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 Kirscht’s 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.

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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 (Luke 24,13-35) and the Model of a “Spiritueller Ansatz 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 mourning”10 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 Insellmann 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.
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 anti-heitic 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.

References


3 See DSM IV-TR, chapter 7.


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


14 These two terms are taken from U. Wirtz.


den, op cit., p. 29 – 54.


den, op cit., p. 29 – 54.


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