**Case Study Outline** (based upon questions from the end of Chapters 2 to 8 in Doehring, C. (2015). *The practice of pastoral care: A post-modern approach (Rev.& Expanded).* Louisville, KY: Westminster John Knox Press.

This case study assignment gives you the opportunity to reflect upon some aspects of sexuality that generated religious/spiritual/moral struggles[[1]](#endnote-1)---experiences of tension, strain, and conflict---about sexuality.[[2]](#endnote-2) Religious and spiritual struggles are widespread across a range of faith orientations; for example, among atheists ([Bradley, Uzdavines, Pargament, & Exline, 2016](#_ENREF_2)), Muslims, Jews ([Abu-Raiya, Pargament, Weissberger, & Exline, 2016](#_ENREF_1)), as well as the general population. Pargament et al. ([Pargament, Wong, & Exline, 2016](#_ENREF_4)) note that spiritual struggles are common and can have either life-giving or life-limiting outcomes:

Spiritual struggles have to do with the most fundamental issues of life – questions of ultimate meaning, good and evil, religious doubts, intimacy, the divine and one’s relationship with a higher power (Exline et al., 2014). These struggles are fundamentally dis-orienting; they shake people to their very core.  A number of studies have linked struggles in the spiritual domain to psychological, social and physical signs of distress (Exline, 2013).  But distress and dis-orientation are not the end of the story.

As people struggle, they try to re-orient themselves to the challenges posed by internal transitions and external events.  Although popular culture has sentimentalized the value of difficult life experiences, as we hear in statements such as “no pain, no gain” and “suffering builds character,” it must be stressed that efforts to re-orient following difficult life experiences are not necessarily successful. Some people experience only pain, suffering, and brokenness through their struggles.  In this regard, higher levels of spiritual struggles have been associated with decline in immune functioning (Trevino, Pargament, Cotton, Leonard, Hahn, Caprini-Faigin, & Tsevat, 2010), increases in depression (e.g., Pirutinsky, Rosmarin, Pargament, & Midlarsky, 2011), and even greater risk of dying (Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

It is true, however, that spiritual struggles can be a source of growth and greater wholeness… Empirical studies have shown some ties between spiritual struggles and reports of growth following trauma and major life events (e.g., Gall et al., 2011; Magyar-Russell et al., 2013; Trevino et al., 2012).  We suspect this growth is manifested by shifts in orienting systems that become more whole; that is, more deeply purposive, broader and deeper, more flexible, more coherent and discerning, and more benevolent and life-affirming.  In support of this notion, Desai and Pargament (2015) compared college students following a period of spiritual struggle who experienced growth or decline.  Those who reported greater growth were able to find greater meaning from their struggle, were able to draw on more positive religious coping resources, had a more secure relationship with God, and had integrated religion more fully into their lives. (Pargament et al., 2016, pp. 387-388)

Emerging research is demonstrating that if these kinds of struggles remain private they tend to become a source of shame, anger, and guilt that generate life-limiting theologies/orienting systems of sexuality triggered by stress.

Throughout this course we consider life experiences you or others have had that generate religious/spiritual/moral struggles over some aspect of sexuality[[3]](#footnote-1):

* Aspects of one’s gender and/or sexual orientation identity that do not conform to societal/religious norms and/or that make one a target for prejudice/aggression/violence.
* Work and family balance that generates moral stress over one’s gender roles and responsibilities.
* Experiencing sexual pleasure in ways that do not conform to societal/religious norms.
* Working through conflicts/power struggles in intimate and/or caregiving relationships that generate moral stress/spiritual struggles because of aspects of one’s sexuality (i.e., gender roles).
* Seeking personal and relational wholeness amidst the challenges of being single, dating, negotiating transitions in intimate relationships, and ending intimate relationships.
* Experiencing sexual trauma (abuse, harassment, assault).

These are the kinds of experiences that could be used in a case study on spiritual care to those experiencing religious/spiritual/moral struggles arising from some aspect of their sexuality.

**OUTLINE:** *Note: The final assignment should be about 5 pages single-spaced, including references. Word lengths are suggested here; some sections may be shorter or longer but the entire assignment needs to be about 5 pages). Please use all relevant readings and discussions from the course forums, especially the forums early on in the quarter focusing on pastoral and spiritual care. Please refer to the grading rubric to ensure you have done an adequate literature search and demonstrated course learning goals in competing this assignment.*

*Please use a fictional name and disguise all identifying features of the care seeker.*

**Preface:** Why did you choose this assignment; what do you hope to gain from doing this assignment?

**Your spiritual practices:** Describe the intrinsically meaningful body-aware practices you used in working on this assignment that

1. Increased 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. Increased 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.

**Writing a verbatim/narrative description of the pastoral/spiritual care conversation**

*You can either construct a half page verbatim* ***or*** *you can provide a 250 word narrative description of what happened in the pastoral/spiritual care conversation.*

**Verbatim:** A verbatim is a reconstructed script of a pastoral or spiritual care conversation.

While any helping conversation could be construed as a pastoral or spiritual care conversation, strictly speaking, spiritual care occurs when caregivers are in the role of representing their religious tradition, their chaplaincy clinical training, and their pastoral theological education, with an explicit or implicit agreement that they are providing pastoral or spiritual care to someone who has sought this kind of help. Please number each response for easy reference, labeling the caregiver’s first statement as (1) and the care seeker’s first statement (1). See Doehring ([Doehring, 2015](#_ENREF_3)) for examples of verbatim conversations.

**Narrative:** describe in 250 words or less what happened in the pastoral/spiritual care conversation.

Make sure your narrative/verbatim includes:

(Known facts) summarize what you knew about the care seeker before beginning the conversation. Describe the circumstances in which the conversation took place.

(Observations) describe what you notice about the physical location, the care seeker’s physical appearance, body language, and reactions, and your body language and reactions during the conversation.

**Self-Reflection**

• Describe any experiences you have had that are similar to the care seeker’s circumstances or crisis.

• Reflect your competency to self-differentiate (see our course page on learning goals).

**Your Contract of Care (see chapter 4 of Doehring [2015])**

Answer 2 out of the questions below that are most relevant to this case.

• If care seekers are under the age of eighteen, elderly, and/or disabled, is there a possibility that their crises may involve abuse? Describe what you will do if care seekers disclose or you suspect that they are at risk.

• Do care seekers have intense needs for emotional closeness such that they may misconstrue the nature of the pastoral/spiritual care relationship? If so, identify ways you will maintain appropriate boundaries by, for example, not meeting in a private place, not initiating physical contact, and being prepared to talk about physical contact initiated by the care seeker.

• Do you experience desires to have your needs for closeness met in this relationship? Identify how you will guarantee that you do not act on these desires.

• Are there dual conflicting roles? Describe how you will handle such conflict.

• Are there or might there be limits to your expertise in caring for this person? What additional resources might be needed?

• Is the nature of the crisis such that you need to be explicit about the nature of your availability? If so, what will you say at the conclusion of your next conversation?

• How did you care for yourself while caring for another? Were/are there specific spiritual practices you used/could use before or after care conversations that would deepen your own spiritual integration of beliefs, values, and practices (see our course page on learning goals)?

**Theological Reflection on religious/spiritual/moral struggles around aspects of sexuality**

A. Care seeker’s embedded values, beliefs, and ways of coping

Empathically step into this person’s religious/spiritual/existential home, in order to imagine his/her/their embedded theology/orienting system/s. Describe how you imagine this embedded theology, and then add quotations from course readings and from your literature search that help you imagine what this embedded theology might look like.

EMOTIONS: arising from the stress of the religious/spiritual/moral struggle. (i.e., shame arises from religious sexism about what it means to be a ‘good girl’)

VALUES: (often in conflict) (i.e., faithfulness to one’s marital vow no matter how dysfunctional marriage is; valuing just love)

BELIEFS: (e.g., staying in a dysfunctional marriage for the sake of one’s children is better than divorce; Jesus clearly condemned marriage)

COPING: (e.g., keep struggles private for fear of judgment)

B. Caregiver’s intentional theology/orienting system

Identify your intentional theology/moral orienting system for providing care/seeking justice.

Identify the life-giving emotions that arise from your spiritual practices (i.e., anger/protest over injustice, lamentation, sorrow, compassion….and so on). Then identify the values, beliefs and ways of coping that could become an intentional theology/orienting system you could draw upon in providing care/seeking justice.

\***YOUR LIFE-GIVING INTENTIONAL (ESPOUSED) THEOLOGY/ORIENTING SYSTEM** that you want to put unto practice

EMOTIONS:

VALUES:

BELIEFS:

COPING/spiritual practices:

**Planning Care**

Use the following categories and questions to outline a written plan of care that could be collaboratively co-created with this care seeker.

*1. Attending to the care seeker’s safety, building trust, exploring spiritual practices for experiencing self-compassion and goodness*

Is safety an issue for the care seeker? Is s/he/they experiencing sexual, physical,or psychological violence? If so, what steps can be taken to ensure that s/he/theyis safe?

How did/might you explore body aware practices that foster self-compassion in your care seeker, helping them experience their bodies, sexuality, and relationships as good and life-giving?

*2. Mourning losses, coping with coercive sexuality; seeking accountability; seeking change*

What will care seekers need if they are coping with a crisis involving loss, violence, or life-limiting coping? How can their religious and spiritual life be a resource to them?

If there was a crisis, what will care seekers need when the crisis begins to subside; what will help them come to terms with their experience over the long term? How can their community/community of faith support them in crisis and/or long term coping and meaning making?

Is there a need for this person or a significant other to be held accountable for unintentional or intentional harm? How can you together develop a plan for accountability? If you need to be part of a team that requires accountability, what will your role be?

*3. Reconnecting with the ordinary goodness of life*

Is there evidence in your pastoral and spiritual care conversation that the care seeker has moments of experiencing the ordinary goodness of life?

How can you and the care seeker be aware of such moments and celebrate them when they come along?

How might you help care seekers choose life-giving rather than life-limiting ways of coping with the moral, spiritual and religious struggles arising from aspects of their sexuality?

**Conclusion:** Describe how this assignment can become a resource for you as an intercultural spiritual caregiver in any or all of the following ways:

1. Using spiritual practices to connect with goodness in the midst of religious/spiritual/moral struggles over an aspect of sexuality
2. Becoming more self-differentiated by understanding my emotional reactions and being able to separate out my struggles from struggles of others, especially that might be imposed upon me
3. Becoming more culturally aware of difference and social privileges and disadvantages
4. Becoming more theological fluent about aspects of sexuality that might generate religious/spiritual/moral struggles
5. Being able to use evidence-based approaches to spiritual care that draw upon research on religious coping.
6. Being engaged with your own process of spiritual integration, especially as a form of self-care and growth.

References

Abu-Raiya, H., Pargament, K., Weissberger, A., & Exline, J. (2016). An empirical examination of religious/spiritual struggle among Israeli Jews. *International Journal for the Psychology of Religion, 26*(1), 61-79. doi: 10.1080/10508619.2014.1003519

Bradley, D. F., Uzdavines, A., Pargament, K., & Exline, J. (2016). Counseling atheists who experience religious and spiritual struggles. In A. Schmidt, M. Chow, P. Berendsen & T. O’Connor (Eds.), *Thriving on the edge: Integrating spiritual practice, theory, and research*.

Doehring, C. (2015). *The practice of pastoral care: A postmodern approach* (Revised and expanded ed.). Louisville, KY: Westminster John Knox.

Pargament, K., Wong, S., & Exline, J. (2016). Wholeness and holiness: The spiritual dimension of eudaimonics. In J. Vittersø (Ed.), *The handbook of eudaimonic wellbeing* (pp. 379-394). Switzerland: Springer International.

Tino, M. J., Millspaugh, S. G., & Stuart, L. A. (2008). *Our whole lives: Sexuality education for young adults, Ages 18-35* Boston, MA: Unitarian Universalist Association of Congregations.

1. There are three types of spiritual or religious struggles ([Exline, Pargament, Grubbs, & Yali, 2014](https://iliff.instructure.com/courses/1914534/discussion_topics/12762589#_ENREF_15)):

	* *Struggles with God* (e.g., questioning God’s love, feeling angry at God, feeling like God has abandoned or is punishing us because of some aspect of our sexual lives)
	* *Intrapsychic struggles within us*: moral stress over conflicting values, ultimate meanings, and doubts about aspects of our sexuality
	* I*nterpersonal struggles between us and our significant others* over aspects of our sexuality.These three kinds of religious and spiritual struggles are interconnected. For example, spiritual doubt can lead to interpersonal struggles. Interpersonal struggles lead to guilt and shame. Guilt and shame lead to fear of being punished by God and/or religious authorities/others. Fear of punishment and hell can lead to anger at God and organized religion. [↑](#endnote-ref-1)
2. We are using the *Our Whole Lives* curriculum to define these five aspects of sexuality: *sensuality* (bodiliness and touch), *intimacy* (relationality), *sexual identity* (orientations and roles), *sexual health/reproduction* (physiology, procreation, etc.), and *sexualization* (power dynamics). [↑](#endnote-ref-2)
3. In this course we will be using the 5-circle definition of sexuality used by the *Our Whole Lives* Sexuality Education curricula, a set of six comprehensive and medically accurate programs jointly created by the United Church of Christ and the Unitarian Universalist Association for a range of ages ([Tino, Millspaugh, & Stuart, 2008](#_ENREF_5)). “These curricula use five aspects of a “whole” concept of sexuality that are interlinked, but which can be spoken about separately. The 5 circles consist of Sensuality (body-liness and touch), Intimacy (relationality), Sexual Identity (orientations and roles), Sexual Health/Reproduction (physiology, procreation, etc., content that is most typically covered in "sex ed." curricula), and Sexualization (power dynamics)” (Tino et al., 2008 p. 8).

 [↑](#footnote-ref-1)