**Chapter 3 – Interpersonal competencies for practicing socially just, interreligious, and evidence-based spiritual care**

**Carrie Doehring and Allison Kestenbaum**

**Abstract** (140 words)

This chapter describes a spiritually integrative, collaborative learning process that integrates knowledge about socially just, interreligious, and evidence-based spiritual care with interpersonal capacities specific to spiritual care: spiritual and social empathy and self-reflexivity. The relational foundation for learning and practicing spiritual care is spiritual trust that begins with calming spiritual practices mediating a deep sense of mystery, awe, beauty, goodness, holiness, and/or the sacred. Spiritual trust opens up relational space for lamenting suffering and collaboratively searching for values and meanings that support accountability and foster justice. Five areas of learning build upon each other: spiritually integrative learning; spiritual and social empathy; socially just spiritual care; spiritual and social self-reflexivity; and evidence-based care. The integration of knowledge and interpersonal relational capacities in each area of learning is illustrated through an extended case study detailing communication skills in particular spiritual care interactions.

**Introduction**

In this chapter we describe interpersonal competencies (integrating knowledge with interpersonal capacities and skills) that fulfill a foundational ethic to *do no harm* spiritually by practicing interpersonal competencies that are socially just, interreligious, and evidence based. *Socially just* spiritual care pays attention to interacting social advantages and disadvantages that may harm others, contributing to systemic social injustice.[[1]](#endnote-1) Spiritual care in culturally diverse contexts[[2]](#endnote-2) needs to be *interreligious* **[[3]](#endnote-3)** in order to demonstrate radical respect for differences, counteracting cultural and religious abuses of power[[4]](#endnote-4) that judge others’ beliefs, values, and practices as less true/meaningful than their own.[[5]](#endnote-5) Spiritual care needs to be *evidence-based* by drawing upon research on aspects of religion and spirituality that help or harm persons, especially those experiencing religious, spiritual, and moral struggles.[[6]](#endnote-6)

What interpersonal capacities and skills integrate knowledge[[7]](#endnote-7) in spiritual care that helps rather than harms? We begin by highlighting what makes spiritual care different from other helping relationships. Next, we describe outcomes for all levels of learning[[8]](#endnote-8) that help students and chaplain interns reflect upon what worked and did not work interpersonally from the outset of their learning in their very first role plays and spiritual care conversations in academic courses and clinical training. Learning outcomes also help seasoned chaplains reflect with trusted others on spiritual care interactions involving differences in social advantages and disadvantages, especially those with potential for racial and religious microaggressions.[[9]](#endnote-9) The following areas of learning build upon each other. While they come out of a particular time and place,[[10]](#endnote-10) we hope they will be relevant in contexts different from our own:

1. Spiritually integrative learning
2. Spiritual and social empathy
3. Socially just spiritual care
4. Spiritual and social self-reflexivity
5. Evidence-based care

In the sections that follow, we will delineate key concepts for each area of learning and describe why they are essential for practicing spiritual care that helps rather than harms. We will describe the formation process of developing relational capacities for contextually ‘seeing’ oneself and the other through the lens of these key concepts. We will illustrate the communication skills involved in integrating knowledge with relational capacities in particular spirtual care interactions. We will conclude each section with examples of learning outcomes related to each area of learning.

Learning outcomes in spiritual care become covenants grounded in promises to be faithful to a formational process that is inherently relational, and often experienced as ineffable and mysterious.[[11]](#endnote-11) Chaplains continually *practice with others*. They are not solo virtuosos. Spiritual care interactions are like being in a musical ensemble or acting troupe. Each person integrates knowledge with interpersonal skills and capacities (e.g., to improvise and attune with others) into the ensemble/drama. Often this commitment to learning imbues many aspects of one’s life with a sense of purpose, ongoing lament for suffering, and longing for hope. Many chaplains listen for the ‘music’ of spiritual care in ordinary conversations and the drama of human life portrayed in media stories, literature, and the arts. They move back and forth between receptive and agential power[[12]](#endnote-12) in interactions where they may in one moment receive spiritual care and in the next initiate spiritual care interactions with others. This commitment to the formational, covenantal process of spiritual care may at times feel like one is always ‘on duty’, which can become overwhelming when the moral stress of bearing witness to suffering feels like a lonely vigil. We hope our outcomes will help chaplains feel held in their covenantal relationships. Sharing moral stress helps us bear it together, as Larry Kent Graham wisely counseled.[[13]](#endnote-13)

When, as we shall elaborate, chaplains have a foundational sense of interconnected trust, the interpersonal process of spiritual care is more like cocreating the pervasive beauty of music that threads though out the course of one’s day. As we shall illustrate in this and the next two chapters, interpersonal capacities and skills play a key role in all aspects of spiritual care, especially *what* it is and *how* it helps (the *why* of spiritual care is explored more fully in chapters on meaning-making).

**How spiritual care helps**

What interpersonal dynamics make spiritual care different from other kinds of helping relationships? Trust, the foundation of all helping relationships, takes on spiritual qualities in spiritual care. Chaplains help people experience spiritual trust by exploring practices that deepen connection with transcendent and immanent relationships enlivening compassion, healing, and justice. We use the term spiritual as a simple way to describe complex and diverse relational experiences of trustworthy transcendence.

When practices help people feel held within compassionate and trustworthy relationships, they will be ready to courageously explore what their suffering means (an essential function of spiritual care described in later chapters on meaning-making).[[14]](#endnote-14) If they feel overwhelmed by exploring sources of suffering, they can rest in practices that instill trust.[[15]](#endnote-15) Many people experience and name transcendence through sacred texts, music, symbols, and rituals from religious and/or spiritual traditions. They may turn toward trusted spiritual and religious leaders in their own faith communities and traditions for ways to interpersonally experience transcendent trustworthiness. Chaplains may be called upon to make referrals to community faith leaders when people understandably want an already trusted spiritual caregiver and/or someone who knows their own religious or spiritual world. Sometimes referrals are requested when chaplains and the organizations and traditions they represent are understandably experienced as untrustworthy because of religious abuses of power.

Chaplains become spiritually trustworthy when they convey respect for the unique ways people experience and name incarnational and/or transcendent aspects of their lives that mediate a deep sense of mystery, awe, beauty, goodness, holiness, and/or the sacred. Chaplains may be especially helpful when people experience religious and spiritual struggles that disrupt practices previously connecting them to transcendence.[[16]](#endnote-16) Chaplains may invite people to collaboratively explore any sorts of calming practices that help people feel self-compassion when physiological, emotional, and moral stress overwhelms them.[[17]](#endnote-17) Calming practices help people re-experience that deep sense of felt relational connection[[18]](#endnote-18) that instills a sense of trust. Spiritual practices become life-limiting when used to bypass suffering and avoid accountability, especially in understanding the role of one’s social privileges in systemic racism. For example, spiritual practices can generate ‘hope’ that maintains the status quo of systemic racism.[[19]](#endnote-19)

Life giving practices may become a tether to the inherent goodness of one’s body, trustworthy others, lament for social injustice, and transcendent interconnections. They help people give voice to the emotional and spiritual pain of suffering without becoming isolated in lament. Trust opens up relational space for collaboratively searching for values and meanings that support accountability and foster justice (a distinctive feature of spiritual care explored in chapters on meaning-making). Long after a spiritual care interaction is over, people may experience an ongoing sense of interpersonal accountability for using practices that instill trust and seek justice.

What learning objectives help chaplains integrate knowledge with interpersonal capacities and skills to help people spiritually experience trust, especially when they feel isolated? The first objective, collaborating in a spiritually integrative learning process, is at the heart of formation for chaplains, which we see as an ongoing covenantal process that unfolds over the course of one’s life.[[20]](#endnote-20)

**Collaborating in a spiritually integrative learning process**

Spiritual integration is a collaborative and relational process of using spiritual practices for holding stress compassionately, finding purpose through values, and understanding and being appropriately accountable for suffering in a variety of ways, unique to persons, families, and communities. Spiritual integration is “the extent to which spiritual beliefs, practices, and experiences are organized into a coherent whole.”[[21]](#endnote-21) Spiritual integration necessarily includes a reckoning with one’s participation in social oppression and suffering because all relationships and interactions are embedded in intersecting social systems that enhance or undermine justice, compassion, and healing of persons, families, communities, and organizations.

Spiritual integration often begins with exploring and using contemplative practices for coping with stress that may include prayer, devotional use of sacred texts and liturgies, mindfulness meditation, and yoga, as well as any sort of practices that instill a sense of beauty, awe, and/or goodness through the arts and nature. When such practices help chaplains experience trust, they will reach out to trustworthy others within their clinical training and educational programs, as well as trustworthy mentors and communities offering compassionate support and accountability for their own lifelong process of spiritual integration.

Learning socially just and interreligious spiritual care often elicits religious and spiritual struggles and interpersonal challenges. For example, learning about and understanding social constructions of religion and identity may provoke lament for the ways aspects of religion and spirituality have been harmful.[[22]](#endnote-22) Chaplains may need to explore and experiment with spiritual practices that enable a felt sense of trust experienced first in physiological ways. Such practices help chaplains trust the process of honoring and exploring the mystery of their own and another’s spirituality, especially in a learning process that raises foundational questions about suffering, the nature of religious truth, and the pervasive oppression of systemic racism and other ‘caste’ systems.[[23]](#endnote-23)

When chaplains find practices for holding stress in self-compassionate and self-transcendent ways, they can then enter into an ongoing relational process of aligning spiritual beliefs, values, practices, and experiences. The process of integration is what grounds chaplains in their own religious and/or spiritual heritage, identity, and communities, in ways that enhance spiritual reflexivity and differentiation—two core interpersonal capacities for socially just and interreligious spiritual care that build upon a spiritually integrative learning process. Before we elaborate these learning outcomes, we turn to a case study[[24]](#endnote-24) used throughout our chapter, which prompts readers to reflect on their own spiritual practices.

The following are examples of learning outcomes[[25]](#endnote-25) that demonstrate collaboration in a spiritually integrative learning process:

* Identifies and uses spiritual practices that help one compassionately be aware of one’s physiological, emotional, and spiritual responses to stress
* Identifies formative/major life events and significant relationships, especially involving loss and trauma, and demonstrates in clinical reflections how these may be resources or roadblocks in learning and caregiving situations

**Case study: What helps you enter into a spiritual care interaction?**

Angie is a 25-year-old, single African American woman with advanced Hodgkin’s lymphoma. She has been admitted to a large, public teaching hospital. She is expected to die during this hospitalization. For more than a week, Angie has been unresponsive.

You are a student chaplain new to the oncology unit today. You had spoken with other chaplains about Angie. The nurses have told you that Angie rallied, becoming responsive this morning. You were anticipating that she would still be unresponsive and you would simply need to silent prayer. Before going into Angie’s room, you take a deep breath and realize how anxious you are. If she has a conversation with you, you will have to chart your visit and report back to your chaplaincy colleagues.

If you were this student chaplain, what kinds of momentary practices could you use to hold anxiety with self-compassion? Imagine yourself using this practice. How might this practice help? How would you describe the role of such practices in your learning?

**Developing one’s capacity for spiritual and social empathy**

Spiritual practices ground chaplains in their spiritual or religious relationality and communities, enabling them to become more spiritually and socially empathic. Spiritual empathy is a cumulative formation process that begins by entering an interaction as a chaplain, so identified by one’s name tag, and often explicitly with an introduction and explanation of one’s role. Receiving the other’s response—especially communicated through their body language—is the next step. Chaplains must sense whether the other wants to interact. Initial trust is shaped to a large degree by the other’s helpful or harmful experiences of religious, spiritual, and social oppression, especially perpetrated by ‘helping’ professionals. If the other seems hesitant to interact, chaplains could gently seek permission to either say more about their role or find out more about the other’s hesitation.

Whatever the outcome of this initial negotiation of trust, chaplains need to embody a radical respect for the other in a communication style of *following* that uses communication skills of *asking* and *listening*.[[26]](#endnote-26) What makes such communication spiritual is the radical respect for religious, spiritual, and moral differences and particularity. For example, chaplains need to listen for and echo back the particular words the other uses to speak of themselves spiritually. Do they use words like God? What is particular to the way they use this term? What do they want to know about the chaplain’s role? What stories of themselves do they share? If they describe pain and suffering, what words do they use? How do their words and bodies convey emotions that might empower or overwhelm them? How do these emotions seem to influence the relational boundaries from one moment to the next? Do boundaries blur, in a rush to disclose, or in a projection that blurs the chaplain’s identity with another’s? Is there an emotional and spiritual disengagement in order to protect what is vulnerable and precious? And what about power dynamics emotionally energized by fear, anger, sadness, guilt, shame, or blame? While not necessarily helpful or harmful, emotions can shape the ways that power dynamics and relational boundaries interact, to generate interchanges that are empathic and empowering *or* merged/disengaged, and overpowering. When another trusts and the chaplain is experienced as trustworthy, then there will be an appropriate give-and-take. The chaplain will be invited into another’s experiences—expressed in their own unique ways—of pain and suffering, lament, mystery, and hope. Entering empathetically into the other’s ‘dwelling’ entails spiritual respect because any and all aspects of this dwelling may be sacred and/or memorials of desecration.

As these steps for navigating spiritual trust illustrate, spiritual empathy calls upon these three interpersonal capacities:[[27]](#endnote-27)

1. *Self-other awareness and monitoring of boundaries* between one’s self and the other prevents enmeshment, emotional and spiritual fusion, contagion (too fluid boundaries), and/or emotional and spiritual disengagement (too rigid boundaries between self and other).
2. *Spiritual and social perspective-taking* involves standing in the other’s shoes to the extent that one can, and imagining the world from the other’s spiritual perspective, especially the macro systems of intersecting social privileges or disadvantages within their cultural and political contexts. Perspective-taking helps chaplains differentiate spiritually and emotionally while considering differences in social advantages and disadvantages, especially racial differences. Blurring one’s own and another’s perspective will lower empathic attunement and could contribute to spiritual neglect, coercion, and microaggressions.
3. *Emotional and spiritual regulation* uses spiritual practices to track emotional and stress responses in order to stay on an even keel. Without emotional regulation, one is more likely to be overwhelmed and/or emotionally withdraw, which could entail spiritual neglect.

Social and spiritual empathy fosters an appreciation for the alterity or mystery of another whose spiritual orientation and/or social location is radically different from one’s own. For example, Richard Coble describes the challenges, particular to white chaplains, of recognizing one’s own bias and racism that “reside in myself, beyond my conscious mind or desire (and, of course, in others, again in variegated ways, in my congregation, in white progressive congregations in general) …. It is not enough simply to confess our complicity to systems and histories. Rather, we must reposition within ourselves the psychic place of whiteness itself.”[[28]](#endnote-28) Social empathy often evokes lament, especially for racial violence, which may be shared together within spiritual and religious rituals of repentance and social rituals of protest. Graham describes how lament may be a process of “sharing anguish, interrogating causes, and reinvesting hope” with God as “our co-creative partner in healing, sustaining, and guiding the shaken, shattered, exploded, bombed, bulleted, and drowning human community.”[[29]](#endnote-29)

The following are examples of learning outcomes[[30]](#endnote-30) for how chaplains integrate key concepts in spiritual and social empathy with an interpersonal capacity for ‘seeing the other’ using these key concepts, and then use communication styles and skills appropriately in particular learning and spiritual care interaction:

* Explores and uses spiritual practices that help one spiritually cope with anxiety arising from encounters with cultural, religious, spiritual, and moral differences, especially when social advantages and disadvantages limit one’s capacity for social and spiritual empathy
* Recognizes when anxiety about cultural, religious, spiritual, and moral differences makes one (1) polarize differences through rigid either/or categories based on superiority/inferiority and/or (2) focus on similarities, obscuring recognition of important cultural, religious, spiritual, and moral differences

**Learning socially just spiritual care**

Intersectionality is a theory and strategic practice of identifying which systems of social oppression interact contextually to benefit or harm persons in distress. For example, womanist perspectives explore how racism interacts with sexism in our chapter’s case study.[[31]](#endnote-31) Social privileges often make people unaware that they are beneficiaries of white privilege. This is especially true for those benefitting from overarching colonialist systems of power and privilege. In order to understand the interrelationships among systems of oppression such as racism, classism, and sexism, chaplains need an overarching orientation of post/decolonialism[[32]](#endnote-32) to name the ways that colonialism exercises power over all aspects of ecological, transnational, political, and economic life. As practical theologian Lizardy-Hajbi argues, “[T]hese collective systems and dynamics are part of the larger construction of the U.S. as a modern colonial empire; therefore, post/decolonial leadership frameworks that seek justice, transformation, and the re-existence of marginalized peoples and ways of being-thinking-acting are necessary for the collective liberation of all people of faith.”[[33]](#endnote-33) Colonial systems of power can be likened to gravity. They are an interconnected and every-present force, irreversibly harming this earth’s ecology, decimating Indigenous peoples and their lands and cultures, perpetuating poverty, and locking in economic disparities. All of us who benefit from colonialist power systems traverse our daily lives with the power/gravity of colonialism holding our privileges together in invisible ways. These privileges are often misnamed as accomplishments that open doors and keep us safe from harm.

Bringing post and decolonial orientations to understanding spiritual care interactions makes chaplains realize the impossibility of ‘doing no harm’ in a world organized by colonialism. For example, the places where we live and work are built on indigenous lands stolen in settlor colonialism and the genocide of indigenous peoples.[[34]](#endnote-34) “The actions of resistance, subversion, and reclamation by those harmed and abused by colonialism constitute the beginnings of postcolonial and decolonial practice.”[[35]](#endnote-35)

Socially just spiritual care that does no harm is enormously challenging and always unfinished. It can only be done through a collaborative learning process grounded in spiritual and communal accountability. The profound shame, guilt, grief, fear, and moral distress of such learning can only be supported through personal and communal practices of lament.[[36]](#endnote-36)

The following are examples of learning outcomes[[37]](#endnote-37) for how chaplains integrate key concepts in socially just spiritual care with an interpersonal capacity for seeing oneself, the other, and organizational contexts through the lens of colonial systems of power, and then use communication styles and skills appropriately in particular learning and spiritual care interaction:

* Uses frame-shifting/empathy to recognize cultural, religious, spiritual, and moral differences while remaining self-aware of one’s own religious/spiritual preferences and perspectives
* Demonstrates an adaptive capacity to act in respectful and appropriate ways across cultural, religious, spiritual, and moral differences, especially when social advantages and disadvantages could easily limit one’s capacity for social and spiritual empathy

**Case study: Socially just spiritual care**

Our chapter’s case study describes Angie, a 25-year-old, single African American woman with advanced Hodgkin’s lymphoma, who is expected to die during this hospitalization. The chaplains on the floor have been making brief daily visits. She receives no other visitors. The walls are bare of cards, and there are no flowers in the room. You know from the prior visits by chaplains on this floor and the chart notes that Angie is alienated from her family and distances herself from people she says were “bad influences” before her cancer diagnosis and earlier recovery from addiction. She credits a return to the Pentecostalism of her youth as the reason she has remained clean and sober.

Angie has become responsive, after being unresponsive for a week. When you ask what it was like for her when she was unresponsive, she says, “It was just me and God dancing together up there in the corner. I had on a red dress. The prettiest red dress. I've never worn anything like it.  We danced and danced. You know, people always say, ‘God is this’ or, ‘God is that.’ God isn't anything we know about, even if he is a darned good dancer. It’s just, ‘God is.’ [She pauses. There are tears in her eyes.] Not even, ‘God is.’ Just, ‘IS.’”

Angie goes on to tell you that she received a blessing and a healing; that even though she will die with the cancer, she has been made whole. The next morning, you report this conversation at interdisciplinary rounds just before the treatment team enters Angie’s room. She can hear what is happening in the hallway. The chief oncologist, a white male agnostic, turns to the students and says, “And here we have a prime example of drug-induced hallucination. People experience all sorts of things because of the medications we give them to fight cancer. I suggest you don’t give these sorts of things any credibility. Let patients reserve their energy for the fight against the disease.”

This oncologist’s disregard for Angie’s spiritual experience could cause medical harm if he is not familiar with research on when and how religious and spiritual coping enhances health and spiritual wholeness. Indeed, what Angie describes as a loving God is often a feature of positive religious coping with cancer that enhances physical, emotional, and spiritual wellbeing.[[38]](#endnote-38) This physician’s judgment could make this woman question her spiritual experience and her need for a process of integrating her experience of cancer as she faces death. If she does not trust her medical provider, she may hold back important subjective medical details that could be red flags or improve her quality of life. She may well experience internalized racist and sexist shame associated with sacred aspects of who she is.

The role of the chaplain on this team could be called into question, as could the spiritual care department. The prejudices of other team members on this team may be reinforced, with ripple effects across the palliative care unit. Anyone of them who respects and identifies with this kind of spiritual experience will likely feel marginalized.

As Angie’s chaplain, you have many options at that moment. You could do nothing. You could ask Angie about her experience while the treatment team is present in her room. You could advocate for respecting patients’ experiences in general, given that we cannot know what is or is not “drug-induced.” You could take a didactic stance, explaining to Angie’s treatment team that spiritual and religious experiences and practices can be health-promoting. You could calmly make the case that Angie’s experience should be honored during her treatment at the hospital and offer to provide more information to those who are interested.

This case study raises questions about how you can advocate for socially just care that confronts religious prejudice and the racist prejudice of healthcare professions who do not believe Angie because she is Black. How might you as chaplain advocate for Angie who, like many persons of color, have experienced health disparities and justified mistrust of medical providers. Will this be another broken relationship with someone who could help her?

**Learning spiritual and social self-reflexivity**

Once chaplains have begun to develop spiritual and social empathy, they will be ready to begin learning social and spiritual self-reflexivity. Spiritual reflexivity goes beyond spiritual or theological reflection on one’s own and another’s beliefs and values. Reflexivity explores how another’s emotions and power dynamics generate spiritual, religious, or moral orientations to suffering and hope—values, beliefs, and ways of coping with stress and connecting with sacred—that ‘make sense’ given their personal, family, and cultural contexts. Intersectionality—understanding how social advantages and disadvantages interact from one moment to the next, exacerbating or alleviating suffering—is a theory/knowledge base that, when integrated with social empathy, helps chaplains explore when and how spiritual care might contribute to social (especially racial) injustice. Spiritual and social reflexivity is part of meaning-making, explored in later chapters. In this chapter we highlight the importance of spiritual and social *self-*reflexivity: an essential interpersonal capacity for socially just and interreligious spiritual care that does no harm.

Here we come to a challenging aspect of learning *interreligious* spiritual care that integrates:

* *Knowledge* of the socially constructed nature of religious beliefs, values, and rituals[[39]](#endnote-39)
* *Attitudes of cultural humility* toward cultural, religious, moral and spiritual differences, and the ineffable mystery of the other; antiracist attitudes for understanding systemic racism and white privilege.
* *Capacities* in spiritual empathy enabling understanding the religious, spiritual, and moral orientation of others.
* *Skills* in spiritual and emotional self-care for coping with the anxieties/losses of letting go of absolute meaning/value systems that avoid, polarize, or minimize religious and spiritual differences.[[40]](#endnote-40)

Those called to vocations of spiritual care may be formed in families and faith traditions that affirm the absolute truth of their religious beliefs. They may be seeking ordination in traditions and faith communities requiring them to affirm the absolute truth of their religious doctrines and to practice spiritual care that ‘saves souls’ through adherence to doctrine. Chaplains may adopt an inclusive orientation to religious differences that searches for commonalities and assumes that all religions of the worlds share common beliefs.[[41]](#endnote-41) While inclusivism may alleviate conflicts between their bivocations as chaplains and faith community leaders, they will minimize and ignore vast differences across religions of the world, especially historical trajectories and cultural contexts. When inclusivist spiritual caregivers assume there is ‘one God’[[42]](#endnote-42) at the heart of each person’s experience, they risk spiritual coercion by overlaying their experience of God onto another’s unique spiritual experiences, values, and beliefs.

What happens when one is able to integrate one’s knowledge of the social construction of religious and spiritual beliefs with interpersonal capacities and skills? Chaplains begin to develop the interpersonal capacity to glimpse and engage the “strangeness of the Other, his irreducibility to the I, to my thoughts and possessions,” as French philosopher Emmanuel Levinas describes the alterity of the other.[[43]](#endnote-43) As a Jewish survivor of imprisonment during the second World War, Levinas invokes the ethical imperative, “Thou shalt not kill” to describe how blurring differences is a dynamic within abusive relational webs that desecrate the mystery of the other. Spiritual care that does not respect the unique mystery of each persons’ spiritual ‘home’ will likely be spiritually harmful. This ethic of doing no spiritual harm makes an interreligious approach necessary across all contexts of care, even within one’s own faith community where members may be spiritually fluid and religiously multiple.[[44]](#endnote-44)

Social and spiritual empathy provides the capacities and skills for remaining spiritually differentiated while integrating knowledge about how religious and spiritual traditions are socially constructed. By practicing interreligious care within circles of accountability, chaplains develop their “capacity to behaviorally code-switch, i.e., act in respectful and appropriate ways across religious difference.”[[45]](#endnote-45)

By using a spiritually integrative learning process, chaplains will recognize when stress makes them cope with jarring experiences of religious and social differences by wanting to minimize, polarize, or use inclusion as a way of ‘re-centering’ themselves through familiar or habitual orientations to difference shaped by childhood and culture. These kinds of coping could perpetuate religiously based prejudice and injustice. By grounding themselves using momentary spiritual practices they will re-connect with a felt sense of trust in the collaborative, co-creative process of spiritual care. With trusted others, they can explore what jarred them—what emotions were part of feeling overpowered, and what values and beliefs about religious differences and spiritual care were enacted in their stress responses. Spiritual practices that ground them in self- and other compassion will help them use critical thinking skills in theological and religious studies to search for values and beliefs complex enough to bear the weight of suffering and offer realistic hope for healing and social justice.[[46]](#endnote-46)

The following are examples of learning outcomes[[47]](#endnote-47) for how chaplains integrate key concepts in spiritual and social self-reflexivity with an interpersonal capacity for self-reflexivity and then use communication styles and skills appropriately in particular learning and spiritual care interaction:

* Using momentary spiritual practices to regulate emotions in order to enhance self-differentiation in specific spiritual care and learning interactions
* Demonstrates in verbatim and group learning reflections how one’s attitudes, beliefs, and values, especially related to suffering and spiritual care, are shaped by intersecting social locations and identities (e.g., gender, racial, social class, and sexual orientation identities)
* Demonstrates in verbatim and group learning reflections how one remains grounded in one’s authentic religious/spiritual identity while deeply respecting cultural, religious, spiritual, and moral differences in ways that foster trust and open up possibilities for collaboratively exploring the mystery of suffering

How do these learning outcomes shape spiritual care interactions? Let’s return to our opening case study about Angie, a 25-year-old, single African American woman with advanced Hodgkin’s lymphoma who is expected to die during this hospitalization.

**Case study: Self-reflexivity**

Imagine that you are a student beginning a CPE unit in a large, public teaching hospital. You need to write a verbatim assignment[[48]](#endnote-48) based on a spiritual care conversation this morning. On the palliative care unit, you talk with Angie, who tells you about a spiritually transformative encounter with God she had while she was unresponsive. You ask Angie about her spiritual background, wanting to figure out how Angie’s experience fits her religious orientation. In the back of your mind you are wondering how you will ‘make sense’ of what she calls an encounter with God in your verbatim assignment. She describes her alienation from her family and those who were “bad influences” in struggles with addiction. She says her return to the Pentecostalism of her youth as helped her remain clean and sober.

Imagine your reactions to Angie’s story is it unfolds: your body’s stress response, your emotions, your intuitions about Angie’s spiritual experience and the sustaining Pentecostalism of her youth. Is there a momentary practice you might use that could ground you, so that you can give Angie your full attention? In reflecting later on this conversation, what might you learn about yourself by exploring the flow of your conversation, when you followed and listened, when you asked questions, when you fell silent, when/if you offered guidance. Might stress, stress-related emotions, and intuitions have conjured up an immediate way of trying to ‘make sense’ of Angie’s ‘encounter with God’? Did you want to ignore religious and social differences between you and Angie? Or polarize these differences? Did you want to minimize differences by imagining similarities between her experience/background and yours? If you are grounding yourself in a spiritual practice that fosters compassion for self and other, how might you compassionately understand your reactions and learn from them?

This illustration begs the question, how are your reactions to Angie shaped by interacting aspects of identity (such as gender identity, religious/spiritual identity, racial identity, and other salient aspects of identity)? Religious and spiritual identity is always contextually experienced as intertwined with other contextually meaningful aspects of identity. In this conversation, your immediate impressions are shaped by your perceptions of Angie’s gender, age, race, health status, and other perceptions of her identity. When you ask about her childhood experience of religion, then your perceptions of Pentecostalism are added to your impressions of who Angie is and what her religious experience means.

**Learning to use interpersonal competencies in assessment**

All of the learning outcomes we have described are practiced in spiritual assessments that go beyond simple assessments (like questions about religious identity or how important religion or spirituality is) often asked during initial conversations. Being research literate is yet another learning outcome, beyond the scope of this chapter, that integrates knowledge (in this instance, psychological research on when aspects of religion and spirituality help or harm) seamlessly with spiritual and social empathy and reflexivity in person-centered spiritual care. In other words, knowledge is always integrated into the flow of a spiritual care interaction that gives primary attention to the needs of those seeking care.

We describe now how to integrate spiritual assessment into the early phases of getting to know those seeking spiritual care. The Spiritual Assessment and Intervention Model (Spiritual AIM) provides a conceptual framework for the chaplain to:

(1) focus on an individual’s primary unmet spiritual need—through observing the patient’s words and behavior in relationship with the chaplain, as well as through the chaplain’s self-awareness of the interpersonal dynamic with care seekers

(2) devise and implement strategies for addressing this need through embodiment/relationship

(3) articulate and evaluate the desired and actual outcomes of a focused conversation[[49]](#endnote-49)

Spiritual AIM is best understood through illustrating how it is used in spiritual care. Along with generalized forms of assessment, assessments of specific stressors have been developed, such as the PC-7, which measures unmet spiritual concerns of palliative care patients near the end of life.[[50]](#endnote-50) While we illustrate AIM by continuing our case study, this assessment approach can be used in any kind of spiritual care setting, like a faith community, educational context, military, correctional/prison context, or in disaster relief.

The following are examples of learning outcomes[[51]](#endnote-51) for how chaplains integrate key concepts in spiritual assessment in their use of particular assessment tools in spiritual care interactions that demonstrate one’s capacities and skills in interreligious, socially just spiritual care:

* Demonstrate how one establishes trust before initiating a spiritual assessment, using a social justice orientation and social empathy to understand each person’s response to the initiation of an assessment process
* Demonstrate flexibility in the ways that assessment is consistent with interreligious, socially just spiritual care; monitor tendencies to expedite assessment in order to meet organizational requirements.

**Case study: The Spiritual Assessment and Intervention Model**

Spiritual assessments explore how people’s beliefs, values, and spiritual/coping practices function for them. In this case, Angie feels that her faith has been a crucial force in helping her to stay sober and is a great source of support. In the course of your pastoral conversation with Angie, Spiritual AIM serves as a roadmap for utilizing your relationship to facilitate spiritual healing. You set out to make an assessment and diagnosis about the prominent spiritual dimension that Angie is most in need of healing. AIM helps you and Angie identify one primary spiritual need. Having this focus will help to avoid a meandering encounter, which is of the utmost important especially given the tension with the medical team and the fact that her life is coming to an end. You observe Angie’s actions and reflect on what you know about her history. You listen to her lovingly recount her spiritual experience of dancing with God. You use this information to make an assessment and craft spiritual interventions. You will know that the assessment is “correct” if Angie demonstrates some of the Spiritual AIM outcomes. If she does not, you can assess a different spiritual need and try those corresponding interventions.

Angie’s history of broken relationships and addiction indicate to you a spiritual need of reconciliation/to love and be loved. Angie tells you that she does not trust her medical providers and she can sense their judgements and dismissive attitudes, especially about her spiritual experience. Your interventions focus on empowerment. You identify the ways in which Angie is feeling powerless and remind her what is still in her power. This includes allowing her strong and loving relationship to wash over her whenever she is feeling alienated from others; articulating her needs and wishes and choosing which medical providers she feels she can trust. You act as her partner in prayer, a practice that connects her with God.

Spiritual AIM emphasizes the importance of the relationship, prompting you to look inward and recognize your reactions to Angie. Part of the reason why using any spiritual assessment model is helpful is because it balances emotions that arise in the caregiver, activating the analysis required of making an assessment. This process results in a relationally based yet somewhat more objective assessment. In embodying a truthteller and prophetic voice to Angie, you acknowledge the systemic and explicit prejudice she is facing. But you also offer compassion for her feelings of powerlessness, while reminding her of the influence that is impossible to have taken from her. Angie is able to state her truth and her wishes to her medical team and to continue to trust God.

**Conclusion**

This chapter describes and illustrates the life-long learning process of integrating specialized knowledge with interpersonal capacities that fine-tune communication skills for particular spiritual care encounters. Developing interpersonal competencies in spiritual care is a deeply relational process grounded in a felt sense of spiritual trust experienced in one’s body through breath- and body-centered spiritual practices. This grounding in a relational web that includes transcendent dimensions enables chaplains to trust the process of spiritual care, especially when care of self and/or others elicits religious and spiritual struggles and interpersonal challenges.

**Four discussion questions**

1. What kinds of breath- and/or body-centered spiritual practices help you experience spiritual trust? How have you been able to use these practices when you feel overwhelmed in a spiritual care encounter?
2. **Describe a spiritual care encounter with someone** whose spiritual orientation and/or social location was radically different from your own. What helped you draw your capacities for social and spiritual empathy to appreciate the alterity or mystery of this person? What aspects of spiritual formation and religious/spiritual tradition/community helped or hinder you from demonstrating radical respect for differences, counteracting cultural and religious abuses of power that judge others’ beliefs, values, and practices as less true/meaningful than their own.
3. Socially just spiritual care is enormously challenging and always unfinished. The profound shame, guilt, grief, fear, and moral distress of such learning can only be supported through personal and communal practices of lament. What helps you remain committed to a collaborative learning process grounded in spiritual and communal accountability?
4. Describe a spiritual care encounter when stress made you cope with jarring experiences of religious and social differences by wanting to minimize, polarize, or use inclusion as a way of ‘re-centering’ yourself through familiar or habitual orientations to difference shaped by childhood and culture. These kinds of coping could perpetuate religiously based prejudice and injustice. What help you explore what was jarring—what emotions were part of feeling overpowered, and what values and beliefs about religious differences and spiritual care were enacted in your stress responses? What helped you use critical thinking skills in theological and religious studies to search for values and beliefs complex enough to bear the weight of suffering and offer realistic hope for healing and social justice?

1. Spiritual care professionals are ethically mandated to “promote justice in relationships with others, in their institutions and in society” *Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students* (Council on Collaboration, 2004), 4.1. [↑](#endnote-ref-1)
2. Chaplains are active in healthcare, nursing homes, long-term care facilities, and hospice; educational contexts that may include religiously sponsored K-12 schools; prison/correctional facilities, state and local police and fire departments; military and other government contexts (e.g., the US Senate chaplain); disaster relief (Red Cross and FEMA); homeless shelters; ports and airports; sports teams, and many other religious diverse contexts. [↑](#endnote-ref-2)
3. Like all helping professionals, chaplains must provide care that is intercultural. We use the term interreligious to describe their focus on beliefs, values, and coping practices, which may not be explicitly religious or spiritual. Chaplains bring expert knowledge and training to explore how these values, beliefs, and practices interact with other aspects identity and organizational systems in contextually helpful or harmful ways. [↑](#endnote-ref-3)
4. “Knowledge about religion and religions was entangled with imperialism, from European empires to the neoimperial United States.” David Chidester, *Empire of religion: Imperialism and comparative religion*, ed. Corporation Ebooks (Chicago: The University of Chicago Press, 2014), xvii. [↑](#endnote-ref-4)
5. Collaboration. *Short Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students* 1.3. [↑](#endnote-ref-5)
6. Describing the importance of evidence-based care is beyond this chapter’s focus on interpersonal competencies. We model evidence-based care by referencing relevant psychological research, especially on interpersonal competencies for spiritual care. [↑](#endnote-ref-6)
7. Knowledge referenced in this chapter includes pastoral and practical theologies, chaplaincy studies, intersectionality, and psychological research on spiritual integration and religious, spiritual, and moral struggles. The spiritually integrative learning process also relies upon self-reflexive knowledge of self—the living human document Anton Boisen, *The exploration of the inner world: A study of mental disorder and religious experience* (New York: Willett, Clark & Co., 1936). Bonnie J. Miller-McLemore, "Revisiting the living human web: theological education and the role of clinical pastoral education," *Journal of Pastoral Care & Counseling* 62, no. 1-2 (2008). [↑](#endnote-ref-7)
8. We rely upon and occasionally reference the standards of professional spiritual care and learning outcomes of the Association of Professional Chaplains’ standards and ACPE Level I Outcomes. We hope educators in cognate spiritual care organizations (such as the Canadian Association for Spiritual Care and (in the US) the National Association of Catholic Chaplains and the National Association of Jewish Chaplains will find connections between the learning objectives we reference and their own standards and ways of assessing learning. [↑](#endnote-ref-8)
9. Psychologist Derald Sue’s work on microaggressions now focuses on racial microaggressions, which he and his colleagues defines as “the everyday slights, insults, putdowns, invalidations, and offensive behaviors that people of color experience in daily interactions with generally well-intentioned White Americans who may be unaware that they have engaged in racially demeaning ways toward target groups” Derald Wing Sue et al., "Disarming Racial Microaggressions: Microintervention Strategies for Targets, White Allies, and Bystanders," *The American psychologist* 74, no. 1 (2019),https://doi.org/10.1037/amp0000296. [↑](#endnote-ref-9)
10. Carrie Doehring develops competency-based outcomes for learning spiritual care in highly interactive distance learning programs. See Carrie Doehring and Rubén Arjona, "A spiritually integrative digital pedagogy " in *Teaching sexuality and religion: Perspective transformation and embodied learning*, ed. Kate Ott and Darryl Stephens (New York: Routledge, 2020). Allison Kestenbaum, a board-certified chaplain (NAJC and APC) and certified pastoral educator (ACPE), is the CPE program supervisor and palliative care chaplain for the Howell Palliative Care Service at UC San Diego Health, where she developed and supervises a palliative care specialty spiritual care training program, *ACPE: The Standard for Spiritual Care and Education*. She also conducts research about spiritual and palliative care patient care and education. [↑](#endnote-ref-10)
11. Terms like soul care, ministry of presence, and womanist care are among many ways of describing spiritual care. Many chaplains draw upon symbols from their own traditions to describe their vocation of care. See Robert C. Dykstra, *Images of pastoral care: Classic readings* (St.Louis: Chalice Press, 2005); Maxine Glaz and Jeanne Stevenson Moessner, eds., *Women in travail and transition: A new pastoral care* (Minneapolis: Augsburg Fortress, 1991); Ruben Arjona, "The librarian as an image of pastoral care," *Pastoral Psychology* 65, no. 6 (2016),doi.org/10.1007/s11089-016-0737-x; and Tapiwa N. Mucherera, *Meet me at the palaver--narrative pastoral counselling in post colonial contexts* (Cambridge: Lutterworth Press, 2010). [↑](#endnote-ref-11)
12. This process philosophical/theological way of describing power has been elaborated by Larry Kent Graham, James Poling, Carrie Doehring, and others. [↑](#endnote-ref-12)
13. Larry Kent Graham, *Moral injury: Restoring wounded souls* (Nashville: Abingdon Press, 2017). [↑](#endnote-ref-13)
14. Doehring draws upon trauma research to describe the role of spiritual practices in searching for meanings, illustrating how listening to sacred music revealed meanings as she grieved the death by suicide of her second son, in "Searching for wholeness amidst traumatic grief: The role of spiritual practices that reveal compassion in embodied, relational, and transcendent ways," *Pastoral Psychology* 68, no. 3 (2019),https://doi.org/10.1007/s11089-018-0858-5. [↑](#endnote-ref-14)
15. Psychologist of religion Steven Sandage and his colleagues describe the ways practices may provide a sense of spiritual dwelling that grounds explorations of meaning. Their research measures the role of spiritual dwelling in interpersonal capacities for spiritual care, like differentiation. See Peter J. Jankowski and Steven J. Sandage, "Spiritual dwelling and well-being: the mediating role of differentiation of self in a sample of distressed adults," *Mental Health, Religion & Culture* 15, no. 4 (2012/04/01 2012),https://doi.org/10.1080/13674676.2011.579592. [↑](#endnote-ref-15)
16. Hisham Abu-Raiya, Pargament Kenneth I., and Exline Julie J., "Understanding and addressing religious and spiritual struggles in health care," *Health & Social Work* 40, no. 4 (2015),doi.org/10.1093/hsw/hlv055. [↑](#endnote-ref-16)
17. Resmaa Menakem describes the skill of “settling one’s body” as essential for the work of socially just care: “If you’re white, you may discover that you when you can settle…your own body….you’ll…be better able to manage, challenge, and disrupt white-body supremacy. If you’re Black…you’ll be better equipped to not internalize the standards of white-body supremacy. You’ll also be better able to challenge it through organized and sustained resistance” Resmaa Menakem, *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies* (Las Vegas: Central Recovery Press, 2017), 152-53. [↑](#endnote-ref-17)
18. Jennifer Baldwin, *Sensing sacred: Exploring the human senses in practical theology and pastoral care* (Lanham: Lexington Books, 2016). [↑](#endnote-ref-18)
19. Liberation ethicist Miguel de la Torre elaborates how a Christian commitment to hopelessness is a commitment to lament and social change. "Embracing the hopelessness of those seeking pastoral care," *Journal of Pastoral Theology* 30, no. 1 (2020),https://doi.org/10.1080/10649867.2020.1724387. [↑](#endnote-ref-19)
20. Pargament elaborates the metaphor of spiritual integration as journey in many of his publications, most notably in *Spiritually integrated psychotherapy: Understanding and addressing the sacred* (New York: Guilford Press, 2007). [↑](#endnote-ref-20)
21. Kenneth Pargament, Kavita M. Desai, and Kelly M. McConnell, "Spirituality: A pathway to posttraumatic growth or decline?," in *Handbook of posttraumatic growth: Research and practice*, ed. Lawrence G. Calhoun and Richard G. Tedeschi (Mahwah: Erlbaum, 2006), 130. [↑](#endnote-ref-21)
22. The linguist root of the word religion is the Latin word *religio*—to bind. In theistic traditions this ‘binding’ is through covenantal promises of faithfulness. Tragically, covenantal webs intended to be life-giving easily become abusive when religion aligns with colonialism, racism, and neo-liberalism to ‘sanctify’ oppression and dehumanization. See Danielle J. Buhuro, Chanequa Walker-Barnes, and Lee H. Butler, *Spiritual care in an age of #BlackLivesMatter: Examining the spiritual and prophetic needs of African Americans in a violent America* (Eugene: Wipf and Stock, 2019). See also Pui-lan Kwok and Stephen Burns, *Postcolonial practice of ministry, leadership, liturgy, and interfaith engagement* (Lanham: Lexington, 2016).

    We acknowledge the limitations, irrelevance, and even offensiveness of the terms religion and spiritual for some humanist, pagan, first nations, and other communities whose practices have been and are misinterpreted and misappropriated by dominant religious traditions. The term *spiritual* may invoke justifiable outrage and lament for religious and spiritual abuse. [↑](#endnote-ref-22)
23. Isabel Wilkerson, *Caste: The origins of our discontent* (New York: Random House, 2020). [↑](#endnote-ref-23)
24. Adapted from course materials created by Duane R. Bidwell, Ph.D., Claremont School of Theology at Willamette University. [↑](#endnote-ref-24)
25. These are taken from a template for evaluating ACPE Level 1 learning outcomes that I helped develop with a task group of the ACPE curriculum committee. Once that is posed, I will be able to add a web reference. [↑](#endnote-ref-25)
26. For a complete description of communication styles and skills, see Chapter 3 in Carrie Doehring, *The practice of pastoral care: A postmodern approach*, Revised and expanded ed. (Louisville: Westminster John Knox, 2015). [↑](#endnote-ref-26)
27. For a fuller description of spiritual and social empathy, see Carrie Doehring, "Teaching theological empathy to distance learners of intercultural spiritual care," *Pastoral Psychology* 67, no. 5 (2018),https://doi.org/10.1007/s11089-018-0812-6. [↑](#endnote-ref-27)
28. Richard Coble, "Struggling with our racism: White progressive Christians and Lacan," *Pastoral Psychology* 68, no. 5 (2019): 565,https://doi.org/10.1007/s11089-018-0818-0. [↑](#endnote-ref-28)
29. Graham, *Moral injury: Restoring wounded souls*, 139, 44. [↑](#endnote-ref-29)
30. These are taken from a template for evaluating ACPE Level 1 learning outcomes that I helped develop with a task group of the ACPE curriculum committee. Once that is posed, I will be able to add a web reference. [↑](#endnote-ref-30)
31. See, for example, Phillis I. Sheppard, "Mourning the loss of cultural selfobjects: Black embodiment and religious experience after trauma," *Practical Theology* 1, no. 2 (2008),https://doi.org/10.1558/prth.v1i2.233. [↑](#endnote-ref-31)
32. Lizardy-Hajbi uses the term “’post/decolonial’ in order to acknowledge both the separate contextual and theoretical streams from which challenges to coloniality have arisen in the literature, as well as to highlight their common foundational aims as critiques to colonial being-thinking-acting” Kristina Lizardy-Hajbi, "Frameworks Toward Post/Decolonial Pastoral Leaderships," *Journal of Religious Leadership* (2020). [↑](#endnote-ref-32)
33. Lizardy-Hajbi, "Frameworks Toward Post/Decolonial Pastoral Leaderships." [↑](#endnote-ref-33)
34. “Settler colonialism, on the other hand, often involves the movement of large numbers of people from the colonizing country to the colony, imposing the colonizers’ military, economic, and administrative patterns on the colony.” Lizardy-Hajbi, "Frameworks Toward Post/Decolonial Pastoral Leaderships." [↑](#endnote-ref-34)
35. Lizardy-Hajbi, "Frameworks Toward Post/Decolonial Pastoral Leaderships." [↑](#endnote-ref-35)
36. See Graham, *Moral injury: Restoring wounded souls*; Melinda McGarrah Sharp, *Creating resistances: Pastoral care in a postcolonial world* (Boston: Brill, 2019); Richard Coble, *The chaplain's presence and medical power: Rethinking loss in the hospital system* (Lanham: Lexington Books, 2018); Nancy J. Ramsay, ed., *Pastoral theology and care: Critical trajectories in theory and practice* (Chichester, England: Wiley Blackwell, 2018); Emmanuel Lartey, "Postcolonializing pastoral theology: Enhancing the intercultural paradigm," in *Pastoral theology and care: Critical trajectories in theory and practice*, ed. Nancy J. Ramsay (Hoboken: Wiley Blackwell, 2018). [↑](#endnote-ref-36)
37. These are taken from a template for evaluating ACPE Level 1 learning outcomes that I helped develop with a task group of the ACPE curriculum committee. Once that is posed, I will be able to add a web reference. [↑](#endnote-ref-37)
38. Kenneth Pargament, Serena Wong, and Julie Exline, "Wholeness and holiness: The spiritual dimension of eudaimonics," in *The handbook of eudaimonic wellbeing*, ed. J. Vittersø (Springer, 2016). [↑](#endnote-ref-38)
39. When academic degree programs do not include courses in comparative studies of religion supporting interreligious practices, students and religious leaders may perpetuate spiritual harm through interreligious naivete. For an introduction to how comparative studies shape interreligious dialogue, see Paul Hedges, *Controversies in interreligious dialogue and the theology of religions* (London: SCM Press, 2010). [↑](#endnote-ref-39)
40. Building on developmental assessments of intercultural competency, Morgan and Sandage have proposed a theoretical model of interreligious competency (IRC) where people have a greater cabilitity for spiritual empathy and “complexity in understanding (a) one’s own religiosity, and (b) other religious perspectives.” Jonathan Morgan and Steven J. Sandage, "A developmental model of interreligious competence," *Archiv für Religionspsychologie / Archive for the Psychology of Religion* 38, no. 2 (2016): 144,https://doi.org/10.1163/15736121-12341325. [↑](#endnote-ref-40)
41. Marianne Moyaert, "Recent developments in the theology of interreligious dialogue: From soteriological openness to hermeneutical openness," *Modern Theology* 28, no. 1 (2012),https://doi.org/10.1111/j.1468-0025.2011.01724.x; Hedges, *Controversies in interreligious dialogue and the theology of religions*. [↑](#endnote-ref-41)
42. Stephen Prothero, *God is not one: The eight rival religions that run the world and why their differences matter* (New York: HarperOne, 2010). [↑](#endnote-ref-42)
43. Emmanuel Levinas, *Totality and infinity: An essay on exteriority*, trans. A. Lingis (Pittsburgh: Duquesne University Press, 1969), 43. [↑](#endnote-ref-43)
44. Duane R. Bidwell, *When one religion isn't enough: The lives of spiritually fluid people* (Boston: Beacon Press, 2018). [↑](#endnote-ref-44)
45. Morgan and Sandage, 143. [↑](#endnote-ref-45)
46. Thatamanil describes how religions provide 'interpretive schemes' for understanding suffering, and 'therapeutic regimens' for spiritual practices and rituals that help people experience a transcendent sense of trust. He describes interreligious learning as a process of co-creating meanings in an ongoing process of interreligious learning. *Circling the elephant: A comparative theology of religious diversity* (New York: Fordham University Press, 2020). The relevance of Thatamanil’s scholarship is explored further in the chapter by Duane Bidwell and Victor Gabriel. [↑](#endnote-ref-46)
47. These are taken from a template for evaluating ACPE Level 1 learning outcomes that I helped develop with a task group of the ACPE curriculum committee. Once that is posed, I will be able to add a web reference. [↑](#endnote-ref-47)
48. A verbatim assignment is based on a reconstructed spiritual care conversation written as a script. Questions help students reflect on various aspects of the conversation. [↑](#endnote-ref-48)
49. Michele Shields, Allison Kestenbaum, and Laura B. Dunn, "Spiritual AIM and the work of the chaplain: A model for assessing spiritual needs and outcomes in relationship," *Palliative and Supportive Care* 13, no. 1 (2015): 78,https://doi.org/10.1017/S1478951513001120. [↑](#endnote-ref-49)
50. George Fitchett et al., "Development of the PC-7, a quantiﬁable assessment of spiritual concerns of patients receiving palliative care near the end of life," *Journal of Palliative Medicine* 23, no. 2 (2020),https://doi.org/10.1089/jpm.2019.0188. [↑](#endnote-ref-50)
51. These are taken from a template for evaluating ACPE Level 1 learning outcomes that I helped develop with a task group of the ACPE curriculum committee. Once that is posed, I will be able to add a web reference. [↑](#endnote-ref-51)