

# The Contribution of Hagiotherapy to Addiction Treatment: a Patient's Perspective



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**BACKGROUND:** Hagiotherapy, a therapeutic method for addiction treatment implemented by Remeš (1998) in the Bohnice Psychiatric Hospital, is based on group existential psychotherapy and dealing projectively with sacred (biblical) texts. This paper describes the contribution of hagiotherapy to addiction treatment from a patient's perspective. **AIMS:** The aim is to outline the principles of this method, as well as finding and describing the common aspects of the patients' experience during the therapy sessions within their inpatient treatment in the Bohnice Psychiatric Hospital. **DESIGN AND MEASUREMENTS:** The research used an individual questionnaire. An analytical method was used to evaluate the questionnaires. **PARTICIPANTS:** The research sample consisted of 20 respondents – 16 males and four females. **RESULTS:**

Group meetings are very popular, which indicates the increasing desire to deal with values and morally significant questions. It has turned out that although patients understand what is good and what is evil, they wish to be encouraged in their values and moral attitudes. **CONCLUSIONS:** Hagiotherapy, which was used with patients in this group, was intended to treat their alcohol addiction or other types of addiction. The Bible turned out to be a suitable therapeutic tool because of its spiritual profundity and the wisdom of its texts. The respondents perceived hagiotherapy as a favourable variation in their treatment. During the sessions they could speak openly without any fear of expressing their opinions. The patients enjoyed participating in the sessions as they saw them as a positive step in their treatment.

**KEY WORDS:** HAGIOTHERAPY – ADDICTION – PSYCHOTHERAPY – BIBLE

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## ● 1 INTRODUCTION

The term hagiotherapy is derived from the Greek words “therapeia” – care, treatment – and “hagios” – holy, pure, or sacred. It is a specialisation in group existential psychotherapy, focused on transcendental topics, which aims to cleanse the patient’s life of dysfunctional behavioural patterns. One of the tools it uses is dealing projectively with sacred texts, in this case biblical texts.

According to Peschke (2004), one of the main causes of the occurrence of drug addiction is modern society’s materialistic way of life, without any true ideals or ability to give human existence a deeper meaning. Today’s people, despite their economic success and comfortable life, are not able to see a reason or purpose for their presence in this world. Therefore, it is beneficial to have the opportunity to give the patients’ lives a new and deeper meaning by turning their minds towards better ideals.

This paper deals with the therapeutic method named hagiotherapy, which is considered by Remeš (1998) to be a new line in psychotherapy.

In modern psychotherapy, there are two different strategies for using the Bible. Hagiotherapy is mainly inspired by the second one of them. The first strategy perceives the Bible as a certain kind of “textbook” on human beings which deals (among other matters) with the same themes as psychology: with human suffering, joy, solitude, death, and even uncontrolled aggression or sexuality. The Bible’s texts also bear hidden instructions on how to handle these themes therapeutically. The second strategy sees the Bible as a “mirror” of the human mind and thus as material for subjective projective processing. This therapeutic approach presupposes that everybody has their own specific pre-understanding based on their personal experiences and attitudes towards themselves and the world. Hagiotherapy concentrates on this pre-understanding and works with it therapeutically through analytical methods – in-depth analysis and existential analysis.

The in-depth analysis approach to the Bible was significantly developed by a German psychologist and theologian, Eugen Drewermann (2006), in his summary work *Depth Psychology and Exegesis*. Drewermann presupposes that the Bible’s authors projected the archetypal images of their own unconscious in the biblical stories and thus these images can resonate with the images and symbols stored in the soul of the reader. According to Drewermann, there is no point in arguing about which part of the narrative in the Bible is historically real and which part is only symbolic. The important aspect is that the Bible tells a story which has a healing potential.

The existential analysis approach is based on the logotherapeutic school of Viktor Frankl (2007) and his follower Alfred Längle (2003). According to them, each situation represents a challenge for the human conscience to ful-

fil some purpose. This is very important from the psychotherapeutic point of view because purpose is a mighty power which can be used especially when a reader seeks an analogy between the biblical story in the there and then and his/her own story in the here and now. The biblical stories carry the timeless themes of death, guilt, values, and purpose and present them in images or symbols of the lives of people from ancient times. That can be inspiring and offer possibilities for future self-fulfilment. It can also give the reader a hint in terms of his/her goal which he/she can look up to, hold to, and follow.

Hagiotherapy is a new line in existential psychotherapy which is, according to Vymětal (2010), specific in claiming that religiosity is a genetically given, evolutionary advantageous, and extremely strong interventional power of human spirituality. It does not use the theological contents of religions, but it uses the psychological structures which are related to religiosity; the existential structures which include issues such as the meaning of life, values, relationships, and death. It also uses structures which concern questions of admiration, gratefulness, love, and self-sacrifice. And last but not least, it uses moral structures which relate to questions of good, evil, guilt, punishment, and forgiveness. Working with these structures, Hagiotherapy (Remeš, 1998) helps people to discover new, beneficial, and less destructive ways of behaving, new forms of self-experience, and relating constructively to the world.

This makes it different from other psychotherapeutic approaches. Psychotherapy can, from certain perspectives, be divided into directive and non-directive. In directive psychotherapy, the therapist directly affects the patient’s thinking, attitudes, and behaviour. The therapist asks the patient to carry out certain orders and tasks or uses non-hypnotic or hypnotic suggestions. In non-directive psychotherapy the therapist tries to create a favourable atmosphere in which the patient can start his/her self-exploration. The psychotherapist is only supposed to encourage the patient to verbal, emotional, or functional production (Kratochvíl, 1997).

In supportive psychotherapy, the aim is not to change the patient’s personality but to try to understand and support their personality the way it is. We encourage its positive aspects and lead the patients to think positively and to have confidence in their own powers. We also help them in handling actual situations and problems (Kratochvíl, 1997).

Reconstructive psychotherapy helps to rebuild the personality through a deeper analysis of its formation as well as through more intensive efforts to influence the patient’s attitudes, motivations, and system of values (Kratochvíl, 1997).

Hagiotherapy is group existential non-directive psychotherapy, concerned with transcendental topics. All of the above types of therapy share a common objective: to eliminate the patient’s problems and to restructure their

personality for the benefit of their adaptation and fulfilling the purpose of their lives.

The main objective of this work was to ascertain the contribution of hagiotherapy to addiction treatment according to the patients in the Bohnice Psychiatric Hospital. In writing this paper, the author used her personal experience from hagiotherapy sessions led in the Bohnice Psychiatric Hospital in the period from February 2013 to May 2013. The paper is based on the scientific literature in the field of psychiatry which deals with alcoholism and other forms of addiction (Heller and Pecinová, 1996; Dočekal, 2000; Nešpor, 2000; Schneider, 2004; Kalina et al., 2008). In general, it is possible to say that the client's inner motivation is an important precondition for successful treatment. Psychotherapy is a helpful tool in that sense and other therapies, together with psychiatric medical treatment, belong to the elements which can bring a client to change his/her motivation. In the beginning, psychotherapy deals with the problems of guilt, punishment, and treatment, although these themes do not seem to be the core of what the patient wants to achieve. Clearing these aims is the springboard for establishing a relationship in which it is easier to handle and process other problems. At first the themes of relationships and social support are processed and then the therapist and client can proceed to the more complex inner issues, such as personal values. From there it is possible to build an outlook on the patient's life so far and the difference between a life with alcohol or illegal addictive substances and without them. The inner motivation towards work and growth is being set.

Hagiotherapy, on the other hand, is based on a dynamic notion of human spirituality and is underpinned by an adapted four-stage model of its ontogenesis. The questions of the four-stage ontogenesis of human spirituality are addressed in detail by M. Scott Peck in his book *The Different Drum: Community Making and Peace*. This model does not describe the content of the moral imperatives – i.e. “what” is right – but their structure – i.e. “how” to find what is right. In hagiotherapeutic practice, the aim is not to indoctrinate a patient, but to help him/her in the structural development of his/her personality. The therapeutic process is supposed to lead the patient to the conclusion that in the current state it is impossible to structure the person's inner experience relevantly, while making them see the new possibilities.

## ● 2 METHODS

An individual questionnaire, which included 13 questions developed for the purposes of this particular research study, was used as a data collection tool. The questionnaire aims to establish the basic data about the respondents: sex, education attained, age, and the cause of their institutionalisation and its duration. It also asks them

about their relation to faith and God. Then it aims specifically at the course of the hagiotherapy treatment, at the particular story which was discussed in a given session. It asks about the patient's personal feelings and the benefits gained from the session and whether the respondents can see any changes in their behaviour in terms of addiction. Finally, there is a comparison of hagiotherapy and other therapeutic elements of treatment which the respondent encountered during their institutionalisation.

The questions were aimed at obtaining both qualitative and quantitative data. The majority of the questions were open, or qualitative, questions but there were also six closed questions.

The target group consisted of those clients of the Bohnice Psychiatric Hospital who were treated there and were attending the hagiotherapy sessions in the period from February to May 2013. Twenty completed questionnaires were evaluated. Although filling them out was voluntary, no one ever refused to do so.

The respondents were informed about the aim of the research before the questionnaires were distributed. Participation in the research was voluntary and the questionnaire was completely anonymous, without asking for a name, address, or other personal data which might identify the respondent. If the respondents found anything unclear, they could ask for an explanation. They were also assured that no one would have access to the completed questionnaires except the research team and that the data that was obtained would only be used for the purpose of publication. The positive atmosphere of the sessions was also supported by the fact that all the participants – the patients and therapists – addressed each other by their first names.

## ● 3 DATA

The qualitative data was processed through the methods of simple coding, classification, and simple enumeration; the quantitative data was processed through simple coding. To analyse the data descriptive and mathematical statistical methods were used. The tables and results were processed using these methods. The results in this text are presented in absolute numbers to prevent misrepresentation of the real results.

The results of the phenomenon under examination that are presented are derived from the number of respondents who answered the given question, not that of respondents who were included in the research.

The hagiotherapy sessions were divided into male and female sections. They were attended mainly by males aged 18 to 26 with secondary education with or without the final school-leaving examination (*maturita*). The female clients were aged 44 to 53, with tertiary and postgraduate education.

The main objective of the research was to identify the practical effects of hagiotherapy treatment on the clients and

to capture and describe the process of hagiotherapy and its common elements in terms of clients' experience during their institutionalisation in the Bohnice Psychiatric Hospital.

A possible reason for not completing some questions could be the insufficient amount of time. The respondents might have been influenced by the fact that after the hagiotherapy session they had to get to their wards for the next part of their treatment programme so they could not pay enough attention to the questionnaires and complete them properly.

The research sample consisted of 20 respondents, including 16 males and four females. This sample suggests that most of the participants could have been addicted to alcohol because five of them answered affirmatively. Unfortunately, six of them did not state any reason. We can only speculate whether it was because of the incorrect articulation of the question or because of some kind of fear. Although the respondents were informed in advance that I was willing to explain anything they might find unclear, the same problem occurred with two other questions. The respondents had the same difficulty with a question concerning the date of their joining the therapy and also with one of the crucial questions for this paper which asked them to compare hagiotherapy to other therapeutic elements of the treatment and to say how important it was and why. Thus we can say that the next time questionnaires are to be completed, it would be appropriate to have an interview with each participant to get more data that is necessary for the successful completion of the work.

Three questions were chosen as the most important and interesting ones. The crucial part of the questionnaire was the question intended to capture and describe the hagiotherapy process and its common elements in the clients' experience.

#### ● 4 FINDINGS

The question was open so the participants were able to answer it using their own words. The question was related to a theme from the Bible that had been discussed – about the judgement of Jesus Christ's crucifixion.

The patients were mostly touched by the situation depicting Jesus being sentenced to death and also by the punishment of Judas Iscariot for betraying Jesus for money. With this story, some of them realised that even the slightest act of evil is punished and that there are different types of punishment. During the session the patients were asked to compare themselves to a character appearing in the story. They could choose from Jesus, Pilate, and the leaders of the Jewish nation.

The first question was: "Which situation (story, theme) most attracted your attention at today's session?"

The women responded only to the story depicting Jesus being sentenced to death and the punishment of Judas

Iscariot for betraying Jesus for money. The same situation impressed most of the men. The following situations impressed only the men: punishment for every small lapse, giving up control, and comparing themselves to the Jewish nation. Two out of the four female respondents were touched by the theme of the death sentence and the other two were affected by the story of the punishment of Judas Iscariot for betraying Jesus for money. Eight out of the sixteen male respondents were attracted to the story of Jesus' death sentence, four to the story of Judas Iscariot, two were touched by the theme of punishment for every lapse, one man responded to the theme of giving up control, and one to the comparison of himself to the Jewish nation.

Another question was: "Do you notice any change, compared to the previous era (when you were not in treatment)?" Evaluate the ability to concentrate, self-knowledge, self-assurance, motivation to abstain, and mental balance using marks: 1 – worsening, 2 – no change, 3 – improvement.

Eighteen respondents answered that they noticed an improvement in their ability to concentrate, 19 of them saw an improvement in their self-knowledge and 13 in self-assurance, and all 20 patients felt an improvement in their motivation to abstain and 17 in their mental balance. Two participants felt no change in their ability to concentrate, one in self-knowledge, seven in self-assurance, and three in their mental balance. None of the respondents stated that they had worsened. It is an interesting fact that this question was answered by all the respondents, even those who had participated in the therapy for the first time.

The most important question in the questionnaire aimed to find how significant hagiotherapy is for the addicted patients in the framework of the institutional treatment. The last question was: "What is the importance and meaning of hagiotherapy for addicted patients in the framework of institutional treatment? Does hagiotherapy encourage your decision to abstain? What is your explanation for that?"

Nine respondents answered the first part of this question by admitting that they could not determine the results because it was their first session. The remaining 11 patients agreed that hagiotherapy did help them to abstain. They mostly commented on the interconnection of the biblical stories with real life and discovering their positive and negative emotions as the reasons.

#### ● 5 DISCUSSION

Hagiotherapy does not deal only with the meaning of life but also its deeper values (Remeš, 1998). In their lives, every person has to deal with guilt or innocence, suffering, good, evil, death, and the meaning and significance of life, and hagiotherapy uses the Bible to help them to understand these things (Remeš, 2000). The Bible works as a projective mirror of our own views on life and its meaning. A story can,

from the client's point of view, deal with situations that are analogous to theirs and offer new perspectives on themselves and alternative solutions.

During the sessions, the clients understood and realised where in their lives they had made a mistake and they stated that they were willing to change their behaviour. After the initial mistrust it was observed that their intention of pursuing higher moral values and revising their attitude towards religion had strengthened.

When reading the Bible, which is the principal book in hagiotherapy, we are often surprised how many various instructions and restrictions it contains – not just the basic ones (such as the Ten Commandments), but also very detailed ones, e.g. those about washing hands or about whether we can engage in silly and ambiguous conversations. But the Bible also talks about guilt and forgiveness and even reconciliation. And it is no wonder. These subjects concern the main theme of the Christian message to the world. Guilt and forgiveness must belong together. Nobody knows forgiveness without guilt – that is nonsense. But guilt without forgiveness can be seen often. It is a situation where the person who caused hurt and the one who got hurt live in something that spoils their lives, does not allow them to experience joy, something that occupies their minds and destroys their relationships.

The research shows that the group sessions are very popular and that after the initial mistrust we can see an increase in the will to deal with higher moral and possibly religious themes. The very well-chosen biblical stories help the patients realise where they made mistakes in their lives and that they are willing to change their behaviour. During the therapy, it often turns out that people usually know very well what is appropriate and good and the best tool for healthy behaviour and guidance in terms of morality (Říčan, 2007). But they need to strengthen their ability to decide and act freely in their lives.

In this respect, hagiotherapy is unique because from the psychological point of view the therapeutic group is inspired by the biblical stories which include moral and existential conflicts and attitudes in life. It aims at processing opinions and attitudes. It is expected that every participant expresses their view on given themes – that they, specifically and from their own experience, talk about their experiences and feelings. Honesty, directness, and an ability to be “themselves” are appreciated, whereas every falseness is “punished”. That applies not only to the clients but also to the therapists.

A possible limitation of the research can be seen in the fact that some of the respondents did not answer all of the questions. This can be explained by the fact that the time given to complete the questionnaire was limited because of the next stage in the daily programme. More detailed individual interviews would also be helpful in attaining a deeper understanding of the clients' thinking.

The results show that the clients perceived the hagiotherapy sessions as a pleasant change in the course of their treatment. The clients also appreciated the opportunity to speak openly, without any fear of expressing their opinions. This aspect was seen as a positive change in the therapy and it explains why they enjoyed attending these sessions.

## ● 6 CONCLUSION

This research dealt with one of the psychotherapeutic methods, hagiotherapy.

Hagiotherapy, as practised in the Bohnice Psychiatric Hospital, is voluntary and aimed at treating alcohol and drug use disorders and pathological gambling. The Bible, which is used in hagiotherapy as a therapeutic tool, serves as a mirror revealing the inner world of the patients. The richness, diversity, and spiritual depth and wisdom of the biblical texts are obvious.

The evaluation of the research shows that for the respondents hagiotherapy represents a pleasant change in their treatment. It is a therapy where the patients do not have to be afraid to express their opinion and can speak openly about deeper existential and transcendental topics. Patients often enjoy these sessions, as they provide a platform for them to see a certain shift in their treatment.

At every therapy session during the research emphasis was put on mutual proximity, which was even enhanced by the therapist encouraging the patients to sit in a very tight circle. At each session an emotional analysis of a given theme took place to uncover the clients' opinions and feelings. This process did not happen in any forcible form but engaged all the clients in a suitable way. Using symbols (a glass ball and a wooden sword), the clients were encouraged to immerse themselves in the depths of their souls and express their feelings and emotions during the session.

Hagiotherapy is another type of therapy which can help to structure and verbalise a problem, to mobilise and increase the motivation for change, and to reinforce the realistic comprehension of oneself and the environment. Hagiotherapy should be an integral part of the treatment of addiction disorders and should receive more attention.

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**Konflikt zájmů:** Autoři prohlašují, že si nejsou vědomi žádného konfliktu zájmů.

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## FARMAKOTERAPIE V GERIATRII

## KNIHY



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