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## **Seelsorge<sup>1</sup> and interreligious dimensions: Christian-Muslim cooperation in the German context, using a CPE model**

*Cuidado da alma e dimensões inter-religiosas: cooperação entre cristãos e muçulmanos no contexto alemão, usando o modelo europeu de formação de cuidadores e aconselhadores pastorais*

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### **Abstract**

The author describes the German context for an intercultural and interreligious Seelsorge “outreach” into our multicultural and multireligious society, in regard with CPE (Clinical Pastoral Education), as being a great tool to go “beyond the very Churchy-people” in our secular society. It is also a great tool to reach out even to people of

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<sup>1</sup> In this text I keep using the German term “Seelsorge”. After dealing with the translation of termini technici from one language into another for quite some times I am deeply convinced that this always causes problems. Language worlds never seem to really match, neither within one culture nor across cultures. Since in this essay I try to describe the German context(s), I add a “working-definition” of Seelsorge which I rely on, and hope for the reader’s patience and excuse, appreciating the certain estrangement effect which may go along with this practice.

other faith/religions in a respectful way, which is both differentiating and yet also appreciating diversities. In addition, it is an apt tool to develop a training curriculum in a joint venture together with people of other faiths/religions. He describes a first training model in Christian-Muslim cooperation on formation, including some basics of this tool.

**Keywords:** Seelsorge (pastoral care and counselling). Intercultural and interreligious pastoral care and counseling. Christian-Muslim cooperation.

## **Resumo**

*O autor descreve a expansão da prática do cuidado (Seelsorge) intercultural e inter-religioso no contexto multicultural e multirreligioso da sociedade alemã, em relação à Clínica de Formação Pastoral, como sendo uma ferramenta importante para ir além dos frequentadores de igreja numa sociedade secular. É também uma excelente ferramenta para alcançar pessoas de outras religiosidades/fés de forma respeitosa, diferenciada e valorizadora da diversidade e é, ainda, uma ferramenta apropriada para desenvolver um currículo de formação num empreendimento conjunto com pessoas de outras religiosidades/fés. O autor descreve o primeiro modelo de treinamento de cuidadores realizado em colaboração entre cristãos e muçulmanos com base nessa abordagem.*

**Palavras-chave:** Seelsorge (cuidado da alma/aconselhamento). Cuidado e aconselhamento pastoral intercultural e inter-religioso. Colaboração entre cristãos e muçulmanos.

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## **Why and how do personnel of Mainline churches, while fulfilling their assigned duties to provide Seelsorge, encounter, meet and deal with persons of other faith or Weltanschauung as a quite normal and usual part of their duties?**

**1a.** Some remarks regarding the sociopolitical and cultural/religious background of Germany in post World War II times, regarding the question of the **WHY**.

Due to the (then West-)German constitution religious communities and communities of Weltanschauung, - if certain requirements are fulfilled-, may offer their services to the wider population. This as well as their deep and traditional roots and anchoring in the vast majority of the population opened up for chances of the Churches to address civil society as a whole.

So in the early postwar times they could start offering their Caritas/Diaconia services, and this lasts on to our days of (post-)neoliberal realities.

Among the services offered to our society, there has always been Seelsorge, too, in particular offered as qualified 'functional' ministry, for example in hospitals, no matter whether run by Churches, private ownership or communal or other public authorities, - in state institutions like prisons and the Army, among police forces, and also to groups providing for immediate help in crisis and emergency situations (police, fire-brigades etc; so called *Notfall-Seelsorge*). The mainline churches also had and have similar chances to provide religious education in all schools - and provide institutions and facilities for ongoing Adult Education in various forms, they even play an active role in public institutions or in areas of public interest (public broadcasting; decision-making in some areas of legislation). So in their self-understanding and self-image the mainline churches have been an integral part of the civil society. For Protestant mainline churches, the "Kirchentag"<sup>2</sup> became a symbol for this role and self understanding.

In the 50s all these services and activities were not intended to reach out to people of other faiths or religions. It was all meant to reach out to the many persons whose lives had been afflicted by the war, had been broken or distorted by all kinds of atrocities and horror, by shame and guilt, and by unbearable suffering. It was meant to reach out to persons who were in deep despair, whose personal piety and faith had been broken, who did not feel the chance anymore to believe in God, who preferred to become agnostics than to be affiliated with any religious institution anymore, - to people who definitely decided to become atheists or withdrew

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<sup>2</sup> See <http://www.kirchentag.de/home.html> (English)

from practicing their faith in public or together with a congregation, and who developed an abyss-like deep – often also historically founded – skepticism towards churches and religious institutions in general.

When in the late 50s the period started in which Germany imported a migrant workforce, the mainline churches expanded many of their services to these people, who were then officially called “guest workers” – while the public opinion was simultaneously denying the reality of their *immigration*.

According to her worldwide and ecumenical self understanding the Catholic Church installed “Foreigners’ Pastorates” and respective congregations right away. State institutions and other public agencies came up with a formal contract defining that migrant workers should be supported with state beneficial money – if they were in need of such – managed and handled by organizations entitled to provide ‘state-free’ welfare (“Träger der freien Wohlfahrtspflege”).<sup>3</sup>

A link has been set up then between where a migrant was from (country of origin – including the religion of this country of origin) and respective (West-)German providers of welfare: so the Catholics (from Italy, Spain or Portugal) had to see the Catholic agency “Caritas” for help, the Orthodox (only the Greeks then) had to see the Protestant Churches’ agency “Diaconia”, the migrant workers from the former Yugoslavia had to see a secular provider of welfare, and the migrant workers of Turkish background had to see the provider of welfare run by the German labor union movement, “Arbeiterwohlfahrt”. Seelsorge did not play any role in all these arrangements for all the various groups of migrants.

All this help was meant to be social welfare benefit for *social* support. The *spiritual* side of the migrant workers was not of any concern in these regulations: they mirrored the particular (West-)German split of the responsibilities between the state and the churches/religions.

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<sup>3</sup> This construct mirrors a basic feature of the (West-)German Constitution, i.e. the concept of so called, ‘subsidiarity’. Based on Catholic and Protestant ‘societal ethics’ it defines that non-state social-work agencies of various philosophical background may act on behalf of public interest, if before they showed proof of their great expertise in a certain area of work (f.e. like running kindergartens), if citizens want them to do the job rather than state agencies and if they accept public controlling mechanisms. Then they were/are still entitled to get tax money for their work, – not as a ‘grant’, but as their entitled rights.

Even as it became quite obvious in the 70s, that migrant worker families of Muslim faith tended to send the children to Church run institutions, as kindergartens or elementary schools, rather than to nonreligious institutions, - no new structures started to develop.

As mentioned above: the spaces, opportunities, chances and great challenges were there for the mainline churches to reach out with their many services into the sphere of the civil society, now partly consisting also of migrant workers from the various backgrounds. This many services of course included providing Seelsorge, as mentioned before. The Mainline churches remained the institutions that sent out personnel for Seelsorge, for example into the hospitals, and the churches kept on being responsible for their payment, too. So church personnel (at first only male ordained pastors, later on – in the Protestant churches- male and female ordained pastors, then also qualified, trained volunteers) could and still can offer Seelsorge there – in a way as ‘outside agents’, yet usually very much welcomed and well integrated with the hospital staff, following hospital rules and orders, yet under their Churches’ supervision and authority. Spaces of all kinds were and are open to them, so that they can address patients of various backgrounds, when meeting them in the assigned field of work. In the Protestant mainline churches the limits of such an open-service-design derive(d) from the time Seelsorge-personnel could/can offer, and usually not – on the side of the Seelsorger – from a patient’s own affiliation with this or that Christian denomination, this or that Weltanschauung, or from the various faiths being present in our society, if these patient came and sought help or contact in one way or another.

**1b.** Some remarks regarding the **HOW** – the way in which Seelsorge staff would meet others in a situation of Seelsorge.

In the 50s and in Protestant Germany, Seelsorge-theology has been based on a particular definition, i.e. Seelsorge is *conveying the gospel to a single person*.<sup>4</sup> The notion of ‘conveying’ was rather close to a particular

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<sup>4</sup> With general reference to the Barthian theologian Eduard Thurneysen (1946)

discursive form of preaching/teaching to a single person. There had been no Seelsorge-training, neither did this theory consider dealing with the attitude or the formation of an attitude of the person offering Seelsorge as his/her service. However, in their self-understanding and their practice, Seelsorger of course defined their role as helping persons, responding to the needs of their parishioners in everyday life and of other persons in need approaching them, or to be mediators for obtaining support, or even be agents of advocacy for the support of certain groups of people, like war refugees or other victims of the war.

But in all that, their basic attitude was shaped by the theological basic assumption mentioned, i.e. that their duty was to stay true to the 'conveying'-concept. By the 60s, pastors felt dissatisfied and started to criticize this notion.

Positive reactions to this criticism, inside (West-)Germany, basically started from theologians also trained in psychoanalysis and/or in group work (Balint-groups). They started to combine their expertise in both areas and started to come up with *concepts of formation for Seelsorge* of a new type.

This coincided with another move: The concept and the methods of formation as developed in the US, and then labeled as Clinical Pastoral Education (CPE) or Clinical Pastoral Training (CPT), slowly came over from the US to Europe – either directly to Germany (STOLLBERG, 1969, RIESS, 1973), or mediated via pastoral theologians of the Netherlands (FABER 1971, PIPER 1973). Anton Boisen is usually referred to as a founding figure of this movement and this saying has been attributed to him: *pastors needed not only to learn to read the written documents, but also to learn to read the 'human documents'*.<sup>5</sup>

This 'reading' aimed at perceiving the partner in a pastoral contact, to reflect on these perceptions, to learn how to establish a rapport and how to keep it, to take on responsibility for the flow of communication, and in order to reach all this, to develop a competence for self-distancing and self-perception.

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<sup>5</sup> See an informative paper on Boysen here: [http://www.pastoralreport.com/the\\_archives/print\\_archives/2006/01/formation\\_and\\_t.html](http://www.pastoralreport.com/the_archives/print_archives/2006/01/formation_and_t.html)

In the US, very much is owed to the work of Howard Clinebell (WEISS; TEMME, 2008, p. 7). It also became very obvious, that it is not sufficient to have a good theology and theory of Seelsorge, but that all this has to be demonstrated in reality and in practice, its relevance in everyday life, and ability to help cope with life, with crises, spiritual crises included must be proved. From there on a certain circular movement became the basic paradigm for Seelsorge formation: to start off with the practice of a person who provides for Seelsorge, to reflect on his/her actual practice, and then return again to practice with the results of this reflection.

This combination of a communicative attitude, of competences to establish and keep a rapport, of the competence to take on responsibility for shaping this process, and the competence to combine all this with the sources of one's faith and piety, became a central feature of the Seelsorge-movement in the Protestant mainline churches in Germany in the early 70s. Gradually elements of group dynamics or insights from various schools of psychology have been integrated into this concept of clinical (now meaning 'practice based') Seelsorge formation ("KSA" in German).

All of this was a good and sound basis for a Seelsorge practice when establishing contact to a person of one's own faith tradition, but it also opened up chances to build up contacts to persons in general, whatever their background might be.

The notion of the 'internal frame of reference' had also become an important feature in clinical Seelsorge formation. So, if the internal frame of reference of the 'acting Seelsorge-person' and the 'receiving Seelsorge-person' would be widely diverse, but yet accessible to sharing and explaining it to each other and to establish a rapport, then this was the general precondition, the chance and also the limitation, of Seelsorge. And the competence-formation to initiate such processes became an integral part of the Seelsorge formation in the basic training courses and also in ongoing education.

To sum up:

With this particular background and various sociocultural and pastoral-theological developments, the open chances for German mainline churches to provide their services, including Seelsorge, to a wider public,



and the new approach of a practice- and relationships-centered Seelsorge formation became to match in a creative way.

So then Seelsorge personnel of the Mainline churches, while working on their assigned fields of duty, were very likely to meet persons of the various backgrounds, and were open and at least initially prepared for such encounters by their clinical formation.

### **Working definition of Seelsorge**

The care of persons and the care of their *human* being is an essential component of our Christian belief.

In Seelsorge persons approach each other and come close, they perceive each other's respective life worlds and realities, take an interest in each other and support each other.

In this way Seelsorge is *work on relationships and contact*. It is adjoining other forms of contextual work, social and diaconia-work, and also counselling and therapy.

God's loving care to us human beings stimulates us to turn lovingly to others. This is the basic assumption of Seelsorge. So, Seelsorge becomes the manifestation of God's love as well as love of the neighbours. Finally, it aims at experiencing God's love, our love towards God as well as his love towards us – even eschatologically speaking.

In this way Seelsorge is *work on religious interpretation of reality and meaning*.<sup>6</sup>

### **From addressing secular and multicultural situations in Seelsorge in the German context to addressing interreligious situations here**

In the 80s the new situation regarding migration developed slowly. The migration of workers continued, but the numbers of asylum seekers

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<sup>6</sup> All my definition with reference to Helmut Weiss (2010) ([http://62.91.9.129/duesseldorf/neu/hp\\_seelsorgefortbildung.htm](http://62.91.9.129/duesseldorf/neu/hp_seelsorgefortbildung.htm)), as of Nov 12<sup>th</sup>, 2010), Klessmann (2008), Fuchs (2008) and others.

also increased to a high degree. During the Balkan wars, quite a number of Balkan refugees came to Germany. In addition to these people, a major movement started, i.e. the re-migration of persons of German descent, who had been invited by the Russian emperors in earlier centuries to settle in Russia, since Pres. Gorbachev opened up their chance to leave the communist realm. In addition, after the breakdown of the wall separating West – and East – Germany, some 2 million people moved from East Germany to West Germany in a rather short period of time.

Therefore personnel of the Protestant mainline churches within their respective fields of work not only met with persons of a secular or postmodern philosophy of life, or with migrant workforce from various back ground. They started to meet with persons of different religious affiliations or with persons with a decisively different piety. More and more and even unavoidably personnel providing Seelsorge shared in this experience.

So impulses were started to deal with this new situation and to reflect it in practice and theory.

In those years I changed my field of work. After I had been a Seelsorger in a hospital I applied for another appointment and my Church send me to a (public) Vocational Training College to teach (Protestant) Religious Education as a regular subject of that school. My Church assignment also called me to pastor the 'school congregation', i.e. the Protestant members of staff and students in particular, but also to offer Seelsorge to all who asked for it.

In fact it meant that I had students of a widespread range of backgrounds in my classes. Students approached me after the lessons or in office hours and shared their problems of adolescence, family and gender relations etc. etc. I could talk to young men of German family descent who had come over from what is now Poland, although they were deeply Catholic in their family tradition they did not want to see a Catholic Priest for reasons of confidence and their puberty problems, or to young students from a very traditional Baptist or Mennonite background and a family tradition of re-migrating people of German descent coming in from Russia, or with students of a Turkish Muslim background who did not want to share their problems with the Imam of the Mosque their father

used to attend, or with Kurds who were asylum seekers in Germany even though they came from an otherwise befriended country like Turkey etc etc. I had the chances, had the open space and the time – and some competences from my former training in KSA to pastor to them. However, at that time, I did not have an integrated understanding of what cultural and religious differences in our contact meant, and I did not know much about loyalty structures in their respective religious-cultural settings and the links between religious traditions/laws and leading their everyday lives and following respective rituals, or how to deal with them and how to find my position in such an inter-religious scenario where I tried to reach out into a territory unknown to me.

Here I want to share a case study which was presented at a conference in 1999, working on “Perspectives for Seelsorge in 2010”. There I happened to be in a group doing peer-group case-study-work, where a female pastor colleague from a Protestant mainline Church, sent out to provide Seelsorge in a huge (public) Orthopedic Clinic, reported on this case and asked for peer supervision.<sup>7</sup>

A head nurse of a women ward who knew this pastor well, called her to visit a room, just mentioning briefly about a certain problematic atmosphere there.

This is her narration of the situation the pastor got into:

*“I was called to visit in a room of hospital. There were three women lying in bed. They wanted to talk about differences in faiths. Among them, there was a Catholic woman whom I knew well from other ecumenical church activities in our town. I talked to her first and to another woman, being a Protestant. They explained about a visit from Mormon female missionaries, who had been entering the room the day before, talking ‘onto’ them and causing turmoil and upset. After somehow observing our talk and after we finished, the third woman in the room approached me and asked whether I would be available to talk to her, too. She introduced herself by her name and by saying that she is a Muslim believer. She said that she would be here basically to undergo surgery, and that she wished this to be done, but she explained that all her family was opposing this deeply, telling her that by doing so she would interfere with God’s plan for her life. They*

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<sup>7</sup> Prof. Dr. Ursula Riedel-Pfäfflin conducted this workshop, using her technique of reflecting teams in supervision. She initially wrote down this case (RIEDEL-PFÄFFLIN, 2000).

*said that after all she had been living all her life with her disease [a certain kind of orthopaedic distortion] and that she had been born ill this way. And the only person supporting her would have always been her husband.*

[Our colleague explained to us that the Muslim husband had been sitting in a corner of the room all the time – on the other side of the room, looking out of the window.]

*The patient also explained to me, that the family argued that she had been managing to live her life even with this disease. So there was –according to the family- no need to go for a surgery. God had created her this way, and she could not possibly act against the will of God.*

*I was very surprised, and did not know what to answer. I am not a Muslima after all! But since I experienced so much closeness to her, I got an idea and I shared it. I told her this:*

*‘Dear Mrs. S., we all are born without a fur, aren’t we? If it is cold then we need fire or some kind of heating in order to warm us up, and we need warm clothing, that we can make for us. Isn’t this the will of God, too, that we protect ourselves from cold as well as from disease? Isn’t this one of the many beautiful names of God that he also is the most merciful one?’*

*Mrs. S. started smiling at me. ‘Well then, so it is in accordance with him that I get rid of my disease!’ she remarked*

*I realised that her husband had started crying silently, and went and moved out of the room for a short while.*

*We kept on talking some more and she seemed to be really relaxed. She started telling me that she would like to know where I got such ideas from.*

*I explained something about the Bible. And at the same time, I was frightened about this! I did not want her to think that I wanted to convert her!’.*

Here the narration of our colleague ended.

Later on in the peergroup session, she added that Mrs. S. had even asked her to bring her a Bible. After some feelings of resistance to that wish, our colleague brought a Bible to Mrs. S. the next morning – still feeling bad in her conscience about it.

After some work of this group it became quite obvious how much and how deeply our colleague presenting this case had been challenged by this encounter, how much she had felt insecure. Her feelings of insecurity

were also mixed with self reproaches questioning herself whether she behaved respectfully and according to Mrs. S. wishes, or whether she behaved invadingly and transgressing. She also felt bad at herself that she was so insecure about her own position in a situation like this and that she never dealt with preparing herself for such a moment. She also felt bad, and did not know why she felt so mixed up, when it came to explaining her own Christian belief and trust which has been the source of her life and strength, and why she almost felt ashamed for stating this.

The supervisory work in the peer group really got to her and was shaking her almost to the ground so that we in the group could hardly hold a story and 'hold' herself as our colleague...<sup>8</sup>

Now it is the year 2010, and in the meantime quite a bit of work has been accomplished to deal with the intercultural and interreligious practice, with its reflection and with new practice models deriving from there. Intercultural and interreligious competence formation became the mainstreaming task in various centres for KSA.

The case study mentioned above may demonstrate how important it is to clarify one's own position to persons of other faiths and to situations of encountering them. Clarification is needed in one's own hermeneutical onset,<sup>9</sup> in one's own biography, and in one's own emotions. It seems that only then we can state our own belief in a patient, respectful and firm way, and that only then we can meet the person of another faith in an open, perhaps even an appreciating way – within the framework of our capacities.

Perhaps we can rely on a kind of diaconical position, i.e. that in Seelsorge we can help a person of another faith to clarify his/her own belief, to understand it in a more helpful way for him/herself and that he or she may be better able to use and apply its spiritual resources here and now.

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<sup>8</sup> In countries following the NHS tradition, they usually apply rules of their 'ethical code' in situations like this, - but I doubt whether this helps to avoid to find one's own position, - in our brains and hearts and mind and soul!

<sup>9</sup> Rudolf von Sinner at EST presented his *Hermeneutics of Trust* in a lecture, when SIPCC did a study trip to Sao Leopoldo; but see also Chr. Morgenthaler (2005) and especially Danz (2008).

## The KSA-Project: a Christian-Muslim cooperation

In our Society for Intercultural Pastoral Care and Counselling (SIPCC) we have had a certain development of our discussions, activities and plans. On the one hand, we are convinced that it is still very necessary to enhance interreligious competence in Seelsorge on the side of our Christian colleagues. We need to prepare and support them to do qualified work once they get in touch with persons who have a well defined and firm belief other than Christian, and who ask them for Seelsorge contacts, nevertheless, or with whom they meet, since at moment there are only a very few partners available, if it is necessary to share with somebody about one's situation in life or one's situation in illness. And we're convinced that this competence building has to become more and more an integrated part of all clinical formation for Seelsorge.

On the other hand, it became quite clear for us that this can not be the end of the necessary developments. It will be necessary to qualify respective persons of the faiths other than Christian, so that they can offer an 'authentic' form of Seelsorge to their own fellow believers, and that we can share our expertise in formation with them, how to work towards formation of attitudes, to reflect on actual practice and to reflect on means and goals. After some initial discussions with our Muslim friends and publications (WEISS; FEDERSCHMIDT; TEMME, 2005), we organised an interreligious consultation at the Cologne-Kirchentag 2007 on this (TEMME; FEDERSCHMIDT, 2008). Eventually we agreed, that it might be worth trying to use the framework and the 'tools' which are applied in KSA, for a Muslim Seelsorge training. We shared our impression that this way might be helpful to work with them on establishing contacts, on how to keep contact and how to take on responsibility for developing such a contact, on how to deal with one's own emotions and the emotions of the contact partner, or on how to bring in faith resources into these contacts, and to work on all this in a process of constant reflection. And we also agreed that it would be quite necessary to evaluate this learning experience again and again, and in particular, to assess again and again how this process and formation matches with religion.

So we started to write an outline for such training. Here we started off from the basic assumption which we shared on 'both sides', i.e. to follow a kind of a bottom-up approach. We wanted to start with looking at practice and with looking at people and their situations. From that on we wanted to go forward and check, how concrete help to manage life and also to deal with crises, even severe crises in health, might look like, in particular when it could be linked to the resources of one's faith and be supported by one's religious community or also be empowered by one's own piety.

We are aware that there might be many reasons to do this step within our society, sociocultural, historical, statistical, perhaps theological and also even very pragmatic reasons. For me personally, 'common sense' is an important point in my reasoning. I am very impressed by the article of one of our Muslim writers in one of our books (RAKHMAT, 2005). I use to compare what he wrote, with what Muslim friends or Muslim students in the college where I taught, kept telling me quite often when they talked cynically about the 'helpfulness' and 'supportiveness' of religious leaders they experienced. So in my common sense I came to the conclusion, that there are many traditionally and deeply enrooted ways in Islam where we just would need to reconnect to in order to develop an authentic Muslim Seelsorge. Or in other words: I'm quite convinced that we as Christians, having had training for intercultural and interreligious Seelsorge, having tried to develop respectful and open attitudes and to develop competences in establishing a rapport even across cultural or religious boundaries, can 'do a good job' here - under certain circumstances and up to a certain degree.

But that never can be it. Basically, qualified Muslim caregivers, insiders anyway, and brothers and sisters to their fellow believers, are the more appropriate persons 'to do the job', when it is about Seelsorge to and for Muslims.

SIPCC and Prof. Eberhard Hauschildt came up with a project outline in 2008 and developed it in contact with Muslim partners, intending to have a 'joint venture' of various institutions for a first 'test run' of such a KSA-course - with an academic assessment of its results by Christian

practical theologians as well as Muslim theologians interested in this field of work.

For various reasons, we could not put this plan into action (HAUSCHILDT; BÜLENT, 2010).

However, I want to share this quote from our unpublished paper.

*“Muslim persons shall be prepared and trained for an ‘Islamic Seelsorge in hospitals’, so that they may approach persons and their situations in a sensitive way. Acknowledged standards for Seelsorge, as they have been established among Christian Churches in Germany, shall be applied for this training. The cooperation with Christian Seelsorge professionals is meant to keep up these existing standards for Seelsorge formation.*

*It is necessary to check on those standards by summing up experiences from practice and by comparing this with theoretical reflections and make them more concrete, if necessary, in order to finally come up with what Muslim believers can identify to be a genuine Muslim form of Seelsorge.*

*Therefore it will be necessary to develop curricula for structuring the formation process. These curricula are meant to define learning goals, qualifications and competencies to be acquired, and they shall be stated to be obligatory in terms of theology, and also in terms of the personal attitude formation for the trainees, so that finally they will be qualified for ‘Islamic Seelsorge in hospitals’.*

*It is desirable to have a close linkage between Christian and Islamic Seelsorge, particularly for aiming at learning with one another and from one another in a set framework for the exchange of experiences.*

*In its methodology, the project shall draw on experiences of “Clinical Pastoral Training” (as set up this way in the US in the 50s) respectively “KSA” (clinical Seelsorge formation – as started in West Germany in the 70s). These experiences led to a reform of the practice of Seelsorge and of its theory by way of this new type of Seelsorge formation. Here its basic tool is a particular form of working in groups on verbatims, (usually) written down ‘by heart’-reports of an actual conversation between a trainee and patient, anonymized as much as possible.*

*This type of development in Seelsorge, meanwhile proved successfully in a worldwide dimension and carried on and enlarged, almost guarantees three results: For one it ensures, that the group definitely takes into consideration what has been voiced or came up in the actual conversation in regard with its content, topics and behavioural patterns.*

*Secondly, it ensures that the starting point to enhance one’s Seelsorge practice and competence is the trainee, i.e. his/her actual abilities, capabilities, talents and gifts.*



*Thirdly, a curriculum based on this type of development in Seelsorge offers a particular openness for dealing and reflecting on those specific contents and forms of Seelsorge which relate to or emerge from a specific faith in a specific context, in this case, to relate to or emerge from Islam in a European, respectively German, hospital context...”*

As I mentioned above, this project could not be completed this way. So the group working on it set a *freeze* to it.

In this phase of planning and searching and deliberating, and while we were looking out for partners, it happened that a group of Muslim volunteers was looking out for us, i.e. SIPCC.

This group had set up their association years ago, in the form of a German court registered association, Medical Muslim Bridge (MMB). They had started to offer various services, all centering around topics of medicine and health, and one of them being to offer regular visits to Muslim patients in the University Medical Clinics, University of Essen/Germany.

Very soon after the founding of the Association and after starting their visits in a structured and regular way, they got in touch with the Protestant pastors providing their Seelsorge at the medical centre. In the course of these contacts they had started to ask one of them to teach them basics of conversation and communication, including how to write verbatims. They had set up a peer group to discuss and deal with those verbatims among each other. They also had set up a structure, by which hospital personnel could get in touch with them and call them in for visits when needed. They had been in touch with the director of the nursing services, the medical director of the institution and the director of business administration. One of the main members of this group is working as a medical doctor in one of the clinics, so that the ‘inner world of a medical clinic’ is known to the group.

Also on their own, they had developed a statement each volunteer, who wants to join the visiting group, has to sign. Each one has to make a pledge and agree to certain preconditions, a kind of code, how to behave in the hospital, how to behave towards patients and how much to be available in a very responsible way for such visits.

After having had quite a bit of experience and assessing their experience, they had approached one of the Protestant pastors and asked for opportunities for more intense training. Since he knew our association SIPCC well, he referred that question to us and arranged a first meeting between the group and us. It was meant to get to know each other at first, but then also to talk about their expectations and our possibilities. This meeting became a deep and creative exchange on both topics. Rev Weiß explained about the methods of formation, used in clinical Seelsorge formation – KSA –, about intentions of our earlier project and about possibilities, which SIPCC could offer based on its expertise. He underlined strongly our wish to find joined ways to include theological and religious Muslim concerns, to assess experiences together with the group and to ask for suggestions from their points of view again and again.

After this meeting in late 2009 it took only a very short period of time for both sides to agree to start cooperating on formation. It was decided to start an introductory course in early 2010, equivalent to a usual introductory one-week unit of KSA, basically following the standards of the German Association for Pastoralpsychology, as set up for volunteers.

Since we had to find out very soon, that there would be no outside funding available for this project, we agreed to do it in a way of ‘low paid private financing’ anyway, because we were convinced on both sides that this work was needed to be done and started.

The group prepared for the start by a discussion in their association and among all the members of the association. They set up their own expectations for those who should be the trainees in this first ‘run’. So they decided to look for candidates who would be willing and also would be able to participate in all the sessions of the introductory unit, and who would be very likely to also participate in an envisioned course to follow, i.e. a course equivalent to a usual six-weeks-basic-unit of KSA. So the association selected three women and five men to be the trainees. All of them had experiences in visiting, and all of them actually participated in ‘being on duty’ for visits on the wards, once they were called in for a Muslim visit. And besides that, all of them agreed to get involved in this type of formation as it had been outlined before by Rev Weiß in the meeting mentioned above, and to contribute in particular by providing own

verbatimim for the work in the training group on a regular basis. All these participants had known each other well for a long time and were familiar to each other.

The group accepted to be completely responsible for the 'logistical' setup of running the course, i.e. to prepare for the needed timeframes and breaks for meals and prayers, for regular participation and finances.

When SIPCC and MMB agreed upon the cooperation it was quite clear from the very beginning that they did not want to start just a new form of interreligious dialogue, in our case about Seelsorge. It was meant to be cooperation on a practical matter, i.e. it should target a concrete Seelsorge practice for and with concrete persons. Both agreed on this goal to apply this approach, namely to start off with looking at and sharing about actual practice, then to reflect on this actual practice and then transfer the results of the reflection to concrete practice again.

In order to get a 'live' experience of this approach we set up this introductory unit. Both sides also agreed that this would be the 'test run' for this method whether it would be a viable way for Muslims to get formation in Seelsorge.

We accomplished it and finished the unit in the summer of 2010. We followed the standards of the German Association for Pastoral Psychology,<sup>10</sup> as set out otherwise for Seelsorge formation of Christian volunteers, and applied it to the course.

So far we brought in the typical methodology as used in KSA: We very much focused on *case study work*. Since this group has been used to write down case reports by heart for their usual peer consultations, basically using the verbatim technique, they had no problem to provide the necessary case studies for the group work. 15 of the overall 28 sessions of this course therefore dealt with case study work. We agreed to also use the form of vignette to report on cases, and also oral narratives to do the reporting.

Another usual working method of KSA, that is *biographical work* on the trainees' own life stories, also has been applied in a couple of sessions. There've also been sessions doing *theory work*. We dealt with

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<sup>10</sup> See here <http://www.pastoralpsychologie.de/85.html> pdf -file p. 30.

communication theories, in particular Schulz von Thun (1981), and with theories on Seelsorge for terminally ill patients. In one of the sessions the trainees explained about various subjects of Muslim belief, thus informing us as course leaders, and some of them explained about their particular religious concerns.

We explained the method of *group interaction*, and practiced it in one session to a certain extent.

The initial phase of the course had its main focus on the participants' detailed explanation of their motivation to do a work like theirs in a hospital. The trainees were asked to also explain how they view their work up to now, and to share their self-image in this work.

Another focus was set on laying down the expectations of the trainees towards this course.

All along the way of this course and in a repetitive pattern, feedback loops had been integrated. Attention has been paid to the group planning each next step of work on their own, as they did for setting the time structure of the days anyway to include meals and prayer times in the proper order.

The group also decided who was going to present his/her case study at which point.

There was a quite extensive analysis and assessment during the last weekend block of working sessions. We all were very conscious to reflect on the question whether the method of KSA as presented would match with religious requirements and religious beliefs of the group members. In addition there was a deliberation on whether to have the six weeks basic course, or not. To both questions the group reacted overwhelmingly positive.

As we had repetitive feedback loops to share the trainees' experiences, we also integrated repetitive steps and moments to feed back the results and the experiences from the single steps of work, including personal experiences and personal gains from this formation, to the actual work on the wards and to concrete goals in performing one's Seelsorge. The group appreciated this very much and found it very helpful according to their evaluations.

Since the trainees had their former experiences with doing case study work, they were well aware of new aspects in the work of the course. They found that they got new experiences with the more detailed way of looking at certain passages of the verbatim, and in parallel and in addition, that they also got a wider view on situations and issues. And they found that in general the case study work as experienced now had a new type of quality compared to their first experiences. It helped them to find a new definition of their role, too.

In all this they found that they would experience now the basic idea of KSA work, that is, to work on attitudes, on developing or changing attitudes which are helpful for Seelsorge. They got an idea of why so much importance is ascribed to this in a relation-centered approach to Seelsorge, compared to the importance of information.

A great emphasis was put on the start of each block of working sessions, to receive the participants again well, and to share where everybody was at right then and to get a feeling for the group again.

Some more remarks on the case study work:

It took some time for the group to get the routine at the start, i.e. that the presenter should take the lead in defining how the case was presented and/or read, in defining the issues he/she wanted the group and supervisors to work at, and where to start in general.

It also took some time to learn to voice one's firsthand very personal and emotional reaction to the case as stated by the presenter. The group eventually learned that and got an idea that *initiating a rapport* and *emotions* are interlinked, or in other words that emotions can either support initiating or establishing a rapport or obstruct it.

Besides, it has been in the focus of the group again and again to understand that new chances and creativity open up, once one dares to share one's own emotions with one's communication partner, that is to 'work' with these emotions. In the same way they realized, that there are chances and a new openness, once one dares to share with one's communication partner what one believes to have perceived from his/her emotions. There was a lot of anxiety around opening up too much about one's own feelings of being weak, or being afraid to come too close to the other person and intruding in his/her life or his/her emotions.

In this work and through the concrete experiences gained, as well as with the help of the theory work and the model of Schulz von Thun, it became obvious how much communication and contact depend on perceiving layers of communication and on clarifying them.

The trainees got an idea of the importance of enhancing one's competence to relate to others on all sorts of levels, to enhance one's self reflection and one's capacity to differentiate.

During the sessions of case study work, either through role play or through imagination, situations were looked at in a new and tentative way and alternatives were developed, on the background of respective passages in the verbatim presented.

By and by it became clearer to the participants that there is a close link between having an open, appreciative and perceiving attitude and the amount and the creativeness of chances to act, and so they could then draw from a rich new bouquet of alternatives in order to open up spaces for a helpful accompaniment of the patient and for helpful Seelsorge.

Beside working at aspects of *emotions and rapport* and working at *levels of communication*, it was also much about working with the various levels, which also influence Seelsorge since it always takes place within *systems*: It is related to the system 'hospital', it is related to the system of the patient's family, the system of his/her religion and also the system of traditions, the patient is embedded in religiously – or more general in a sense of loyalty. Seelsorge also heavily relies on systems of language, personal language worlds, and foreign language systems if the actual conversation is carried out in other than the mother tongues of both partners, and systems of religious language.<sup>11</sup>

Eventually the trainees came to understand how much it also shapes Seelsorge that it is a form of clarification work, too. A phenomenon – what is it really, and/or where does it belong to? This has to be clarified again and again, emotions have to be clarified, relationships are to be clarified, also situations, structures, loyalties, influences and roles.

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<sup>11</sup> The members of MMB come from a great number of countries of home; so, they are proud that they can offer their visits to Muslim patients in as many languages!

In terms of roles, there was quite a number of role definitions which also needed clarifying. An important part of the role is defined by the Muslim obligation to visit and to have a reward on this.<sup>12</sup> In their MMB-flyer in its Turkish version they defined their service is being a Muslim comforting. The role to visit a patient is usually assigned to the extended family, - as the usual thing to do. In the German context, however, sometimes somebody has to replace the family, since it may not be in reach, - so the role of the deputy-family-visitor comes in. There is also the role of 'doing little things' for the patients, like doing some shopping, or the like. Some patients also address the trainees in the role of a 'hod-scha' (Imam - or just 'teacher' in the Turkish context); sometimes they are needed to merely be listeners. There were discussions and first ideas about what that may mean in the future to have the role of a provider of Muslim Seelsorge, and to initiate contacts and show compassion and bring in the sources of one's belief into this relational and clarifying work.

For the trainees it has been very impressive, so they voiced a couple of times, to look at the narrative elements in the case studies and in their conversations with patients, and then to differentiate layers within these narratives which deal with emotions, layers which deal with existential experiences, and layers which deal with meaning and/or 'transcendence'.

The emotional layer usually includes relationship contacts and the process of relation development in a narrative. The existential layer is usually closely connected to one's subjectivity, one's self-image, and one's contact with one's own self, - this pertaining to both partners of contact and thus sometimes been apt to be a bridge between both of them. The meaning layer often comes along via symbols or archetypes and may be helpful (again: for both sides) to relate to the spiritual and/or religious reality, supporting us.

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<sup>12</sup> "On the day of Judgment, God called upon his servants. He says to one of them, 'I was hungry, but you did not feed me.' He says to the others, 'I was thirsty, but you did not give Me to drink.' He says to another of his servants, 'I was ill, but you did not visit Me.' When the servants asked Him about these, He replies to them, "Verily, so -and- so was hungry; if you had fed him, you would have found Me with him. So -and- so was ill; if you had visited him, you would have found Me with him. So -and-so was thirsty; if you had give him to drink, you would have found Me with him". Quote from Rakhmat (2005) who quoted from W. Graham, *Divine Word and Prophetic Word in Early Islam*. The Hague: Mouton, 1977, p. 179-180, who quoted Ibn Arabi who frequently mentions this *hadith*, in his *Futuh al-Makkiyyah*.

In a lot of respects it appeared to us, that the experiences the group had and the hesitations shown may come close to what Christian participants in an introductory unit of KSA might voice. There were some areas, however, where we got the impression that this type of work, which includes own experiences and rapport-orientation and focusing on attitudes, seemed to be a little bit more unfamiliar to the group, - that is, when it was about dealing with so-called negative emotions, like aggression, or when it was about the receiving and describing of emotional aspects of an existing rapport as a particular form of human relationship.

Between SIPCC and MMB there is a clear perspective for the next steps, and there are concrete plans for the cooperation to come. Both sides agree that a sound basis of trust has developed, and that we found a good system to come to agreements, to check on assumptions, to explain things to each other, and to make assessments in a sensitive and trustful way, in order to be able to go on with this project.

Meanwhile, the basic course has started. We all are aware that there is a lot of work ahead.

It is very much in the interest of SIPCC to co-operate in this project and to connect it to a wider framework at the same time.

On our Christian side, it is quite right, logical and necessary, to strive for enhancing the competencies of those who provide for an inter-religious Seelsorge on our side, respectively to strive for developing our structures of ongoing formation in this regard further.

In parallel and at the same time, on the side of an interreligious co-operation it is quite right, logical and necessary to mutually work forward towards the development of curricula for formation and of a respective practice of Seelsorge, which definitely can be identified by the believers of the respective faiths to be a genuine part of their own religion, as we have stated that in the paper quoted above.

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