

Multifaith Views in Spiritual Care

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Do justice, love kindness, walk humbly A Christian perspective on spiritual care

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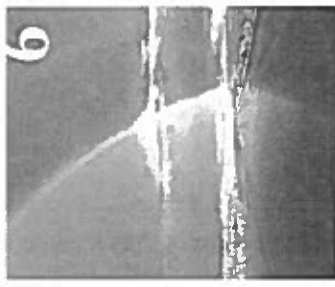
In this chapter we reflect on interfaith spiritual care through the lens of caregiving in Christianity. Three realities are obscured by this goal and the limitations of space. First, no one chapter can do justice to the history of spiritual care in Christianity. Referred to early in Christian history as *cura animarum* (Lat.)—cure of souls—it is known now by numerous names that reference many specialized practices in diverse settings: care of souls, pastoral care, spiritual care, congregational care, care of congregations, spiritual friendship, spiritual direction, pastoral counseling, Christian counseling, biblical counseling, social service/advocacy, and chaplaincy in hospices, hospitals, law enforcement, fire and other emergency services, the military, prisons, schools, and workplaces. A rich tradition lies in the background of this chapter's limited examination.

Second, Christian diversity and divisions can barely be acknowledged, especially given this volume's assumption of the value of interfaith spiritual care. Christianity is so characterized by diversity that it is possible to speak of Christianities.¹ Even beliefs about Christianity's inspiration, Jesus of Nazareth, demonstrate profound differences.² Only the fallacy of essentialized identity can generate "the" Christian point of view. I strive to show the diversity in Christian traditions, but it is not our focus.

Third, harm inflicted by Christians shadows every claim made about Christian care. Through crusades, colonization, coerced conversion, and

¹ See, for example, Bart D. Ehrman, *Lost Christianities: The Battles for Scripture and the Faiths We Never Knew* (New York: Oxford, 2003).

² See, for example, Gregory J. Riley, *One Jesus, Many Christs: How Jesus Inspired Not One True Christianity, but Many: The Truth about Christian Origins* (New York: Harper San Francisco, 1989).



other forms of invasion, Christians have committed violence against bodies and souls. Moreover, Christians in many regions of the world enjoy the privileges of Christianity's sociocultural and political dominance, and some use religion in divisive and oppressive ways, often without apparent awareness or care regarding the costs to other people and communities. Lewis Schlosser's argument that the dynamics of Christian privilege bear similarities to white privilege and male privilege deserves careful consideration,³ though it is beyond the scope of this chapter. Christians also harm each other in the name of religion. Both "liberals" and "conservatives," fearing diversity and dissent, deal harshly with nonconformity. Almost without exception, Christians and former Christians I encounter carry wounds inflicted by other Christians through judgmentalism. Harm done in the name of religion is not unique to Christianity, of course. Nonetheless, repentance, confession, and reparation for the harm we do have central importance in Christianity. I offer this chapter in that spirit.

Locating the discussion

A multiplicity of locations comprises the narrative of my Christian life. I was born into a pietistic, evangelical community that for two decades formed me as a Christian. My Christian identity was made more multi-layered in college and graduate school by religious studies and theological education. Especially relevant regarding interfaith care was study of other religions, particularly Buddhism and its view of suffering, Judaism's theology of G-d, and study of Christian liberation theologies, which still provide primary motivation, focus, and standards for my life and vocation. Ordained in the United Methodist Church, I served through parish ministry, chaplaincy in medical and psychiatric settings, spiritual direction, and pastoral psychotherapy until 1991, when my ministry became education. I teach practical theology, spiritual care, and spiritually integrative counseling at Claremont School of Theology, in the interreligious Claremont Lincoln University consortium.

Put too simply, my primary methodology is an ongoing action-reflection-action cycle in practical and pastoral theology where, with care as motivation and orienting standard, wisdom from lived experience and interdisciplinary resources—including, of course, religion and spirituality—are brought into mutually analytical dialogue to revise praxis, in service to the common good. I expand later on my theological location

³ Lewis Z. Schlosser, "Christian Privilege: Breaking a Sacred Taboo," *Journal of Multicultural Counseling and Development* 31 (Jan. 2003): 44–51.

but begin here by stating that my first loyalty is to Divine Mystery,⁴ which, largely due to my birth into a Christian context, I have glimpsed most consistently through Jesus of Nazareth. Thus, I strive in my beliefs and practices to emulate the humility, extravagant welcome, and evangelical boldness⁵ exemplified by Jesus as he embodied G-d on earth.

This discussion is limited to the U.S. context and English-language literature. "Spirituality" is the religious or non-religious search for meanings, values, and modes of living that address matters of ultimate, profound significance and serve the common good. "Care" is offered by persons or institutions with intent to convey respectful concern and to advocate for abundant life for all; care seekers sometimes experience it as such, though not necessarily. "Spiritual" care is respectful concern offered by persons of mature faith (religious or nonreligious) with the intent to support others in their spirituality. "Interfaith" spiritual care is such concern offered in relationships characterized by validation of spiritual and/or religious difference and grounded in caregivers' support of freedom of/from religion. Thus, by definition, proselytization is not part of interfaith spiritual care. This claim is not primarily semantic, however—it has a Christian pastoral theological rationale (elaborated below) that includes restraint of the power and cultural privilege accorded in the United States to Christian caregivers.

Interfaith spiritual care is never nonsectarian.⁶ Spiritual care is always rooted in the spiritual specificity of the participants in a multifaceted relationship. Moreover, at this point in history, education, practices, and professional certification in spiritual care remain significantly tied to Christianity.⁷ The history and standards of Western European and North American Christian care have been globalized, while the international-

⁴ When referencing divinity, I use a variety of designations (for example, Divine Mystery) in order to practice respect and humility; symbolize the incapacity of humans to know the divine completely (for example, the tetragrammaton YHWH or the formulation "G-d"); and avoid any one name becoming an idol.

⁵ John H. Thomas, "Extravagant Welcome, Evangelical Boldness," in *Come as You Are: United Church of Christ 2004 Annual Report*, accessed July 24, 2011, http://www.ucc.org/about-us/pdfs/annual_report_2004.pdf. See also J. Bennett Guess, "Evangelical Courage," *UCC News*, June–July, 2005, accessed July 24, 2011, <http://www.ucc.org/ucnews/jun05/courage.html>.

⁶ See, for example, Christian ethicist Grace Y. Kao's demonstration of this claim in relation to prayer in the context of the US military in "Mission Impossible: 'Nonsectarian' Prayer in the Military Chaplaincy," *Political Theology* 11, no. 4 (2010): 577–606.

⁷ The challenges of and slow evolution toward taking religious pluralism into account can be seen in two organizations that have a Christian heritage but are now credentialing chaplains from other traditions: the Association of Professional Chaplains and the Association of Clinical Pastoral Education, Inc.

ization and indigenization of spiritual care in any religious tradition has barely begun.⁸ Much research remains to be done before we will understand how the spiritual specificity of the participants influences interfaith spiritual care, but I assume such influence.

For example: How does it affect spiritual care by Christians that in most of our communities the terminology of "pastoral" care remains in common use? And what of the effect of other Christian specificities? Though offered by laypersons, "pastoral" care by clergy has special significance. It includes interpersonal care of congregants and families but is also effective when offered to congregations and other groups. Pastoral care is offered not only through conversational counsel but also through preaching, liturgy (including sacraments), small groups, education (especially Bible study), concrete and crisis care within and beyond the congregation (provision of food, shelter, financial assistance, etc.), home visitation, and enjoyment of one another in community life. Christian readers especially are equipped to consider why some practices have had disproportional influence in both "pastoral" and "spiritual" care.

Further, contemporary Christian caregiving is widely characterized by affirmative relational qualities—respect and compassion, for example. At the same time, Christian caregiving tends also to be characterized by concern for another's wrongdoing and efforts to spur care seekers to change. Historian John McNeil comments on the history of this tendency: "Lying deep in the experience and culture of the early Christian communities are the closely related practices of mutual edification . . . and fraternal correction."⁹ These early practices have not disappeared but continue in conscious and unconscious impulses within Christian caregivers who seek the betterment of another's belief and behavior. Unfortunately, much of the value of these early practices has been lost, their reciprocal and enriching qualities too often having degenerated into one-sided efforts at altering others. Finally, when Christians speak of "spiritual" care, we cannot escape being influenced by specific Christian meanings—Christianity's notion of the human spirit (and soul), for example, and Christian trinitarianism that yields the Holy Spirit as an aspect of the Divine.

The remainder of the chapter is divided into three main sections: a

discussion of theological foundations vital for interrelating Christianity and spiritual care, especially in interfaith caregiving; description of selected frameworks and practices in Christian spiritual care that have potential for interfaith care; and, a distillation of what these Christian foundations, frameworks, and practices suggest for wisdom in interfaith care.

Theological foundations

I have selected three approaches to help convey how Christianity's theological complexity might illuminate interfaith spiritual care: the Wesleyan quadrilateral, "streams of living water," and credo—a Christian pastoral theology for interfaith spiritual care.

The Wesleyan quadrilateral

Rooted in the writings of theologian and pastor John Wesley, founder of the Methodist tradition in Christian Protestantism, the image of a quadrilateral portrays the interrelatedness of sources of authority for Christians. The four-sidedness of the quadrilateral represents four main sources—Bible, tradition, reason, and experience. Lines between the points of the quadrilateral represent the interplay between the sources—each source informs the others. A quadrilateral may have sides of equal or unequal length; this flexibility in the symbol represents that among Christians the four sources have different degrees of influence. Especially, Christians tend to give differing weight to the Bible. Still, the quadrilateral helps us see more concretely what Christian spiritual care demonstrates—that among Christians, virtually all dimensions of the creation have potential to be valuable sources of foundational wisdom for spiritual caregiving.

"Streams of living water"

Richard J. Foster offers a framework for comprehending and valuing the interrelationship between diverse traditions within Christianity.¹⁰ Inspired by a biblical metaphor—"Out of the believer's heart shall flow rivers of living water" (Jn 7:38)—Foster argues that Christianity's multiple traditions are all "streams of living water." They are all part of a "deep river of divine intimacy, a powerful river of holy living, a dancing river of jubilation in the Spirit, and a broad river of unconditional love for all peoples."¹¹ Only when taken together can the diversity among Christians adequately embody the richness of Christianity: "It is a little

¹⁰ Richard J. Foster, *Streams of Living Water: Celebrating the Great Traditions of Christian Faith* (New York: HarperSanFrancisco, 1998).

¹¹ Foster, xv.

⁸ Emmanuel Y. Lartey, "Globalization, Internationalization, and Indigenization of Pastoral Care and Counseling," in *Pastoral Care and Counseling: Redefining the Paradigms*, ed. Nancy J. Ramsey (Nashville: Abingdon, 2004), 87–108.

⁹ John T. McNeil, *A History of the Care of Souls* (New York: Harper, 1951), 85. This enduring tendency likely has its genesis in response to persecution at the time of Christianity's origins, which gave rise to concern that Christians would be tempted to renounce "right" belief and behavior.

like the Mississippi River, which gains strength and volume as the Ohio and Missouri and many other rivers flow into it."¹² A Christian addressing Christians, Foster identifies six "streams" discernible in the life of Jesus of Nazareth, six "great traditions" of the Christian faith:

- The contemplative tradition emphasizes a prayer-filled life, modeling our lives on the importance of prayer and intimacy in the life of Jesus.
- The pietistic-holiness tradition emphasizes a virtuous life, modeling our lives on purity of heart as exemplified by Jesus.
- The charismatic tradition emphasizes a Spirit-empowered life, modeling our lives on Jesus' life in the Spirit.
- The social justice tradition emphasizes a compassionate life, modeling our lives on justice and shalom as Jesus practiced it.
- The evangelical tradition emphasizes a gospel-centered life, modeling our lives on the good news Jesus proclaimed for all, even as he was drawn to suffering and marginalized persons.
- The incarnational tradition emphasizes a sacramental life, imitating Jesus' reverence for each moment.

Credo: A Christian pastoral theology for interfaith spiritual care

In Christian Protestantism, "pastoral" theological reflection is a study of the interrelatedness of human experience and scholarly wisdom, especially religious and/or spiritual resources, in which care is the motivation and orienting standard for theory and practice. My experience of the interplay between Bible, tradition, reason, and experience has gradually yielded pastoral theological warrants for the theology of religious pluralism and care I have discerned is required of me as a Christian. Born in community, and perhaps shared by others, the theological claims I sketch in this section are not more than a portion of my credo, as best I can speak it at this juncture in my life.¹³ It is not prescriptive for others; I hope instead it invites conversations that further illuminate for me life together in Divine Mystery. I grasp and practice these assertions imperfectly, but they orient my efforts in interfaith care of souls.

- Most fundamental is Divine Mystery: that so much of origins, ultimacies, values, and meanings are unknown by humanity, or

known but unpracticed, constitutes for me mystery of a divine order, a sacred enigma evocative of my wonder and respect. Biblically expressed: G-d's thoughts are not our thoughts (Is 55:8). No religious system comprises the unknowability of Divine Mystery.

- My right to think, speak, and/or act in relation to Divine Mystery rests on a spirituality of humility and *via negativa*, well-expressed in theologian Peter Rollins' explication of his book's title: *How (Not) to Speak of God*.¹⁴ The same is true of my use of all holy writings, especially the Bible, and all sacred practices.
- I most often glimpse Divine Mystery in multiplicity, ambiguity, and paradox. Thus, I strive to give them preference over human certitude, except where they contribute to unnecessary violence, which is sin.¹⁵ This "both/and" quality of life is conveyed in Eccl 3:1–8: "for everything there is a season . . ." Accordingly, I prize the multiplicity of religions and spiritualities, except where they are used to rationalize unnecessary violence.¹⁶
- Humanity is made in the image and likeness of G-d (Gn 1:26–27). Thus created in and empowered by relationality with Divine Mystery, humans are responsible above all else for wise stewardship of the power invested in us.
- My first loyalty is to Divine Mystery. Accordingly, I take seriously warnings about idolatry and serving other gods (Ex 20:3–4; Dt 5:7–8). I strive not to take as idols any particular religion, scripture, theology, denomination, congregation, or human leader. I strive not to proselytize, religiously or otherwise, because to do so would be idolatry.
- I cannot repay the gift of my life, but I can express my gratitude for it by combating violence and contributing to that which is lasting and essential: "What does YHWH require of you but to do justice, and to love kindness, and to walk humbly with YHWH?" (Mi 6:8). Right relationship in the face of oppression, compassion where there is suffering, and self-examination in the face of that

¹⁴ Peter Rollins, *How (Not) to Speak of God* (Brewster, MA: Paraclete, 2006).

¹⁵ Marjorie H. Suechowski, *The Fall to Violence: Original Sin in Relational Theology* (New York: Continuum, 1994), 16.

¹⁶ Though beyond the scope of this chapter, this claim indirectly affirms religious multiplicity in persons and communities. For discussion of this human reality common in many regions of the globe, see Kathleen J. Greider, "Religiously Plural Persons: Multiplicity and Care of Souls," in *Pastorallypsychologie und Religionspsychologie in Dialog/Pastoral Psychology and Psychology of Religion in Dialogue*, ed. Isabelle Noth, Christoph Morgenthaler, and Kathleen J. Greider (Stuttgart: Kohlhammer, 2011), 119–35.

¹² *Ibid.*

¹³ A broader statement is found in Kathleen J. Greider, "Pastoral Theological Reflections on Caregiving and Religious Pluralism," *Pistis e Praxis: Theologia e Pastoral* 3, no. 2 (July–Dec. 2011): 449–65.

- 2- which is most sacred—this is my responsibility in relation to the reality of sin and evil and the hunger for loving relationships.
- The “Golden Rule” is authoritative for my relationships with others because it is taught in my own and many other religious traditions. I especially appreciate statements of it that advise restraint, as in Buddhism: “Hurt not others in ways that you yourself would find hurtful” (Udana-Varga 5.1).
 - Born into Christian culture and communities, Christianity is my native religious language and the Jewish rabbi Jesus my primary spiritual teacher. Just as I have learned Christianity from the Jewish Jesus, I have been challenged and nourished by beliefs and practices in other faiths, into which I could have been born.
 - My salvation is centered not on my beliefs in Jesus but in my fidelity to Love and right relationship. No religion monopolizes the love of which Jesus spoke when asked a trick question about which commandment is greatest: “love YHWH with all your heart, soul, and mind and your neighbor as yourself” (see, for example, Mt 22:34–40). Since this is the greatest commandment, I understand it to supersede the “great commission” (Mt 28:16–20).
 - Conversion is part of Divine Mystery, the work of G-d. On the one hand, I am obliged to be open to be converted, should this be part of the Divine Mystery, perhaps to a more passionate embodiment of Christianity. On the other hand, I am obliged to strive toward living a life more persuasive of the possibility of Love and Justice. The relationship between conversion and evangelization is for me well-illuminated by the writer May Sarton: “We convert, if we do at all, by being something irresistible, not by demanding something impossible.”¹⁷
 - Stories of Jesus in relationship show me profound ways of caring, especially in interfaith encounters: his love of questions more than answers; his desire that all persons have abundant life (Jn 10:10); his savvy with regard to the dynamics of power and privilege; his warnings against judging others (Jn 8:7); his sense of humor, which peeks through his use of parables; his emphasis on taking the initiative to seek reconciliation when another is troubling by us (Mt 5:21–26); and, not least, his wise guidance regarding the ambiguity of humans—be wise as serpents and innocent as doves (Mt 10:16).

¹⁷ May Sarton, *The House By the Sea* (New York: Norton, 1977), 57–58.

Frameworks and practices for interfaith spiritual care

Though spiritual care is never nonsectarian, it is intriguing to note that numerous Christian frameworks and practices for spiritual care are not predicated on Christian belief. There are obvious exceptions—Christian sacraments, prayer “in the name of Jesus,” use of the Bible and other resources with Christian interpretation and intention, Christian counseling. Nevertheless, there are frameworks and practices for spiritual care that, though developed in Christianity, are not the property of Christians. We proceed cautiously, since research on interreligious spiritual care has barely begun. However, as in the practice of medicine, where relief of human suffering sometimes requires physicians to try untested treatments, we sometimes have no option but to offer untested expressions of interfaith spiritual care. We proceed cautiously, venturing into uncharted waters for urgent, pragmatic reasons.

In this section, I briefly describe five conceptual frameworks for interfaith spiritual care—multifocal lenses, streams of living water, paradigms, functions, and images—and then illustrate them in my discussion of several practices. At the end of the section, I indicate how these frameworks and practices might work in interfaith spiritual care in relation to a common human situation of need.

Frameworks

I begin with a framework in the form of a metaphor—that of a multifocal lens—by which we can imaginatively conceptualize how spiritual caregivers might engage the ever-increasing ways of knowing available to and required of us. Such a lens on their cameras equips photographers to see how different focal points render the scene differently, more nuanced than when seen with the naked eye. Imagine how the “naked eye” of our overall point of view on a caregiving situation is enhanced with a multifocal lens! Five uses of our metaphorical lens immediately present themselves. The metaphor helps us imaginatively engage the interdisciplinary work essential in practical and pastoral theology and in care: various academic disciplines—anthropology, psychology, sociology, medicine, for example—are multiple focal points within our overall point of view that enhance our comprehension of and response to human situations. The relationship between and use of premodern, modern, postmodern, and postcolonial points of view and analyses are multiple foci in the analytical lens that informs appropriate response.¹⁸

¹⁸ Carrie Doehring calls for the use of a “trifocal lens” in her discussion of the necessity in pastoral care for premodern, modern, and postmodern points of view. See Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville: Westminster John Knox, 2006), 1–8.

Analysis of the dynamics of power and privilege so foundational to postmodern and postcolonial analyses—and always in the foreground or background of human relationship—requires a multifocal point of view. For example, a multifocal lens reveals that nearly every group of humans has been both target and agent of oppression;¹⁹ and, at the same time, it reveals that some forms of oppression are more deadly and insidious than others, some forms of privilege more valuable and unassailable than others. Multiple religious perspectives present in interfaith spiritual care situations could be understood as different focal points in a multifocal lens. Finally, the metaphor of a multifocal lens also helps us interrelate multiple frameworks and practices for spiritual care.

Second, Foster's notion of diverse "streams" of Christianity provides a framework for identifying diverse streams of spiritual care. The contemplative tradition reminds us of divine care available in meditation and prayer. The pietistic-holiness tradition emphasizes that self-care through contemplation yields an honorable life which, in turn, yields ethical care of others. The charismatic tradition enlivens ethics with spirit—care can be principled and still full of vitality. The social justice tradition yields care that weds compassion and right relationship. The evangelical tradition reminds us of the importance of care in embodying good news (*evangel*, "gospel")—perhaps especially that whatever our failures, restoration is possible. The incarnational tradition recognizes the sacred in everyone and everything, and thus encourages us to expressions of care that reverence all living beings and ritualize our everyday lives.

A third framework offers paradigms or patterns for conceptualizing and expressing spiritual care.²⁰ Four paradigms have been identified in the evolution of care in Christian communities and are best understood by use of our multifocal lens—as different foci within care. A "spiritual" paradigm emphasizes care for spirituality, for faith traditions, and for the potential of both to offer help to believers. A "personal" paradigm emphasizes care that, through attention to the uniqueness, woundedness, and resilience of each person in the caregiving situation, yields compassion-ate presence and empowering response to human need. A "communal-

contextual" paradigm emphasizes the social ecology of care offered by communities, and care for communities, according to their particular contexts, especially multiple cultural particularities. An "intercultural" paradigm emphasizes care for the interaction of cultural identities, taking into account the global, historical, and current dynamics of privilege, power, and violence between (and within) persons and communities of differing cultural identities.

A fourth framework offers broad categories of the functions of spiritual care—its purposes and goals. The number of identified functions has grown in recent years. Seven are commonly agreed upon: healing, sustaining, guiding, reconciling, liberating, nurturing, and empowering.²¹

A fifth framework calls attention to the plethora of images that have arisen out of the experience of spiritual caregivers—one text,²² which is not exhaustive, names nineteen images, such as shepherd,²³ "good" Samaritan,²⁴ "living human web,"²⁵ wise fool,²⁶ midwife,²⁷ and indigenous storyteller.²⁸ Images of caregiving can be found almost anywhere, but certainly in sacred texts, historical events, experience of paradox, art, and contextually-generated wisdom.

Our attention turns now to caregiving practices that, though historically developed by Christians, may also have value in interfaith spiritual care. To show how the frameworks just discussed can influence our caregiving, I use them to inform our exploration of practices. Watch for multifocal lenses, streams of living water, paradigms, functions, and images.

Practices

Caregiving practices are not only important in moments of encounter with others, but also crucial to our preparation before and reflection after encounters. Thus, three phases of encounter structure our exploration:

¹⁹ See, for example, Carroll A. Watkins Ali, *Survival and Liberation: Pastoral Theology in African American Context* (St. Louis: Chalice, 1999), 9.

²⁰ Robert C. Dykstra, *Images of Pastoral Care: Classic Readings* (St. Louis: Chalice, 2005).

²¹ Seward Hiltner, "The Sollicitous Shepherd," in Dykstra, 47–53; Alastair V. Campbell, "The Courageous Shepherd," in Dykstra, 54–61.

²² Jeanne Stevenson-Moessner, "The Self-Differentiated Samaritan," in Dykstra, 62–68.

²³ Bonnie J. Miller-McLemore, "The Living Human Web," in Dykstra, 40–46.

²⁴ Alastair V. Campbell, "The Wise Fool," in Dykstra, 94–107; Donald Capps, "The Wise Fool Reformed," in Dykstra, 108–22.

²⁵ Karen R. Hanson, "The Midwife," in Dykstra, 200–08; Brita Gill-Austern, "The Midwife, Storyteller and Reticent Outlaw," in Dykstra, 218–27.

²⁶ Edward P. Wimberly, "The Indigenous Storyteller," in Dykstra, 180–87.

¹⁹ Rita Hardiman and Bailey W. Jackson, "Conceptual Foundations for Social Justice Courses," in *Teaching for Diversity and Social Justice: A Sourcebook*, ed. Maurianne Adams, Lee Ann Bell, and Pat Griffin (New York: Routledge, 1997), 16–29.

²⁰ In Christian pastoral theology and care, two scholars have provided primary leadership for this framework. See John Patton, *Pastoral Care in Context: An Introduction to Pastoral Care* (Louisville: Westminster/John Knox, 1993) and Emmanuel Y. Larrey, *Pastoral Theology in an Intercultural World* (Cleveland: Pilgrim, 2006). To convey their meaning more broadly, what Patton calls the "classical" and "clinical-pastoral" paradigms here I call the "spiritual" and "personal" paradigms.

96 anticipation of encounter, encounter, and refreshment after encounter. Our multifocal lens keeps us mindful of their interrelation as mutually enriching foci in our ongoing cycle of action and reflection. Several practices recur in each grouping, with different emphases: growing in interculturality; nuancing our analysis of privilege and power; developing multiple intelligences;²⁹ and increasing our consciousness and self-reflexivity. The chart below provides an overview:

Anticipation of encounter: <i>Emphasis on maturing our personhood</i>	Encounter: <i>Emphasis on maturing our engagement with others</i>	Refreshment for re-encounter: <i>Emphasis on maturing our learning</i>
• Communal-contextual self-care • Intercultural self-care • Personal self-care • Spiritual self-care	• Responsive presence • Emergency care • Spiritual companionship • Ritual	• Self-assessment • Consultation • Reassessing our faith stance • Continuing education

Practices of interfaith spiritual care

Anticipation of encounter. In this group of practices, whether as eager novices or experienced professionals, we ready ourselves for future spiritual care encounters through emphasis on maturing our personhood. Practices of personal maturation rightly can be considered self-care, so I will use the four paradigms of care noted above to show how they work in practice.

Anticipating the cultural complexity of interfaith care makes *communal-cultural self-care* of preeminent importance. This paradigm focuses our self-nurturing reflection on developing our social intelligence, especially the social analysis of our personhood. We seek to understand ourselves as persons-in-relation—locally, and also historically and globally. We strive to mature our consciousness of the history, multiplicity, interrelatedness, and power dynamics of our own culturally contextualized identities. Like a kaleidoscope, we are made of many variegated “parts”—internalized bits of the places, persons, and groups where we

have felt belonging-ness, we-ness, with the communities and contexts that have shaped us. If cultures are “patterns of experience”³⁰ in history and the present that shape our identities, we inherit and contribute to many such cultures—no one has just one. “Our people” are those with whom we share racial/ethnic and national cultures, yes, but we also find “our people” among those with whom we share cultures of gender, class, age, religion and spirituality, sexual and relational orientation, language, and personality. We share cultures with people who have education and do work similar to ours, enjoy the arts and sports we enjoy, or suffer tragedies similar to ours. Arguably most important, given the pervasive effects of power dynamics, we share cultures historically and in the present with people who have been targets of the same kinds of oppression we have suffered, and agents of the same kinds of oppression in which we are implicated, though this latter shared culture is more difficult to admit.

Such social intelligence and power analysis continues in *intercultural self-care*. This paradigm provides structure as we anticipate the exciting and confounding experience of our kaleidoscopic personhood interacting with the kaleidoscopic personhood of care seekers. No longer are we satisfied to know ourselves only as members of families and communities. Rather, our personhood feels incomplete until we know our families, communities, and ancestors in relationship to other families, communities, and their ancestors. Anticipating the interculturality of interfaith spiritual care requires mature affective awareness of the bewildering history of violence, current intergroup alliances and tensions, and differentials of power and privilege that trouble our human relations across cultural differences. These points of view mature our self-reflexivity—we take into account how our cultural affiliations and the history of our peoples might be affecting our relationships with care seekers and colleagues. All these differentials mean that effective interculturality requires us to mature our capacity to share power—to exert and relinquish power in relationship as appropriate to the ebb and flow of cultural identities affecting the encounter. Then again, we need to be ready to respond accordingly if all the intercultural and contextual dynamics just named are underground or in the background of the encounter.

We also carry into interfaith encounters our uniqueness as persons. As we anticipate the use of ourselves in caregiving, the paradigm of *personal self-care* focuses our attention on maturing our particular personhood. The

²⁹ Howard Gardner, *Multiple Intelligences: New Horizons in Theory and Practice* (New York: Basic Books, 2006). Lists of intelligences normally include the following: bodily-kinesthetic, existential/moral/spiritual, interpersonal, intrapersonal, linguistic/literary, logical-mathematical, musical/auditory/rhythmic, naturalistic, and visual/spatial. Interpersonal and intrapersonal intelligences are detailed in Daniel Goleman, *Emotional Intelligence: Why It Can Matter More than IQ* (New York, Bantam, 1997).

³⁰ David W. Augsburger, *Pastoral Counseling across Cultures* (Philadelphia: Westminster John Knox Press, 1986), 56.

of "braided selves"¹¹ suggests loving care that styles the multiplicity of our personhood into coherence. Development of intrapersonal aspects of our emotional intelligence—perceiving, understanding, reasoning with, and managing our emotions—is center-stage in personal self-care. The Golden Rule is also a priority; we are compassionate with others only to the extent we have compassion for our own humanity. So, we embrace our own strangeness no less than we claim to welcome strangers. We suffer with the recognition that we are multiply paradoxical; for example, we can be imaged as wounded healers,¹² but we are also healers who wound others. Such insight into the ambiguity of our personhood continues our power analysis; tending our personal history of wounding and being wounded reduces its dominance in caregiving encounters. Similarly, personal self-care involves reflection on which of our many cultures most dominate our internal experience and self-presentation in a given encounter, and why. If we choose it, such reflection could also cultivate our consciousness of that which most of us deny—the often-subtle privileges granted to us through no effort of our own. Are we privileged because of our charisma, skin color, gender, body type, language skill, cleverness, class, religion, or something else? Only increasing consciousness of such privileges equips us to share power with others in the ebb and flow of human encounters. Personal self-care also involves exercising our bodily-kinesthetic intelligence so that we care for our bodies, through which our personhood is expressed.

Finally, anticipating interfaith spiritual care requires maturation of our personhood through *spiritual self-care*. This paradigm focuses our attention on our relationship to faith traditions—those we inherited, embrace, have renounced, and to which we are attracted. We cultivate more consciousness of the beliefs and practices most important in our lives—at this time in your life, what is your credo? Immersion in the "stream of living water" of contemplation makes space for the profound questions of spiritual self-care. What is our theology or philosophy of religious pluralism? What spiritual resources cultivate in us the authenticity, vulnerability, and mutuality that enable us to offer life-giving connection to others that does not require their acquiescence to our creed, or vice versa?¹³ If spiritual caregivers are rightly imaged, at least sometimes, as

ascetic witnesses,¹⁴ what spiritual resources enable our renunciation to be judicious and sustainable? What spiritual resources develop the depth of soul through which we can both discern and act when exerting our power or relinquishing our power is needed? What spiritual resources make it possible for us to take responsibility or take a stand? In experiences where humans disappoint us, in experiences of aloneness and despair, what sustains us?

Encounter. In this group of practices, we offer our care to others. Whether in brief episodes or ongoing relationships, our focus is on maturing our engagement with others, especially our capacity to engage the subjectivity of others care-fully.

All caring encounters begin with *responsive partnership*. Additional forms of care may be needed, urgently. Still, we start by addressing others from a physical and psychospiritual posture of respect, even reverence. One portion of responsive partnership is known in Christian traditions as the "ministry of presence," a compassionate companionship that is an especially precious offering when the resolution of suffering or fixing of problems are nowhere in sight. When imaged as "listening for the soul,"¹⁵ presence is the caregiver "doing" less and "being" more—more attentive, quiet, still, patient. Presence is a quality of relationship created when our not-knowing and non-trying¹⁶ greets a care seeker's yearning. Presence is an atmosphere of luminosity created when a caregiver's emotional intelligence shines interpersonally—the care seeker's yearnings are perceived and understood, acknowledged as reasonable and manageable. Still, presence is more than silence, space, and receptivity—it is a ministry also of response. Nonverbal recognition, validating words, and empowering actions all flow to care seekers from caregivers who have immersed themselves in the "stream of living water" that is right relationship, love, and justice intertwined. The image of an intimate stranger¹⁷ captures the paradoxical potential of responsive partnership—closeness even without familiarity, partnership that is a combination of respectfully attentive silence and communication through words and actions that are "just right." For this to be so, we need always to be maturing an additional aspect of

¹¹ James E. Dittes, "The Ascetic Witness," in Dykstra, 137–49.

¹² Jenn Stairs, *Listening for the Soul: Pastoral Care and Spiritual Direction* (Minneapolis: Fortress, 2000).

¹³ Siroj Sorajjakool, *Wu Wei, Negativity and Depression: The Principle of Non-Doing in the Practice of Pastoral Care* (New York: Haworth, 2001); Siroj Sorajjakool, *Do Nothing—Peace for Everyday Living: Reflections on Chuang Tzu's Philosophy* (Philadelphia: Templeton, 2009).

¹⁴ Robert C. Dykstra, "The Intimate Stranger," in Dykstra, 123–36.

¹¹ Pamela Cooper-White, *Braided Selves: Collected Essays on Multiplicity, God, and Persons* (Eugene, OR: Cascade, 2011).

¹² Henry J. M. Nouwen, "The Wounded Healer," in Dykstra, 76–84.

¹³ Judith V. Jordan, *Relational-Cultural Therapy* (Washington DC: American Psychological Association Press, 2010).

emotional intelligence—effective relationality in situations of conflict.

Power analysis brings responsive partnership into even sharper focus. Building on our intercultural self-care, we recognize that our encounters with care seekers are always encounters-in-global-and-historical-relation. As caregivers, we know our personhood is representative not only of our individuality but also of the many communities with which we identify and are identified by others. Beyond this reflexivity, responsive presence is attentiveness to other power dynamics affecting our encounters. Much suffering is fueled by poverty and other chronic systemic injustices, which explains why the function of responsive partnership is so often sustenance and nurturance. Moreover, since the majority of persons are not privileged, responsive presence often functions as empowerment, liberation, and reconciliation. Responsive presence that serves these functions demonstrates mature interpersonal intelligence. We presume caregivers' capacities, invite their corrections, and respect their rights of refusal. We risk embracing persons and groups traditionally shunned. Wary of stereotyping, we avoid cultural caricature. Wary of universalizing, we prize difference.

A second practice in encounter is *emergency care*. In this practice, our primary concern is for safety and survival when physical and psychospiritual life is threatened or hardship cannot be immediately remedied. Offering food, clothing, shelter, visits, and other emergency care is easily seen as part of spiritual care when we acknowledge the close relationship between our bodies and our spirits. Though we can compartmentalize them conceptually, body and spirit are inseparable companions, and life and death are never far from each other. Indeed, other practices of spiritual care can be rendered meaningless in the absence of safety and survival. Emergency spiritual care is normally understood to serve the function of sustaining—providing care that sustains persons in situations that are not possible to remedy—but it could eventually function also as guidance, empowerment, and liberation. Whether emergency care is empowering or liberating, though, depends on multiple kinds of intelligence in caregivers. Does our inter- and intrapersonal intelligence keep us mindful of the risk that charity may be feeding the egos of the givers while humiliating and shaming the receivers? Does our social analysis increase our consciousness that the emergency services we offer may originate in our socio-economic privilege as much as in our care? Does our intrapersonal intelligence root out any patronization that is tainting our care? If so, we will offer concrete care only within responsive partnership, in dignified ways that are less humiliating and shaming, and, therefore, more welcome.

Included in emergency care is, first, protection of children, elders, and other dependent adults from abuse. The legal requirement that religious leaders report to authorities reasonable suspicion of abuse is best understood as a call to save the lives of the most vulnerable among us. This is better accomplished proactively, for example, through support services offered to caregivers who are frazzled, isolated, and, therefore, at risk of harming others. Another form of emergency spiritual care is disaster care—shelter, clean water, food, clothing, and services of medical, mental health, and spiritual leaders—provided to those who have experienced environmental or financial calamity. The outpouring from religious communities of supplies and work crews after tornadoes or tsunamis is an illustration. But disasters also affect lives more quietly and daily, and so emergency care needs sometimes to be regularized. Some religious communities do this, for example, through longstanding food shelters, weekly free medical clinics, and elder day care centers. A third form of emergency care is consistent visitation and services provided in times of trouble to persons and families experiencing illness, bereavement, incarceration, military service, or any such disruption or crisis. In those who excel at coordinating these forms of care we see another form of social intelligence well developed and welcome—the capacity to organize groups and negotiate details.

Spiritual companionship is a third caregiving practice that may serve us well in interreligious encounters. Spiritual companionship requires caregivers to know ourselves as pilgrims on our own journey and to encounter care seekers on their particular life journey, with whom we travel for a while. As travelers sharing a path, caregivers and care seekers spend time in silence, small talk, and observing the landscape. When conditions are right, there may also be meaningful conversation—reflection on the journey, considering together what values, meanings, questions, and resources might be most important in a care seeker's experience. As in spiritually integrative counseling and pastoral counseling, the emphasis in spiritual care is on care seekers' journeys and on the readiness of caregivers, having experienced maturation of the existential, spiritual, and moral dimensions of our intelligence, to aid care seekers' search. The teamwork of long-distance cycling is a fitting image. Only the cyclists themselves can run the race they have entered, but the accompaniment provided by those in the support vehicles is informed companionship that can help make the long race sustainable. Spiritual companionship, a caregiving practice at the intimate heart of human life, is guided by the ethic required in all caregiving—sobered by the

10 Vulnerability of others and the power invested in our roles, we strive above all to do no harm.

In interfaith encounters, *ritual* is a care practice that is especially important and complicated. Delicate decision-making is required when life and death circumstances evoke requests for tradition-specific ritual in interfaith caregiving encounters—when, for example, a dying Catholic soldier asks the Muslim military chaplain for last rites. More regularly, though, spiritual caregivers have opportunity to employ ritual expressions not limited to a specific tradition, and thereby access the power of symbolic actions and objects to connect and console people. On the one hand, I am drawing attention to the “stream of living water” found in the sacredness of ordinariness. When enacted ceremonially, with grace and gravitas, significant connection and meaning can be created through everyday actions—rituals of greeting, standing and sitting, looking and looking away, giving and receiving, leave-taking. On the other hand, many formal ritual actions are not tradition-specific and yet have potential to provide spiritual care. Imagine the spiritual caregiver as a contemplative artist¹⁸—gathering community, creating aesthetic space, providing visual images, making symbolic gestures and other symbolic movement, reading spiritually evocative texts, singing, and/or, with careful discernment of their appropriateness and form, inviting prayer or offering physical touch. Again, concern for the misuse of power must abide. Spiritual caregivers earn the right to inquire about or suggest ritual only when we relationally demonstrate respect for care seekers’ spiritual locations. And, if invited to proceed, we engage the power of ritual as collaboratively as possible, with restraint, highly attuned to care seekers’ response. We strive not to overrun care seekers’ subjectivity but also not to neglect the power of the symbolic dimension. Our capacity for appropriate ritual action in interfaith encounter requires a certain flexibility made possible by development of multiple intelligences. For example, my tradition’s ritual dependence on texts and words favors (and probably helped develop) my linguistic/literary intelligence, but for ritual leadership in interfaith settings, I have had to work on developing my kinesthetic/bodily, auditory, visual/spatial, and naturalistic intelligence.

Refreshment for re-encounter. Caregivers’ opportunities and responsibilities do not end when caregiving encounters end. Deeply rooted motivation keeps us caring through a period of after-reflection in which

we refresh ourselves in preparation for re-encounter. The combined effect of these practices is metaphorically comparable to the “refresh” function on our technological devices—we update our caregiving with new “data” available since we last engaged in reflection on our caregiving. What actually happens during our “refresh” is not so quick, but just as detailed, as when we refresh our tech devices. Through this group of practices, we focus on maturing our learning, and we complete one round in the action/reflection cycle by learning from our caregiving experience. For most of us, this pause is difficult—it is easier to keep moving, not resist the fast pace of most caregivers’ lives. And, if reflection reveals shortcomings, this pause can be painful. However, even if we can engage in this discipline for a few minutes a day, and participate in a monthly consultation, it is a gift to ourselves and to the next care seekers we encounter.

The ground of refreshment is *self-assessment of our encounters*. Here our emphasis is on our own fair but candid appraisal of our care, and on our openness to being changed for the better. Imagine an experienced gardener, whose work over many seasons has taught her that an enchanting garden results from pruning and other hard labor, not so much from admiring her handiwork. Reasoning with emotion as well as thought, we examine our actions. We study the “text” of others’ reactions to us. Did our practices of encounter seem to be well received or fall short, and why? We also study the text of our feeling-thoughts and behaviors during encounters with others. What evidence is there that we were attuned to requirements of interculturality? What do our actions reveal to us about how emotion is affecting our caregiving? Are our actions congruent with our stated values? Do our actions with care seekers demonstrate power-sharing? The practice of reflexivity is essential in this phase. In what ways has my subjectivity affected the caregiving relationship? How have I helped? How have I harmed? This practice is opportunity to join with generations of faithful people in many religious/spiritual traditions who have conscientiously tried to live an honorable life—that stream of living water surely keeps this humble practice constructive and empowering.

Refreshment is sufficient only when it includes *consultation*. The viewpoints of others who are located differently from us assure our assessment is intercultural. Consultation is good for moderating power dynamics in our caregiving. It is founded on our consciousness that our knowledge is limited and on our willingness, at any rank and age, to be learners. Consultation also lessens the risk of our self-deception and thus makes our caregiving safer for others. For full engagement in consultation, we need the emotional intelligence to manage our feelings when we make

¹⁸ Brita L. Gill-Austern, “Pedagogy under the Influence of Feminism and Womanism,” in *Feminist and Womanist Pastoral Theology*, ed. Bonnie J. Miller-McLemore and Brita L. Gill-Austern (Nashville: Abingdon, 1999), 149–68. The reference is to 155–57.

104 ourselves vulnerable to others, are critiqued, and receive commendation. These benefits of consultation imply that we best seek out colleagues with whom we can be honest, who are bold enough to challenge us, and who are gentle enough to encourage us. We need colleagues already standing in the stream of living water of good news where imperfection is expected and *metanoia*—radical reorientation—is always possible.

Refreshment also involves *reassessing our faith stance*. Here our learning is focused on how our caregiving is affecting, and being affected by, our personal beliefs and practices. We can think of this practice as revisiting our *credo*; encounters with the religious experiences, doctrinal struggles, and spiritual paths of others can affirm, challenge, and change our own. To continue offering spiritual care without regularly re-articulating our own spiritual and/or religious location is to lose touch with the ground on which we stand and to have less clarity about the personhood we bring to encounters with others. In the Christian tradition we speak of such times of reassessment as “going on retreat”—for caregivers, this time of reassessment is a brief retreat from caregiving in order to see how we have been or need to be changed spiritually, and to refresh ourselves. Especially when we are offering spiritual care in devastating circumstances, it is also crucial during this reassessment of our faith stance to recalibrate our hope: what “living water” will motivate and nourish our capacity to return to devastating circumstances with renewed passion, spirit, and conviction? Hope—an often-overlooked aspect of emotional intelligence—is also spiritual intelligence. In caregiving it is common to encounter the limits of religious teaching, and even harm done in the name of religion, and so this reassessment of our *credo* may involve some increase in our radicalism related to traditional beliefs and practices. The image of the spiritual caregiver as a reticent outlaw¹⁹ captures our commitment to rebel against tradition, but strategically so, when our spiritual and religious power must be used to care for the souls of those who are marginalized and subjugated.

Finally, refreshment is found in *continuing education*. Whether or not it is required of us by our certifying bodies, we continuously attend to formal learning. We seek out schools, study partners, teachers, and topics that will meet us at the point of care seekers’ need—more developed knowledge and skills relative to the situations we regularly encounter. Effective spiritual care depends not only on maturity in relational and emotional intelligence but also on the linguistic and logical intelligence

that is matured through formal education. Effective interfaith caregivers grow their knowledge regarding the religious and spiritual traditions embraced by the care seekers we encounter. If we are persuaded by the notion that the person who knows only one culture knows no culture, we engage in ongoing, in-depth study of a religious tradition other than our own. We need continuous education not only about religion or spirituality but also about the place of religion and spirituality in the ecology of human living, and about aspects of the human situation unfamiliar to us.

An example

To further illuminate how these frameworks and practices might play out in reality, we reflect briefly on a situation with which any interfaith caregiver might be confronted. Imagine: a couple active in their religious community recently became pregnant after a long period of seeming infertility, but very early in the pregnancy have suffered miscarriage.

Hopefully, we will have engaged in practices of anticipation. Since miscarriage is so common, communal-contextual practices of anticipation likely have spurred us to reflect on how this common human grief has affected us and our families. As part of our personal self-care, we have worked with the range of emotions miscarriage can evoke. During spiritual self-care, we will have considered our own religious tradition in light of miscarriage, and considered the adequacy of our *credo* with regard to this kind of death and grief.

On the basis of this reflection alone, we could be equipped to offer the couple responsive presence—compassion, respectful space, gentleness. We wonder silently how interculturality and power dynamics are affecting our effort to care—how are our different and shared cultures interacting? If they invite our continued accompaniment, we first address emergency care—have steps toward the medical care they need been initiated? Then, we return to responsive presence, listening as a companion on the early steps of an arduous path. We follow their lead to ascertain if religion and/or spirituality are explicitly or implicitly important at this juncture. Faced with such an irreparable sorrow, we know care can function, at best, only as sustenance, at least initially.

After an initial encounter, we have opportunity to refresh ourselves through learning. We assess the encounter and, especially, if we had not anticipated care for miscarriage, examine ourselves—how could we have been ignorant of such a commonly experienced loss? We seek consultation: from a leader in the couple’s tradition if they are of a religious/spiritual tradition different from ours; with a physician,

¹⁹ Brita Gill-Austern, “The Midwife, Storyteller and Reticent Outlaw,” in Dykstra, 218–27.

106 to comprehend better the physical experience of the mother; with a pastoral counselor, to comprehend better the common psychospiritual anguish of this loss. We learn that functions of care like reconciliation and healing are far in the future, if they apply at all to such a loss. We take time to reassess our beliefs and practices in light of miscarriage. To continue our education, we study the plethora of resources available on reputable websites and note for future reference the many online support groups. We revisit the practices of anticipation, self-care in anticipation of future caregiving.

If we have opportunity to be with the couple again, we are refreshed by learning and self-care. Our actions are informed by our reflection. We offer sustaining responsive presence now augmented with post-crisis nurturance. We look for ways to exercise our power on behalf of the couple and also to relinquish our power to them, thereby making space for them to influence our encounter in the direction of their needs. Our consultation and continuing education provides us a multifocal view of what the couple is enduring and thus we are more ready to respond to a range of needs. If they request it, we can identify religious texts and other resources in their spiritual tradition that honor the mourning of bereaved parents. With appreciation for the power of symbols and of the aesthetic, we might offer to help them compose a ritual that honors their loss. Respecting the power of contextualized community to offer consolation and empowerment, we could give them information about the miscarriage support group at the local hospital or offer to help them if they want to start a group for their own religious community.

Christian wisdom for interfaith spiritual care

This section concludes our considerations by extending them into the realm of wisdom. The ideas and actions we have been discussing are, in Christianity, rooted in a wisdom tradition beautifully explored by Daniel Schipani. He summarizes wisdom as "a holistic way of knowing, which includes discerning, making good choices, and living well in community."⁴⁰ For the difficult task of articulating wisdom I turn to a biblical text, mentioned in my credo, because it articulates what is lasting and essential: "What does YHWH require of you but to do justice, and to love kindness, and to walk humbly with YHWH?" (Mi 6:8). Wise interfaith spiritual caregivers:

⁴⁰ Daniel S. Schipani, *The Way of Wisdom in Pastoral Counseling* (Elkhart, IN: Institute of Menominee Studies, 2003), 10.

Do justice

- We reverence all parts of the creation—no person, tradition, or other element of creation is without value. Therefore, we value right relationship with others and ourselves as an end in itself and consistently strive for justice.
- We empower and protect vulnerable persons and communities, with the goals of safety and liberation, and resist violence—our own and others'—with the goals of *metanoia* and reparation.
- We acknowledge our faith traditions as social, historical, economic, political, relational, and psychospiritual powers. We ameliorate their oppressiveness and embody their justness.

Love kindness

- We cultivate compassion for ourselves, so that we can treat others with compassion. Because of our compassion, we embrace multiplicity, ambiguity, and paradox in human experience.
- In every interaction we cultivate compassionate awareness of how all persons and groups, including ourselves, might be both agents and targets of oppression. In the ebb and flow of each interaction, we engage in relinquishing and exerting power accordingly.
- We expect conflicts in everyday life, and strive to work through them with grace, mercy, and mutuality. Where harm has been done and reparation is needed, we work toward justice with kindness.

Walk humbly

- Sensing our incompleteness, we cultivate relationship with G-d and others. Seeing in part, we seek ongoing revelation of Divine Mystery.
- Recognizing our own limits and errors, we avoid attitudes of self-righteousness and judgmentalism toward others.
- We are at ease in our humanness. Our interactions with others are characterized by authenticity, vulnerability, and mutuality.

Conclusion

Though interfaith spiritual care is in many respects daunting and complex, we can learn its basics rather quickly through patient and deliberate engagement in ongoing cycles of reflection and action. True, the ultimate purpose of the foundations, frameworks, and practices provided in this chapter is to mature our humanness in ways that enable us to offer spiritual

care others might find meaningful. And such maturation requires effort over time by us, and by our care seekers and other teachers. Always, however, when we meet in the profundity of relationship, Divine Mystery promises possibility.

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