

Foreword

This book is the result of many years of cooperation between the *German Institute for Medical Mission* (DIFÄM) in Tübingen, Germany, and the Department of Practical Theology III of the Faculty of Protestant Theology, University of Tübingen. The cooperation included studies on how congregations can identify resources which can promote health with a focus on accompanying people with depression as well as how congregations can be sensitized to mental health and the needs of persons living with mental disorders. In the collaboration, a close connection between research-studies on the one hand and a congregation-based implementation on the other hand was practiced. In this book, we want to share these results of research and experiences with a more international audience, and put them into a wider, complementary context. We are aware that we cannot consider the whole wealth of related inputs coming from English-speaking sources and we cannot cover the whole discussion, but we would like to make a contribution to the discussion from our particular perspective.

The *German Institute for Medical Mission* (DIFÄM)¹ is engaged in health projects in economically poor countries and in neglected areas. For the work in this field it is of great importance to work in a close and continuous cooperation with local partners. Church congregations and local communities are appreciated for the assets they already have and it is the goal to include the strengths of people in local settings and to link communities to the formal health system. The churches are encouraged to recognize their specific contributions and tasks in the field of health and to implement their healing ministry in various contexts today.

From this point of view, the collaboration aimed at the intersections of health and religion, medicine and congregation. The vantage point of the collaboration between DIFÄM and Chair of Practical Theology III has been to focus on the healing ministry of church congregations and local communities, which does not only make sense in neglected areas of the world but also on the doorstep of the Evangelical Church in Germany, that is, closer to Tübingen, in the Evangelical-Lutheran Church in Württemberg. In light of the differentiation of Church and Religion on the one hand as well as the high-level medical system – especially in a university town like Tübingen – on the other hand, it makes sense in our opinion to link both factors. Because of the complexity of structures, functional differentiation is necessary, but the basic approach of our collaboration was to bring both topics into discussion as they stand in relation to each other.

¹ For more information: <https://difaem.de/1/home/> (last accessed on 1 April 2020).

2010–2012 a pilot-project was implemented in Tübingen. This project, in cooperation with Prof. Dr. Gerhard Eschweiler from the Psychiatric clinic and Geriatric Center of the University Tübingen and Dr. Bertold Müller, medical director at the Center for Psychiatry Südwürttemberg, Zwiefalten, had a special focus on depression as an example of mental illness. The purpose was to create a documentation of health resources in church congregations and the promotion of health by congregations using the example of depression. Semi-structured interviews with various groups of people affected by depression, their relatives, volunteers working for institutions caring for people with depression, and volunteers in general were conducted. An online-questionnaire took a closer look at the pastors. Activities in congregations were hosted, workshops for the public were organized, and the results of the survey were evaluated. The experiences and the results of the project were published in 2014.²

In 2014 we were given the chance to start the follow-up project “Innovative ways of pastoral care with people with depression” (2014–2015), funded by the Stiftung Diakonie Württemberg. This project was selected as a pilot project for pastoral care (Modellprojekt Seelsorge) by the Evangelical Church in Germany (EKD).³ As part of this project, we conducted two group-interviews in congregations, and we developed a questionnaire for a quantitative-comparative survey in congregations in Germany as well as in Malawi. We compiled the results of these several surveys in part II (studies).

In the first section of this book, ‘Religion and Health. An overview’ we present papers from a workshop held in October 2016 in Tübingen which includes Michael Klessmann’s lecture on the interrelationship between faith and health from the viewpoint of pastoral care in Practical Theology, and Christian Zwingmann’s account of the current state of research in religious psychology. His paper is published in co-authorship with Constantin Klein. Thirdly, Annette Haußmann, who was the project’s research assistant, gives insights into the current state of research on spirituality and depression.

As already mentioned, the results of the various surveys are presented in part II. In II.2 (Depression and Pastoral Care from the Viewpoint of Pastors in Germany) we concentrate on and discuss the conclusions of the qualitative interview-study and the results of the online-survey. The results show that pastors are

² Published as a handbook for congregations: Beate Jakob and Birgit Weyel, eds., *Menschen mit Depression. Orientierungen und Impulse für die Praxis in Kirchengemeinden* (Gütersloh: Gütersloher Verlagshaus, 2014). The project was funded by the Lechler Stiftung and the Evangelical-Lutheran Church in Württemberg.

³ The project was also the subject of research. Kerstin Lammer, *Wie Seelsorge wirkt* (Stuttgart: Kohlhammer: 2020).

contact persons for pastoral care and they are faced with mental disorders in diverse situations, including their professional everyday life at their workplace. However, pastoral care is not only limited to the pastors. Realizing the idea of the priesthood of all believers, volunteers also provide spiritual care. Selected insights from one single interview and one group-interview – presented in the form of two case-studies – are given in II.2 (What Motivates Volunteers in Congregations to Take Care of People with Mental Disorder?). Chapter II focuses on people living with mental disorders and their relatives. This contribution presents results from the individual interviews and points out the special experiences and needs of these people.

A quantitative questionnaire allows for a comparative study concerning Malawi and Germany, two totally different cultural contexts with different medical systems (II.4). The focus on Malawi, where DIFÄM is engaged in health care projects, is also part of the research work of Paul Mekani and Japhet Mbaya who present insights into the knowledge about mental disorder and attitudes towards people with mental disorders among health professionals.

The third section of the book addresses the approaches to improve mental health. In addition to providing new insights and findings, the projects have also been engaged in shifting and shaping church congregations and local communities. An opening chapter gives an overview on mental health in a global perspective (III.1). Beate Jakob introduces the developments in three German congregations resulting from events providing information on and raising awareness for mental disorders including special Sunday services, Bible study-groups and other activities of the local church community (III.2). Vandana Kanth's contribution also covers the promotion of mental health on a local level (III.3). Her focus are the communities in the catchment area of the Duncan Hospital in Raxaul (Bihar/India). The studies from Malawi and India are of interest as such. However, they also serve for comparison and correspond to a comparative approach.

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