**Case Study Outline using** *Doehring, C. (2015) The Practice of Pastoral Care. Westminster John Knox.*

**Final Assignment (30%) Due Sunday, March 7**

**Word length: approximately 4000 words**

Each course assignment will require students to do a literature search in the ATLA and psychological databases. You will need to substantively use at least five references from your search and at least one needs to be from psychological studies, and/or the journal *Pastoral Psychology*. In assignments like the sermon and educational program, literature search references can be discussed in footnotes/commentaries that elaborate on how these projects utilize your critical thinking skills. Here is a guide to how to do a literature search: [HOW TO DO A LITERATURE SEARCH](https://iliff.instructure.com/courses/3106240/pages/how-to-do-a-literature-search)In this course, we use APA format for citations and references.  [Iliff's writing lab](https://www.google.com/url?q=https://library.iliff.edu/writing-lab/&sa=D&source=calendar&ust=1610624779299000&usg=AOvVaw1DlyxSMrRBgWqhGkQvkaTS) has a link to suggested sites for writing resources and style guides. Use this link to find the Purdue Online Writing Lab, and their guide to APA 7 formatting.

Students will focus on an aspect of sexuality using the [OWL definition of sexuality,](https://iliff.instructure.com/courses/3106240/pages/owl-definition-of-sexuality) which we are exploring in our weekly topics, and will include commentary on how this assignment helps you pursue [Learning Goals](https://iliff.instructure.com/courses/3106240/pages/learning-goals) in socially just, interreligious, evidence-based spiritual care.

This case study assignment utilizes what you are learning about pastoral and spiritual care at Iliff. Please refer to how spiritual care is described in the textbook for Iliff’s course, Pastoral Theology and Care: Carrie Doehring’s (2015) *The Practice of Pastoral Care* (make sure you use the 2015 edition and not the earlier one).

The case study assignment gives you the opportunity to reflect upon some aspects of sexuality that generates 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. 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]](#endnote-3):

* 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 4000 words single-spaced, including references. Word lengths are suggested here; some sections may be shorter or longer, but the entire assignment needs to be about 4000 words). Please use all relevant readings and discussions from the course forums. Please refer to the grading rubric to ensure you have done an adequate literature search and demonstrated course learning goals in competing this assignment. You will need to substantively use at least 5 references from your search and at least one needs to be from psychological studies.*

*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? (<50)

**Your spiritual practices** (50 – 75 words)**:** Describe the intrinsically meaningful body-aware settling and/or calming practices you used in working on this assignment that

1. Increased self-awareness of your stress-based reactions/emotions that give rise to life-limiting, socially oppressive beliefs, values, and consumer ways of coping.
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 250-300 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 ([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** (100-200 words)

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

• Reflect on your competency to self-differentiate, and practice spiritual reflexivity (see our course page on learning goals).

**Your Contract of Care (see chapter 4 of Doehring [2015])** (200 words)

Answer 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 calming 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)?

**Religious, theological, and psychological analysis of religious/spiritual/moral struggles around aspects of sexuality** (use course readings and your literature search)(1000-2000 words)

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 and describe his/her/their embedded values and beliefs, and ways of coping. Add quotations from course readings and from your literature search that help you imagine what their beliefs, values, and coping might look like, using bullet points below these subheadings:

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): describe three to four relevant values that did or could have generated spiritual struggles/moral stress (see shortened list of values if you have difficulty identifying what values were at stake[[4]](#endnote-4)). Add a narrative description of whether/how this value might come from your family’s ethnic/religious/cultural identity. If you are describing a recent experience, use this section to identify immediate values and beliefs and whether these came from childhood/family or from your current relationships and communities. Assess whether/how each value was helpful in giving you a sense of purpose, or whether it intensified moral stress.

BELIEFS: (e.g., staying in a dysfunctional marriage for the sake of one’s children is better than divorce; Jesus clearly condemned marriage) What beliefs, particularly about suffering and hope, did the care seeker seem to have in understanding? Use Key readings from our course as well as from your literature search to use readings on how religious and theological perspectives have been used to understanding stress/suffering related to this aspect of sexuality. Nelson (2003) provides a helpful orientation to traditional and contemporary ways of understanding suffering and evil in theistic traditions. Assess whether/how these perspectives are relevant and meaningful or harmful.

COPING: (e.g., keep struggles private for fear of judgment) How did the care seeker cope? What ways of coping seemed to be habits from the past/childhood/our consumer culture that are often default ways of coping. Add a narrative description of whether/how such coping might be shaped by their family’s ethnic/religious/cultural identity (e.g., traditional gender roles, intergenerational arts of using substances/eating to cope with stress. Assess the pros and cons of such coping.

B. Caregiver’s intentional theology/orienting system**)** (1000-2000 words)

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 orienting system you could draw upon in providing care/seeking justice.

\***YOUR LIFE-GIVING INTENTIONAL BELIEFS AND VALUES** that you want to put unto practice.

(use course readings and your literature search)

EMOTIONS:

VALUES:

BELIEFS:

COPING/spiritual practices:

**Planning Care (300-500 words)**

Use the following categories and questions (see Doehring, 20165, Chapter 8) 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 (250-300 words):** Use the following questions to describe how this assignment helped you practice socially just, interreligious, evidence-based spiritual care.

***Spiritual integration***: how did this assignment help you use intrinsically meaningful body-aware settling and/or calming practices that:

* Increased self-awareness of your stress-based reactions/emotions that give rise to life-limiting, socially oppressive beliefs, values, and consumer ways of coping.
* 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.

**Self-differentiation and self-reflexivity:** How did this assignment deepen these interpersonal capacities by helping you understand how stress-related emotions generate values, beliefs, and ways of coping that may be life-giving or life limiting? Were you more about to self-differentiate and not become reactive to this current event in ways that could easily overwhelm you and limit your understanding and response?

**Social and spiritual empathy:** How did this assignment deepen these interpersonal capacities by helping you step into the moral orienting systems of those different from you and understand how their stress-related emotions generate values, beliefs, and ways of coping that may be life-giving or life limiting?

**Interreligious competencies:** How did your use of course readings and your literature searches in religious/ theological and psychological databases help you develop interreligious competency that integrates:

-*Knowledge* of the socially constructed nature of religious beliefs, values, and rituals

-*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.

*-Interpersonal 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.

**Evidence-based spiritual care:** How did your use of course readings and your literature search help you practice evidence-based spiritual care by drawing upon research on aspects of religion and/or spirituality may be helpful or harmful people, especially when there are power struggles over aspects of sexuality that generate religious, spiritual, and moral psychological struggles?

**Socially just spiritual care:** How did your course readings and literature searches help you articulate spiritual care that pays attention to interacting social advantages and disadvantages that may harm others, contributing to systemic social injustice? How did your spiritual practices help you manage the moral distress of practicing socially just spiritual care that is always unfinished?

**References**

Abu-Raiya, H., Pargament, K. I., 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. I., & 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): Springer.

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. 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) [↑](#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).

   [↑](#endnote-ref-3)
4. |  |
   | --- |
   | Here are examples of values. This is a shortened list taken from Zuckoff, A., & Gorscak, B. (2015). *Finding your way to change: How the power of motivational interviewing can reveal what you want and help you get there*. New York, NY: Guilford Press. |
   | Achievement: to have important accomplishments |
   | Adventure: to have new and exciting experiences |
   | Authenticity: to be true to who I am |
   | Autonomy: to determine my own actions |
   | Belonging: to feel like a part of something |
   | Challenge: to take on difficult tasks and problems |
   | Contribution: to add something to the world |
   | Creativity: to have original ideas and create new things |
   | Dependability: to be reliable and trustworthy |
   | Duty: to carry out my duties and obligations |
   | Family: to have a happy, loving family |
   | Generosity: to give what I have to others |
   | God’s will: to seek and obey the will of god |
   | Growth: to keep changing and growing |
   | Justice: to promote fair and equal treatment for all |
   | Knowledge: to learn and add to valuable knowledge |
   | Passion: to feel strongly and live with intensity |
   | Purpose: to have meaning and direction in my life |
   | Responsibility: to make and carry out responsible decisions |
   | Risk: to take risks and chances |
   | Spirituality: to live and grow spiritually |
   | Tradition: to follow respected patterns of the past |
   | Work: to work hard and well at my life tasks |

   You may also find it helpful to think in broader terms about values, using Moral Foundations Theory, described on their website <https://moralfoundations.org/>:

   **Moral Foundations Theory** was created by a group of social and cultural psychologists to understand why morality varies so much across cultures yet still shows so many similarities and recurrent themes. In brief, the theory proposes that several innate and universally available psychological systems are the foundations of “intuitive ethics.” Each culture then constructs virtues, narratives, and institutions on top of these foundations, thereby creating the unique moralities we see around the world and conflicting within nations too. The five foundations for which we think the evidence is best are:

   **1) Care/harm**: This foundation is related to our long evolution as mammals with attachment systems and an ability to feel (and dislike) the pain of others. It underlies virtues of kindness, gentleness, and nurturance. *[Emotions: compassion; fear of causing harm]*  
   **2) Fairness/cheating**: This foundation is related to the evolutionary process of reciprocal altruism. It generates ideas of justice, rights, and autonomy. [Note: In our original conception, Fairness included concerns about equality, which are more strongly endorsed by political liberals. However, as we reformulated the theory in 2011 based on new data, we emphasize proportionality, which is endorsed by everyone, but is more strongly endorsed by conservatives] *[Emotions: anger, gratitude, guilt]*  
   **3) Loyalty/betrayal:** This foundation is related to our long history as tribal creatures able to form shifting coalitions. It underlies virtues of patriotism and self-sacrifice for the group. It is active anytime people feel that it's "one for all, and all for one."  
   **4) Authority/subversion:** This foundation was shaped by our long primate history of hierarchical social interactions. It underlies virtues of leadership and followership, including deference to legitimate authority and respect for traditions. *[Emotions: respect, fear]*  
   **5) Sanctity/degradation:** This foundation was shaped by the psychology of disgust and contamination. It underlies religious notions of striving to live in an elevated, less carnal, more noble way. It underlies the widespread idea that the body is a temple which can be desecrated by immoral activities and contaminants (an idea not unique to religious traditions).  *[Emotions: disgust, reverence/awe]*

   We think there are several other very good candidates for "foundationhood," especially:

   **6) Liberty/oppression**: This foundation is about the feelings of reactance and resentment people feel toward those who dominate them and restrict their liberty. Its intuitions are often in tension with those of the authority foundation. The hatred of bullies and dominators motivates people to come together, in solidarity, to oppose or take down the oppressor….

   Much of our present research involves applying the theory to political "cultures" such as those of liberals and conservatives. The current American culture war, we have found, can be seen as arising from the fact that liberals try to create a morality relying primarily on the Care/harm foundation, with additional support from the Fairness/cheating and Liberty/oppression foundations. Conservatives, especially religious conservatives, use all six foundations, including Loyalty/betrayal, Authority/subversion, and Sanctity/degradation. The culture war in the 1990s and early 2000s centered on the legitimacy of these latter three foundations. In 2009, with the rise of the Tea Party, the culture war shifted away from social issues such as abortion and homosexuality and became more about differing conceptions of fairness (equality vs. proportionality) and liberty (is government the oppressor or defender?). The Tea Party and Occupy Wall Street are both populist movements that talk a great deal about fairness and liberty, but in very different ways, as you can see [here, for the Tea Party](http://online.wsj.com/article/SB10001424052748703673604575550243700895762.html), and [here, for OWS](http://reason.com/archives/2011/10/20/the-moral-foundations-of-occup).   You can find out your own moral foundations profile at [www.YourMorals.org](http://www.yourmorals.org/).   [↑](#endnote-ref-4)