**Grading Rubric based on INTERCULTURAL SPIRITUAL CARE COMPETENCIES**

**Goal 1.**  **Critical Thinking Skills**: Develop critical thinking skills in religious, theological, and psychological studies, drawing upon coursework in all areas of one’s degree curriculum.

1. In religious studies (e.g., MDiv/MAPSC courses in **Comparative Religious Traditions [CR]**), become literate in core beliefs and practices of religions of the world ([www.patheos.com](http://www.patheos.com/); see also Prothero’s Chapter 6 “A Dictionary of Religious Terms” (2007); think critically about how a search for similarities among religions of the world has historically been a search for the ‘one God’ of Christianity (Prothero, 2010); use particularist approaches to religion that pay attention to differences among the worldviews, beliefs, values, and practices of religions of the world (see footnote 1 below).
2. In theological, biblical, historical, and ethical studies (e.g., MDiv/MAPSC courses in Sacred Texts [TX], Social/Contextual Analysis [AN], Historical Development/ Expressions of Religious Traditions [HI], and Constructive Theology [TH]), identify the biblical, ethical, historical, and theological ways that religious and, in particular, Christian approaches to religions of the world—exclusivisms, inclusivisms, pluralisms, and particularities[[1]](#endnote-1)—shape pastoral and spiritual care within communities of faith, in religiously diverse settings like health care and military contexts, and in global contexts. Identify and assess values, beliefs, and religious/spiritual practices—especially related to suffering and hope—using biblical, ethical, historical, theological, and philosophical sources and critical methods.
3. In psychological studies of religion, know how to search databases to find and use research on religious coping, in order to provide evidence-based spiritual care that identifies and assesses how people draw upon aspects of religion and spirituality to cope with stress in helpful and/or harmful ways. Do a literature search on psychological research that helps you understand how/when aspects of religion, spirituality, and moral values help or harm people. The journal *Pastoral Psychology* is a good source for such research. Articles/chapters by Pargament and Exline provide comprehensive descriptions of research on when aspects of religion or spirituality are likely to help or harm people.

Grading Rubric: Use the Iliff library (e.g., Primo and the ATLA database) to identify key terms that help you do a search on for theologies/philosophies of religion pertaining to the topic of your assignment. The interdisciplinary course you took likely had Dr. Micah Saxton guide you through this process. See the course page with links to Dr. Saxton’s videos on how to do a literature search.

You are also required to use course readings if they are relevant and meaningful or readings from other courses.

**Up to 10/25 points** taken off for incomplete and inadequate use of course readings, forums discussions, and articles/chapters from your literature searches in theological and psychological studies. You will need to substantively use at least 5 references from your search and at least one needs to be from psychological studies.

You must use consistent formatting (e.g., APA or Chicago)

**Goal 2.** **Spiritual Integration**: Engage in a personal process of spiritual integration by finding and using intrinsically meaningful body-aware practices that

1. Increase self-awareness of one’s stress-based reactions/emotions that give rise to life-limiting, socially oppressive beliefs, values, and consumer ways of coping, especially for coping with academic stress.
2. Increase self-compassion, self-transcendence, and relational systems that support use of meaningful body-aware practices as a basis for searching for meanings about one’s stress responses and life experiences (Doehring, 2018b).

**Outcomes:** Students become accountable for their use of body-aware practices in weekly posts, helping them experiment with using practices that foster spiritual integration.

At the beginning of your final assignment, report on the body aware spiritual practices you used while doing this assignment. **(3/25 points)**

**Goal 3.** **Cultural Humility and** **Intercultural Competence**: Develop and demonstrate an intercultural approach to pastoral and spiritual care that respects what is unique and distinctive about each person’s religious, spiritual, existential, or moral orienting system (values, beliefs, practices).

**Outcomes:** Students will demonstrate their intercultural capacity in the ways they respond to each other’s forum discussions and in their final assignment. **(3/25 points)**

**Goal 4.** **Self-Differentiation/Reflexivity**: Demonstrate psychological and theological self-differentiation by (a) tracking one’s personal theologies/orienting systems that arise from stress in the midst of a spiritual care conversation, and (b) using momentary spiritual practices in order to not blur boundaries between self and other, over-identify with the other, or emotionally disengage.

**Outcomes:** Students will demonstrate self-differentiation in the ways they respond in forum discussions and final assignment. **(3/25 points)**

**Goal 5.** **Theological Empathy**: Demonstrate theological empathy by (1) respectfully stepping into another’s religious, spiritual, existential, or moral orienting systems; (2) imagining how these orienting systems ‘work’ contextually, especially as a way of coping with stress; and (3) using their social empathy and critical thinking skills to understand the personal and cultural contexts of the other’s beliefs and values, especially about suffering exacerbated by injustice and hope for justice (Doehring, 2018a).

**Outcomes:** Students will demonstrate theological empathy in the ways they respond in forum discussions and final assignments. **(3/25 points)**

**Goal 6.** **Establishing Trust and Searching for Meanings:** Understand these two key ingredients of intercultural spiritual care (Doehring, 2015):

1. Establish trust by (1) respecting care seekers’ values, beliefs, ways of coping and connecting with the sacred, and (2) helping care seekers experience self-compassion and safety by finding intrinsically meaningful spiritual care practices that make them aware of stress in their bodies.
2. Collaboratively search for life-giving intentional beliefs and values about suffering that arise from experiencing compassion that helps care seekers understand the ways automatic stress responses often make them feel anxious, angry, ashamed and guilty, which in turn gives rise to life limiting values and beliefs and consumer ways of coping shaped by intersecting social oppressions.

**Outcomes:** Students demonstrate their understanding of spiritual care in forum posts and their final assignments. **(3/25 points)**

1. A three-fold typology of Christian approaches to religions of the world as exclusivist, inclusivist, and pluralist was first proposed by Race (1983). Here are simple descriptions of these approaches:

*Exclusivisms:* Religious sources of authority (e.g., sacred texts, doctrine, religious authorities, religious experiences of, for example, the Holy Spirit) are exclusively true, with literal norms of interpretation (e.g., Christianity is the only truth; confessing Jesus as Lord and Savior is the only means of salvation; the goal of faith is salvation through belief in cornerstone doctrines). Exclusivist pastoral care tries to convert or persuade people through witness to find salvation/fulfillment/faith/healing through singular exclusively true beliefs and/or practices. Moyeart (2012, p. 27) notes that many Christian exclusive theologies emphasize the sinfulness of humanity, a high Christology, and salvation through affirmation of Jesus as one’s personal savior. Those within religious traditions/communities that require literal faith affirmation of exclusivist beliefs may require their religious leaders to provide pastoral care within their communities that is based on exclusivist religious goals, as the only way to save those who are fallen. Pastoral care to those outside one’s community must also focus on salvation, since, in these exclusivist approaches, other “Religions are understood as the expression of human attempts to achieve salvation on their own power, neglecting thereby the fact that salvation comes only through faith in Christ” (Moyeart, 2012, p. 27).

*Inclusivisms:* Many religious paths lead to same end, often configured as the ‘one God’ of Christianity (Prothero, 2010). Examples of inclusivist metaphors are the many paths that lead to the same mountain top, or the sight-impaired people touching different parts of the elephant. Inclusivist pastoral or spiritual care accepts a diversity of paths, but sees all paths as leading to the same God/salvation/fulfillment, although professed belief in a singular truth/God may not be necessary for salvation/fulfillment, as it is in exclusivist approaches (an inclusivist belief is that God’s salvation embraces all whether they explicitly confess belief or not).

Pluralisms: Religious diversity is a given and needs to be respected. Those committed to inter-religious dialogue search for ways to talk about universal aspects of religious experiences of transcendence and ineffable mystery, like John Hick’s references to the Real, the Ultimate, or Ultimate Reality (1989). “*Faith* is believed to be essentially the same for all religious traditions, whereas *belief and tradition* stand for the historically and culturally determined interpretation of ultimate reality (Moyaert, 2005, p. 42, italics in original). Pluralist spiritual care respects differences yet seeks to find common ways across traditions to spiritually care for people, and to find out, especially through research, how aspects of religion or spirituality help or hinder people, especially in coping with stress.

*Particularities*: assert that searching for ways to talk about and do research on what is shared or universal across religions of the world inevitably erases what is unique and particular to each religion/culture:

Thus, particularistic theologians state that the differences between the ethics of the religions are substantial and they question the value of global ethical declarations. Of course, one might say that all religions are for peace, love, hope, justice, human dignity and the protection of animals. However, these very formal notions and concepts come to mean very different things within each tradition. The stories, rituals and doctrines of each tradition give particular continence to each of these formal ethical terms, and at the level of the concrete religious and ethical praxis of the religious communities the differences are immense. (Moyaert, 2005, p. 44)

Particularist spiritual care builds trust by listening for and respecting what is unique and particular in the ways persons and communities search for meaning and experience transcendence and mystery (note, however, that the inclusivist terms used in this statement—meaning, transcendence, mystery—assume these are core aspects to each person’s experience of what we commonly call religion spirituality or a way of being oriented to the world.

Hedges (2010, p. 30) summarizes these four approaches to religious truth/difference as follows: “Exclusivist approaches typify ‘discontinuity’, inclusivist approaches typify ‘fulfillment’, pluralist approaches typify ‘openness’, and particularist approaches typify ‘difference’.”

Moyaert (2012) notes that interreligious dialogue is challenging because of potential conflicts between commitment to one’s own religion and openness to the other. Such challenges are often inherent in intercultural spiritual care, especially for caregivers who experience religious, spiritual, and moral struggles about when and how to be committed to particular beliefs within one’s ordaining/endorsing tradition especially in religiously diverse contexts, as Doehring (2018b) notes in describing struggles over beliefs in resurrection.

Intercultural spiritual care begins with particularities by respecting the alterity of care seekers’ orienting systems. Simply remaining in a stance of listening for differences is often not sufficient spiritual care, especially if caregivers are using critical thinking skills and knowledge about what might exacerbate or ameliorate the other’s suffering. If trust is established then spiritual care may move into a collaborative search for practices, meanings, and values that support and help people who are suffering. In healthcare and military contexts, caregivers will need to use research based on pluralism that assesses when and how aspects of religion or spirituality help or harm people, especially those experiencing religious, spiritual, or moral struggles. [↑](#endnote-ref-1)