

## PART TWO

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# Meaning Making

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# Introduction to Meaning-Making Competencies

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DAGMAR GREFE *and* PAMELA McCARROLL

A unique contribution of chaplains to the well-being of individuals, families, communities, and larger publics revolves around their capacity both to “facilitate practices of meaning making” (see volume introduction) and to interpret values and sources of meaning with people across diverse backgrounds. The chapters that follow include voices of Jewish, Muslim, Buddhist, and Christian chaplains and educators and provide examples of meaning making in pluralistic settings. For chaplains who serve in public institutions, interreligious literacy is growing in importance, enabling them to tap into systems of meaning embedded in the symbols, stories, sacred texts, and rituals of diverse spiritual wisdom traditions. Since chaplains also work with people of no spiritual/religious background, as well as with those who consider themselves “spiritual but not religious,” their training increasingly aims at developing competencies in working within secular systems of meaning too. Chaplains listen for the values and beliefs that frame the meaning in careseekers’ lives, and when systems of meaning collapse, become stuck, or are in transition, chaplains support careseekers to reframe and reconstruct meaning.

Meaning—the interpretation of life events and actions—is connected to hermeneutics, a term rooted in Jewish Talmudic and other theological

scholarship that has been deployed in philosophy and the human sciences.<sup>1</sup> Hermeneutical studies presuppose that the capacities for interpretation and understanding are fundamental to being human.<sup>2</sup> The central focus—how humans interpret meanings—considers the methods and conditions for interpretation through the lens of diverse contexts and meaning-making systems. The hermeneutical component in the study of theology or religion is critical for the preparation of chaplains, for it builds a foundation for their work of meaning making alongside those who seek their care.

Several key themes, central to the meaning-making competency, are embedded within the different chapters of this part. These themes include meaning making in relation to life's transitions and boundary moments; to the givens of existence and suffering; to connecting across cultural and spiritual difference; to the dignifying work of chaplaincy; and to the chaplains' role representing the sacred.

First, even as belonging to religious communities declines in Western Europe and North America, congregational clergy and institutional chaplains are still widely sought out for assistance in facilitating meaning making in the face of **life transitions** and **boundary situations** (see chapter 5). For instance, couples often wish to celebrate their relationship as they move into a shared future with a religious or spiritual ritual, just as parents often celebrate the birth or adoption of a child through dedication rituals. Families burying their loved ones also frequently request spiritual rites. Not only do such rituals mark special and sacred moments, but they also help people manage life's transitions and the shift in meaning as new relationship constellations are formed, as personal identities change, as people's lives are celebrated, and as their loss is mourned. Some of the rituals that chaplains facilitate arise from their institutional and community contexts—when new buildings are opened, for example, or when graduates complete their education, or when members of the community move to a new chapter in their lives. In these transitional moments, when the future is open, chaplains often create sacred spaces and facilitate community, helping people to honor meaning, generate connections, grieve what is past, and reorient to the new.

Chaplains also accompany people in life transitions that mark other boundary situations, as when a patient receives a terminal diagnosis, a soldier is deployed to a conflict zone, an inmate faces loneliness being separated from family, or a couple begins caring for an aging parent. As chaplains walk with people in boundary situations such as these, they assist them in exploring meaning, asking questions, and naming the variety of emotions and struggles that erupt in response to crisis and change.

Second, chaplains work with people when they suffer and are confronted with the givens of existence and suffering. Literature on suffering distinguishes it from pain in one important way: suffering is pain that is uncomprehended—that is, pain that has no perceived meaning.<sup>3</sup> Suffering is commonly conceived as the rupture of meaning, wherein the frames for understanding oneself or one's community in the world are torn apart by traumatic, sudden, or upsetting experiences. In these situations, people ask “why” questions and struggle with the randomness, fragility, and seeming meaninglessness of life. Suffering is also present in the slow grinding down of people whose sense of self, hope, trust, and belonging in the world is destroyed by systems that dehumanize and isolate. Chaplains often enter into spaces of human suffering and bear witness to suffering for what it is while also bearing witness to the possibility for renewed meaning, purpose, and hope.

Chaplains' attention to meaning in the face of suffering is unique to their professional role while also informed by the work of other helping professionals. The Vienna psychiatrist Victor Frankl survived several concentration camps during the Holocaust, but his family, including his pregnant wife, were killed by the Nazis. He developed logotherapy—meaning-centered psychotherapy—by reflecting on his life experiences. For Frankl, the search for meaning was not a secondary rational process but a primary motivation in life. His search for meaning helped him to survive unimaginable suffering.<sup>4</sup> Existential therapy similarly attends to “persons' conflicts that flow from the individual's confrontation with the givens of existence”: existential isolation, death, meaninglessness, and freedom.<sup>5</sup> Both approaches align with chaplaincy practice by insisting that these struggles are not unique to those who seek therapy or mental health support. Rather, they are part of the human condition. The existential and ultimate concerns to which these therapies attest will be familiar to religiously oriented persons, given that so many spiritual traditions, and the sacred texts, stories, symbols, and rituals that they have developed, both attend to human suffering and struggle with the “givens of existence.”

Third, chaplains engage in meaning making in a pluralistic society, working across cultural and spiritual difference. Increasingly, introductory courses in spiritual care and CPE prepare chaplains in spiritual/religious literacy, spiritual reflection (see chapter 4), and assessment (see chapter 3) and help them develop the capacity to “translate between sacred and secular discourses” (see volume introduction) in order to support groups and individuals in the search for meaning. Such skills of translation are what

sociologists call **code-switching** and **neutralizing**. Code-switching relies on the chaplain's ability to understand and use the practices and language of careseekers from diverse backgrounds. Neutralizing occurs when the chaplain employs broader spiritual language and practices that build upon commonalities rather than differences.<sup>6</sup> For example, in healthcare settings chaplains commonly facilitate public memorials to remember people who have died over a period of time. As they lead such rituals, they bear in mind the variety of spiritual/religious backgrounds represented by the family members, friends, and staff in attendance. Chaplains often consider several strategies in order to create rituals that are inclusive and open to such diversity. For instance, they might invite ritual leaders from other cultural and spiritual backgrounds to participate, or they might include readings from secular and spiritual/religious sources so that words of lament and comfort can be translated across different traditions (code-switching). In their reflections, chaplains might emphasize common spiritual themes (such as gratitude, love, or grief) and make use of shared symbols (such as candles or rocks) as a way to generate meaning based on participants' own associations and experiences (neutralizing).

The reality of each chaplain's own multiple and complex identities underscores the need for training to explore intersectionality, bias, privilege, and the power dynamics inherent in helping relationships. Such training emphasizes cultural humility and prepares chaplains to support spiritual coping and meaning making on the careseekers' own terms. Chaplains working across spiritual, religious, and cultural difference also need to assess the limits of their competence to discern when careseekers might best be served by a representative from their own spiritual tradition.<sup>7</sup> While the capacity to translate and communicate across difference, in our opinion, is important to chaplaincy training, it also continues to be built over time and experience.

Fourth, a central aspect of meaning making in chaplaincy practice involves the dignifying work of chaplaincy—practices that honor the inherent dignity of persons and other sentient beings.<sup>8</sup> Spiritual/religious and secular systems of meaning have many different ways of expressing the dignity and worth inherent in existence. Suffering often undermines people's sense of dignity and worthiness—whether suffering is caused by a sudden and terrible loss or by systems of injustice that perpetuate racism, sexism, ableism, ageism, and all the other “isms” that cause painful ruptures in life. Unjust systems of oppression can distort and marginalize people. In their dignifying work, chaplains raise up and bear witness to the dignity of persons and

creatures, especially those most ignored and downtrodden (see case study examples at <https://chaplaincyinnovation.org>). They commonly seek out the sacred or extraordinary amid the ordinariness of life in public settings, such as prisons, hospitals, the military, and higher education, and on the streets and in homeless shelters. They honor the agency and integrity of persons through empowering and strengths-based models of care. In the chapters that follow, the dignifying work of chaplaincy is visible throughout.

Fifth, an element of the meaning-making competency implicit in all the chapters in part 2 is the chaplain's role of representing the sacred, the spiritual dimensions of life—a role that can itself be deployed in the production of meaning. In private, institutional, and larger public settings, especially in ritual/ceremonial leadership, the chaplain's embodied presence can mediate transcendent meanings and provide a sense that pain is held within a larger wholeness. Consider how chaplains might develop the capacity to embody the authority of this **representative role** in the service of careseekers. Can you think of some examples of in your own life when someone has carried a representative role of the sacred?

While some careseekers may entrust chaplains with this representative role because of their own experiences of spiritual or religious leadership, it is not a given in all situations. Rather, it is a sacred trust that chaplains may earn by walking with people and communities through the highs and lows of life. This capacity is often sought out when questions of ethical or moral integrity arise—for instance, in military, healthcare, or educational institutions—or when existential dimensions are at stake. Chaplains are often at these decision-making tables to represent and in some sense give voice to the sacred or spiritual. As well, they are often called upon because of their understanding of how diverse religious communities might interpret or receive a particular course of action. In this way, chaplains' competence in translating spiritual and religious meanings into secular and public settings can become essential to their representative role.

In exploring meaning making in chaplaincy practice in light of the five themes identified above, each of the chapters that follow in part 2 takes on a distinct perspective. Chapter 3 examines the intersections of meaning making with the arts and skills of **presence**, **spiritual assessment**, and spiritual care **interventions**. Chapter 4 considers how chaplains practice spiritual reflection, especially within contexts of religious/spiritual difference, in ways that bear witness to the search for meaning in human life. Finally, chapter 5 explores how chaplains embody a public role that honors and generates meaning through public rituals.

## CHAPTER THREE

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# Meaning Making in Chaplaincy Practice: Presence, Assessment, and Interventions

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DAGMAR GREFE *and* PAMELA McCARROLL,  
*with* BILAL ANSARI

**ABSTRACT** *During life's transitions and moments of crisis, trauma, and loss, the struggle to make meaning can compound the experience of suffering. Chaplains help careseekers make meaning and reconnect with life in the face of suffering.<sup>1</sup> Meaning making has often been associated with religion. Yet, even as adherence to institutional forms of religion wanes in North America, the need to make meaning persists. Meaning making is intrinsic to being human and constitutes a central focus for the work of spiritual care. This chapter delineates three primary competencies that equip chaplains to assist their careseekers in the holistic process of meaning making:*

1. *Presence is foundational for meaning making in the spiritual care relationship. We introduce three skills that help chaplains communicate presence with careseekers: **resonance**, self-awareness, and **reflective listening**.*
2. *Spiritual assessment enables the chaplain to listen for careseekers'*



*symbols, narratives, resources, and strengths in order to support their coping and meaning-making processes.*

3. *Spiritual care interventions support and build up careseekers' capacities for meaning making through crisis intervention/spiritual first aid, spiritual counseling, advocacy, and group facilitation.*

## INTRODUCTION

Throughout this chapter, the following vignette and dialogue provide reference points for multiple aspects of the meaning-making competency offered through the arc of a chaplain's care:<sup>2</sup>

On a university campus in a small town, the incidence of student suicide is increasing. Health and emergency mental health services are overloaded, resulting in limited access. Within the month of November, leading up to exam time, three students throw themselves to their deaths over balconies inside the University Center. Many students witness these tragic deaths. The university community is shaken. While the chaplains support student advocacy efforts and participate in protests demanding better mental health services on campus, they also become the primary means by which care is offered.

Within hours of the third suicide, the chaplains set themselves up at the University Center, offering whatever is needed—a listening ear, crisis intervention, spiritual support, referrals, and opportunities for ritualized and symbolic acts of remembrance and hope. Not only are they present for the students, staff, and faculty, but they also bear witness to the sacred meaning of the lives of those who have died. The sudden suicide of so many students during an already highly stressful time of the semester exacerbates the sense of crisis across campus. Students already struggling with stress and anxiety now feel even more overwhelmed and fearful.

Throughout the week, many students notice the chaplains stationed in the University Center and gesture a grateful nod or smile as they pass by; others stop and light a candle in silence; others share their own struggles with anxiety and suicidal thoughts. Some of the students arrange counseling sessions with a chaplain to work through the struggles that erupt because of the suicides. Other students sign up for one of the groups offered by the interfaith chaplaincy to provide a safe place where they can connect with others and work toward greater resilience.

After a week, the chaplains leave their post in the University Center,

but they leave behind the installation of candles to honor those who died and those who are struggling. This installation becomes a site of a growing memorial through the rest of the semester and a centerpiece for a service of remembrance offered by the chaplains a week later.

## PRESENCE

When asked what their work is about, chaplains often describe it as a “ministry of presence.” Many chaplains associate their ministry—or service—of presence with mindful attention to the presence of “the sacred.”<sup>3</sup> Sometimes, the sacred is perceived as a compassionate presence that abides alongside suffering, a sense of “sacred presence in the room.” Other times, the sacred is perceived in the details of the careseeker-chaplain encounter when trust builds and connection deepens. Sometimes, the sacred is perceived through the presence of the chaplain offering rituals of meaning and transition; other times, the sacred is perceived within the soul and life of a careseeker—their inherent dignity, glimpsed in real time. However the sacred is perceived, the focus on presence in chaplaincy includes mindfulness to the sacred within the details of life and establishes important ground for the task of meaning making.

An aspect of presence common to many forms of chaplaincy is the expectation that chaplains will “show up” and be present in the midst or aftermath of crises. Unlike therapists and other mental health professionals who usually are sought out by careseekers in counseling offices, chaplains often show up during a crisis or shortly after one unfolds. This is not to suggest that chaplains do not meet with people in offices; many do. However, chaplains are also often present in the settings of careseekers and their communities. Chaplains provide spiritual care on the spot: in emergency rooms and at disaster sites, in waiting rooms and hallways, on street corners and in schools, in military convoys and in prison chapels. Being present amid crisis reflects the spiritual vocation of the chaplain to honor the sacredness, meaning, and dignity of life, especially in those moments when life is undermined and under threat. The work of chaplains moves beyond individual encounters with careseekers and involves active participation in the life of the community. Presence means being awake to the concerns of a community and responding.<sup>4</sup> The vignette above reflects this kind of presence, with chaplains attending to the crisis of several suicides on campus and “showing up” in the University Center.

Both psychology and spiritual wisdom traditions shape the work of

chaplaincy and emphasize the importance of presence for healing and vitality.<sup>5</sup> Many sectors of chaplaincy training draw on specific psychological approaches, interpreting them through a spiritual frame. For example, Carl Rogers's person-centered therapy has been highly influential for many sectors of chaplaincy in North America.<sup>6</sup> His concepts of **unconditional positive regard** and empathy—skills that can be learned—provide a basis for presence in chaplaincy practice. Unconditional positive regard communicates the caregiver's stance of acceptance toward the careseeker as a person of worth and value. Empathy is an ability to "feel with" the careseeker and to communicate this "feeling-with" through the therapeutic encounter. While they may not agree with a careseeker's worldview, through such training chaplains learn to pivot away from evaluation and judgment in order to develop an empathic understanding of the careseeker's inner world. Besides building the therapeutic alliance and supporting careseekers' self-expression, empathy and unconditional positive regard communicate the dignifying work of chaplaincy by insisting that careseekers "matter" and that their life has meaning and value.

A focus on presence is also central to the teachings of a wide range of spiritual wisdom traditions. While each has its own particular insights and flavors, they share some common themes regarding the importance of presence. In several traditions, for example, being is foundational for doing, and action is balanced by contemplation. Mindfulness, meditation, and prayer practices in Buddhism and contemplative practices within Christianity, Judaism, and Islam all facilitate awareness of the present moment within a larger horizon of meaning, which some call "the eternal now."

The practice of presence includes a focus on emptiness, or self-emptying, in order to make space to be fully present. The concept of *tsimtsum* within Jewish thought refers to the voluntary withdrawal of G—d to make space for creation.<sup>7</sup> In Buddhism, presence relates to the notion of the emptiness (*śūnyatā*) of the separate, individual self, raising awareness of inter-being, the interconnectedness of everything.<sup>8</sup> Within Christianity, presence is reflected in the symbol of incarnation, God's self-emptying in Christ—fully experiencing the nature and fate of humanity while revealing its divine ground.<sup>9</sup> The concept of *hudur* in Islamic thought is centered on the idea of being present and prepared, settled in oneself, emptied of distractions, and attentive with a self-examining presence of mind.<sup>10</sup>

Spiritual wisdom traditions also understand presence through expressions of compassion, solidarity, and care for fellow beings who suffer. This emphasis is evident in the Jewish practice of *bikur cholim*, visiting the sick;

in the Christian call to care for the stranger, the sick, and the prisoner; in the Buddhist focus on *karuṇā*, being present with suffering and compassion for all sentient beings;<sup>11</sup> and in the Islamic practice of *shubat*—to companion, or keep company with those whose care is entrusted.<sup>12</sup> In such traditions, as well as in chaplaincy practice, the notion of presence as solidarity and compassion in the face of suffering is central to the meaning-making competency. When suffering isolates and disconnects people from life, the presence of another not only signifies that one is not alone but also suggests a horizon of meaning beyond suffering.

Let us take a closer look at the work of one of the chaplains at the aforementioned university campus. Joan is a white cisgender female chaplain who is ordained in the United Methodist Church. She is holding a “wake” where students gather after the suicides to share memories and to honor those who have died. She notices a young Black hijabi gazing at the candles that students have placed to memorialize their fellow students. The young woman’s shoulders are turned downward; she looks sad. Joan feels empathy and an internal pull to approach but also is hesitant to intrude on her private space. Joan notices she feels a bit nervous and acknowledges to herself that her nervousness is a natural response to the enormity of the crisis. Her sense of self-compassion helps settle her internally and also enables her to reach out to the young woman. Joan moves gently toward her to introduce herself.

Chaplain 1: Hi, I’m Joan and I am one of the campus chaplains here.

*The young woman cautiously looks up.*

Student 2: Hi, my name is Fatema. What is it you do?

*Joan realizes that Fatema may not be familiar with the role of a campus chaplain.*

C3: Oh, I work for the Office of Spiritual Life on campus. We have student groups of different traditions and are here today to offer support.

*She notices that Fatema’s eyes shift away for a moment, senses a disconnect, and feels clumsy about her introduction.*

C4: We are just here today because this has been so shocking and sad for our community and want to offer support.

*Fatema smiles and seems relieved.*

S5: It's nice to meet you. I came because I knew one of the students who ended their lives.

*Her eyes lower and seem a little moist.*

C6: You knew one of the students?

S7: Yes, his name was Jamal. We took one class together, chatted at breaks sometimes. We both studied a lot.

C8: I'm sorry you lost one of your friends. You work pretty hard then.

S9: It's my first semester. I can imagine how overwhelmed he felt with everything. We are both in our first semester.

C10: Starting out here can be overwhelming; there are all the exams and new studies, and then being in college and away from home can be overwhelming, too.

S11: Mmmh . . . yeah, he didn't talk much about it. We mostly talked about the class stuff but I know I feel pretty overwhelmed with everything, especially being away from home.

C12: Sounds like you can really identify with Jamal—the overwhelm and being away from home.

S13: Yeah, *(pause)* it's hard . . . I get how desperate he felt . . . though I won't hurt myself, it goes against what I believe, but I get it. I wish I could have helped him, but I just didn't know.

C14: You didn't know; you couldn't know.

S15: *(pause . . . sense of relief)* I keep thinking through the last time we were together, what he said, what we talked about . . . I just didn't know anything was wrong.

C16: No, you couldn't have known. I hear you though—thinking through last times together following a death, especially an unexpected and tragic death like this, is normal and part of how we humans process the shock of it all and try to make sense of it. Be gentle with yourself. It will take some time. If you feel like talking, my door is always open.

S17: Thanks . . . *(some thoughtful silence)*. I'm from Atlanta, you know. A big change coming here.

C18: That must be a bit of a culture shock coming to this small university town. What has it been like for you to move here to the Northwest?

S19: Yes, at home our family is always together; I have never spent as much time alone.

C20: You must miss your family a lot—and probably friends, too. The first semester can be lonely. Have you met some other students to hang out with?

S21: A few, but not very well, not many students of color on this campus. Quite different from my hometown.

*Joan thinks, “As a white chaplain I am aware that my social identity impacts our caregiving relationship. I wonder how best to serve this relationship. I wonder if a Black chaplain or Muslim chaplain may be more helpful in making a connection?”*

C22: Since you wear the hijab, I assume you are Muslim, am I right? (*Fatema nods.*) We do have a Muslim student group on campus, and I can get you information when they meet; I think it's one night per week for dinner. (*Joan notices that Fatema's body posture and eyes are low.*) This must be so sad for you, losing a friend and being so new on campus that you don't have a community yet. (*Joan wonders if Fatema would like to light a candle. She does not know if it would be culturally meaningful. She decides to ask.*) How would you feel about lighting a candle together to remember Jamal? Is that a practice that is compatible with your tradition?

*Fatema smiles a bit and nods.*

S23: Yes, we are careful to not make an idol of anything in the world, but it is fine to remember my colleague Jamal.

*They walk toward the candles; Joan gets one for herself and one for Fatema. They light them and place them with the others. They stand in silence for a while, looking at the many candles lighting up the dark space.*

C24: Would it be okay if I say a few words? (*Fatema nods. Joan continues.*) Our intentions are with Jamal. We do not know all the emotions he experienced. We know he was one of the friends Fatema

made. He studied so hard. We dedicate this moment of silence to Jamal. (*Fatema becomes tearful.*) May this moment of silence and remembrance give comfort to Fatema.

#### COMMUNICATING PRESENCE: RESONANCE, SELF-AWARENESS, AND REFLECTIVE LISTENING

Presence is communicated through several specific micro-skills, some of which may be considered intuitive or part of the “art of being human.” Not all sectors of chaplaincy include micro-skills development in their training. However, for the purposes of this book, we believe delineating key micro-skills invites intentionality, insight, and awareness in a chaplain’s capacity to communicate presence.

Resonance describes the relational connection between chaplain and careseekers that occurs when the chaplain is attuned to the body language, voice, and nonverbal communication of the careseekers. Without resonance, Fatema likely would not have engaged in a conversation with Joan or joined her in the ritual. Resonance is foundational for a sense of safety, trust, and **rapport** in the helping relationship; it establishes an important ground for the work of meaning making, highlighting embodied ways of knowing and communicating meaning. Imagine picking the strings of a guitar. The body of the guitar amplifies the sound. Long after you have touched the strings you can feel the vibration, and the sound reverberates. Empty space is needed to create such resonance. Similarly, in order to create relational resonance and connection, some chaplains practice “self-emptying” so as be receptive and open for careseekers and their concerns—emptying the mind of distractions, judgments, the need to fix a perceived problem, and the impulse to direct the conversation.

Humans communicate much through our bodies; resonance includes **attunement** to verbal and nonverbal communication.<sup>13</sup> For psychologist Shari Geller, therapeutic presence involves listening effectively to the whole experience of careseekers.<sup>14</sup> Being attuned means listening to words but also to body language, to content but also to delivery. As chaplains enter new situations, they often consider the body postures, breathing patterns, voice, and pace of speech of their conversation partners. They consider what is being communicated somatically. Is there tension, stress, sorrow, or calm? When you imagine how individuals look when they are stressed or sad, what body language do you expect to see? How do you expect their voice or breathing

to sound? While it is always wise to verify one's perceptions, much can be discerned through nonverbal communication.

In our vignette, Joan observes Fatema's "sad posture," which prompts her to approach her with care. The body language of the careseekers can also communicate how the chaplain's words are being received. Chaplains can check their observations and correct the course of the conversation, rebuilding connection and trust. When Joan notices Fatema's facial expression of "disconnect" (in response to line C3), she adds a clarifying comment that seeks to reestablish connection and a sense of greater comfort for Fatema.

Chaplains also communicate with careseekers through their own body language. In their practice of empathy, they can match their posture or tone of voice to that of the careseekers. For example, if a chaplain responds with an upbeat, energetic tone to a careseeker whose speech is slow and sounds sad, the mismatch in tone and emotional states can undermine trust. Matching is not an imitation of the careseeker; rather, it reflects a way of responding through body and voice that communicates to careseekers that they are seen and heard. In situations of crisis, however, when careseekers are in shock and overwhelmed by emotions, most chaplains quickly learn to refrain from matching for it only increases the intensity for the careseekers. Instead, they practice **non-anxious presence**,<sup>15</sup> using their voice and posture to communicate a sense of calm—being present with careseekers yet detached from their chaotic emotions. This practice de-escalates the intensity. Emotions are often contagious, and our neurons receive a careseeker's experience on a visceral level.

When chaplains are able to calm their own nervous system through preparatory **grounding** practices, it can communicate a sense of safety and assist others in grounding their nervous system.<sup>16</sup> They develop specific practices to ground themselves in their bodies prior to entering situations of crisis. Such practices may be simple, like being mindful of feeling one's feet making contact with the floor when moving toward a crisis situation. Becoming aware of our own physical sensations can help us move away from thoughts and assumptions and move into our bodies in the present moment. Intentionality,<sup>17</sup> prayer, and various breathing practices can also help chaplains to ground themselves to be more fully present with careseekers in crisis and to transition from one careseeker's situation to another. Imagine yourself as a chaplain moving into a crisis situation. What are some grounding practices that might help you?

Developing self-awareness, or reflexivity, has been a strong pillar in the formation of chaplains in clinical pastoral education. Self-awareness is a



skill used in the service of careseekers and their process of meaning making. When self-awareness is lacking, it cannot be used in service of careseekers, and a caregiver's own issues and reactivity can undermine care. Through the development of self-awareness, chaplains can learn to manage their own **countertransference**. Countertransference refers to all the unfinished business, triggers, and personal experiences that may arise within caregivers during conversations with people seeking care. Countertransference may include value judgments, reactions, or biases toward the careseekers.<sup>18</sup> For example, if a careseeker starts describing a problem or traumatic experience, a chaplain's own trauma may come into consciousness, internally triggering feelings that have little to do with the careseeker's story. Managing this process and making use of emerging emotions to serve the careseekers are vital for communicating presence.

In our vignette, Joan demonstrates an intentional use of self-awareness to support Fatema. At the beginning of their conversation, Joan is aware of her own tentativeness in approaching; she feels clumsy about her introduction of her role and anxious and inadequate because of her spiritual and cultural differences from Fatema (see also line S21). Attending to her own inner anxiety, Joan is able to shift into a posture of compassion, openness, and curiosity toward Fatema.

Awareness of bodily sensations and emotional responses can help chaplains manage them for their careseekers' benefit. It can be difficult to stay present in the midst of suffering; the sense of helplessness can sometimes lead to impatience and the compulsion to offer solutions or advice. However, awareness of such feelings can deflect from trying to "fix the unfixable" through advice or solutions. Ideally, chaplains can use their own self-awareness (of helplessness, for example) as a bridge to the careseekers (and their sense of helplessness), leading to a yet more empathetic presence. Chaplains' journey of self-awareness is ongoing, no matter how experienced they may be. Just as with all helping professions, it is important for chaplains to create safe spaces where their own emotions, struggles, clinical crises, and perplexities can be processed. As we continue to address our own unfinished business, we become better able to use our emotions and bodily sensations to serve our careseekers. Indeed, in Islam, systematic self-monitoring (*mu-raqabah*), part of a science called *tassuwuf*, has been developed by spiritual sages as a way to foster the growth of reflexivity in emotional and cognitive presence of mind.<sup>19</sup>

Because chaplains often work with people in the face of death, loss, and crisis, it is especially important that training include self-awareness in

relation to the chaplain's own existential vulnerability and mortality. Spiritual wisdom traditions recognize how meaning can be forged through the fire of suffering and existential crises. In order to accompany those who suffer, chaplains often do their own deep inner work through which they face their own vulnerability—and the limits of their own ways of making meaning. By doing such inner work, they may further develop their capacity to be present with others who struggle to make meaning.<sup>20</sup>

In addition to resonance and self-awareness, reflective listening is a primary means by which the chaplain communicates presence with careseekers. It serves the meaning-making competency at both ontological and practical levels. At an ontological level, reflective listening communicates that the careseekers matter—that their experience and life have meaning and are valued in any and all circumstances. At a practical level, the skills of reflective listening can enable chaplains to listen for, draw forth, and reflect back the stories, symbols, and values that frame careseekers' meaning-making processes. The key skills described below, drawn from the work of Herschel Knapp and illustrated in our case vignette, are skills that can be learned.<sup>21</sup> Even so, attentive listening is a discipline: over the course of a conversation, even experienced chaplains must remind themselves, sometimes repeatedly, to put this practice to use.

Reflecting and paraphrasing are skills that communicate to careseekers that the chaplain is present with them, paying attention and understanding what they are expressing. These tools also help chaplains to verify their understanding of what has been shared. When chaplains reflect back or paraphrase what they have heard, careseekers often experience a sense of affirmation and feel understood hearing their own story/thoughts through the words of another. Reflecting can be as simple as repeating words or sentences the careseeker has used, as illustrated by Joan's statement in lines C6 and C12. Paraphrasing makes use of slightly different words or images to verify understanding and to explore nuances of meaning, as in line C8 above.

Another reflective listening skill is summarizing, which helps keep track of the careseeker's story. Summarizing may be done within or at the end of a conversation (or both) to communicate that the careseeker's main concerns have been heard. Joan lets Fatema know that she has heard her concerns in her summarizing statements in lines C16 and C24. On some occasions, incorporating a careseeker's own words and phrases in a prayer practice may serve as a summary, communicating understanding and providing a sense of closure to the conversation. In addition, using the careseeker's own

words in prayer or other spiritual practices places the careseeker's concerns within a transcendent horizon of meaning.

**Validating** and **normalizing** are responses that communicate empathy to careseekers. By validating, the chaplain demonstrates respect for how the careseeker feels without judgment or evaluation. Joan validates Fatema's experience in lines C10, C18, and C20 by empathizing with the stress of her transition to her first semester in a new state.<sup>22</sup> Further, people in crisis or in a highly emotional state can feel alone; at times they may be unsure whether their feelings are extreme. Through normalizing, a chaplain can provide a wider perspective that helps careseekers feel less alone and more connected with others who have also gone through similar experiences. Joan's statements in lines C10 and C16 normalize Fatema's experience by referencing the experience of other students and persons who are struggling with tragic death. Some situations may require a more directive communication. For example, in a crisis, when people are flooded with emotions, chaplains can support and direct careseekers through the initial phases of shock and emotional release.<sup>23</sup>

Typically, encounters in spiritual care are careseeker-centered and careseeker-directed. They make space for experiences and emotions to be heard—honoring careseekers' own processes, making room for pauses and silences, following their lead, and going with the flow of conversation. The skills of presence outlined above express care for those who are suffering and in crisis, help stabilize emotions, and establish a sense of trust and safety. These skills are foundational for the work of meaning making in a therapeutic encounter.

## ASSESSMENT

An inductive interpretive process, spiritual assessment involves listening for the ways people construct meaning in their lives through the plotlines, symbols, and themes of their narratives, as well as in practices and words that express their beliefs and values. In healthcare particularly, chaplaincy assessment has been formalized into specific spiritual assessment tools that align with other professional disciplines. In other sectors, however, chaplains often do not use formal assessment tools, and some even reject the term "assessment" altogether, concerned that it distances them from those whom they serve. Our concern in this section is not with specific tools for assessment or with building walls that distance. Rather, we use the term "assessment" here to point to an inductive and interpretive process of deep

listening that enables many chaplains to discern the contours of meaning, the “interpretive schemes” (chapter 4), in the stories of people’s lives. As interfaith educator Eboo Patel notes, “A narrative identity is not a laundry list of random personal happenings. It is a careful selection and stringing together of the moments and events that matter for a particular purpose. In other words, one’s narrative identity is an act of intentional interpretation and meaning making.”<sup>24</sup>

Many chaplains have been educated within spiritual/religious wisdom traditions and are familiar with the study of symbols and images in sacred texts. They apply a similar approach to their study of “living human documents”—the “sacred texts,” so to speak, of their careseekers’ lives.<sup>25</sup> They listen for—and work with—symbols, myths, values, practices, and beliefs central to the spiritual/religious traditions that often underlie the stories people tell. Can you identify some of the key symbols, values, or beliefs central to the way you make meaning?

When tragedy strikes, people suffer when they have no way to make meaning of what has happened to them. Narratives or systems of meaning can become “stuck” or fragmented. **Spiritual distress** (discussed below) often involves a rupture in established systems of meaning commonly formed through spiritual/religious frames. In the immediate aftermath of a traumatic incident, for example, shock can be compounded by the inability to make meaning of what has happened, overwhelming survivors and causing intensifying spiritual distress. Sharing their stories, especially when people are feeling vulnerable, can facilitate a cathartic release of emotion that opens space within; people may begin to reconstruct new meanings as stories are heard and told, reclaiming a sense of agency and identity. Inviting careseekers to share their stories and explore their meanings is a primary means for spiritual assessment; it also can function as a spiritual care intervention that is itself therapeutic.

Many chaplains engage a strengths-based approach that considers careseekers as people who possess resources to address the problems and crises that erupt through the arc of their lives. This approach emphasizes the inherent sacredness and dignity of all persons and their potential for healing, wholeness, and resilience.<sup>26</sup> In the spiritual assessment process, chaplains focus their attention on the spiritual and emotional resources embedded within people’s stories, lives, and practices. They explore with the careseekers how their resources can help them to discern new meanings, especially when former ways of meaning making collapse through sudden or traumatic loss. The journey to healing takes its time and involves



**Dr. Nisa Muhammad** is the assistant dean of religious life at Howard University, Washington, D.C. *Photo credit: Sadrea Muhammad.*

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## Where Are the Cameras?

During my early days at Howard University as the assistant dean for religious life, a student I knew from *Jummah* prayer service and the Muslim Student Association came into my office looking perturbed. “What’s this thing called a *shahadah*?” he said.

I was stunned. The *shahadah* is a pillar of faith in Islam. It’s the declaration of faith bearing witness that there is no God but Allah and Muhammad is God’s Messenger. It is essential in Islam and something new Muslims say upon conversion. “Have a seat,” I said. “Tell me more about your question.”

“I was reading this book, and it said something about taking a *shahadah*. I’ve been a Muslim since freshman year. I pray five times a day, fast during Ramadan, come to *Jummah*, which is the first time I’ve heard about a *shahadah*. I converted on my own after hearing some excellent lectures. Does this mean Allah has rejected all my prayers? Does this mean I’m not a Muslim? What will my friends say?”

While I was listening, I looked around my office for the cameras. Was I on a Muslim prank show? Where were the cameras? Was he really asking about something so central and foundational to our shared faith? I took a deep breath.

Being a chaplain means guiding students through crises and helping them find meaning in what may seem to be the worst moments of their spiritual lives. Has God rejected me? Will God still love me if I do A, B, or C? What is the ruling or law about X, Y, or Z? Should I drop out of school to maintain my life? We don’t give answers; we empower our students to find the answers for themselves. We are a bright light in a dark alley for them to see the way.

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an integrative process of reconstructing or re-imagining the narratives and meaning-making systems by which we live. It engages the resources of spiritual wisdom traditions and communities as these relate to careseekers' own lives, beliefs, and practices.

At its best, spiritual assessment is practiced with cultural humility and mindful engagement of diverse existential and spiritual beliefs and practices. The term **interpathy** describes a caregiver's capacity to enter into another's narrative, cultural, and symbolic world—their meaning-making system. When engaging in interpathy, chaplains bracket out their own worldview (as much as possible) and move inside that of another, viewing life and circumstances from within.<sup>27</sup> This skill can be developed through religious literacy and through case study or verbatim accounts of therapeutic interactions that are role-played and discussed in group and individual supervision. Interpathy also refers to caregivers' capacity to move between the narrative worlds of careseekers and themselves, recognizing the distinctions and spaces of overlap. In practicing interpathy, chaplains frequently employ cross-cultural techniques that invite careseekers to share their own understandings of practices and beliefs on their own terms. Interpathy often includes code-switching, whereby chaplains use careseekers' spiritual/religious language to move inside their meaning-making systems with them. They also may incorporate broader spiritual language and practices that build upon commonalities across different meaning-making systems, a practice referred to as neutralizing.<sup>28</sup> (See examples in the part introduction.)

We live in contexts with complex intersectional identities and communities that form and shift in relation to the social, institutional, and political realities that press in upon us. Spiritual assessment, at its best, is intersectional, recognizing that individuals, families, and communities are embedded within larger systems of power and privilege. It acknowledges systemic inequities while appreciating and honoring the inherent dignity of each person. For example, certified chaplains in the United States and Canada are trained to understand their own intersectional identities and the many ways these play out in their own narratives and relationships. They are also trained to assess how issues of privilege and power may impinge on careseekers in their given contexts and to acknowledge and manage them in order to serve the careseekers. As part of the spiritual assessment process, chaplains consider the ways systemic inequities and injustices cause and compound suffering in the lives of careseekers, their families, and their communities.

In our verbatim interaction, for example, Fatema indicates her lack of access to power on campus (line S21) through her feeling of isolation as “a person of color.” Chaplain Joan (between lines S21 and C22) wonders how her own power and privilege may be affecting the capacity to join and build rapport with Fatema. Not only does she have privilege because of her race, religion, education, and culture, but she also has institutional power as one paid by the university to serve spiritual needs of students. In the vignette, Joan considers how she may harness her power and privilege to empower and support Fatema and, recognizing the complexity, wonders whether another of the campus chaplains may be more helpful for Fatema.<sup>29</sup> Imagine how intersectionality and power dynamics might operate in other contexts, such as prison ministry or military chaplaincy, for example.

So far, we have presented three key emphases of spiritual assessment distinctive to chaplaincy practice and central to the meaning-making competency: an inductive interpretive process, a strengths-based approach, and intersectionality. We now share several spiritual assessment foci through which chaplains listen for how people make meaning in their lives.

Studies show the role religion plays in how persons cope with crisis and trauma.<sup>30</sup> Even when suffering is unavoidable, we have choices in how we relate to that suffering.<sup>31</sup> When we cope with a crisis, we can play an active role in how we interpret and engage our life stressors. In a primarily theistic context, Kenneth Pargament developed and validated criteria for positive and negative religious/spiritual (R/S) coping. Many are not conscious of their R/S coping mechanisms, which are the result of one’s spiritual/religious formation. For example, seeking to connect or cooperate with a transcendent Source (God) and letting go of worry are both constructive ways that spirituality can serve positive R/S coping in a crisis. Interpreting one’s crisis as punishment from God or feeling abandoned by one’s religious community can add to spiritual distress and amplify suffering by feeding negative R/S coping.<sup>32</sup> Several studies have associated spiritual distress with decreased quality of life, increased depression, and some poorer health outcomes.<sup>33</sup> A chaplain can explore together with a careseeker how the careseeker’s spiritual beliefs and values emerge in the crisis and how reframing negative spiritual coping mechanisms can open new constructive approaches to a crisis.

We examine several foci that can shape chaplains’ postures when listening deeply to those whom they serve.

1. Sense of connectedness with the sacred/transcendent/sources

of spirituality: When careseekers tell a story, is there an anchor beyond themselves? Is the sacred present within? For those who believe in God, how is God part of their narrative or not? How is God imaged, and how do these images undermine or support their coping? Do careseekers turn to spiritual communities, practices, specific texts, art, and music regularly or when they are in crisis? How do their sacred texts, stories, and songs speak to them in times of distress and shed light on the meanings in their lives? How have they helped in the past? How might they help now? We invite you to pause and consider these questions in relation to your sense of meaning and the sacred.

In the brief interaction with Fatema, Joan can sense that Fatema holds particular beliefs that ground her values (see line S13) and has an internalized understanding and sense of belonging to Islam (see line S23). Fatema mentions her feeling of “overwhelm” several times. During potential future meetings with Fatema, Joan might explore how sources of her spirituality (practices, community, readings) could support her through this difficult time and how she might begin to build these in her new university environment.

2. Sense of connectedness with family, friends, social world: What are the key relationships of import for the person? What are the communities to which careseekers belong, and how do these communities offer a sense of belonging and meaning for their lives? How do these communities and relationships show up in the narratives of meaning that people share? We invite you to pause and consider these questions in relation to your own sense of meaning and belonging.

Fatema suggests that her family and community connection are important to her (see lines S11 and 19), that she misses a community on campus, and that she has an acute sense of being part of a minority on campus (see line S21).

3. Sense of values and how they provide orientation, determine goodness and trueness in a person's life, and guide choices and actions: What does the person most value? How does the careseeker's life reflect congruence with this? Again, we invite you to pause and consider these questions for yourself.



We hear Fatema note that “hurting herself” goes against what she believes (line S13). Her values and system of meaning and her desire to remain congruent with her values provide grounding for her—a protective factor for her own risk of suicidal ideation.

4. Level of risk of harm to self: As with all helping professions, it is important that chaplains are trained in screening for suicide assessment and other self-harming behaviors. Exploring whether people have harmed or thought of harming themselves, the regularity of these thoughts, and whether the person has a plan and the tools to act on it are key elements of risk assessment. In terms of spiritual assessment in relation to risk, chaplains would listen for the beliefs, relationships, and practices that may increase or reduce risk. Purpose, meaning, and a sense of belonging in life are considered protective factors in assessing for suicide risk.

In the interaction, Joan names the sense of identification Fatema has with Jamal (lines C12–C16) as a summarizing statement of what she has heard. This intervention also furthers the conversation by nondirectly inviting Fatema to clarify how far her identification with Jamal goes. Fatema responds by distinguishing her own beliefs about self-harm and indicating that she wouldn’t hurt herself. Joan would assess that Fatema’s belief system lowers the risk of suicide and may provide an important resource for healing.

The process of assessment often frames a working **plan of care** and helps to shape the chaplain’s interventions (see below). A plan of care is developed in dialogue with the careseekers and works with the careseekers’ needs and rhythms. If we consider what we know of Fatema in our brief encounter, a plan for care may include the following:

1. Fatema’s sense of isolation as a member of a racial and religious minority and her overwhelm and lack of belonging may be met by connecting her with communities on campus—first through the Muslim student association and perhaps later through other relevant groups and with a Muslim chaplain or African American chaplain.
2. Her sense of loss over the death of her friend is engaged through the candle-lighting ritual action and participating in memorial events. If they meet again, Joan would listen for how the death

of Jamal may be causing Fatema ongoing spiritual distress or emotional pain. In future meetings, the chaplain might explore how Fatema is building community, finding resources and ways to manage, and listening to the stories that support her beliefs. Joan may explore what spiritual practices and beliefs have been important to Fatema in the past and how they are helping her journey through this time.

## SPIRITUAL CARE INTERVENTIONS

In this section, after describing some best practices, we outline specific therapeutic interventions that chaplains may provide that serve the work of meaning making. Several of these interventions are addressed in the opening vignette: spiritual first aid, spiritual counseling, advocacy, spiritual/ritual practice, and facilitation of group support.

Chaplaincy interventions often work from an empowerment model that seeks to support careseekers' own healing capacities by engaging their sense of agency, meaning-making systems, spiritual values, and resources. Effective spiritual care interventions are often trauma-informed, recognizing the many ways that traumatic experiences cause protective coping mechanisms to emerge as part of the pathway of survival. Often the trauma histories of people operate beneath the surface, without a person's own awareness. Therefore, it is important that chaplains are mindful of how crises can trigger trauma responses and how to maintain a sense of safety as much as possible. For example, trauma-informed approaches will not pressure careseekers to share stories or information that feels unsafe for a care-seeker to share. In the context of unequal power relations between chaplain and careseekers, such pressured sharing can re-traumatize careseekers and undermine their sense of agency and trust. Trauma-informed chaplaincy interventions acknowledge the prevalence of traumatic experience across all populations—on personal and familial levels as well as on the larger societal level in which unjust systems have inflicted racial and social trauma.

During and in the aftermath of crisis, chaplains often offer spiritual first aid and crisis intervention, facilitating space for careseekers to express their shock, grief, and confusion. Spiritual first aid adapts psychological first aid practices with a focus on spirituality and meaning making.<sup>34</sup> In applying spiritual first aid, chaplains accompany people through crisis, making space for “why” questions and the struggles for meaning common during these

times. They offer psycho-spiritual education to help normalize careseekers' experiences (see lines C16 and C20) and prepare them for other reactions within the immediate aftermath of a crisis. They help careseekers identify and reach out to their support network and identify local social supports available if distress escalates. Chaplains may offer guidance with end-of life issues or facilitate ritual practices at the time of death or near death. These practices support careseekers in honoring and marking the meaning of their loss. And finally, using spiritual first aid, chaplains offer referrals and follow-up support as needed. In the case of the university campus, we see the chaplains set up a table in the university center immediately after the third suicide in order to offer spiritual first aid and crisis intervention to students.

Spiritual counseling includes both formal and informal support. Formal counseling is commonly short-term (four to eight sessions) and, depending on context, is often combined with other opportunities for care such as support groups and mental health services.

In both Canada and the United States, certified chaplains are required to demonstrate competence in integrating psychological knowledge into their spiritual care practice. As well, many graduate-level courses in spiritual care provide students with basic knowledge for short-term counseling in grief and loss, bereavement, trauma, communication skills, intercultural care, and spiritual first aid. Certified chaplains, especially those serving in healthcare, employ an integrative approach that brings together several different psychological-psychotherapeutic perspectives within a larger spiritual frame. The perspectives most often integrated into spiritual care practice include self-psychology, person-centered therapy, attachment theory, humanist-existential therapies, narrative therapy, family-systems perspectives, mindfulness, somatic and arts-based modalities, liberation psychology, and social justice therapies.

Depending on the context, spiritual counseling is most often related to supporting people through spiritual distress/struggles—crises of identity, vocation, meaning and purpose, traumatic loss, moral distress and injury, bereavement, and recovery from catastrophic events—and tending to longer-term dying processes or chronic progressive illness. Spiritual counseling draws on empowering practices to support careseekers' growing resilience and trusts the process of healing within. It facilitates expression of careseekers' stories and emotions to address spiritual distress and enhance spiritual resources (see "Assessment" section). It is a collaborative process whereby the effectiveness and initiation of interventions are regularly discussed and negotiated with careseekers. Spiritual counseling uses spiritual/theological

reflection drawn from careseekers' own traditions and experiences to explore meanings and coconstruct new meanings congruent with the careseekers' values and beliefs (see chapter 4). Spiritual counseling routinely employs spiritual practices, rituals, prayer, and meditation as interventions promoting resilience and healing (see chapter 5). These interventions may take place in the counseling session, in collective spaces, and through guided spiritual practices offered as "homework" between sessions. All of these interventions function to serve careseekers' capacity to make meaning in the face of life's adversities and challenges.

If Joan and Fatema met for a second or longer visit, Joan might be intentional about going deeper with the conversation. Two tools for deepening an encounter are adding specificity and asking open-ended questions that invite reflection and rich descriptive responses (see, for example, lines C18 and C20). Joan might ask for more detail in response to line S7 to gain a fuller sense of Fatema's loss and its meaning for her. In response to line S19, Joan might ask more about Fatema's family and friends and explore her feelings of loneliness related to social contacts and her sense of being a minority on campus. Adding specificity can help the chaplain to understand the situation of careseekers more fully; more importantly, it can help careseekers to move more deeply into their own inner world, to explore embedded meanings and uncover resources for healing.

In many contexts, advocacy is also an important part of the chaplain's role and can be central in building trust, tending holistically to careseekers, and manifesting a social justice focus for care. In accompanying careseekers through challenging times, chaplains often hear how institutional processes and systemic structures impact and sometimes tear into peoples' lives in ways that cause suffering. Providing advocacy within institutions and empowering careseekers to advocate on their own behalf can be important therapeutic interventions. Depending on the accountability structures in particular institutions, the advocacy function of chaplaincy can sometimes be complicated. Advocacy is nevertheless an essential function, because it seeks to transform public spaces and structures in ways that promote human flourishing. Our vignette on the university campus shows chaplains participating in protests for greater mental health services on campus and supporting student leaders as they strategize and bring their concerns to administrators.

Finally, it is important to note that chaplains often facilitate groups. CPE and courses in theological schools introduce the theory and practice of group process and leadership. Chaplains offer many types of groups to

nurture well-being, to respond to and debrief crises, to build resilience, to provide support, to collaborate on justice and ecological initiatives, and to offer spiritual practices. In working with groups, chaplains help mediate the emergence of community and a sense of belonging while also promoting the development of safe spaces and resilience. Indeed, meaning in life is constituted through one's sense of "mattering" to others and of belonging to something greater than one's self. Facilitating groups is an important skill for the meaning-making competency.

Some groups emerge in response to crisis, while others are ongoing. Debriefing groups, for example, arise in response to critical incidents, meeting once or twice following particularly difficult times. In a healthcare setting, staff may meet following a difficult death; in the school system, students and staff may gather following a shooting; in the military, personnel may assemble when members have died or been injured. Debriefing groups allow those gathered to share their experiences with one another, to feel supported through difficult times, and together to begin to articulate and make meaning of what has happened. Chaplains may also make themselves available to individuals beyond the debriefing groups and can assess who may need more supports or referrals.

Ongoing groups, such as support, grief, and spirituality groups, encourage participants to share their thoughts and experiences through facilitated conversations around specific themes common to participants' lives. Justice-based groups encourage discussion, advocacy, and action around specific themes relevant to a given context. For example, an eco-justice group on campus may meet regularly to discuss the ecological crisis, organize educational events, and mobilize to effect change toward eco-friendly practices. Belonging to a group builds resilience and promotes a sense of meaning in life while providing protective factors that serve positive coping and well-being.

Group facilitation skills are therefore foundational in a chaplain's toolbox. In our sample vignette, Fatema was invited to join the Muslim student association; if she and Joan were to meet regularly, she may have also joined another one of the interfaith chaplaincy groups. Can you think of additional groups that chaplains facilitate in healthcare or street chaplaincy, for example?

## CONCLUSION

Meaning making is a holistic and relational process central and distinctive to chaplaincy practice. The meaning-making skills and processes described in this chapter affirm the inherent dignity of all people and the sacredness of life. They integrate the knowledge and practice of spiritual wisdom traditions and psychology to tend to the human need to make meaning. Through the skills of presence, chaplains accompany careseekers in the face of crisis and trauma, when life bottoms out and meaning is ruptured or lost. Through the skills of assessment, chaplains work with careseekers to explore and draw forth the sources of meaning and resilience in their lives. Through various therapeutic interventions, chaplains support careseekers through all stages of their journey in imagining and constructing new meanings and in reconnecting them with the sacred in life.

## REFLECTION QUESTIONS

1. Presence: Identify, discuss, and role-play three of the skills central to communicating presence in the helping relationship.
2. Assessment: How do you make meaning in life? When bad things happen, how do you interpret why these things happen? Consider the foci for spiritual assessment earlier in this chapter. How would you answer these questions yourself?
3. Can you think of a story, song, or image—religious or secular—that has been helpful to you or another person during a crisis? Describe how it has been helpful to you.
4. Reach out to a person of another cultural or spiritual tradition to find out about a story or symbol that helps them make meaning in the face of suffering. What are similarities to and differences from your own views?
5. Interventions: Review the vignette of the university campus. What interventions do you see referenced here? Imagine you are one of the students who has lost someone by suicide. What would you need from the chaplains in the short term? In the longer term?

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## CHAPTER FOUR

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# Leading and Facilitating Spiritual Reflection

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VICTOR GABRIEL *and* DUANE R. BIDWELL

**ABSTRACT** *Spiritual reflection helps people order, structure, and create meaning from their experiences. It uses any and all sources—religious and nonreligious—that give meaning to people’s lives. As chaplains provide care, they reflect spiritually on what they see and hear to shape their responses and interventions; they also lead and facilitate spiritual reflection with individuals, families, communities, and institutions. The ability of chaplains to identify, access, engage, and evaluate life-giving spiritual resources—stories, songs, symbols, rituals, sacred texts, spiritual practices, and more—sets them apart from other helping professionals; in most settings, spiritual reflection is a role and responsibility that belongs uniquely to chaplains. This chapter illustrates how chaplains lead and facilitate spiritual reflection as experts at identifying, exploring, and responding to the spiritual dimensions of experience. Chaplains are not necessarily experts on the content or meaning of people’s experiences, especially when caring across religious differences. We advocate for chaplains to develop robust, comparative spiritual understandings; engage personally in reflective, spiritual practices; and cultivate the ability to work across spiritual/religious differences. Key capacities include accessing and engaging ethically with spiritual worldviews, clarifying values, facilitating reflexivity, and helping people construct selves congruent with their spiritual/religious commitments.*



## INTRODUCTION

A motorcycle injury left Roger's sixteen-year-old son with a brain injury that required doctors to remove parts of his skull in four surgeries over two days.<sup>1</sup> The hospital chaplain saw the family several times during the surgeries, and Roger seemed upbeat—certain that everything would be fine. In their conversations, Roger said repeatedly, "God will heal my boy."

As they talked, the chaplain used active listening and assessment skills to understand how Roger made sense of his experience. After establishing and strengthening their relationship, the chaplain used prayer, sacred text, and other religious resources to comfort and support him while gently exploring his worldview. Learning that Roger valued personal prayer to God, the chaplain encouraged him to express his feelings and experiences in prayer.

This sharing of feelings erupted suddenly on the third day of the crisis, during his son's fourth surgery, when Roger suddenly sank to his knees, pounded the waiting room floor, and cursed God while his family and others watched.

"You are using my son to punish me!" he screamed. "That's not right, Lord! It's not right! This is not how I was taught God behaves!"

The chaplain stayed present to witness the feelings and attend to Roger as he expressed himself in prayer. Noting how Roger's body responded to the cathartic moment—tensed muscles, sobbing, shallow breathing, pounding veins—the chaplain knew it was too early to talk together. Later that day, after his body calmed, Roger apologized.

"I'm sorry I lost it, chaplain," he said. "I hope you weren't offended."

"Not at all," the chaplain said. "I'm glad you were able to be honest with God and with me. Lots of people have felt the way you do—it's totally normal to 'lose it.' Do you want to talk about what that was like?"

Gently, the chaplain asked Roger about the tension between his interpretation—that God was punishing him—and his image of God as a caring, merciful presence. "How do you think God responded while you were sharing your anger?" the chaplain asked. "What sort of response do you expect?" Using scripture and insight from the Christian tradition, the chaplain influenced Roger's worldview by seeking to enhance his agency and by identifying possibilities, choices, and actions Roger could use to align his behaviors and values.

The following day, a curious peace descended on Roger. "After that major fight with God yesterday," Roger told the chaplain, "I've had a sense of peace like I've never had before. I was trying to keep control of the situation,

blaming it all on myself and putting myself at the center, and that's just not the way it is. I know that now. God's in control. I even called the man I blamed for my son's accident and told him there was nothing I needed to forgive him for and that I loved him."

Roger's movement from optimism to anger to peace illustrates how he and his chaplain used spiritual reflection to structure, order, and make meaning of his son's life-threatening injury. First, Roger turned to his untested, embedded assumptions about God and healing ("God will heal my boy"). When those assumptions no longer contained or sufficiently accounted for his pain, Roger decided that God must be punishing him—an interpretation that did not fit his prior experiences or expectations ("This is not how I was taught God behaves") and thus caused confusion, anger, and spiritual crisis. He reflected on this tension with the chaplain, exploring other ways of making sense of God's role in the situation. Finally, Roger received consolation after he cursed God in prayer and decided he was focused on himself rather than on God or on his son ("God's in control").

This chapter illustrates how many chaplains lead and facilitate spiritual reflection with people like Roger. First, it introduces key concepts, issues, and values for spiritual reflection, highlighting necessary practices and capacities. As detailed below, meaning making through spiritual reflection uses a number of a chaplain's skills: intersectional analysis, accessing and influencing worldview, enhancing agency, clarifying values, constructing identity, and aligning behavior and values.

Spiritual reflection draws on a chaplain's interreligious and multireligious literacy but doesn't require expertise in all religious traditions. Chaplains also do not have privileged knowledge about the nature, content, or function of people's spiritualities. Rather, chaplains are experts in the process of helping people identify, explore, and respond to spiritual resources and the spiritual dimensions of experience. This entails engaging how people make meaning and how they understand ultimacy<sup>2</sup> or the basic and fundamental nature of reality. Chaplains lead and facilitate reflection by drawing on a person's spirituality rather than by providing or prescribing specific religious content. Chaplains are careful not to impose their own spiritual/religious traditions and understandings.

Roger's reflection was explicitly religious, but that isn't always the case. Spiritual reflection involves any and all sources—religious, secular, textual, visual, and so forth—that help people make meaning of their lives. It engages core values, identity, and existential choices.<sup>3</sup> Sometimes spiritual reflection is intentional and overt; at other times it is implicit and

subconscious. Skillful chaplains are attuned to both dynamics. People in all contexts—prison, hospital, school, military, workplace, and beyond—benefit when chaplains learn to reflect effectively on spiritual experiences. Chaplains acknowledge and value people’s spiritualities without dismissing or romanticizing them. They also attend to the assumptions, power, and privilege embedded in their own religious locations.

Chaplains typically reflect spiritually by identifying, accessing, engaging, and evaluating the spiritual thoughts, experiences, and resources at play in caring conversations. They attend carefully to what they see and hear, using those observations to shape responses and interventions. They also lead and facilitate spiritual reflection with individuals, families, communities, and institutions. With Roger, this meant exploring where and how he developed an image of a punishing God at odds with what he had learned through worship and study. A social worker or psychotherapist might have helped Roger express his anger or “process” his grief but probably would not directly engage Roger’s spiritual distress. The ability to identify, access, engage, and evaluate life-giving spiritual resources and reflection—stories, songs, rituals, symbols, sacred texts, spiritual practices, and more—sets chaplains apart from other helping professionals. In fact, the responsibility for leading and facilitating spiritual reflection belongs uniquely to chaplains in most settings.

Knowing about and demonstrating these skills is a first step; learning when and how to use them effectively is a process that involves training and practical wisdom gained through experience. Most chaplains, especially those certified by the Board of Chaplaincy Certification, gradually learn to use spiritual reflection to make meaning through a years-long process of formation that can involve clinical training and supervision, peer consultation, and ongoing education.

## WHERE WE STAND

All human understanding is partial. It is limited and shaped by social and religious location—not just what people believe or what religions they profess but also the complex ways in which their religious and spiritual bonds relate to race, gender, ethnicities, age, sexualities, geography, and other dimensions of their identities. We begin the chapter, therefore, by highlighting our own social and religious locations. We also briefly identify what we value about spiritual reflection and name some differences between our approaches.

Victor writes:

I grew up in a multiethnic, multireligious, upper-middle-class family in Singapore. I am ordained as a Tibetan Buddhist priest (*ngakpa*), and at the same time I find comfort in Christian, Buddhist, Hindu, Muslim, Taoist, and Vodun services. I had the privilege of studying experientially the interreligious philosophy of Fr. Bede Griffiths and Reb Zalman Schacter Shalomi zt'l. They named their approach "deep ecumenism," which for the purposes of this chapter I would call "qualified perennialism." This approach proposes the nature of spiritual reality is One while acknowledging that due to our unique geographical, historical, and cultural locations there will be diverse and sometimes conflicting interpretive models for meaning making. More simply, this perspective states that spiritual reality is singular because It can only be experienced through the human mind and body, which we all share. However, this singularity may lie beyond our conceptualizations and human language.

Although this is my understanding, I am careful as a chaplain not to impose this on others. What I value in the process of spiritual reflection is that spiritual reflection embodies both our unique connection with that spiritual reality and our similarity as human persons. I think that the differences between Duane and me as authors are a question of emphasis—I have a tendency to highlight the similarities rather than the differences in the process of spiritual reflection.

Duane describes his social and religious locations:

Growing up, my family was nominally Presbyterian (a Protestant Christian denomination made up primarily of educated middle- and upper-middle-class White people) but rarely attended worship or other religious activities. My parents were decidedly blue-collar, but we lived in a diverse university town in the Midwest. From grade school on, my friends were Buddhist, Christian, Hindu, Jewish, Taoist, and Unitarian. I studied Buddhism in college and later with Burmese, Thai, and Vietnamese teachers. Today I am spiritually fluid,<sup>4</sup> both Buddhist and Christian. I am a minister of the Presbyterian Church (USA) and a practitioner in the Theravada Buddhist tradition. By reflecting spiritually, I gain a richer understanding of life. Spiritual reflection also allows me to identify how human experience "talks back" to sacred texts, doctrines, and institutions to

reduce suffering caused by religion and spirituality. Unlike Victor, I emphasize the differences between spiritual perspectives. I want to honor the ways we are not alike and to acknowledge that different religions lead people to different places and outcomes.

## KEY TERMS AND CONCEPTS

Several key terms and concepts are central to how the two of us make sense of meaning making. For us, “meaning making” encompasses an active, creative, social, and reflexive process of making sense of inner and outer experiences. It goes beyond shallow descriptions, such as “Stop signs are red octagons,” to create rich, layered, and nuanced accounts: “Today, stop signs in the United States are red octagons, but the country’s first stop signs were large, black-and-white squares; the government standardized the shape in the 1920s and changed the color to yellow to help people see them at night. In 1954 stop signs adopted the shape and color we know now: a white outline and white letters on a reflective, red background to match red traffic lights so that there was a universal color that means ‘stop.’”

Meaning making looks deeply at experiences to create complex and contextual understanding. It can be seen as one element of spirituality (alongside communion and purpose), helping turn people toward life and the Holy when threatened by death, despair, and nonbeing.<sup>5</sup>

Religions provide participants with a worldview and a direction, helping people understand how they came to be and where they need to go. This aligns with John Thatamanil’s definition of religion. He sees religion as “a comprehensive qualitative orientation”<sup>6</sup> that functions as both an interpretive scheme and a normative, therapeutic regimen.<sup>7</sup> Within this worldview, religions and spiritualities diagnose the human condition and propose a pathway to healing; this is the therapeutic aspect of a particular tradition.

As humans, chaplains and careseekers explain and order inner and outer experiences to create a coherent, meaningful structure. This process becomes spiritual reflection when it concerns our relationship with the sacred and our values and when it changes the quality of our awareness or challenges us. The content of spiritual reflection is not necessarily religious; it can include anything in our lives.

A chaplain pays attention to the life-giving or life-denying potentials of spiritual reflection. Sometimes a spiritual framework’s misunderstandings and misconceptions create life-denying meanings. They can be transformed

toward life, however, as illustrated in the cases of Roger, above, and Cecilia and Amy, below.

#### MEANING MAKING AND THE VISION, GOALS, AND PURPOSES OF SPIRITUAL REFLECTION

Many years ago, Duane cared with a woman who bruised and scraped herself with a meat cleaver and an ax. “I am not suicidal,” Cecilia said.<sup>8</sup> “I just want my body to show some evidence of the pain I feel inside.”

Twenty years earlier, Cecilia had been diagnosed with bipolar disorder, a mental health condition that can cause extreme mood swings. Years can pass between episodes. Cecilia had been stable for a long time but had entered an exceptionally severe and disabling depression; at times, she could not feed, clothe, or bathe herself. She never forgot God, however; even at her lowest, Cecilia continued her primary spiritual practice: “making beauty” in the form of exquisite beaded jewelry that she considered an offering to the world. “As long as I can do this,” she said, “it means the depression can’t swallow me completely. Even in pain, I can add to the impractical beauty of the world.” Cecilia understood her jewelry as a reflection of God’s wanton generosity and creativity. Yet she and Duane had a hard time reconciling her commitment to beauty and life of prayer with the violence against her body. In the process, Duane asked questions about Cecilia’s image of God, understanding of prayer, and sense of how God felt about and responded to her self-injury. He remained curious about her answers and experiences rather than steering her toward a particular interpretation, helping her develop a rich, nuanced description of her suffering before attempting to make meaning of it.

When such difficult and compelling questions arise, spiritual reflection can help people make sense of life in ways congruent with their spiritual and religious commitments. It provides an opportunity to clarify values, explore how people relate to the sacred, and develop stronger and more trusting connections to transcendence. This means engaging moral values and aims, constructing a coherent vision of life, and identifying beliefs about the fundamental nature of reality, such as whether the universe is benevolent.<sup>9</sup> Chaplains who effectively lead and facilitate spiritual reflection embody a “constellation of capacities”<sup>10</sup>—attitudes, understandings, and skills that include self-awareness, authenticity, openness, and tolerance.<sup>11</sup> This chapter assumes these capacities as initial building blocks toward competent spiritual reflection.

In our view, a chaplain who wants to lead and facilitate effective spiritual reflection must be able to recognize and engage spiritual experience and to access and influence a person's worldview without misusing power. In many graduate-level courses in spiritual care and in clinical pastoral education, chaplains are trained to hone these abilities, attending to how a person relates to the sacred and to how transcendence and meaning make themselves known and influence a person's life. Chaplains normally strive to explore a person's spirituality with curiosity and openness, working diligently not to impose norms foreign to the person but to help them identify and clarify the values, commitments, and preferences embedded in—and congruent with—their own ways of relating to the sacred. But most chaplains do not stop there. They also help people respond to their experiences as part of an ongoing conversation with the sacred. Ideally, these responses take place once people make meaning of their experiences. Responses might be formal, involving, for example, prayer and ritual; they might also be informal and include practices such as offering thanks, serving others, creating something, or committing to new actions and understandings.

In our view, effective chaplains bring three values to the process of spiritual reflection. First, they engage in their own spiritual, religious, and theological reflection on a regular basis, working alone or with a psychotherapist, a spiritual guide, or a trusted friend to make meaning of their experiences in light of spiritual and religious understandings. For example, after working with Cecilia, Duane wrote a formal reflection on how he might have contributed to her suffering, using a model proposed by feminist theologian Mary Solberg.<sup>12</sup> This is an example of using religion as an interpretive scheme to make sense of experience. We emphasize chaplains engaging in their own reflective practices because we assume we cannot successfully or ethically lead others in a practice that we do not use ourselves.

Second, chaplains model and facilitate reflexivity, the practice of examining, without defensiveness, these feelings, reactions, assumptions, privileges, and motives to understand how they influence thinking, feeling, and behavior in particular situations. This takes practice. We learn to do it, and to facilitate it among others, in two ways: first, by observing people more skilled at reflexivity than we; second, by consulting with supervisors, mentors, and trusted colleagues to explore the often hidden dimensions of our own ways of being in the world. Analyzing verbatim reports of spiritual-care conversations with peers and supervisors also strengthens reflexivity.

Finally, effective chaplains collaborate with care receivers to construct and live into an identity consistent with and reflecting the best of the

person's spiritual/religious commitments. When invited, chaplains might share their perspectives but offer those ideas tentatively, framed as possibilities and not as necessities or absolute truths. It is more important to be curious about the person's own understandings than to shape them toward the values and visions a chaplain adopts. In particular, chaplains honor the therapeutic regimens central to a person's spirituality.

Let's look at concrete examples of how chaplains engage in spiritual reflection themselves and how they facilitate it among others.

### THE CHAPLAIN'S OWN REFLECTION PROCESS

Not only do chaplains lead and facilitate spiritual reflection with others, but the capacity to make meaning of what they see and hear is developed through a process of reflection on chaplains' own experiences of caring relationships. A chaplain's reflection serves three purposes: to help the chaplain respond effectively to a particular care receiver; to help the chaplain respond more effectively when faced with similar situations in the future; and to help the chaplain construct new religious, spiritual, or theological understandings.<sup>13</sup>

Early in Duane's career, for example, a Latino colleague asked to talk about suffering—anxiety, sadness, relational strife—resulting from a curse that a *bruja*, or witch, had placed on him. His statement indicated that the man, a Roman Catholic Christian, was also influenced by *brujería*, an indigenous, Afro-Latinx spirituality common in Latin America and the Caribbean (and increasingly visible in the United States and beyond). The man said the *bruja* cursed him by slipping his photo into a coffin just before it was sealed and buried. The only way to break the power of the curse, he said, was to remove the photo from the grave. The man's distress focused less on the curse than on the logistics, permissions, and expense involved in retrieving the photo. His suffering was less related to the curse than to his response to it. He kept asking Duane, "What should I do?"

The situation required Duane to reflect spiritually and theologically on his own experience: Did he believe in curses? What would it look like to relieve suffering in this situation, thus honoring one of his vows as a Buddhist practitioner? What would it look like to promote abundant life in this situation, one of his priorities as a Christian pastor? How would God like him to respond to this person?

Duane reflected on these questions by reading the Bible and praying, concluding that to reject the curse would be premature. The man's pain,



whatever its cause, was real and amplified by his belief in the curse. Duane decided that to relieve suffering in this situation meant to address its causes: the curse and the man's attachment to its effects. To promote abundant life meant to affirm the man's identity, spirituality, and cultural norms; to liberate him from the fear evoked by the curse; and to identify with him how God might be working to change the situation. Duane used his religious traditions and the traditions of the careseeker to make sense of the man's distress (religion as an interpretive scheme) and to identify how that distress could be relieved (religion as a therapeutic regimen).

After consultation with a colleague and time in prayer, Duane returned to the man and said something like, "I wonder if there's a way that the photo could disappear without digging up the grave? Do you think a funeral home would know how long it takes embalming fluid to leak from a body and destroy paper and photographs?" The man nodded. "I didn't think of that!" he said. "I'll have to check it out."

Later, he called Duane and said that the photograph would be destroyed in a few weeks; this would break the curse. "I just have to be patient and not worry so much," the man said. "Things will get better on their own."

This illustrates one way chaplains might reflect spiritually on their own experiences to benefit careseekers. Duane used journaling, sacred text, prayer, and consultation to find a way to respond that was congruent with Duane's values and reflected the best parts of his religious traditions. He relied on interpersonal skills, self-regulation, and sociocultural competencies<sup>14</sup>—including honesty about what he didn't and couldn't know—to guide his spiritual reflection. He adopted a stance of humility rather than pretended his worldview was more accurate than the careseeker's. Duane did not privilege or indulge the cultures in which he was raised, which rejected curses and witchcraft, but explored where those embedded beliefs came from, why the man trusted them, and what the implications might be if Duane imposed a positivist worldview that centered white, mainline Protestant norms. Can you think of a conversation with another person whose cultural values and viewpoints differed from your own? What did you learn about yourself in such a dialogue?

## REFLECTING WITH OTHERS

Amy grew up as the youngest child in an evangelical Christian family. Initially, she did well at school and at church. In fact, she was to become the church's next youth minister. However, Amy gradually became depressed

and sullen. Her school work deteriorated. She stormed out of a meeting with her pastor over disagreements about a youth outing. When her parents discovered scars on her hands as the result of self-cutting, they brought her to see Victor, whom they knew.

In the first conversation, Victor acknowledged two sets of careseekers: Amy and her parents. Amy was the “identified careseeker,” but the parents’ bewilderment, pain, and anxiety needed to be acknowledged. A Buddhist chaplain enters into the caring encounter with the intention to reduce suffering—a manifestation of the Buddhist chaplain’s spiritual framework. A Buddhist chaplain’s most basic therapeutic regimen is the reduction of suffering. Victor chose to focus on the parents first because their suffering might affect Amy’s own healing.

Amy’s parents spoke of an ideal vision of their family that was challenged by Amy’s incident with the pastor and her self-cutting. Victor explored their spiritual framework about family that was based on hopes and dreams they had developed in their families of origin and from popular media. Amy’s parents felt seen and heard by the chaplain. This led them to have faith and hope in the chaplain’s subsequent conversations with Amy.

Amy’s “presenting issues” were self-cutting and her behavior toward her pastor, but to Victor these were symptoms of her suffering, not the cause. His spiritual framework emphasized the Buddha’s Four Noble Truths: first, the truth of suffering—in this case, Amy’s self-cutting and behavior toward the pastor; and second, the truth of the suffering’s cause. At this point, Victor chose not to determine the cause of the behaviors but to understand how they fit into her spiritual framework. Amy reported that she felt she was “defective” and had failed a test from God. Victor (who in his personal spiritual framework does not believe that the sacred would ever test us) adopted a stance of not knowing, asking Amy to explain the test and how she knew she had failed it.

Amy said that she found herself enjoying time with a girl schoolmate. She was appalled and saddened to discover she was romantically attracted to this friend. This was the test that she believed her God sent her. Amy believed that the sacred sends her tests to see if she continues to be worthy. At a party with this friend, she kissed her friend and her friend kissed her back. This created a crisis in Amy’s comprehensive qualitative orientation; her interpretive scheme led her to feel she had failed God’s test and, in fact, failed God. Amy believed she should have recognized how wrong this attraction was, within her spiritual framework, and had the strength to resist the friendship.

Victor's spiritual framework does not believe that attraction to a person of the same gender is wrong, but he acknowledged what was true for Amy. A chaplain has genuine, authentic respect for how careseekers have made meaning of their life in a particular spiritual framework and how that framework orders their life. That said, it is important to emphasize that chaplains need to be sensitive when meaning making takes life-denying forms, as discussed below.

After the kiss, Amy avoided all contact with her friend but was still conflicted. This made her sullen and depressed. She also felt she had lost the close emotional tone that previously connected her with her God and her church. She had begun to feel numb; out of that emotional turmoil, she started to cut herself to counteract the numbness by feeling something. Having checked that Amy was safe, that she was not in an emotional place to self-cut, Victor asked how important feeling—"feeling close," "feeling numb"—was to her spiritual framework. Amy said these feelings were significant; this gave Victor insight into Amy's path to healing (the Fourth Noble Truth) toward wholeness (the Third Noble Truth). Somehow, feelings were to play a part in Amy's healing.

Victor asked Amy how she thought she could repair her relationship with her God. Victor wanted to know what therapeutic regimen "fit" Amy's spiritual framework. She said she had prayed, meditated, and asked to be forgiven. She believed she was forgiven but also that she was denied God's grace—which she called "a gift from all-loving God." Victor asked why Amy believed an all-loving God would withhold grace if she was forgiven by her God. Amy's eyes started to tear; soon she was crying, and with that, the emotional burden of failing the test dissolved. It was the consolation she needed.

Victor did not question the interpretive scheme provided by Amy's spiritual framework—that her God would test her to determine her worthiness. Victor identified possible life-giving and life-denying meanings associated with this belief. What he found life-denying was that her God provided her with tests. What he found life-giving was her belief in an all-loving God. He appealed to her belief in an all-loving God to transform her understanding that she had failed a test sent by God.

## BECOMING COMPETENT AT SPIRITUAL REFLECTION

Responding effectively to psycho-spiritual distress requires chaplains to prepare to lead and facilitate spiritual reflection by developing the capacities to identify and explore spiritual experience and to facilitate robust responses

to the meaning that emerges. This section draws on what we teach in our courses on interreligious care and on chaplaincy to explore each capacity and identify the types of knowledge that inform those capacities. Not all chaplains learn these approaches, of course, but we suggest that chaplains in any context adopt and adapt these capacities for their own work.

### *Capacities for Spiritual Reflection*

Like much preparation for chaplaincy and spiritual care, we think preparing to lead and facilitate spiritual reflection requires more attention to “being” than to “knowing” or “doing.” Chaplains prioritize the cultivation of internal and interpersonal capacities that enable them to use their knowledge and skills effectively. Who chaplains are—the environment they create with their being, their capacity to remain non-anxious and nonjudgmental in relationships with careseekers—matters more than what a chaplain knows or does. A number of capacities and resources shape a chaplain’s stance toward careseekers.

Three intra- and interpersonal capacities set the stage for spiritual reflection. First, as described in chapter 3, effective chaplaincy embodies intercultural humility and a not-knowing stance, acknowledging that what we don’t know can be as important as (or even more important than) what we do know. Humility and not-knowing also mean acknowledging that a chaplain’s cultural assumptions about religion and spirituality are not universal or better than the assumptions fostered by other cultures. What chaplains learn about spirituality from their own cultures, training, and experiences might be less helpful than their ability to remain open and curious about how the sacred manifests in a particular person’s life and how that person makes sense of those experiences.<sup>15</sup> In our view, a skilled chaplain resists the temptation to “play the expert” and works to reduce the expectation that “expert” is a role a chaplain ought to assume. A chaplain’s expertise is limited to the caring relationship and the process of care; careseekers are the experts about their experiences and what they mean. Most chaplains, especially those who have received clinical training, have appropriate, general knowledge about spirituality and the process of care but do not know about a particular person’s spirituality or how care can be useful to them. We simply cannot know everything about how the sacred behaves, manifests, or influences others. Therefore, rather than imposing interpretations that grow from the chaplain’s perspective, professional chaplains help others clarify their own interpretations of spiritual experience. As in medical ethics, the

careseeker's self-determination takes center stage. This process informs spiritual assessment, which can overlap with spiritual reflection and is addressed in chapter 6.

Second, chaplains leading and facilitating spiritual reflection use the resources of their spiritual and religious traditions, as well as secular practices such as psychotherapy, to develop "alterity virtues" like humility, compassion, and gratitude<sup>16</sup> when relating to people whose social and religious locations differ from theirs. These virtues manifest as "a differentiated openness to other perspectives, a tendency to view others as equal to self, and an ability to accept human limitations in knowing . . . [; as] caring for the suffering of others . . . beyond immediate social and kinship networks toward an ever-widening circle of concern for humanity and the cosmos . . . [; and as] intercultural competence and . . . a tendency to appreciate others and their contributions."<sup>17</sup> Many of these attitudes and values are reflected in the Code of Ethics of Professional Chaplains and thereby become a part of chaplains' interpretive schemes, if not also part of the therapeutic regimen advanced by their personal spirituality.<sup>18</sup>

Third, based on these core values of professional chaplaincy, spiritual care providers work to accept difference and recognize the positive, transcendent meanings that emerge across religious, cultural, and social differences. As understood by Steven J. Sandage and his colleagues, this entails remaining open and curious about difference and approaching religious others with respect and compassion.<sup>19</sup> We add that chaplains who recognize the positive, transcendent meanings that emerge from cooperation across difference will strive to see and interpret unfamiliar spiritual/religious traditions as generative and life-giving; religious diversity functions as a gift from which to learn about people, the world, and the sacred, rather than as a problem to solve or a danger from which to protect self and others.

Each of these capacities suggests types of knowledge and practice that effective chaplains continuously strive to embody. In particular, three resources are helpful in preparing to lead and facilitate spiritual/religious reflection: interreligious and multireligious literacy, intersectional analysis, and consultation.

Interreligious and multireligious literacy entails awareness of the basic beliefs, history, ethics, and practices of a variety of spiritual/religious traditions. It also involves an ability to articulate one's own spiritual/religious location<sup>20</sup> and to develop a robust philosophy of religious diversity to make sense of the variety of religions and sometimes conflicting truth claims.<sup>21</sup> We suggest that as chaplains become more skilled, they strive to move

beyond basic awareness of multiple traditions toward fluency in a second tradition different from their own. This requires not only “book knowledge” but also practical engagement and apprenticeship—studying, worshiping, serving, and practicing with people and communities who represent the second tradition and know it well. A Buddhist chaplain who wants to become fluent in Islam, for example, might study the Koran and practice Islamic prayer with a Muslim colleague, learn Arabic, or participate in education activities at a local mosque.

Intersectional theory can help chaplains become aware of how different social experiences and identities—such as race, socioeconomic class, gender, ethnicity, sexuality, spirituality and religion, nationality, disability, and others—interact in dynamic, ever-shifting ways to create overlapping and interacting privileges and disadvantages in different settings. For example, speaking English as a first language can create social and economic privilege in the United States but social and economic disadvantages in China or Russia. Considering these overlapping experiences and identities helps us understand the complexity of people’s experiences.

It isn’t sufficient, of course, to know about intersectional theory; we think chaplains must also be able to use it for intersectional analysis during spiritual reflection. This means accounting for the ways that race, gender, ethnicity, sexuality, nationality, and other categories shape a person’s spiritual and religious experiences, qualitative orientation, interpretive schemes, and healing regimens; for their access (or not) to the full resources of a particular religious tradition; and for the way structures of power serve to privilege, disadvantage, highlight, and erase their spirituality. It means considering the chaplain’s own intersectionality as a factor that shapes caring relationships and the power dynamic between chaplain and careseeker. (This is one reason, for example, we identified our social and religious locations at the beginning of the chapter.)

Consultation skills help chaplains reach out to religious leaders from other traditions to avoid practicing beyond their expertise. Like other helping professionals, effective chaplains recognize and acknowledge their own limits, accept that they do not know everything, and establish professional relationships with religious leaders in their community and beyond. Having colleagues to consult deepens understanding and enriches spiritual/religious reflection; it is essential for chaplains who want to perform or provide appropriate and effective spiritual care to everyone they meet.<sup>22</sup>

All of these capacities, skills, and knowledges prepare chaplains for identifying and exploring spiritual experience through spiritual/religious

reflection. Three additional skills can help chaplains identify and explore the spiritual framework a careseeker uses to make meaning around spiritual, existential, religious, and theological experiences:

- Accessing and influencing worldview. The chaplain is able to ask questions beyond those that get at a clearer picture of the presenting issues. A skillful use of questions can clarify careseekers' spiritual frameworks and their life-giving and life-denying meanings; later, life-denying meanings can be transformed into life-giving meanings.
- Privileging descriptive spiritual knowing over interpretive spiritual knowing. Chaplains listen carefully to careseekers' descriptive spiritual knowing, which often takes the form of engaging the five senses. The chaplain follows up on descriptive knowing without rushing to interpretive spiritual knowing. Careseekers often try to interpret spiritual knowing too soon, but a chaplain needs to direct energy to exploring descriptions of experience, which often lie in a person's senses.
- Facilitating the acceptance of difference and recognition of the positive, sacred meaning of cooperation across difference. A chaplain can offer alternative interpretations that normalize difference for a careseeker. For example, some Jews offer some money to charity, while others offer a chicken to charity during the ritual of *kapparot*. Skilled chaplains acknowledge that we live in a pluralistic society, with as many differences within a religious tradition as across traditions. These chaplains recognize the sacred across difference among traditions and within a tradition to cooperate with others to provide healing to our careseekers.

As a caring conversation moves from identifying and exploring spiritual experience to responding to spiritual experience, a skilled chaplain asks questions to generate awareness of possibilities and choices, including a range of actions in response to the experience.<sup>23</sup> From our perspective, this entails four interventions from the chaplain:

- Clarifying a careseeker's assumptions and values in light of spiritual experience, as in the way Victor highlighted the tension between Amy's belief in an all-loving God and her sense that she had failed a test and therefore did not receive grace.
- Helping careseekers construct a preferred spiritual/religious self,

as in the way Duane helped Cecilia explore whether violent actions toward herself were congruent with her spiritual values.

- Highlighting differences within traditions, such as exploring various understandings of the Jewish ritual of *kapparat*.
- Exploring how careseekers can better align behavior and interpretation with their preferences and values so that their “best self” shines, as when Roger voiced forgiveness of the man he had blamed for his son’s injuries.

A chaplain can clarify assumptions and values by asking curious questions about careseekers’ experiences and the meanings they attribute to them. “You want to be ‘at peace with the universe,’” a chaplain might say, “so you know you’re aligned with positive energy. Tell me about a time when you’ve been aligned with positive energy in the past—how did you know? How did it happen? What did you value about that?” A chaplain might also ask, “What does it say about you as a person when you’re able to be at peace with the universe? What does it make possible? How does the universe feel about you when that happens?” Attending to the answers can help a chaplain understand a person’s orientation toward the world, the things they value, their preferred way of being, and their assumptions about spirituality and the sacred.

A chaplain’s questions can also help a person clarify and construct a preferred identity or sense of self in light of spiritual, existential, religious, and theological commitments. A chaplain might ask, “How do you hope your relationship to the universe shifts in the future? What does it say about you that the positive energy shows up this way in your life? What parts of your life are most aligned with positive energy? Least aligned? What becomes possible for you when you’re at peace with the universe that’s not possible other times? If you asked the universe what sort of person you should be, what would it say? How and where did you learn that the universe values these things?” These questions invite careseekers to think about the future in light of the spiritual values and commitments that are a part of the interpretive scheme and therapeutic regimen of their spiritualities.

Sometimes, careseekers’ thoughts, values, and behaviors seem to conflict with what they were taught (or assume) about the sacred or about being a “spiritual” or “religious” person. Someone might say, for example, “Allah wants me to honor my wife, but her parenting style conflicts with Muslim values. If I support her, I’ll let Allah down.” When this happens, a chaplain can usefully highlight and normalize the internal diversity of a careseeker’s



religious tradition: “Some Muslims believe that; others believe this. Which seems most congruent with what you know about Allah from your experience and your congregation?” Chaplains can also ask if careseekers’ fears are consistent with what they know about or how they experience the sacred: “You are afraid that taking antidepressants will violate your vows as a Buddhist. Is that consistent with what the Buddha taught about reducing suffering? Do you think you benefit from Buddhism as much when you’re depressed as when you’re not? What would the Buddha say about addressing your suffering?”

Although all religions and spiritualities include a range of beliefs, values, and practices, some careseekers—and some chaplains—remain unaware of the diversity within traditions. This is a reason to cultivate a network of colleagues and religious leaders to consult about traditions less familiar to the chaplain. A basic understanding of multiple traditions helps a chaplain prepare to lead and facilitate spiritual reflection, but there are times when a basic understanding remains insufficient. Seeking consultation helps a chaplain avoid doing harm when caring across religious differences.

Often, a chaplain’s primary task is helping people clarify values and make decisions that reflect those values. A chaplain’s questions shift from constructing identity to clarifying and encouraging agency by asking questions that help careseekers align their responses to and interpretations of spiritual experience with their key values and preferences. “When you are aligned with the universe’s positive energy,” a chaplain might say, “how will you respond to this experience in a way that reflects your best self? What action would help you feel at peace with the universe?”

Questions like these invite people to take action that reflects their spirituality, transforming meaning into behavior. Keeping actions congruent with values remains a key to the healing regimens of many spiritual and religious paths. By encouraging an embodied response to experiences of the sacred, chaplains help people enact meaning in the world in ways that others can see and experience. Responding to spiritual, existential, religious, and theological experiences can be a vital dimension of careseekers’ relationships to what they consider sacred or most valuable.

## CONCLUSION

In most settings, chaplains are the professionals responsible for leading and facilitating spiritual reflection. They help people make meaning of their experiences to inform life-giving actions in the world. Chaplains’ ability

to identify, access, engage, and evaluate life-giving spiritualities sets them apart from other helpers. Guiding people to order, structure, and create meaning from their experiences carries great responsibility. It draws on all resources, religious and nonreligious, that give meaning to people's lives, requiring chaplains to reflect spiritually on their own experiences as they help lead and facilitate reflection among careseekers. Doing it well requires that chaplains know how to access and engage spiritual worldviews, clarify values, facilitate reflexivity, and help people construct selves that behave in ways congruent with their religious/spiritual commitments.

### REFLECTION QUESTIONS

1. How does the spiritual/religious location of the authors shape your response to this chapter? Do their spiritual/religious locations affect their credibility for you? Would someone from a different spiritual/religious location think differently about meaning making through spiritual reflection?
2. The authors argue that religions and spiritualities function as interpretive schemes and healing regimens. How do the interpretive and healing aspects of religion and spirituality influence spiritual reflection and make meaning of life experiences?
3. Describe a time when you engaged in spiritual reflection that created meaning across spiritual/religious differences. What skills or competencies from the chapter can you identify in your experience? What skills or competencies could have made your practices of reflection and meaning making more effective?
4. Look at the section "Becoming Competent at Spiritual Reflection." What capacities would you add or remove from the ones the authors discuss? Why? How would you articulate the capacities there in the language of your own religious/spiritual or cultural traditions? How does your spiritual/religious location affect your response to those capacities?
5. Duane claims "relief of suffering" and "promotion of abundant life" as key commitments and values for his practice of spiritual care. What are some of the key religious/spiritual commitments and values you bring to spiritual care?

## RECOMMENDED READINGS

- Sanford, Monica. *Kalyānamitra: A Model for Buddhist Spiritual Care*. Ottawa: Sumeru Press, 2020.
- Snodgrass, Jill, ed. *Navigating Religious Difference in Spiritual Care and Counseling: Essays in Honor of Kathleen J. Greider*. Claremont, Calif.: Claremont Press, 2019.
- St. James O'Connor, Thomas, and Elizabeth Meakes. *Theological and Spiritual Reflection*. Waterloo, Ont.: Waterloo Lutheran Seminary, 2011.
- Townsend, Loren. "Theological Reflection and the Formation of Pastoral Counselors." In *The Formation of Pastoral Counselors: Challenges and Opportunities*, edited by Duane R. Bidwell and Joretta L. Marshall, 29–46. New York: Routledge, 2007.

## CHAPTER FIVE

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# Meaning Making through Ritual and Public Leadership

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ROCHELLE ROBINS *and*  
DANIELLE TUMMINIO HANSEN

**ABSTRACT** *Chaplains respond to individual and communal needs of meaning making through facilitation of rituals. They provide rituals to support careseekers in contexts of liminality, transition, and boundary situations, such as crisis, disaster, and death. Through several examples and two fictional cases, this chapter describes the contexts for rituals as well as the functions they fulfill. The chapter introduces five competencies for the facilitation of rituals: (1) assessing needs, (2) drawing on wisdom traditions for contemporary meaning making, (3) structuring rituals, (4) facilitating connections, and (5) integrating diverse spiritual resources. The ancient Hebrew biblical concept of tzaraat, affliction, is used as an example of how chaplains can use concepts from their own sacred texts to shed light on meaning for contemporary times. The concept describes how the chaplain as a representative of the sacred can facilitate community and give voice to personal, communal, and systemic afflictions. Rituals can provide stability, mark sacred time and space, remember and reveal, nurture resiliency, and empower and inspire new visions of freedom from affliction.*

## CASE I

Maura is a chaplain at a boarding school for high school students in the northeastern part of the United States called the Robsen School. As a chaplain, Maura's job is to teach religious studies courses to students, offer spiritual care to students and faculty, and lead daily interfaith worship. Maura considers the final of these three tasks to be the most important part of her job. Her facilitation of the daily service is a highly visible form of public leadership and is the only regular opportunity for the entire school community to share a collective experience.

In early January, news breaks that a sexual assault has occurred at Robsen's rival boarding school nearby. Many of the girls at Robsen are upset about the sexual assault because it reminds them of the many ways they feel vulnerable at Robsen, which historically had been a boys' school.<sup>1</sup> A group of female students come to speak with Maura and express that they are upset about the incident and feel marginalized at the school because of their gender. Maura suggests it might be helpful for the girls to find a way to speak about their experience during their daily interfaith gathering. The students say they do not feel comfortable speaking publicly because they are afraid of judgment from their peers and teachers—a reality that only reinforces for Maura concerns about embedded gender biases of the school.

Maura discerns an opportunity to provide leadership through ritual in a way that can contribute to changing the culture at the school by acknowledging the young women's experiences and empowering them to speak their truth while also honoring their desire to remain anonymous. With the students' permission, Maura creates an interfaith ritual for International Women's Day<sup>2</sup> that is designed to name the experiences of women and girls in the school. Weeks before the ritual, Maura invites women-identifying faculty and students to write about their experiences and dreams and to submit these anonymously in a box outside the office. She collates the submissions and gathers volunteers among the student body to read them as part of the interfaith ritual. She prepares a program ahead of time to be given out when the community begins to gather. Included with the program is a pen and Post-it note to be used as part of the service. She readies the space, placing large colorful posters cut in the shape of persons on the wall. Near the entrance is a table with refreshments prepared for informal gathering after the service. The ritual opens with Maura welcoming everyone to the space, identifying the purpose of the gathering, and acknowledging the

range of emotions and experiences present in the room. She begins with these words:

We are here today to mark International Women's Day. In marking this day, we join with people across the world who are committed to working toward gender justice and parity. We gather to remember and honor those women and girls whose lives have been marred by prejudice, violence. We gather also to learn and to recommit ourselves personally and collectively to a world where all may flourish, no matter gender, creed, or color. It is not an easy day to mark, as we live in a world in which gender-based violence continues to destroy lives and communities. The recent highly publicized sexual assault in our neighboring school reminds us of how close it is. It also reminds us that we have work to do in our own community as well. The hope today is that we can begin this work by listening to the voices of the women in our community. As we hear their stories and their wisdom, we can begin to learn and grow together in our commitment to be a community where all experience welcome and inclusion.

A group of young women musicians from the school are invited forward to perform "Singing for Our Lives" by Holly Near. Then Chaplain Maura continues:

Even as we are aware of challenges facing women in broader society, today is also a time to acknowledge challenges that face women within our community as well. It is not easy to hear this, as we seek to have a community where everyone is welcome and able to flourish to their fullness. Part of our journey as we continue to build a community that is inclusive is to have the courage to speak and to listen to each other. Over the next few minutes the words of members of our community will be shared. Some of them include upsetting thoughts and feelings; some of them reflect dreams for our life together. I invite you to hear these sentiments with an open heart.

She then asks the students, staff, and faculty representatives who had volunteered to read the anonymous submissions to begin. The readers include all genders. Some recite messages that may upset listeners, statements like, "I feel uncomfortable walking past groups of students who call out and make comments about my appearance"; "I worry about photos of private times being posted online without my consent"; "I feel anxious about walking on

my own at night, and wish I could have the freedom to move freely like my male friends have.”

Other messages are about hopes and dreams for justice and inclusion, such as, “I dream of seeing pictures of a female headmaster next to all the men on the wall”; “I dream of having a dorm named after one of our distinguished women alumnae”; “I hope that my education will help me have the same job opportunities that my male classmates do, that people won’t just think I went to college to find a husband”; “I yearn for a world where all people can live without fear because of their gender and race”; “I dream of seeing the kind of reality we hear about in chapel—a world where everyone can flourish because we are each made in the image of God.”

The sharing continues for several minutes with reflective pauses between each reading. Maura then guides the community to be aware of their feelings and thoughts and to sit together in silent reflection, prayer, or meditation with one another in order to consider the opportunities for learning and transformation that are before them. The ritual closes with a symbolic action. Maura invites all gathered to take their Post-it notes and write one thing they feel inspired to express or commit to, following what has been shared. She then asks people to come forward and place their notes on the cut-out figures around the room. Gradually the figures become covered with notes of apology, of commitment, of gratitude, of sadness, of resolve, of hope. They are transformed from empty outlines to a tangible symbol of the community’s desire to change.

After the service, several students come up to Maura, including some of the initial group of young women who had approached her back in January, to say that this was the first time they felt that their experiences were heard and respected by the larger community. They were hopeful. Several faculty members also said that they learned about how the culture at Robsen was affecting the confidence and identities of the girls at the school, not just intellectually but also physically and spiritually.

This case illustrates how bias and belittling enabled by systemic forms of oppression like sexism can create feelings of isolation that have a dimension of spiritual suffering. They might be said to have a plague-like impact in the lives of individuals and in the systemic life of a community. This isolation can exist even in a community where numerous others are impacted by the harm because individuals feel they are not believed or given a safe space to share their experiences. In such times, a chaplain has the opportunity to use public rituals to make space for voices to be heard and to invite transformative change. These rituals can also become a locus of tension when

they present uncomfortable truths that the community might not wish to acknowledge, an important step in and of itself. Maura seemed to understand her community well enough to know that a ritual could provide both of these things—and that both of these things were needed to help change the culture of the school. In this way, Maura exercised public leadership by believing the students at the school and by creating a service to amplify their voices so that they might become an impetus for change.

## THE CONTEXTS OF RITUALS

Among the different interventions with which helping professionals support persons in crisis or need, the facilitation of rituals is often unique to chaplains. Many rituals have been developed throughout history in spiritual communities, and, depending on the needs and spiritual/religious identity of the careseeker, chaplains frequently rely on these traditional forms of comfort and support. As the role of religion changes and familiarity with traditional rituals becomes less common, chaplains may also modify traditional rituals or create new ones (as we see in the case study above) to help careseekers express their feelings, facilitate community, invite transformation, and provide stability and grounding. Chaplains often meet careseekers in “high stakes” moments, in life-and-death and boundary situations, or in times of transition. Liminality or **liminal spaces** are terms that capture the “in-betweenness” of these moments. Liminal spaces are points on the map of life that are in between normalcy as we have known it and what life will become. Sometimes liminal spaces are physical spaces—like a hospital room—and sometimes they are spaces of time, as in the case of the time between the death of a loved one and the funeral.<sup>3</sup> Either way, they can lead to transition, changing boundaries, and new thresholds and meanings. They have the potential to allow us to acknowledge circumstances from which might emerge new possibilities that can simultaneously feel promising and out of our control.

Trauma often instantiates liminal experiences, as do times of public and private grief and loss, career or educational transitions, moving from one home to another, and joy. When people experience any of these events, they may feel as if they are in an in-between state of existence that can call forth a not-knowing, a lack of orientation, and a sense of being caught between longing for what life used to be and the possibilities of hope for the future. Experiences of liminality can be especially challenging when we do not desire or request to enter them. When trauma, illness, dying, death,



displacement, or isolation are forced into our experience—especially but not exclusively when it is unexpected—then individuals may find not only that they are in a liminal space or a liminal time but that they inhabit a liminal self that seems mystified and foreign.<sup>4</sup> Nothing is as it once was, including the individual.<sup>5</sup>

While individuals can perceive themselves to be in a liminal state, societies can also exist in that same state of in-betweenness. This may be particularly apparent during times when the culture is experiencing trauma and systemic difficulties and when it feels as if the stability that might have been culturally assumed in the past is no longer present.<sup>6</sup> In such times, individuals often experience the effects of systemic liminality. Systemic liminality can be particularly challenging to navigate, as it means that people cannot rely upon society as a source of stability. For instance, the events of September 11, 2001, created a public crisis that caused the United States to enter as a country into a collective liminal space. Many chaplains volunteered at Ground Zero in the aftermath of September 11, providing care to first responders.<sup>7</sup> As the magnitude and death toll of the tragedy mounted, chaplains initiated rituals of public mourning and supported public symbols memorializing those who had died. Another example of chaplains offering their skills during a time of collective liminality would be those who provided spiritual care—including end-of-life rituals—to patients, families, and medical health professionals during the COVID-19 crisis.<sup>8</sup>

These examples show how rituals are an important resource that chaplains can draw upon in response to larger-scale societal upheavals caused by human beings and natural disaster.<sup>9</sup> In such cases, it becomes important for the chaplain to acknowledge that individuals are navigating personal experiences of liminality—of suffering and affliction—in the midst of a society that is also trying to navigate the disorientation of liminality. Circumstances of systemic liminality can make it more difficult for a person to cope with the event because the culture at large is also in that place. Rituals, in response, can offer a safe way to process a liminal event, even societal ones.

As noted, chaplains are regularly called to offer spiritual care during times when an individual, an institution, or the wider culture is in a liminal state. They may be asked to engage in acts of public leadership during times when the culture at large is experiencing in-betweenness in ways that affect individual lives. For instance, following the school shooting in Newtown, Connecticut, a number of institutional chaplains and congregational clergy facilitated a multi-faith service designed to help the public name and grieve what had been lost. Many also led vigils in the days following the shootings.

Because these rituals occurred in the immediate aftermath of the shootings, family members of the deceased as well as the public were in a liminal state in which many were suffering and struggling to understand what had happened.

Yet times of cultural suffering and affliction can also be moments of radical spiritual transformation. Liminal moments offer society an opportunity to lament and to protest the affliction. Those who are directly and indirectly impacted by an event can experience equality and a level ground of connectedness, even if only for a moment. The chaplain's vision can assist the community in responding both to the aftermath of the violation and to the reality of interhuman betrayal that emerges as a result of systemic forms of oppression. One way the chaplain can help do this is by naming this dual reality for the community within the context of ritual. For example, the ritual led by Chaplain Maura in the case study above named, lamented, and mourned systemic injustice and oppression, even as it offered hope to the community to forge a new way forward.<sup>10</sup>

Additionally, chaplains have the opportunity to name the complexity of interhuman suffering within the context of ritual. Through the lens of emotional and spiritual suffering caused or severely exacerbated by others, the sufferer not only asks why did God or nature bring about the traumatic event but is also compelled to ask questions about senseless ill will, evil, and pathology within and among human beings. It is one trial to live with a pandemic and quarantine; it is an entire other level of suffering to live with social chaos and ill will at the center of it. The chaplain's willingness to speak about these hard truths within a sacred space can potentially transform the meaning of the experience for careseekers.

## WHAT RITUALS DO

Rituals function in a variety of ways. In the immediacy of a crisis, they help stabilize and support those who are in shock or overwhelmed. Following a devastating loss, they make space for communities to remember and to mourn, and—as in our case example of the Robsen school—they help people to begin to imagine a way forward. In institutional settings, rituals or ceremonies also mark important moments in an organization's life, such as the beginning of a school or fiscal year. Likewise, rituals provide ways to honor meaning and can facilitate sacred turning points for communities following difficult experiences or devastating loss. It is important to remember that this kind of ritual work is unique to the chaplain. Chaplains are often

the only individuals in their respective organizations who make use of ritual in their workplaces. It is therefore through the facilitation of rituals that chaplains enact one of their most distinctive leadership functions.

Rituals open spaces not only for thought but also for emotions and sensations, especially when people are heartbroken and confused because they are navigating liminal experiences. They engage the whole person: their bodies, spirits, and minds. In a ritual, participants might stand and sit. They might sing. They might hold hands with the person next to them. These embodied experiences—even if done virtually by holding one's hands out to others through the camera—can create a sense of physical safety and relational connection, especially when the ritual is familiar and consistent. These experiences can also impart a sense that the careseeker belongs to and is supported by a larger community.<sup>11</sup> Chaplains can therefore use rituals to create safe, communal experiences that offer support and to begin to envision hope that emerges from lament and sorrow.<sup>12</sup>

Finally, rituals often function to remember and to reveal. They not only meet the needs of a careseeker in the moment but also offer a glimpse of hope for what the future will be. This capacity to hold space both for the past, honoring what has been lost, and for the future, pointing toward hope, can be transformative for careseekers. Hence, when individuals and communities need help to live in between experiences of liminality, rituals support, stabilize, and help people through transitions.<sup>13</sup>

## DEVELOPING RITUALS

How does a chaplain go about developing an appropriate ritual? We outline competencies for the facilitation of rituals:

1. Assessing needs
2. Drawing on spiritual and wisdom traditions for contemporary meaning making
3. Utilizing a structure
4. Facilitating connection
5. Integrating diverse spiritual resources

First, it is important to assess the spiritual needs of the people, given that chaplains are oriented toward the need of their communities. Once the chaplain can name the particular need at hand, the pragmatics of the situation can be considered: What symbols are important to this community? What songs are meaningful? What space is appropriate? Who should

be involved in crafting the ritual? What resources are available, and are any additional resources needed? Answering these questions will help guide chaplains as they craft meaningful rituals for their communities. The chaplain thus makes a careful assessment of the needs of the individuals or communities involved and the context of the ritual.

While rituals are often helpful for supporting careseekers through times of transition, times of in-betweenness (or liminality) often call for rituals that foster stability and support. For example, when a family is waiting for news during a health crisis, the chaplain may facilitate a ritual that is familiar and grounding because hearing familiar words and participating in familiar actions can connect those present to their own tradition and provide a sense of comfort. For a Roman Catholic family, the chaplain may gather the household together to pray and recite the Lord's Prayer. For a family who practices the Jewish faith, the chaplain may use a prayer for healing called the *mi sheberach*. For a family that does not identify with a particular faith, the chaplain can ask what kind of ritual would feel meaningful to them and craft something appropriate with their needs in mind. What these examples share in common is that the chaplain actively listens to the needs of the careseekers. Starting from this place of intentional listening fosters empathy in the chaplain and helps the chaplain absorb not only the text but also the subtext of the careseekers' concerns so that it becomes possible to effectively shape meaningful rituals that support the needs of the family, group, or individual.

In circumstances of the imminent death of an individual and other urgent crises that impact families and small groups, chaplains are asked to fulfill requests for immediate prayer and ritual. Deathbed rituals often include opportunities for loved ones to gather together and to touch, hold, kiss, and say what they need to say to the one who is dying or has died. They may include a reading, a prayer, or a time of silence to honor and hold compassion for the one who has died. When people are struggling, they frequently seek ways to connect with sources of transcendent meaning. Prayer, reflective reading of sacred stories, and guided meditation are common ways chaplains incorporate ritual into care practices. When a careseeker desires prayer, the chaplain may inquire what the careseeker would like to be spoken in the prayer or may consider if the careseeker comes from a tradition where standardized prayers are common. Careseekers may wish to express concerns and feelings in their own words. In gathering careseekers in prayer, the chaplain will first have assessed their needs and their comfort level with prayer and tailor her or his words to meet their context as much as possible.

Second, when chaplains facilitate rituals, they regularly draw on spiritual wisdom traditions, connecting careseekers with their particular lineage in their process of meaning making for the current situation. Chaplains have the opportunity to integrate frameworks available from careseekers' own traditions to interpret and respond to experiences of liminality and suffering. We illustrate this by utilizing the biblical concept of *tzaraat* to explore experiences of liminality in human life and how chaplains engage in practices of care through liminal times and spaces. The Hebrew Bible offers one way of thinking about liminality that may be helpful for chaplains as they develop a framework for considering their identity and the needs of careseekers in liminal times. *Tzaraat*, a Hebrew word, is often translated as "dis-ease" or "affliction." The definitions and conditions of *tzaraat* in the Hebrew text are more expansive than a one-word definition in English. They include the condition of "*tzaraat*, skin affliction, which is frequently and inaccurately translated as leprosy."<sup>14</sup> In biblical times, the *metzora*—the human being living with *tzaraat*—would have been diagnosed by a priest and then placed under quarantine outside of the encampment of the larger society. *Tzaraat* can also refer to a non-desired state in the quality or the health of fabrics or building structures. This might refer to matters like mold or mildew. Unhealthy exposures—as *tzaraat*—are discussed in the biblical text. Experiences of *tzaraat* often draw people into liminal spaces. It can be argued that in contemporary times, these experiences can be medically based—as in the case of COVID-19—or they can also manifest as racism, sexism, classism, and other forms of systemic oppression.

Ancient, medieval, and contemporary interpretations of the affliction of *tzaraat* and the state of the *metzora* are varied and wide—beginning with literal elucidations of the illness, to questions about what causes it and how one may recover from it. What is relevant here is that *tzaraat* possesses a liminal dimension. As Samson Raphael Hirsch writes, "*Tzaraat* wasn't a physical ailment at all. Rather, it was a spiritual ailment and a call of distress for priestly intervention and assistance."<sup>15</sup> While Hirsch is right that there is a spiritual dimension to *tzaraat*, we would venture to say that the experience also incorporates the physical, psychological, and intellectual dimensions of being. Therefore, we use the word "affliction" or the phrase "that which causes suffering" in relation to *tzaraat*, highlighting the physical, emotional, and spiritual afflictions and sufferings that occur on both personal and societal levels. Other religious traditions or worldviews may use a different term for this concept. The Islamic Hadiths, Japanese Buddhist Endishiki writings, and the Vedic scriptures of Hinduism and Indian religions all

possess texts that contain words and concepts that address connections between physical, emotional, and spiritual sufferings. What is important to illustrate here is how chaplains are equipped to draw from ancient spiritual wisdom traditions as resources for their practice today.

Individuals who exist in liminal states, in spaces of *tzaraat*, often feel separated, isolated, or different from others. That sense of isolation functions as a kind of spiritual affliction that chaplains are uniquely able to address because, unlike doctors or psychologists, spirituality is their area of expertise. People who lived in ancient times recognized that suffering had a spiritual dimension that religious leaders were uniquely equipped to address. This is why a priest would anoint the *metzora*, to facilitate that person's return from the liminal state. Posited here is the notion that moving from a crisis back into a non-liminal state is very much modeled in the biblical tradition, and thereto in contemporary chaplaincy practices. The modern chaplain—like the ancient biblical priest—has an opportunity to create rituals for those who are in liminal states to help them transition from one state of being to another. The *metzora* and the condition of *tzaraat* therefore indicate an ancient reference point to the relevance of liminality in healing. This example also suggests that chaplains have a unique set of skills that they can offer at the most crucial individual and societal moments of upheaval or affliction and that rituals can build resilience as people emerge from crises. When the individual or community is disoriented after a liminal event, the spiritual care provider draws upon old and new resources to help individuals discover that they can move beyond the liminal state and into a new state of being. As Yael Danieli and Kathleen Nader summarize, “Rituals are group methods that serve to maintain a culture's social structure and its norms, strengthen the bonds of individuals to their communities, assist adaptation (to change or crisis), manage fear and anxiety, and ward off threats.”<sup>16</sup>

Third, chaplains often utilize an existing structure or scaffolding for the design of a ritual. Some rituals are highly formalized. In military chaplaincy, for example, when a soldier is killed in a war zone, the chaplain is responsible to conduct a ramp ceremony at the airfield. All military personnel are in attendance, the deceased is remembered, prayers are offered, and a flag is draped over the coffin. Led by the chaplain, military colleagues accompany the coffin to the airplane for the final return home. Other examples of formalized rituals that draw on specific religious practices include a Roman Catholic priest offering “the anointing of the sick” with a practicing Catholic, or a Buddhist chaplain offering specific chants for a Buddhist who is dying. Even when careseekers do not practice a particular religious tradition and

chaplains improvise to create a ritual, such as a memorial service, chaplains may still rely on elements of traditional rituals with opening words, readings, symbolic actions, and blessing-like closure. At times, it is important for chaplains to bring in spiritual leaders of religious traditions to lead and guide specific ritual practices. This may occur when the chaplain is not qualified to lead the practice, such as when a hospital patient asks a Hindu chaplain to perform a Christian anointing ritual. It may also occur when the chaplain is not familiar enough with the ritual practice that a careseeker needs—even the most skilled chaplains do not have expertise in every kind of ritual practice.

Fourth, when designing rituals, chaplains engage participation and facilitate connection. Rituals can respond to careseekers' needs for agency and voice, even as vulnerability and liminality remain at the center of the spiritual care response.<sup>17</sup> In the case study about Chaplain Maura, the chaplain asked students and faculty to write their experiences as girls and women on Post-it notes and to participate in the service through reading and symbolic action. This activity offered an opportunity for the entire community to participate and for members to build stronger connections.

Relatedly, rituals are most often communal events with the potential to facilitate connection and belonging. For example, when hearing the shofar during the High Holy Days, many Jewish people will be touched deeply and feel connected both to the Jewish community they currently participate in, to Jews around the world, and to the Jewish communities of the past that also engaged in this ritual. "You're supposed to hear the blast of the shofar 100 times in a single day. By the time you get to the 100th one, a really long blast, you're so overwhelmed with emotion, because the sound is vibrating in your chest. I cry when I hear it."<sup>18</sup> What this quotation shows is that many people feel connected to something larger than themselves and often feel grounded and held by a transcendent power when hearing familiar prayers and chants. Words and symbolic actions that have been performed repeatedly over the years create connections to one's community in the present as well as to the past. In this way, rituals can facilitate a sense of social belonging.

Finally, when facilitating rituals, chaplains often integrate diverse spiritual resources. While chaplains try to connect careseekers with religious leaders of the careseekers' tradition when desired, an interfaith chaplain in a crisis situation often does not have access to local resources and may instead offer prayers or readings from the tradition of the careseeker. Chaplains benefit from developing a literacy and resources in diverse spiritual traditions in order to meet the needs of the people they serve. In some situations, they

ask the careseekers to participate and contribute from their own tradition. The following case illustrates how chaplains can be responsive to diverse spiritual needs of their community.

## CASE 2

A Christian school situated in an urban part of the United States gained a reputation for being the most intellectually rigorous school in the city. Admission to the school became competitive, and many parents sought a placement for their children not because of the school's religious identity but because they believed it would give their children a better education and chance at college acceptance than other schools in the city.

Traditionally, the school had required students to participate in "chapel" services led by the school's Christian chaplain. As the school's reputation increased, a significant number of Jewish and Hindu students enrolled. The school chaplain felt a need to respond to the increasing diversity of spiritual identities within the student body. She organized a gathering of parents and students of Christian and non-Christian traditions to discuss how spiritual/religious ritual needs could be addressed. At the gathering, the participants decided to form an extracurricular student-led group with support from the chaplain and some parents in order to decide on how to make the required chapel space into one that truly exhibited spiritual belonging. First, the group decided to change the name of the school's worship time from "chapel" to "spiritual reflection services." Second, the group developed a calendar of religious holidays that included the major holidays of the Jewish, Christian, Muslim, Hindu, and Buddhist traditions. The plan was to acknowledge and celebrate these holidays in school services. The chaplain connected with Jewish, Hindu, Muslim, and Buddhist local religious leaders for guidance and participation in these services. Third, the students advocated for inclusion of spiritual reflection services that would involve students who did not identify with any particular religion.

The chaplain met with the school's board to advocate for these changes. Some board members expressed concern that the school would give up its identity as a Christian school. Other members welcomed the new concept as a tool for intercultural education in an increasingly pluralistic and diverse society. The chaplain pointed out that she had been encouraged by the increased student engagement to conceptualize the "spiritual reflection services" and welcomed the energy of the students and non-Christian parents. She also shared that Christian holidays and themes would continue



to be part of the services of celebration. The school's board decided to pilot the new form of "spiritual reflection services," the first of which would commemorate the Hindu holiday of Diwali.

The chaplain and the newly formed student group met with Hindu students and parents to plan a ritual. One student suggested that the school community assemble a *rangoli*—an elaborate and intricate design usually created on the floor of a space during festivals—inside the chapel. Another said they could make it out of flowers. A third suggested that maybe some of the older students could design the *rangoli* themselves, and a fourth added the idea of having the Hindu students begin the ritual by reading a children's book about Diwali out loud to explain what the festival was. The chaplain agreed that all of this sounded like a great idea, and she partnered with the students and families to help arrange the ritual. In the weeks leading up to it, she sent a newsletter to the school community that explained what Diwali was and how they would be celebrating it. The ritual became one of the most beloved events of the year and eventually became a tradition at the school.

In this example, the chaplain started by assessing the needs of those entrusted to her care by actively listening and empathizing with their spiritual needs. She recognized her own limitations and the need for all members of the community to feel included. She fostered inclusivity and empowered the community members' agency to create rituals. In this way, the chaplain led by handing leadership over to those who were best equipped to do the ritual work. The chaplain's work here involved exercising leadership in a specific way. Rather than functioning as a counselor or spiritual director, the chaplain was called to envision a way to bring a community together for the purpose of inclusion and belonging.

The chaplain at the Christian school therefore served all students, faculty, and staff and wanted to generate a sense of belonging for all, not just those who were of the Christian faith. This commitment led to some concrete changes in ritual practice: the chaplain changed the name of the worship services from "chapel" to "spiritual reflection services" because the former title had Christian connotations that did not meet the needs of this new intercultural school community. This change allowed for more participation during school-wide rituals, as services began to be more inclusive and reflective of the cultural and spiritual traditions that were represented in the community.

The chaplain also generated a sense of community by engaging the students in the new project of "spiritual reflection" at the school. She realized her own limitations as a Christian chaplain and invited students, parents,

and local religious leaders from other traditions to participate and cocreate the diverse services fostering intercultural connection and learning.

She also made space for students to develop their own reflections and rituals, including those who did not identify with any particular tradition. Thus, she sought to include the increasing number of youth and young adults who do not belong to a religious tradition while at the same time they are exposed to different expressions of faith and spirituality.

While many rituals have been celebrated over centuries and connect participants with a long tradition, rituals can be cocreated and emerge suddenly. For example, after mass shootings many people gather spontaneously to light candles and hold vigils. Rituals can present spaces to manage shock, grief, and uncertainty through creative connections and in community with others.

## CONCLUSION

Chaotic societal and personal experiences of affliction and suffering, as well as joyful places of positive transformation, are areas that the chaplain enters to honor human experience. These often call out for expression in ritual. As a member of multidisciplinary teams in healthcare organizations, jails, prisons, social service agencies, and corporations, the chaplain is often the only person in an organization who cares for the spiritual well-being of careseekers, including their ritual needs. Rituals become embodied enactments of human suffering, liminality, and visionary hope for the future. They are often critical for healing and become pivot points in the memory of individuals who sought a chaplain's care. In this way, the creation of rituals becomes one of the most important tasks that falls to a chaplain, a task that is sacred and timeless.

In closing, this chapter used the lens of liminality to explore the place of rituals in chaplaincy practice. It suggested that public leadership can take place—and hopefully will take place—in a variety of settings, including ritual settings. It also explored how the chaplain can work within a system or with an individual to help transform embedded beliefs and assist with the process of bringing awareness and voice to needs that may otherwise go unnoticed, thus increasing the well-being of individuals and communities. It showed, in short, that ritual is pivotal to the meaning-making work of the chaplain.

## REFLECTION QUESTIONS

1. How did the chaplains in these case studies demonstrate spiritual leadership?
2. How did the chaplains demonstrate empathy?
3. What do you imagine might be challenging when preparing a ritual?
4. What resources do you have from your spiritual life that might help you in preparing a ritual?
5. How does your spiritual tradition conceptualize liminality?

## RECOMMENDED READINGS

- Cutter, William, ed. *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health*. Woodstock, Vt.: Jewish Lights, 2007.
- Ramshaw, Elaine. *Ritual and Pastoral Care*. Minneapolis: Fortress Press, 1987.
- Roberts, Stephen B., ed. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*. Woodstock, Vt.: SkyLight Paths, 2012.

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