gewissen Sinne fasziniert haben und herausgefordert haben, in Worte zu fassen.

Leben in unterschiedlichen Welten

Samuel Pfeifers Ausgangspunkt war die Quelle der elterlichen Familie, die ihm Mut gegeben hat, Welt offen zu leben. Menschen anderer Konfessionen und Religionen forderten dazu Samuel heraus über eigene religiöse Grenzen zu gehen. Er ist davon überzeugt, dass die psychologische Sprache heute eine gesellschaftliche Sprache ist, die es erlaubt, Menschen über Kulturen und sozialen Schichten hinweg miteinander zu verbinden. Er hatte diese säkulare Sprache gelernt und bewegte sich in den verschiedensten beruflichen Plattformen weltweit, ohne dabei weltlich zu werden. Zum Beispiel die regelmäßige Teilnahme an den Fachkongressen der American Psychiatric Association wechselte mit Besuchen der Kongresse von American Association of Christian Counselor ab.

Christliche Aspekte des psychiatrischen und psychotherapeutischen Dienstes

Zwei Leitgedanken ziehen sich durch Samuels Dienst.

Zunächst die Schwachen tragen, was für ihn vor allem bedeutet, sich vom Leid des einzelnen berühren lassen.

Das beginnt damit, dass man nicht das sieht, was vor Augen steht, zum Beispiel psychische Symptome, Verhaltensauffälligkeiten oder abnormales Verhalten, sondern zu sehen und zu erahnen, was im Herzen vorgeht. „Es gibt keinen Laborwert, man muss sich mit Menschen auseinandersetzen“, so Samuel Pfeifer in einem Interview.

Und dann, einen Dreiklang professionell leben, menschlich – fachlich – christlich.



International congress on the psychology of religion
at the Free University of Amsterdam, 2002

Internationalen Kongress über Religionspsychologie
an der Freien Universität Amsterdam 2002

high expectations of the effect of prayer and, on the other hand, a disregard for the bodily side of psychological experience.

And so the third step in the chord – Christian – is very important: respecting faith, even in its distorted, weak form, as a resource and valuing it. Respect one's sister or brother, for it also indisputable for Samuel that in therapy in particular – as already mentioned – everything depends on faith, hope and love, even if each person may understand something slightly different under these three terms.

“The goal of perfect mental health often becomes a hindrance for effective care over a long period... only when carers and patients learn to accept the reality of human weakness and the limits of the possible; when they learn to tolerate the tensions of imperfection and of what is ultimately inexplicable in this life; only then is effective long-term therapy possible.” He was already writing this way in 1988.

Samuel Pfeifer can still remember the time when faith was regarded in the professional psychotherapeutic, psychiatric world as a neurotic phenomenon. A change has taken place. Healthy faith as a resource is today uncontested. Christian psychotherapeutic work has thus come out of the ghetto, can show itself publicly increasingly often. In view of this, he is currently at work with two colleagues on a book with the title “Psychotherapie und Spiritualität” [“Psychotherapy and Spirituality”], due in 2014 from the noted publisher Springer-Verlag.

Samuel Pfeifer primarily compares the work of his clinic with the inn-keeper in the story of the Good Samaritan, having the initial task of taking in the stricken person, of going with God in motion towards the sufferer. It is permissible to allow the offer of faith to remain an offer. But we cannot allow the dark sides of Christian to be shut out. A pressure to achieve and religious fears can impose painful limits on life and, in extreme cases, lead to clinical problems.

Since his student days, Samuel Pfeifer has retained a fascination for the interpretation of psychotic illnesses. Repeatedly, he has participated in the discussion about the suspicion of demonisation, has taken the side of the ill against a premature simplification and attribution to the devil of this illness. His conviction has been consolidated: psychopathology has nothing to do, not more to do, with demonisation than his own life has.

“Our knowledge is partial, and we often find no ultimate explanation for the suffering of our patients, particularly in the field of instability of the personality... For this reason, I tend not always to search for causes, but to direct my thoughts to this question: how can I take the affected

Nicht bei dem stehen bleiben, was einen berührt, dem menschlichen Aspekt, der erste Leitgedanke, sondern ein fachliches Raster auf das Ziel einer Therapie hin entwickeln. Und hier bewegt man sich oft von den Erwartungen vor allem christlicher Patienten weg, die in der Regel einerseits eine zu hohe Erwartung an die Wirkung des Gebetes und andererseits eine Geringschätzung der körperlichen Seite des psychischen Erlebens mitbringen.

Und so ist der dritte Schritt im Dreiklang – christlich, sehr wichtig: den Glauben, auch in seiner verzerrten, schwachen Form als Ressource zu respektieren und zu würdigen. Die Schwester oder den Bruder zu achten, weil auch für Samuel unumstritten ist, dass vor allem in der Therapie – wie schon erwähnt – es auf Glaube, Hoffnung und Liebe ankommt, auch wenn jeder etwas anderes unter diesen drei Begriffen verstehen mag.

„Das Ziel eine vollkommene psychische Gesundheit wird oft zum Hindernis für eine effektive Betreuung über lange Zeit hinweg... erst wenn Betreuer und Patienten die Wirklichkeit der menschlichen Schwachheit und die Grenzen des Machbaren anzunehmen lernen; wenn sie die Spannungen der Unvollkommenheit und es letztlich unerklärlichen in diesem Leben aushalten lernen; erst dann ist wirksame Langzeitschäden möglich.“ So schrieb er schon 1988.

Samuel Pfeifer kann sich noch an die Zeit erinnern, wo in der psychotherapeutischen, psychiatrischen Fachwelt der Glaube als ein neurotisches Phänomen betrachtet worden war. Eine Wende hat stattgefunden. Gesunder Glaube als Ressource ist heute unumstritten. Damit ist christlich psychotherapeutisches Arbeiten aus dem Getto herausgekommen, kann so sich immer mehr öffentlich zeigen.

Primär vergleicht Samuel Pfeifer die Arbeit seiner Klinik mit dem Wirt in der Ge-

schichte vom barmherzigen Samariter, mit der Aufgabe zuerst einmal den angeschlagenen Menschen aufzunehmen, mit Gott die Bewegung hin zum Leidenden zu gehen. Das Angebot des Glaubens darf ein Angebot bleiben. Aber auch die Schattenseiten des christlichen Glaubens darf nicht ausgeklammert werden. Leistungsdenken und religiöse Ängste können das Leben empfindlich einschränken und im Extremfall zu klinischen Problemen führen.

Aus seinen Studienzeiten schon bewahrte sich Samuel Pfeifer die Faszination der Interpretation psychotischer Erkrankungen. Immer wieder hat er sich der Diskussion des Dämonisierungsverdachts gestellt, ist für den Kranken eingetreten gegen eine vorschnelle Vereinfachung und Verteufelung dessen Erkrankung. Seine Überzeugung hat sich verfestigt, dass Psychopathologie mit Dämonisierung nichts zu tun hat, nicht mehr zu tun hat, als sein eigenes Leben.



Samuel with his father in 2009

Samuel mit seinem Vater 2009



His own family today
Die eigene Familie heute

persons seriously in their need, provide a response and help them to live better with their disorders?” (Samuel Pfeifer, 1997)

“Carrying the weak”, tolerating weakness: this is for Samuel the great witness to Christian faith.

Closing thoughts: the present and the prospects

In recent years, he has given increasing attention to the topic of Member Care. Support for workers in missions and in humanitarian organisations active in a foreign culture and, as a result, exposed to greater stress and exceptional pressure, has become a concern for the future. Not only burn-out in mission, but also subjects such as how to support and accompany missionaries’ children or questions relating to sexuality in a trans-cultural context are being shared.

On his international travels, he constantly tries to include psychiatric institutes in remote lands in his plans, from a clinic in Senegal to the villages of Bali, where it was still possible to encounter patients chained in their huts. This showed him the significance of mental health in a global context. The international publications are therefore also intended to support the Christian churches in the Third World in accompanying the mentally ill with dignity and sound knowledge, and in carrying them in their weakness.

„Unser Wissen ist Stückwerk, und oft finden wir keine letzte Erklärung für das Leiden unserer Patienten, gerade im Bereich der Instabilität der Persönlichkeit... Aus diesem Grunde neige ich dazu, nicht immer nach den Ursachen zu fragen, sondern das Augenmerk auf die Frage zu legen: wie kann ich die betroffenen Menschen in ihrer Not ernst nehmen, ihnen gegenüber sein und ihnen helfen, besser mit ihren Störungen umzugehen?“ (Samuel Pfeifer, 1997)

„Die Schwachen tragen“, Schwäche ertragen, ist für Samuel das große Zeugnis christlichen Glaubens.

Zum Schluss: Gegenwart und Ausblick

In den letzten Jahren rückte das Thema Member Care mehr in den Blickpunkt. Die Unterstützung von Mitarbeiter in Mission und in humanitären Organisationen, die in einer fremden Kultur arbeiten und dadurch einem höheren Stress und besonderen Belastungen ausgesetzt sind, wurde zu einem zukünftigen Anliegen. Nicht nur Burn-Out in der Mission, sondern auch Themen, zum Beispiel wie man Missionarskinder fördern und begleiten kann oder Fragen um Sexualität im transkulturellen Kontext werden vermittelt.

Auf seinen internationalen Reisen versuchte er immer, auch psychiatrische Einrichtungen in entlegenen Ländern zu besuchen, von einer Klinik in Senegal bis zu den Dörfern Balis, wo er noch Patienten antraf, die in ihren Hütten angekettet wurden. Dies zeigte ihm die Bedeutung seelischer Gesundheit im globalen Kontext. Die internationalen Publikationen sollen deshalb auch den christlichen Kirchen in der dritten Welt Unterstützung

Forum for Questions of Life and Faith, Sonnenhalde Clinic in Riehen

Gerhard Gutscher

The Sonnenhalde Clinic in Riehen, Canton Basel City, Switzerland is a clinic specialising in psychiatry and psychotherapy, with a health service contract for the two half-cantons Basel City and Basel Land. Patients from all over Switzerland come to our clinic for inpatient treatment. The special point about this clinic is the Christian foundation, on which it has been standing for over 110 years. This is why many Christians in particular choose to come to this clinic. It is however open to all, regardless of personal religious convictions.

68 beds in 3 houses are available to patients (Referring always to patients of both sexes). In addition, there is a day clinic with 17 places and two outpatient centres, one in Riehen and one in Basel City.



www.sonnenhalde.ch

The clinic was founded in 1900 by the Diaconal Sisters' House in Riehen. Their Superior wrote about it as follows: "In 1900, the sanatorium Sonnenhalde for the care of mentally ill women was opened, an institution erected in accordance with modern thinking in pavilion-style in a extensive park." (Zeichen der Hoffnung ["Signs of Hope"], page 40). The treatment options at that time were truly modest, as one sister's words indicate: "I initially came to Sonnenhalde for three years, to Chrischona House, where the severe cases were. At that time, there were few methods of treatment available for the mentally ill, and our task was, above all, to keep watch over the patients." (Zeichen..., p.45)

Already modern in its day, the clinic has developed further and today treats men and women aged 16 and above according to the rules of medical practice and based on milieu therapy, using a multi-modal approach to treatment combining psychodynamic, systemic and behavioural-therapeutic aspects in a manner adapted to

Patientenforum zu Lebens- und Glaubensfragen in der Klinik Sonnenhalde in Riehen

Gerhard Gutscher

Die Klinik Sonnenhalde in Riehen Kanton Basel-Stadt/Schweiz ist eine Fachklinik für Psychiatrie und Psychotherapie mit Versorgungsauftrag für die beiden Halbkantone Basel-Stadt und Basel-Land. Patientinnen und Patienten aus der ganzen Schweiz kommen in unsere Klinik zur stationären Behandlung. Die Besonderheit dieser Klinik ist das christliche Fundament, auf dem sie seit über 110 Jahren steht. Daher kommen gerade auch viele Christen ganz bewusst in diese Klinik. Sie steht aber jedem offen unabhängig von seiner persönlichen Glaubensüberzeugung.

68 Betten stehen in 3 Häusern in Ein- und Zweibettzimmern den Patienten* zur Verfügung. Darüber hinaus gibt es eine Tagesklinik mit 17 Plätzen und zwei Ambulanzen, eine in Riehen und eine in Basel-Stadt.

Die Klinik wurde 1900 vom Diakonissenhaus Riehen gegründet. Dazu schreibt die Oberin der Kommunität Diakonissenhaus Riehen: „Im Jahre 1900 wurde die Heilanstalt Sonnenhalde zur Pflege von weiblichen Gemütskranken eröffnet, eine nach modernen Gesichtspunkten im Pavillonstil errichtete Institution mitten in einem weitläufigen Park.“ (Zeichen der Hoffnung, Seite 40) Die damaligen Behandlungsmöglichkeiten waren recht bescheiden. So schreibt eine Diakonisse: „Ich kam zuerst drei Jahre lang in die Sonnenhalde, ins Chrischonahaus, wo die schweren Fälle waren. Damals gab es wenig Therapiemöglichkeiten für psychisch Kranke, und wir mussten die Patientinnen vor allem hüten.“ (Zeichen...S.45)

Die damals schon moderne Klinik hat sich weiter entwickelt und behandelt heute Frauen und Männer ab 16 Jahren nach den Regeln der ärztlichen Kunst auf der Grundlage von Milieutherapie mit einem multimodalen Behandlungsansatz, der psychodynamische, systemische und verhaltenstherapeutische Aspekte in einer auf den

each individual. The motto of the clinic, “humane – scientifically sound – Christian”, is visible in the basic attitude of the staff, in the availability of morning devotional services and, every Monday between 16.45 and 18.00, the

Forum for Questions of Life and Faith

A leaflet informs patients about this option (Forum for...). Every Monday morning, at the morning meeting of the three houses, an open invitation is given for this event in the evening. The aim of the Forum is to take up central questions of life and faith and to join with patients in discussing these. A talk with PP presentation by a member of the clinic staff always comes at the beginning of the Forum. The following subjects (Forum... Information Summary for Patients) are introduced by various members of staff (doctors, psychologists, etc.):

Concepts of God which leave a lasting impression

The concepts of God which we form are not only the result of biblical statements and our personal experience with him. Our experiences (particularly in childhood) of other persons impose their stamp on our ideas of God ...

In need of a rest – self-reflection and self-care

Washed out, burned out, inwardly empty. What state are our soulish energies in when we feel weak? How do we find our way back to the sources of our life? Where can we draw strength without becoming drained?...

Response to disappointments

Disappointments are painful and they can lead to discouragement. But they can also become an opportunity and be beneficial. We allow the experiences of biblical persons to impress themselves upon us and search in discussion for ways in which we can respond to disappointments.

Sorting out refuse in the soul

In this group we try to sort out refuse in the soul and to think through suitable ways of disposing of it.

I would like to give a more detailed description of my own topic:

“Weinen, Klagen, Sorgen und Zagen [Cantata BWV 12] – Job and Bach – let us hear what they are saying to us”

The story of Job is told briefly, his God-fearingness, his exemplary life, his losses: initially of all animals, all possessions, then all children, finally his own health. Completely alone and wretched, he speaks: “Naked I came from my mother’s womb, and naked I shall return. The Lord has given, the Lord has taken away, blessed be the name of the Lord.” (Job 1,21). And a little later: “We receive good from God’s hand; shall we not accept evil?” (Job 2,10). His mental struggle with God and with his friends is described, his standing firm despite the greatest distress and the experience of all his losses. Finally, his new encounter with God: HE encounters Job in the storm and shows him his greatness. Job answers: “I know that you can do all things. Nothing that you wish is impossible for

einzelnen Menschen ausgerichteten Weise verbindet. Das Motto der Klinik: „menschlich - fachlich – christlich“ zeigt sich in der Grundhaltung der Mitarbeiter, im Angebot täglicher morgendlicher Andachten und in dem jeden Montag von 16.45 bis 18.00 Uhr stattfindenden

Forum für Lebens- und Glaubensfragen.

Eine Faltblatt informiert die Patienten über dieses Angebot (Forum für...). An jedem Montagmorgen wird in den Morgentreffs der drei Häuser zu der Veranstaltung am selben Abend eingeladen. Ziel des Forums ist es, wesentliche Fragen des Lebens und Glaubens aufzugreifen und mit den Patienten darüber ins Gespräch zu kommen. Ein Referat eines Mitarbeiters der Klinik mit Präsentation steht jeweils am Beginn des Forums.

*es sind jeweils beide Geschlechter gemeint

Folgende Themen werden von verschiedenen Mitarbeitern der Klinik (Ärzten, Psychologen usw.) behandelt (Forum...Kurzinformation für Patientinnen und Patienten):

Gottesbilder, die prägen

Die Vorstellungen, die wir uns von Gott machen, sind nicht nur durch die Aussagen der Bibel und unsere persönlichen Erfahrungen mit ihm geformt. Auch Erfahrungen, die wir (vor allem in unserer Kindheit) mit anderen Menschen gemacht haben, prägen unsere Vorstellungen von Gott...

Reif für die Insel – Selbstreflexion und Selbstfürsorge

Ausgelaugt, ausgebrannt, innerlich leer. Wie steht es um unsere seelischen Energien, wenn wir uns kraftlos fühlen? Wie finden wir zurück zu den Quellen unseres Lebens? Woraus können wir Kraft schöpfen, ohne erschöpft zu werden?...

Umgang mit Enttäuschungen

Enttäuschungen sind schmerzhaft und sie können zur Entmutigung führen. Sie können aber auch zur Chance werden und heilsam sein. Wir lassen Erlebnisse biblischer Personen auf uns wirken und suchen im Gespräch nach Wegen, wie wir mit Enttäuschungen umgehen können.

Seelenmüll sortieren

In dieser Gruppe probieren wir Seelenmüll zu sortieren und entsprechende Entsorgungsmöglichkeiten zu durchdenken.

Mein Thema möchte ich ausführlicher beschreiben:

„Weinen, Klagen, Sorgen und Zagen – Hiob und Bach – wir wollen hören, was sie uns sagen“

Die Geschichte Hiobs wird kurz erzählt, seine Gottesfurcht, sein vorbildliches Leben, seine Verluste, zuerst alle Tiere, aller Besitz, dann alle Kinder, schließlich die eigene Gesundheit. Ganz allein und elend sagt er: „Nackt bin ich gekommen aus dem Leib meiner Mutter, und nackt gehe

you... I will question you, and you shall teach me! I had heard about you from hearsay, but now my eyes have seen you..." (Job 42, 2-5). God blesses Job anew and gives him gifts in more than plenty.

Then the life story of Johann Sebastian Bach (1685 -1750) is told: born on 21st March 1685 in Eisenach (Thuringia) as the 8th and youngest child of a violinist from a family of musicians. At the age of 9, he loses within 9 months his mother and father and is left an orphan. His elder brother, Johann Christoph, took him into his home and continued to further his great musical talent. He becomes a violinist like his father and an organist. Soon, he is in demand as an organ expert. He becomes famous as a composer and as Cantor of St. Thomas Church in Leipzig, where he works from 1723 until his death. At 22, he marries and has a son, who later also becomes a famous composer (Wilhelm Friedemann). On 23rd February 1713, the twins Maria Sophia and Johann Christoph are born. On the same day, the boy dies, followed by the girl 20 days later. Bach writes the cantata «Weinen, Klagen, Sorgen, Zagen», performed for the first time on 22th April 1714, on "Cantate" Sunday. Writing this work enables him to deal with the loss and the deep sadness. In 1720, his wife Barbara dies, aged only 35. Of his 20 children, 10 die young. J.S. Bach was thus forced to withstand very many losses. He expressed in his music sadness and pain, found and gave consolation. His Passions (St. Matthew Passion, St. John Passion) bring, in word and harmony, the sufferings of Jesus Christ close to every listener. In his oratorios and orchestral suites, the praise of God is heard. Bach has been called the fifth Evangelist. He wrote 210 cantatas, 4-5 cycles for each Sunday.

Job and Bach have in common that, despite painful losses, they held firmly onto their relationship with God, cried out their suffering to him, one in words, one in music, and found their way through to new assuredness. This experience, underpinned in the Forum by musical examples, comforts and encourages many patients and gives them an incentive for further reading (in Job, in the Bible) or to listen to Bach's other music.

Further Forum topics: Accepting oneself; Being happy – desire and disappointment; Forgiving: a difficult challenge; Loss, sadness, new beginning; When one cannot pray anymore and others.



ich wieder dahin. Der Herr hat gegeben, der Herr hat genommen, der Name der Herrn sei gepriesen.“ (Hiob 1,21) Und wenig später: „Das Gute nehmen wir an von Gott, und das Böse sollten wir nicht annehmen?“ (Hiob 2,10) Seine Auseinandersetzung mit Gott und mit seinen Freunden wird beschrieben, sein Standhalten trotz größter Not und angesichts all der erlittenen Verluste. Schließlich seine neue Gottesbegegnung. ER begegnet Hiob im Sturm und zeigt ihm seine Größe. Hiob antwortet: „Ich weiß, dass du alles vermagst. Nichts, was du willst, ist dir unmöglich.... Ich will dich fragen, und du lehre mich! Vom Hörensagen hatte ich von dir gehört, jetzt aber hat mein Auge dich gesehen....“(Hiob 42, 2-5) Gott segnet Hiob erneut und beschenkt ihn überreichlich.

Danach wird das Leben von Johann Sebastian Bach (1685 -1750) erzählt: Geboren am 21. 3. 1685 in Eisenach (Thüringen) als 8. und jüngstes Kind eines Violinisten aus einer Musikerfamilie. Mit 9 Jahren verliert er innerhalb von 9 Monaten seine Mutter und seinen Vater und ist somit Vollwaise. Sein älterer Bruder Johann Christoph nimmt ihn bei sich auf und fördert weiter sein großes musikalisches Talent. Er wird Violinist wie sein Vater und Organist. Bald ist er ein gefragter Orgelgutachter. Berühmt wird er als Komponist und Thomaskantor in Leipzig, wo er seit 1723 bis zu seinem Tod wirkt. 22-jährig heiratet er und bekommt einen Sohn, der später auch ein bekannter Komponist wird (Wilhelm Friedemann). Am 23.2.1713 werden die Zwillinge Maria Sophia und Johann Christoph geboren. Am selben Tag stirbt der Junge, 20 Tage später am 15.3.1713 das Mädchen. Bach schreibt die Kantate: «Weinen, Klagen, Sorgen, Zagen», die am 22.4.1714 am Sonntag Kantate uraufgeführt wird. So verarbeitet er den Verlust und die tiefe Trauer. 1720 stirbt seine Frau Barbara mit nur 35 Jahren. Von seinen 20 Kindern sterben 10 früh. J.S. Bach hat also sehr viele Verluste zu verkraften. Er hat in seiner Musik Trauer und Schmerz ausgedrückt, Trost gefunden und gegeben. Seine Passionen (Matthäuspassion, Johannespassion) bringen in Wort und Harmonie das Leiden Jesu Christi bis heute auf eindruckliche Weise jedem Hörer nahe. Seine Oratorien und Orchestersuiten lassen das Lob Gottes erklingen. Man hat Bach als den fünften Evangelisten bezeichnet. Er hat 210 Kantaten geschrieben, 4-5 Zyklen für jeden Sonntag.

Hiob und Bach haben gemeinsam, dass sie trotz schmerzlicher Verluste an der Beziehung zu Gott festhielten, ihm ihr Leid klagten, der eine in Worten, der andere in Tönen, und zu neuer Zuversicht durchgedrungen sind. Diese Erfahrung, die im Forum durch Musikbeispiele belegt wird, tröstet und ermutigt viele Patienten und regt sie an, weiterzulesen (bei Hiob, in der Bibel) oder Bach's oder andere Musik zu hören.

The patients take the weekly opportunity provided by the Forum and thus incorporate the dimension of faith into their life and suffering.

Weitere Themen des Forums: Sich selber annehmen; Glücklichein - Lust und Frust; Vergeben, eine schwierige Herausforderung; Verlust, Trauer, Neubeginn; Wenn man nicht mehr beten kann, u.a.

Die Patienten der Klinik Sonnenhalde nutzen das wöchentliche Angebot des Forums und beziehen so die Dimension des Glaubens in ihr Leben und Leiden mit ein.

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„We have already tried, and it does not work” – a case report from a marriage counseling

Claudio Agosta

When Marco and Gianna came to their first session, they did not have any clear ideas. As a therapist I was waiting for a clear task, a problem well defined, or, as it often happens, the husband letting loose about everything that runs badly on his wife's side and absolutely must be changed to save the marriage, or vice versa. The marriage of Marco and Gianna was not in ruins, there was no need to put out the fire before starting to rebuild the house... their hope was to improve, grow, because they realized there were some aspects in their relationship that were blocking them. “We have quite a good relationship, but after 16 years of marriage”, they said, “we are still arguing over the same things”. I honored their request and basically they confirmed the principle that marriage counseling should not wait for the worst times in a relationship to be attended, but it is useful to recognize the weak points in time and seek outside help to face them. Their motivation was a solid one, even if the hope for improvement was very vague.

We penetrated into the heart of the aspects of marriage, listening to delicate points (potential sources of conflicts) and we explored diverse areas of their life together. The responses converged continually to the same point: “We have already tried, and it does not work”. Evidently we were dealing with very practical things like:

Education of the children: Gianna is faster and more practical in her decisions, Marco slower and thoughtful. She complains that he does not take a sufficiently clear position, he complains of not having enough space.

Finances: He has the burden of not making enough money to satisfy her demands, she would like to be consulted in expenses, some of them, according to her, unnecessary.

Order at home: He is demanding and a little perfectionistic, while she is not able to keep up with everything, to put priority on order in some corners of the house.

Sexuality: Well! We can imagine... she is not worried if there has been no sexual intercourse for 3-4 weeks, he complains of the infrequency.

Marco and Gianna had already discussed these aspects often between themselves, and also tried to find practical solutions to solve them. As consistent Christians, they also presented these problems to God in prayer, although

“Ci abbiamo già provato, e non funziona” - il resoconto di una consulenza matrimoniale

Claudio Agosta

Quando Marco e Gianna vennero al loro primo colloquio, non avevano le idee in chiaro. Come terapeuta mi aspettavo una presa a carico precisa, un problema ben definito, o, come spesso succede, il marito che si sfoga su tutto ciò che non va nella moglie e che deve assolutamente cambiare per salvare il matrimonio, o viceversa. Il matrimonio di Marco e Gianna non stava andando a rotoli, non bisognava spegnere il fuoco prima di incominciare a ricostruire la casa....La loro aspettativa era di migliorare, crescere, perché si rendevano conto che c'erano degli aspetti nella loro relazione che li bloccavano. “Abbiamo una relazione abbastanza buona ma dopo 16 anni di matrimonio”, dicevano “litighiamo ancora per le stesse cose”. Ho onorato la loro richiesta e in fondo confermavano il principio che la consulenza matrimoniale non dovrebbe attendere i tempi peggiori di una relazione, ma è utile riconoscere per tempo i punti deboli e cercare aiuto esterno per poterli affrontare. La loro motivazione era solida, anche se la speranza di un miglioramento era molto vaga.

Ci addentriamo nel vivo degli aspetti matrimoniali, ascoltando i punti delicati (potenziali sorgenti di conflitti) ed esploriamo le diverse aree di vita in comune. Le risposte convergevano continuamente allo stesso punto “ci abbiamo già provato, e non funziona”. Evidentemente si trattava di questioni molto pratiche come:

- **l'educazione dei figli:** Gianna più veloce e pratica nelle decisioni, Marco più lento e riflessivo. Lei che si lamenta che lui non prende abbastanza posizione, lui che si lamenta di non aver abbastanza spazio.

- **finanze:** lui con il peso di non guadagnare abbastanza per soddisfare le esigenze di lei, lei che vorrebbe essere più consultata in alcune spese, a volte, secondo lei, inutili.

- **l'ordine in casa:** Lui esigente e un po' perfezionista, lei, non riuscendo a stare dietro a tutto, non mette priorità nell'ordine di alcuni angoli della casa.

- **sessualità:** beh, ce lo possiamo immaginare... lei che non si preoccupa se per 3-4 settimane non c'è stato un rapporto sessuale, lui che si lamenta della poca frequenza.

Marco e Gianna avevano già spesso discusso tra di loro su questi aspetti, anche provando a cercare soluzioni pratiche per rimediare. Da cristiani coerenti portavano anche questi soggetti a Dio nelle loro preghiere, anche se piuttosto individualmente.

rather individually. They made efforts, but after a period of 1-2 months in which things were better, they fell back into the same dynamics, arguing again over the things already mentioned. Gianna started not to accept the invitations to go out for dinner with Marco, even though it got out of her daily routine house-children-work-church, because instead of enjoying the evening they fell into arguments, hefty, according to her, on how to improve their weak points.

In the evening, before going to bed, she feared the annoying phrase "we must talk". She therefore avoided these subjects, provoking Marco's reaction of complaining that his wife does not appreciate a husband who speaks, in contrast with other husbands that do not speak, and wishes to solve the problems, in contrast with all these indifferent husbands shown in the newspaper and on TV... "you should be happy," he used to say.

Evidently the solutions found up to that point, for all their good points, were limited to the practical aspect, but there was something that prevented them freeing the blockage, as if they were not able to get below the surface of what they could see. The image of the iceberg was received favourably. The goal of the therapy is not simply to analyze and find solutions for what is practical and visible, but rather to get deeper and speak about intentions, attitudes, heart, concepts of God, expectations, hopes, etc. Things that were unseen at first sight (the part of the iceberg below the water) are more important and numerous than those that are visible! In other words, actions and reactions are dictated by concepts based on one's own system of beliefs and values. In seeking to understand the reasons why Marco and Gianna were behaving in a certain way in specific circumstances, they had the task of analyzing the situation. They had to discover which thoughts or basic concept was driving them to react. The next step was to determine whether the thought was healthy, biblical or veracious. If it was not, we needed to replace it with a truthful one. The Bible verse in Rom.12:2, "but be transformed by the renewing of your mind", took on for them a more practical dimension. Even their prayers began to change direction: instead of asking God to change the situation, or change the wife or husband respectively, the focus of the prayer was more: "I beg you, God, help me understand what is behind my reaction".

Marco brought a practical example.

"In recent years, particularly during vacations, it happened that I withdrew into myself for several days. I did not want to speak with Gianna. If I was alone with the children, because she went to the supermarket by herself or because I decided my plans separately with them to allow her to rest, I spoke again; otherwise, it was a silent scene. Of course, the situation was difficult for Gianna, which is why I tried to make an effort, but without success. During the last vacation, my daughter (7 years old) started to ask me questions related to divorce. What happens to children when the parents get divorced? How do her friends

Si impegnavano, ma dopo un periodo di 1-2 mesi in cui andava meglio, ricadevano nelle stesse dinamiche, litigando di nuovo sugli aspetti citati. Gianna cominciava a non più accettare volentieri le proposte di uscire ogni tanto a cena con Marco, anche se la facevano uscire dalla routine quotidiana di casa-bambini-lavoro-chiesa, perché al posto di godersi la serata si ricadeva in discussioni, secondo lei pesanti, di come migliorare i punti deboli.

Alla sera, prima di andare a letto, temeva la fastidiosa frase "dobbiamo parlare". Così evitava i soggetti, provocando le reazioni di Marco che si lamentava di sua moglie di non apprezzare un marito che parla, a differenza di molti altri mariti che non parlano, e di voler risolvere le questioni, contrariamente a tutti quei mariti indifferenti davanti al giornale e alla televisione..."dovresti essere contenta", diceva.

Evidentemente le soluzioni trovate fino a quel momento, per quanto buone potessero essere, si limitavano all'aspetto pratico, ma c'era qualcosa che non permetteva lo sblocco, come se non si riuscisse a scendere sotto la superficie di ciò che si vedeva. L'immagine dell'iceberg è stata accolta con favore. Lo scopo della terapia non è semplicemente di analizzare e trovare soluzioni su ciò che è pratico e visibile, bensì scendere più in profondità e parlare di intenzioni, attitudini, cuore, concetto di Dio, aspettative, speranze, ecc. Le cose che non si vedono a prima vista (la parte dell'iceberg che sta sott'acqua) sono più importanti e numerose di quelle che si vedono! In altre parole le azioni e reazioni sono dettate dai concetti base del proprio sistema di credenze e di valori (belief system). Nel cercare di capire la ragione per la quale Marco e Gianna si comportavano in una certa maniera in determinate circostanze, avevano il compito di fare un'analisi della situazione. Dovevano scoprire quale potesse essere quel pensiero o quel concetto base che li spingeva a reagire. Il passo successivo era di valutare se il pensiero fosse sano, biblico o veritiero. Se non lo era, bisognava sostituirlo con uno veritiero. Il versetto biblico in Rom. 12.2 "siate trasformati mediante il rinnovamento della vostra mente" ha assunto per loro una dimensione più pratica. Anche le loro preghiere hanno incominciato a cambiare direzione: al posto di chiedere a Dio di cambiare la situazione, o cambiare la moglie, risp. cambiare il marito, il focus delle preghiere era piuttosto "ti prego, Dio, aiutami a capire cosa c'è sotto la mia reazione".

Un esempio pratico l'ha portato Marco.

"Negli ultimi anni, proprio durante le vacanze, mi succedeva di chiudermi in me stesso per diversi giorni. Non avevo voglia di parlare con Gianna. Se ero solo con i bambini, perché lei usciva al mercato da sola o io decidevo di fare un mio programma separato con loro per lasciarla riposare, allora parlavo di nuovo, sennò: scena muta. Naturalmente Gianna trovava la situazione pesante, per questo provavo a sforzarmi ma non ci riuscivo. Durante l'ultima vacanza, mia figlia di 7 anni ha cominciato a farmi domande legate al divorzio. Che cosa succede ai bam-

with divorced parents manage to live? etc., until reaching the point, probably without meaning to, of asking what would happen if I and mama had to divorce? The question troubled me a lot because we have never spoken about divorce at home and we have never considered it as an option. Surely my daughter could feel the heavy atmosphere. Therefore, I decided to do something about it, even when I did not know what to do. Being on vacation, I was not able to ask for advice from the counsellor, nor did I want to wait for the next session. I turned to God and asked Him to help me! The answer did not tarry, and in my reflection I also understood some of the motives of my behaviour. For me, vacations are sacred and I always wait anxiously for them, they are a reward for the hard work. Gianna, before being able to relax, needs to make sure that everything is in order, the children are well organized, and the new situations, like for example to ride bicycle alone to a new destination, or simply managing their own time, everything had to be subjected to her scrutiny and decision. It seemed to me that Gianna's interventions during the vacations were increasing and she was causing more stress than at home. I felt like I was only able to deal with a certain number of directions, for example, concerning the children: put on your hat, apply your cream, etc. and, concerning myself: where do we park the car, what/where will we eat tonight, etc. Beyond that limit, I switched off. I could not even stand another single intervention, even if I wanted to! (What parent allows his son burn in the sun?...). On one hand I felt as if I take a stance, on the other hand I had to do everything with the same intensity as Gianna and the way she wanted it. This aspect, which I was able keep under control at home, became amplified on vacation. My reaction was dictated by thoughts of this type: "Someone is ruining my vacation! The only way to have good vacations without stress is without Gianna. I am better alone. When I am alone with my children I can to bring them up the way I want to," etc. I had an irrational rage within me which rebounded onto her. Going deeper in my reflections, I understood some of the erroneous conceptions that I unconsciously believed: "If my wife does not behave the way I want her to, I cannot be happy". At this point a phrase from a therapy session came into my mind: "Each person is responsible for his attitudes". Deeper inside, I know it, but I did not live it. It was as if something went click! I knew that I could not blame anyone else for my state of mind. Applied to this particular situation I understood that no one had the power to take away from me the happiness of my vacation... it was a decision that only I could make and I made it. I knew that God would support me on this. Initially, it seemed a little mechanical, but in a short time the anger vanished and left space for the joy of taking pleasure, for real vacations."

That experience was like a chain reaction and Marco was able to apply that principle of responsibility in many other situations of his family life.

bini quando i genitori divorziano? Come riescono a vivere i suoi compagni che hanno i genitori divorziati? , ecc. fino ad arrivare, probabilmente senza volerlo, a chiedere cosa succederebbe se io e mamma dovessimo divorziare. La domanda mi ha molto turbato perché non abbiamo mai parlato di divorzio in casa e non l'abbiamo mai considerato come opzione. Sicuramente mia figlia risentiva dell'ambiente pesante. Ho così deciso di fare qualcosa, anche se non sapevo bene cosa. Essendo in vacanza non potevo chiedere consiglio al consulente e neanche volevo aspettare la prossima seduta. Mi sono rivolto a Dio e ho chiesto di aiutarmi! La risposta non è tardata e nella mia riflessione ho capito alcuni dei motivi del mio comportamento. Per me le vacanze sono sacre e le aspetto sempre con ansia, sono un premio al duro lavoro. Gianna, prima di potersi rilassare deve assicurarsi che tutto sia a posto, i bambini siano ben sistemati, e le nuove situazioni, come per esempio andare da soli in bicicletta in un luogo nuovo, o semplicemente gestire il loro tempo, dovevano passare al vaglio della sua decisione. Mi sembrava che gli interventi pratici di Gianna durante le vacanze aumentavano e lei diventava più stressante che a casa. Mi sentivo come se nel mio recipiente io riuscissi a contenere solo un determinato numero di indicazioni, per esempio verso i bambini: mettili il cappellino, spalmati la crema, ecc. e verso di me: dove parcheggiamo l'auto, cosa/dove mangiamo stasera, ecc. Superato quel limite, mi spegnevo. Non riuscivo più a tollerare neanche un solo intervento, anche se ci voleva! (Quale genitore permette a suo figlio di bruciarsi al sole?...). Da un lato mi sentivo in dovere di prendere posizione, dall'altro lo dovevo fare nella stessa intensità in cui lo faceva Gianna e come lo voleva lei. Quest'aspetto che a casa riuscivo a tenere sotto controllo, in vacanza veniva amplificato. La mia reazione era dettata da pensieri del tipo: "Qualcuno mi sta rovinando le vacanze! L'unico modo di fare delle belle vacanze senza stress è senza Gianna. Da solo sto meglio. Quando sto coi miei figli da solo posso educarli come voglio io." Ecc. Avevo una rabbia irrazionale dentro di me e che si ripercuoteva su di lei. Scendendo ancora un po' nella mia riflessione, ho capito alcuni concetti sbagliati che inconsapevolmente credevo: "Se mia moglie non si comporta come voglio io, non posso essere felice". A questo punto mi venne in mente una frase del terapeuta durante il colloquio: "ognuno è responsabile dei suoi atteggiamenti". In fondo lo sapevo, ma non lo vivevo. Era come se qualcosa avesse fatto click! Sapevo che non potevo dare la colpa a nessuno per il mio stato d'animo. Applicato a quella situazione particolare avevo capito che nessuno aveva il potere di togliermi la gioia delle vacanze....Era una decisione che potevo prendere solo io e la presi. Sapevo che Dio mi avrebbe sostenuto in questo. All'inizio sembrava un po' meccanico, ma in poco tempo quella rabbia sparì per lasciar spazio alla gioia di godersi, per davvero, le vacanze."

Quell'esperienza è stata come una catena a reazione e Marco ha potuto applicare quel principio di responsabilità in molte altre situazioni della vita famigliare.

He furthermore discovered that in his behaviour there was self-pity and lack of self-esteem (although very hidden), that were revealed as inherited from his father... the decision of not closing the communication and not giving his responsibility to others (especially to his wife) for his attitude and for his state of mind, was the result of many months of work in which he went against his spontaneous tendency to adopt new reactions.

For her part, Gianna realized that she became cold in facing her husband. For her it was a consequence of his outbreaks of rage when he was tired and nervous. Even though she forgave him regularly, she felt that after each argument or fight, as she used to say, "it was as if a little bit of sand remained at the bottom of her heart". With time, that sand made the heart cold. On various occasions she said that she was really understood, and for the first time, during sessions. (This put Marco into a rage, because he considered himself to be a very understanding husband!) In this atmosphere she managed to admit that thoughts sometimes arose in her that perhaps she had married the wrong man. I gently put her in front the choice of deciding what she wanted to do: change husband or work on the relationship. After a few weeks of reflection she decided in front of God to remain in the relationship even without any guarantee that Marco would be changed. (This happened without Marco knowing about it). In her analyses of the situation, Gianna understood that her coldness was a mechanism of defence against the attacks by her husband. Although Marco's proposals for improvement were intended for the best, for her they were negative messages: "You are doing well the way you are now".

She understood that she was allergic to arguments (and therefore avoided them), because she had grown up in a family with a sister where they agreed on almost everything, and fighting was a sign of failure for her, a catastrophe. In contrast, Marco had practically grown up amid family fights and had accepted that arguments and fights were part of a normal relationship.

At the sessions we did not have to work a lot on practical things, like for example order in the house, how to manage finances, sexuality and such like, because, in working on their own attitudes, Marco and Gianna came with their proposals, individually elaborated. For example, once Marco came to the session with his discovery: "One day I got back home and I saw a working surface in a mess. As I was about to reproach my wife, a voice suggested to me: "If you want more order, you only have to do it". In the past I would have dismissed this voice, asserting my rights as a husband who brings home the bread and can therefore claim the order I had requested. Now I accepted that voice, because I had understood that if I wanted a change in the relationship with my wife, I had to change as well. Sometimes, tired, I still found myself tidying up at midnight, but I was happy because I managed to see it as my responsibility, because I wanted it."

Ha scoperto inoltre, che nel suo comportamento c'era del vittimismo e mancanza di autostima (anche se molto celati), che si sono rivelati ereditati dal padre... La decisione di non chiudere la comunicazione e non dare la responsabilità agli altri (soprattutto a sua moglie) della sua attitudine e del suo stato d'animo, fu un lavoro di diversi mesi, in cui andava contro la sua tendenza del momento per adottare nuove reazioni.

Da parte sua Gianna, si era resa conto che era diventata fredda nei confronti di suo marito. Per lei era una conseguenza alle sue sfuriate quando era stanco e nervoso. Anche se lo perdonava regolarmente, sentiva che dopo ogni discussione o litigio, come diceva lei, "era come se un po' di sabbia rimanesse in fondo al cuore". Col tempo, quella sabbia, ha reso il cuore freddo. In diverse occasioni diceva che si sentiva capita veramente e per la prima volta, durante i colloqui. (Questo mandava in bestia Marco, perché si considerava un marito molto comprensivo!) In quest'atmosfera era riuscita ad ammettere che a volte le affioravano pensieri che forse aveva sposato l'uomo sbagliato. La misi gentilmente davanti alla scelta di decidere cosa volesse fare: cambiare marito o lavorare sulla relazione. Dopo alcune settimane di riflessione si decise davanti a Dio di rimanere nella relazione anche senza la garanzia che Marco sarebbe cambiato. (Questo passo lo fece all'insaputa di Marco!). Nelle sue analisi di situazioni, Gianna capiva che la sua freddezza era una forma di difesa dagli attacchi di suo marito. Se Marco con le sue proposte di miglioramento intendeva il bene, per lei erano messaggi negativi: "tu non vai bene così come sei!". Capì anche che era allergica alle discussioni (e per questo le evitava) perché era cresciuta in una famiglia con una sorella con la quale andava molto d'accordo, litigare era per lei un segno di fallimento, una catastrofe.

A differenza di Marco che era praticamente cresciuto nei litigi famigliari e aveva accettato che le discussioni e i litigi fanno parte di una relazione normale.

Nelle consulenze non abbiamo avuto bisogno di lavorare molto sulle questioni pratiche, come per esempio l'ordine in casa, come gestire le finanze, la sessualità e simili, perché lavorando sulle proprie attitudini, Marco e Gianna venivano con le loro proposte, elaborate individualmente. Per esempio una volta Marco venne al colloquio con la sua scoperta: "un giorno tornai a casa e vidi il bancone in disordine. Quasi pronto a rimproverare mia moglie, una voce mi suggerì: "se vuoi più ordine, non ti resta che farlo". Tempo prima avrei scacciato questa voce innalzando i miei diritti di marito che porta a casa la pagnotta e dunque può pretendere l'ordine richiesto. Ora la accoglievo, perché avevo capito che se volevo un cambiamento nella relazione con mia moglie, dovevo cambiare anch'io. A volte, stanco, mi ritrovavo a mezzanotte ancora a fare ordine, ma ero felice perché riuscivo a vederlo come una mia responsabilità, perché lo volevo io."

Sexual agreement between us improved a lot, but it was not longer a matter we treated as a priority. At the beginning of the sessions we described it as a problem to be discussed later, and now it was not longer necessary to deal with it.

After a year of sessions on a monthly basis, almost two years have passed since I last saw Gianna and Marco. They told me they doing well, some of their weak points are only a memory, and on some others they are still working. But they told me enthusiastically was that they had new feelings for each other, feelings that had grown very slowly, but constantly. They could not explain how it had happened, but they were happy to testify about it. It is true that the feelings tend to return when each makes decisions in favour of the other!

L'intesa sessuale tra i due migliorò di molto, ma non fu mai un argomento che trattammo con priorità. All'inizio della consulenza lo accennammo come problema da discutere in seguito, e ora, non era più necessario trattare.

Dopo il periodo di consulenza durata un anno con incontri mensili, a distanza di circa due anni ho rivisto Gianna e Marco. Mi raccontarono di stare molto bene, alcuni dei loro punti deboli sono solo un ricordo, su altri invece ci stanno ancora lavorando. Ma ciò che erano entusiasti di dire, era che avevano l'uno per l'altra dei sentimenti nuovi che erano cresciuti molto lentamente ma in maniera costante. Non sono riusciti a spiegarmi come fosse successo ma erano felici di poterlo testimoniare. È vero che i sentimenti tendono a tornare, quando si prendono decisioni l'uno per l'altra!

Claudio Agosta, Terapeuta sociale ICP, del 1967, nato e cresciuto in Ticino, sposato con Donatella, 3 figli adolescenti. Dopo 12 anni di lavoro in un centro residenziale per tossicodipendenti e persone con problemi psichici, nel 2004 ha aperto il consultorio DELTA, centro di terapia sociale cristiana, in cui svolge tuttora parte delle sue attività. Dal 2007 ha intrapreso una formazione di assistente pastore e svolge questa funzione nella chiesa locale.

Claudio Agosta, Social Therapist ICP, 1967, born and raised in Ticino, married to Donatella, father of 3 adolescents. After 12 years of work at a residential center for addicts and people with physical problems, he opened in 2004 DELTA counseling, a Christian social therapy center, in which most of his activities still take place. Since 2007 he has being working as an assistant pastor at a local church.



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Experiential education in the foundation YOU COUNT

Thomas Schüpbach¹

Of the Bible accounts which remind one strongly of our experiential education work, one of the most appealing is the story of Elijah at Horeb (1 Kings:19).

Elijah, who had battled for the concerns closest to his heart but had not been able to end the drought or to persuade Jezebel and her priests, withdrew into the desert and experienced God in different facets, whether in the Angel who helped him or in God's speaking to him in the forces of nature.

God knows what Elijah needs. A word will not bring it about. He says: «Go out and stand on the mountain – before God!» And hardly had he said that, when a great and strong wind came rushing with such enormous force that it broke rocks into pieces! Elijah did not dare to step out of the cave. Then – the earth quakes! Elijah perceives it, but he does not hear God's voice in it. Then – a raging fire. But God is not in this either. After the fire, a whispering like a gentle breath of wind. Elijah listens – this must be God. He leaves the darkness of the cave and goes to the entrance, covering his face with his cloak.

This story shows me, time and again, that words often reach their limits. More is needed, experiences are needed which reach into our lives from outside our daily routine.

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This is what we attempt to put into effect with experiential education (EE).

The foundation YOU COUNT

The foundation YOU COUNT is a private institution with a main base in the Bernese Oberland and seven attached decentralised locations lying beyond the Bernese Oberland. For 20 years now, we have been offering 110

Erlebnispädagogik in der Stiftung YOU COUNT

Thomas Schüpbach¹

Eine der schönsten Begebenheiten, welche stark an unsere erlebnispädagogische Arbeit erinnert, ist in der Bibel die Geschichte von Elia am Horeb (1. König 19).

Elia, der für sein Herzanliegen gekämpft hat, aber weder die Dürre beenden konnte, noch Isebel und ihre Priester überzeugte, schleppt sich in die Wüste und erlebt Gott in vielen Facetten. Sei es der Engel, der ihm hilft. Sei es, wie Gott durch die Naturgewalten zu ihm spricht.

Gott weiss, was Elia braucht. Ein Wort wird's nicht richten. Er sagt: «Geh hinaus und stell dich auf den Berg - vor Gott!» Und kaum hat er das gesagt, braust schon der Sturmwind heran, von ungeheurer Gewalt, so dass er Felsen zerbricht! Elia traut sich keinen Schritt aus der Höhle. Dann - die Erde bebt! Das wirkt Gott, Elia weiss es, doch hört er seine Stimme nicht. Dann - ein loderndes Feuer. Aber auch darin ist Gott nicht. Nach dem Feuer ein Flüstern, wie von einem sanften Windhauch. Elia horcht - das muss Gott sein. Er tritt aus dem Dunkel der Höhle hinaus in den Eingang, sein Gesicht mit dem Mantel verhüllt.“

Diese Geschichte zeigt mir immer wieder, dass mit Worten oft Grenzen erreicht werden. Es braucht mehr, es braucht Erlebnisse, die ausserhalb unserer täglichen Routine in unser Leben greifen.

Dies versuchen wir mit der Erlebnispädagogik (EP) auszulösen.

Die Stiftung YOU COUNT

Die Stiftung YOU COUNT ist eine Privatinstitution mit Sitz im Berner Oberland, der sieben dezentrale Standorte angeschlossen sind, die über das Berner Oberland hinausgehen. Seit 20 Jahren bieten wir 110 Plätze für normal begabte junge Menschen, welche wir für kürzere oder längere Zeit sozialpädagogisch begleiten, und beschäftigen dafür 113 Mitarbeitende.

Wir haben eine breite Angebotspalette mit Internatsplätzen, individuellen Wohn- und Begleitformen, einer geleiteten Schule, internen Fachstellen. Unsere Sozialpädagogik geschieht auf der Grundlage von Professionalität und Engagement und ist geprägt von unseren christlichen Grundwerten wie Ehrlichkeit, Zuverlässigkeit, Solidarität und Respekt.

Die Arbeit der Stiftung steht auf vier Hauptsäulen, der Alltagspädagogik, der Arbeitsagogik, der internen Schule und der Erlebnispädagogik. Dieser Artikel konzentriert sich auf die Erlebnispädagogik. Wir verstehen die EP als Teil der pädagogischen Arbeit, welche durch andere therapeutische und pädagogische Mittel und Methoden ergänzt wird.

¹ With the collaboration of Christoph Scheidegger

¹ Unter der Mithilfe von Christoph Scheidegger

places for normally gifted young persons to whom we offer social pedagogical accompaniment in the short or long term, employing 113 staff for this purpose.

We have a broad programme with residential places, individual living and accompaniment forms, an independently governed school and internal skilled work opportunities. Our social pedagogics are based on professionalism and commitment, and reflect our Christian fundamental values such as honesty, reliability, solidarity and respect.

The work of the foundation stands on four main pillars: everyday pedagogics, work pedagogics, the internal school and experiential education.

This article concentrates on the experiential education.

We understand EE as part of the pedagogical work, which is supplemented by other therapeutic and pedagogical means and methods.

A short theoretical excursion on experiential education

Kurt Hahn is seen by many educationalists as the founding father of experiential education. Born in Berlin in 1886, he died in Salem, Germany in 1974 after years of exile in England. The London Times wrote about him in 1974 that "no one else in our day has created more original educational ideas and, at the same time, possessed the gift of getting them into practice".

Hahn's published his pedagogical programme himself in 1930, in all its brevity, under the title "The Seven Laws of Salem".

1st Law: Give children the opportunity for self-discovery.

2nd Law: Make the children meet with triumph and defeat.

3rd Law: Give the children the opportunity of self-effacement in the common cause.

4th Law: Provide periods of silence.

5th Law: Train the imagination.

6th Law: Make games important but not predominant.

7th Law: Free the sons of the wealthy and powerful from the enervating sense of privilege.

Hahn perceived four symptoms of decadence and lack in society.

- Lack of compassion
- Lack of carefulness
- Decline in physical fitness
- Lack of initiative

Ein kurzer theoretischer Exkurs zur Erlebnispädagogik

Kurt Hahn wird von vielen Erziehungswissenschaftlern als der Urvater der Erlebnispädagogik angesehen. Geboren 1886 in Berlin, starb er 1974 in Salem, Deutschland, nach Exiljahren in England. Die Londoner Times schrieb über ihn 1974: Dass „niemand in unseren Tagen mehr innovative Ideen und Vorstellungen im Bereich des Erziehungswesens entwickelt und gleichzeitig die Gabe besessen hat, diese auch in die Tat umzusetzen.“

Hahns pädagogisches Programm publiziert er selber 1930 in aller Kürze unter dem Titel „Die sieben Gesetze von Salem“.

1. Gesetz: Gebt den Kindern Gelegenheit, sich selber zu entdecken

2. Gesetz: Lasst die Kinder Triumph und Niederlage erleben

3. Gesetz: Gebt den Kindern Gelegenheit zur Selbsthingabe an die gemeinsame Sache

4. Gesetz: Sorgt für Zeiten der Stille

5. Gesetz: Übt die Fantasie

6. Gesetz: Lasst Spiele eine wichtige, aber keine vorherrschende Rolle spielen

7. Gesetz: Erlöst die Söhne reicher und mächtiger Eltern von dem entnervenden Gefühl der Privilegiertheit



Igloo camp on the Engstligenalp
Iglulager auf der Engstligenalp

Hahn erkannte in der Gesellschaft vier Verfalls- und Mangelerscheinungen.

- Mangel an menschlicher Anteilnahme
- Mangel an Sorgsamkeit
- Verfall der körperlichen Tauglichkeit
- Mangel an Initiative

Diese Faktoren wollte er mit folgenden vier Elementen beheben.

1. Körperliches Training, das bereits in den Landerziehungsheimen sowohl im Klassenverband als auch individuell zu erfüllen war.

2. Expeditionen, d.h. Wanderungen oder Reisen, die der gezielten Vermittlung von Erlebnissen in der Natur dienten.

3. Projekte, in denen individuell und selbstständig an einem Thema gearbeitet wurde.

4. Der Dienst am Nächsten, der von Hahn als das wichtigste Element der Erlebnistherapie bezeichnet wurde; der Dienst vollzog sich während vieler Jahre im Rettungsdienst, konnte aber je nach Ort auch als Erste Hilfe, Küstenwache, Berg- und Seenotrettung geleistet werden.

He wanted to rectify these factors with the following four elements:

1. Physical training, which was already being successfully carried out in the country residential educational centres, either as class exercise or individually.
2. Expeditions, i.e. hikes or journeys for the purpose of experiencing nature.
3. Projects in which work was done on a topic individually and independently.
4. Serving one's neighbour, described by Hahn as the most important element in experiential therapy; for many years, this took the form of rescue service, but could also, depending on the location, be first aid, coastguard work, or mountain or sea rescue.

(Hahn in Ziegenbeck 1986, 102-104)²

Bernd Heckmair and Werner Michl defined experiential education, in 1998, as follows:

“Experiential education is an activity-oriented method and aims, using exemplary learning processes in which young persons face physical, mental and social challenges, to foster the development of their personalities and enable them to shape their living space responsibly.”³

Jörg Ziegenspeck, in 1992, has a completely different understanding of experiential education.

He gives us a relatively complex, openly formulated definition:

“Direct learning with heart, hand and understanding in serious situations, with creative approaches to problem solving and with a socially challenging character form, the available framework for educationally defined, responsible concepts oriented on practical realisability, on individual and group-oriented changes of attitudes and on values which are simultaneously their cause and justification.”⁴

We define experiential education for ourselves as follows: experiential education is the deliberate triggering of a process by immediate experience stimulated by selected means (e.g. climbing, trekking etc.), methods (e.g. metaphor) and settings (e.g. individuals, groups). The aim is to achieve sustained changes in behaviour in everyday life.

Experiential education in daily life at the foundation

Our experiential education elements take place predominantly outdoors amid nature. Natural forms of sport or simply spending time with nature contain many elements which can trigger internal mental processes or social processes in the group. The positive feature of nature is its immediacy and uncontrollability. We cannot e.g. decide when it starts to rain, or how warm or cold it will be out of doors. We can at most react to the natural conditions by informing ourselves in advance and, depending on the

(Hahn, in: Ziegenbeck 1986, 102-104)²

Bernd Heckmair und Werner Michl definieren 1998 die Erlebnispädagogik folgendermassen:

„Erlebnispädagogik ist eine handlungsorientierte Methode und will durch exemplarische Lernprozesse, in denen junge Menschen vor physische, psychische und soziale Herausforderungen gestellt werden, diese in ihrer Persönlichkeitsentwicklung fördern und sie dazu befähigen, ihre Lebenswelt selbstverantwortlich zu gestalten.“³

Jörg Ziegenspeck, 1992, hat ein ganz anderes Verständnis der Erlebnispädagogik. Er liefert eine relativ komplexe, offen formulierte Definition:

„Unmittelbares Lernen mit Herz, Hand und Verstand in Ernstsituationen und mit kreativen Problemlösungsansätzen und sozialem Aufforderungscharakter bilden den Anspruchsrahmen erzieherisch definierter, verantwortbarer und auf eine praktische Umsetzung ausgerichteter Überlegungen, die auf individuelle und gruppenbezogene Veränderungen von Haltungen und Wertmassstäben ausgerichtet sind und durch sie veranlasst und begründet werden“⁴.

Wir selbst definieren für uns die Erlebnispädagogik folgendermassen:

Erlebnispädagogik ist das bewusste Auslösen eines Prozesses durch das unmittelbare Erleben anhand ausgewählter Mittel (z.B. Klettern, Trek usw.), Methoden (z.B. Metapher) und Settings (z.B. Einzel, Gruppe). Das Ziel ist es, bei den Lernenden nachhaltige Verhaltensänderungen im Alltag zu bewirken.

Die Erlebnispädagogik im Stiftungsalltag

Unsere erlebnispädagogischen Elemente finden vor allem draussen in der Natur statt. Natursportarten oder nur der Aufenthalt in der Natur beinhaltet viele Elemente, die innerpsychische Prozesse oder soziale Prozesse in der Gruppe auslösen können. Das Positive an der Natur ist ihre Unmittelbarkeit und ihre Unkontrollierbarkeit. Wir können z.B. nicht bestimmen, wann es zu regnen beginnt, oder wie warm oder eben kalt es draussen sein wird. Wir können höchstens auf die natürlichen Begebenheiten reagieren, indem wir uns vorher informieren und je nach Prognose warm anziehen oder einen Regenschutz einpacken. Wer diese Vorbereitung vernachlässigt oder die Vorinformationen ignoriert, kann u.U. nass werden oder es kalt haben.

Hier beginnen die pädagogischen Themen, wie z.B. das Wahrnehmen von Eigenverantwortung oder die Verantwortung einer Gruppe gegenüber. Wer trocken bleibt, hat mehr Energie für die eigentliche Aufgabe und mehr psychische Reserven als derjenige, der die gleiche Aufgabe nass durchführen muss. An diesem Punkt können Prozesse wie Umgang mit Frustration, Durchhaltewillen

2 Ziegenbeck, Jörg (1986): Kurt Hahn: Erinnerungen – Gedanken – Aufforderungen. Beitr. zum 100. Geburtstag d. Reformpädagogen. Lüneburg: Neubauer

3 Heckmair / Michl (1998): Erleben und Lernen, page 75.

4 Ziegenspeck (1992): Erlebnispädagogik, Rückblick – Bestandsaufnahme – Ausblick, page 142.

2 Ziegenbeck, Jörg (1986): Kurt Hahn: Erinnerungen – Gedanken – Aufforderungen. Beitr. zum 100. Geburtstag d. Reformpädagogen. Lüneburg: Neubauer

3 Heckmair / Michl (1998): Erleben und Lernen, Seite 75.

4 Ziegenspeck (1992): Erlebnispädagogik, Rückblick – Bestandsaufnahme – Ausblick, Seite 142.

forecast, dress warmly or pack rain protection.

Anyone neglecting this preparation or ignoring the prior information can, under certain circumstances, get wet or be exposed to cold.

This is where the pedagogical themes come in, e.g. perceiving one's own responsibility or responsibility towards a group. The person who remains dry has more energy for the real task and more physical reserves than the one who has to complete the same task while wet. At this point, processes such as dealing with frustration, will to keep going etc., are triggered, and these in turn, depending on the form of their manifestation, can have an influence on the social elements of the group.

In familiar surroundings, everyone moves in a so-called comfort zone. This zone is often represented using the simile that one can move around one's own apartment in the dark without bumping into with anything. One major aim of our EE is to take young people out of this comfort zone and to place them in an area where they face mental and physical challenges, but to an extent that they can master them. If the challenges are too great, one drifts into the so-called chaos area, in which one is exposed, as a consequence of being out of one's depth, to immediate danger.

Besides the natural forms of sports (including trekking, snowboard tours, igloo camps, paragliding, climbing and wind-surfing), our palette of EE also contains other elements which belong to the fields of games (interactive games) or art and creativity.

These elements are associated with clearly set goals which are to be achieved by the individual young persons or by the group.

The four fundamental goals of our EE are:

- Confrontation with nature
- Relationship with one's own body and own person
- Solidarity
- Creation of borderline situations

We move in the fields of action of our own bodies, including interaction with nature, with oneself and with the group.

In paragliding, for example, the set goals include overcoming, experiencing one's limits, and trusting in material, the flying instructor and one's own abilities. The confrontation with nature takes place e.g. in such a way that I have to judge whether the wind conditions allow me to fly or not.

etc. ausgelöst werden, welche wieder, je nach Auftreten, einen Einfluss auf die sozialen Elemente der Gruppe haben können.

Jeder Mensch bewegt sich in seinem bekannten Umfeld in einer sogenannten Komfortzone. Diese Zone wird oft mit dem Bild dargestellt, dass man sich im Dunkeln in der eigenen Wohnung fortbewegen kann, ohne sich irgendwo anzustossen. Ein Hauptziel unserer EP ist, die Jugendlichen aus diesem Komfortbereich herauszuholen und sie in einen Bereich zu bringen, wo sie psychisch und physisch in dem Mass herausgefordert werden, aber so, dass sie es bewältigen können. Wenn die Herausforderungen zu gross sind, driftet man ab in den sogenannten Chaosbereich, in dem man sich in Folge Überforderung unmittelbarer Gefahr aussetzt.



Climb towards the summit...

Aufstieg gegen den Gipfel...

Nebst den Natursportartenbereichen (u.a. Trekking, Snowboardtouren, Iglulager, Gleitschirmfliegen, Klettern und Windsurfen) beinhaltet unsere Palette der EP auch andere Elemente, die im spielerischen (Interaktionsspiele) oder auch im musisch kreativen Bereich angesiedelt sind.

Diese Elemente sind mit klaren Zielsetzungen verbunden, was mit den einzelnen Jugendlichen oder auch mit der Gruppe erreicht werden soll.

Die vier grundsätzlichen Ziele unserer EP sind:

- Auseinandersetzung mit der Natur
- Bezug zum eigenen Körper und zur eigenen Person
- Solidarität
- Schaffen von Grenzsituationen

Wir bewegen uns in den Bereichen des eigenen Körpers, dessen Grenzen, u.a im Zusammenspiel mit der Natur, sich selber und der Gruppe.

Zum Beispiel werden beim Gleitschirmfliegen u.a. Zielsetzungen wie Überwindung, Grenzen erfahren, Vertrauen in Material, Fluglehrer und eigene Fähigkeiten angestrebt. Die Auseinandersetzung mit der Natur findet z.B. so statt, dass ich die Windverhältnisse einschätzen muss, um mich zu entscheiden, ob ich fliegen kann oder nicht.

- Ein Abstieg zu Fuss vom Startplatz wegen zu starkem Wind kann zu einer Grenzsituation im Bereich Frustration werden.
- Die Solidarität untereinander wird bei der gegenseitigen Hilfe in den Startvorbereitungen praktiziert und erlebt.

- Coming back down on foot from the take-off point because the wind is too strong can turn into a borderline situation in the area of frustration.
- The solidarity of the group is practised and experienced in the mutual help in preparing the take-off.
- Once the pilot has left the ground, he must pay attention to his own abilities and their purposeful application, and take his orientation from the directions of the flying instructor.

In this sport, many young persons have a very pronounced experience of their body and psyche. Poor concentration, rejection of one's own responsibility during the flight etc. can lead very quickly to danger. The consequences of one's own behaviour show themselves immediately and unfiltered, whether in the positive or negative sense.

A further example: During a trek in the Alps, the whole group is divided into smaller marching groups (4-5 young persons with two pedagogues) which tackle a c. 320 km long march on foot from the Bernese Oberland to Italy. Here again, the four areas of general goal-setting become clearly visible. Since the provisions for the whole group have to be carried on the march, the topic of solidarity is clearly addressed. The group very soon notices if a member wants to avoid the task of carrying. Sleep is under the open sky or in barns, hay lofts etc. The immediacy and unpredictability of the weather is experienced very intensely during these days. For many of the young people, it is the first time that they spend the night under the open starry heavens far from large external sources of light. Here, personal limits and anxieties can suddenly crop up. The marching time per day amounts to c. 8 hours with approximately 12kg of baggage, and this for 12 days. Seldom do young people (and the adults as well) feel their bodies so obviously. Initially, the thought of what is required gives rise to some fears. Many think they will fail in the task, will never, ever manage this "superhuman" achievement, which would be typical for their negative concept of life and their self-perception.

During the trek, many single moments come when the participants have the feeling that they cannot go on, and that their legs are too heavy. If they overcome these limits and reach the destination at Lake Como, they are enormously proud and also astonished that they were actually capable of accomplishing this. (There are of course situations where it really is not possible to continue, especially if the health of the participant is endangered by injuries, illness etc.)

Within each activity, besides the overarching group goal, individual goals are set for each young person and afterwards evaluated. These goals, regardless of whether they are individual or group oriented, would lose their effect and sustainability despite the experience-oriented setting, if they were not transferred to everyday life; i.e. one of the most important tasks of EE actually comes after the experience itself. An attempt is made to bring out the goals achieved and the experiences gained in EE in everyday situations, to make them present and to apply them

- Wenn der Pilot einmal vom Boden abgehoben hat, muss er sich mit seinen Fähigkeiten und deren gezieltem Einsatz befassen und sich an den Anweisungen des Fluglehrers orientieren.

Viele Jugendliche erleben in diesem Sport ihren Körper und ihre Psyche sehr ausgeprägt. Unkonzentriertheit, Ablehnung der eigenen Verantwortung während des Fliegens etc. können sehr schnell zu Gefahr führen. Die Konsequenzen des eigenen Verhaltens zeigen sich unmittelbar und ungefiltert, sei dies im positiven oder negativen Sinn.

Ein weiteres Beispiel: Beim Alpentrek, wird die gesamte Gruppe in kleinere Marschgruppen (4-5 Jugendliche mit 2 Pädagogen) aufgeteilt, die einen ca. 320 km langen Fussmarsch vom Berner Oberland bis nach Italien unter die Füße nehmen.

Auch hier werden die vier Bereiche der allgemeinen Zielsetzungen deutlich sichtbar. Da die Verpflegung für die ganze Gruppe mitgetragen werden muss, wird das Thema Solidarität deutlich angesprochen. Die Gruppe merkt sehr schnell, wenn sich ein Mitglied vor dem Mittragen drücken will. Geschlafen wird draussen unter freiem Himmel oder in Scheunen, Heuschobern etc. Die Unmittelbarkeit und Unplanbarkeit des Wetters wird in diesen Tagen sehr ausgeprägt erlebt. Viele Jugendliche verbringen das erste Mal eine Nacht unter freiem Sternenhimmel ohne grosse externe Lichtquellen. Da können plötzlich persönliche Grenzen und Ängste aufbrechen. Die Marschzeit pro Tag beträgt ca. 8 Std mit ungefähr 12kg Gepäck und das während 12 Tagen. Selten spüren Jugendliche (und auch Erwachsene) ihren Körper so deutlich. Am Anfang löst der Gedanke an diese Leistung einige Ängste aus. Viele denken daran zu versagen, diese „übermenschliche“ Leistung nie und nimmer bewältigen zu können, was in ihr negatives Lebenskonzept und Selbstbild passen würde.

Während des Treks kommen viele einzelne Punkte, an denen die Teilnehmer das Gefühl haben, dass nichts mehr geht und die Beine zu schwer sind. Wenn sie diese Grenzen überwinden und am Ende am Comersee ankommen, sind sie enorm stolz auf sich, aber auch erstaunt darüber, wie viel sie eigentlich in der Lage sind, zu leisten. (Es gibt natürlich auch die Situation, wo es wirklich nicht mehr weitergehen kann, vor allem, wenn die Gesundheit des Teilnehmers wegen Verletzungen, Krankheit etc. gefährdet ist.)

Innerhalb der jeweiligen Aktivitäten werden nebst den übergeordneten Gruppenzielen für die einzelnen Jugendlichen individuelle Ziele gesetzt, die anschliessend einzeln ausgewertet werden.

Diese Ziele, egal ob individuell oder auf die Gruppe ausgerichtet, würden ihre Wirkung und ihre Nachhaltigkeit trotz eines erlebnisorientierten Settings verlieren, wenn sie nicht in den Alltag transferiert werden würden, d.h. eine der wichtigsten Aufgaben der EP erfolgt erst nach dem eigentlichen Erleben. Die erreichten Ziele und gemachten Erfahrungen der EP werden versucht, in nor-

in everyday situations, according to the principle “only with the follow-up work does the experience become a life-experience.”

Sailing-ship work

The partner organisation “Stiftung Jugendschiffe Schweiz” [“Foundation Youth Ships Switzerland”] operates an ocean-going vessel and combines EE with living as a community at sea. Finding one’s place in a living community lets young people realise that their behaviour brings with it immediate consequences and makes a visible mark on the community. Escaping from oneself by immersing oneself in video games, internet sessions, films and music, absconding or diversions with alcohol and drugs are hardly possible.

The hierarchy and authority of the ship’s command structure represents an opportunity: character development, on one hand warm-hearted guidance on a level of personal relationship and respect for the young people and, on the other hand, the precisely defined structures, regulations and hierarchies of the nautical operations. These two elements, guiding and accompanying young people, provide the pedagogical team with additional chances to play an active role, chances which are to some extent not available in a stationary institution. (www.jugendschiffe.ch)

Experiential education in a Christian context?

Why is that, in our opinion, experiential education fits in very well with an institution which states very publicly its orientation on Christian values? Through EE, our young people (often for the time consciously) come into direct contact with God’s creation, namely nature. They experience themselves in a setting of the elements and their effects on oneself as a person and, conversely, one’s own influence on creation. In trekking through nature, one has peace and time to look at oneself, one’s life, one’s past and future. Precisely because our clients are constantly occupied with media (music, smartphone, iPad etc.) or permanently exposed to them, a peaceful time surrounded by nature can bring stimulus in many areas. We have seen many young persons who, during this time, have also posed the question of the meaning of life and have begun to take an interest in themselves and the sense of their lives, which, in turn, has led to many conversations of substance.

In the borderline situations mentioned above, the relationship between pedagogues and young persons is of cen-

malen Alltagssituationen hervorzuholen, präsent zu machen und in der Alltagssituation umzusetzen, nach dem Grundsatz „Erst die Verarbeitung macht aus einer Erfahrung ein Erlebnis.“

Schiffsarbeit

Die Partnerorganisation „Stiftung Jugendschiffe Schweiz“ betreibt ein Hochseeschiff und verbindet die EP mit der Lebensgemeinschaft auf See.

Einfügen in eine Lebensgemeinschaft als Anforderung an den Einzelnen lässt Jugendliche erkennen, dass ihr Verhalten unmittelbare Konsequenzen mit sich bringt

und die Gemeinschaft ersichtlich mitprägt.

Die Flucht vor sich selber durch das Eintauchen in Video Games, Internet Sessions, Filme und Musik, Kurvengänge (Ausreissen) sowie Ablenkung durch Alkohol und Drogen sind kaum möglich.

Die Hierarchie und Autorität der Schiffsführung stellt eine Chance dar: Erziehung, einerseits warmherzig-führend auf einer Ebene der persönlichen Beziehung und Achtung vor dem Jugendlichen und andererseits die genau definierten Strukturen,

Vorschriften und Hierarchien des nautischen Schiffsbetriebes. Diese beiden Elemente, Jugendliche zu führen und zu begleiten, ergeben für das pädagogische Team zusätzliche Möglichkeiten zu agieren, welche in einer stationären Institution z.T. nicht möglich sind. (www.jugendschiffe.ch)

Erlebnispädagogik im christlichen Kontext?

Wieso passt unserer Meinung nach die Erlebnispädagogik sehr gut in eine Institution, die sich die Ausrichtung nach christlichen Werten auf die Fahne geschrieben hat? Durch die EP kommen unsere Jugendlichen (oft das erste Mal bewusst) in den direkten Kontakt mit Gottes Schöpfung, der Natur. Sie erleben sich im Umfeld der Elemente und deren Wirkung auf sich als Person und umgekehrt auch ihren Einfluss auf die Schöpfung. Beim Trekking durch die Natur hat man Ruhe und Zeit, sich mit sich, seinem Leben, seiner Vergangenheit und seiner Zukunft auseinanderzusetzen. Gerade weil unsere Klienten ständig durch Medien (Musik, Smartphone, iPad etc.) abgelenkt, respektive berieselt werden, kann eine ruhige Zeit in der Natur viel auslösen. Wir haben viele Jugendliche erlebt, die sich in dieser Zeit auch die Sinnfrage des Lebens gestellt haben und begonnen haben sich für sich und ihren Lebenssinn und Lebensinhalt zu interessieren, was zu vielen spannenden Gesprächen geführt hat.



The youth ship Ruach 2007
Das Jugendschiff Ruach 2007

tral importance. The decisive factor is the view of man that I have as a companion/pedagogue in order to be able to accompany the young person in his uncertainty, fear or withdrawnness, to show him the esteem which is his due and, as a mentor, to point out a path that he is capable of travelling along.

In an experiential education setting, I can experience elements such as solidarity, trust, determining the form of shared processes, my treatment of myself and of others, all of which are questions which repeatedly lead me back to myself as a person, as a human being in my environment. I experience myself in the way I behave towards others, in the effect I have on others, I experience my limitations, my strengths.

“Why was I born into this world?”, “What is it all about, it makes no sense!”, or “If there is a God, why does he allow it to be necessary for me to go into a home?”

I can discuss all these questions with the young persons on the basis of my personal experience of God and try to give them a forward-looking view of life, one without cookbook answers, but one which lives from a great deal of hope. The purely physical experiences can bring young persons to a point where they think intensively about their bodies and discover that the body is not a functioning mass, but rather must be cared for and looked after, which is wonderfully captured by the biblical picture of the body as God’s temple.

Starting with the picture of Elijah, we find many analogies in daily pedagogical work. These formative experiences often bring the young people, for the first time, to gradually give up their resistance and to open themselves to the new and unknown. This would not have been possible in their familiar surroundings. Nature plus experiential education were needed in order to achieve changes in behaviour.

I can say that, in experiential education settings, I have had very many moments, and have been through events, which enabled me, together with the young persons, to experience the omnipotence of God, his greatness, his care and grace.



Road to Lake Como....
Weg zum Comersee....

In all den oben genannten Grenzsituationen ist die Beziehung des Pädagogen mit den Jugendlichen von zentraler Bedeutung. Es ist entscheidend, welches Menschenbild ich als Begleiter/Pädagoge habe, um den Jugendlichen in seiner Verunsicherung, Angst oder seinem Rückzug zu begleiten, ihm die zustehende Wertschätzung zu geben und als Mentor einen Weg aufzuzeigen, den er gehen könnte.

In einem erlebnispädagogischen Setting kann ich Elemente wie Solidarität, Vertrauen, Gestaltung von gemeinsamen Prozessen, Umgang mit mir selber und dem anderen erleben, welches Fragen sind, die mich immer wieder auf mich als Person, als Mensch in meinem Umfeld, zurückführen.

Ich erlebe mich, wie ich mit anderen umgehe, wie ich auf andere wirke, ich erlebe meine Grenzen, meine Stärken.

„Warum bin ich in diese Welt geboren worden?“, „Was soll das Ganze, es macht alles keinen Sinn!“, oder, „Wenn es Gott gibt, warum lässt er zu, dass ich in ein Heim muss?“

Alle diese Fragen konnte ich mit den Jugendlichen aus meiner persönlichen Erfahrung mit Gott diskutieren und versuchen, ihnen eine Lebensperspektive zu geben, die nicht immer auf alles eine pfannenfertige Antwort hat, die aber von sehr viel Hoffnung lebt.

Die rein körperlichen Erfahrungen können Jugendliche dazu bringen, sich mit ihrem Körper auseinanderzusetzen und festzustellen, dass der Körper nicht nur eine funktionierende Masse ist, sondern umsorgt und gepflegt werden muss, was mit dem biblischen Bild des Gottestempels wunderschön umschrieben wird.

Ausgehend vom Bild des Elia, finden wir viele Analogien in der täglichen pädagogischen Arbeit. Jugendliche haben ihre Widerstände zum Teil erst durch diese prägenden Erlebnisse langsam

aufgegeben und konnten sich auf Neues und Unbekanntes einlassen. Dies wäre in den trauten Wänden nicht möglich gewesen. Es brauchte die Natur plus die Erlebnispädagogik um Verhaltensänderungen zu bewirken.

Ich kann sagen, dass ich innerhalb von erlebnispädagogischen Settings sehr viele Momente erlebt und Erfahrungen gemacht habe, welche mich zusammen mit den Jugendlichen die Allmacht Gottes, seine Grossartigkeit, seine Fürsorge und Gnade erleben liessen.

Can Neuropsychology Find a Meaningful Place in Christian Psychology?

Introduction: The actual situation

Johannes Haack

The neurosciences occupy an important place in current interdisciplinary research. Besides the established sub-disciplines of neurology and neuropsychology, new sub-disciplines have been set up, such as computational and molecular neurosciences, which investigate the biological basis of mental processes, or the cognitive, affective and social neurosciences, which are dedicated to the explanation of individual and collective experience and behaviour. After the public attention aroused during the decade of the brain in the USA between 1990 and 1999, mention should be made, above all, of three extensive support initiatives in the USA and Europe:

- The Human Connectome Project attempts to clarify, going beyond the classical mapping procedures for the human brain (Brodman areas), all details of the neuronal connections (connectivity), in a similar way to the Human Genome Project, on the basis of 3000 living human brains.
- The Human Brain Project at the École polytechnique fédérale (EPFL) in Lausanne, which will receive support amounting to 1 billion Euros in the next 10 years. A research team around Henry Markram will attempt to construct a detailed image of the neuronal structure of the human brain on a supercomputer in order to simulate brain performance, brain disorders and the effect of various forms of therapy.
- The initiative BRAIN (Brain Research through Advancing Innovative Neurotechnologies) in the USA, with annual support of 100 million dollars.

Behind these initiatives there is the expectation of large benefits to society in diagnosis, prophylaxis and therapy of neurodegenerative illnesses such as Alzheimer. The motivation for the allocation of research funds in these cases is driven, on the one hand, by the ethics of responsibility for the easing of suffering and, on the other hand, by the efforts to limit healthcare costs in an ageing society.

The man and woman in the street, and also Christian churches, are simultaneously fascinated and terrified by



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some messages in popular science about the gradual decoding of the biological support processes for our perception, thinking, feeling and activity. Popular science publications promise to solve the puzzle of human consciousness, develop thought-reading machines and, by stimulating the brain, heal not only stroke-related illnesses, but also depressions and attention disorders.

Many of these so-called neuromyths have led to optimistic prognoses for the efficacy of neuroscientific interventions in upbringing and educational processes, and have thus undermined serious examination of the contribution of neuroscience. It can be observed, however, that reflective researchers, who use new brain imaging procedures such as fMRI, NIRS and DTI, point increasingly to the limits of the method – while the temporal and spatial resolutions of these procedures are producing an ever more precise picture of the networking of both brain hemispheres in the mental processes of test persons and patients, the great puzzles, the explanatory gap, remain unsolved:

1. What relationship exists between a person's phenomenal experience (consciousness) and the measurable electro-physiological and hemodynamic processes in his brain?
2. How do mental processes affect biological processes (mental causation)? How does interaction occur between different levels of description?
3. Free will: how can one explain in an integrated model the orchestration of fast, unconscious and automated processes with conscious suppression of impulses ('veto') when a person makes a complex decision?

Most secular neuroscientists use ambitious theoretical models to try to approach this interaction of subjectively perceived and objectively measurable reactions of the brain: connectionistic networks, dynamics of complex systems, Bayesian statistics or cognitive architectures.

There are, however, also some counter-movements of interest to Christian psychologists, seeking to avoid the coarse reductionism of mind to material. These include movements like Critical Neuroscience, Neurophenomenology or Neuroethics. Here, the ethical implications of neuroscientific interventions for the concept of the human being and the development of society receive broad discussion. Amongst these scientists, furthermore, great value is attached to the subjective experiences or reports from the 1st person-perspective by test persons and patients.

Much more than in the past, Christian psychologists will in future have to face the challenge of how to deal with results and diagnoses from neuroscientific laboratories, and of how to interpret them. Furthermore, they will have to learn to assess how they can integrate neuro-interventions responsibly into their Christian therapeutic practice. This involves, above all, the already mentioned procedures of repetitive transcranial magnetic and direct-current stimulation and deep brain stimulation. In addition, it will also be necessary to evaluate how the resulting changes in brain plasticity can be combined in the long term with classical Christian forms of therapy. A new canon of values for Christian psychology regarding safe and sustainable positive application of these neuro-procedures is therefore urgently required.

Textbooks such as Scrimali (2012). *Neuroscience-based Cognitive Therapy. New Methods for Assessment, Treatment, and Self-Regulation* attempt to bridge the gap between the neurosciences and therapeutic practice. It would be desirable for a start to be made with a comparable transfer of knowledge from the dynamically developing neurosciences into the daily practice of Christian psychology.

Training institutions in Christian psychology should in future incorporate into their curriculum the practical handling and reflected application of recent neuroscientific tools for analysis and treatment and should not shy away from their critical evaluation. An alternative would

be to cooperate with specialist associations of neuroscientists, such as <http://www.fens.org/>, and information initiatives for the general public, such as <https://www.dana.org/>, in order to benefit from the information and training they offer.

The following forum contributions by Jason Kanz and Trevor Griffiths discuss historical and current theological and philosophical positions in epistemology and create framework conditions under which Christian psychologists and doctors can integrate neuroscientific knowledge into therapeutic practice. The authors point out, moreover, that Christian psychology, with its personality models inspired by the Trinity, can in turn make a unique contribution to further development of secular neuropsychology.

Can Neuropsychology Find a Meaningful Place in Christian Psychology?

Jason Kanz

As a practicing clinical neuropsychologist and the editor of the newsletter for the Society for Christian Psychology, *Soul & Spirit*, I am uniquely interested in the question “can neuropsychology find a meaningful place in Christian psychology?”. Before identifying where neuropsychologists might fit in Christian psychology proper, it is appropriate to suggest possible barriers.

The first potential barrier is that the field of neuropsychology as it is routinely practiced in the United States where I work, is often much more akin to medicine than to what is traditionally thought of with regard to psychology. Clinical neuropsychologists evaluate the brain functions of patients so that they may comment upon impaired versus preserved skills. This information may provide diagnostic clarification for referring providers and also give patients a sense of strengths and weaknesses, which can guide rehabilitative or compensatory efforts. Research neuropsychologists also evaluate brain function or brain disorders so as to better understand the link between brain functioning and brain disorders. For many neuropsychologists then, the need to reference or draw upon their faith in their work is often seemingly superfluous. I suspect this is also why, in my observation, Christians who are neuropsychologists often find themselves in the levels-of explanation camp.

The second barrier is that perhaps more than in other areas of psychology, there is a drive to provide a materialist explanation for all human behavior. Neuropsychologists’ primary role is to identify links between how the brain is functioning and how a person behaves. Taken to the end point, the assertion could be made that all human behavior is predictable and biological. Certainly, vocal atheistic neuroscientists such as Sam Harris posit that all behavior is determined and that free will is a delusion.

This medicalization and deterministic view that characterizes most neuropsychologists today has had certain effects. I think it has been possible for clinical neuropsychologists to proceed without much thought to their Christian faith. If the ultimate goal is to characterize cognitive strengths and weaknesses or to identify brain-behavior relationships, it perhaps may be done without reference to faith. The lack of an ongoing therapeutic relationship for many neuropsychologists also seemingly minimizes the need to delve into spiritual matters. Therefore, it seems possible, I think, to be an intellectually fulfilled neuropsychologist without much reference to Christian psychology.

Even though neuropsychologists who are Christians can proceed through their day to day work without much reference to their faith, the question above remains—can neuropsychology find a meaningful place in Christian psychology? I believe the answer to that question is yes;



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not only can Christian neuropsychologists proceed from a Christian psychology framework, I think they should consider doing so. The person who works from an overly medicalized perspective of human behavior is truncated in their understanding of human flourishing and dysfunction. Let me briefly suggest several areas where I can envision an overlap between Christian psychology and neuropsychology.

First, neuropsychologists may be uniquely qualified to offer some insight into the area of mind/brain distinctions. Neuroscientists typically maintain a physicalist perspective such that what we think of as the mind is merely the outworking of cerebral processes, whether those processes can be broken down to basic physical properties (reductive physicalism) or not reducible (nonreductive physicalism). This may also be associated with property dualism, such that the mind is a property of the brain. Philosophers, and particularly Christian philosophers, may be more likely to hold to substance dualism where the brain and mind are separate “substances”. One of the benefits that the Christian psychology paradigm offers here is that it draws not only from recent advances in neuroscience, but from philosophy as well. Moving beyond the limitations imposed by drawing only from the relatively young world of neuropsychology, the Christian psychologist in neuropsychology may have a richer history from which to explore questions of the relationship between the brain and the mind.

A second, though related, question has to do with the notion of free will. Again, it is widely held in neuroscience that free will does not exist. Though people may believe they possess free will, in truth, all behavior is reducible to basic physical properties and is, therefore, predictable. Yet the notion of completely determined behavior runs counter to human experience. In this regard, Christian neuropsychologists can draw from our growing understanding of how brain functioning contributes to the predictability of behavior, yet are not limited by neuroscience. Importantly, much important work regarding free will has already been done and continues to be done that can inform our understanding of free will. The theologically rich ongoing conversations between Calvinists and non-Calvinists, for example, may shed light on our understanding of human free will and God’s sovereign-

ty. Certainly, Martin Luther's *On the Bondage of the Will* and Jonathan Edwards's *Freedom of the Will* would be beneficial reading for neuropsychologists working in this area—Christian or not.

Third, given their unique skill set, Christian neuropsychologists can offer insight into the complex interplay between biology, environment, sin, will, human responsibility, and God's sovereignty, to name a few concepts that can affect behavior or contribute to specific disorders. Works by Matthew Stanford (e.g., *The Biology of Sin*), and Ed Welch (e.g., *Blame it on the Brain*), for example, have already made some headway into understanding the complex interplay of these things to specific disorders. Christian neuropsychologists add richness to explaining cognitive and behavioral functioning because of their wider framework of understanding.

Fourth, bioethical challenges will continue. Even a casual awareness of world news over the past several years will remind us of the many unique ethical and moral decisions facing individuals, families, health care providers, and courts. For example, questions of sanctity of life across the age spectrum (i.e., abortion, brain death, euthanasia) will not disappear from the public view anytime soon. Those who not only understand the biological issues involved, but who are able to compassionately and wisely think through the moral and theological implications will be of benefit to all involved. This again seems to be a place where the Christian neuropsychologist may play a unique role.

Finally, my hope would be that as Christian neuropsychologists, the ability to help patients and their families might be enriched. Every day, God grants neuropsychologists the privilege of working with those whose brains are not optimally functioning. One of the roles of a Christian neuropsychologist is to explain in plain language what is functioning well and what is not. They are expected to inform patients and doctors about why patients think and behave the way they do. A large part of that has to do with the integrity, or alternatively disintegration, of their brains. Yet they cannot stop there. They must also offer responses that draw upon an understanding of who their patients are relationally, spiritually, and psychologically in their current circumstances.

One of my areas of specialization is dementia. Many dementias, such as Alzheimer's disease, are incurable at this time. Drawing from the above, I see my role as a provider who not only assists in the diagnosis of the disease and who characterizes strengths and weaknesses, but I need to help patients and their families understand what has happened to the parent they once knew. I have to help them make decisions about advanced planning and caregiving. I also have to help them understand how to die well. Modern medicine, in my opinion, has lost this final skill. We seek to alleviate suffering. Yet sometimes, the most helpful thing we can do is help make sense of the suffering.

So, in conclusion, let me say again that I think that neuropsychology has a unique place in Christian psychology. As neuroscientists move ahead in the understanding of how the brain influences behavior, perhaps the best

things they can do is to stop and look back at where they have come from and to look around at what others have to say. When they do that--when they look not only to neuroscience, but also to philosophy, theology, and other fields of inquiry--their work will no doubt be richer and more closely aligned with the human experience.

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Can Neuropsychology Find a Fruitful Place in Christian Psychology?

Trevor Griffiths

Neuroscience and neuropsychology.

The technology of neuroscience has changed perceptions about brain function, human will and consciousness in profound and exciting ways. Real-time, non-invasive methods such as functional Magnetic Resonance Imaging (fMRI scans) and Transcranial Magnetic Stimulation (TMS) allow the brain to be harmlessly studied. In clinical neuropsychology, neuroscience has produced obvious benefits with improved surgical and medical interventions for illness or injury. Learning and rehabilitation programmes use a knowledge of the brain's 'plasticity' to meet an individual's needs to function in his or her home and work environments. The chemical systems of the brain are well enough understood for designer drugs to be developed, which alter mood and stabilize thought patterns. There is a heartening 'wholism' about these developments. Physical substrate, individual will, and social interactions are given equal priority in care plans and support systems. The clinical psychologist can better help people to re-learn their human functioning, or 'how to live'.

What is the challenge for Christian psychology?

However, the research context for neuropsychology is humanistic. Should this disturb the Christian psychologist? The IGNIS Institute has a long history of teaching Christian counsellors and psychologists to 'reinterpret' interventions that have dubious spiritual backgrounds. Three humanistic roots need considering.

[a] Neural Darwinism is a foundational notion in humanistic neuropsychology. It relates to brain 'plasticity', where areas of brain tissue can learn to undertake new functions. It is based in the competitive 'survival of the fittest' neural connections for a purpose. Is Neural Darwinism an ethically neutral concept? Is there a co-operative view of neural recruitment for consciously willed purposes that is closer to the nature of Christian communion?

[b] Evolutionary Psychology is a guiding principle now for psychologists trying to understand brain structure and function. This may be a problem for Christians who hold neo-Platonist, intelligent design beliefs about Creation, and the human brain as part of that.

[c] Buddhist 'mindfulness' has become, in the UK, the touchstone of healthy management of emotions. The 'tranquillity' sought, however, seems to me in stark contrast to be the dynamic love that Jesus modelled for his followers to learn from. Christians are encouraged to bear affliction to intercede for others, adjusting with creative depths of both grief and joy.

Where is Christianity in all this? Have we nothing to say?



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Dr Trevor Griffiths, Great Britain, was a General Medical Practitioner for 25 years, with a particular interest in mental health and systemic family therapy. Founder of 'The Emotional Logic Centre' for health and social education. He works with churches and various community organisations.

Is Christianity to be marginalizing to issues only of faith, individual belief, and moral conduct? Are these nothing more than optional 'programmes' selected to run through competitively evolved brain structures, like hardware? Is Christianity merely an app?

I suggest to you that Christianity is a depth psychology about the mystery of incarnation of personhood. If a person is not an app, then where, what and when is a person? Without a clear view on this depth of anthropology, what does any Christian psychotherapist have to say to his or her clients about personal development? Scientists are now saying that a new view of matter is needed to cope with the findings of neuroscience as we explore consciousness. I agree! We saved Christians could be one step ahead in that exploration, but classical theology may not provide the answers in the right 'language' to make incarnate personhood understandable in the Third Millennium world.

The problem is that Christians are themselves so divided in their thinking at this level. It touches basic tenets of faith, such as virgin birth, miracles and resurrection. All of these may be an embarrassment to the proud, materialist, post-Enlightenment scientist who hides inside many modern Christians! Perhaps EMCAPP is a forum where diverse views about incarnation of the person can be compared safely first.

What is the purpose of Christian psychology?

Ephesians 3 provides a good summary of St Paul's Christian anthropology. He prays that Christians, reconciled to each other and strengthened in love, can be filled with Holy Spirit to the measure of the fullness of God. Isn't that outrageous! If we start from this anthropology, as a potential for personal development into fully relational human beings, we have an 'agenda' for Christian psychology. It is together to become God incarnate now for the world as Christ was then. What stops us? Is it correctable? What tools and insights do we need to enable this personal development into wholeness?

If you believe this is possible, and if you believe in the old Newtonian science view of matter, then you have a problem. How can Holy Spirit be incarnate? A Trinitarian theology view of Personhood is that a whole redeemed human person is incomplete alone. So what of individualism? Christians who try to live by moral rules and physical sacraments, rather than by developing Godly relatedness, may shelve their responsibility for true personal development. The purpose of Christian psychotherapy is perhaps not only to release people from problems, but to set them free into living as responsible members of the body of the Church, where the Kingdom of God is present on earth; in earth; incarnate; with Christ and in Christ. It is a social view of salvation, which includes our utter relatedness in God.

What are the philosophical questions behind this challenge to Christian psychologists?

In this 'comment' I shall do no more than point out one central psychological issue that affects people's preferred philosophies of life and their beliefs about incarnation. People polarise between seeing life as 'atomists' or 'connectionists'. Atomists identify boundaries to separate one item or function from another. Connectionists see boundaries as places where two different processes or 'rivers' meet and mix, creating something new in the process. Does a fence keep two separate fields apart, or does the fence mark where two fields meet? Are people defined by their divides, or by their meetings and connections?

Atomist thinking contributes to philosophical dualism. Matter and mind, or body and soul, are pictured as separate, different in essence. Effort is expended to characterise each entity and then discover how they interact, influencing from outside each across the divide so created – a hopeless and impossible task, I believe. Connectionism is seen in process philosophy, for example with Heraclitus and Aristotle. These views can be contrasted with atomists such as Epicurius (physical primacy over mind) and Plato (priority of mystical Ideals over the material world). The pendulum swings through philosophical seasons depending on the technology of the age. The early centuries of the Church were largely Platonist. Thomas Aquinas brought Aristotelian process 'connectionist' thinking to the fore about the material world, but in the post-Newtonian Enlightenment the atomic theory of matter held centre stage, and the Church has struggled to speak into the life of society as technology began to provide the answers to life's problems. This lasted un-

til Rutherford 'split' the atom in 1917. Matter has been philosophically 'splitting' ever since. We are currently in a scientific revolution where connectionist thinking is once again proving its worth. Early evidence from the Large Hadron Collider at CERN places atomist thinkers' 'particles' as a 'special condition' of matter that is emerging from a wider transcendent connectionism. The mass of matter emerges from a Higgs 'energy field' as the field collapses on making different interactions with other fields. In all, four types of Higgs boson can be released, creating simultaneously the three dimensions of space and mass. This is a connectionist view of matter, with emergent mass that transforms from within by field interactions. Particles, from quanta up to atoms, molecules, cells, tissues, bodies, families, neighbourhoods, societies, are interacting fields. This view of matter transforming from within sounds to me remarkably like a human person being filled with Holy Spirit to become a new creation from within!

During the 20th Century a strong connectionist movement sought to remove Cartesian dualism from the human sciences by turning to philosophical monism as its alternative. Monistic 'physicalism' saw energy-matter as a single, innately active essence, from within which both matter and mind emerged as dual aspects, matter as form and mind as function. This was the prevailing view at Oxford University when I studied medicine there in the 1970s. I always felt something was missing. Talking with neuro and cellular scientists about my views on the influence of family and society on mind, their response was always that this 'higher level influence' is simply 'macro-functioning'; and that these levels emerge from the micro-functioning of the brain-body. Function was the subject of psychology. This monistic philosophy led to a limited behaviourist and cognitive view of psychology, based as it was in a so-called 'bottom-up' view of emergent life.

During this time my spiritual search led me to Christianity, and eventually to see the central importance of Personhood – mutually interacting sub-states of unity – for creative life. The Early Church Fathers, who were greater philosophers than any of the ancient Greeks, had developed a completely new philosophy of tri-unity to account for the life of a physical, miracle-working man, who did and spoke only what he heard his transcendent Heavenly Father say to him, and in so doing changed the world from within. So, how does tri-unity – Trinitarian theology, and anthropology in God's image and likeness – relate to the physicalist monism I had been taught?

The conclusion I came to was that the notion of 'function' is too humanistic – decided by our perspective on the purpose of life. Philosophical monism's great weakness is that it provides no explanation for how diversity can emerge from the perceived physicalist unity. It is a major failing, from which Buddhism suffers ultimately, because life emergent since the Big bang is continuously diversifying! The solution to this problem of man-centred 'function', I realised, had been worked out by the early Church Fathers – tri-une sub-states of wholeness that co-mingle without being absorbed into that unity.

This diversity of relating sub-states is life. We have a living, relational God; not a God who merely exists, but a God who lives and creates the conditions for all existence to diversify and interact and seed and reproduce... Form and function needed relatedness to be added, between primarily diverse 'others', to create the core conditions for diversification to sustain life. God created humankind as man and woman.

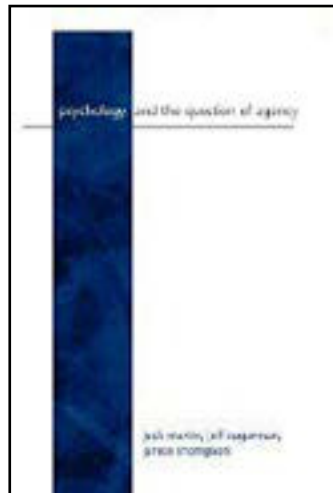
The new scientific paradigm in which neuropsychology has a fruitful place in Christian psychology.

Fortunately, physicalist monism was not the only scientific movement that sought to bring an end to dualism. From the 1980's chaos theory was developing. It is the 'New Science' of communication patterns, in which feedback can generate adaptive living systems. Systemic (Milan) family therapy developed at the same time using the same principles of communication, with diversification from habitual patterns (family scripts) by suitable feedback and exploration. Form, change and relatedness provide a better analysis of the systemic interactions of life than the individualistic form-function.

These same principles apply to matter – energy fields interacting to generate forms of particles that change, or 'move', at the speed of light. They parallel the mindsets in which family members argue about values and then choose to go their separate ways. Thus, the material and personal levels are embedded in each other by the same immanent Godly tri-une principles of interaction. The form of a person is his or her soma-body, gathering ener-

gy-matter into communicating cells and communicating whole bodies of thinking people, which can be redeemed and healed and even miraculously transformed when Godly Word is wilfully invited into the somatising process of formation within matter. The mind of a person is generated from the same principles at work in social networks, mediated and organised within the brain. Matter and mind are not dual aspects, but different hierarchical levels at which the same Godly principles of tri-unity are organising and diversifying life.

Clinical psychology, in tri-unity, would no longer be only about human functioning and cognition, but about how the human being creates their own 'words' (formed expressions that change patterns of relatedness). It would be about narrative. Christian psychology would add that those words have a potential to speak life in the image and likeness of God. Growing in capacity to 'speak life' to others is true personal development, leaving behind the deathliness that human beings can spread when full of complaints and lost in grief and despair. Neuropsychology at its best is about adaptation, re-learning, stabilising by adjustment, growth of new capacities, resilience and re-connecting with others in turbulent times of change. If Christian psychology is at root about how to speak life to oneself and others, to become a resource person at such times, then a good understanding of how the systemic principles behind neuropsychology are tri-une will make Christian psychology a more effective movement within world society, and a more effective preparation for relating openly with God in eternity.



Psychology and The Question of Agency

Martin, Jack, Jeff Sugarman, Janice Thompson.
Albany: State University of New York Press, 2003. 186 pp.

Jack Martin is the Burnaby Mountain Endowed Professor of Education at Simon Fraser University. He is the coeditor of *Research as Praxis: Lessons From Programmatic Research in Therapeutic Psychology*, and the author of several books.

Jeff Sugarman is Assistant Professor of Education and Janice Thompson is Associate Dean of Education at Simon Fraser University.

Recommendation by Dr. UnHye Kwon

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The authors of *Psychology and the Question of Agency* strongly contend that disciplinary psychology has failed to achieve a coherent conception of human agency by wavering between two disparaging agency conceptions: a scientific and reductive approach to choice and action, and an instrumental approach to free will.

First, although reductionism in psychology, human agency has been overly simplified, generalized, and tamed. It is falsely identified with the physical, biological requirement and ignored sociocultural constitution and agentic character (24). In other words, human experience and action --which require brains, biological bodies, and behavior--are simply identical to cerebral activity, biological processes and functions, or bodily movements. This criticism of biological reductionism in psychology, however, does not defend on the other extreme either, which reduces human agency too radically and irretrievably to its sociocultural and historical origins (43). Like biological reductionism this anti-scientism and anti-foundationalism also place insufficient importance on meanings of life and moral significance, too.

Second, the question of human agency is addressed between determinism and human freedom. One end of these positions, libertarianism, espouses the human sense of self as a person who makes his or her own way in life through exercising capacities for freedom of choice and action. The other end, hard determinism, perceives in-

dividuals to be nothing more than large aggregations of very small units completely determined by genetic and environmental factors (46). Between those two extreme stances there are middle positions, such as compatibilism or soft determinism, which I suspect is the authors' position. The difficulty is obviously how personal agency can be both determined and not determined.

Thus, the criticism of a natural science conception of human agency points toward a postformal resolution that "human agency can arise from both biology and culture, without being reducible to any combination of biological and cultural determinants. Also, humans can be both determined and free, and not merely in the sense of demonstrating voluntariness in their activities" (pp. 2-3).

Although this book is not written from the Christian perspective, the authors share several valuable understandings about human agency with Christianity, which make it different from other secular natural-science theories. In major psychological disciplines, human agency has been commonly understood as the human capacity to choose and act in ways that are fully determined by the agent's own self-determination, because human beings are 'autonomous' beings.

Against this conception, the authors recognize that human beings are not self-reliant in choosing and acting. History, culture, and society also are required as well;

these are not atomistically constituted like natural kinds (38). To be sure, human beings possess the capacity to choose, but a person does not choose in a way that is unrelated to one's evaluations, and the world significantly determines his or her evaluation. Sharing the Christian perspective that humans are created as relational beings, the authors specify the rooted, flawed concept of autonomy, and insist that human agency should be understood as being a response to the world and within it.

Nevertheless, this view is greatly limited in that human agency is understood only in relation to the subject itself and to the world, but not in relation to God. From a Christian perspective, an individual's way of thinking, willing, and acting is determined by God, the Creator of human agency and the world. Yet created in the image of God--freedom-- the essence of the image, is given to human beings by God's grace for His glory. Through personal agency, humans are able to be response-able to God; capable of free, grateful reception of His goodness shown in worship, love, and faithful agency. Therefore, the nature of freedom in human beings is true. Then, the same question asked above is raised: "How can human agency be both determined and not determined?" Another critical difficulty in understanding human agency from a Christian point of view is that sin corrupts human agency. The blood of Christ saves our human agency, but--in the 'already, not yet' stage-- we still struggle with our old agency. As a result, I believe that "work out your salvation with fear and trembling (Phil 2:12)" means we should deliberately work out our personal agentic responsibility in thinking, willing, and acting. Hence, we also need to increase our awareness of God and of ourselves as well. Moreover, we are held responsible for what we know and the ways in which we act.

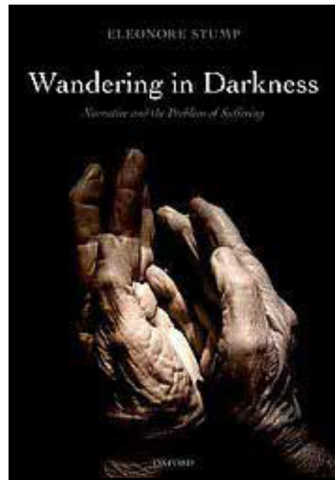
In this sense, we acknowledge God's sovereignty against autonomy. Human agency is totally determined by Him. At the same time, we do not minimize the true nature of human agency that He created in us by fully operating its personhood. How is this sovereignty compatible with true human freedom? I think that Augustine's understanding of human agency is profound. According to Augustine, human freedom achieved in the imposition of divine sovereignty and true liberty is realized in servitude (Confession 10). The nature of will or human agency is captured in his claim that the self is the most free when it is determined by God. Romans 6:15-22 says, "What then? Shall we sin because we are under law but under grace? By no means! Don't you know that when you offer yourselves to someone to obey him as slaves, you are slaves to the one whom you obey--whether you are slaves to sin, which leads to death, or obedience, which leads to righteousness. You have been set free from sin and have become slaves to righteousness. Now you have been set free from sin and have become slaves to God, the benefit you reap leads to holiness, and the result is eternal life."

Consequently, true freedom is found not only through, but in God's grace.



In Confession book 8, Augustine explains the relationship between personal agency and love. The will guides the agent according to what the will loves. In a fallen state, though, the self still obtains freedom of choice, and the will does not love in consent with God's Word. "The soul commands the body, and is obeyed at once; the soul commands itself and meets resistance. It is therefore. . . a sickness of the soul to be so weighed down by habit that it cannot wholly rise even with the support of truth" (Confession 8.9). Through redemption, however, we recognize the way that we can most glorify God is that we love Him with our will and freedom in spite of struggling with divergent loves. The merit of praising God freely is that we are not forced to praise God. In full agentic function we do not automatically praise God; rather, we are aware of our desire to love Him. The Bible signifies that God receives glory when we grow in the imitation of Christ, Who is the perfect archetype of human personal agency. I believe it means that the more we become aware of self, responsible, and reflective the more God receives glory from us.

In conclusion, this book will be a helpful resource for those who take their job seriously in asking questions and producing the meaning of personal agency in their clients from theoretically well-grounded point of view. I do highly recommend it to all Christian psychologists who want to be well versed in psychology and translate it to Christian understanding of human being.



Wandering in Darkness: Narrative and the Problem of Suffering.

E. Stump (2010). New York: Oxford University Press.

Recommendation by Eric Johnson

Suffering is a major feature of human life, which many atheists have argued proves that a good God does not exist, or least raises serious questions about the possibility of such a God. The topic is of special importance for therapists, and this book may be the most important sustained treatment of suffering by an orthodox Christian ever written. Eleonore Stump is a notable Christian philosopher who teaches at St. Louis University, and has specialized in medieval philosophy, particularly the work of Thomas Aquinas. *Wandering in Darkness* is her magnum opus, a brilliant synthesis of four significant sets of lectures she has given over recent decades, which expands upon Thomas Aquinas' understanding of the divine purpose in allowing human suffering.

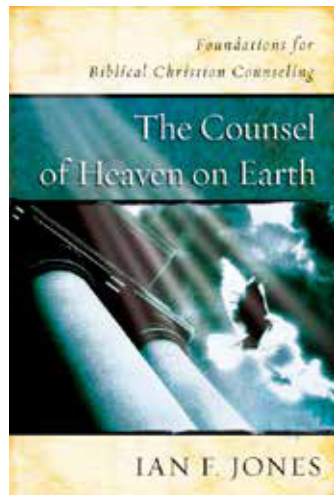
One cannot summarize adequately such a massive book (481 pages, and 154 pages of endnotes) in a short space, but some of its most important contributions are 1) its reliance upon biblical narratives to make many points of argument; 2) her understanding of sin as "willed loneliness;" 3) the model of love as consisting of two desires—for the other's flourishing and for union with the other—and an explanation that union with the other consists of shared attention with the other and a sense of mutual closeness, which in turn includes sharing of thoughts and feelings, a desire to be with the other, some degree of psychological harmony and integration; 4) a thorough treatment of the book's central Thomistic argument that God allows human suffering to draw humans freely into union with himself—which is the essence of human flourishing; 5) her augmentation of Aquinas' argument by addressing the problem of the suffering of the thwarted desires of our hearts; and 6) her solution that humans can take those desires seriously, while "refolding" or surrendering them into their union with God.

Her readings of the four biblical narratives that lie at the heart of the book are masterful examples of wise, plausible, literary interpretations that take seriously the received

form of the stories. The narratives she uses to consider their implications for suffering include the stories of Job (of course), Samson (self-caused suffering due to personal sin), Abraham (and the frustration of the desires of his heart, including God's command to sacrifice Isaac), and Mary of Bethany, whose brother Lazarus died, even though she and her sister Martha had previously sent an impassioned plea to their friend Jesus to come and heal him. I was so moved the first time I read it—and her philosophical prose so surprisingly accessible!—that I organized a book reading group of interested Christian counselors and laypersons this past summer, and all the participants shared my enthusiasm and gratitude for the book. By the end of our time together we concluded that we had experienced closer union with God and each other as we came to a deeper appreciation of what God was desiring with reference to our own personal suffering. While I disagreed with a few of her theological assumptions and exegetical conclusions, this book is easily one of the most important books I have ever read, and I think it will come to be recognized as a classic of Christian psychology, as well as Christian philosophy.



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The Counsel of Heaven on Earth

Jones, Ian F. (2006). Nashville, TN: Broadman & Holman Publishers. 250 pages. Hardback, \$

Recommendation by Shannon Wolf

While there are no shortage of works on integrative approaches to psychology and counseling, it is more challenging to find excellent texts that are consistent with the theoretical position of Christian Psychology. Professors of Christian psychology and counseling programs know that identifying works to be used in counselor training is difficult. An addition to this brief list is *The Counsel of Heaven on Earth*, authored by Ian F. Jones. This refreshing text differs from others in that it seeks to assist the reader in exploring foundational assumptions that form professional attitudes in the mental health profession.

A professor of psychology and counseling at New Orleans Baptist Theological Seminary, licensed professional counselor and licensed marriage and family therapist, Jones' recognized expertise is clearly identified in the areas of counseling theory, historical church counseling, and multicultural counseling. While this work is generally intended as a textbook for psychology and counseling students, others in the mental health field will also find it an interesting and informative primer to Christian Psychology. The text is much more than a mere introduction; it is clearly a persuasive work aimed at swaying the reader towards a specific understanding of Christ-centered therapy while making no attempt at developing a formal theory.

Summary

Jones introduces his work by exploring the question of what it means to be a Christian therapist. He recognizes that there are a variety of philosophical camps for Christian clinicians to choose from including Christian psychology, integration, pastoral counseling, and biblical counseling. Choosing to swiftly move the focus of the text away from labels, Jones instead centers the discussion on the history of counseling, and more specifically, the significant role of Christians in counseling. He

wisely dedicates much attention to the development of the scientific community and the science of psychology in particular. Contributions made to the mental health field by notable individuals and Christian societies are highlighted. Also included in this discussion is an examination of the difficult relationship between the modern scientific community and the Christian community. The author notes the contributions of such scientists and philosophers as, Francis Bacon, sociologist Max Weber, the Desert Fathers, Francis Schaeffer, Martin Luther, Augustine, and others.

Jones successfully argues that the foundation for understanding human-kind is found in Genesis: Namely that 1. Mankind was created in the image of God and was designed to have a personal relationship with Him, 2. As a result of the fall, God's image became distorted, the relationship was broken, and each person has a will to sin, and 3. God continues to seek to redeem the human race on His terms. To further make his point, Jones contends that the fundamental flaw in secular counseling theories is that they place both the source of the problem as well as the solution on either the individual or society and that the center of all change is also found in either the individual or society. Jones writes, "A fundamental problem with all the secular theories of personality is that they cannot comprehend Genesis. They are unable to account for both the image of God in humanity and the fall – our pull toward altruism and the divine and our rebellious predisposition toward sin and evil (p. 26)"

Another foundational premise of the text is the concept of lostness and the need to locate the person seeking therapeutic help. Jones asserts that "The counseling process is like trying to help a person who has wandered off track and has become lost in a forest." For Jones, the first step in the counseling process is to locate the counselee.

In order to help the person get back on track, the therapist must first know the location of the client. Most mental health professionals would recognize this process as the assessment phase of counseling. However, Jones seemingly simplifies this task by suggesting that location includes three dimensions: location to self, others, and God. He continues that following the location of the counselee, the therapist must determine how to return the counselee back to his path.

Jones makes a persuasive argument that within each person and within every situation, no matter how ungodly, something of value can be found. The practice of extracting the precious from the worthless requires the therapist to locate that which is of value within the individual, uncover it, and then nurture it. This concept demands that the therapist understands people and situations as God does. Jones suggests that therapists petition the Lord to help them to accomplish this task. Therefore, counseling must depend to a large part on the Holy Spirit in assisting the counselor in conceptualizing and treating the counselees.

A discussion on the necessity for the Christian therapist to be fully engaged in nurturing their personal relationship with the Lord concludes the text. Martin Luther's doctrine of the Priesthood of the Believer, and more specifically, the belief that God calls individuals to the profession He has for them, is the foundation for the conclusion. If, in fact, God has selected each Christian therapist to minister in His name, then those therapists must fully engage in the spiritual disciplines in order to more effectively offer godly counsel. In addition to the spiritual disciplines, Jones calls for therapists to actively participate in community; that is family, church community, and the community of other Christian therapists.

Perhaps one of the greatest strengths of this work is Jones' exploration of the characteristics of Jesus, the Messiah. For Jones, the Christian therapist's task is more than merely knowing Scripture: it is representing the nature of Christ to those in need. Two passages from the book of Isaiah are central to the discussion of Christ's qualities: For a child will be born to us, a son will be given to us; And the government will rest on His shoulders; And His name will be called Wonderful Counselor, Mighty God, Eternal Father, Prince of Peace." (Isa. 9:6) and "Then a shoot will spring from the stem of Jesse, And a branch from his roots will bear fruit. The Spirit of the Lord will rest on Him, The spirit of wisdom and understanding, The spirit of counsel and strength (Isa.11:1-2).

These verses, along with additional supporting passages, lay the framework for an examination of divine traits. Jones takes a hermeneutical approach in exploring concepts such as the power of God, wisdom, understanding, knowledge, and godly counsel. He concludes this section with practical observations on how the qualities of Christ can be beneficial in the therapeutic setting.

Observations

For Jones, Christ-centered therapy is not simply a scholarly pursuit but a matter of the heart, born from a desire to follow the Lord in caring for the psychologically weak and wounded. It is the lens from which therapists view their craft. This assumption is woven throughout the text and so becomes an overarching theme – one that cannot help but challenge the reader. If Jones' purpose was to argue that the foundation of counseling is not found in selecting a theoretical orientation but in developing a clear and firm understanding of God's activity in the counseling process, he more than meets his goal.

Overall, *The Counsel of Heaven on Earth* offers a valuable examination of an approach to Christian psychology that should be considered as a textbook for Christian psychologists and counseling students as well as those individuals who are seeking more information on Christian psychology. While more seasoned professionals may find the text a bit elementary, Jones' thought provoking position on Christian psychology and therapy is an interesting read. This text is strongly recommended for novice counselors, students and non-professional clinicians.



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European Movement for Christian
Anthropology, Psychology
and Psychotherapy
www.emcapp.eu

The 12th Symposium of EMCAPP Lviv, Ukraine, 9-12 September 2013

Healing Factors in Christian Psychotherapy

EMCAPP brings together international leaders and pioneers in the field of Christian psychology and psychotherapy and its underlying anthropology.

PROGRAM

9 September

15.00 Welcome and participants' registration
16.00 Symposium opening and prayer., Chairperson:
Werner May (Germany)
Participants introduce themselves and their institutions:
works, challenges, plans
The Framework of this Symposium (Anna Ostaszewska,
Poland /Werner May, Germany)
19.00-21.00 Welcome Dinner

10 September

Chairperson: Elena Strigo (Russia)
10.00 Morning session
Prayer time
10.10 Nicolene Joubert (South Africa): About Healing
factors
10.40 Olga Krasnikowa (Russia): The specifics of the
Christian Orthodox psychotherapy and consulting. Con-
templations of a Christian psychologist
11.00 Coffee break
11.30 Group work to both lectures from the perspectives
of
a) Christian anthropology, b) Christian psychology and
c) Christian psychotherapy
12.30 Summary reports with discussion from the 3 groups
13.00 Lunch time
14.30 Afternoon session
Chairperson: Toni Terho (Finland)
14.35 Anna Ostaszewska (Poland): Specific healing fac-
tors in Christian Psychotherapy
15.05 Coffee break
15.25 Werner May (Germany): The analysis of a healing
experience

16.05 Group work to both lectures from the perspectives
of
a) Christian anthropology, b) Christian psychology and
c) Christian psychotherapy
17.05 Summary reports with discussion from the 3
groups
17.35 A sightseeing walk. Dinner.

11 September

Chairperson: Anna Ostaszewska (Poland)
10.00 Group work
13.00 Lunch time
14.30 Afternoon session. Chairperson: Werner May
(Germany)
Short presentations (10 min) by participants.
Marek Tatar: (Poland): The way of communion for
communion in faith
Harald Mori (Austria): The spiritual aspect of Logothera-
py and Existential Analysis
and others
15.30 Coffee break
Short presentations
17.30 Dinner.

12 September

Chairperson: Werner May (Germany)
10.00 Prayer times
Short presentations (10 min) by participants.
Feedback to the Symposium
12.00 End of the Symposium
12.15-15.00 EMCAPP Board meeting

The lecturers

Proposals of short presentations (10 min) can be send by participants to Werner May by e-mail: werner.may@ignis.de.

The Symposium will take place in Lviv (Lvov, Lemberg). Lviv is a unique city in which the history, culture, and mentality of the East and the West merge for a unique cultural experience http://lviv.travel/en/index/about_lviv/visiting_card The central part of the city was included in the cultural and historical heritage of UNESCO.

Our conference room will be in the **Dnister Premier Hotel** (Mateyka Str.6), which is situated in the historic centre of Lviv. From the conference room to the Old town its 10-15 minuter walk.

Costs

Symposium fee is 120 Euro, to be paid in cash during registration. Discounts can be applied.

Cost of lunch in the city centre can be about 40-60 UAH= 4-6 euro, dinner 60-100 UAH = 6-10 euro.

1 euro = about 10,00 -11,00 UAH.

Booking

If you intend coming please send an e-mail to Olena Yaremko olenkayaremko@gmail.com informing of your intention – if possible before 15th March 2013.

If you need an official invitation, please send your request and data to Olena Yaremko

Accommodation

Dnister Premier Hotel

Web page: www.dnister.lviv.ua

The discount price per “premier single or double room” for participants of EMCAPP Symposium are 760 UAH (75 euro) per night with breakfast.

Rent the apartment in Lviv:

situated in Old town at main Svobody Ave 1/3

Costs per apartment without breakfast: from 30 to 65 euro per apartment

<http://travel.lviv.ua/en/apartaments/about-apartments/>

This is very popular option to stay in Lviv – especially when you want to live in the Old Town, to be independent (own kitchen in each apartment, possibility to do shopping is nearby) and not to spend much costs for hotel. You can find here one, two or three rooms apartments for rather good prices (when you rent one apartment for several persons it is much cheaper then to stay in hotel). There are apartments, which are already reserved for Symposium.

Hotel Wien.

Situated in Old Town, the centre of Lviv

Address: 12 Svobody Avenue, Lviv

Reservation: There are 10 standard rooms, already reserved for Symposium.

Costs: standard room with breakfast will be 60-65 euro.

Ukrainian Catholic University Kolegium guest rooms at Stryjska, 29 .

Location – near Stryjsky park, which is up to 10 minutes by local transport to the center of town, and 10 minutes by car to the conference place. There are 8 rooms with one big bed and 17 rooms with 2 separate beds.

The costs: up to 30 euro per person per night (with breakfast).

Reservation of rooms: please write to Olena Yaremko till 15 March 2013 – write what hotel and type of room you prefer to live and planned duration of your stay (arrival and departure dates) in Lviv.

There are also other options of hotels/hostels for accommodation in Lviv: <http://www.inlviv.info/hotels/> If you will need feedback or help about any other hotels let me know. You can book a room in the hotels by yourself but please inform Olena Yaremko - where you plan to stay during the Symposium as soon as possible.

Travel arrangements. If you let us know when you arrive and depart we will do all our best to pick you up. There are not so many direct flights to Lviv (Lvov), so we recommend to book your tickets beforehand.

Contact

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Lviv.Travel, www.lviv.travel

Letters to the Editor

In my opinion, EMCAPP is a dialogical space, which of itself determines a discussion forum in the best European traditions. Within this movement, representatives of Orthodox, Catholic and Protestant faiths find in their respective traditions the historical foundations for the development of Christian psychology and/or of the integration model. And as a result of reflection about psychology from a Christian perspective and about Christian psychology itself, there comes up the fourth issue now of *Christian Psychology Around the World*, a journal that unites both interfaith dialogue based on anthropology and scholarly research that provides an opportunity for professional identification within a worldview perspective.

For me as a representative of the Ukrainian Association of Christian Psychologists, Psychotherapists and Pastoral Care (UACPPPC), the present journal is of great value. Why? Our association has only recently become organized. In a sense, we perceive ourselves as trailblazers (once this term was applied to Christian psychologists by Gary R. Collins, one of the founders of the American Association of Christian Psychologists, at the time when the *Psychology and Theology* journal was in the making in America). First, each issue of the journal makes it possible to see a variety of approaches in the work of Christian psychologists and therapists, to learn about the work of those scholars to whose country the current issue is dedicated; second, this allows the reader to join a wider circle of Christian psychologists, to evaluate personal paradigms of integration, to make a personal assessment, and to continue to grow; third, the journal provides an opportunity to see a broader spectrum of Christian tradition in a historical retrospective, which makes it possible to connect with works of predecessors (such as Eduard Thurneysen who inspired Karl Barth and Emil Brunner, and who was a close friend of S. Freud; P. Tillich who influenced R. May) and to nurture the connection with this scholarly theological tradition in the long term. The foundations set forth above allow us to perceive ourselves among the trailblazers. Therefore, we are grateful to Werner May for the privilege of co-operation with EMCAPP and for allowing us to be part of this movement through the journal.

In America (within a Protestant context), Christian psychology and/or the respective integration model has been actively developing since 1956 in the work of CAPS (Christian Association for Psychological Studies),¹ and

the Christian Counseling & Educational Foundation (CCEF), which was founded in 1968. It is also well known that the Academy for Christian Psychology (IGNIS) was created in Germany in 1986, and in Russia, in the nineties, after the perestroika, seminars on psychology and religions began at the Chair of General Psychology of the Moscow State University, which made it possible to develop a Christianity-focused psychology (within the Orthodox context). However, we can say that Christian psychology has a longer history than the actual inception dates of the above-mentioned movements (admittedly, there are many more of them than I have listed). Despite the extensive history of the development of Christian psychology, the tradition of theological anthropology, the multifaceted experience of empirical research, the theoretical groundwork for the psychology of religion and the development of various integrative models (it will be recalled that, according to Brian E. Eck, there are 27 models of integration), take into account the accumulated knowledge in Christian psychology as an interdisciplinary field of research. Nevertheless there remain many problems. Considering one of the goals of Christian psychology and integration models, which consists in coming to a more comprehensive understanding of human personality and its public/ecosystem worlds in the perspective of the Scriptures, there arises a need for the development of methodology that will allow the integration of new knowledge. And while a considerable part of scholarly work in the domain of theological disciplines and Biblical studies is a further development and a detailed elaboration of that which was already revealed (let us remember the Neo-Patristic synthesis of faith), the integration of theology and psychology blazes a new trail.

I am confident that the present journal provides an opportunity to move on in the development of scholarly and Christian dialogue, which will make it possible to form new ways of integrative models, detailing various methodological aspects.

May God help all of us and Werner May in the publication of the journal.

Vacheslav Khalanskiy - PhD student at Institute of Social and Political Psychology of the National Academy of Pedagogical Sciences of Ukraine.

¹ We do not consider a later period. There is an idea (in a historical retrospective) about the existence of „two psychologies“. In particular, works by Robert C. Roberts and Daniel N. Robinson emphasize the idea of psychology as „a science of a considerable age“: the modern (experimental) psychology originating with Wilhelm Wundt, and the historical psychology whose sources are found in Hellenistic texts and the ancient Writing of the Jews.

Dear editor,

A journal that gives itself the task of bringing together a diversity of Christian thinkers in one meeting place, not arguing against each other, but sharing ideas in harmony, gives itself an impossible task. Creating common ground for scientists and practitioners from different countries all over the world and from different churches, holding different views on the integration of psychology and theology, looks like an impossible undertaking to me. Yet, you have done it!

Bringing together a diversity of ideas in a unifying endeavor, can be a sign of great maturity. It can also be a sign of our postmodern culture that lost its eagerness to know the truth. Shall I give you a standing ovation? Or shall I urge you to be cautious and vigilant?

Isn't it so, that true unity only comes into existence on the foundation of Biblical truth, discerned through prayerful watchfulness? When unity is not based on Biblical truth, it leads to a fragmented community, thinking it is one in its diversity, but in fact it is divided. On the other hand, when unity is based on strong (even Biblical) ideas, but lacks the life of the Spirit of Truth, it is just a rational framework that provides the illusion of unity. It appears as a unified body, but in fact it is dead. Unity needs Biblical truth as its content. And unity needs the life given by the Spirit of God. Prayer is needed for both Spirit-led discernment and knowledge driven by Bible truth. Combined, they bring forth fruit for the Kingdom of God. I have been involved in academic teaching for many ye-

ars and have observed the following: liberal thinkers can sound excitingly inspiring, but they don't increase the number of disciples for God's Kingdom. Their theology is dead and their psychology does not contribute to what the Spirit of God wants to accomplish in one's life.

After leaving their students or their counselees, their influence stays on the level of contribution to a 'better' humanity: better relationships, good feelings, less stress, more psychological maturity, etc...

All of this reminds me of Romans 1, where Paul explains that the man without God replaces the image of God with the image of man. Man is at the heart of their endeavor. Their results may be humanly worthwhile, but the big question is: what will remain when Jesus returns? What will have eternal value? The answer is: everything born of the Spirit of God will last forever. Everything else will pass away.

I am excited about the editorial of Werner May in the previous issue of the EMCAPP Journal, where he talks about his passion of being a psychologist, and reveals that he wants it to go hand in hand with Jesus Christ. There is a key to his words, I interpret as follows: Christian psychologists need methodically sound interventions, but they must also relate intimately to the Lord of psychology. I thank you and pray that what you started will continue to breathe a climate of sound scientific thinking, permeated and protected by Spirit and Truth. I give you a standing ovation!

Jef De Vriese - a clinical psychologist. He is director at the Center for Pastoral Counseling in Heverlee, Belgium. He is staff member for healthcare philosophy at De Hoop Foundation in Dordrecht, The Netherlands.

Next Number

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About us

This journal is published by the European Movement for Christian Anthropology, Psychology and Psychotherapy. EMCAPP as a non-institutional movement enjoys meeting Christian scholars and practitioner in the field of Christian anthropology, psychology, psychotherapy and counseling from all over the world and from most Christian traditions. We are focused on bringing together key persons from different countries. The richness of experience and background always stimulates and refreshes us.

This magazine is free and can be downloaded from our website. We appreciate everyone who recommends it.

Per year, two issues of the journal are planned: The main articles of each number will prepared by a focus country.

Please send your address to postmaster@emcapp.eu, then we will notify you when the next edition is published.

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The board of EMCAPP:

- Nicolene Joubert (South Africa) psychologist, Head of the ICP: the Institute of Christian Psychology in Johannesburg www.icp.org.za.
- Rev. Andrey Lorgus (Russia), psychologist, Rector of the Institute of Christian Psychology in Moscow, <http://fapsyrou.ru>.
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STOWARZYSZENIE PSYCHOLOGÓW
CHRZEŚCIJAŃSKICH



Seven statements of EMCAPP

1. EMCAPP is based on the faith that there is a God who is actively maintaining this world, so there can be no talk about Man without talking about God.

2. EMCAPP acknowledges the limitations of all human knowledge and therefore appreciates the attempts of the various Christian denominations to describe God and their faith.

3. EMCAPP brings together international leaders and pioneers in the field of Christian psychology and psychotherapy and its underlying anthropology.

4. EMCAPP appreciates the cultural and linguistic diversity of backgrounds of its members.

5. EMCAPP wants its members to learn recognizing each other as friends, brothers and sisters.

6. EMCAPP encourages its members in their national challenges and responsibilities.

7. EMCAPP has a global future and it is open to discourse and joined research opportunities round the world (World Movement).

For more detailed version of statements: see www.emcapp.eu.