**Spiritual Care Learning Goals**

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**Spiritual Care courses at Iliff are grounded in the degree goal for the Masters of Arts in Pastoral and Spiritual Care, which describes Iliff’s distinctive approach to teaching spiritual care:** Integrate knowledge, capacities, and skills for practicing socially just, interreligious, and research literate spiritual care through demonstrating 1) a spiritually integrative learning process; 2) spiritual self-differentiation; 3) spiritual and social empathy; 4) spiritual self-reflexivity; 5) research-literate spiritual care.

**Summary and Key Terms**

*Socially just* spiritual care pays attention to how stress, struggles, and suffering are exacerbated by social inequities that limit access to resources, such as social, spiritual, and material support. Socially just spiritual care courses build upon Iliff’s core value of social justice, taught and practiced throughout its curriculum.

*Interreligious* spiritual care builds upon an intercultural approach to spiritual care (Morgan & Sandage, 2016), and is ethically mandated for those practicing spiritual care in religiously-diverse contexts. The approach to interreligious spiritual care taught at Iliff builds upon core coursework in the comparative study of religion that understands how the ways we talk and think about religion are “entangled with imperialism” (Chidester, 2014, p. xvii). Interreligious spiritual care is essential for ensuring spiritually trustworthy leadership and relationships that respect the mystery and narrative truth of another’s spiritual and religious practices, values, and beliefs.

Community faith leaders and chaplains need to be *research literate*—able to find, understand, and use research on how aspects of religion and spirituality help and/or harm people.

*Spiritual integration* is a collaborative and relational process of using spiritual practices for coping with stress compassionately, finding purpose through overarching values, and exploring beliefs and meanings about stress and suffering in ways that align personal/communal healing with social and ecological justice.

*Self-differentiation* helps community faith leaders and chaplains manage relational boundaries in the emotional intensity of intimate, family, work and learning community relationships. The added dimension of *spiritual* self-differentiation is what helps chaplains and community faith leaders develop intercultural and interreligious capacities for learning from jarring encounters with cultural and religious differences, “which may disrupt meaning systems and catalyze defenses or offer the opportunity for religious transformation” (Morgan & Sandage,)

Spiritual and social empathy builds upon spiritual self-differentiation by using *spiritual and social perspective-taking,* which involves standing in the other’s shoes to the extent that one can, and imagining the world from the other’s spiritual perspective, especially the macro systems of intersecting social privileges or disadvantages within the other’s cultural and political contexts. Perspective-taking helps students differentiate spiritually and emotionally while considering differences in social advantages and disadvantages, especially racial differences. Blurring one’s own and another’s perspective will lower empathic attunement and could contribute to spiritual neglect, coercion, and microaggressions.

Spiritual reflexivity goes beyond theological reflection to understand how a chaplain’s/community faith leader’s and care seeker’s social, religious/spiritual identities interact in the process of exploring contextual intentional values and beliefs about suffering cocreated within relationships of trust in spiritual care, learning circles, and communities of faith.

**Learning socially just, interreligious, and research literate spiritual care[[1]](#endnote-1)**

*Socially just* spiritual care pays attention to how stress, struggles, and suffering are exacerbated by social inequities that limit access to resources, such as social, spiritual, and material support. For example, a black lesbian leader of a multi-racial, politically diverse congregation faces increasing opposition from several members who challenge her leadership. In low moments, her exhaustion makes her question her vocation. “I always knew I wasn’t smart enough as a black woman. I should have stayed in the closet and never come out,” are refrains that increase her anxiety and depression. When she seeks help from her regional denomination’s committee overseeing congregational care, the convenor refuses to bring her request for an intervention before his committee, telling her to find a therapist, conveying there is something wrong with her. A minister mentor practicing socially just spiritual care helps her explore how antagonist church members and the denominational convenor of congregational care are making her the ‘identified patient’ within congregational and denominational systems that need to be held accountable for the ways they are targetting her because of her gender, racial, and sexual orientation identities.

Socially just spiritual care builds upon Iliff’s core value of social justice, taught and practiced throughout its curriculum. For example, Dr. Kristina Lizardy-Hajbi uses antiracist and “post/decolonial leadership frameworks that “resist and dismantle the systems that have allowed for injustices and violences (racial and otherwise) to flourish for centuries” (2020, p. 99). Socially just spiritual care identifies religious and spiritual practices, values, and beliefs that justify inequities and support religiously based prejudice and discrimination. For example, in many historical and contemporary contexts, sacred texts are used to justify discrimination against LGBTQI persons. Childhood and adolescent spiritual struggles arising from shame about sexual orientation may resurface in haunting ways for people who hoped their journeys of spiritual integration made them no longer vulnerable to such toxic childhood shame.

Bringing post and decolonial orientations to understanding spiritual care interactions makes [us] realize the impossibility of ‘doing no harm’ in a world organized by colonialism. Socially just spiritual care that does no harm is enormously challenging and always unfinished. When chaplains use calming spiritual practices, they may be able to feel in their bodies and their very bones their interconnectedness with a suffering humanity and creation…. Pastoral theologian Larry Graham [2017, pp. 139, 44] describes how lament may be a process of “sharing anguish, interrogating causes, and reinvesting hope” with God as “our co-creative partner in healing, sustaining, and guiding the shaken, shattered, exploded, bombed, bulleted, and drowning human community” ….The profound shame, guilt, grief, fear, and moral distress of…learning [how to practice socially-just spiritual care] can be supported only through personal and communal practices of lament. (Doehring & Kestenbaum, in press, pp. 18-19)

*Interreligious* spiritual care builds upon an intercultural approach to spiritual care (Morgan & Sandage, 2016), and is ethically mandated for those practicing spiritual care in religiously-diverse contexts.[[2]](#endnote-2) The approach to interreligious spiritual care taught at Iliff builds upon core coursework in the comparative study of religion that understands how the ways we talk and think about religion are “entangled with imperialism,” as comparative religious studies scholar David Chidester demonstrates in his landmark book, *Empire of Religion: Imperialism and Comparative Religion* (2014, p. xvii). “We in the field of pastoral theology are challenged by the legacies of colonialism and the ways in which ‘care’ is—and has been—a colonizing practice” (Lartey & Moon, 2020, p. 3). Comparative courses taught at Iliff use “an intensive, critical analysis of the interreligious dialogue project” as Dr. Jacob Kinnard describes and illustrated as follows:

It begins with a fundamental question that runs throughout the entire course: Is such dialogue even possible? Can members of different religious groups genuinely meet as equals, or does one group always have the discursive upper hand? Is there a hidden agenda in such dialogue? More particularly, is it possible for Christians to dialogically engage with non-Christians without, either consciously or unconsciously, translating the religious language of the other into the religious language of the self?.... A guiding principle here is that interreligious dialogue involves risk, a kind of openness that necessarily makes one vulnerable, and that this vulnerability runs both ways…. Iliff students are well versed in the language of diversity, but perhaps less adept at the energetic engagement piece. (Kinnard, 2021, p. 1)

The term interreligious could appear to exclude spiritual care to those with humanist, agnostic, or atheist orientations, as well as those who reject the term spiritual in describing their traditions and communities (for example, Buddhist, Confucian, Hindu, or American Indian persons). Pastoral theologian Emmanuel Lartey addresses this issue:

An important feature of intercultural work, one that is now most powerfully evident across the world, is inter-religious interaction. The world as we know it now clearly recognizes the variety and diversity of religious traditions and human-value orientations. In ‘human-value orientations’, I would include non-theistic, atheistic, and humanistic life persuasions. The dialogical and interactive practices recommended in intercultural pastoral practice are particularly called for in inter-religious spiritual care. Intercultural pastoral care is currently in the forefront of the streams of inter-religious spiritual care that are bringing practitioners of care from different faith-based perspectives into collaborative action together in hospitals and institutions across the globe. (Lartey, 2020, p. 7)

As Lartey and Moon note, “ ‘spiritual’ or ‘pastoral’ care should not be circumscribed to ‘faith’ traditions. Such a mindset limits what is considered spiritual or even religious” (2020, p. 5).

To address the ways that the term interreligious excludes—even erases—values, beliefs, and practices not named as religious or spiritual, Iliff coursework uses a socially just approach to interreligious spiritual care that builds upon the teaching and scholarship of Iliff faculty. For example, Dr. Tink Tinker has written extensively about how terms like religion and spirituality are imposed upon American Indians to make aspects of their lives and communities ‘fit’ into categories used within western religious studies. Writing as a scholar, social activist, and practitioner, he describes how

Colonialism messes everything up. For 30 years I could never really figure out what to call my work in the community—in english to explain to non-Natives. My brother, who is *heyoka ieska*, suggested years ago that I, like himself, just use “traditional American Indian spiritual leader” when we had to fill in that blank on a couple’s marriage license—even though the colonialist language is problematic. We have neither “spirituality” nor “leaders” *per se* in the euro-christian sense in our languages, and the truth is that I never “led” anybody. I was merely present at 4Winds as another (yet key) community resource to which people could turn. (Tinker, 2020, p. 5)[[3]](#endnote-3)

This socially just, interreligious approach to spiritual care[[4]](#endnote-4) combines

* *Attitudes of intercultural humility*[[5]](#endnote-5)toward cultural, religious, moral, and spiritual differences that help spiritual caregivers honor the ineffable mystery of how each person’s stories illustrate aspects of their spirituality uniquely true for them.
* *Capacities in spiritual differentiation*[[6]](#endnote-6) that help spiritual caregivers continuously draw boundaries between their spiritual orientation and another’s, and monitor their tendency to interpret another’s story through their own experiences. The term ‘spiritual differentiation’ is part of a research-supported understanding of differentiation-based spirituality: “a relational spirituality framework that understands spiritual experience and development in terms of the capacities for (a) self-regulation (Jankowski & Vaughn, 2009; Kass & Lennox, 2005; McCullough & Willoughby, 2009; Sandage & Jankowski, 2010), and (b) balancing intimacy and autonomy in relationships (Sandage & Jankowski, 2010; Sandage, Link, & Jankowski,2010; Shults & Sandage, 2006)” (Jankowski & Sandage, 2012).[[7]](#endnote-7)
* *Skills in deep listening* that help caregivers closely follow another person’s story, echoing back unique spiritual details of that story, without ‘translating’ another person’s struggles using the caregiver’s core beliefs and values, or trying to ‘fix’ these struggles through offering core beliefs, values, and practices that have been helpful to caregivers.
* *Spiritual self-care* using calming practices that help caregivers monitor and cope with the stress of encountering religious and spiritual differences that challenge what is true for caregivers, making them minimize or polarize religious and spiritual differences.[[8]](#endnote-8) Spiritual self-care fosters compassion for self and others that brings people together in lamentation for suffering caused by religiously-based prejudice and violence.

Interreligious spiritual care is essential for ensuring spiritually trustworthy leadership and relationships that respect the mystery and narrative truth of another’s spiritual and religious practices, values, and beliefs. Caregivers are more likely to trust the process of spiritual care when they are using spiritual self-care practices that help them monitor stress and relational boundaries and experience inherent goodness within themselves and others. Spiritual self-care enables them to lament and bear suffering together in collaborative, co-creative caring linking care of persons with care of world (Graham, 1992).

Community faith leaders and chaplains need to be *research literate*—able to find, understand, and use research on how aspects of religion and spirituality help and/or harm people (e.g., the religious and spiritual struggles of experiencing God and/or religious authorities as judging; the ways that chronic religious, spiritual and moral struggles intensify trauma and moral injury). Research literacy counteracts the ways that fears, especially from the Christian Right, generate conspiracy theories and paranoia that justify an anti-science agenda and literal readings of selective sacred texts that cause harm. For example, religiously-based denial of global warming perpetuates the destruction of creation through global warming denials (Alumkal, 2017). Religiously-based values and beliefs justifying personal ‘freedom’ to not wear masks or get covid vaccines endanger those who are vulnerable because of age and health-care status.

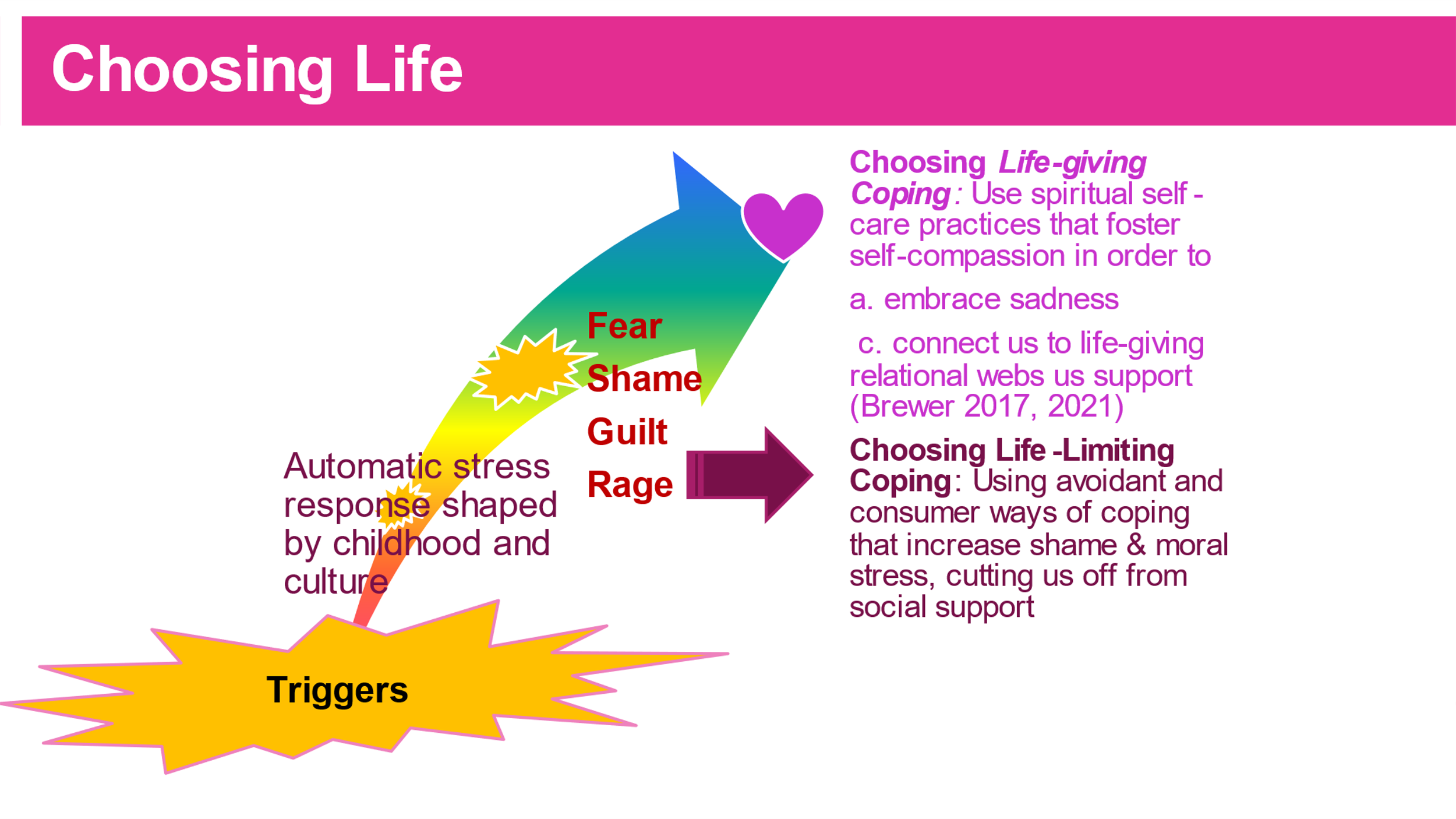
*Figure 1. Spiritual care that does no harm promotes social justice, respects religious and cultural differences, and draws upon research on how aspects of religion and spirituality may be helpful or harmful.*

**Learning Goal: Demonstrating** **a spiritually integrative learning process**

*Spiritual integration* is a collaborative and relational process of using spiritual practices for coping with stress compassionately, finding purpose through overarching values, and exploring beliefs and meanings about stress and suffering in ways that align personal/communal healing with social and ecological justice. Spiritual self-care that includes calming practices (e.g., slow, deep breathing) helps people become aware of

* what triggers stress responses
* tendencies to blame or judge themselves or others when experiencing stress
* habitual ways of coping that may or may not support physical, spiritual, relational, communal, and global well being[[9]](#endnote-9)

The following model depicts how a trigger may spark physiological stress and related emotions. Negative moral emotions of shame, self-blame, blame, and anger isolate people, prompting them to cope in habitual ways that are reinforced by consumer cultures (e.g., avoidance, seeking relief through the use of social media, food, addictive substances, and compulsive behaviors) that inhibit compassionate accountability for self-care and change. Spiritual practices that connect people with goodness (within themselves, in humanity, and transcendently) will increase awareness of triggers and the lure of habitual coping. Using in-the-moment spiritual practices will increase self-compassion about how stress generates life-limiting values and beliefs that often reinforce prejudice (directed inwardly through shame or outwardly through anger and blame), and collaborative accountability for co-creative just care of self and others.



Spiritual practices focused on managing stress will often help people become more compassionate toward themselves and others, decreasing self-judgment that compounds stress. Spiritual self-care practices often help people experience the goodness of their relational webs that may include transcendent and immanent goodness (e.g., with creation, God, Buddha, Allah). Taking time to intentionally use calming practices that foster an inherent, relational, or cosmic sense of goodness will help spiritual caregivers use in-the-moment calming practices when they become aware of their stress responses. Body-oriented spiritual self-care will help spiritual caregivers experience a *felt* sense[[10]](#endnote-10) of spiritual trust[[11]](#endnote-11) in the process of lifelong learning that grounds them in what is life-giving within their own religious and/or spiritual heritage, identity, and communities.

***Learning outcomes for developing and demonstrating spiritual integration***

Spiritual care courses at Iliff prepare students to become community faith leaders and chaplains engaged in *an ongoing collaborative process of spiritual integration* by

1. Experimenting with calming practices, such as slow, deep breathing, and intrinsically meaningful calming and settling practices
2. Identifying when an aspect of their coursework triggers a stress response in them
3. Identifying differences between their bodies’ stress response and the calming effects of their spiritual practices
4. Describing what self-compassion feels like during calming practices, for example, through the warmth of touch during slow, deep breathing
5. Using self-compassion to identify stress-based emotions (e.g., anger, helplessness, fear, shame, guilt, disgust)
6. Using a calming practice while listening to/reading responses from others to experience the mystery of the other

In weekly forum discussions and assignments, students report on how they are

* Experimenting with using breathing and or body-centered calming practices that help them become more aware of their physiological, emotional, and spiritual responses to stress
* Exploring ways to make their breath or body-centered practices connect them relationally with a sense of transcendence and increase a ‘felt’ sense of trust (e.g., in the goodness of their bodies and/or relational webs which may include a transcendent quality of connection with nature, humanity, and God, Allah, Jesus, Buddha or another divine being/transcend relationality).
* Deepening their awareness of the particular ways that stress is experienced in their bodies, how spiritual practices help them be self-compassionately aware of their body’s stress responses
* Using course forums to experience relationships of compassionate accountability for sharing and reflecting upon spiritual practices in this course and with trusted others in their relational webs (e.g., communities of faith; contextual learning opportunities for practicing spiritual care)
* Using in-the-moment spiritual practices in flexible ways during spiritual care and learning interactions to experience a felt sense of trust in the process of spiritual care.

Students are assessed each week on how they demonstrate spiritual self-carethrough reflexive descriptions exploring spiritual practices.

A course assignment used in advanced courses in posttraumatic stress, moral stress and injury requires students to complete a highly structured journal assignment about an overwhelming experience.[[12]](#endnote-12) Students use breath- or body-based spiritual practices throughout the process of completing this assignment. They describe these practices at the outset of the assignment. They then provide a 250-word description of the life experience they want to reflect upon. The section subheadings of the assignment take them through a spiritually integrative process of identifying and exploring

* (a) The emotions they experienced during and after this experience, (b) stress-based values and beliefs, often shaped by family and culture that generated a lived ‘theology’ or spiritual orienting system that ‘made sense’ of this particular experience, and (c) how they coped with stress.
* Intersecting aspects of their identities that may or may not have given them access to resources/privileges that alleviated or exacerbated stress, suffering, and moral, spiritual or religious struggles.
* (a) The emotions they experience now as they use breath- and body-based practices that connect them with goodness, (b) the intentional values and beliefs about this experience that have emerged or been clarified through this assignment, and how these values and beliefs shape the ways they are trying to cope with stress in life-giving ways.

I model how to complete this assignment by sharing a journal assignment based on a traumatic childhood experience (in the PTSD course) and a morally distressing experience (in the moral stress course). Students are required to do a literature search of psychological, theological, and religious studies and cite relevant research that helps them understand the experience they are reflecting upon.

**Demonstrating spiritual self-differentiation**

When community faith leaders and chaplains are attuned to how stress triggers emotions, habitual responses, and memories, they can use calming and settling spiritual practices to hold these memories in self-compassion. They may then be able to spiritually care for themselves by separating past memories from present circumstances in a process of spiritual self-differentiation. *Self-differentiation[[13]](#endnote-13)* helps community faith leaders and chaplains manage relational boundaries in the emotional intensity of intimate, family, work, and learning community relationships.

Self-differentiation in intimate/high investment relationships is both an interpersonal process of managing relational boundaries and a psychological process of managing emotions, thoughts, and behaviors. Those in professional helping relationships learn how to *psychologically* self-differentiate in order to maintain healthy boundaries. Chaplains and community faith leaders draw upon their knowledge of faith traditions in order to be *spiritually* self-differentiated. They are able to separate their beliefs and values about suffering from another’s beliefs and values in ways that respect the mystery of the other.

The added dimension of *spiritual* self-differentiation is what helps chaplains and community faith leaders develop intercultural and interreligious capacities for learning from jarring encounters with cultural and religious differences, “which may disrupt meaning systems and catalyze defenses or offer the opportunity for religious transformation” (Morgan & Sandage, 2016, p. 130). Learning how to practice intercultural spiritual care is a developmental process of paying attention to jarring encounters that evoke responses to cultural differences (e.g., related to race, religion, gender, sexual orientation) across “a spectrum extending from ethnocentric mindsets, which involve less differentiated perspectives on cultural differences, to ethnorelativism, which demands higher levels of awareness and sensitivity (Bennett, 1993, 2004)” (Morgan & Sandage, 2016, p. 133).[[14]](#endnote-14) *Interreligious* spiritual care is a specialized kind of intercultural competency that integrates:

* *Knowledge* of comparative approaches to religious studies that respect differences in religious/spiritual traditions/communities[[15]](#endnote-15)
* *Attitudes of cultural and spiritual humility* toward cultural, religious, moral and spiritual differences, and the ineffable mystery of the other
* *Interpersonal and leadership capacities of* spiritual differentiation, enabling community faith leaders and chaplains to differentiate their own religious, spiritual, and moral orientation[[16]](#endnote-16) from another’s.
* *Skills* in spiritual self-care for coping with the anxieties/losses of letting go of absolute meaning/value systems that avoid, polarize, or minimize religious and spiritual differences.

The term interreligiouscompetence highlights this integration of graduate studies, especially comparative studies of religion, with formation and clinical training enhancing spiritual self-differentiation in communities of faith and religiously diverse contexts. The term interreligious is used here to describe practices, values, and beliefs within spiritual, religious, and moral orienting systems, which may include humanist, agnostic, or atheist orientations, as well as those who may or may not use the term spiritual in describing their traditions and communities (for example, Buddhist, Confucian, Hindu, or American Indian persons).

***Learning outcomes for developing and demonstrating spiritual self-differentiation***

Spiritual care courses at Iliff prepare students to become community faith leaders and chaplains who practice spiritual self-differentiation by

1. Developing *a solid flexible spiritual self*—sometimes called spiritual or pastoral authority—that truly respects religious differences by not enacting a hierarchical system of religious/spiritual traditions and practices, with some more superior or truthful than others. Students are able to use their agential power grounded in their specialized knowledge of and training in spiritual care, and in their organizational role.
2. Using calming spiritual practices that help students recognize when stress makes them cope with jarring experiences of cultural and religious differences by wanting to fuse with/disengage from others in ways that minimize, polarize, or use inclusion as a way of ‘re-centering’ themselves in familiar or habitual orientations that blur differences.
3. Practicing deep listening by using receptive power that echoes the language used by the other to describe their suffering and sources of hope and comfort.
4. Venturing out of the ‘comfort zone’ of familiar spiritual practices, values, and beliefs, tolerating discomfort for the sake of spiritual growth.

In weekly forum discussions and assignments, students report on how they are

* Experiencing confidence in or anxiety about theirsolid flexible spiritual self, especially in using agential power as spiritual rather than psychological care providers.
* Describing jarring moments in course conversations/discussions, when use of spiritual practices helps them be aware of embedded values and beliefs arising from stress that make them want to fuse with/disengage from the other.
* Making interreligiously respectful responses using receptive power of listening and following the other in forum discussion and spiritual care conversations
* Using challenging/uncomfortable moments to finetune learning goals specific to their own learning process

For example, in weekly discussion forums students are required to describe what they learned from two of their peers' posts about key concepts in that week's readings that will enhance their practice of spiritual care. They are required to make one of these responses to someone who has not yet had a substantive response, so that everyone experiences being 'heard' in this discussion conversation. They are also required to track of what makes them want to respond to one person and not another, to see if they can also make responses to those they might hesitate to engage, for whatever reasons. The grading rubric includes this: demonstrates *deep listening* by referencing details from a group member’s post.

**Demonstrating spiritual and social empathy**

Spiritual and social empathy builds upon spiritual self-differentiation by using *spiritual and social perspective-taking,* which involves standing in the other’s shoes to the extent that one can, and imagining the world from the other’s spiritual perspective, especially the macro systems of intersecting social privileges or disadvantages within the other’s cultural and political contexts. Perspective-taking helps students differentiate spiritually and emotionally while considering differences in social advantages and disadvantages, especially racial differences. Blurring one’s own and another’s perspective will lower empathic attunement and could contribute to spiritual neglect, coercion, and microaggressions.

***Learning outcomes for developing and demonstrating spiritual and social empathy***

The following are examples of learning outcomes for how students integrate key concepts in spiritual and social empathy with an interpersonal capacity for ‘seeing the other’ and using communication styles and skills appropriately in particular learning and spiritual care interactions:

1. Using specialized knowledge from their theological and religious studies to consider the macro systems of intersecting social privileges or disadvantages within a care seeker’s current context
2. Using an overarching orientation of post/decolonialism[[17]](#endnote-17) to name the ways that colonialism exercises power over all aspects of ecological, transnational, political, and economic life
3. Bringing post and decolonial orientations to understanding the impossibility of ‘doing no harm’ in a world organized by colonialism; bringing antiracist perspectives to understand that “there is no such thing as a non-racists or race-neutral policy [or idea]. Every policy in every institution in every community in every nation is producing or sustaining either racial inequity or equity between racial groups “(Kendo, 2020 p. 18). A
4. Sharing lament through spiritual practices; interrogating and protesting inequities.

In weekly forum discussions and assignments, students report on how they are

* Using key concepts from across Iliff courses to articulate intersectional and postcolonial descriptions of how policies and ideas perpetuate inequities that entangle everyone in systemic injustice.
* Demonstrating social empathy for how these intersecting advantages and disadvantages shape their own and the other’s stress-based values and beliefs about suffering and hope.
* Describing practices of lament in their own process of spiritual integration, while listening for the ways lament could be part of spiritual care conversations.

One of the course assignments that assesses this learning goal requires students to work in partners, doing two back-to-back 10 to 15 minutes spiritual care zoom conversations, one in which they are in the role of caregiver; the other in the role of care receiver. There are two types of this ‘spiritual care conversation assignment in my courses’. In the first set of conversations (in week 4 or 5), students in the caregiver role invite those in the care receiving role to talk about what kinds of practices help them cope with stress or connect with goodness. I model how to use this kind of open-ended question in a spiritual care conversation with my teaching assistant (various video recorded conversations using deep listening skills are used as weekly learning resources). Students complete iCloud recordings, which yield a transcript. They then use the transcriptions in their caregiving role to assess how well they were able to use spiritual practices that helped them prepare for and self-compassionately cope with stress during the conversation, use deep listening skills demonstrating interreligious spiritual care, and be self-differentiated.

The second set of conversations, usually in week 7 or 8, takes two forms. In introductory course on spiritual care, students have a second conversation with their same conversation partners that focus on an experience of stress involving moral or spiritual struggles, using a conversation guide that I have developed and used in about 25 workshops with healthcare professionals and religious leaders since the pandemic. I model how to use the guide with a TA. Students are encouraged to use the guide in whatever ways are helpful to make sure these are spiritual care conversations and not therapy (a key distinction emphasized every week and in many examples of video conversations. Once again, they use the transcriptions to assess key concepts in the course.

**Demonstrating Spiritual Self-Reflexivity**

Spiritual reflexivity goes beyond theological reflection to understand how a chaplain’s/community faith leader’s and care seeker’s social, religious/spiritual identities interact in the process of exploring contextual intentional values and beliefs about suffering cocreated within relationships of trust in spiritual care, learning circles, and communities of faith.

Reflexivity begins with identifying how one’s stress-oriented and intentional beliefs and values are shaped by one’s own intersecting social privileges and disadvantages. The next step is to use spiritual and social empathy to imagine the other’s stress-generated values and beliefs and how these are shaped by their social location. Calming practices help one identify core contextual values and beliefs about particular experiences of suffering and hope. Spiritual reflexivity includes understanding possible interactions among (1) one’s beliefs and values about the care receiver’s experience, one’s role as their chaplain or community faith leader, and one’s social location, (2) the care receiver’s beliefs and values about their experience, roles, and social location. Students use agential and receptive power in fine-tuning their communication styles/skills in listening to and guiding a search for meanings.

***Learning outcomes for practicing spiritual self-reflexivity***

The following are examples of learning outcomes for how students integrate key concepts in spiritual self-reflexivity using communication styles and skills appropriately in particular learning and spiritual care interaction

1. Using key concepts from readings to understand develop contextual intentional values and beliefs about suffering/hope intrinsically and contextually meaningful given interacting social locations
2. Using key concepts in readings to listen for how another’s social location and narratives might generate their stress-related embedded beliefs and values about particular kinds of suffering/hope
3. Describing the process of co-creating contextual meanings and values through the process of spiritual care conversations. enhance self-differentiation in specific spiritual care and learning interactions

In weekly forum discussions and assignments, students report on how they are

* Using momentary spiritual practices to regulate emotions in order to draw upon key concepts from readings to develop contextual intentional values and beliefs about suffering/hope in this week’s topic
* Using key concepts in readings to listen for how their group members’ social location and narratives might generate their stress-related embedded beliefs and values about particular kinds of suffering/hope
* In forum responses and assignments demonstrating the process of co-creating contextual meanings and values through the process of spiritual care conversations. enhance self-differentiation in specific spiritual care and learning interactions

The spiritual care conversation assignments described above are used to assess how well students demonstrated this learning outcome. In advanced level courses, the second spiritual care conversation assignment requires learning partners to read each other’s journal assignments and then develop conversation guides that use open-ended guiding comments/questions focusing on their partner’s process of spiritual integration, and not on the overwhelming experience. Models of such conversation guides developed by TAs over the years, and demonstrated in video recordings of TAs using their conversation guides in a conversation with me about my process of spiritual integration, are available. Students submit these conversation guides to me so that I can review them and make sure students are not straying into the territory of therapy and are using interreligious skills. In many years of teaching this course, I have joined these conversations in a listening role. This spiritual care conversation assignment requires students to engage in and demonstrate spiritual reflexivity in more explicit ways than the less ‘advanced’ spiritual care conversation assignments.

**Demonstrating research-literate spiritual care**

Students in this course begin to develop research literacy by

* paying attention to when and how readings use research, in order to understand the relevance of research on when/how aspects of spirituality and religion help or harm others.
* using library databases to search for relevant research on suffering and religious, spiritual, and moral struggles arising from experiences of suffering
* citing research to support their approach to spiritual care in course discussions and practice.

Students demonstrate this outcome most explicitly in journal assignments requiring literature searches that include psychological research, and often implicitly in how they reference research cited in course readings in weekly discussions.

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1. The goals are elaborated with a case study in Doehring and Kestenbaum (in press). [↑](#endnote-ref-1)
2. Interreligious spiritual care fulfills ethical mandates of spiritual care professionals described in the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students:

   When spiritual care professionals behave in a manner congruent with the [following] values of this code of ethics, they bring greater justice, compassion, and healing to our world:

   * Affirm the dignity and value of each individual
   * Respect the right of each faith group to hold to its values and traditions
   * Advocate for professional accountability that protects the public and advances the profession
   * Respect the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of other professionals and those served and strive to eliminate discrimination. (Collaboration, 2004)

   While MAPSC students include those who intend to practice tradition-specific forms of spiritual care within their communities of faith, an interreligious approach is needed for collaboration with those outside their faith communities and for those within their communities who are religiously multiple or spiritually fluid. [↑](#endnote-ref-2)
3. Dr. Tinker describes his use of lower-case

   for adjectives such as “euro-christian,” “christian,” “methodist,” “quaker,” “european,” and “american” [as] intentional. While the noun might be capitalized out of respect for each Christian—as for each Muslim or Buddhist—using the lower case “christian” or “biblical” allows us to avoid any unnecessary normativizing or universalizing of any principal euro-christian institutional political or religious category. I have likewise avoided capitalizing adjectives such as american, amereuropean, european, etc., for the same reasons. Paradoxically, I insist on capitalizing the w in White (adjective or noun) to indicate a clear cultural pattern invested in Whiteness that is all too often overlooked or even denied by american Whites. (Tinker, 2014, p. 2) [↑](#endnote-ref-3)
4. The components of interreligious spiritual care integrated in this description of interreligious spiritual care can be understood as an elaboration of what comparative scholar John Thatamanil (2020a, p. 119) calls interreligious wisdom: “In sum, interreligious wisdom is a matter of comportment that generates first order knowledge about ultimate reality and the world by integrating what one has come to see about the world through more than one set of religious lenses. To train oneself in the dispositions and capacities prized by two or more religious ways of being in the world and to integrate those dispositions and capacities into embodied knowing is the desired goal of interreligious wisdom. At its deepest and best, such wisdom is not merely a matter of conceptual learning—it is information about other traditions that now is integrated alongside information previously known about one’s home tradition.” [↑](#endnote-ref-4)
5. The term ‘intercultural humility’ has been described as a capacity that is foundational to the development of intercultural skills. The use of the term humility throughout this proposal draws upon research by psychologist of religion Steve Sandage and colleagues, who define humility as “a multidimensional construct that includes (a) accurate self-awareness (e.g., knowing one’s strengths and limitations), (b) a receptive orientation toward others, including an appreciation

   for human differences, and (c) the capacity for self-regulation of emotions, particularly shame and pride (Davis, Worthington, & Hook, 2010; Exline & Hill, 2012; Jankowski & Sandage, 2014; Jankowski, Sandage, & Hill, 2013; Paine, Jankowski, & Sandage, 2016)” (Ruffing et al., 2018, p. 2). [↑](#endnote-ref-5)
6. Many of the concepts (such as differentiation of self, humility, interreligious competence, religious coping, religious and spiritual struggles, moral stress, orienting systems) used throughout these learning goals and in spiritual care courses are based upon psychological research operationalizing these concepts in quantitative studies and exploring them in qualitative studies and clinical practice by leading psychologists of religion such as Ken Pargament and Steve Sandage. Sandage has collaborated on many research projects involving seminary students, religious leaders, and spiritually oriented therapists, often demonstrating positive correlations among these often interrelated variables related to spiritually-oriented caregivers: use of contemplative practices, humility, differentiation of self, intercultural competence, religious and spiritual competence, forgiveness, and commitments to social justice. The findings from these studies are too numerous to cite here, but overall demonstrate important correlations involving differentiation of self and humility, which support the learning goals and outcomes elaborated here. For example, Jankowski & Sandage (2014) demonstrated that meditative prayer practices, differentiation of self (DoS) and dispositional gratitude (increased meditative prayer corresponded with increased DoS, and increased DoS corresponded with increased intercultural competence). They concluded that “dispositional gratitude and DoS demonstrated mediating effects, suggesting that meditative prayer may foster positive emotion and self-regulation capacity, which then may facilitate increased ability to effectively navigate cultural differences. Dimensions of appreciation, noticing, and non-judgmental and nonreactive receptiveness seem to be underlying, unifying mechanisms of the association among constructs” (Jankowski & Sandage, 2014, p. 370). Research studies like this are helpful in explaining why and how students find the use of calming (breath- and body-based) spiritual practices helpful in spiritually integrative learning. [↑](#endnote-ref-6)
7. Shults and Sandage (2006) first articulated this relational understanding of spirituality. They and many colleagues have tested various components of this differentiation-based spirituality among samples of seminary students, religious leaders, distressed adults, and spiritually oriented therapists. Most recently they have elaborated this model in an APA-published book: *Relational spirituality in psychotherapy: Healing suffering and promoting growth* (Sandage et al., 2020) [↑](#endnote-ref-7)
8. Building on development assessments of intercultural competency, Morgan and Sandage (2016) have proposed a theoretical model of interreligious competency (IRC) where people have a greater capacity for spiritual empathy and “complexity in understanding (a) one’s own religiosity, and (b) other religious perspectives” (p. 144.) [↑](#endnote-ref-8)
9. Psychiatrist Judson Brewer (2021) writes compellingly about the ‘addiction’ of anxiety and how to use mindfulness practices to make lasting changes in how people cope with stress. [↑](#endnote-ref-9)
10. Eugene Gendlin describes a 'felt sense' of one's body in this way: “The felt sense is the wholistic [sic], implicit bodily sense of a complex situation” (Gendlin 1996, p. 58).  Ann Weiser Cornell defines it as: “A felt sense is a fresh, immediate, here-and-now experience that is actually the organism forming its next step in the situation the person is living in” (2013, p.11). [↑](#endnote-ref-10)
11. Thatamanil (2020b) describes how religions provide 'interpretive schemes' for understanding suffering, and 'therapeutic regimens' for spiritual practices and rituals that help people experience a transcendent sense of trust. He describes interreligious learning as a process of co-creating meanings in an ongoing process of interreligious learning. [↑](#endnote-ref-11)
12. I developed this assignment about 17 years ago and have used it in courses on PTSD, moral stress, and sexuality ever since then. [↑](#endnote-ref-12)
13. Differentiation of self is a developmental capacity for self-regulation that comes from Bowen’s Family Systems Theory. Within the high stakes relational dynamics of families, people become more self-differentiated when they can monitor their emotions, their desires for closeness or distance, and relate in non-reactive, prosocial ways (Kerr & Bowen, 1988) [↑](#endnote-ref-13)
14. The Developmental Model of Intercultural Sensitivity (DMIS) uses The Intercultural Development Inventory (IDI; Hammer, 2011; Hammer, Bennett, & Wiseman, 2003) to assess development across this spectrum of responding to cultural differences. [↑](#endnote-ref-14)
15. When academic degree programs do not include courses in comparative studies of religion supporting interreligious practices, students and religious leaders may perpetuate spiritual harm through interreligious naivete. For an introduction to how comparative studies shape interreligious dialogue, see Paul Hedges, *Controversies in Interreligious Dialogue and the Theology of Religions* (London: SCM Press, 2010). [↑](#endnote-ref-15)
16. One’s orienting system refers to stable values, beliefs, practices, and relationships that guide the individual toward the realization of significant purposes in life (Pargament, 2007). “The orienting system is an individual’s “general way of viewing and dealing with the world” (Pargament, 2001, p. 99). It is multidimensional and includes core beliefs (e.g., life is fair), behavioral practices (e.g., diet), emotionality (e.g., anger), social connections (e.g., relationships with family/friends), and R/S factors (e.g., relationship with God). Resources within the orienting system such as strong social support and a secure relationship with God may be particularly helpful in the context of stressful life events by lending guidance and stability, thereby reducing the impact of those events on distress (Pargament, 2001). However, burdens within the orienting system such as negative emotions and unhealthy lifestyle behaviors are deficits that may increase distress after a disruptive life” (Trevino et al., 2019, p. 215). [↑](#endnote-ref-16)
17. Lizardy-Hajbi uses the term “’post/decolonial’ in order to acknowledge both the separate contextual and theoretical streams from which challenges to coloniality have arisen in the literature, as well as to highlight their common foundational aims as critiques to colonial being-thinking-acting” Kristina Lizardy-Hajbi, "Frameworks toward Post/Decolonial Pastoral Leaderships," *Journal of Religious Leadership* 19 no. 2 (2020): 98-128. [↑](#endnote-ref-17)