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**Prof. Dr Friedhelm LAMPRECHT (D)**

29/08/2013

(Translation: Gerda MATTHIESSEN-GARBERS)

## The Role of Faith in the Doctor-Patient Interaction

The most important thing for the doctor is that he allows himself to be changed by the patient, himself, the doctor – in practice, this means "that he does not restrict himself to the system of clinical diagnostics and the systematic unit of disease, but rather, passively and receptively accompanied by all the emotional organs, that he listens to the patient, with the I and you melting into one". In this case, the subjectiveness of the doctor is also given priority. We had to withdraw one decision after another into the subject, into the "I". This in turn can never itself become the object for us." For that matter, we can only believe what we have once seen. Scientific proof is based on logic and repetition. Blessed are those who see nothing and still believe. Hence, we have no freedom not to believe. The choice simply rests in *what* we believe, not *that* we believe. When I speak about actual cases, I will mention my own cases; but also a case from Paul Tournier. Before that, I also want to mention a quotation from Sauerbruch (1940): "There is no true medical skill without a humble connection to God. From this humility springs a powerful force, which we must have in order to practise this profession of ours – in full responsibility towards the individual sufferer."

There now follow a few thoughts concerning the manifestation of faith, depending on the structure of the personality. A person who is **compulsively structured** is afraid of change, of all surprises, impurity, decay and death – he has a strong bias towards protection, which is the expression of a deep mistrust. These people are often those who have been brought up in the strictest religious piety. They often confess the same sins over and over, without being able to accept the consolation of salvation and liberation. Here, it becomes very clear that the more modest goal of wellbeing must first be addressed, before salvation can become effective.

The **schizoid structure of the personality**, often paired with a narcissistic element, is characterised by a conflict between the inner and the outer, between the *I* and the *self*. Fractious contact characterises the *realm* of relationships. The fear of being hurt shows outwardly as an independent streak, which however, at closer inspection, often betrays a pseudo-independent behaviour, caused by a lack of self-control. They work a lot of things out for themselves and often have a fantasy life that takes on a life of its own, unnoticed by others. Here, for example, delirious religious visions can appear. I must point out that these people, who have themselves missed out due to their early injuries, are unable to cope with the challenge of loving their neighbour and self sacrifice, and as a

pastor one should therefore guard against "reinforcing the schizoids' alienation towards the world and distancing from life still further by way of preaching against being in the world."

**A person who is depressively structured** leads an emotionally empty, powerless religious life. Experiences of failure, feelings of complete mental overload, and also guilt feelings stand at the fore. The collapse of security is the basic anxiety that hinders further individuation. Other people's affection only seems guaranteed if you subordinate yourself to their wishes. And yet it develops gradually through the absorption of altruistic virtues such as selflessness and placidity, humility, compassion and pity, willingness to let go, to name only a few of the highly respected societal virtues; that is to say, towards an emptying out of the ego and a loss of self esteem. According to Riemann, this has to do with an extreme You-orientation; hence it is understandable that such a person is very close to the religion of salvation and very often retreats into a private illusionary dream world that becomes confused with his expectations of the afterlife. Hope has no place there, consolation no longer achieves its goal.

Through being oblivious to one's own needs and the absorption of the abovementioned virtues, the gap between the inner mental state and outer behaviour becomes even greater. In a study by Hark, more than two thirds of these patients indicate that they have guilt feelings. Very few of them believe that they can conduct their lives in a meaningful way. The crisis that they find themselves in now comprises simultaneously the chance to reach more consistency between inside and outside, and also, by way of change, more integration, that soon finds space in their personality along with light and dark.

I would like to clarify this by way of an example: a young minister in a small north German town, due to his depressive pretentiousness, set himself up as some kind of demigod in his parish. He was always available, always approachable, and right around the clock he represented neighbouring parishes without grumbling. His reserves of energy seemed to him inexhaustible. He was baffled when one of his four children asked him for an appointment in his appointments calendar, and leading up to a pending relocation, he had something that he termed a "nervous breakdown". A complete reversal was the result. A feeling of total powerlessness had engulfed him, and the smallest task seemed to him an insurmountable burden. He was treated with strong psychotropic drugs, before he came to us and then to the ambulatory treatment. But let him have his say, from a comprehensive letter that he wrote to me. Firstly, concerning the symptoms: "I could no longer sleep in the mornings, so that I already rose at 4.30, because I could not bear being in bed any longer due to panic, fear and tension. In this way, I was able to slightly alleviate the torment, in that I cried by myself. Summoning the greatest effort, I attempted to write something and to hold a few clear thoughts. I had to swallow Taval daily and once a week be injected with Imap, in order to survive the day and alleviate the torment a little."

Although psychotherapy was essentially concerned with the psychodynamic factors of his life story, I would like to demonstrate the effects on his religious life as well as on his relationship with his wife by means of two further excerpts from his letter. "Only the great answers come closest to truth, as they are roughly attempted in the Book of Psalms. But they cannot really be grasped; one can only accept and fulfill them in their entirety. But they correspond to an anthropology that does not tear the human being to shreds. Is a sick man deficient (while certain functions are impaired or the adrenaline is below its normal level)?" Or isn't it much more of a lament: "My God, my God – why have you forsaken me?" At the same time also the realisation – I sit – or I lie or I stand up – so you are around me. Everything can be reduced to the problem of trust and mistrust. In the Book of Psalms, both extremes appear, along with every conceivable shade in between. At the worst of times, I have taken my words and my thoughts from this book, when I was scarcely able to speak or think any more myself. Another inexhaustible source was the songs of Paul Gerhard, who without doubt must have experienced that which has since been named depression. His language contains an

enormous wealth of symbols and images, as they were later revealed by C. G. Jung and others as the language of the unconscious. Sun, eagle, water, tree, wellspring, light, darkness, fountain. In a similarly intensive, often painful way, many of the symbols of the Church year have come to me; in sermon texts and pictures, in liturgical texts and prayers. I have achieved a relationship with these, the like of which I never had before. To the babe in the manger, to the crucified God, to the resurrected Christ. The other biblical figures and events have likewise got under my skin, as they never did before. Abraham, who must set out and wanders, Noah, who experiences and survives the catastrophe, Samson, who forfeits his strength, Judas, who betrays, Peter, who denies and yet upon whom the Church founds itself, and of course also Paul, whom I have come to know from a completely new angle through readings from a book that you recommended to me: 'The Crisis of the Brave'.

The attitude expressed in these lines is founded on a deeper understanding of biblical assertions, based on experience, than was expressed in the time prior to the illness. If we now further investigate his relationship with his wife, as he describes her in his own words, then we see how the transition in one area is clearly linked with the transition in the relational structure. Another excerpt from his letter: "A further important factor for my healing was the behaviour of my friends, certain members of the congregation, my family and especially my wife. She could always distinguish between my problems and her problems (namely, to live with me and to put up with me). There was never any risk of infection. We have found our way to a partnership once more, in which the role of the strong and the weak can be exchanged. We are better off arguing sooner rather than later. We have acquired several new common interests and at the same time we can more readily accept and allow each other to have individual interests, which are to some extent considerably different. Perhaps we have both become much more mature and can therefore easily allow ourselves to play like children from time to time. I look to our new mutual beginning with great hope and am curious to know all the things that await us and how we will cope with them." - What manifests here in the patient's self-expression is a step forward in individuation and maturing, made possible by the crisis of depression, which has led both to a deepening of his religious life and also to a more mature partner relationship.

In a person who is **hysterically structured**, the fear of commitment to the end goal, of the inevitable and the narrowness of one's own freedom stand at the forefront. He or she has and easily succumbs to a strong suggestive power. The reality principle is annoying from the outset, as is the insistence upon punctuality and time management. Similarly, the hysterically structured person is no friend of logical reasoning. He or she happily ignores causality and reasons in a final way. Their experience is impressionistic, tending towards representation. According to Hark: "Hence, the lively fantasies of the hysterical person obscure clear religious beliefs. In these people, there is the danger that the imitation of Christ becomes a forgery." These people's theatrical talent can lead some pastors astray. Their capacity for enthusiasm is infectious. The treatment of these patients, whether therapeutic or pastoral, demands an emphasis on the reality principle.

These rough sketches only rarely find their direct expression in reality. They are hybrid forms, and, through a differentiated microscopic observation, one finds that a person's religious life is something very individual and most unique and as many sided as there are people on the earth.

Now, the loss of religion is taken by others as the source of an abnormal neurotic attitude. Without doubt, the loss of orientation and support-giving values clears an atmospheric space, in that the approach of impulse-stimuli can more strongly be held in check. On the other hand, it is difficult to understand oneself as aiming at something in one's plan of life. No individual is exempt from the certain answer that everyone must give in response to his life due to a collective rule and value-giving. The "delight in the law", which the psalmist demands, is somewhat different to the infantile submission. The famous words, "become like children", is only meaningful if we have become

grown-up in the meantime. I get the impression from a lot of fellow human beings that they live according to the tenet: remain as children. In this way, they seal themselves off from further development and become vulnerable, indiscriminate and easy to manipulate.

The term "health" is connected with healing and well-being, and hence, since early times, the term implied the liberation not only from illness and wounds, but also from spiritual suffering and the redemption of sin. Here's another brief case study from my experience: A young man, who actually wanted to become a Franciscan monk, who however was not accepted by the Order, tried later on in his marriage and family life to practise his immature ideas of Franciscan Christianity. Endowed with a lively disposition, he batters his wife and child to accept the Christian virtues, most especially Franciscan poverty and obedience. Franciscan cheerfulness had no place there. The children go astray; one son, dominated by his father, becomes increasingly given to angry outbursts. He becomes a policeman, but has to quit the police force, because he batters his fellow citizens in a pseudo-Franciscan manner; and when that is no longer an option for him, he batters his own five-headed family. Here can be seen the entanglement over generations, which has led to abnormal development. A pastoral dialogue can scarcely provide a remedy in this case, especially not when such patients, entangled in guilt feelings, seek to absolve themselves through routine confessional dialogues. The so-called ecclesiogenic neuroses are to be understood as neuroses brought about by Christian dogmatism, whereby the Bible is often misused for pedagogical purposes, rather than for preaching through a positive example. This concept is in no wise related to the Christian Churches alone, but rather corresponding symptoms are found in all fundamentalist-oriented religions of the law.

In the last 15 years of my professional career I have concerned myself mostly with **traumatised patients**. The trauma-healing in a more comprehensive sense re-enlivens the quest for the meaning of suffering in its search for one's own identity, in connection with the longing for consolation and hope. The inner religious mindset cannot replace the therapeutic process; but it can accompany it, and, I would hope, also facilitate and accelerate it, though in a negative case may hinder it. It is often the case that the traumatic experience along with its haunting consequences destroys faith in God, especially when the only people whom a child trusts are among the ring of offenders in the child's life. We're talking between 6 and 9% of physical sexual abuse during childhood. Wirtz writes on this theme: "There are many women in whose sexual lives their father has remained not only the first man but the only man." Naturally, these women often suffer from a destructive image of God, and it is easy to see that Christianity's demand to willingly forgive an abusing father is an excessive demand.

A trauma can injure people on multiple levels: physically, emotionally, but also spiritually. In the same way as the injury, the healing can take place on multiple levels. When your own world has fallen apart around you, individuals can also experience deepened spiritual insights on the road to healing. Existential shocks and realisations connected therewith may lead to one's own life being built anew upon a deep-seated faith.

A woman, whose husband had died a year ago of cancer, had taken part for the last nine months in a bereavement group. She seemed to be coping well with her situation. Apparently, she had become more stable and took up new activities, for example, in sport. Then, during a group session, she reported a sudden worsening of her situation: she had serious sleep disorders and could no longer concentrate. She described how, during very normal everyday activities, she was beset by horrific bursts of memory. This made her restless and crippled her. I asked about the contents of these memories – hereupon she replied: "It is always the same terrible, haunting image. My husband lies dying and tries to say something more; his mouth forms words, but I can't understand anything. Then he dies. — A bit later, this image attacks me again, it's horrible. I just can't get rid of it — I can't bear it any longer." I asked the bereaved woman if she was willing to speak about this image

in more detail. When she said yes, I asked her to speak more of the specific circumstances of her husband's death. She had brought him home from hospital and sat together with her three children at his bedside. In telling this, the woman was able to compose herself; she felt relieved. I asked her to imagine what her husband might have said to her. I suggested that, when she was calm and completely alone, she should observe her own emotions and listen inwardly. She needed a lot of time. Then she said: "Now I know what he was saying. I love you all, may you do well." I asked her what she now perceived in these words. She spoke of relief, peace and security. I suggested to her to understand these words of her husband's as a blessing and reminded her of the old German figure of speech – *to bless that which is temporal* [= to die peacefully]. The woman knew this expression and applied it to herself. "In that case, my husband has blessed us and we live with his blessing." In the feedback session, the woman decided to recall these words again and again during the week leading up to the next session. One week later, the woman told the group that the image of her husband's terrible death had not returned any more. Now she could accept her husband's death. The understanding of the blessing, so she said, had given her peace and strength.

"The death of my child was the most devastating experience in my life. It helped me to realize that our supposed security, our family happiness was taken all at once. It helped me to realize that we are powerless, fallible and helpless. It helped me to realize that we cannot hold on to anything in life. But this death also helped me to learn that unexpected loyal support and help are bestowed upon us. It helped me to learn that, the deeper I descend into the valley of death, the more life I can win. It reminded me of my deep vulnerability and violability, and sharpened my discernment; to distinguish the essential from the inessential, formal behaviour from meaningful behaviour. It has made me more sensitive in dealing with people. It has helped me to sense when I can usefully reach out to someone, but it has also demonstrated to me the limits of helping. It has taken away my vanity and my pride. It has taken away my prejudices. It has helped me to become more open to the needs of my surroundings. It has bestowed upon me the gifts of courage and creativity; the courage to let go of the old and to fashion something new. It has filled me in a new way with gratitude." These are the words of a mother who had lost her child through suicide.

When the understanding of one's self and the world are totally broken apart in such a traumatic shock and the ego is deprived of its steering function, then the people affected in this way are forced to reconstruct and assemble their identity anew, in order to develop once more a feeling of coherence. This can happen in diverse ways. I remember a woman with a long persisting **posttraumatic depression**, which she came out of when her sister died leaving a young son (eight years old). Coping with the death of a family member let her self-confidence grow and empowered her to take on a new task and improve her life. This example shows how a new life crisis can be helpful for a better adjustment. The beginning phase is characterised through emotional stress and disorganization, and it can take months or years before patients who have survived catastrophes, been injured in an accident, or raped, even in their miserable condition can find meaning and grow thereon. And the changed meaning-orientation makes space for spiritual insights, coupled with an appreciation of life and nature. A new prioritisation comes into being; out of an emotionally and almost physically bereft life, it is perceived as something valuable and in positive cases can even contribute to a reconciliation with the fateful disruption of one's own existence.

Another case study: Mrs P. came to me because of a severe **anxiety and panic disorder**, which had made her very dependent on her husband, neighbours and parents. In the context of EMDR (Eye Movement Desensitization and Reprocessing), the patient first chose some of her own panic-scenarios to process, as for example fainting in a pedestrian zone, panic attacks in the car, and so on. Following successful re-processing, additional scenarios were later used, in which she had to watch helplessly as one of her children fainted and collapsed, and such like. At last, she processed the traumatically remembered birth of her elder mentally handicapped daughter. She had come into the world as a "blue baby" and was immediately taken for an emergency operation. During the

therapy, Mrs P. realized that, ever since, she had done her utmost to ensure that life with the children ran as smoothly as possible, in order to avoid a renewed catastrophe. The slightest cough could evoke premonitions of death in her. Finally, during one of the sessions, for the first time, Mrs P. brought up the Christian inspired image of giant hands that were carrying her family. She experienced this image in the EMDR process as a fleeting energy source. She had previously known this Christian inspired image, though had never before had any emotional connection with it. After about ten sessions with EMDR, the patient was almost free of complaints. She could once again perform all activities herself and fearlessly drive through the town with her car. She was able to perceive the physical symptoms as alarm signals and react accordingly, and no longer panicked about this. She no longer needed EMDR. - In retrospect on the EMDR therapy, I invited her once more to a further double session. I asked her one more time to inwardly go through all the EMDR sessions and to focus on powerful images, lightbulb-moments and positive thoughts. The first thing that sprang into her mind once again was the hands cupped in support. I asked her to take this image as a starting image and to let come whatever comes in the EMDR process. Her eyes alight, the patient described: "I'm being carried. I don't need to control everything. Things are fine just as they are." After a few sets, she began to see herself in the hand. She experienced this as being deeply blessed. All at once, the traditional image became nothing less than a shining experience for the patient. The image changed in the process; there appeared a bright light above the hand, so that the family were now protected from above and below. Furthermore, the hand proved to accommodate every movement that the patient and her family made inside it. Since this session, the patient has been accompanied not only by the mental image of a hand holding her up, but actually the deep inwardly fulfilled reality thereof. She herself experiences this as the greatest gain achieved by the therapy. Moreover, this session triggered further sessions, in which for the first time the patient courageously grappled with the essential questions of her fate as the mother of a disabled child and the uncertain future with her. The patient reports that this therapy has been a huge gift for her.

A person who does not take seriously the irrational, that is to say, the incomprehensible, is to a large extent acting irrationally. The traumatic experience is not stored in the declarative, narrative or semantic memory; it is for this reason that a purely verbal approach to traumatised patients is so difficult (speechless terror), but rather there must take place in the non-declarative implicit memory system something that corresponds to a somato-sensory trigger. **Posttraumatic stress disorder** is the only psychic disorder in which the cause is taken up in the diagnosis. The cause of a posttraumatic stress disorder is not so much the trauma as the subsequent coping process. For people burdened with negative self-statements, here is another quotation from Beckstein: "You say that you consider yourself a bottler; that you are in God's eyes a useless and clumsy person. But to be sure, that is no reason to despair. Even the commonest bottle can become distinctly valuable when filled with precious contents. If God himself dwells in you through his Spirit and accomplishes in you what you cannot be by yourself, then through him – bottles notwithstanding – you are an infinitely valuable person."

Now comes a **case study from Paul Tournier**, who was widely known as a Christian psychotherapist through his books. He writes: "I know a young man who had a similar experience. At that time he was still an academic student and the prey of strong sexual needs that drew him away from his school work and made him mentally isolated. He was heavily burdened by the fear of a likely failure at school, having no strength to prevent this impending disaster. Then he met some comrades who were inspired by a lively faith. That was a revelation to him and a turning point in his life. Freed from the thorn of temptation, he could at last work successfully and he joyfully confessed among his companions the triumphant power of Christendom." Then he reached university. And because he missed his friends there, his anxieties and obsessions seized him anew. He changed his faculty, gave himself over to dreaming rather than studies, and felt that he was going astray. Shame and fear awoke in him, led him into ever greater isolation and crippled in him the will to turn himself around. Through all this time, the memory of his religious spiritual

experience remained like a glowing light in him. Fourteen days before the exam, which he should have already taken a long time previously, he came to see me. He confesses to me freely how difficult he finds it to work on his studies. Then in the conversation he comes out of himself even further and I can see that he is acutely aware of what a thin line there is between his inability to study properly and the whole series of his defeats in the sexual field. I can sense how genuine his humility is and how often his faith in God has overcome his failings. Hence, I suggest to him that he applies himself fully to his faith; to believe that God, who will forgive him, can fully renew his soul and thereby give him the zeal and persistence for work, the confidence and ultimately also the success. But believing demands precisely that one has the courage to believe, and so I launch myself with him wholeheartedly into this adventure. We pray together. We put an action plan together that covers every hour of every day up until his exam. And every detail of his life becomes orderly and specified. Success becomes apparent. I am as happy as he, and I feel as if I have passed the exam myself. We thank God, and the young man holds great plans for the future.

A few months later, I meet him again on the eve of a new exam. This time it was a catastrophe; instead of taking new strength for diligent work from his inner experience, he had casually squandered his time for his personal pleasure. Now he was stuck in the same tight squeeze and in the same anxieties as before. But if the hours that were so richly blessed remained without consequences, then, so I thought, there must be hidden forces at work, which, though temporarily held in check, had not been conquered and were still at work in his subconscious.

In earliest childhood, when his little brother was born, he had been entrusted for several years to the care of a relative, who had lost her own child and hence transferred her entire tenderness instinct to him. Anyone who knows anything about psychology may easily imagine what developments must transpire. Slowly and step by step we untied the knot into its constituent parts as they are: the depersonalisation of a child that is held the equivalent of another child that has died, jealousy towards the brother who remained at home, conflicting feelings towards his parents, defensiveness against his relative's excessive enthusiasm in searching for a substitute, the object of which he became. A thousand signs spoke of the deep confusion, in which these things had enmeshed the soul of the young man. Meaningful dreams, an inferiority complex, feelings of inadequacy, the sense of being unreal, demon conjurations, deeper disorders of the psychosexual development and uncertainty about a calling to a specific profession. The result of this investigation turned out to be that a hidden force in the depth of his soul was slowing everything down and barring the way to success both in the field of his sentient life and also in the professional realm. When he saw himself confronted with these forces of his subconscious, he could scarcely understand why he was entangled in them. "Since the unconscious reactions have their origins in my childhood, how could it then be," he asked me, "that I felt so completely free under the influence of grace?" I answered him with a metaphor: A religious spiritual experience is comparable to a revolution in the course of which a ruler has come to power through a coup. Amongst the cheering masses are also the supporters of the overthrown ruler, now stripped of their powers, who at first behave like the most eager followers of the new ruler; but their political transformation is not genuine, and so the enemy winds his way into the court of the new ruler, where he secretly plots to bring about the downfall of the new regime. The same thing happens with the matters of our subconscious. They die down in the hours when the Spirit is triumphant. They disguise themselves and participate in the inner harmony with which we are permeated. But in no way have they capitulated; they will succeed in undermining this triumph, so long as we do not succeed in revealing them. But that is the task of a lengthy psychoanalytical work.

These brief case studies may suffice to illustrate that the handling of questions of faith cannot be made to fit into a pattern, as after all in every doctor-patient relationship the full potential is only

exploited if it becomes a bi-personal relationship in the "[Martin] Buber sense". If we ask ourselves in what physical-mental condition the ailing patient is who asks me for help, then this is above all a diagnostic concern. In the question that follows - where he is to be led – there is an underlying pastoral concern. Thurneysen says that pastoral care is the expression of the Word of God in the form of a dialogue. Richard Siebeck, in his famous book, "Medicine in Movement", writes: "that the engagement of the doctor as the one who, truly encountering the sufferer and thereby entirely understanding and accepting his psychosomatic existence, represents him and hence helps provide healing."

When people sometimes class Jesus' healing of the sick as hysterical, as I mentioned at the start, they attempt thereby to force his healings into the frame of our contemporary medical system, but this does not work. For example, the woman who was subject to bleeding and who touched his cloak from behind (Mark 5, verse 3), whereupon the bleeding immediately dried up, also the healing of the withered hand on a Sabbath (Mark 3, verses 1-6), the healing of the blind man with saliva in his eyes (Mark 8, verses 22-26). Moreover, you can't describe the leprosy healing as a psychogenic skin alteration (Luke 17, verse 11 ff.), especially when ten were healed. Jesus' healings must not be seen as analogous with medical practice, also the distance healing of the son of the court official, who asked Jesus to come to him, and whose fever left him as Jesus said to him: "Your son lives." (The Roman captain from Capernaum: John 4, 46-53). The paralytic who was let down through the roof and later is able to carry his own bed out, after Jesus said to him: "Your sins are forgiven you" (Matthew 9, verses 2-8). Jesus always declined the appellation of miracle worker. He dealt so-to-speak with God's authority and this goes beyond our scientific worldview. It adds so-to-speak to our scientific worldview the dimension of religious faith. This leads to a widening of the contact with the patient and leads to a total open-mindedness acceptance of the whole being of the patient. Rudolf and Martin Hengel write: "Only faith actually forms the starting point that one must have inwardly – in order to accept your neighbour and encounter him in the way that Jesus meant." Faith is something other than knowledge in the immanent causal scientific worldview. Ultimately, it is grace, and thrives on being able to hear the Word of God.