

Narrating Embodied Aims. Self-transformation in Conversion Narratives—A Psychological Analysis

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Abstract: This article presents a case history concerning a young woman's narrative about being cured from her eating disorder by converting to the Charismatic-Evangelical version of Christianity. The psychological-narrative analysis of the interview relies on the conversion research of Peter STROMBERG (1993). He maintains that converts who relate their conversion story use a type of speech that always comprises referential and constitutive forms of communication: canonic discourse which refers to a certain religious context of meaning, becomes constitutive (i.e. meaningful in a broader sense) by linking canonical language directly with individual experience. This connection enables verbal expression of previously inaccessible or unacceptable desires while deepening the commitment to faith. In this sense the conversion narrative constitutes the narrator's self-transformation. The case history presented in this article tries to show how the interviewee came to terms with unbearable embodied aims by telling her conversion story in the framework of the canonic language of Charismatic-Evangelical Christianity.

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1. Narrative Conversion Research

Conversion stories have played a role in psychology research since the discipline's emergence as an academic field (cf. e.g. STARBUCK 1899, JAMES 1902, FREUD 1928). In classical psychology research on conversion, religious conversion (i.e. the practice of changing religion in the broadest sense) was perceived as a fairly radical personal change related to the adoption of a new interpretative framework. Until the 1980s empirical studies focused primarily on the role of personality traits and psychological functions or conflicts related to conversions (cf. e.g. SILVERSTEIN 1988, PALOUTZIAN, RICHARDSON & RAMBO 1999). In this context the conversion stories are thought to convey the conversion procedure and were thus—at least implicitly—regarded as a fairly accurate account of the conversion event. [1]

Research based on the "linguistic turn" in social sciences valued conversion stories differently. Especially in conversion research within sociology of religion, conversion stories were no longer interpreted only in terms of their possible referential function but were understood primarily as acts of speech, as acts of communication, and were analyzed as such (cf. e.g. BECKFORD 1978, BISCHOFBERGER 1992, KNOBLAUCH, KRECH & WOHLRAB-SAHR 1998, LUCKMANN 1987, SNOW & MACHALEK 1984, STAPLES & MAUSS 1987, STROMBERG 1993, ULMER 1988). Considering conversion from the perspective of conversion stories involves two types of empirical research. On the one hand, the aspects that can be "observed" and described in the conversion process are emphasized. These are the communicative reconstructions in conversion stories which have a structure that lends itself to empirical analysis.¹ [2]

The other type of empirical research, which focuses on the conversion stories, is associated with a narrative new conceptualization of conversion. This kind of narrative conversion study includes the religious sociological study by SNOW and MACHALEK (1984) and especially the study by STAPLES and MAUSS (1987). SNOW and MACHALEK (1984) interpret conversion according to a concept of George Herbert MEAD as a change of the universe of discourse. This concept of the discourse universe designates the socially constructed frame of reference of self-evident assumptions about mankind and the world in which individuals structure their actions and experience them as purposeful. STAPLES and MAUSS (1987) agree with SNOW and MACHALEK (1984) and recommend interpreting these changes primarily as self-transformation and the corresponding acts of speech as methods for converts to achieve such self-transformation. Their empirical studies reveal that biographical reconstruction is the specific rhetorical indicator for a conversion story in which (according to the authors) only this act of speech will enable such self-transformation. Following Ralph TURNER (1976), STAPLES & MAUSS distinguish the real self from the spurious self. In this context self-transformation signifies the creation of a new vision of who we really believe we are when all our social roles and self-presentations are stripped away (STAPLES & MAUSS 1987, p.137). [3]

This narrative conceptualization also implies that conversion stories are told as life stories, that they are a special form of autobiographical narrative. According to MCADAMS (1997), from a psychological perspective life stories may be viewed as personal myths. We construct these myths in order to place the multiplicity and complexity of our daily life and actions in a meaningful context. Creating a personal myth involves creating a story about oneself as a temporal being that has a past, and relating the present to this past in order to form a

1 Cf. especially the works of LUCKMANN (1987) and ULMER (1988, 1990), which deal with formal aspects of conversion stories. In his attempt to identify communicative genres (cf. LUCKMANN 1986), which he applies to the conversion stories, LUCKMANN (1987) emphasizes that conversion stories conform to special preconceived models. Converts telling their stories adopt, according to LUCKMANN, communicative models of their conversion experiences; more accurately put, they adopt models of telling conversion experiences. Conversion stories become models of a reconstructive genre that presumes to relate "actual" experiences. In an empirical study of conversion stories, ULMER (1988, 1990) aims to elaborate both the genre's general traits and the basic components of such stories and their function in the overall composition of such a reconstructive genre.

perspective of the future. We can discover what else it means by following the considerations of Paul RICOEUR (1991) concerning the narrative function of the so-called plot. With reference to Aristotle's Poetics, RICOEUR (1991) defines the act of plotting as an integrative process, which provides the dynamic identity of a narrated story. According to RICOEUR (1991), the plot is a synthesis of the heterogeneous in a threefold way:

1. It is a synthesis of multiple events or incidents with the complete and singular story.
2. It unifies "components as widely divergent as circumstances encountered while unsought, agents of actions and those who passively undergo them, accidental confrontations or expected ones, interactions which place the actors in relations ranging from conflict to cooperation, means that are well-attuned to ends or less so, and, finally, results that were not willed ..." (RICOEUR 1991, p.426).
3. It synthesizes a succession of incidents, a pure chronology, into a temporal meaningful unity which is characterized by beginning, integration, culmination and ending. It derives a configuration from a succession. [4]

These characteristics of stories in general are also typical of life stories, of personal myths. Accordingly, we can view conversion stories as self-narratives, as personal myths, which are narratively structured by the "plot" of the communicative model of conversion.² That implies a decisive change in the life of the story's implicit author as a main issue in this kind of story. [5]

STROMBERG (1993) ties in with this conception of conversion. In his analysis of conversion stories from Evangelical circles in the United States, he assumes that religious discourse is decisive in enabling believers to reconcile conflicting desires and consequently to transform themselves. Borrowing from speech act theory STROMBERG (1993) distinguishes between two forms of communicative behavior: the form of the *referential* and that of the *constitutive*. When we use linguistic symbols in a *referential* manner, we assume implicitly a general consensus in a certain social reference group concerning the meaning of these symbols. Communicative behaviors that are visible as activities in which one communicates by doing something are designated *constitutive* communicative behaviors. Their meanings depend upon the contexts in which they occur. According to STROMBERG (1993, p.10) these behaviors always entail a breakdown between communication and situation. For example, when I say "I have a headache" that may be a referential communicative behavior if I want to tell someone that I feel pain in my head, and I implicitly assume that everyone who understands English will understand this utterance. In a different context, however, the same utterance may form a *constitutive* communicative behavior, i.e. a polite hint that someone should leave. In this case the meaning of the communicative behavior depends on the social context in which it is spoken. Another example of constitutive communicative behavior is communication that occurs through symbolic systems other than verbal language. For example, I

2 Cf. Note 1.

choose to convey the message that I am wealthy by purchasing an expensive car (cf. STROMBERG 1993, p.10). [6]

STROMBERG (1993) maintains that converts who narrate their conversion story use a type of speech that always comprises these two forms of communication, the referential and the constitutive: canonic discourse, which refers to a certain religious context of meaning, becomes constitutive (i.e. meaningful) in a broader sense by establishing a direct link between canonic language and individual experience. STROMBERG (1993) argues that this connection enables verbal expression of previously inaccessible or unacceptable desires while deepening the commitment to faith. In this sense the conversion narrative constitutes the self-transformation of the narrator. Usually this kind of self-transformation will dialogically be sustained by a variety of social interactions within the respective religious groups. According to this perspective, conversion does not seem like a singular occurrence in the life of an individual. Rather, it concerns a gradual procedure in which subjects attribute meaning to their experiences. This attribution of meaning is not contained within a single story that is constantly repeated with each narration. Rather, STROMBERG stresses—in part by regarding the conversion story as a ritual—that the story's actual performance is an essential constituent of the procedure which can be perceived as conversion in the sense of self-transformation. [7]

In this article I will perform a psychological analysis of the conversion story told by a young woman who "cured" her eating disorder by embracing the Charismatic-Evangelical version of Christianity. Next, I will address general characteristics of the language of the Charismatic-Evangelical movement, which will be followed by a summary of my interviewee's conversion story. I will then go further by presenting a narrative-psychological analysis of the story as a personal myth structured around a personal change. [8]

2. The Canonic Language of Charismatic-Evangelical Religion

I use the term Charismatic-Evangelical religion to refer to the religious orientations of all groups and movements influenced by the Evangelical movement³ and by the Pentecostal movement⁴. Their religious life is based mainly on the following convictions:

1. Belief in the divine inspiration of the Bible, which is the supreme authority on all matters concerning faith and everyday life.
2. Belief in the need for a personal conversion, which requires devoting one's life to Jesus Christ (usually in the presence of witnesses). This conversion is directly linked with (or is in some cases followed by) the experience of being born again in the faith in Jesus Christ by the Holy Spirit. The convert firmly believes that only born-again Christians are eligible for eternal salvation.
3. Belief in the gifts (charismata)⁵ of the Holy Spirit, which are available to every believer (born-again Christian). These gifts include speaking in tongues (glossolalia), faith healing, casting out demons and prophecy.
4. Being convinced of the need for a personal relationship with Jesus Christ, so that individuals may experience the Lord's work in their own life. The main experiences include one's own conversion, answers to prayers, and healings.
5. Being convinced of the priesthood of all believers, who have a duty to provide each other with pastoral care, to proclaim the gospel throughout the world and to testify about the Lord's work through examples from their own life. [9]

3 The origins of the Evangelical movement lie in the Great Awakening of the eighteenth century in America, which brought together several movements including above all New England Puritanism, continental Pietism, Baptist antiestablishment democratic impulses and Methodism (cf. MARSDEN 1987). Contemporary Evangelicalism maintains that religion is a matter between the individual and God and is therefore above all the *experience* of the individual that may create a significant link with the divine. The Bible (and not the Church) is the only trustworthy guide in moral and spiritual matters for the individual. Evangelicals reject liberal ideas in ethics and Biblical criticism (cf. e.g. STROMBERG 1993). For more information about history, theology and political and social aspects of the Evangelical movement, see e.g. HUNTER 1983.

4 The Pentecostal movement originated with the Pentecostal revival in the United States at the start of the twentieth century.

"Pentecostals trace the beginnings of their movement to the day of Pentecost described in Acts. ... They believe that the experience of spirit baptism and the practice of the gifts of the spirit that occurred on that day were meant to be normative in the life of the church and of each believer. They maintain that although the charismata ceased in the main body of the church soon after the apostolic age, one can trace an intermittent history of charismatic practices among sectarians like the Montanists, Anabaptists, Camisards, Shakers, Irvingites, Mormons, and the various nineteenth-century Holiness groups. The twentieth-century Pentecostal and charismatic movements, therefore, mark the restoration of the charismata to the church" (ANDERSON 1987, p.231).

According to ANDERSON (1987, p.230), the early Pentecostals were the heirs to the evangelical faith of the late-nineteenth-century Holiness movement. The distinctive doctrine was that of baptism in the spirit, and a distinctive practice became the water baptism for adults. The so-called Charismatic or Neo-Pentecostal movement is the name of a Pentecostal revival within the non-Pentecostal Christian communions launched during the 1960s. The "Charismatics" are generally organized as transconfessional lay movements or as prayer groups within their non-Pentecostal churches (cf. ANDERSON 1987). For more information about the Pentecostal and the Charismatic movement and their different relational links with the Evangelical movement, see e.g. HUNT, HAMILTON & WALTER 1997, POEWE 1994.

5 "*Charismatic* derives from the Greek *charism*, meaning supernatural gifts of the Spirit, which are most often considered those listed in *1 Corinthians* 12-14" (ANDERSON 1987, p.229).

These principles render explicit and imply certain *motives*, which characterize the religious culture of these groups. According to CSORDAS (1994, p.22)

"the concrete character of the Charismatic world can be found in the movement's specialized *vocabulary of motives* (Mills 1940). The motives are words with specialized religious meaning which are constantly circulated in the genres of ritual language. ... The motives of Charismatic ritual language name and identify the following features of Charismatic life: 1) forms of relationship among individuals or between individuals and God; 2) forms of collectivity or collective identity; 3) qualities or properties of individuals or relationships; 4) activities or forms of action essential to life within the movement; 5) negativities or countermotives that refer to threats to the Charismatic ideal". [10]

These motives form—in both senses of the word—important elements of the Charismatic-Evangelical discourse on the one hand and patterns of actions and orientations of the Charismatic-Evangelical form of life on the other hand. The following motives can figure prominently here⁶ : 1) the father relationship as the prototype of an authoritative relationship is very important. Individuals should learn to recognize the Lord as the loving Father who represents supreme authority over the way they lead their life. Social life companionships, marriage and family are depicted according to an analogous patriarchal structure. The man or father is the head, and the women and children are subordinate. 2) The believers form communities of various orders of magnitude: fireside chats, Bible groups, congregations, chapters of international groups, etc. 3) Each individual is assumed to have a spirit, a soul and a body. A complex pathology considers various relationships and possible effects between these three entities. 4) Community gatherings revolve around the community spirit. Practices that foster this sense include joint worship, singing and rhythmic movements, such as dancing, clapping, etc. The participants enhance the community experience by applying the different "gifts of the Spirit" (charismata). One person may speak in tongues, while another may explain these statements. Another person may share prophecies, prayer healings can take place, novices can convert, etc. Such activities or versions of such activities also structure daily life outside the community gatherings. A lot of time is dedicated to daily prayer. "Inner healing" is an important form of pastoral prayer in which someone tries to come to terms with his or her own past by working through pain and suffering and "personal sins" in the intimate dialogue with another/other believer/s. Over time these psychic traumas are healed by praying for forgiveness for those responsible for the pain and by requesting the Lord to forgive one's own sins. 5) Charismatic-Evangelical doctrine has several personal powers of transcendence in which a personified devil confronts the personified God in a struggle for world supremacy. If individuals do not live by the Lord's commandments (as they appear in the Bible) and "sin", they may be controlled by Satan and his demons. This outcome can also result from occult activities (reading horoscopes, using a talisman, tarot

6 I am providing only a few examples here. CSORDAS (1987) submits that his list of such motives is virtually exhaustive. Cf. CSORDAS (1994, 1997). For other works, which do not deal with the motive concept but nevertheless analyse religiosity or religious culture of the Charismatic-Evangelical world, cf. NESTLER 1998, POPP-BAIER 1998.

readings, etc.) within families or from undergoing certain forms of psychotherapy. In such cases a person may be possessed by a demon and may contract certain diseases as a consequence. [11]

With respect to the stated principles and the motives presented as examples, the Charismatic-Evangelical religion clearly forms a "world" of its own.⁷ Participation in this (new) world, the individual adoption of the corresponding "universe of discourse", occurs e.g. through the ritual of conversion narrative through the repeated (and from time to time, better) reconstruction of the own life story in the canonic language of the Charismatic-Evangelical religion. In the following case history⁸ I want to give an example of a narrative-psychological analysis of a conversion story. The questions are: how can the biographical reconstructions function as a self-transformation, and what are the typical features of the personal myth of a young woman adopting the Charismatic-Evangelical universe of discourse? [12]

3. Andrea's Story

3.1 Methodical remarks

In the context of my psychological research on the religious orientations of women in the Charismatic-Evangelical movement (cf. POPP-BAIER 1998), I also had a so-called biographical-narrative interview with a 26-year-old woman (I will call her Andrea) who told me about her eating disorders and her recovery. The interview method was devised by Fritz SCHÜTZE (cf. e.g. SCHÜTZE 1976, 1983, 1992, ROSENTHAL 1993). In biographical-narrative interviews, the autobiographical narrators are asked by means of an initial opening question to tell their life story and to narrate events and experiences from their own life without an interruption by the interviewer during the first part of the interview.⁹ [13]

The database for the further analysis consists of the transcribed text of such a biographical-narrative interview. This data analysis follows GEERTZ's (1993) suggestions for interpretative studies of culture. Following GEERTZ we can make a distinction between a "thick description" and a "diagnosis" as different steps of an interpretative analysis of an interview. According to GEERTZ (1993), thick descriptions are actor-oriented interpretations. They consist of the researcher's

7 Here I avoid the term subculture, since the multicultural society probably requires different analytical distinctions to examine the complex relationship between the different "cultures" appropriately.

8 STRAUSS (1987) finds it useful to distinguish between case studies and case histories. According to Strauss a chief feature of case histories is

"that they cover some temporal span or interlude in social life—a biography, an occupational career, a project, an illness, a disaster, a ceremony. Also, the case history involves a story about one social unit—a person, group, organization, relationship" (STRAUSS 1987, p.218).

9 "The ensuing story, or 'main narrative', is not interrupted by further questions but is encouraged by means of nonviable and paralinguistic expressions of interest and attention, such as 'mhm'. In the second part of the interview—the 'period of questioning'—the interviewer initiated, with narrative questions, more elaborate narrations on topics and biographical events already mentioned. In addition the interviewer asked about issues that had not been addressed" (ROSENTHAL 1993, p.60).

interpretations of the way people interpret their own actions and those of other people speaking and acting in everyday life. In other words, thick descriptions try to capture and elaborate the actor's point of view, the so-called emic perspective. Diagnoses are critical interpretations which aim to transcend the actor's perspective and advance another kind of meaning or some meanings that differ from the one/s proposed by the actor. In a (relative) distinction of the thick description as an inscription, GEERTZ (1993) calls the diagnosis a specification. In my case history I want to start with an inscription of the interview text of Andrea and then go further to the specification of Andrea's self-narrative by using e.g. the theoretical concept of self-transformation mentioned above. [14]

3.2 Andrea's self-narrative: a summary from the narrator's point of view

The first step of my analysis contains a short summary of the story of my interviewee. In it, I try to follow the narrator's point of view. Accordingly, my summary is a kind of "formulating interpretation" (cf. BOHNSACK 1991) which tries to paraphrase the main issues of the story without transcending the narrator's framework of experience, expectation and knowledge. All explanations and interpretations of behavior or events given in this summary are those Andrea herself gave; I reproduce her words as closely as possible. [15]

Andrea is the second eldest of five siblings. Her childhood was "happy until about fifth grade"¹⁰, when she started to encounter problems. She experienced the transition from primary school to gymnasium as the transition from her familiar village surroundings to a city life in which she did not meet the norm. The city kids were superior, "more fit and more intelligent". She wanted to leave the school. Her father's dedicated support helped her. She not only became as good as the city kids, she became better than them. Until tenth grade her father checked her homework assignments daily and made sure she studied a lot. It was "often, well, hard". As an example, she described her essay for a German class. She had to sit with her father for hours in the evening until she produced the phrases he wanted. Andrea attributes her outstanding school performance not to skill but to her indefatigable efforts, which continued even after her father stopped supervising her. She studied day and night. She views this focus on achievement and her perfectionism, which she experienced as compulsion ("imprisonment") and closely resembled her fear of failure, as the theme of her life at the time: she hoped to gain recognition through her good performance. [16]

After attaining the top mark of 1.0 on her *Abitur* (German examination at the end of secondary school), she decided not to go on to university despite everybody's expectations. She wanted to escape her focus on achievement, which had become unacceptable and unbearable, and to realize her ideal: to be free, to rise above things and finally to enjoy life. She therefore entered a training program for engineer's assistants that would be less demanding than a university curriculum. [17]

10 Quotations from the interview transcript, i.e. striking formulations used by the interviewee are surrounded by quotation marks. In this article her formulations appear in English translation.

She had to leave her parents' home for her training program and move to another city. Looking back on this period, she remembers "being in shock": the strict supervision she had had at home had hardly taught her to be independent. She had difficulty with simple administrative procedures and felt insecure. She did not get along with her new roommate in the hostel and felt inferior to her in all respects. Under these circumstances Andrea went back to studying day and night, as she was "programmed" to strive for "perfectionism" and to "achieve". But her usual success was not forthcoming. She was unfamiliar with computer science and found the instruction difficult to understand. She had had no experience with this type of situation. [18]

Around this time her "binge days" began. Before Christmas, for example, she would eat whole packets of Nürnberger Lebkuchen (a special kind of German Christmas cakes) within a few minutes, and realized she had lost control. She put on weight quickly and felt "bloated" and "disgusting". These "binge days" continued until the spring. When Andrea found that her skirts from the previous year no longer fit her, she became furious with herself and resolved to lose weight. She started fasting systematically, consuming as few calories as possible and investing virtually all her energy in the effort. She brought home books about health and fitness, tirelessly counted calories, starved herself, grew weak, wasted away and had to drag herself to school. She lost over 10 kilos and related that she thought she had been "truly on the verge of anorexia". By the following winter, she was pale and thin, had short hair and was delighting in "looking wasted". At that time she also sat for her exams at school, and "naturally was among the best". [19]

By then she had had her fill of studying and decided to stop immediately. In her story Andrea mentions a decision but also says that she simply could not bring herself to study for 2 or 3 years. She found a job in the company where she was learning to become an engineer's assistant and was assigned to the department where she had done her practical training. But she did not enjoy the work, because she did not receive specific instructions and was free to decide how to do her work. The nature of her work bothered her as well. She then started doing voluntary work, since now she was no longer studying, she found weekends to be a "gaping void". [20]

This involvement became one of the "most difficult periods" of her life. Andrea was assigned as a helper to the locked ward of an institution for the mentally handicapped. She had become very weak from losing so much weight, and dealing with these people was physically and psychologically draining. She felt as though she, too, had gone mad. Around this time she had her first experience of overeating and then compensating for breaking her diet by regurgitating the food. She started putting on weight. Desperate to resist this process, she maintained such a strict diet that she consumed only about 100 calories a day. She weighed herself every day, and if the scale indicated she had gained a few pounds, she would become so furious that she actually bit herself. Her job remained the same daily "nightmare". She did not know what to do and "struggled" through the day.

Then she fell ill with a type of influenza from which she simply did not recover. She kept calling in sick and on one occasion stayed home for about four weeks. [21]

During this time she would start thinking as soon as she woke up about how she could get through the day without eating and whether she could manage to eat so little. She became totally immersed in this pattern. She lost control of herself and binged and vomited almost daily. When she returned to work, she suffered from migraine and tension, and often the pain was unbearable. Finally she consulted a physician, who referred her to a psychiatrist. The psychiatrist prescribed admission to a psychosomatic clinic. [22]

Andrea looks back on her stay at the clinic as one of the most horrible periods of her life. Group therapy was common there, and she was constantly with other people whose problems differed from hers. Andrea emphasized that she kept brooding and analyzing why and how she had ended up like this, and often "pondered obsessively". At those times she needed support from the therapists, but received none. Nor did she receive a code of conduct. At the clinic she was "dry" for about three days and then found herself surrounded by food again. There were no rules or supervision. Near the end of her ten weeks at the clinic she perceived no improvement; in fact, she felt worse. All she had experienced was analysis. The knowledge that her parents were clearly to blame for her problems—after all, it had to be somebody's fault—was of little use to her. Increasingly, she felt she was going insane. Several times she thought of throwing herself in front of a car and actually felt a force pulling her in that direction. She often thought she had lost control, and that throwing herself in front of a car would be an escape. That was "one path". [23]

Along with this account of her experiences, she wanted to tell how she had come to embrace faith at this time. During the many hours she spent sick at home, she read extensively, pondered the meaning of life and "pored over" all possible books because of her "crying need". She met people from various religious movements, such as those from the New Apostolic Church, Methodists and many others. She also explored religions from the Orient, meditation, autogenic training, yoga, etc. Nothing helped. She had been raised as a practising Catholic and attended Mass every Sunday, as was customary. Eventually she heard about a Charismatic-Evangelical free-church congregation and went to one of their Bible study evenings. The routine seemed comical and mad. For example, most people stood up and raised their hands, moving to the music. Still, she saw that they were joyful and free inside. She made friends with a Mrs. M who lived around the corner from her and also attended these Bible evenings. [24]

It was Mrs. M who suggested that Andrea devote her life to Jesus Christ. Andrea declined, as she thought it would be like entering a convent. Around this time, she was admitted to the clinic. She had not yet found her faith and was counting on the stay at the clinic to solve her problems. When her hopes were dashed and she hit rock-bottom, she cried out for help. Two women from the congregation came to visit her at the clinic. By then Andrea was ready to devote her life to Jesus: she said a prayer and gave herself to Him. This moment of surrender

overwhelmed her. She started weeping and, unlike any previous experience, "felt engulfed in warmth" and at peace. As she watched the women leave, she assumed the wonderful sensation would be gone the next day: she had seen so many "soap bubbles" that she thought the Lord must be one too. However, when she awoke the next morning, she felt the same and realized she had actually made a decision. Had she merely felt she had had just another spurious experience, she probably would have committed suicide. She could not have continued her old way of life. [25]

Although she had given her life to Jesus, she often felt "possessed" and thought she had been controlled by other powers at the time. Upon leaving the clinic she began her recovery, which was tough and involved many struggles. She woke up every morning wondering whether she would manage it. She had some binge attacks but did not vomit. The pastoral care she received from other women led to "inner healing". She worked through the past in her prayers and prayed that many of the wounds from her childhood would heal. She realized she was "gradually" recovering. Andrea explained that the concept of inner healing is based on the assumption that the Lord rules time and space and can therefore enter the past. Accordingly, people can relive shocking experiences from the past in their prayers and can ask Jesus to heal the wounds and offer forgiveness. Andrea had been through a lot with her parents. Many long-forgotten experiences resurfaced and had to be forgiven. Her stay at the clinic had stirred up a lot of aggression and hatred toward her parents. She managed to purge herself of all these feelings. Though Andrea loved her parents with all her heart, she hated them after her stay at the clinic. Her father had beaten her so many times. Today she could remember those scenes without feeling the inner pain she used to experience. She understood that she would heal through prayer, not with help from psychologists. [26]

Andrea also noticed during the healing process that she was shattered. She understood how miserable she was and how weak, just when she thought she was strong. These feelings were deeply humiliating and forced her to rely on others. In the preceding years, she had constantly stretched her strength to breaking point. She became increasingly dependent on others. After leaving the clinic she gained about 20 kilos within a year. The experience was horrible and unbearable. Everything was so broken inside her—even physically—that she became bloated. Even today, she needs to watch her weight carefully and easily puts on weight. She is learning, however, that others do not form opinions of her or love her for looking exceptionally good or for doing outstanding work. She needs to learn that she will be accepted by others when she can accept herself, and not because she does something special or is "super". [27]

Andrea believed she had found herself, whereas before she was constantly searching, even for life. She attributed her salvation to allowing Jesus into her life. In doing so she found what she was seeking. She has received answers to many things she did not understand and feels alive again. Before, she "vegetated". Now, all the voids within her have been filled. She wants to learn to be a child. Everywhere, hierarchical thinking and perfectionism prevail. She knows she is

highly susceptible to these feelings, having "been down that road before". She understands that she needs to make a decision and wants to become more childlike and to enjoy life's simple pleasures. If people are not careful, they wind up in this mess and go into overdrive. She feels she is changing, and that she is becoming more relaxed and can take each day as it comes. In the past, she used to plan ahead. Now she knows that she will get the strength she needs when she needs it. This sense calms her. All is well. [28]

3.3 Life before conversion: Body troubles

The main theme in Andrea's self-narrative is her eating disorder, which she was able to overcome by converting to the Charismatic-Evangelical religion. Therefore the first step towards a psychological "specification" of the interview text is to compare Andrea's story to psychological analyses of eating disorders¹¹. [29]

The eating disorders described by Andrea are characteristic of an illness known as bulimia nervosa. The main symptom is the uncontrolled consumption of huge quantities of food (bingeing). The growing fear of unstoppable weight gain leads to rigid modes of conduct to eliminate the weight gain, including extended periods of fasting followed or self-induced vomiting, which eventually becomes a reflex ("puking"). The disease primarily affects girls and young women¹². [30]

Most studies on the emergence of bulimia report several influences. In industrialized Western societies, the prevailing idea of being thin, which has become an ideal norm for women, is undoubtedly one of the sociocultural conditions underlying such a symptomatology. A thin body is becoming a metonym for attractiveness, beauty, social recognition and success. The view that this ideal is attainable primarily through weight loss therefore implicitly and explicitly belongs to the cultural myths of our era and therefore to the stuff from which personal myths are fabricated. "Against this cultural backdrop that encourages women to achieve like men and still remain feminine, thinness can be understood as a way to have the power, strength and success of a man and to look beautiful and feminine" (WEISS, KATZMAN & WOLCHIK 1994, see also ORBACH 1978). WEISS, KATZMAN and WOLCHIK (1994, p.172) have provided a brief overview of the feminist models devised to explain the aetiology of bulimia. One conclusion is especially important:

"Numerous authors ... have emphasized that eating disorders can best be understood within the wider context of the psychology of women and of their relationships to others. Women have been socialized to please other people and not

11 Concerning the function of theoretical contrast horizons within a concept of text interpretation as constant comparative analysis, cf. e.g. STRAUSS and CORBIN (1990).

12 Thus far, exact figures on the excessive rise in bulimia are either unavailable or difficult to interpret (cf. e.g. HABERMAS 1990, WEISS, KATZMAN & WOLCHIK 1994). Surveys in the Federal Republic of Germany indicate a frequency of 2—4% among women ages 18 to 35 (cf. FICHTER 1985). Sociodemographic studies in the Federal Republic of Germany have revealed that most victims were women between 20 and 30. Only 16% were older and 22% younger than this. Over 60% had completed the *Abitur* or a form of higher education (cf. FEIEREIS 1995). Many studies reveal that the disease is becoming more widespread and is increasingly affecting men (cf. e.g. the literature in ARONSON 1993).

pay attention to their own inner needs. They are socialized to deny their basic hungers and deprive themselves in order to be pleasing to others and to feel related." [31]

Studies of the personality traits of women suffering from bulimia nervosa have revealed that bulimics were more depressed and had lower self-esteem, a poorer body image, higher self-expectations, greater need for approval and more restraint than the corresponding control group. Family background studies reveal that many bulimics have suffered sexual and physical abuse (cf. FEIEREIS 1995). [32]

With regard to this information we shall see what understanding of Andrea's eating disorder we can get from her own autobiographical narrative¹³. The predominant theme in Andrea's life story is her focus on achievement and her desire for perfection. She suffers from this life orientation and would like to abandon it. When her first attempt proved unsuccessful, she developed an eating disorder. According to her, the disorder consisted of three stages. The first was a period of bingeing, the second was one of starvation, and the last was one of bingeing and vomiting, in which she described herself as being in danger of committing suicide. [33]

In the narrative interview, the "pre-history" to Andrea's disease story was the emergence of her focus on achievement and her pursuit of perfection. Her father was essential to this process. Andrea described studying with her father as a rough period in which he often beat her. Considering Andrea's example of studying with her father (having to formulate her essays just the way he wanted), she probably had an extreme experience with learning to focus on other people and to satisfy the demands of others, rather than to develop a sense of her own wishes or needs. At around sixteen, Andrea apparently began to internalize the focus on achievement performance "inscribed on her body". By her account, she had become a perfectionist and studied day and night, even when she was on the verge of collapse and perpetually afraid of failure because of her low self-esteem. [34]

After finishing school Andrea wanted to abandon this perspective and to start enjoying life. Unfortunately, she underestimated the difficulties she would encounter at work and in social interaction. She experienced that her focus on achievement and pursuit of perfection were not optional and could not be replaced with another goal. They appeared to have become part of her personal habitus¹⁴. As a result, she had no choice but to study day and night. She did not, however, repeat the success she had had at secondary school. Around this time her days of bingeing started. When talking about this, Andrea's narrative style varied between "I" and something else that begins within her, happens to her and lies beyond her sphere of influence. This distinction vanished when Andrea described her intense anger at herself for gaining weight and decided to lose

13 The following explanations convey the essence of a text interpretation based on a sequential analysis of the interview transcript.

14 Here, habitus refers to BOURDIEU's conception of a mode of conduct that emerges mainly as a primary socialization process and serves as the actor's second nature (cf. BOURDIEU 1987, WILLEMS 1997).

weight ("... like the way I pulled myself through school, I thought to myself, 'We'll manage it, you'll take the weight off' ..."). The "we" may have referred to the "father-daughter team" which managed the demands imposed by the school during childhood and which had become an "inner voice" in her youth. Thereby Andrea internalized other aspects of the father role as well. She began to control the body her father had beaten by depriving herself of food, and eventually grew very weak. Andrea enjoyed this weakness ("In a certain way I enjoyed being wasted"). Finally, her weakness was a clear sign of the success of her efforts to satisfy the demands placed on her, namely achieving the body of a perfect woman in our society. Around this time she also completed her training and was (of course) "among the best". Her achievement orientation and her perfectionism yielded overall success: she had obtained control of her body (by losing 10 kilos) and had mastered the material in her discipline. [35]

She entered a new stage in her eating disorder when she grew dissatisfied with the job she obtained following her training and tried to compensate for the void in her free time by helping others in a way that overtaxed her psychologically and physically. The social demands changed and Andrea became unable to structure important aspects of her life as achievement situations (i.e. as situations imposing clear requirements on her) that she could satisfy perfectly through her efforts. In this situation, which was out of her control, she lost her grip on herself and was unable to maintain her strict diet. She started bingeing again and tried to reverse the effect by vomiting. Eventually, however, her entire eating pattern spun out of control, and she started bingeing and purging almost daily. When she sought medical help and ended up in the psychosomatic clinic, she did not get the support she had expected. Without an acceptable explanation for her disease and no clear rules of conduct or control of her eating pattern, she became desperate and contemplated suicide. [36]

At this point in Andrea's self-narration she describes her life as changing dramatically. She decided to give her life to Jesus Christ. As a result of this conversion, she relates that she recovered from her eating disorder and finally abandoned her focus on achievement and could quietly get on with her life. How should we "specify" this personal change? [37]

4. Conversion and Self-Transformation

Andrea's self-presentation concerning her personal change contrasts markedly with my own impression of her. When I tried to schedule an interview with her, I learned that her calendar was fully booked for weeks to come. Another woman I interviewed mentioned that Andrea was her role model because of the diligence and energy she invested in the Charismatic-Evangelical circles. Once again, Andrea appears to be "among the best". The interview transcript also reveals a vocabulary which stresses control and achievement: Andrea describes her healing as a daily struggle. Every morning she wonders whether she will "manage" it. What has changed? In my view, the change does not concern her habitus but her habitual means of expression and her opportunities to symbolize and cultivate her effort to achieve and control in an appropriate context. In

psychological terms, Andrea's story shows that her life orientation derives primarily from internalizing the authoritarian father-daughter relationship. Thereby bodily aspects always played an important role: the painful beatings from her father, her unrestrained cravings for food, her control of her weight by starving herself, and finally her uncontrollable attacks of bingeing and vomiting. The embodiment of this perspective on life, which took on a life of its own through an eating disorder, deteriorated into a crisis. Eventually, Andrea saw giving her life by converting as the only solution. This conversion was experienced by Andrea as a significant personal change: adopting the Charismatic-Evangelical movement's canonic language has given her a new frame of reference which allows her the verbal expression of unacceptable feelings or experiences¹⁵ and allows her to synthesize the multiple events in her life into a singular conversion story. The related symbolic opportunities provide a sphere of experience that corresponds with her habitus and at the same time the possibility to create a new vision of who she really believes to be or wants to be. [38]

This new world of experience includes symbolizations which can be labeled as externalizations. In her interview Andrea explained that she was finally learning to be a child and was no longer, as one might put it, simultaneously father and child. She was externalizing the internalized father figure and simultaneously dismantling his deceitful characteristics. In the frame of the Charismatic-Evangelical language the figure could be symbolized as a personal God, a loving father who cares for her. This step also transposed the origin of her own action outside and led her to interpret her own actions primarily as obeying God's commands. Andrea cannot fail at these tasks, as she also receives the strength from God to rise to the occasion. Any actions that do not fit this description, because they seem like an uncontrollable encroachment on her new self-perception as a child of God (e.g. bingeing, which Andrea continued to do occasionally after her conversion), may be designated a sign of "being possessed" in the context of the Charismatic-Evangelical doctrine of demons and as the influence of personal powers that belong to the "Realm of the Evil". [39]

In this new world, Andrea has the potential to maintain interpretative control over everything and has thus labeled and consequently exorcised the uncontrollable aspects of life. The conversion, and that means the conversion story in which Andrea reconstructs her biography by using the corresponding motives from the Charismatic-Evangelical universe of discourse (see above), allows her to formulate reflexively the life orientation which has determined her actions and decisions until now. By telling her conversion story she could come to terms with her unbearable embodied aims. By using the canonic language of Charismatic-Evangelical Christianity, especially the communicative model of conversion, Andrea formulates her life orientation (before "conversion") and replaces it with another one (after "conversion"). But at the same time the canonic language became constitutive by reframing the experiential world of the convert. In this way it was possible for Andrea to abandon her achievement orientation and her desire

15 For example Andrea did not mention the beatings when she narrated how she had to study with her father. The only moment she could speak about this, was the moment when she narrated her "inner healing".

for control on the level of referential meaning, because on the level of constitutive meaning her new "self-concept" is structured by an authoritative relationship which allows her to live "controlled" as usual in an universe of discourse to which the notion of control belongs as an important motive. Every new performance of her conversion narrative will improve this kind of self-transformation and also allow Andrea to interpret this subjectively as a process of healing. [40]

With reference to BACHTIN's (1989) narrative analytical category of the *chronotope*, we can try to formulate a certain type of narrative conversion narrative. BACHTIN (1989) uses the concept of chronotope to refer to the mutual connection of time and space, which in literature are fused into one meaningful concrete whole. Regarding our case history, we can say that the conversion narrative of Andrea is an example of a certain chronotope, which I call *biographical inversion*¹⁶: Certain intentions, wishes or feelings, which fulfill an important function in the life story but at the same time are not acceptable to the narrator, are dedicated to the own past, from which the narrator can go forward because of a personal change. This inversion, which becomes possible through the plot of the conversion, allows at the same time a temporal classification of the own life story: a past which the narrator can leave behind and an acceptable presence which is connected to chances for the future. This temporal classification is connected to a certain space, with which it forms a meaningful and concrete whole, namely—in our case history—the "religious world" of the Charismatic-Evangelical faith with its "topical" characteristics. [41]

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¹⁶ In his study about the forms of time in the novel, BACHTIN (1989) analyses the different chronotopes from the Greek romance until RABELAIS. With regard to the type of the "historical inversion" in the European literature cf. BACHTIN (1989, p.79). Concerning the adoption of BACHTIN's analytical categories for narrative psychology cf. MURRAY 1995.

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