A rainbow of blessing

Spiritual care in multifaith settings

Daniel S. Schipani

Spiritual caregivers serve today within challenging realities of spiritual and religious plurality, diversity, and particularity. Connected with that complex phenomenon, a significant shift has been taking place in the field, away from a monoculture approach and also from what many consider a "monopoly" of Christian pastoral care; the shift is in part reflected in the change of terminology, from *pastoral* to *spiritual* care. The latter is becoming the preferred term in reference to caregiving settings other than a Christian (or another) faith community.[1] Further, in recent years representatives of different faith traditions such as Jewish, Muslim, Buddhist, and others have made important contributions to theory and practice, and to interfaith spiritual care in particular, while focusing on the specific nature and resources of their traditions.[2] Others have also proposed a more inclusive, "multifaith" approach with equality of professional status and complementary participation in public health care settings among

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[1] For a persuasive argument against the *pastoral* label in health care institutions, see Patricia (Pam) Morrison Driedger, "Different Lyrics but the Same Tune: Multifaith Spiritual Care in a Canadian Context," in *Interfaith Spiritual Care: Understandings and Practices*, ed. Daniel S. Schipani and Leah Dawn Bueckert (Kitchener: Pandora Press, 2009), 138–41.

[2] See, for example, Rabbi Dayle A. Friedman, ed., *Jewish Pastoral Care: A Practical Handbook from Traditional & Contemporary Sources*, 2nd ed. (Woodstock, VT: Jewish Light Publishing, 2005); Nazila Isgandarova, "Islamic Spiritual Care in a Health Care Setting," in *Spirituality and Health: Multidisciplinary Explorations*, ed. Augustine Meier, Thomas St. James O'Connor, and Peter L VanKatwik (Waterloo, ON: Waterloo University Press, 2005), 85–104; Bilal Ansari, "Seeing with Bifocals: The Evolution of a Muslim Chaplain," *Reflective Practice: Formation and Supervision in Ministry* 29 (2009): 170–77; and Mikel Monnett, "Developing a Buddhist Approach to Pastoral care: A Peacemaker's View," in *Injustice and the Cure of Souls: Taking Oppression Seriously in Pastoral Care*, ed. Sheryl A. Kujawa-Holbrook and Karen B. Montagno (Minneapolis: Fortress Press, 2009), 125–30.

spiritual caregivers from various religious and nonreligious (such as the Humanist) traditions and perspectives.[3] Therefore, the challenge before us offers the opportunity to further critical and constructive reflection and to engage in dialogue and cooperation around shared spiritual care concerns in multifaith settings.

The project leading to this book builds on the fruits of recent and ongoing work in interfaith spiritual care.[4] The project was designed with a twofold purpose: to foster appreciation for the uniqueness and special gifts of seven faith traditions together with a deeper understanding of commonalities and differences among them; and to encourage collaboration among spiritual care practitioners and scholars. This book is intended for chaplains;[5] pastors and other religious caregivers; Clinical Pastoral Education students and supervisors; counselors and psychotherapists, both in training and already in practice; and others interested in the expanding field of spiritual care in our multifaith world.

Most professional spiritual caregivers have been clinically trained according to well-established patterns and practices such as those of the Clinical Pastoral Education programs. In other words, many of us have much in common regarding specialized "professional" or "ministerial" formation, narrowly speaking. At the same time, all of us hold the assumption that the normative frameworks of our work, whether primarily philosophical or theological, play a major role in both formation and practice. So, key questions addressed in this book include: what is the nature of the role of one's tradition or "faith," broadly viewed, in one's caregiving practice and theory?; what difference, if any, does such particular tradition or faith make in multifaith settings and, especially, in interfaith situations?

Representatives of seven traditions—Aboriginal, Hindu, Buddhist, Jewish, Christian, Islamic, and Humanist—were invited to participate

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[3] Michael Pergola, "Nurturing Inter-spiritual Hearts and Interfaith Minds," in *Reflective Practice: Formation and Supervision in Ministry* (2009), 119–27; Tabitha Walther, "Interfaith Formation for Religious Leaders in a Multifaith Society: Between Meta-spiritualities and Strong Religious Profiles," ibid., 128–34.

[4] Schipani & Bueckert, eds., *Interfaith Spiritual Care: Understandings and Practices.* Much of the content of this text deals primarily, although not exclusively, with how Christian caregivers practice and reflect on caring well for people of other faiths. The other major published work in the field of interfaith spiritual care is, *Handbuch Interreligiöse Seelsorge*, edited by Helmut Weiß, Karl Federschmidt, Klaus Temme, and K. Federschmidt (Neukirchen-Vluyn: Neukirchener Verlag, 2010).

[5] Even though the word "chaplain" is still widely used in the English-speaking world, in some settings in Canada, the United States and elsewhere it is being replaced by "spiritual care (or health) professional (or specialist)."

in this project. Each one was asked to reflect and write a three-part essay focusing on the following themes: (1) Sources or "foundations" of the tradition such as scriptures, philosophies, and teachings, and how they inform, illumine, and orient spiritual care in general, and caregiving specifically, in multifaith social contexts and institutional settings (e.g., hospital or other health care center). (2) How the spiritual care tradition actually "works" in practice, including whether or to what extent it makes possible offering *interfaith* spiritual care in the sense of caring for people of other faiths. Description and analysis of caregiving situations or case studies illustrating caregiving approaches and practices were encouraged, including verbatim material as much as possible. (3) A profile of wisdom in spiritual care by identifying core competencies such as attitudes, knowledge, and skills that define professional excellence.

Recent and ongoing research in our field focuses on the foundations and the dynamics of interfaith spiritual care as a work of practical and pastoral theology.[6] In the course of our practice of spiritual care and in collaboration and conversation with others, we have identified reliable guidelines for competent and duly-contextualized caregiving practice as provided primarily but not exclusively in health care institutions. The remainder of this chapter presents a sevenfold view of the present situation in the field together with challenges and opportunities for the years ahead. Readers will see, first, a number of findings related to current understandings of interfaith care and the way forward for further research in the field. Then they will be introduced to the contributions of spiritual care professionals and theoreticians writing explicitly from the unique perspectives of their particular traditions.

Mapping the field

First of all, we must note that there is no general agreement in the field concerning semantics. Many of us continue to prefer the term "interfaith" while others employ the concept "interreligious," which tends to be more widely accepted in Western Europe.[7] In other contexts such as Latin America, "inter-confessional" and "inter-spiritual" are sometimes

[6] Daniel S. Schipani, "Interfaith Pastoral Care in the Hospital: A Project in Pastoral and Practical Theology," in *Secularization Theories, Religious Identity and Practical Theology: Developing International Practical Theology for the 21st Century*, International Practical Theology Volume 7, ed. Wilhelm Grab and Lars Charbonnier (Berlin: LIT Verlag, 2009), 407–14.

[7] See for instance, Helmut Weiss, "Interreligious and Intercultural Pastoral Care and Counseling: Notes from a German Perspective," in *Interfaith Spiritual Care: Understandings and Practices*, ed. Schipani & Bueckert, 235–58.

used but not yet in a systematic way.

Second, the proposed way of integrating the three constructs—spirituality, faith, and religion—is as follows. We adopt the understanding of faith as a human universal, as helpfully articulated by James Fowler.[8] Thus understood, faith may or may not find expression in terms of specific religious traditions and content. Spirituality in this light is the overarching construct connoting a fundamental human potential as well as a need or longing for meaning, communion, existential orientation, and a disposition for relationship with a transcendent power. These words by Scott Richards and Allen Bergin reflect a widely used way to refer to religion and spirituality: "We view religious as a subset of the spiritual... [r]eligious expressions tend to be denominational, external, cognitive, behavioral, ritualistic, and public. Spiritual experiences tend to be universal, ecumenical, internal, affective, spontaneous, and private."[9] The category "faith" is employed to connote, as in Fowler, developmentally patterned kinds of construals: patterned knowing (beliefs), patterned valuing (commitment, devotion), and patterned constructions of meaning (usually in the form of an underlying narrative).[10] Both faith and religion are considered subsets of "spiritual," thus implying that humans are, fundamentally, spiritual beings.

Third, intentionality in addressing the social realities of spiritual and religious diversity and particularity is crucial yet long overdue in the field of pastoral care and counseling and in the discipline of pastoral theology in particular. Recent developments regarding reflection on spiritual care in health care institutions[11] and, especially, on chaplaincy[12] and on

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[8] James H. Fowler, *Stages of Faith: The Psychology of Human Development and the Quest for Meaning* (San Francisco: Harper and Row, 1981).

[9] Scott P. Richards and Allen E. Bergin, *Handbook of Psychotherapy and Religious Diversity* (Washington, DC: American Psychological Association, 2000), 5.

[10] James H. Fowler, *Faith Development and Pastoral Care* (Philadelphia: Fortress Press, 1987), 54–57.

[11] See, for example, Harold G. Koenig, *Spirituality in Patient Care: Why, How, When, and What*, 2nd ed. (Philadephia and London: Templeton Foundation Press, 2007); Elizabeth Johnston Taylor, *What Do I Say? Talking with Patients about Spirituality* (Philadelphia and London: Templeton Foundation Press, 2007); and Christina M. Puchalski and Betty Ferrell, *Making Health Care Whole: Integrating Spirituality into Patient Care* (West Conshohoken, PA: Templeton Press, 2010).

[12] See Robert G. Anderson and Mary A. Fukuyama, eds., *Ministry in the Spiritual and Cultural Diversity of Health Care: Increasing the Competency of Chaplains* (New York: The Haworth Pastoral Press, 2004); Leah Dawn Bueckert and Daniel Schipani, eds., *Spiritual Caregiving in the Hospital: Windows to Chaplaincy Ministry*, rev. ed. (Kitchener, ON: Pandora Press, 2011).

mental health[13] can enrich the larger field of pastoral and spiritual care and the discipline of pastoral theology. New resources are available in the area of psychotherapy which may also be critically considered and creatively appropriated as well. For instance, the American Psychological Association (APA) has recently embraced a sustained, focused concern on spirituality and religious diversity. In fact, in recent years the APA has published a number of valuable works on psychotherapy and spirituality.[14] Furthermore, contributions explicitly linking spiritual direction and pastoral care are also pertinent for interfaith care situations.[15]

Fourth, it is very helpful, indeed necessary, for both practitioners and theoreticians in the field to pay attention to existing research and reflection on *intercultural* care and counseling because, in principle, interfaith spiritual care can be viewed and approached as a special form of intercultural care. This can be documented, for example, concerning *core competencies* identified as essential for effective practice, as articulated in the pioneering work of David Augsburger and Emmanuel Lartey regarding pastoral counseling,[16] and Derald Wing Sue and David Sue in

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[13] See Phil Barker and Poppy Buchanan Barker, eds., *Spirituality and Mental Health: Breakthrough* (Hoboken: John Wiley and Sons, 2004); Mary Ellen Coyle, Peter Gilbert, and Vicky Nicholls, eds., *Spirituality, Values, and Mental Health: Jewels for the Journey* (London: Jessica Kingsley Publishers, 2007); Beverly Musgrave and Neil J. McCettigan, eds., *Spiritual and Psychological Aspects of Illness* (New York: Paulist Press, 2010); P. Scott Richards and Allen E. Bergin, eds., *Handbook of Psychotherapy and Religious Diversity* (Washington, DC: American Psychological Association, 2000); and John Swinton, *Spirituality in Mental Health Care: Rediscovering a Forgotten Dimension* (London: Jessica Kingsley Publishers, 2001). Consider also the *Journal of Spirituality in Mental Health*, started in 2007, and the Association for Spirituality and Mental Health (htpp:// spiritualityandmentalhealth.org) which promotes interaction, collaboration, education, research, care, and advocacy in the domains of spirituality and mental health.

[14] See, for example, the following texts: Jamie D. Alten and Mark M. Leach, eds., *Spirituality and the Therapeutic Process: A Comprehensive Resource from Intake to Termination* (Washington, DC: American Psychological Association, 2009); William R. Miller, ed., *Integrating Spirituality into Treatment: Resources for Practitioners* (Washington, DC: American Psychological Association, 1999); Thomas G. Plante, *Spiritual Practice in Psychotherapy: Thirteen Tools for Enhancing Psychological Health* (Washington: DC: American Psychological Association, 2009); and Scott P. Richards and Allen E. Bergin, A *Spiritual Strategy for Counseling and Psychotherapy*, 2nd ed. (Washington, DC: American Psychological Association, 2005) and Richards & Bergin, *Handbook of Psychotherapy and Religious Diversity*.

[15] An important contribution is, Jean Stairs, *Listening for the Soul: Pastoral Care and Spiritual Direction* (Minneapolis: Fortress Press, 2000). It must be noted, however, that what Stairs calls "soul" I call "spirit," as explained in my chapter, "The Heart of the Matter." Stairs says: "By *soul* I mean the spiritual essence of one's existence expressed through body, mind, or any other facet of one's being ... the essential self in relationship to God" (10).

[16] David W. Augsburger, *Counseling Across Cultures* (Philadelphia: Westminster Press, 1986), 17–47; Emmanuel Y. Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 2nd ed. (London and New York: Jessica Kingsley Publishers, 2003), 163–77.

the broader field of counseling.[17] At the same time, the uniqueness of interfaith spiritual care must not be underestimated to the extent that visions of reality, life and death, suffering, healing, wellness, and the good life, tend to become more readily and explicitly the focus of attention in the pastoral and spiritual caregiving relationship. Therefore, in the near future, practitioners and theoreticians focusing on intercultural care will in turn likely benefit from the systematic contributions of, and engagement with, those of us who work primarily in the field of interfaith spiritual care.

Fifth, research reconfirms the assumption that the caregiver's theology matters clinically, and especially so in interfaith situations. That is true because theologically conceptual and inherently normative frameworks significantly condition the form and quality of care made available to care seekers. For example, chaplains who hold an exclusivist Christian view of faith and salvation are often seriously limited in their ability to care well for patients of other faith traditions. At the same time, we can readily document ways in which caregiving practices duly reflected upon can correct, revalidate, and reshape the caregiver's theology. Indeed, spiritual caregivers have a unique opportunity, professional duty, and ethical imperative to flourish as reflective practitioners and pastoral theologians.[18] They can also do so with explicit reference to their religious tradition and theological convictions[19] while upholding the professional, legal, ethical, and institutional standards which safeguard care receivers' rights and the very integrity of the relationship of care in any given setting.

Sixth, the views and practices of interfaith spiritual care look different in diverse regional and cultural contexts. Recent writings document significant variations represented, for example, in countries such as Brazil and the Netherlands. Not unlike most other places in Latin America, interfaith care in Brazil has not yet been intentionally and systematically implemented and developed; it rarely exists on formal institutional and ecclesiastical levels and tends to be personal and informal and

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[17] Derald Wing Sue and David Sue, *Counseling the Culturally Diverse: Theory and Practice*, 5th ed. (Hoboken, NJ: John Wiley and Sons, 2008), 42–52.

[18] See Leah Dawn Bueckert and Daniel Schipani, "The Chaplain as Reflective Practitioner and Pastoral Theologian" in *Spiritual Caregiving in the Hospital: Windows to Chaplaincy Ministry*, ed. Bueckert & Schipani, 239–53; and Daniel S. Schipani and Leah Dawn Bueckert, "Explorations I: Applying an Interpretive Framework," and "Explorations III: An Exercise in Pastoral Theological Imagination," in *Interfaith Spiritual Care: Understandings and Practice*, ed. Schipani & Bueckert, 89–98, 105–12.

[19] See, for example, John Peterson, "A Lutheran Chaplain's Nine Thesis on Interfaith Care," in *Interfaith Spiritual Care: Understandings and Practices*, ed. Schipani & Bueckert, 69–80.

spontaneous.[20] At the other end of the spectrum, spiritual care in the Netherlands deliberately addresses the multifaith social realities of the country; it seeks to make spiritual care accessible to people of diverse religious traditions and faith or philosophical orientations, and calls for specialized training on the part of caregivers also representing diverse spiritual identities and viewpoints.[21]

Seventh and finally, research persuasively suggests that progress in understanding and practicing interfaith spiritual care is transferable in several ways. Insights we have gained in the practices of interfaith counseling and chaplaincy, as well as in supervision received and given in those two forms of care, can be mutually beneficial. For their part, spiritual caregivers of diverse traditions soon discover that the very attitudes, knowledge, and skills necessary to care well for people whose traditions are different than their own, are also indispensable for care of those whose beliefs, values, and practices stem from a different religious, spiritual, or theological stream or denominational background, even if their religious affiliation appears to be the same. Further, all caregivers can soon realize that, ultimately, all relationships of care can be viewed as both intercultural and interfaith interactions. Therefore, training in interfaith care always, without exceptions, enhances the caregivers' general competence and professional wisdom.

The next section consists of summaries of the remaining chapters of this book. It provides an overview of multifaith views in spiritual care that suggest a rainbow[22] of blessing. In fact, the beautiful double rainbow on the cover of this book is meant to symbolize hope and the promise of life and transformation. It was some time after colleagues representing seven traditions had accepted my invitation to contribute essays for this project that I started imagining their perspectives and views on spiritual care as a wonderful rainbow of blessing. Indeed, our collaborative work can represent the sunlight of Wisdom and Grace refracted and reflected in a spectrum of living colors!

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[20] James R. Farris, "Interfaith Spiritual Care: A View from Brazil," in *Interfaith Spiritual Care: Understandings and Practices*, ed. Schipani & Bueckert, 171–90.

[21] Ari van Buuren, Mualla Kaya, and Bart ten Broek, "The Junction of the Sees: Interfaith Spiritual Care in the Netherlands," in *Interfaith Spiritual Care: Understandings and Practices*, ed. Schipani & Bueckert, 279–313.

[22] It is well known that a rainbow is a color spectrum that appears when sunlight shines on the water drops at low altitude angle. It is formed by the refraction and reflection of sunlight in raindrops when a ray of light enters a raindrop, "bends," and is separated into its constituent colors (red, orange, yellow, green, blue, indigo, and violet). It is also known that rainbows are the focus of many mythologies. In the biblical tradition, the rainbow is a sign and token of God's covenant with the earth (especially humankind and "every living creature") after the great destructive flood, according to Genesis 9:12–13.

Abstracts of the multifaith views[23]

Journey toward Creator and the realm of peace: Two voices on Aboriginal spiritual caregiving
By Melody A. McKellar and Roger Armitte

Aboriginal spirituality is grounded in the belief that everything and everyone comes from Creator and will return to Creator. Life emerges from the Spirit World, takes human form on this earth, and returns to the Spirit World at the time of death. Death is not something to be feared for it is in the Spirit World that one is truly alive and whole. All of nature—whether human beings, rocks, or trees—is supported by Mother Earth, has spirit, and is interconnected; therefore everyone and everything is to be treated with equal respect. Community has a high value in the Aboriginal tradition, and decisions are made based on what is best for the whole community.

Elders are the traditional spiritual caregivers who teach and live out the seven Sacred Teachings: love, respect, courage, humility, truth, honesty, and wisdom. Elders pass along the wisdom they have received from oral tradition, as well as revelations they receive through dreams or visions. The Medicine Wheel is a key guide to life as it describes who and what people are. It is believed that there is a reason for everything, including sickness, so Elders help others to discover the lesson in their particular life circumstance. Elders tend to the sick and dying through traditional rituals and ceremonies such as drumming, singing songs, smudging, and sweat lodge ceremonies.

While there is a place for formal education and skill development is encouraged, more value is placed on the caregivers' ability to be a comforting, nonjudgmental presence to others in their time of need with an ability to listen with their whole being. Aboriginal spiritual caregivers are able to care for those of other faiths because they seek to focus on the fundamental commonalities among human beings and hold to the foundational belief in the worth and equality of all of life.

The world is one family: Principles of Hindu spiritual care
By Dinesh C. Sharma

Sanatana Dharma, meaning "the law," and the name by which many Hindus refer to the religion, is a universal, comprehensive, and inclusive philosophy. The core beliefs of Hinduism include faith in a triune God, the divinity of all living beings, the sacred writings as foundational, the

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[23] Special thanks go to Alicia Buhler for her assistance in preparing this section.

cyclic and eternal nature of creation, the theory of karma, the immortality of the soul and reincarnation, and the benefit of a *guru*'s guidance in achieving self-realization. There are ten *Vedic Yama* (restraints) and ten *niyama* (practices) which are also central to realizing a full life.

The practice of *Ayurveda* (knowledge for long life) addresses the three sacred dimensions of human life—mind, body, and spirit—holistically. It is believed that health is the human being's natural state; therefore, when illness is experienced, willpower, positive energy flow, right breathing, and the recitation of mantras are all to be used by care receivers for their own healing. The role of the spiritual caregiver, then, is to be present, perhaps recite mantras, and coach the care receiver in these practices, as demonstrated in the case studies.

Core competencies for fruitful spiritual care in the Hindu tradition are summed up in the caregiver being "capable, available, and of unquestionable character"; these three covenants form the basis of the *Ayurveda*. Caregivers need to pursue both action and knowledge—knowledge of the material world (*apara-vidya*) and knowledge of the divine (*para-vidya*)—and the right balance of action and knowledge yields holistic presence which is therapeutic in and of itself. Quietude is a particular way of listening to and being present with care receivers and is effective in building the care receiver's willpower. Seeing the divine in all living things and serving others as though serving God allows the Hindu spiritual caregiver to provide care in interfaith encounters.

Three *yanas* for wise caring: A Buddhist perspective on spiritual care
By Danny Fisher

Buddhism is comprised of many streams of practice and tradition. The one universal thread that is woven through all streams of Buddhism is compassion as the highest ideal. The *yanas* (vehicles) are paths of practice that deepen compassion as one negotiates *samsara* (life, death, suffering) and *nirvana* (awakening; end of suffering).

Three *yanas* are important to the foundation and practice of spiritual care. The first is *Shravakayana* (Vehicle of the Hearers/Disciples) in which the Buddha's Four Noble Truths inform our existential condition and how suffering may come to an end. The second is *Mahayana* (Great Vehicle), where *bodhisattva*, or a being oriented toward enlightenment, is of primary importance. Through cultivation of the "awakened heart-mind" (*bodhichitta*), a compassion is developed for other human beings which motivates one to aid in one another's enlightenment. The *Mahayana paramitas*, or "six perfections," are essential in this enlightenment process; they include

generosity, discipline, forebearance, exertion, meditation, and wisdom. More than virtues, these *paramitas* engage one with the interconnectedness of life. Generosity (*dana-paramita*) is outlined as an essential belief and practice through which Buddhist caregivers offer interfaith spiritual care. The third *yana* is *Vajrayana* (Adamantine Vehicle) which sees symbol as a way to get to pure relative truth, the *mandala* (sacred circle representing "orderly chaos"), being one example.

Those three *yanas* are interconnected and yet progressively build on one another, all moving the practitioner toward compassion and enlightenment. In terms of core competencies of Buddhist interfaith spiritual caregivers, the chapter highlights the following: a dedication to their own awakening and truth-telling; they practice what they preach; devotion to their teachers and lineage; openness to all people; *bodhichitta*; and they do not consider financial gain in exchange for care.

Vulnerability as a path to the Divine: Jewish spiritual care
By Mychal B. Springer

A foundational belief of the Jewish tradition is that God is the ultimate healer, and human beings join in partnership with God in that healing work. A communal understanding of redemption is central; while we may pray for a particular individual's healing of both body and soul, there is an understanding that any particular healing moves us all toward communal wholeness.

In the midst of vulnerability, prayer opens our heart and is healing because it connects us with God. The Torah tells the human story of exile and return, and reveals that God's way of caring for those in exile is to *be with*. Therefore spiritual caregivers seek to be present to the ill and suffering, offering them the comfort of presence. In order to join with God in being present to those suffering, caregivers must experience their own exile and recognize that their return is interconnected with the other's return from exile. Hope is born when people are heard into speech, and redemption is found in the interconnectedness of both divine and human, and human and human.

The competent Jewish spiritual caregiver is shaped by the tradition and places story at the center. Proficiency in one's own theology, and translation between traditions is key. Concretely emulating God's presence by being present to others in their exile, recognizing the divine likeness in all of humanity, and extending loving kindness is the heart of Jewish pastoral care. One partners with others and with God in the passionate pursuit of truth and wholeness. Traditional Jewish practices of visiting

the sick, spiritual assessment, interpreting the law, witnessing lament, and hearing into speech are some of the essential practices. Competent spiritual caregivers also know how to engage in self-reflection, assess their effectiveness, be aware of interpersonal dynamics, collaborate with many other spiritual caregivers, and engage in ethical decision-making.

Do justice, love kindness, walk humbly: A Christian perspective on spiritual care
By Kathleen J. Greider

Christian spiritual care encompasses many practices in diverse settings. Christianity is characterized by diversity; however, it is recognized that much harm has been inflicted in its name. The Wesleyan quadrilateral outlines four main sources of authority in Christianity: Bible, tradition, reason, and experience. And the "streams of living water" metaphor taken from Richard Foster serves well to demonstrate how diverse traditions within Christianity co-exist. These traditions include contemplative, pietistic-holiness, charismatic, social justice, evangelical, and incarnational streams, each of which has gifts to offer the field of spiritual care. A Christian pastoral theology for interfaith spiritual care is then offered in terms of a set of normative convictions as personal credo.

The framework presented for interfaith spiritual care is once again rooted in diversity. This framework acknowledges the need for a multifocal lens, draws from the diverse traditions, or streams, of spiritual care, has multiple paradigms (spiritual, personal, communal-contextual, intercultural), multiple functions (healing, sustaining, guiding, reconciling, liberating, nurturing, and empowering are commonly recognized), and a plethora of images.

Practices of interfaith spiritual care are broken down into three stages of encounter. First, *anticipation of encounter* emphasizes maturing our personhood and involves communal-contextual self-care, intercultural self-care, personal self-care, and spiritual self-care. Second, *encounter* emphasizes maturing engagement with others and involves responsive presence, emergency care, spiritual companionship, and ritual. Third, *refreshment for re-encounter* emphasizes maturing our learning and involves self-assessment, consultation, reassessing faith stance, and continuing education. Considered together, these practices create an action-reflection cycle. Christian wisdom contributing to interfaith spiritual care is summed up as doing justice, loving kindness, and walking humbly. The purpose of these foundations, frameworks, and practices of spiritual care is to mature humanness.

The Crescent of compassionate engagement: Theory and practice of Islamic spiritual care
By Nazila Isgandarova

The *Qur'an* is the primary textual source of Islam. This sacred text along with the *Sunnah* and *hadith*, which outline the example and teachings of Prophet Muhammad, are the essential foundations of Islamic spiritual care. Forms of care in Islam include the practice of visiting the sick (*'Iyâdah*), the approach of exemplary kindness and care (*rifq*), and doing what is beautiful as the optimal state in which spiritual care is offered (*ihsân*). Islamic spiritual care is not in tension with but rather encourages the use of conventional medial intervention when necessary.

A literature review reveals the few in number yet important contributions of Muslim scholarship to spiritual care. The author presents the case for Muslim caregivers to integrate Islamic practice and theological foundations with the theory and practice of social science in order to offer effective spiritual care. Solution Focused Brief Therapy is used in the case study to offer an example of such integration. Muslim spiritual caregivers are able to offer care to people of other faiths by recognizing the diversity and richness in the social and religious context of our time. As spiritual companions, Muslim caregivers are able to offer care to others not by offering answers to their suffering but rather by recognizing the universality of suffering and existential questioning.

The core competencies of Islamic spiritual care include mercy, respect, forgiveness, and listening. These competencies are developed through faithfulness grounded in the *Qur'an* and the *Sunnah*, following the Prophet as a role model, consistent participation in a Muslim community, and nurturing a healthy spirituality.

Worldviewing competence for narrative interreligious dialogue: A Humanist contribution to spiritual care
By Hans Alma and Christa Anbeek

Worldviewing is a process that utilizes intrapersonal and interpersonal dialogue which constitutes identity in order to give existential meaning to life. Ninian Smart's seven dimensions of religion—narrative and mythic; doctrinal and philosophical; ethical and legal; ritual; experiential and emotional; social and institutional; and material—are applied to compare humanism to other religious systems as a source for spiritual care. Humanism emphasizes human experience, creativity, diversity, and responsibility, and contributes most directly to the narrative, philosophical, ethical, and experiential dimensions of religion.

In an effort to find meaning, existential counselors encourage clients to share their life's narrative. The case study presented demonstrates how sharing personal stories in a group setting allows for the rich diversity of stories presented to aid in creating connections and new frameworks for meaning. *Narrative interreligious dialogue* focuses on relationship between human beings rather than on differences in worldview, and, as such, it is an essential component of interfaith spiritual care. Another important component of interfaith and intercultural dialogue is the field of *ecosophy* which emphasizes unity in diversity and is concerned with our "common responsibility for a viable global society."

The overarching competence for the humanist spiritual caregiver is a *worldviewing competence*. Worldviewing competence is a caregiver's ability to understand the client's experience, especially in terms of how they create religious and/or existential meaning and then relate the care receiver's story to their own resources. Under the umbrella of worldviewing competence are three core competencies: a hermeneutic competence which includes both knowledge and process of application, self-reflective competence, and heuristic competence, which refers to a caregiver's attitude toward a client or patient.

The heart of the matter: Engaging the *spirit* in spiritual care
By Daniel S. Schipani

The word *health* is related to the Anglo Saxon word from which *healing*, *holiness*, and *wholeness* are derived. While keeping that connection in mind, the question, what is "spiritual" about spiritual care? can be addressed by reflecting on how mental-emotional health and spiritual health are related. That reflection must take into account scientific, philosophical, and theological perspectives that inform the notions of mental and spiritual health; it must also consider the ideological, socio-cultural, economic, and professional-political factors involved in current understandings of health and in health care practices as such.

A theologically grounded tripartite anthropology views humans holistically as embodied, animated, and spiritual beings (spirit, psyche [soul], body). In light of this view, the psychological and the spiritual dimensions of the self are understood as distinct yet integrated and inseparable. It is then possible to appreciate ways in which psychological factors affect the experience and the expressions of spirituality and vice versa in terms of intra-self dynamics.

The unique contribution of spiritual caregivers consists in their need to view and work with care receivers holistically while primarily engaging

the spirit and, therefore, the psychological and spiritual dimensions of their self. They must develop the competence of "bilingual proficiency" in the sense of understanding the languages and resources of psychology and other behavioral and social sciences together with those of spirituality and theology, religion, or existential philosophy; further, spiritual caregivers must be able to employ that understanding and those resources in spiritual assessment and all other forms of verbal and nonverbal (e.g., rituals) caregiving practices. A related key competency is holding a four-dimensional view of reality which, in addition to viewing care receivers in light of their social contexts, recognizes and addresses the existential and spiritual dimensions definable in terms of the threat of nonbeing and the promise of new being.

Epilogue: Core competencies for wise interfaith care

Competencies are those dispositions, capacities, and capabilities necessary to care well in interfaith situations. They include the qualities or assets with which caregivers meet specific standards of practice in a variety of caregiving settings. A number of core competencies can be identified within the interrelated domains of "knowing," "being," and "doing" resulting in a portrait of excellence, or *professional wisdom*, for interfaith care. Further, those sets of competencies can be synthesized respectively in terms of the broad categories of *understanding, presence*, and *companioning*.

The holistic formation of spiritual caregivers calls for spiritual, religious, and theological training together with clinical and ministerial education. Viewed in terms of the portrait alluded to above, holistic formation includes three interrelated areas—academic, personal-spiritual, and vocational-professional. Therefore, programs aiming at preparing for, supervising, and enhancing the practice of interfaith spiritual care must include complementary pedagogies of interpretation and contextualization, formation, and performance.

We are now ready to take a closer look at how spiritual caregivers representing seven traditions perceive their task in light of the foundations that inform their frames of reference and inspire their practice. Readers are thus invited to appropriate the twofold purpose of this project: to deepen appreciation for the uniqueness and special gifts of those traditions together with a richer understanding of commonalities and differences among them; and to encourage collaboration among spiritual care practitioners and scholars.