European Network of Research on Religion, Spirituality and Health

Newsletter December 2011

Volume 6 • No. 3

Editorial

Dear reader, dear friends,

At this occasion we again like to draw your attention to the 3rd European Conference on Religion, Spirituality and Health (ECRSH), which will be held in Bern/Switzerland, May 17-19, 2012. The main topic is »Spiritual Care«. The Bern Lecture will be presented by Prof. Eckhard Frick, Professor for Spiritual Care at the Ludwig-Maximilians University in Munich, Germany.

We are pleased that Prof. Harold Koenig will offer a pre-conference research workshop, taking place May 13-16, 2012. He will share his extensive research experience and provide individual mentorship to the participants. We encourage you to take advantage of these unique opportunities. For further information please refer to the conference website (www.ecrsh.eu).

Hereafter you will find the abstract of Ralph Kirschts Doctoral Thesis which is in process. Based on an interesting transdisciplinary approach he searches for symptoms of trauma sequelae within the Emmaus Narrative. We thank him for his contribution.

> Jacqueline Bee DTh, M.A.

Topic

THE EMMAUS PATH - The Healing of the First Christians' Attachment Trauma in the Emmaus Narrative (Luke 24,13-35) and the Model of a "Spiritual Approach of Therapy of Trauma Sequelae"

(Original German Title: »Der Emmaus-Weg - Die Heilung des urchristlichen Beziehungstraumas in der Emmauserzählung (Lk 24,13-35) und das Modell eines »Spirituellen Ansatzes von Traumafolgen-Therapie«)

Abstract of a Doctoral Thesis Project in Old-Catholic Theology at the University of Bern (Prof U. von Arx and Prof C. Morgenthaler [Bern] and PD. Dr. U. Gast [Hannover]; completion: August 2012)

General Concern

The structure and functionality of the human brain have not fundamentally changed in the last 2,000 years¹. What is changing in the course of time is the embedment of religious experiences – understood as biopsychosocial phenomena² – into different cultural and social contexts of meaning. It is therefore possible to search for typical symptoms of a traumatization according to modern clinical diagnostics in textual reports from past times about events we would today classify as traumatic.³

My project looks for traces of such symptoms following a mental traumatization in the "Emmaus Narrative" (Luke 24,13-35). I argue that becoming an eye-witness of the passion of Jesus Christ has deeply traumatized his disciples, and that the Emmaus Narrative contains traces of both this traumatic experience and of how the disciples cope with it. One can even identify parts of the five phases of M. J. Horowitz in the text.⁴ The study tries to work out the specific ways of coping with this traumatic experience against the social and cultural background of the first-century Mediterranean societies.⁵

For this I use a transdisciplinary approach which brings together text-linguistic and psychological exegesis, neuroscience, psychotraumatology, synergetics⁶, K. Grawe's "Konsistenzregulation"⁷ and a phenomenological and moderate constructivist epistemology⁸. I will interpret the reported incidents in Luke 24,13-35 as a salutary synergetic biopsychosocial process of information processing and reconstruction initiated by true visionary experiences (understood as a form of alternate states of consciousness [ASC], but not hallucinations⁹).

Walking from Jerusalem to Emmaus and back to Jerusalem was for the two disciples above all a deeply spiritual journey, an experience which allowed them to find sense and meaning in the passion and death of their master, Jesus Christ, whom they believed to be the Saviour of Israel (Luke 24,21). This process involves several steps on all layers of human experience (physiological, emotional, cognitive and behavioural) with the full revelation of the new reality and meaning of Jesus Christ's passion as a passage from death to resurrection during the breaking of the bread (Luke 24,30-31). This deeply embodied symbolic experience marked the "relative end of mourning¹⁰" and the beginning of a new life for the two disciples.

In Luke 24,13-35 one can find ways of coping spiritually with a traumatic experience and its sequelae which I will compare with modern trauma therapy in order to develop a special "Spiritual Approach of Therapy of Trauma Sequelae" ("Spiritueller Ansatz von Traumafolgen-Therapie") based on Luke 24,13-35 and a specific (Judeo-)Christian worldview.

Structure

The doctoral thesis contains an introduction, five main parts and a conclusion. The introduction provides some basic information on the social and cultural background of the first-century Mediterranean societies, discusses different models of a psychological exegesis (e.g. I. Baumgartner, E. Drewermann, Y. Spiegel, G. Theißen and U. Gast [et al.]) and formulates the six fundamental assumptions of the study: the psychotraumatological, the neuroscientific, the exegetical, the anthropological, the epistemological assumption and the assumption concerning "Konsistenzregulation".

The first main part consists of a broad "diachronically reflected synchronic reading of the text"¹¹ (the exegesis) of Luke 24,13-35, according to the demand of Inselmann to perform an "exact philological and narratological examination of the text" before starting with any form of psychological exegesis¹². Therefore the results of the text-linguistic exegesis are both the fundament of all further interpretations

1

of Luke 24,13-24, especially in parts 4 and 5, and a critical instance not to find things in the text which are not to be found there, unless seen through anachronistic lenses.

The second main part reviews recent research findings in neuroscience (including the system of mirror neurons), especially in the field of human perception and its character of a phenomenological re-construction of reality.

The third main part brings together some of the most important findings in the field of psychotraumatology. Based on general principles of psychotherapy the study outlines general paradigms and aspects of a therapy of trauma sequelae. The view in this study is that the main feature of trauma and the therapy of its sequelae can be understood as a deeply embodied spiritual one (as seen by U. Wirtz¹³ and others).

The fourth main part suggests a phenomenological-psychotraumatological interpretation of the Emmaus Narrative, seen as an accompanied spiritual journey to overcome and to transcend the two disciples' traumatic experiences of Jesus' passion and death. The study works out the main dimensions of this antithetic dialectic process, characterized by the three terms of "Wunde" (wound), "Wandlung" (transformation)¹⁴ and "Wiederwerdung" (re-creation).

The fifth and last main part shapes a model of a "Spiritual Approach of Therapy of Trauma Sequelae" (»Spiritueller Ansatz von Traumafolgen-Therapie«) based on Luke 24,13-35 and a specific (Judeo-)Christian worldview. The main findings of my study are brought together in a conclusion.

> Ralph Kirscht Theologian, Remedial Teacher Bonn / Germany ralph.kirscht@t-online.de

References

2

¹P. Craffert, Neutestamentliche Forschung nach der Revolution in den Neurowissenschaften. Ungewöhnliche menschliche Erfahrungen ins Bewusstsein rufen, in: G.Theißen/P. von Gemünden (Hrsg.), Erkennen und Erleben. Beiträge zur psychologischen Erforschung des frühen Christentums, Gütersloh 2007, p. 91 – 117. See also M. Leiner, Dem Evangelium die Seele wiedergeben, in: Theißen/von Gemünden, op cit., p. 29 – 54. ² J. W. Egger, Das biopsychosoziale Krankheitsmodell, in: Psychologische Medizin, 16. Jahrgang 2005, no. 2, p. 3 – 12, and P. Craffert, The Life of a Galilean Shaman. Jesus of Nazareth in Anthropological-Historical Perspective, Eugene/Oregon 2008, p. 149.

Research Institute for Spirituality and Health

³ See DSM-IV-TR, chapter 7.

Forschungsinstitut für

Spiritualität und Gesundheit

⁴ M. J. Horowitz, Stress Response Syndroms. PTSD, Grief, and Adjustment Orders, Northvale, New Jersey – London 31997, p. 40 und p. 111 – 130.

⁵ B. J. Malina, The New Testament World: Insights from Cultural Anthropology, Westminster/ John Knox Press U. S., 3rd revised edition 2003.

⁶ H. Haken, Erfolgsgeheimnisse der Natur. Synergetik: Die Lehre vom Zusammenwirken, Hamburg 1995, und H. Haken/G. Schiepek, Synergetik in der Psychologie. Selbstorganisation verstehen und gestalten, Göttingen etc. 2010.

⁷ K. Grawe, Neuropsychotherapie, Göttingen et al. 2004.

⁸ P. Lampe, Die Wirklichkeit als Bild. Das Neue Testament als ein Grunddokument abendländischer Kultur im Lichte konstruktivistischer Epistemologie und Wissenssoziologie, Neukirchen-Vluyn 2006.

9 Craffert, op. cit., p. 23 and p. 146 - 196.

¹⁰ Horowitz, op. cit., p. 127. Horowitz also speaks of a »going on with life« (op. cit., S. 41).

 11 A. Groenewald, Once again the methods: Is there a method in the madness?, in: OTE 17/4 (2004), p. 544 – 559, p. 552 – 553.

¹² A. Inselmann, Affektdarstellung und Affektwandel in der Parabel vom Vater und seinen beiden Söhnen. Eine textpsychologische Exegese von Lk 15,11-32, in: Theißen/Gemünden (Hrsg.), op. cit., p. 271 – 299, p. 271.

¹³ U. Wirtz, Die spirituelle Dimension der Traumatherapie, in: Galuska, Joachim (Hrsg.): Den Horizont erweitern. Die transpersonale Dimension in der Psychotherapie, Berlin 2003, p. 136 – 153.

¹⁴ These two terms are taken from U. Wirtz.

Announcements

3rd European Conference on Religion, Spirituality and Health *May 17-19, 2012*

in Bern / Switzerland For further information see www.ecrsh.eu or contact: René Hefti, info@rish.ch

Pre-Conference Research Workshop with Prof. H.G. Koenig *May 13-16, 2012*

in Langenthal / Switzerland For further information see www.ecrsh.eu or contact: René Hefti, info@rish.ch

3. Christlicher Gesundheitskongress

22. - 24. März 2012

in Kassel / Deutschland Zum 3. Mal lädt der Christliche Gesund-

heitskongress engagierte Christen aus Gesundheitswesen, Kirche und Gesellschaft zu Dialog, Seminaren und Vorträgen ein. Mehr Infos unter:

www.christlicher-gesundheitskongress.com

Book «Spirituality in Patient Care. Why, How, When and What» soon available in German

The book of Harold G. Koenig «Spirituality in Patient Care. Why, How, When, and What», 2007, 2nd edition, is the most comprehensive, specific reference available on the subject. It provides key resources for medical professionals to develop further skills in this area.

The RISH Research Institute for Spirituality and Health and Kohlhammer Publishers cooperate in translating Prof. Koenigs book into German. The German version should be available in Spring 2012.

Impressum

This Newsletter is published by the Research Institute of Spirituality and Health, Langenthal / Switzerland

Editorial board: René Hefti, Jacqueline Bee, Maria Teschner

RISH - Research Institute for Spirituality and Health Weissensteinstrasse 30 CH-4900 Langenthal / Switzerland Phone +41 (0) 62 919 22 11 Fax +41 (0) 62 919 22 00 info@rish.ch / www.rish.ch