What makes care spiritual and trustworthy for spiritual caregivers?

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January 24, 2021

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What makes care spiritual[[2]](#footnote-2)? Consider this question in terms of your own experiences of receiving spiritual care, rather than providing such care. Have you sought out or received help that you would describe as spiritual care? What made that care spiritual?

How you explore this question will be unique to you. Imagine spirituality as fingerprints. In recalling an encounter where we received care, and thinking about whether this was spiritual care, we are revisiting a scene, casting ‘spiritual fingerprint powder’ on this scene. One might imagine this powder illuminating iridescent patterns of spirituality that belong uniquely to each of us. The pattern of fingerprints that identify spiritual aspects of an experience might well be different from one experience to the next. Perhaps it was *whom* you spoke with, *where* you were, *what* you talked about, *what* was going on in your life, *when* this conversation took place, your compelling “*why* questions” about your core values and beliefs, and *how* you felt during the conversation or afterwards. These aspects of spiritual care (and more) might have shaped what made this spiritual care for you.

The example I will offer highlights what makes care spiritual for me. Pay attention to aspects of your experience that might be similar or different. The interreligious approach used throughout this essay respects differences, assuming that our practices, values, and beliefs are, like fingerprints, unique to each of us. In listening to each other’s stories about what makes care spiritual, we will likely listen for similarities, ‘translating’ the ways another person talks about religious or spiritual aspects of their lives into the words we each use. Our human tendency to search for similarities and overlay our experiences on another’s is like smearing our fingerprints on top of theirs. Differentiation is a process of continuously separating our stories from another’s. If we have been invited into someone’s ‘spiritual home’, we must be respectful guests. Anything could have sacred meanings. So, we must look and listen, but not touch, hold, and make what is theirs our own.

Care becomes trustworthy when we respect differences. When we monitor our tendency to search for similarities and instead pay attention to differences, we are less likely to impose our values, beliefs, and practices on another, erasing differences, devaluing, and perhaps even desecrating what is sacred for them. Disrespecting what is sacred for another may cause harm—sometimes profound and irrevocable. Religious beliefs have been used to justify prejudice and abuse, and to erase, devalue, and denigrate what is sacred for others.[[3]](#footnote-3) Consider, for example, how the term “spiritual” has been imposed upon the beliefs, values, and practices of persons and communities who reject this descriptor. Iliff’s Emeritus Professor Tink Tinker has written extensively about how terms like religion and spirituality are imposed upon American Indians to make aspects of their lives and communities ‘fit’ into categories used within western religious studies. Pastoral theologians Emmanuel Lartey and Hellena Moon argue for

A postcolonial critique of “spiritual” [that] includes scrutinizing how certain humans were excluded and seen as subhuman because their personhood did not fit the Hegelian definition of ‘spirit.’ (2020, p. 5)

To address the dehumanizing ways that the terms spiritual and pastoral care exclude and erase values, beliefs and practices not named as religious or spiritual, caregivers must use combine an interreligious approach with a socially just approach.

**A memorable experience of spiritual care**

A few years ago, during a long break in a faculty meeting at Iliff (the graduate school of theology where I teach spiritual care), Jennifer Leath, one of my faculty colleagues, and I went for walk. It was a beautiful October day in Denver. The sun was shining on trees laden with burnished gold leaves against the backdrop of an azure blue sky. At one point, there was a lull in the conversation. Then, she turned to look at me, paused, and asked, “How are you doing?” She knew I was living with grief after two recent deaths in my family. I experienced her pause, her eye contact, her tone of her voice, and her body language as an invitation to respond at an emotional and spiritual level.

Alongside that initial question—how are you doing? —another question she asked a little later stands out in my memory: “What helps?” Once again, it was her body language that conveyed her willingness to listen deeply and follow closely whatever I might share. I sensed she was not anxious. Nor did she need reassurance that I was ‘managing’ grief. And so, I responded by saying something about spiritual practices that held me in moments of turbulent grief—knitting me into relational webs of life that had been torn asunder by tragic deaths. I described my early morning practices of listening to sacred choral music while I watched the rising sun cast its pearly pink then fiery gold light onto western foothills and mountains. By describing how this daily spiritual practice helped, she became part of these practices. Afterwards, our conversation took on a life of its own in my memory, reverberating at moments when I checked in with myself about how I was doing and what helped. My sunrise practice of being held within the beauty of sacred choral music evoked moments of feeling held with spiritual care conversations like this conversation.

This spiritual care conversation helps me identify what makes care spiritual for me: it is a sense of spiritual trust. When she asked, “How are you doing?” I felt that I could spiritually trust her, and so I told her about my struggles with grief. When she asked, “What helps?” I knew that I could entrust her with a practice that was sacred to me. This trust made it safe for me to receive her care, without my usual worries of being a burden or misunderstood. There are many aspects of my colleague that inspire trust. The Rev. Dr. Jennifer Leath is a brilliant and creative womanist scholar, a minister in the African Methodist Episcopal Church, and a faculty colleague who creates safe spaces for honest dialogue. What made me spiritually trust her in this conversational exchange were her gifts of listening, following, apprehending, and respecting the ineffable mystery I experienced in my spiritual practices. She was not simply trustworthy as a scholar, minister, or colleague. She was spiritually trustworthy, which is what made this conversation spiritual care.

**What makes trust spiritual?**

Trust is a relational process involving “a willingness to be vulnerable based on the trustor's positive expectations of the trustee”: a definition proposed by PytlikZillig and Kimbrough (2016, p. 18) after reviewing definitions of trust from a range of disciplines: business, management, organizational, psychological, sociological, economic, cognitive, computer science and risk management studies. Trust is essential in caregiving relationships. As psychologists of religion Ken Pargament and Julie Exline note, “To venture into areas of vulnerability and uncertainty, such as spiritual struggles, it takes a great deal of trust in the therapist’s ability to provide caring guidance” (p. 154).[[4]](#footnote-4)

I describe spiritual trust as a relational process of being spiritually vulnerable with someone who respects the mystery of who each person is. Those who trust the process of spiritual care and the spiritual caregiver are more likely to take risks and voluntarily share what is sacred for them, with several goals:

* to experience a sense of compassionate accountability for practicing spiritual self-care
* to search for core values that give a sense of purpose to experiences of suffering and moral stress
* to co-create meanings that help them lament suffering and, over time, spiritually integrate experiences of stress and suffering, and embed them in relational webs of giving and receiving care that extends to include the human family and creation.

Spiritual trust may be experienced as part of relational webs of goodness imbued with a sense of transcendence.[[5]](#footnote-5) Some might describe this sense of trust as feeling held by God, Allah, or the wisdom of Buddha.[[6]](#endnote-1)

Personally speaking, I use the symbols, practices, sacred texts, and music of Christian traditions to describe how I experience being held within transcendent relational webs. I visualize this sense of being held as a root system that connects me to my immediate relational webs that are, in turn, connected to webs extending far beyond me in the past and present.[[7]](#footnote-6) I imagine myself as a quaking aspen tree that reproduces by sending up new stems from a single root system. “While one stem has a relatively short lifespan, the entire clone can live for tens of thousands of years” (<https://www.nwf.org/Educational-Resources/Wildlife-Guide/Plants-and-Fungi/Quaking-Aspen>). Imagining myself as one stem of an ancient clone of aspen trees gives me a cosmic perspective on my life, and deepens a sense of mystery, humility, and gratitude. Practices of spiritual self-care feed me, like the bark of an aspen tree that produces sugar through photosynthesis, unlike trees whose leaves produce sugar during spring and summer. When autumn comes, those swatches of golden aspen trees against early snow remind me of this deep sense of spiritual connection generating goodness, even during dormant spells when snow blankets the ground and the dark hours of the day lengthen.



*This photo of Maroon Bells, the mountains surrounding Maroon Lake outside of Aspen, Colorado, was taken by my late husband George Magnuson on a trip we took with my son Alex.*

**Practices that instill a felt sense of spiritual trust connecting body, heart, and mind**

Spiritual trust needs to be grounded in a sensory experience of goodness. What fosters this felt sense of trust? Research on stress, trauma, and coping demonstrates the calming effects of breath- and body-centered practice. I often use this simple calming practice of slow, deep breathing when I begin a teaching session:[[8]](#footnote-7)

* Inhaling to the count of four
* Holding one’s breath for a few seconds
* Exhaling slowly
* Resting for a few seconds.

I invite people to add the warmth and pressure of touch to the sensations of breathing (for example, by placing a hand on over one’s heart). Adding touch can foster a sense of self-compassion, which research demonstrates is an important aspect of self-care (Neff & Germer, 2017).[[9]](#footnote-8) According to Neff,

Self-compassion entails being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one’s experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them. (2003, p. 223)

Self-compassion can enhance mindfulness—attention to the present moment in ways that help us be open and curious about what is going on within us and around us (Neff & Germer, 2017).[[10]](#footnote-9) I invite people to try adding phrases or images that convey goodness by, for example, visualizing a place of beauty (such as the photo of golden aspens on a snowy mountainside) or words from sacred texts or meditation practices like loving kindness.[[11]](#footnote-10) In some workshops, I invite people to use slow, deep breathing while we listen to a choral performance.[[12]](#footnote-11) For me, the beauty of music is amplified through its communal performance of interwoven voices, its textual meanings illuminated through a composer’s setting, and its history of cocreating beauty, sometimes across many choral performances in liturgies and concerts that may span centuries.

Breath and body practices often help people experience an oasis of calmness, making them more aware of how the systems of their bodies (e.g., the nervous system) are embedded in relational and organic webs that often trigger stress responses. When breath and body practices are calming, they may open spaces to notice with curiosity what triggers stress and how we respond.[[13]](#footnote-12) A calming practice may use different kinds of breathing. While many people find deep slow breathing to be calming, those using this kind of breathing to prepare for an emergency response, a military mission, sports competition, or a performance may go into high alert.[[14]](#footnote-13) Finding what sort of practice has a calming effect is often a process of trial and error.

This diagram depicts how the calming practice may become spiritual.



We bring our whole selves and our relational webs into spiritual caregiving. In order to not harm ourselves or others, we need to pay attention to what is going on in our bodies, emotions, and thoughts when we practice spiritual care, which is why we begin with self-care.[[15]](#footnote-14) We must pay attention first to what is going on in our bodies because its response to danger or threat has a cascading effect on our emotions, moods, thoughts, relationships, and behaviors (what we do and say). Paying attention first to what is going on in one’s body is hard for many people in different ways. Before we can identify what might makes that hard, we need to be familiar with how stress affects our bodies.

Our nervous systems are wonderfully evolved to protect us from danger, with a rapid response when something triggers an alarm.[[16]](#footnote-15) Our body’s sympathetic nervous system (SNS) signals our adrenal glands to release hormones—adrenalin (epinephrine) and cortisol—energizing a ‘fight, flight or freeze’ response. Our blood vessels expand so that they can pump blood to our large muscles, especially our hearts. Our heart rate increases. Our blood pressure may rise. We may start breathing rapidly as the airway between our nose and lungs constricts. Our bodies are getting ready to act to protect ourselves.

Once danger is over and we are no longer ‘under threat’, our body’s sympathetic nervous system can ‘stand at ease’ and ‘go off duty’, shifting us into our parasympathetic nervous system (PNS) of pre-crisis functioning, as our stress hormones, heartbeat, blood pressure, and breathing return to ‘normal’ and parts of our bodies, like our guts, get back to work. This is the relaxation response that we can activate ourselves with slow, deep breathing or other kinds of relaxation practices. When we become more familiar with what it feels like in our bodies when our nervous systems are either on alert or at ease, we can then pay attention to what sets off the ‘alarm’ system. An ‘in-the-moment’ calming practice (e.g., slow, deep breathing) will have a more immediate effect when we have a routine of using calming practices. When we practice these regularly, we become more ‘spiritually fit’; like the way ongoing physical exercise strengthens core muscles. Just as a routine of physical exercise often prevents muscle strain so, too, ‘spiritual fitness’ helps us cope with jarring moments of spiritual, religious, and moral struggles.[[17]](#footnote-16)

Given the benefits of using breath and body practices, what makes it hard to pay attention to the impact of stress in our bodies? Some people grow up in families and cultures that discount, ignore, or shame ‘body awareness.’ There may be an absence of words and ways of communicating compassionate caring that honors the mysteries and sanctity of one’s body. Medical words and attention to bodies without love and compassion may have a ‘power over’ dynamic. When people internalize this ‘power-over’ medical gaze they may have a mechanistic attitude toward their bodies. Some people grow up in families and cultures using obscene language objectifying and violating bodies, fostering fear, shame, self-hatred, and internalized racism, sexism, heterosexism, ableism, and other system oppressions. Resmaa Menakem (2017) explores settling practices that help people become aware of how their bodies have internalized racism. [[18]](#endnote-2)Trauma has a profound impact on how one experiences one’s body, as research and trauma oriented spiritual care has demonstrated.[[19]](#footnote-17) Trauma survivors may be able to cognitively understand what is happening in their bodies when they dissociate or re-experience traumatic stress as though that danger is real and urgent now. This cognitive understanding does not make it safe or trustworthy to turn their attention to their bodies, which ‘keep the score’ of life-threatening experiences, as Bessel van der Kolk (2014) so aptly describes.[[20]](#endnote-3)

These kinds of struggles with practicing breath and body practices may make some people feel as though they don’t belong in a peer learning group where many find calming practices helpful. This “not belonging” may make them question their vocations as community faith and nonprofit leaders, spiritual caregivers, and chaplains—vocations in which people are “supposed to” model how to use spiritual practices. Those ‘scarred’ by family or childhood experiences of religiously based prejudice and abuse may distrust the process of exploring and sharing their practices that provoke painful memories and spiritual struggles.[[21]](#footnote-18) When such struggles arise, self-compassion is of utmost importance, and is often fostered when we can share struggles and what helps.[[22]](#endnote-4)

**Compassionate accountability for spiritual self-care**

In my courses on spiritual care, students explore breath or body-centered self-care practices and use these as they do readings and on course tasks and assignments. They begin their weekly forum post by describing a practice and whether it helped them cope with stress, especially arising from the ways their life stories intersected with the topics of the week. Here is a typical weekly instruction:

We are experimenting with using body-aware practices that help us practice spiritual self-care by (1) tracking how we experience stress in our bodies, (2) tracking the emotions associated with such stress, and then (3) experiencing self-compassion and self-transcendence (potentially spiritual qualities of self-care). Describe a practice you used this week as you did your readings/weekly forum posting.

As I noted a few years ago,

These weekly exchanges demonstrate the infinite variety of such practices, which may be traditional (prayer, contemplative meditative practices, and devotional readings of sacred texts) or more particular to them or their traditions (e.g., running for those who are humanists or skeptics or earth-based practices for those in Wiccan or pagan traditions). (Doehring, 2019a, p. 245)

Some students share music they listened to or composed; art they contemplated or created; poetry they read or wrote; photos of beloved pets or places that connect them with goodness; and the ways that daily tasks, like bathing their children, folding laundry, or cooking were calming. Reading about and listening to each other’s practices have helped us learn about interreligious spiritual care that respects the unique and particular ways the people care for themselves, in what we call here spiritual self-care.

These weekly exchanges often create a sense of compassionate accountability for exploring self-care practices. Describing their self-care practices in small online groups of four or five is an opportunity for them to say something more, if they wish, about the stresses of that week, and especially stress evoked by the ways their life stories intersected with our weekly topics, like grief, trauma, or moral stress and struggles. For example, when the class topic was sexual violence, students describing their self-care practices could, if they wished, add details about whether/how their practices helped them cope with the stress of traumatic memories evoked by this topic. Grounding learning in intrinsically meaningful spiritual self-care practices becomes an integrative way of learning how to trust the process of spiritual integration for ourselves. Spiritual integration can be defined as “the extent to which spiritual beliefs, practices, and experiences are organized into a coherent whole . . . [e.g.,] integration of spirituality into daily life, integration of spiritual beliefs and practices, and integration of spiritual motivation and practices” (Pargament et al., 2006, p. 130). In a chapter co-authored with my former Iliff colleague, Dr. Rúben Arjona, we described how we developed a spiritually integrative digital pedagogy for teaching about sexuality and spiritual care that included sharing our religious and spiritual struggles:

Sharing how we each spiritually integrate religious and spiritual struggles around aspects of sexuality also enhances trust. This trust fosters a sense of online community where we become mutually accountable to each other for searching for spiritual practices and meanings that are complex enough to bear our moral struggles with aspects of sexuality. Students experience the ways that online learning, like digital contexts, has the potential to mediate authentic religious and spiritual authority and communities. (Doehring & Arjona, 2020, p. 130)

If trust develops, they can help others search for meanings, values, and practices related to aspects of sexuality that are life-giving to them. The goal of intercultural spiritual care of sexuality is not conversion to particular beliefs, values, or practices; the goal is spiritual wholeness and justice in ways that fit the context of those seeking care. The pedagogical process of spiritual integration of one’s whole self and relationships, especially as shaped by sexuality that students learn is the process of care they will enter with others. (Doehring & Arjona, 2020, p. 137)

This trauma-informed pedagogy of beginning with spiritual self-care that is interreligious in the ways we respect the intrinsically meaningful practices of each person, draws upon scholarship and research about what makes spiritual self-care distinct from others kind of trauma self-care, and how trauma-informed spiritually oriented pedagogy can help students practice spiritual self-care and engage in the life-long process of spiritually integrating their traumatic experiences.[[23]](#footnote-19)

**Struggles with spiritual self-care**

Experiencing spiritual trust through spiritual self-care may be close at hand, as I have illustrated by describing slow, deep breathing. As accessible as these practices are, people may struggle with spiritual practices that make them feel bad. As psychological research attests, religion or spirituality may help people cope with stress or may make their suffering worse (Pargament et al., 2016). Stress may generate religious and spiritual struggles that may include moral struggles, or struggles with religious authorities, communities, or struggles with a God experienced as condemning or absent. Transitory struggles may lead to spiritual growth, especially when people experience God or humanity as benevolent (Desai & Pargament, 2015). When struggles become chronic, people are more likely to experience “greater psychological distress, reduced well-being, and difficulty finding meaning in life” (Hart et al., 2020, p. 445). Chronic religious struggles predicted a higher rate of mortality in a longitudinal study of elderly patients (Pargament et al., 2001).

Whether religious and spiritual struggles lead to growth or decline depends upon one’s orienting system, which Pargament defines as “frameworks of spiritual beliefs, practices, relations, experiences, and values that consistently guide and direct the search for the sacred” (2007, p. 92).[[24]](#footnote-20) If our orienting system is grounded in core experiences and beliefs in benevolence or goodness, then we are more likely to experience a deepening of spiritual trust through spiritual practices.[[25]](#footnote-21) I use the term “goodness” as a litmus test of whether spiritual practices connect one with a sense of inherent and transcendent benevolence.[[26]](#footnote-22)

Another way that spiritual practices elicit struggles is when they pull us down into suffering that overwhelms us. For me, listening to sacred music sometimes elicits grief for Alex, the younger of my two sons, who ended his 27 years of life after struggling with deep depression, or for my husband George, whose vibrant love of life ended abruptly through a fatal accident.[[27]](#footnote-23) When spiritual practices release a wellspring of grief, I often speak to my son or husband when I exhale: “I miss you, Alex; I miss you, George.” This spiritual practice of slow, deep breathing is a life vest that helps me float in a sea of tears shared by others, rather than struggling alone in the turbulence of grief. If your spiritual practices draw you down into suffering, you might try offering yourself words of comfort, or expressing your wishes or prayers, to be present to suffering without becoming overwhelmed.

Spiritual practices may also bring us face to face with moral struggles when stress is exacerbated by conflicts in values. Moral distress may arise from shame or guilt about causing harm or from feeling betrayed by those entrusted with the care of others. We can easily feel isolated by moral stress— “beset…by obsessively remembered thudding guilts and scalding shames” (Schjeldahl, 2019).When spiritual practices open spaces for reckoning with moral stress, we need self-compassion. We may want to find trusted others for exploring these conflicts and searching for overarching values that provide a sense of purpose. Conversations of compassionate accountability may help us accept limitations, forgive ourselves, seek change if needed, and be in solidarity with others reckoning with suffering and injustice.

Sometimes moral struggles arise from coping with stress in life limiting or harmful ways. Facing and unraveling the tangled web of cravings, compulsions, and addictions may feel like we are grappling with legions of demons. Pastoral theologian Sonia Waters (2019) turns to the New Testament story in the Gospel of Mark of “the Gerasene demoniac’s legion to symbolize the existential and spiritual suffering of [addiction]… Like the Gerasene’s legion, addictions emerge from many forces that have organized into one voice” (2019, p. 7). Psychiatrist Judson Brewer (2017, 2021) offers resources for using mindfulness to create awareness and curiosity about anxiety and cravings.

Sometimes struggles are experienced in the very first step of finding ways to experience stress-releasing calmness. Others may find that sitting still and focusing inwardly makes them restless. Working with their hands (e.g., knitting, sewing, painting, coloring, or doing household tasks) or moving their bodies (e.g., yoga, walking meditations, or exercise) may help them be present in compassionate ways with how they experience stress in their bodies. Others living with chronic pain (e.g., painful breathing from the long-term effects of COVID-19) may need to use meditation practices that help them cope with pain as an entrée to spiritual practices. Finally, others may struggle with spiritual practices because past trauma makes them feel unsafe in their surroundings. Black therapist Resmaa Menakem (2017) offers many kinds of ‘settling practices’ that help people scan their environment and manage stress intensified by fear of harm, especially associated with racism.[[28]](#footnote-24)

Spiritual practices have the potential to deepen self-compassion and may make us more open to reflecting on our struggles, on our own or with others. For some, this kind of spiritual reflection may be solitary, or may include internal dialogues with spiritual guides, scholars, artists, musicians, novelist, and poets. Being part of spiritually oriented communities, meditation groups, book groups, or groups experiencing nature especially through one’s body (e.g., runners, skiers, hikers, climbers, kayakers) may foster this sense of deep connection with mystery, without a need for overt dialogue. For many, spiritual practices may compel them to search for a sense of purpose, especially during moral stress, or meanings that help them live with the mystery of suffering, and/or confront the harm of injustice.

**Summary**

The opening question, about what makes care spiritual for you, is an invitation to explore what makes care spiritually trustworthy. I describe spiritual trust as a felt sense of being held within relational webs of goodness imbued with transcendence. Spiritual self-care practices that begin with our breath and our bodies connect our bodies, hearts, and minds in spiritually integrative ways. We pay attention to how we experience stress in our bodies, and how to feel held within goodness. We are then able to identify spiritual struggles that disrupt this connection to goodness. Using body-based spiritual practices deepens a felt sense of spiritual trust that enables us to sense when others are spiritually trustworthy, and to receive care that is spiritual from them. When we have ways to spiritually care for ourselves and receive care from others, we will trust the process of spiritual care, whether we are the ones receiving or offering care. The following learning goal describes this spiritually integrative learning process, and includes learning outcomes.

**References**

Alesina, A., & La Ferrara, E. (2002). Who trusts others? *Journal of public economics*, *85*(2), 207-234. https://doi.org/10.1016/S0047-2727(01)00084-6 (Journal of Public Economics)

Bidwell, D. R. (2018). *When one religion isn't enough: The lives of spiritually fluid people*. Beacon Press.

Brewer, J. (2017). *The craving mind: From cigarettes to smartphones to love--Why we get hooked and how we can break bad habits*. Yale University Press.

Brewer, J. (2021). *Unwinding anxiety: New science shows how to break the cycles of worry and fear to heal your mind*. Penguin.

Desai, K. M., & Pargament, K. I. (2015). Predictors of growth and decline following spiritual struggles. *International Journal for the Psychology of Religion*, *25*(1), 42-56. https://doi.org/10.1080/10508619.2013.847697

Doehring, C. (2019a). Searching for wholeness amidst traumatic grief: The role of spiritual practices that reveal compassion in embodied, relational, and transcendent ways. *Pastoral Psychology*, *68*(3), 241-259. https://doi.org/10.1007/s11089-018-0858-5

Doehring, C. (2019b). Using spiritual care to alleviate religious, spiritual, and moral struggles arising from acute health crises. *Ethics, Medicine and Public Health*, *9*, 68-74. <https://doi.org/10.1016/j.jemep.2019.05.003>

Doehring, C. (in press). Religious, spiritual, and moral stress of religious leaders in pandemics: Spiritual self-care. In Z. Moon (Ed.), *Doing theology in pandemics: Facing viruses, violence, and vitriol* (pp. 185-206). Pickwick Publications.

Doehring, C., & Arjona, R. (2020). A spiritually integrative digital pedagogy In K. Ott & D. Stephens (Eds.), *Teaching sexuality and religion: Perspective transformation and embodied learning* (pp. 127-143). Routledge.

Doehring, C., & Kestenbaum, A. (2022a). Practicing socially just, interreligious, and evidence-based spiritual care In S. Rambo & W. Cadge (Eds.), *Chaplaincy and spiritual care in the twenty-first century: An introduction*. University of North Carolina Press.

Doehring, C., & Kestenbaum, A. (2022b). Introduction to interpersonal competencies. In S. Rambo & W. Cadge (Eds.), *Chaplaincy and spiritual care in the twenty-first century: An introduction*. University of North Carolina Press.

Hart, A. C., Pargament, K. I., Grubbs, J. B., Exline, J. J., & Wilt, J. A. (2020). Predictors of self-reported growth following religious and spiritual struggles: Exploring the role of wholeness. *Religions*, *11*(9), 445. https://doi.org/http://dx.doi.org/10.3390/rel11090445

Helsel, P. B. (2014). Witnessing the body’s response to trauma: Resistance, ritual, and nervous system activation. *Pastoral psychology*, *64*(5), 681-693. <https://doi.org/10.1007/s11089-014-0628-y>

Helsel, P. B. (2015). *Pastoral power beyond psychology's marginalization: Resisting the discourses of the psy-complex*. Palgrave Macmillan. <https://doi.org/10.1007/978-1-137-49269-2>

Kabat-Zinn, J. 1995. Wherever you go, there you are: Mindfulness meditation in everyday life. Hyperion.

Keefe-Perry, C., & Moon, Z. (2019). Courage in chaos: The importance of trauma-informed adult religious education. *Religious Education*, *114*(1), 30-41. <https://doi.org/10.1080/00344087.2018.1435989>

Krause, N., Pargament, K. I., Hill, P. C., & Ironson, G. (2020). Exploring religious and/or spiritual identities: part 1. Assessing relationships with health. *Mental Health, Religion & Culture*, *22*(9), 877-891. <https://doi.org/10.1080/13674676.2019.1710122>

Lartey, E. Y., & Moon, H. (2020). *Postcolonial images of spiritual care: Challenges of care in a neoliberal age*. Wipf and Stock Publishers.

Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Central Recovery Press.

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223-250. https://doi.org/10.1080/15298860390209035.

Neff, K., & Germer, C. (2017). Self-compassion and psychological well-being. In E. Seppala, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron, & J. R. Doty (Eds.), *The Oxford handbook of compassion science* (pp. 371-384). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190464684.013.27>

Neff, K. D., & Knox, M. C. (2020). Self-compassion. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of personality and individual differences* (1st ed. 2020. ed., pp. 4663-4670). Springer. <https://doi.org/10.1007/978-3-319-24612-3>

Nygaard, M. R., Kalfoss, M., Kleiven, T., & Nilsen, M. (2022). Changes in Faith: Sources of Increased Faith Among Norwegian Adults. *Pastoral psychology*, *71*(1), 95-117. <https://doi.org/10.1007/s11089-021-00978-x>

Pargament, K. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.

Pargament, K., Desai, K. M., & McConnell, K. M. (2006). Spirituality: A pathway to posttraumatic growth or decline? In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 121-135). Erlbaum.

Pargament, K., & Exline, J. (2021). *Working with spiritual struggles in psychotherapy: From research to practice*. Guilford.

Pargament, K., Koenig, H. G., Tarakeshwar, N., & .Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A 2-year longitudinal study. *Archives of Internal Medicine*, *161*(15), 1881-1885. https://doi.org/10.1001/archinte.161.15.1881

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.

Pew Research Center. (2018). The religious typology. https://www.pewforum.org/2018/08/29/the-religious-typology/

PytlikZillig, L. M., & Kimbrough, C. D. (2016). Consensus on conceptualizations and definitions of trust: Are we there yet? In E. Shockley, T. M. S. Neal, L. M. PytlikZillig, & B. H. Bornstein (Eds.), *Interdisciplinary perspectives on trust: Towards theoretical and methodological integration* (pp. 17-48). Springer International Publishing AG. https://doi.org/https://doi.org/10.1007/978-3-319-22261-5

Salzberg, S. 2018. Why loving kindness takes time. *Voices.* <https://www.mindful.org/loving-kindness-takes-time-sharon-salzberg/>

Sandage, S. J., Rupert, D., Stavros, G., & Devor, N. G. (2020). *Relational spirituality in psychotherapy: Healing suffering and promoting growth*. American Psychological Association. <https://doi.org/10.1037/0000174-000>

Schjeldahl, P. (2019, Dec. 23, 2019). The art of dying. *New Yorker*.

Schuhmann, C., & Damen, A. (2018). Representing the good: Pastoral care in a secular age. *Pastoral Psychology*, *67*(4), 405-417. https://doi.org/10.1007/s11089-018-0826-0

Schuhmann, C. M., & van der Geugten, W. (2017). Believable visions of the good: An exploration of the role of pastoral counselors in promoting resilience. *Pastoral Psychology*, *66*(4), 523-536. https://doi.org/10.1007/s11089-017-0759-z

Schuhmann, C. M., Wojtkowiak, J., van Lierop, R., & Pitstra, F. (2020). Humanist chaplaincy according to Northwestern European humanist chaplains: Towards a framework for understanding chaplaincy in secular societies. *Journal of Health Care Chaplaincy*, 1-15. https://doi.org/10.1080/08854726.2020.1723190

Shults, F.L., & Sandage, S.J. (2006). *Transforming spirituality: Integrating theology and psychology.* Baker Academic.

Snodgrass, J. (2021). External review report of the Masters of Arts in Pastoral and Spiritual Care degree program. Iliff School of Theology.

Stauner N., Exline J.J., Grubbs J.B., Pargament K.I. (2021) The Religious and Spiritual Struggles (RSS) Scale: Stability over one year. In: Ai A.L., Wink P., Paloutzian R.F., Harris K.A. (eds) Assessing spirituality in a diverse world. Springer, Cham. https://doi.org/10.1007/978-3-030-52140-0\_7

Stephens, D. W. (2020). Trauma-informed pedagogy for the religious and theological higher education classroom. Religions, 11(9), 1-14. <https://doi.org/10.3390/rel11090449>

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Waters, S. E. (2019). *Addiction and pastoral care*. Eerdmans Publishing.

Wildman, W. J. (2016). Theology without walls: The future of transreligious theology. *Open Theology*, *2*(1), 242-247. https://doi.org/10.1515/opth-2016-0019

Worthington, E. L., Jr., & Sandage, S. J. (2016). *Forgiveness and spirituality in psychotherapy: A relational approach*. American Psychological Association. <https://doi.org/10.1037/14712-000>

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2. **Terminology**

I use the term “spiritual care” rather than “pastoral care” for several reasons. This term is relevant for spiritual caregivers practicing in religiously diverse contexts. It is also relevant for those practicing tradition-specific pastoral or spiritual care (e.g., Buddhist or Wiccan spiritual care, Christian or Jewish spiritual care) within communities that include those who are religiously multiple or spiritually diverse—terms defined by pastoral theologian Duane Bidwell (2018). Some may have nonconforming beliefs and practices (see the Pew [2018] research on the “diversely devout). Additionally, when faith community leaders are called upon to offer care to those beyond their communities, they will likely need to practice interreligious care in order to “do no harm” spiritually (Doehring & Kestenbaum, 2022a, 2022b).

The term “spiritual care” fits my teaching context. Although Iliff is historically identified as United Methodist, and two-thirds of our student body are practicing/seeking to be religious leaders in Christian religious traditions or communities, the remaining third of the student body is religiously diverse. Many students are religiously multiple, spiritually fluid, and recovering from being targets of religious prejudice, especially toward LGBTQI persons. Iliff incorporates an interreligious approach across its degree programs and community gatherings for convocation and graduation. Since (about) the mid-1990s, Iliff has required coursework in comparative studies that go beyond interreligious frameworks in which (a) Christianity remains centered as the dominant paradigm, and/or (b) the scope of dialogue or praxis is Abrahamic traditions. In a self-report for the 2020-2021 Wabash Consultation “Educating Religious Leaders for our Multifaith Context” coauthored by me and three of my Iliff colleagues (Jacob Kinnard in comparative studies; Kristina Lizardy-Hajbi and Boyung Lee in practical theology), we noted that “Unlike many seminaries whose ‘interreligious work’ is to build bridges between faculty/students aligned with their seminary’s primary religious tradition and those who are ‘other’, [Iliff’s] priority is to respect differences in practices, beliefs, and values.” Iliff’s interreligious approach is built upon social justice approaches also taught across its courses, and inherent in the scholarship of most of its faculty (see, for example, Dr. Kristina Lizardy-Hajbi’s work on post/decolonial pastoral leadership cited in this essay).

I am using the term “spiritual caregiver” to include spiritual care vocations within chaplaincy’s many contexts, faith communities, and spiritually oriented nonprofit organizations. “Professional spiritual caregiver” is a lengthier term that helpfully excludes volunteer spiritual caregivers (e.g., community of faith members) who lack the specialized knowledge and training described in this essay. The term “spiritual care provider” is often used in healthcare setting when spiritual care is understood as a service provided to healthcare consumers. Many find the term jarring because it discounts the relational dynamics of (a) trust at the heart of spiritual care, and (b) the intersubjectivity of spiritual reflexivity that makes spiritual care different from others kind of care. While specialized knowledge for practicing spiritual care needs to draw upon research to describe when and how spiritual care is helpful or harmful, the interpersonal and relational dynamics of spiritual care are hard to quantify. [↑](#footnote-ref-2)
3. I echo the lament of pastoral theologians Emmanuel Lartey and Hellena Moon: “We in the field of pastoral theology are challenged by the legacies of colonialism and the ways in which “care” is—and has been—a colonizing practice, especially when Third World spiritual practices were not recognized as legitimate or as on par with that of Christian practices” (2020, p. 3). [↑](#footnote-ref-3)
4. Research has found six kinds of spiritual struggles: divine struggles (e.g., feeling judged or punished by God); demonic struggles (e.g., feeling attacked by evil spirits); interpersonal spiritual struggles (e.g., feeling judged by religious communities or authorities); struggles with doubt; moral struggles (e.g., feeling responsible for causing harm); struggles with ultimate meanings (Pargament & Exline, 2021, p. 9). [↑](#footnote-ref-4)
5. I am drawing upon a relational spirituality model articulated by psychologist of religion Steve Sandage and his colleagues, which defines spirituality as “ways of relating to the sacred” (Worthington & Sandage, 2016, p. 38). [↑](#footnote-ref-5)
6. [↑](#endnote-ref-1)
7. Many pastoral theologians fine-tune the role of trust in specific approaches to and contexts of care. For example, pastoral theologian and chaplain Philip Browning Helsel (2015) focuses on pastoral care to those whose mental health struggles are interrelated with their “income inequity, lack of proper housing, despair from the lack of hope, and other economic factors” (p. 11).

He describes how spiritual care helps by first defining pastoral power as *“*the capacity to lead people and help them interpret their lives.” Helsel identifies three “interlocking sources” of pastoral power: “established trust, symbolic authority, and shared heritage” (p. 163). He notes that trust often only develops over time when those suffering from “mental distress because of the new economy” are willing to risk talking about “taboo subjects like finances” (p. 162). Caregivers, in turn, become trustworthy when they recognize how suffering is shaped by inequities, and they combine care of person with advocacy for justice. [↑](#footnote-ref-6)
8. Many experts on how we experience stress in our bodies advocate using some sort of breathing practice (see, for example, [this description from Harvard’s Medical School](https://www.health.harvard.edu/mind-and-mood/relaxation-techniques-breath-control-helps-quell-errant-stress-response)). [↑](#footnote-ref-7)
9. Self-compassion is correlated with greater well-being and resilience to stressors (Neff & Knox, 2017). [↑](#footnote-ref-8)
10. The Center for Mindful Self-Compassion (www.centerformsc.org), founded in 2012, provides training and certification in their program designed to cultivate the life skill of self-compassion. Here is a sample instruction from this program and a description of how mindfulness practices help:

When you notice that you’re feeling stress or emotional discomfort, see if you can find the discomfort in your body. Where do you feel it the most? Contact the sensations as they arise in your body. Now, say to yourself, slowly: “This is a moment of suffering.” That’s mindfulness. “Suffering is part of living.” That’s common humanity. “May I be kind to myself.” That’s self-kindness. If you are having difficulty finding the right words, imagine that a dear friend or loved one is having the same problem as you. What would you say to this person, heart to-heart? If your friends were to hold just a few of your words in their mind, what would you like them to be? What message would you like to deliver? (pause) Now, see if you offer the same message to yourself. [ Adapted from: Christopher Germer and Kristin Neff, Mindful Self-Compassion Handout Booklet (San Diego, CA: Center for Mindful Self-Compassion, 2017), 35.] This practice is introduced early in the MSC program and is featured in Neff’s writing and video presentations, and this practice may be regarded as paradigmatic of the MSC practices. The practice is carefully constructed with evocative and somewhat open language so that persons with a range of experiences of self-criticism can employ it. This is in keeping with the description of MSC as being therapeutic, not therapy. The assumption is that the participants are functioning well enough to be able to adapt the scripts to fit their particular situation. The MSC practices take very seriously the somatic manifestation of the triggering uncomfortable feeling. Participants are invited to identify where in their body they are feeling the emotion and are taught gestures to bring a “soothing touch” to the affected area. There is specific training and practice time in which participants explore various self-soothing options (e.g., hands placed over one’s heart, a gentle hug) to find one that evokes a sense of care and comfort. [↑](#footnote-ref-9)
11. Brewer (2021) describes how loving kindness mediation helps many people let go of habitual life-limiting ways of responding to stress. Loving kindness practices (*metta* from the ancient Pali language) decrease self-judgmental habit loops. Here is [a link](https://www.mindful.org/loving-kindness-takes-time-sharon-salzberg/) to a description and guided loving kindness practice by Sharon Salzberg (2018). [↑](#footnote-ref-10)
12. Choral composer and conductor Eric Whitacre writes music for virtual choirs. He wrote “Sing Gently” during the pandemic and invited singers from across the globe to record a performance of it. This choral performance includes videos from 17,572 people around the world, singing in tempo to Whitacre conducting his own three-minute work, [“Sing Gently.”](https://www.cpr.org/2020/07/20/eric-whitacres-virtual-choir-with-17572-singers-is-epic-undertaking/) [↑](#footnote-ref-11)
13. Much has been written about how practices like mindfulness help us become aware of our habitual ways of coping shaped by our consumer culture (Brewer, 2017, 2021). Jon Kabat-Zinn describes mindfulness this way: “Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn 1995, p. 4). CPE educators and healthcare colleagues at Emory University’s [Center for Contemplative Science and Compassion-Based Ethics](https://compassion.emory.edu/index.html) have used mindfulness practices in two programs: Cognitively Based Compassion Training (CBCT) and Compassion-Centered Spiritual Health (CCSH). See [their website](https://compassion.emory.edu/cbct-compassion-training/index.html), which includes links to [research](https://compassion.emory.edu/research.html) using this training. [↑](#footnote-ref-12)
14. I am indebted to Jeff Zust, a retired Army chaplain who served for over 30 years, and currently a PhD student at Iliff and Denver University, for this insight. [↑](#footnote-ref-13)
15. I echo Lartey and Moon’s convictions about what qualifies as a spiritual practice:

We do not think for a practice to be pastoral and/or spiritual, it must also be corporate or linked to and rooted in a faith community and its traditions. We understand that “religious traditions” are socially constructed or invented European categories, which are constantly changing. (2020, p. 5)

Spiritual care recognizes the importance of the de-institutionalized religious practices that emerge from the daily lives of people that give them the tools to find their agency and flourishing. (2020, p. 7) [↑](#footnote-ref-14)
16. This webpage diagrams the cascading effects of stress on our bodies: ttps://www.apa.org/helpcenter/stress [↑](#footnote-ref-15)
17. Research in psychology of religion demonstrates how aspects of spirituality and religion are helpful and harmful in coping with stress, especially religious, spiritual, and moral struggles. Psychologist of religion Ken Pargament and his colleagues use key concepts—religious coping and orienting systems (religious, spiritual, and moral)—to describe the significance of these research findings for spiritually oriented therapists (Pargament & Exline, 2021). These concepts and research can also be used to describe why spiritual self-care is important and how it helps and spiritual caregivers (Doehring, 2019b). The research of psychologist of religion Steve Sandage and his colleagues helps to describe why and how spiritual care relationships help, especially when one frames their research findings using their model of relational spirituality (Shults & Sandage, 2006; Sandage et al., 2020). In a number of studies, Sandage and his colleagues use samples of seminary students, religious leaders, spiritually oriented therapists, and clients to demonstrate correlations among aspects of relational spirituality that help or hinder spiritually oriented care: differentiation of self, use of contemplative practices, humility, intercultural competence, religious and spiritual competence, forgiveness, and commitments to social justice. Their research findings support the interreligious approach to spiritual care that I teach. [↑](#footnote-ref-16)
18. [↑](#endnote-ref-2)
19. Helsel (2014) provides a detailed description of the body’s response to trauma and how spiritual care can help. [↑](#footnote-ref-17)
20. [↑](#endnote-ref-3)
21. A 2021 external review of the degree program I have directed at Iliff for the past 15 years—the Masters of Arts in Pastoral and Spiritual Care (MAPSC) noted this: “According to Dr. Stephanie Krusemark, Vice President of Enrollment Management, the MAPSC program features the largest percentage of trans/non-binary students among all Iliff programs, which already is distinctive from other theological schools regarding the diverse student body” (Snodgrass, 2021, p. 4). [↑](#footnote-ref-18)
22. [↑](#endnote-ref-4)
23. See also Keefe-Perry and Moon (2019) and Stephens (2020). [↑](#footnote-ref-19)
24. A 2020 study found that four dimensions of greater wholeness in spiritual orienting systems (purposiveness, breadth and depth, life affirmation, and cohesiveness) predicted that people would grow when they faced religious and spiritual struggles (Hart et al., 2020). [↑](#footnote-ref-20)
25. Krause, Pargament, Hill, and Ironson (2020) polled people in a large-scale community sample about how they described themselves using a variety of combinations of religious and/or spiritual. They found that those who described themselves as religious but not spiritual were at greater risk of poorer self-rated health, depression, and alcohol use in response to trauma. They surmise that this group’s religious involvement lacked a sense of spiritual connection, which increased their likelihood of poorer trauma outcomes (Pargament and Exline, 2021, pp. 109-110). [↑](#footnote-ref-21)
26. Schuhmann and her colleagues (2018) use philosophers Charles Taylor and Iris Murdoch to describe how spiritual care in secular contexts opens moral spaces for engaging with the Good, which Murdoch describes as transcendence beyond ego self-centeredness that helps us grapple with human vulnerability, suffering, and evil. Their efforts to articulate meaning making in spiritual care that is not tradition specific (Schuhmann & van der Geugten, 2017; Schuhmann et al., 2020) are part of what theologian Wesley Wildman (2016) describes as “Theology Without Walls: The Future of Transreligious Theology.” [↑](#footnote-ref-22)
27. I describe the role of my spiritual practice of listening to sacred music in grieving Alex’s death in Doehring (2019a). [↑](#footnote-ref-23)
28. In a review of research, Alesina and La Ferrara (2002) found that “the strongest factors associated with low trust are: (i) a recent history of traumatic experiences; (ii) belonging to a group that historically felt discriminated against, such as minorities (blacks in particular) and, to a lesser extent, women; (iii) being economically unsuccessful in terms of income and education; (iv) living in a racially mixed community and/or in one with a high degree of income disparity” (2002, p. 207). [↑](#footnote-ref-24)