Care, Healing, and Human Well-Being within Interreligious Discourses is an extraordinary assemblage of writings from diverse cultural, religious, and geopolitical contexts. By addressing methodological questions, challenges faced in the care of individuals, and care in public settings from Islamic, Jewish, Christian, Buddhist, and Hindu perspectives, this anthology moves the discourse on care and healing into a more adequate theological anthropology than has often undergirded pastoral care and counselling in most Western texts. This much-needed work will doubtless be crucial for chaplains and other spiritual care-providers seeking to offer genuinely interreligious and intercultural care in today's globalized world.

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Given the variety of religious expressions in the contemporary world, providing interreligious care is a great challenge for caregivers. This book contributes to reflection on care and healing from an interreligious perspective by helping us to think about the theme not only from a theoretical approach, but also from methodological, practical, and culturally contextualized points of view that overflow with compassion. It is not to be simply read but studied and used as a bedside book by those engaged in the practice of human care.

Dr. Mary Rute Gomes Esperandio, Professor and researcher on Spirituality & Health in the Post Graduate Program in Bioethics and Post Graduate Program in Theology at the Pontifícia Universidade Católica do Paraná, Brazil

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Editors: Helmut Weiss, Karl Federschmidt, Daniel Louw, Linda Sauer Bredvik

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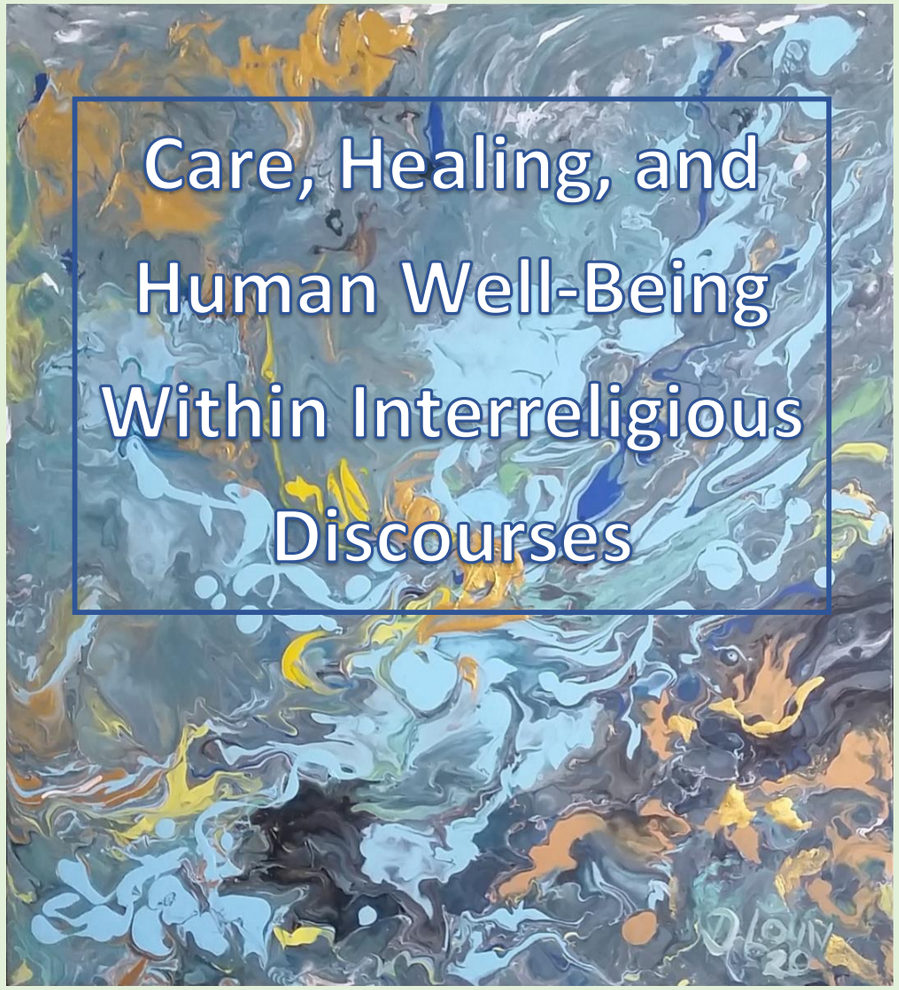

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Cover image: © Daniel J. Louw
The yellow and gold colours suggest the interpenetration of the healing impact of communities of faith on our being human. The blue represents spirituality: The realm of transcendence and invisibility within different contexts. The darker grey and greenish effects represent culture. It is painted as a dynamic movement. The idea beyond the design is that interreligious discourses (the flow of meaning and speech) refer to both differentiation (unique identities despite interconnectedness) as well as to interrelated interaction (the exchange of ideas and paradigms). The overall meaning then is that interreligious discourses should have an enriching effect (see the gold) on our humanity (enhancing human well-being and dignity).

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Foreword

Discussions and reflections on *Care, Healing, and Human Well-Being* cannot avoid the impact of cultural settings and religious convictions on the quality of our humanity in a world that has become a global network of both shared and competing interests. Moreover, as raging pandemics, wildfires, and floods have recently demonstrated, humanity is also experiencing a global vulnerability – not only to the forces of nature but also to the forces of multinational business conglomerates, poverty, and political instability. A common quest for multi-faceted spiritual wholeness is increasingly imperative for human survival.

The basic premise of this publication is that religion and culture are intertwined and shape, to a large extent, the conditions of human life; this leads to our endeavour to promote interreligious encounters that can contribute to a mutual sense of meaning, hope, and dignified self-worth. The healing of life entails more than physical and emotional well-being. At stake, in human well-being, is the interplay between responsibility, a sense of justice (a moral sensitivity), and a habitus of compassionate outreach to the needs of the suffering other. This is the thread that runs throughout the contributions in this volume: By encountering and being with the foreign and diverse other, we become human.

The *Society for Pastoral Care and Counselling* (SIPCC) has long wrestled with the challenges of establishing authentic encounters and trustworthy connections between representatives of different religious and spiritual traditions from different continents and political contexts. These seminars, conferences, and conversations led to the decision to publish a volume representing several responses from researchers and caregivers involved in cross-cultural pastoral caregiving, counselling, and interreligious discourses. In that vein, this volume includes contributions from (primarily) scholars and practitioners of interreligious and intercultural caregiving around the world who operate with different methods, disciplinary tools, and modes of scholarship. By sharing this multiplicity of theoretical and practical perspectives, we hope to strengthen interreligious caregiving in ways that not only help heal the individual but that contribute to the healing of our communities and our planet.

What are the challenges that face an interreligious and intercultural approach to care, healing, and well-being?

Religious diversity calls for *a thorough and authentic knowledge* regarding the doctrinal issues and theological-based confessions and structures of care, helping, and

healing within the different religious traditions. At the same time, each tradition is called to *revisit its own practices* and confessional paradigms to understand whether they contribute to cooperation and understanding between communities of faith or whether fixed doctrinal stances contribute to dividing and even violent forces of fanaticism.

Intercultural diversity calls for an understanding of how different cultures and contexts view human wholeness, well-being, and spirituality. What constitutes a purposeful life for ourselves and our dialogue partners? Is their understanding of healing more focused on physical health or spiritual wholeness?

This religious and cultural diversity calls for an interdisciplinary and team approach to helping, healing, and nurturing. Different methodological and theoretical views and experiences are needed. What can each discipline bring to the table of an interfaith discourse on human health and well-being?

What follows is an extraordinary array of answers – practical and theoretical – to these questions and challenges. In this volume, the voices from religious scholars, historians, theologians, psychologists, linguists, counsellors, and chaplains can be heard. Given the wonderful diversity of faith practices, languages, and professional approaches to caregiving within SIPCC, we (as the editors) sought coherence between the chapters while avoiding rigid standards of writing and style. Our goal was to let the voice of each author be heard, as much as possible, on their own terms.

The book is made up of four sections:

A) Methodological Questions and Experiences

This section focuses on both the common ground and differences between approaches to pastoral care and counselling. How, in a dialogue with the foreign other, can we be both the guest and the host? The notion of hospitality and how it is conceptualized and manifested is a cohesive element in these articles.

B) Faith Communities on Care, Healing, and Well-Being

This section reflects on human care, healing, and well-being from Jewish, Christian, Islamic, Hindu and Buddhist perspectives. The authors consider how their particular understanding of the Divine frames their approach to human suffering, vulnerability, and spirituality. An interesting thread running through these reflections is that love exercised through compassion contributes to our humanity.

C) Challenges to the Praxis of Care, Helping, and Healing

Different cultural contexts pose different challenge for effective pastoral care and counselling. Exploitive economic and political practices strip people, particularly the poor, of their identity and dignity. In some contexts, religion becomes a means to selfish political ends. How can pastoral and spiritual caregivers work for not only the good of the individual care seeker but for social justice and eco-healing?

D) Spiritual Care and Healing in Public Settings

Many caregivers operate in public fields of helping and healing: hospitals, the police, maritime work, the military, and with refugees. This section reflects on how counsellors can promote human well-being in pluralistic organizations. The authors consider what methods and approaches they use, from their specific faith practice, to provide care for everyone, regardless of the other's faith tradition or spiritual practice.

This publication seeks to open windows into the complexity of intercultural and interreligious communication and counselling. We hope it fosters multiple discourses on care, healing, and human well-being in our endangered and vulnerable world.

Helmut Weiss
Karl Federschmidt
Daniël J. Louw
Linda Sauer Bredvik

Section A

Methodological Questions and Experiences

Chapter 1

Facing the Foreign Other:

Crossing the Crossroads in Cross-Cultural and Interreligious Encounters within the Human Quest for Well-Being and Spiritual Wholeness

Daniël J. Louw
South Africa

> We were involved in the struggle because we believed we would evolve a new kind of society. A caring compassionate society. At the moment many, too many, of our people live in gruelling demeaning, dehumanising poverty. We are sitting on a powder keg. We really must work like mad to eradicate poverty.
> Desmond Tutu (2004)

Introduction

Key Concepts in Interreligious Discourses (KCID) is a research series designed to establish an 'archaeology of religious knowledge' in order to promote the quality of interreligious discourses (Tamer 2021: 1). The research points out how violent behaviour and hostile prejudice cause vast obstacles in attempts to establish meaningful encounters between representatives of some of the main religious traditions (Christianity, Judaism, and Islam). According to the outcome of the research, attempts to overcome obstacles like resistance and estrangement due to the otherness of the stranger should be guided by religious terminology that foster harmony and peace. To take up Archbishop Desmond Tutu's challenge – to create a compassionate society that can overcome obstacles in the attempt to establish more tolerance towards one another while overcoming the schisms of the past – communities of faith should start to apply their rich tradition of grace and compassion to combat social resistance and racial polarization. This challenge can be linked to the research done by KCID, i.e., to link religious terminology like 'love' and 'mercy' of God (transcendent divine ideals) to earthly and human relationships in the attempt to overcome natural resistance and bring about peace despite conflicting diversity (Tamer 2021).

When studying the agendas of interreligious discourses on interfaith encounters, it becomes evident that the questions of how to overcome resistance towards the foreign other and how to pass over to the religious framework and thinking of the other are indeed burning issues when using religious terminology like 'love' and 'grace.' This challenge is aptly captured by Peter Admirand (2019: 6): "To understand another

religion or ideology one must try to experience it from within, which requires a 'passing over,' even if only momentarily, into another's religious or ideological experience." This could become a very challenging endeavour, however, if one is convinced that the other's way of life or views are faulty or threatening. The latter makes the 'crossing of crossroads' in both intercultural and interreligious encounters extremely difficult.

The following question emerges: But how? How does one step over to the mindset of the other? What is required for a crossing over when one has to face the other as stranger, outsider, outcast, or even violent opponent? What kind of skills are necessary in order to promote fruitful discussions, interaction, and ongoing encounters despite differences articulated by fixed convictions, cultural customs, and doctrinal dogma? According to Admirand (2019: 6) empathy, coupled with humility, is a crucial step in reminding us to mirror the humanity of the other and thus address one another with respect, sincerity, and trust. What has become increasingly overlooked is the need to promote honesty and sincerity based on a sense of compassionate care, including empathetic listening, mutual learning, and moral development (Admirand 2019: 11).

Basic assumption, core problem, and theses

In the light of the previous outline, the basic assumption of this chapter is that the skill of empathetic listening and the habitual condition of compassionate being with the other can create a kind of common ground to revitalize a 'public square' (Admirand 2019: 13) wherein meaningful connections of 'crossing over' and deeper and humbler and humane forms of meaningful conversations could be facilitated in the endeavour to face the foreign other. Schipani and Bueckert (2009: 317) very aptly capture the gist and challenge of intercultural and interreligious encounters within the dynamics of establishing interrelated connections at the intersection of crossing crossroads:

> Moral character that integrates a plurality of attitudes and virtues such as: capacity for wonder and respect in the face of the stranger; sensitivity and receptivity; courage to risk and to be surprised; freedom to be vulnerable and open to learning and growth; disposition to recognize, accept, and honour those deemed to be different; hospitality grounded in compassion, humility, and generosity; passion to care and creative energy to transform the inherent violence of separation, prejudice, and the alienation into a way of being with (empathy) and for (sympathy) the other as neighbour and partner in care and healing.

The core question within these public spaces of humane encounters is: How can one meet the strange and foreign other and overcome the hurdles of superficial communication or the threat of estrangement due to the fear of the other (xenophobia)? It will, therefore, be necessary to deal with the otherness of the other, the other described by Emmanuel Levinas (1987: 44) as the 'crack' in the totality of closed interactional systems. What should a constructive approach to this 'crack' entail while dealing with hurdles and even resistance in interfaith encounters? How can different religious institutions and communities of faith contribute to processes of crossing over, particu-

larly when discourses reveal the complexity of communication is due to obstacles that are embedded in the globalized networking of trans-national paradigmatic issues? This attention to the complexity of interreligious discourses is necessary in order to reflect on what spiritual healing and the quest for wholeness in interfaith encounters entails.

My thesis (proposition) is that a spirituality of compassionate *being-with* could function as a kind of common denominator for therapeutic interventions in caregiving and the overall quest for human well-being. Compassion creates a kind of safe 'public space' for establishing trustworthy connections that promote meaningful interfaith 'crossing overs.' Within the dynamics of harmonious co-existence, compassion provides forums for the display of authentic encounters (the mutuality of meeting the other and dignifying the other).

A spirituality of compassionate being-with the other should be guided and supplemented by a *Wisdom Culture* (Ken Wilber, in Fischer 2003: 2)[1] that will benefit all; our interpretation systems must be redesigned "so that learning to do is balanced with learning to be and the result is a learning to live together non-violently, sustainably, with all our cultural differences" (ibid.). In a wisdom culture, the challenge is to apply integral and systemic thinking (from micro- to macro-thinking, from mechanistic reductionism to dynamic synthesis) in order to supplement the synthetizing paradigm in holistic thinking with the healing paradigm of a spirituality of wholeness.

In this regard, it is important to differentiate between 'holism'[2] and 'wholism'[3]. *Holism* is about integration and synthesizing, the fusing of all parts into a comprehensive approach that can unify separate entities. The intention is to develop an integral vision. In this sense, the whole is about a functional dynamic wherein every part contributes to a comprehensive understanding, but where it is then still possible to identify afterwards the unique character of each part that contributes to a holistic vision. *Wholeness* in a spirituality of caregiving is basically a healing and helping category that tries to bring about change in terms of reconciling the different parts or entities with a view to peace building from a perspective of hope. This change operates

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[1] "A Wisdom Culture must put priority on an integral view of life and a holistic education for all – body, mind, soul, and spirit, a valuing of both the 'worldly' and 'other-worldly' aspects of life – a marriage of religion and science, counselled by the Arts" (Fischer 2003: 2).

[2] J.C. Smuts, former prime minister of South Africa, co-founder of the Unitied Nations, and father of the philosophy of holism, designed holistic thinking in opposition to the mechanistic and rigid outlook of the nineteenth century which tended to break up life into meaningless parts and compartments. Holism as a philosophy is about balancing ideas. "Holism is a synthesis between faith and reason, science and religion" (Beukes 1989:12).

[3] In psychology, wholeness refers to "…a way of being in the world that involves a life-affirming view of oneself and the world, a capacity to see and approach life with breadth and depth and the ability to organize the life journey into a cohesive whole" (Niemiec et al. 2020). Furthermore: "The science of spirituality has steadily unfolded over the last few decades and has offered only occasional attention to select strengths of character (humility, love, and forgiveness) or the universal typology of the VIA classification of character strengths and virtues. In this exploration, we argue that there is a robust synergy of these sciences and practices revealing that spirituality is vitally concerned with promoting character strengths" (Niemiec et al. 2020).

Figure 1.
Sculpture by Bruno Catalano (https://brunocatalano.com/) symbolizing the predicament of meeting the foreign other, the stranger trying to cross over despite the resistance of discriminating prejudice. This sculpture reveals the existential vacuum created by being forced to leave your land, customs, culture, and people while facing an uncertain future and foreign country with different customs, traditions, and religious convictions.

according to the following epistemological principle: Paradoxical exchange provides a broader scope wherein the eventual outcome provides more than the sum total of the parts – imaginative envisioning. The parts are also exposed to essential change and attain a new meaning due to wisdom thinking.

The whole is dependent on philosophies of healing and belief systems of reconciling, forgiving, or restoring and directed by a morality of justice and co-responsibility. Wholeness in this sense is a qualitative category that even transcends the realm of an empirical epistemology of sheer observation into a spiritual epistemology of unconditional acceptance, sacrificial love, and grateful interventions. The comprehensive understanding provides prudence and a sense of purposefulness. While a holistic approach operates according to the principles of coordination, cooperation, and unification, projecting possible solutions and better functioning (functional perspective), a wholistic approach operates according to the principles of zigzagging networks, linking opposites within a critical hermeneutic of paradoxical friction (healing perspective). By means of even painful contradictions, new perspectives for hopeful reorientation occur.

The intrigue of the-one-for-the-other in facing the foreign other

Frequently, the foreign other threatens our comfort zones, fuelling violence and destabilizing harmonious relationships in public life. For local communities, the foreign other is often a burden, penetrating scarce resources, making an appeal on public welfare, disturbing the economy and becoming competitors in terms of jobs and opportunities for education.

It is not only the receiving community (welcoming host) that has to face the foreign other. Foreigners themselves have to face the resistance of local communities, culturally driven intolerance, and religiously inflicted bigotry. Facing the foreign other and overcoming obstacles by means of interreligious encounters is, therefore, a mutual endeavour. Facing the foreign other is a complex undertaking because the exchange between 'I' and 'Thou' is basically structured by the principle of mutual interrelatedness (Buber 1965). At stake is the principle of ethical entanglements within the mutual dynamics of asymmetry and symmetry as undergirding factors in intersubjective encounters. This is what Levinas calls the intrigue of the-one-for-the-other (*l'un-pour-l'autre*), the ability of the subject to exchange places and to place him/herself in the position of the other (Levinas 1974: 208). In dialogue, both a 'reciprocity of responsible caring' and a 'mutuality of commitment' (Nagy and Krasner 1936: 73, 425) play decisive roles in the exchange of viewpoints within an acute awareness of asymmetric transactions. Ultimately, facing the other is not easy. To overcome obstacles that threaten our human quest for security and meaning requires a basic sense of courage and self-worth.

Religion as a resource in dealing with resistance to crossing over

A 'mutuality of commitment' and the 'principle of reciprocity' require dedication to the complexity of interreligious encounters and ask for a spirituality of perseverance based on positive self-regard, particularly in mutual exchanges where one may first face the other as a possible opponent and foreigner.

Self-affirmation and the courage to be

"Courage is the self-affirmation of being in spite of non-being" (Tillich 1965: 152). According to Tillich, this is why religion can play a key role in bringing about stability in the public of life – by addressing fear and instilling a sense of harmony in relationships based on the notion of mutual acceptance and an ethos of responsibility. Tillich refers to an *ontology of acceptance*: A certain preconditioned ontological relationship between God and reality that should determine the mutuality of human relationships and all forms of interaction. "The acceptance by God, his forgiving and justifying act, is the only and ultimate source of a courage to be which is able to take the anxiety of guilt and condemnation into itself" (Tillich 1965: 162). If that is not the case, being is inevitably exposed to the despair of 'homelessness' – *Unheimlichkeit* (Heidegger 1963: 185). The latter describes exactly the predicament of many foreigners that have to face the threat of xenophobic rejection while migrating into a new country.

Fortology – a strength perspective

In religious terminology, courage contributes to a kind of spiritual fortology. Fortology represents a movement away from pathology (fear for the other) to constructive enforcement and encouragement (encountering the strange other in order to promote self-worth). Strümpfer, for example, points out the importance of *fortigenesis* for responsible and meaningful human orientation (a mature approach) in the daily happenstances of life (2006: 11-36). Fortigenesis (*fortis* = strong) refers to a strengths-perspective, which relates human wellness to the positive components in human behaviour. This approach concentrates on those components in human wellness that create strength, courage, and a positive approach to life demands. The argument is that religion could play a pivotal role in this regard.

Religion as source of meaning[4] *in processes of crossing over*

In his book on religion as an expression of meaning in life, Wilhelm Gräb (2006: 52) argues for an understanding of religion[5] as the search for meaning and meaningful self-expression (*Selbstdeutung*) [6]. In essence, religion should contribute to self-understanding (knowledge of God is knowledge of oneself) that facilitates an overall sense of human well-being[7]. The authentic experience of meaningful self-expression leads to an experience and feeling of being grounded and cared for (*Gegründet- und Gehaltseins; Geborgenheit*) which could be rendered as a sense of becoming spiritually 'whole.' In this sense, 'wholeness' expresses an existential experience of being-at-home (*Heimat*); it delineates a space that safeguards the intimacy of dwelling (Bollnow 2011: 261-263).

As human beings, we dwell in this world. Dwelling then refers to a form of a 'trusting-understanding bond' (Bollnow 2011:261), i.e., to be accepted unconditionally for who you are. And this experience of being accepted within the very essence of one's being – what Schleiermacher calls *das Gefühl der schlechthinnigen Abhängigkeit* (a feeling of ultimate dependence) – can be described as an experience of

[4] Weima (1981: 20-30) refers to several basic aspects to clarify the components of religion. Religion has ideological, philosophical, or theological consequences. One of the most important consequences of religion is the formation of an ultimate value that imparts meaning and direction to life. It affects attitudes and behaviour towards others.

[5] Religion has to do with a fundamental experience of trust (*Grundvertrauen ins Dasein*), and a conception of transcendence that engenders gestures or symbolic expressions of meaning and an understanding of coherence, belonging, and networking in our journey as human beings through history. See Gräb (2006: 53).

[6] For Clifford Geertz (in Drehsen et al. 2006: 210-211), religion provides a system of symbols that help a human being to express a state of mind/mood (*expressive power*) and to be motivated to act and to perform (*performative power*). Religious symbols function as expressive means to articulate and to signify the ultimate, i.e., that which transcends our comprehension (*Deutung des Unbegreiflichen*).

[7] Religions should promote a spirituality of wholeness in interreligious discourses because the word 'religion' comes from the Latin term *religare* from *re* (again) and *ligare* (to bind). Thus, religions talk of spiritual experiences as the rebinding to God (Puchalski and Ferrell 2010:22).

transcendence and, therefore, as the moment of the birth of religion and its implication for a sense of authenticity and humane dignity (Landmesser 2006:128).

One can conlclude that religion[8] and sound belief systems should (and could) feed a courage to be, based on the conviction that a divine factor functions as the ground of all being. It is in this regard that religion should motivate believers to overcome existential barriers in their attempt to attain self-worth and face unavoidable obstacles, particularly when dealing with the threat of the foreign other.

Facing basic hurdles in interreligious encounters

One of the obstacles and challenges in interfaith dialogues is about crossing the hurdle (a) of *formal and artificial communication*. Authentic dialoguing in interreligious encounters[9] means moving beyond the often-artificial agendas of merely formal communication, creating the dynamics of mutuality between 'I' and 'Thou' (Buber 1965). The challenge, therefore, is to foster relationships of trust despite the phenomena of prejudice and social suspicion. In interfaith communication, authentic dialoguing works to establish a sense of religious interconnectivity despite different religious commitments and convictions.

Another hurdle (b) is the question of how to overcome *the phenomenon of estrangement* in facing the otherness of the other while dealing simultaneously with *the phenomenon of xenophobia*. By xenophobia, I mean: The excessive fear, dislike, discriminating prejudice, and even hostility toward anything 'foreign' or to anything and anybody from outside one's own social group, nation, country, or confines of tribal kinship.

When otherness is embedded in cultural traditions, social identities, or racial and gender diversity, the experience of difference and diversity is easily transferred from the level of the experiential to the level of the cognitive. In this way, otherness runs the danger of becoming a fixed perception that is often supported and reframed by fixed formulaic and ideological convictions. When these fixed perceptions are also strengthened by ostracizing religious terminology, exclusive belief systems, and skewed religious doctrine, crossing this hurdle of conceptualized and paradigmatic prejudice becomes virtually impossible in cross-cultural encounters and counselling. It feeds fear of the other and leads to processes of destructive stigmatization.

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[8] In his outline on the history of interreligious dialogue, Leonard Swidler (2013:3) points out that religion is a basic feature of life and an ontic ingredient of the being of *homo sapiens*. Religion is, therefore, a vital element in our human quest for purposefulness and the meander towards finding "the ultimate meaning in life and how to live accordingly."

[9] The goals of particular dialogues may differ, from peaceful coexistence to social change and from mutual understanding to actual religious growth. But the common denominator in all these forms of interreligious engagement is mutual respect and openness to the possibility of learning from the other. The category of interreligious dialogues may then be used to refer to any form or degree of constructive engagement between religious traditions (Cornille 2013a: xii). "Dialogue, in its ideal form, involves a conversation or exchange in which participants are willing to listen to and learn from one another" (Cornille 2013b: 20).

(c) *Discriminating stigmatization* can be another hurdle in establishing sound interfaith relationships. E. Goffman (1990) points out how stigma contributes to a breakdown in communication and the establishment of meaningful human encounters. Goffman links the establishment of stigma to social settings of prejudice. Stigmatization is about a fixed characterization of somebody else, "…a characterization 'in effect,' a virtual social identity" (Goffman 1990: 11-12). When this identity is assessed as negative, bad, dangerous, weak, or even sinful, we reduce the difference to wrong or – in cases of religious fanaticism – to evil. In our mind, we reduce the person to a tainted, discounted individual. Such an attribute becomes a stigma, especially when its discrediting effect is very extensive. One can then understand how the other becomes a victim, typified as a *stranger* (being different, unfamiliar or even perceived as being abnormal), a *foreigner* (a person born in or coming from a different country or culture or religious tradition), or an *outsider* (a person on the periphery of society or not part of the 'in-crowd', a non-conformist).

The previous hurdles are typically embedded in (d) *global and trans-national processes of inhumane exploitation* and the politics of international power plays. The latter can be seen quite clearly in the current migration crisis. The dilemma of the migrant (the loss of cultural identity and, often, the exposure to totally new communities of faith), as well as the receiving community with its established traditions and customs, delineate the complexity of the mutual endeavour to face one another beyond the confines of fixed axioms and traditional customs.

The foreign other within the global migrant crisis[10]

The predicament of the foreign other has been exposed in a very pregnant way by the global migrant crisis. It is exemplified in: The attempt of refugees to cross the Mediterranean Sea in search of a safe haven and place of refuge in Europe, migrants attempting to flee from Mexico and Latin America into North America, and the many people from the northern parts of Africa try to cross the borders of South Africa who eventually meet violent resistance by local, unemployed people and poor communities. Foreigners are constantly exposed to the cruelty of prejudice and social rejection.

However, what is currently happening is that migration has become a feature of our being human in the so-called global village. Migration is about a new mode of defining identity, diversification within mass pluralisation. Nationality and cultural descent are no longer necessarily the crucial determinants defining identity, but processes of globalization, forces in a market-driven economy, notions like democratic rights, and claims for human dignity are. In this way, *homo migrans* is causing a crisis of redefining longstanding local customs and notions like 'national states,' 'civil society,' 'democracy,' and 'human dignity.' This crisis also penetrates the confines and parameters of religious convictions and traditional rituals. The other breaks

[10] According to Polak (2014: 1), *homo sapiens* is in essence *homo migrans*. Throughout history, people were on the move. One can even say that migration is a social phenomenon and part of human existence (Castles and Miller 2009: 299).

through schematized forms and functions as a 'hole in the world.' The other threatens the space of religious traditions with their own fixed doctrines and dogmatic stances.

According to Levinas (1987), destabilization of traditional schemata of interpretation can cause a 'crack' in fixed modes of intersubjective communication and all forms of human and religious encounters. It impacts what Levinas (1987) calls face-to-face encounters, namely, meeting the visage of the other and being exposed to the factuality of differentiation. Therefore, the following question: What does it entail to encounter the strange other in pastoral caregiving, specifically to interact with and see the *visage* of the other?

The visage of the strange other

The other as a crack in the totality of a closed system refers to the foreign other as metaphor for the predicament of the outsider – the naked, the poor, the stranger, the orphan, and the widow and his/her appeal to fair, just, and compassionate treatment (Levinas 1987: 44). The other is a wake-up call to reinstall justice and trustworthiness in the world. The face of the other (*le visage d'Autrui*) functions as the opening of a spatial encounter wherein accountability as an ethical category emerges as an appeal. In the face-to-face encounter, responsibility in its most original form of response, or language response, arises (authentic dialoguing). The ethics of re-*spond*-able responsibility and the appealing otherness of the other emerges in face-to-face, humane encounters (Levinas 1987).

When encounters in interreligious dialogues attain the value of a moral summoning – to take up responsibility for the strange other – while, at the same time, the strange other helps to challenge fixed exclusive systems and penetrates the one-sided perspectives of monadic religious convictions, this 'crack' opens up opportunities for expressing true and valid hospitality and compassionate caring. It contributes to what Schneider-Harpprecht (2002: 10) calls the widening of perceptions and perspectives. The focus in interreligious encounters should then become less focused on self-expansion and more on perspective building, i.e., the widening of horizons and the understanding of what a multi-dimensional approach in meeting the other and crossing barriers entails.

Multi-perspectivism promotes systemic and synthetic thinking[11] rather than merely linear, analytic thinking. One becomes aware of the necessity of intersectional dialogues and cross-cultural dialoguing. The latter is no longer a luxury reserved exclusively for specialists and academics of intercultural and interfaith encounters but is, in fact, a feature of life in the global village[12].

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[11] Interculturality is therefore predominantly about systemic thinking (Weiss 2002: 37).

[12] 'Global village' is a phrase coined by Marshall McLuhan. In the early 1960s, McLuhan (2015) wrote that the visual, individualistic print culture would soon be brought to an end by what he called 'electronic interdependence' where electronic media replace visual culture with aural/oral culture. In this new age, humankind will move from individualism and fragmentation to a collective identity with a 'tribal base.' McLuhan's coinage for this new social organization was the 'global village.'

One sees that the widening of horizons, to think in systemic rather than merely analytic terminology, and to think inclusively and multidimensionally are all important ingredients of both holistic thinking and the paradigm of 'wholeness' in a spirituality of human healing and well-being. Furthermore, the paradigm shift from 'complification' to 'complexification' in intersubjective modes of interreligious encounters can be viewed as the first step in establishing trustworthy and authentic forums for the exchange of appropriate and valid information regarding differences and insight into the factuality of differentiation and diversity.

The paradigm switch in encountering the foreign other: From linear to networking thinking, from complification to complexification

It is important to distinguish between a 'discourse' and a 'dialogue.' Dialogues are about the exchange of meaningful texts in order to promote the mutuality of the exchange of ideas, conceptions, convictions, and philosophical stances. Discourses entail more than merely communicating and verbalizing viewpoints or theories. Discourses also probe the paradigmatic backgrounds of patterns of thinking in order to disclose meaning that can bring about change, transformation, and even instil hope and a courage to be (identity formation).

Network Hermeneutics: A different approach to epistemology

Authentic discourses are about the hermeneutics of networking, thus the new approach of what is known as 'Network Hermeneutics' (Krieger and Belliger 2014: 5-8). While postmodernity tried to deconstruct meaning,[13] Network Hermeneutics tries to put the pieces together due to the assumption that understanding is embedded in social constructs, different patterns of thinking, and the exchange of knowledge as contained in relationships, social interactions, global interconnectedness, e-society, and new media. In this regard, the notion of the 'Fourth Revolution' changed the whole dynamics of discourses and how knowledge is produced.

[13] Postmodernism has accentuated this problem but has offered no solution. Still, postmodernism has not been in vain. It has made it clear that the construction of meaning cannot be a merely a textual exercise, an effort of reading, a semiotic endeavour, or a 'grand narrative,' but must include action and artefacts. This is where networks become important. Networks are everywhere. Krieger and Belliger (2014: 8) state: "A new interdisciplinary science of networks has arisen and has attracted much attention in recent years. Networks are being discovered, described, analysed, and studied in disciplines as different as physics, biology, chemistry, informatics, communication, economics, mathematics, philosophy, and sociology. This not only makes it timely and relevant to reinterpret traditional discussions on universal forms of order in terms of networks, but it poses the problem of defining what is actually meant by the concept of a network and network science. The concept of network is as broad and as heuristically important as the concept of system. In many respects, it can be observed that where heretofore systems were in the limelight, networks have assumed centre stage."

The fourth industrial revolution is shaping human life all over the globe. As Klaus Schwab (2016:1), founder and executive chairman of the World Economic Forum, aptly remarked: "We are at the beginning of a revolution that is fundamentally changing the way we live, work, and relate to one another. In its scale, scope, and complexity, what I consider to be the fourth industrial revolution is unlike anything humankind has experienced before."

According to Mohapi (2017), the fourth industrial revolution blends various digital technologies such as Artificial Intelligence (AI), Internet of Things (IoT), and Big Data into our lives in such a manner that makes it impossible to differentiate where digital starts and where the physical world stops. Network Hermeneutics therefore has to start probing the interconnectedness of information within process of globalization and digitalization. Individuals and entities such as companies, research units, academic institutions, and religious institutions no longer can make decisions in isolation. Decision-making and knowledge-based information and data can only be evaluated in cooperation with all other entities involved.

"A multi-cultural, multi-religious, global society is more than ever dependent on world governance, on communication and consensus across many divisions, boundaries, and diverse interests in order to guide collaborative action" (Krieger and Belliger 2014: 7-8). To gain and gather knowledge implies to become engaged with peer researchers; to gather information from different reliable sources, and to critically examine different texts and worldviews in order to develop insightful perspectives and informed stances on life issues (*Horizonerweiterung,* widening of horizons).

In the light of the previous outline on Network Hermeneutics, interfaith discourses and interreligious encounters should be steered by a networking approach. A discourse is, therefore, a deliberate intra- and inter-disciplinary social, public, and community-orientated engagement, i.e., to become involved in paradigmatic and praxis issues concerning the value of life. A networking discourse involves other researchers, professionals, and experts in discussions of how specific stances in life, political viewpoints, scientific assumptions, and different disciplines interact with one another to establish an ongoing dialogue; this dialogue could eventually contribute to more insight and understanding, i.e., how patterns of thinking and belief systems inform existential orientation (*habitus*) within very specific contexts and cultural or religious settings.

The paradigm switch: From easy answers to nonlinear engagements in systemic thinking

Network Hermeneutics promote a qualitative approach to cross-cultural connections and interfaith encounters. This approach presupposes a paradigm switch that reckons with the difference between *complification* (finding solutions to problematic areas in cross-cultural interaction) and *complexification* (dealing with paradoxical determinants in cross-cultural interaction) (Nilson 2007: 238).

In a complicated worldview, simplicity becomes the goal. Knowledge then becomes 'absolute' in the sense of a final abrupt statement or axiom. It reasons that a

true, proven, and positivistic approach to knowledge can be found since valid and reliable facts of cause and effect dictate the agenda of discourses. The challenge is then to find optimal solutions to a defined problem.

In a complexified worldview, the interactions between the components are nonlinear. The implication is that bifurcation and choice exist within the situation, leading to the possibility of multiple futures and creative surprises. When dealing with complexity, there are no aspirations to find optimal configurations, only transformative changes into emerging situations and contexts. With this filter, many unknowable phenomena are considered as being related to the quality of choices and the level of habitual responsibility (human aptitude and attitude) (Nilson 2007:242).

Thus, systems thinking and Network Hermeneutics are about a broad framework of processes of interpretation. The focus is on understanding and managing complex systems from a holistic perspective, drawing on various approaches and methodologies. It holds that problems are emergent properties of a system, and they cannot be understood and addressed by simply reducing the system to its constituent components. Instead, one must focus on their interconnections and study the collective properties of the components as a whole; meaning becomes multi-dimensional and embedded in multi-perspectives. The implication for the helping and healing sciences, as well as for counselling and pastoral caregiving, is that the focus on human well-being should shift from a merely analytical and diagnostic approach to a systemic and wholeness approach.

The intriguing question now is: How could religious thinking and interfaith encounters contribute to a sense of wholeness despite the complexity of rather paradoxical complexifications in cross-cultural and interreligious discourses? What is meant by the healing praxis of caregiving to the foreign other? Very specifically, how can the notion of *spiritual wholeness* in religious thinking help overcome mutual estrangement and address the need for human well-being in the intrigue of the-one-for-the-other (*l'un-pour-l'autre*) (Levinas 1974: 208)?

The quest for human well-being versus ill-health

Several issues that contribute to ill-health and the intoxication of the human mind – homophobia, xenophobia, gender-based violence, Islamophobic reactions, anti-Semitism, and racial discrimination – take place within daily encounters between human beings. Even the global threats of climate change, severe poverty, and famine are both global and local. Dialoguing should then start within local contexts where religious and cultural interaction and exchange is a daily factuality of human encounters. However, local contexts cannot meet the demands of healing and transformation without the help and assistance of transnational connections and the big companies of the world. This urge for a global approach to helping, healing, and human well-being is underlined by the HIV pandemic (since 1983) and the current Covid-19 nightmare and the search for an effective vaccine.

The coronavirus did not merely shutter the optimism of healthism[14]. It also created amongst many uninformed people a medical scepticism and anti-science sentiment. The World Health Organization, therefore, declared that we are facing two public health outbreaks at once: The pandemic itself and an "infodemic of dangerously misguided ideas about it" (Henig 2020: 62). The virus is a threat and attack on even science itself and fixed paradigmatic frameworks concerning the purposefulness of life. The whole notion of human well-being has become a kind of global intoxication.

Health as defined by the WHO

In 1948, the World Health Organization defined in its constitution (WHO 1948):

> Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

This definition functions within processes of social transformation and the democratisation of life. Thus, the following explanation (WHO 1948: 1-3):

> The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions. The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.

Their overall goal is: "To foster activities in the field of mental health, especially those affecting the harmony of human relations" (WHO 1948: 2). The focus on human well-being in caregiving in the WHO constitution implies the following:

- To promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries.
- To promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene.

Svalastog et al. (2017) give a somewhat expanded definition:

> The word and concept 'health' refers to a state of complete emotional and physical well-being. Health can, thus, be defined as physical, mental, and social wellbeing, and as a resource for living a full life. It refers not only to the absence of disease, but the ability to recover and bounce back from illness and other problems.

But what is "a state of complete emotional and physical well-being" within the factuality of human frailty and brokenness? Is healing and well-being ever complete?

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[14] 'Healthism' can be described as images of youthfulness, bodies developed to maximum physical fitness, men's muscle tone and women's beauty as the ideals of the human striving for health. S.J.Hunt calls this global striving, as projected in social media, the global cultural cult of an embodied religiosity: "Healthism represents a locus on optimum performance and efficiency in all aspects of life" (Hunt 2003: 183).

Complete health: A utopian vision?

D. Misselbrook (2014: 65) made a very profound statement in his book on patient care: "Although we are prepared to spend dizzying sums on health *care* no one seems quite sure what health is." But this general and very vague approach regarding what well-being entails for the quality of our being human is, according to Misselbrook, a utopian vision; it is an unattainable ideal, bearing no relation to the struggles of real people in an imperfect world. He even dares to argue that it is a flagrantly modernistic statement and, like a statue of Lenin, it appears now as the ironic icon of a bygone age.

Misselbrook refers to three main concepts of health on offer: (a) The opportunistic and idealistic model that projects a nirvana of complete physical, mental and social well-being; (b) a narrower biomedical model which is the absence (or cure) of biomedical abnormalities, and (c) the functional and existential model with an emphasis on *human flourishing* and the courage to be within meaningful paradigmatic frameworks that focus on purposefulness (Misselbrook 2014: 65). One can call this last realm of health (purposefulness and humane living) the quest for *spirituality and wholeness*. What is meant by the link between human well-being and wholeness?

Spiritual healing and the quest for wholeness in interfaith encounters

In the book *Making Health Care Whole*, C.M. Puchalski and B. Ferrell (2010: 3-8) advocate for the integration and re-introduction of the realm of spirituality into palliative care.[15] They refer to the fact that spiritual practices can foster coping resources, promote health-related behaviour, enhance a sense of well-being, improve the quality of life, provide social support, and generate feelings of love and forgiveness. "The notion that spirituality is central to the dying person is well recognized by many experts, the most being those patients who are seriously ill" (Puchalski and Ferrell 2010: 4). Spirituality is then broadly defined as that which gives meaning and purpose to life (Puchalski and Ferrell 2010: 4; see also Louw 2016: 219-220). In this sense, spirituality is closely connected to the notion of spiritual wholeness.

The call for spirituality in care and healing is also coming from the other human sciences. In the *Oxford Textbook of Spirituality in Healthcare*, the editors Cobb, Puchalski, and Rumbold point out that the notion of spirituality in healthcare is closely connected to the realm of human suffering. They argue that if healthcare has any regard for the humanity of those it serves, it is faced with spirituality in its experienced

[15] A conference of clinicians, medical educators, and chaplains for medical school courses on spirituality and health in 1999 agreed on the following clinical definition of spirituality: "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to nature and to the significant or sacred" (Puchalski and Ferrell 2010: 25). The plea was that this definition should be applied to spiritual care in palliative care and care in general. The suggestion was also that this definition should be universally adopted for research in spiritual care in palliative care and in health care in general to help standardize the research and literature in this field.

and expressed forms: "Spirituality is for many people a way of engaging with the purpose and meaning of human existence and provides a reliable perspective on their lived experience and an orientation to the world" (Cobb et al. 2012: vii). Thus, the conviction of Pellegrino (2012: vi) that healing of the psychosocial biological dimension of life is of itself insufficient to repair the existential disarray of the patient's life without recognition of the spiritual origins of that disarray.

Basic statements regarding the paradigm of wholeness in spiritual healing

When researchers started to face the existential life issues in Africa specifically, the plea for wholeness and a holistic approach surfaced repeatedly. In his book *Health, Healing and God's Kingdom*, Long (2000: 20) points out: "Like the Hebrews, the African perspective on health is experiential and holistic." Health depends upon maintaining a balance of power within the network of relationships. It is linked to a sense of belonging within the tribe or family (Long 2000: 100- 102). Rather than an analytic and individualistic approach, one needs to opt for a systemic approach to helping and healing. In order to deal with life as a whole, one must take relationships and the interconnectedness of problematic issues seriously.

Wholeness is about the integration of faith and life, body and soul, salvation and healing, creation and affirmation, divinity and humanity. It implies relational networking as well as constructive spiritual dialoguing. It cannot be separated from the praxis of intentionality (the telic dimension), i.e., intentions as internalised theory expressed in the activity of practical engagement in social and cultural contexts.

The following statements should be read as basic premises in theory formation for a praxis spiritual healing (see Louw 2016: 512-516). They describe what wholeness is about in a Christian spiritual approach to healing within the broader discipline of pastoral care – *cura animarum* (cure and care of human souls).

- Wholeness is about trust, confidence, and empowerment of being (authenticity and trustworthiness in caregiving and healing – restoring self-worth and a sense of purposefulness).
- Wholeness is about spiritual growth and anticipatory hoping (the meta-perspective of divine grace and faithfulness with future prospects).
- Wholeness is about the positive quality of being functions[16] and the fostering of human dignity – the unqualified yes of grace and love to our being human (self-affirmation as other-affirmation and vice versa).
- Wholeness is about a source of comfort that helps one to endure in life by means of patience and the spiritual art of waiting and resisting evil wrongdoings (the protest of lamentation against undeserved suffering and injustice).

[16] Being functions, besides knowing functions and feeling functions, refers to a sense of courage to be that instills a sense of safety, hope, and self-worth.

- Wholeness promotes psychosomatic health and neurological stability (the strength perspective of fortigenetics).
- Wholeness presupposes insight, prudence, and wisdom (wisdom enhances our capacity to love[17] and to be sensitive to others).
- Wholeness implies an all-inclusive approach, including the spiritual realm of 'transcendence' and meaning-giving religiosity (the quest for signals of transcendence, see Berger 1992: 121).[18]

What can be gathered from these brief statements is that spiritual healing encompasses more than merely a private, individualistic piety. It infiltrates the whole of our being human and is exhibited in relational networking. It also equips caregivers with basic encountering skills in their outreach to the foreign other.

Fostering basic skills for crossing over to the foreign other

Spiritual healing (therapy) thus focuses on developing and fostering the following basic skills most needed in crossing over to the foreign other in interreligious encounters:

- The *existential skill of being-with* that functions as a fundamental skill and is complementary to listening skills, communication skills, knowing skills, and doing skills.
- The *faith skill of representing kenotic love* and fellow suffering as exemplifications of the theological principle of divine compassion. In Hebrew religiosity and wisdom thinking, this is *Rḥm* (pity) in close connection to the root *ḥnn* (grace).
- The *caregiving skill of establishing intimate encounters/spaces for hoping* through shepherding, servanthood, wise decision-making, hospitable outreach, and paracletic advocacy (voicing the predicament of the voiceless).
- The *reflective and hermeneutical skill of integrative thinking*. Handzo (2012: 240) maintains that spirituality should refer intrinsically to an integrative approach to intriguing life issues regarding the human quest for dignity and meaning (integral spirituality): "Interventions, individual or communal, that facilitate the ability to express the integration of the body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and [/or] a higher power."

The right pathos for the praxis of intercultural and interfaith engagements demonstrates unconditional love beyond the prejudice of stigmatising and discriminating, inhumane culturally, and religiously inflicted suspicion and mistrust. But what are the basic conditions for promoting a spiritual approach to wholeness, healing, caregiving, and human well-being by means of interfaith encounters and dialoguing?

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[17] See Wibbing 1975: 502. Also, Meissner 1987: 196.

[18] The questions *where to* and *wherefore* point to what the sociologist Peter Berger (1992: 121) calls the quest for 'signals of transcendence'. We each have a desire, or need, for something greater than ourselves, some bigger purpose or meaning in life. "In openness to the signals of transcendence the true proportions of our experience are rediscovered. This is the comic relief of redemption; it makes it possible for us to laugh and to play with a new fullness."

Conditions for appropriate, interfaith dialoguing and meaningful interreligious encounters

In order to promote an interfaith dialogue on the healing dimensions in different religions, as well as a qualitative approach to interreligious dialogues, the following conditions (see also Cornille 2013b: 20-31) should be adhered to:

- An understanding of one's own stance on truth and how it is related to an understanding of the Godhead (the role of God-images). – *The divine realm of spirituality*.
- Basic paradigmatic frameworks for dealing with anthropology: The meaning and destiny of our being human (teleology) and the connection to the Ultimate. – *The meaning dimension in interfaith dialogues.*
- A regard of the other religion as a potential source for human development and the promotion of general well-being. – *Developing a habitus of interreligious hospitality and interpathetic caregiving* (Augsburger 1986).
- The moral framework of thinking in terms of values and virtues that contribute to restoration rather than to destruction. – *Establishing a common ground of universal, acceptable norms, values and virtues that is all-inclusive* (principle of inclusivity).
- An understanding of the tradition of wisdom thinking as a source of healing. Rather than focus merely on rational answers and instant solutions, the focus should be on encounters that deal with the significance and purposefulness of life itself. – *The mysticism of meta-physical reflection and contemplation.*
- A deep sense of relativity and an understanding that happenstances in life are embedded more in the unpredictability of what befalls humankind than in the fixed categories of a cause-and-effect approach. The mode that dictates successful and meaningful dialogical encounters is a deep sense of humility regarding one's own personal stance on what religion entails. Cornille (2013b: 21) calls this kind of habitus an "epistemological humility." A sense of fallibility and a recognition of the limits of religious claims are imperative for fruitful discussions. Any pretention of superiority destroys a positive outcome. Religious language is in fact finite and relative and never absolute. – *Developing a mindset of humility and accommodative fairness.*
- A willingness and commitment to revisit one's own religious tradition and doctrinal stance with an open mind and constructive criticism. This presupposes a thorough understanding of traditional teachings. – *The notion of critical realism*.
- The interreligious dialogue should not be abused as a kind of 'friendly and polite' (well-mannered) exchange of information about beliefs and practices in order to impress the other or to see the encounters as opportunities for evangelization, a kind of missional approach in the disguise of formal decency. – *The principle of sincerity and honesty*.
- The dialogue must be guided by the deliberate will to discover common grounds of mutual interest. Religious convictions must be shaped by the insight of the interrelatedness and fact that religions are interconnected and do have something in

common. They all wrestle with the transcendent realm of life and operate within the realm of the 'unseen' with questions regarding the significance and meaning of life (an ultimate reality).[19] – *The ethical principle of justice for all, inclusivity, and generous sharing*.

- For meaningful contact, 'religious imagination' is most needed, i.e., the ability to move beyond the secure borders of one's own tradition to understand the other's viewpoint from the other's perspective. For this approach, empathetic listening – or an affective resonance – is imperative. This may imply even direct participation in the rituals and religious life of the other. – *The imaginative creativity of a mutual exchange of places, listening through the other's ears and looking through the other's eyes*.
- Dialogue implies a paradigm switch from an exclusive approach to an inclusive approach. The participants need to display a kind of generosity and grace that is flexible enough to incorporate some of the perspectives of the other into one's own approach. One therefore needs to move from dialogue as patronizing to dialogue as participatory engagement in order to foster mutual learning and enrichment. This implies a mutual intention of learning from one another, or 'comparative theology' (Clooney 2013: 51-520). – *The scientific mode of participatory observation.*

Conclusion

According to Swidler (2013: 5-6), the basic polity in interreligious dialoguing and encounters consists of three modes:

> Reaching out to learn from other religions/ideologies more fully the meaning of life (Dialogue of the Head); joining with the Other to make the world a better place in which to live (Dialogue of the Hands); and an awe-filled embrace of the inner spirit and aesthetic expressions of the Other (Dialogue of the Heart).

Currently, there lurks the real danger that care and healing could become merely a fearful burden and not an indication of vicarious *suffering-with*. The galloping populist rhetoric of politicians is silencing the voice of compassionate caring. The inflation of compassion (overexposure to human suffering with a lack of passion for the predicament of the other) and the disintegration of caring sensitivity underline anew the reason why religions as the so-called caring institutions should reconnect in order to foster humane and peaceful coexistence, as well as a disposition of compassionate *being-with*. Thus, the challenge is to overcome moral blindness, e.g., the loss of sensitivity in liquid modernity (Bauman and Donskis 2013).

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[19] The spiritual experience and connection to transcendent reality may be regarded as common to all religions (Cornille 2013b: 25). However, one needs to be careful because such an idea of a common spiritual ground or goal does not constitute always a sufficiently compelling basis for engaging in dialogue about such particularities (Cornille 2013b: 26).

Facing the foreign other (seeing the other not as threat but as enriching partner in life) needs a basic attitude of hospitable care in order to restore self-worth and establish a sense of belongingness. Interreligious encounters should strive to create safe spaces for Network Hermeneutics. This is why religions are summoned to go back to their roots and original paradigmatic framework: 'Religion' derived from the Latin term *religare* from *re* (again) and *ligare* (to bind).

The challenge, especially for the Society for Intercultural Pastoral Care and Counselling (SIPCC), is to promote interreligious connections and intersubjective encounters of rebinding to both one another and the divine factor in life (Puchalski and Ferrell 2010: 22) while crossing the crossroads and overcoming the hurdles of xenophobic estrangement, To achieve this goal, pastoral care and counselling should be reframed by an ontology of acceptance (Paul Tillich 1965) and a theology of interpathetic *being-with* that creates an archetype of trust (loyalty) and mutual reciprocity and incorporates even the outsider and stranger due to a pact of existential hospitality. This is what Levinas calls a moral conscience (*conscience morale*) residing in the freedom for hospitality (*diakonia*,) and the dynamics of generosity. The latter should emanate from the inviting, welcoming self to the other foreign self on behalf of the other and without any condition and demand for thankfulness (Levinas 1990: 68).

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Chapter 2

An Exploration of Common Ground in Pastoral and Spiritual Care:

Religious Community, Human Spirit, Wisdom, and Creative Imagination

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The members of international organizations such as the Society for Intercultural and Interreligious Pastoral Care and Counselling (SIPCC 2021) and the International Association of Spiritual Care (IASC 2021) represent a plurality of religious, theological, and philosophical traditions. They also represent diverse disciplines and multiple professional practices within the field of pastoral and spiritual care across many different social contexts. At the same time, they share an indispensable, fundamental assumption that often remains implicit: Within and beyond such rich diversity there is commonality (or universality) which makes communication and collaboration possible and, indeed, indispensable for our times.

This essay consists of an exploration of common ground by focusing on the four areas named in the subtitle – namely, religious communities, human spirit, wisdom, and creative imagination. Following a short introductory section, the question of an assumed four-dimensional commonality will be discussed from a particular Christian perspective.

Introduction: A shared context of pandemic realities

At the time of this writing, over eighty million cases of Covid-19 have been reported to the World Health Organization, with over two million deaths and fifty-five million recovered. Such an unprecedented pandemic catastrophe has trigged the mobilization of international, national, and local resources to care for the population worldwide. Among private initiatives, diverse forms of pastoral and spiritual care connected with religious traditions and faith communities have been deployed both directly and indirectly. Therefore, for the purpose of this essay, it is fitting to talk about a shared pandemic context of common concern as the overarching background and starting point for our current reflection on common ground in pastoral and spiritual care.

The words *pandemia* and *pandemic* come from the Greek πάνδημος (pandemos, from *pan*: 'all' and *demos*: 'people') meaning "of, pertaining, or related to all the

people" (Online Etymology Dictionary 2020). Therefore, in addition to applying the term to the manifestations of Covid-19, it is also appropriate to use it in connection with the reigning economic system in the world today, namely global market capitalism. Confronting the pandemic is necessarily associated with both the life-giving and the harmful potential of that overarching system. At the same time, religious communities, and particularly those identified as the Abrahamic/Ibrahimic tradition, can reclaim a much older promise and a call: "…I will bless you … so that you will be a blessing … and in you all the families of the earth shall be blessed" (Gen. 12:2-3). Their caregiving contributions are, thus, specific ways of fulfilling their pandemic vocation to become a blessing to all peoples. That is why our exploration of common ground starts with the universal caring function of religious communities.

Common ground (I): The universal caring function of religious communities

The Covid-19 pandemic impacted religious practices in various ways, including the cancellation of the worship services, pilgrimages, ceremonies, and festivals. Many places of worship were forced to close. In response, religious leaders streamed services online which allowed their followers to practice their faith in safe and socially responsible ways. Diverse groups posted online meditation sessions to help with anxiety and depression. As the coronavirus closed churches, synagogues, and mosques worldwide, religious leaders found new ways to bless millions marooned by the pandemic. Services were shared on Instagram, prayers posted by video links, and timeless texts shared on cell phones to bring spiritual support to the hundreds of thousands of believers denied a place of worship. Further, relief departments of religious organizations have dispatched disinfection supplies, air-purifying respirators, face shields, gloves, coronavirus nucleic acid detection reagents, ventilators, patient monitors, syringe pumps, infusion pumps, and food to affected areas. Other faith communities have offered free Covid-19 testing to the public. Adherents of many religions have gathered together to pray for an end to the Covid-19 pandemic and for those affected by it, as well as for wisdom for physicians and scientists to combat the disease. In sum, religious groups have managed to somehow continue to experience and practice care within and beyond their own communities (Miller 2020).

The following four claims or normative hypotheses consider the questions of why and how faith communities share common ground as ecologies of care.

Four main claims, normative hypotheses

First, faith communities can function as mediating spaces between the cultural, socio-economic, and political realities of society at large and those of the family. Further, that can happen in uniquely contextualized ways in terms of their seemingly fundamental or transcultural design, which consists of interrelated practices of worship ('up-reach'), community life ('in-reach'), and service ministry ('out-reach'). It is clear

that such a threefold design – worship, community, and mission – can functionally define the very nature of the Christian church.[1] It remains to be further explored collaboratively whether that threefold pattern is also (analogously) present in the other two Abrahamic faith traditions, namely Judaism and Islam. Preliminary interreligious collegial conversations suggest that the pattern is somehow shared by those traditions and that, possibly, it might correlate with their fundamental normative theological convictions regarding the love of God and love of neighbours, both close and far.

Second, membership and consistent participation in those religious communities are inherently formative and, at least potentially, transformative. Faith communities can, thus, be viewed as ecologies of nurture, support, care, and healing with unique potential in the face of sickness and death. Caregiving takes place both implicitly and explicitly.[2] It is well known that faith communities can also foster toxic religion and spirituality. This is the case, for instance, as manifested in diverse forms of fundamentalism, harmful practices related to medical treatment, corrective discipline of children, and others.[3]

Third, faith communities can play a major role in terms of primary, secondary, and tertiary prevention[4] in the face of crisis and trauma. The notion of primary prevention denotes adequate and defensive mobilization of resources before a critical or a traumatic situation presents itself; its purpose is to hinder or neutralize the onset of a crisis or trauma resulting from such situation. Secondary prevention connotes timely care made available as soon as a crisis or trauma begins to develop. In other words, it consists of prompt intervention aimed at lessening the impact of the severe crisis or trauma. The notion of tertiary prevention refers to the caregiving efforts made available in order to facilitate recovery and re-orientation towards a new 'normal.'

Fourth, comprehensive pastoral and spiritual care in response to suffering always necessitates close consideration of bio-psycho-social-spiritual factors and the dynamics at play. Further, systemic strategies and approaches are always preferred. Hence, caregiving needs to be implemented together with adequate forms of communal and social action. As far as care receivers' spirituality as a focus of spiritual care is concerned, both careseekers and caregivers can engage in supporting, guiding, healing, and empowering processes on different levels (family, individual, institutional, communal, and social). One of the main, commonly shared, goals is to foster spiritual

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[1] This broad characterization of the church is assumed to be theologically adequate across the broad spectrum of Christian theological traditions and denominations. Systematic ecclesiologies can offer distinct and comprehensive theological grounding; for a sacramental view articulated in Trinitarian terms see, for example, Leonardo Boff (1988) and Catherine Mowry LaCugna (1991).

[2] Caregiving happens in the ongoing participation in the life of the faith community: In worshipful celebration (prayer, confession, homilies for guidance and support), community life (mutual prayer, visitation), and service activity (material and spiritual assistance, advocacy). It also happens more explicitly in programmatic, contextually, and situationally appropriate caregiving practices, both within and beyond religious communities.

[3] Toxicity is not, however, a major focus of this study.

[4] For the use of the terms 'primary,' 'secondary,' and 'tertiary' prevention I follow Gerald Caplan's classic contribution on preventive psychiatry (Caplan 1964).

growth in terms of meaning-making, connectedness and communion, and life orientation and purpose (Schipani ed. 2013).

Faith communities normally claim to care for people holistically – 'spirit, soul, and body' – within their family, community, and the larger socio-cultural context. Further, religious and theological traditions continuously address issues connected to human spirit and spirituality in more and less systematic ways. The following section presents a way of understanding the human spirit from a Christian perspective while also claiming that, in *spiritual* care, it is necessary to assume the universal place and function of the human spirit as such. To that anthropological question we now turn our attention.

Common ground (II): Many traditions, one human spirit

The universal manifestations of the human spirit have been compared to the melody of a song, and its diverse cultural and personal expressions to the many different lyrics associated with that very song. The Canadian National Anthem offers a helpful analogy. It is sung in English-speaking Canada, French-speaking Canada, and in the territory of Nunavut: Three different languages, three distinct meanings, but only one country and only one tune. Spiritual care chaplain Patricia Driedger thus summarizes the application of that analogy: "… it is a common melody (paradigm of faith) rather than common lyrics (the specific tenets of faith themselves) which creates a foundation for multifaith spiritual care" (Driedger 2009: 132).

The rest of this section consists of a detailed explication of the claim about the universal nature of the human spirit. It is presented as a working model of the human spirit (and spirituality) that emerged in my practice of spiritual care, including research, teaching, and supervision.

A Model of Human Spirit and Spirituality

Simply stated, we are humans because we are spiritual beings. The spirit is the essential dimension of being human as seen in the Judeo-Christian claim that we are created in God's image according to the words of Genesis 1:26–27. So, in terms of this model, spirituality is understood as how our spirit manifests itself in ways of searching for and experiencing ('inner' sense) and expressing ('outer' manifestations) in three interrelated domains. These domains are: Meaning and truth seeking; relatedness and communion with others, nature, the Divine, and oneself, and purpose and life orientation. The claim that these three dimensions of spirituality – meaning, communion, and purpose – name fundamental experiences and expressions of our human spirit is based on consistent and converging confirmation stemming from various sources such as: Clinical work and supervision, analysis of sacred texts, cultural anthropology, comparative studies including literature in the fields of pastoral and spiritual care, and spiritual direction in particular. The reference to 'searching for' connotes a process of deep longing that is a fundamental need as well as potential.

With these notions in mind, it is possible to identify a wide and rich variety of religious and non-religious spiritualities, including diverse streams within a given tradition. For example, in the case of the Christian tradition, a plurality of spiritualities can be identified: Contemplative, evangelical, charismatic, and prophetic (Foster 1998). Further, the construct of *spirit* is inseparable from that of *psyche* so the content of the former's 'longing' or 'searching for' must be viewed in continuity with ongoing psychological process and content within specific socio-cultural contexts.

It should be clear that this is assumed to be a transcultural model of the human spirit, i.e., non-culturally specific in terms of both structure and dynamics. In other words, 'transcultural' here means universal. The explicit anthropological claim is that, considered at their (spiritual) core, human beings demonstrate (contextually and particularly) the need and potential for meaning, communion, and purpose. At the same time, it is imperative to recognize that the human spirit expresses itself uniquely within specific socio-cultural contexts, and religious and nonreligious faith traditions in particular. Further, we must also keep in mind that the spirit is always in process, as implied by the emphasis on 'longing' and 'searching for.'

The *spiritual* self can be visualized analogously as having three interrelated expressions that I have chosen to name 'Vision,' 'Virtue,' and 'Vocation.' Thus, the following drawing may be viewed as a functional model of the wholesome human spirit.

'Vision' connotes ways of seeing and knowing reality, both one's self and one's world. Fundamentally, it names the need and potential for *deep perception* and *meaning*. Growth in Vision necessitates deepening dispositions and behaviors, such as heightened awareness, attentiveness, admiration and contemplation, critical thinking, creative imagination, and discernment.

'Virtue' connotes ways of being and loving; it is fundamentally being in communion and grounded in love and community. Growth in Virtue may be viewed as requiring a process of formation and transformation shaping one's inmost affections and passions, dispositions and attitudes, i.e., 'habits of the heart.'

'Vocation' connotes a sense of life's purpose and existential orientation and destiny. It is about investing one's life, energies, time, and human potential in creative, life-giving, and community-building ways.

In the case of Christian theology, this model can be understood in light of Trinitarian anthropological conceptions articulated and developed through the history of Christian thought from Augustine[5] to Catherine LaCugna (1991: 293) and Leonardo Boff (1988: 149). From a theological perspective, we can also posit a direct connection between these facets of the spiritual self and the gifts of Faith, Love, and Hope, as represented in the diagram below:

[5]Augustine included such views in his classic 'Treatise on the Holy Trinity' (in: Clark 1984).

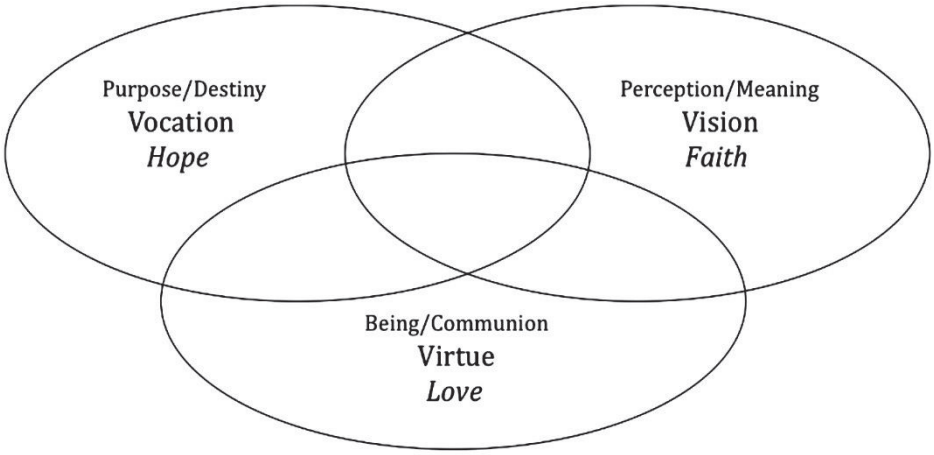

Figure 1. Threefold expression of the wholesome spiritual self
(within family, social, global, cosmic contexts)

Pastoral and spiritual caregivers from other traditions, including humanism, can also broadly consider the (theological and non-theological) categories of faith, love, and hope as potentially helpful ways to name three main sets of existential experiences or conditions concerning spirituality and the spiritual self as such. The heuristic potential of this model of the human spirit and spirituality has also been tested beyond strictly care and counselling settings. For example, it has been applied to research on the structure and dynamics of religious fundamentalism from a spiritual health science perspective. Its toxicity can thus be assessed in terms of threefold collapse that characterizes religious and other fundamentalisms as closed systems: Collapse of meaning into dogmatism, a caricature of faith (epistemological failure); collapse of communion into sectarianism, a caricature of love (ethical failure), and collapse of purpose into proselitism/realized utopia, a caricature of hope (political failure) (Schipani 2020).

Common ground (III): Wisdom as norm, process, and goal in spiritual care

Religious wisdom traditions are always associated with the life of faith communities. In fact, they are both creators and custodians of those traditions while also being shaped, sustained, and transformed by them. Caregiving activities practiced within ('intra-faith') and between religious communities ('interfaith') always connect directly with those wisdom traditions and their visions of reality and of human

wholeness.[6] Further, in addition to the more obvious question of caregiving goals that define the resolution or completion of a caregiving process, wisdom traditions share in common their applications of a hermeneutical (interpretive) process that is often practiced as a way of discernment and making wise choices. A comparative study such as the one published as *Multifaith Views in Spiritual Care* (Schipani ed. 2013) clearly illustrates the commonality alluded to in the previous remarks.

Recent writings explicitly representing Christian (Malony and Augsburger 2007), Jewish (Friedman 2015; Friedman and Yehuda 2017), and Islamic (Rassool 2016) wisdom traditions further help us to perceive not only the uniqueness and potential complementarity among those traditions but also considerable common ground in terms of normativity criteria, process, and goal. Other research that has also contributed to illumination of the question of wisdom as common ground from a variety of perspectives is that of: Kornfield (2008), Hall (2010), and Boelhower (2013)[7].

For the last twenty years, I have worked with a model of counselling as a specialized form of psycho-spiritual care focused on wisdom as its ground metaphor (Schipani 2003: 37-63). Two main reasons undergird my proposal to reclaim wisdom as the heart of pastoral and spiritual care and counselling. First, wisdom – a significant part of the biblical tradition and of the Judeo-Christian theological heritage – represents a unique way of doing practical theology. Second, biblically grounded wisdom language and orientation are especially suitable when redefining care and counselling as a psycho-spiritual practice.

Taken as a whole, the biblical wisdom tradition presents a distinctive way of doing theology because it deals with the fundamental questions of human existence and destiny in the light of divine action and will while still focusing on everyday, mundane experience. Walter Brueggemann (1997) summarizes six aspects of scholarly consensus regarding biblical wisdom. Biblical wisdom is: (a) a theology reflecting on creation; (b) with lived experience as its data, generally not overridden by imposed interpretive categories or constructs; (c) one in which experience is viewed as having reliability, regularity, and coherence, (d) includes an unaccommodating ethical dimension; (e) a natural theology that discloses to serious discernment something of the hidden character and underpinnings of all of reality, i.e., what is given as true arises in lived experience rightly (or wisely) discerned, and (f) a natural theology that

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[6] As demonstrated in the field of philosophy of sciences, caregiving disciplines and practices such as counselling, psychotherapy, and chaplaincy are 'practical human sciences' which (like education) always must operate with norms related to the nature of reality and views of health and wholeness that orient those practices. While this characterization applies to all kinds of caregiving practice, at least implicitly, it is of course explicitly articulated in the case of religious communities and their wisdom traditions.

[7] Boelhower's text (2013) is directly relevant for our purposes. It addresses some normative core principles shared by diverse spiritual traditions: Respect for all persons, appreciation of the wholeness of being human, recognition of the interconnectedness of all reality, value of inner wisdom and personal experience, and attention to preservation and transformation. The author also offers operating procedures and criteria for judgment in the discernment process.

reveals and discloses the God who creates, orders, and sustains reality—the generous, demanding guarantor of a viable life-order that can be trusted and counted on, but not lightly violated (Brueggemann 1997: 680-581). This tradition offers guidance for wise living through both pedagogy and counsel. It defines wise people as those who daily seek the way of wisdom and walk in that way. As Jesus states at the conclusion of the Sermon on the Mount, the wise are those who hear and act on the words of wisdom, thus building their house on rock (Mat. 7:24).

Jesus, Wisdom of God.

I write as a Christian caregiver and practical theologian. My understanding of a biblically and theologically grounded view of wisdom includes a focus on the life and minstry of Jesus. Therefore, it is significant that the Gospels portray him as a teacher of wisdom and a sage guided by the vision of the reign of God. Scholars suggest that he would have been seen as a Jewish prophetic sage whose message and style reflected the confluence of Hebrew sapiential, prophetic, apocalyptic, and legal forms and ideas.

I claim that Jesus is the clue, both hermeneutically and existentially, to grasping the connection between the two foundational biblical motifs of God's reign (envisioned as normative culture) and wisdom in the light of God. Jesus communicated God's alternative wisdom with an ethic and a politics of compassion particularly reflective of divine grace. His ministry, thus, became subversive as well as transformative and recreative because he confronted the established conventional wisdoms of his time; he challenged values, attitudes, practices, and understandings of goodness and wellness, and he transformed them.[8] Jesus' style of ministry was consistent with the wisdom tradition and, specifically, with a biblically grounded wisdom in the light of God. Jesus' way of wisdom entails a counterorder – an alternative, subversive wisdom from below – not an order that supports the status quo or the values of the powerful and wealthy.

The relationship between Jesus as sage and Jesus as wisdom lies in part in his being the personal embodiment of his message. Indeed, the New Testament texts, the church's teachings, and personal experience compel us to see Jesus himself as a living parable of God's life and wisdom. What is distinctive about Jesus within the larger biblical tradition is the uniquely powerful manifestation of divine wisdom in his ministry, which integrates teaching with a praxis of care, healing, life-giving, and community building. Such caregiving and guidance assumes a normative, paradigmatic quality in human history.

Understanding and appropriating wisdom

First, we can translate our common understandings of wisdom as character and behaviour, including biblical views, into present-day human science categories. For example, Warren Brown (2000) summarizes a number of recent contributions on the

[8] See Marcus Borg (1987), especially chapter 6; see also Borg (1994) chapters 4 and 5.

matter by combining several features highlighted in recent studies. Wisdom may be viewed as emerging from: (a) ready access to long-term memories of accumulated information and experience; (b) an ability to reason adequately based on that experience; (c) an adequate ability to solve problems, particularly about social situations; (d) normal interactions between cognitive processing and the emotional responses that strongly influence our decisions, and (e) an ability to comprehend and use the cultural accumulation of wisdom typically represented in wisdom sayings and literature. All these capacities converge to engender a new heuristic, a means for learning and adapting to our environment, which includes creative and transforming ways of doing so (Brown 2000: 307-315). However, from a theological perspective, we need a larger framework which, in addition to these views on wisdom, can help us grasp and work explicitly with three philosophical essentials. These three concepts, which are particularly necessary for the practice of and reflection on pastoral counselling, have to do with the nature of reality, the sources and nature of knowing, and the normative patterns of the good life.[9]

Second, wisdom is a complex and multilayered concept which includes not only the personal level but also social and cultural levels. Wisdom is a matter of behavior and character, recognizable as the knowledge and practice of living well – that is, of becoming an agent in right relationships and doing what is good for oneself and the community. Further, the sources of wisdom include resources that are both internal (commitment to learning, desire to grow, positive values, social competencies, positive identity, and self-understanding) and external (support and encouragement, empowerment, boundaries and expectations, mentoring, guidance). Biblically-grounded and theologically-viewed notions of wisdom blend moral and spiritual dimensions by presenting wisdom and becoming wise as living in accordance with the knowledge and the love of God. Further, God's wisdom is acknowledged as the ultimate ground and goal of our human endeavours to sponsor wholeness and fullness of life. Wisdom therefore is the heart of pastoral counselling, which fundamentally calls for awakening, nurturing, and developing people's moral and spiritual intelligence. Caregiving is a unique setting which offers the possibility of becoming wiser, an extraordinary setting where formation and transformation are expected to happen ultimately as a divine gift.

Third, on the personal level, the goal of becoming wiser in the light of God may be appreciated afresh in terms of the categories of seeing/knowing, valuing/being, and doing/living. Indicators of growth in wisdom – or becoming wiser in the light of God

[9] Pastoral and spiritual caregivers can recognize that reality is not merely two-dimensional, i.e., only a matter of self and environment/world, but four-dimensional. They can acknowledge the additional dimensions that are the possibilities of evil and not being, as well as new being by God's grace and power. Further, they can realize that knowing deeply in ways that foster guidance, discernment, reconciliation, support, liberation, and healing requires attending to these four dimensions. It is in this light that pastoral counselling aims at awakening, nurturing, and developing people's moral and spiritual intelligence, i.e., living wisely – or how to live well – in the face of life's challenges and struggles.

– may be identified in terms of the threefold pattern of the human spirit I have proposed: vision, virtue, and vocation (Schipani ed. 2013: 157-161). Interestingly, the very terms wise and wisdom connect etymologically with seeing and knowing.[10] Therefore, wisdom may be defined as "insightful seeing or visioning, an intellectual intuition or imaging through which something takes form (mental and/or visual) and a practice ensues."[11] Including but transcending the categories of the cognitive domain as commonly used, vision – theologically speaking – includes a number of aspects such as respectful attending, spiritual sensitivity and perspective, critical awareness, creative imagination, and spiritual discernment. Thus wisdom, broadly understood, must be considered together with virtue (the formation and transformation of the heart) and vocation (participation in the life of God in the world and partnership with the Spirit).

Fourth, discernment is essential in the practice of wisdom. Becoming wiser always involves the disposition and the capacity to discern not only the better means to reach our life goals but, especially, which goals are truly worth valuing and seeking. More specifically, discerning the way of wisdom is essential when one is confronted with existential challenges (e.g., needing to make key vocational decisions) and struggles (e.g., facing the death of a loved one). Discernment, including deliberation and judgment, is thus a key to both process and content in pastoral counselling, and it must be seen and guided as inseparable from the outcome(s) being sought (e.g., making and implementing an important vocational decision, grieving in a wholesome way, healing). Put in the simplest terms, we behave wisely whenever we are able to discern what is the right thing to do, and act in such a way as to bring this about. In pastoral counselling, goals (counselling objectives, expected outcomes, or *what for*) must be considered together with discernment as key to the questions of process (counselling method, strategy, or *how*) and content (actual problem, agreed-on focus, or *what*). The main role of the pastoral counselor, fittingly enough, is to guide the process for guidance and wisdom go hand in hand.[12]

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[10] In English, the words *wisdom* and *wise* derive from an Indo-European root *weid-*, which means *to see* or *to know*. They are related to the Greek *eidos* (idea, form, seeing), to the Latin *videre* (to see), and to the modern German *wissen* (to know) (Hodgson 1999: 88-89).

[11] I agree with Hodgson (1999: 89) that such an understanding of wisdom *(sophia)* – which includes apprehension and appreciation as well as critical reflection and an orientation to practice based on life experience – incorporates the Aristotelian notion of practical reason and knowledge with moral import and ends *(phronesis)* (Hodgson 1999: 7).

[12] There is indeed an interesting connection between *wisdom* and *guidance* in light of etymological considerations. The word *guide* comes from an ancient Romanic word, *widare*, which means *to know*. The words *wise*, *wisdom*, *wit*, and *guide* all share the same origin.

Common ground (IV): Caregiving encounter and patterns of creative imagination

Caregiving relationships are, by definition, asymmetrical as far as personal power is concerned. In all kinds of situations, competent caregivers practice a special form of power, whether power *with* (collaboration, co-creation of meaning), power *for* (support, guidance), power *over* (prevention of abuse, self-harm), or power *against* (confronting falsehood, unjustice). The power and authority of caregivers also represent a unique form of love of neighbour that we can be called *therapeutic love.* Most kinds of caregiving situations, particularly counselling and chaplaincy, involve patterned partnerships. They are human encounters in which time and effort are invested in accompaniment as manifold expressions of therapeutic love.

On the one hand, it is possible to trace developments in the specific ways that caregiving relationships have been structured and performed through the centuries and across cultures. On the other hand, it is also possible to identify persistent continuity in the fundamental pattern(s) of caregiving practice. The work of the late practical theologian, Maria Harris, as it relates to teaching unveils a remarkable analogy to the fundamental form (*Gestalt*) of caregiving relationships, as depicted in the diagram on the next page (Harris 1987: 23-40):

(1) As in good teaching, the first moment in competent pastoral and spiritual care is *contemplation* as manifested in religious imagination. It is an attitude of respect, appreciation, receptivity, and reverence; it is being free from preoccupation and preconception. Such welcoming, gracious openness is often reciprocated by care receivers. Caregivers also contemplate the actual caregiving event and themselves as a source of grace, wisdom, and power to those with whom they work. Thus understood, contemplation remains an indispensable attitude that defines the quality of presence (or 'being present') throughout the caregiving process.

(2) *Engagement* is the second step or moment in the pattern. It defines the kind of interaction and interchange involved in getting acquainted, clarifying expectations, and establishing goals and boundaries in the caregiving relationship. The quality of rapport that is generated facilitates the therapeutic conversation focused on the care receivers' agenda, their needs and potential to move towards reorientation.[13]

(3) *Form-giving* names the dialectical, co-creating activity of searching for meaning and clarity. It can also refer to the path to some form of resolution in the face of life's specific challenges and struggles while activating internal and external resources for such purposes. This moment is normally oriented to making wise decisions for the way forward in light of shared criteria of human wholeness and flourishing life in community.

[13] From the perspective of those needing care, under all kinds of circumstances the fundamental, universal pattern always consists in a process moving from (relative) orientation to disorientation to seeking re-orientation. Such fundamental pattern is typically illustrated in sacred scriptures such as the Psalms, and the lament psalms in particular. See Brueggemann (2002).

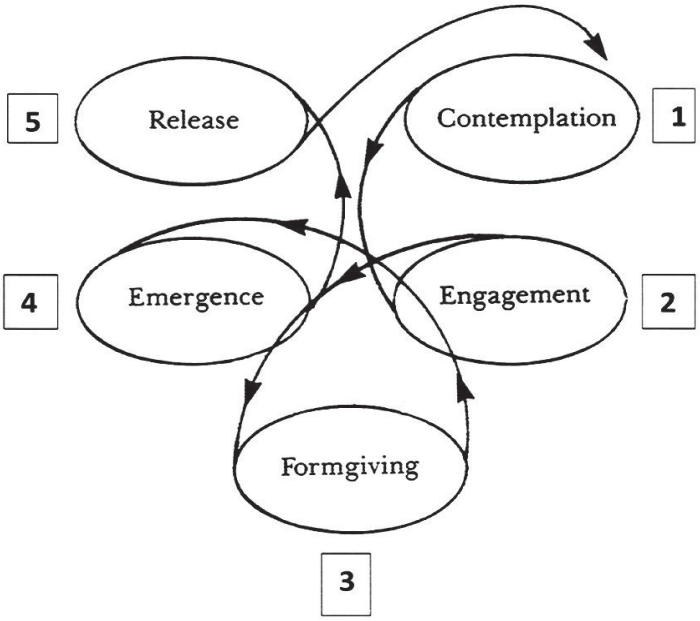

Figure 2. A five-step paradigm in pastoral and spiritual care

(4) As a result of the dialogical and hermeneutical work of form-giving, *emergence* happens as care receivers realize that they can find themselves in a new and better place in their life journey. This moment usually includes appropriate verification that, indeed, some form of resolution has taken place or is taking place. Obviously, necessary emergence, when viewed from this vantage point, cannot be guaranteed, and should not be rushed by caregivers. Neither should the caregiving process be prolonged beyond the sought for resolution or reorientation.

(5) Opportune *release* is, therefore, a necessary final moment in the caregiving relationship. In all kinds of fruitful caregiving processes, release is the step that marks the culmination of such partnership.

I have explicitly adopted and adapted this pattern in my counselling practice, and also in my work with other caregivers and chaplains. It should be noted that this pattern is analogous to the fundamental structure and dynamics of art work, such as sculpting, painting, music composition, and writing. It nicely fits the description and explanation of the creative process.[14] Also, given my Argentine identity and cultural background, I find that *tango* music and dance offer a similar helpful analogy. On the one hand, tango dancing uniquely represents key caregiving principles, such as asymmetry, rapport, optimal distance (or nearness and intimacy), improvisation and co-creation

[14] On human creativity and the creative process, two classic texts are Arthur Koestler (1964) and Rollo May (1975).

of form and content, and timing. On the other hand, its aesthetic structure is also analogous to the five-step pattern described in this section.[15]

Epilogue: A paradigmatic story of companioning in the face of loss

What follows is a prototypical case taken from a sacred text of the Christian faith tradition. The post-resurrection narrative of the journey to Emmaus[16] is a story whose source is about two thousand years old. It is included at the end of this essay because, in summary fashion, it illustrates the various points of commonality identified in this essay: The universal pattern of orientation-disorientation-reorientation for those who need care; the dialogical-hermeneutical process of caregiving as a way of companioning; wisdom as discernment and choice; the transforming potential of holistic engagement, and the mediating place and function of the faith community as an ecology of care.

In the story, we encounter two disciples who are experiencing an overwhelming sense of loss while discussing the events leading to the tragic end of their leader by crucifixion. These two common folk are leaving Jerusalem with a sense of defeat; they are confused and plagued by doubt, fear, and anxiety. Their disillusionment is mingled with hope, however, because of news they have heard from some women of their group. They are conflicted and disoriented. The struggle for understanding motivates the two disciples to welcome the stranger, to engage him on the road, and to offer him hospitality. In sum, their open disposition and collaboration with the stranger are crucial in the ensuing the work of caregiving which, in turn, fosters their transformation.

As a wise caregiver, Jesus fittingly comes second in the story and does not call attention to himself. On the contrary, he becomes the disciples' neighbour by entering into their reality on their (not on his) terms. He invites them to tell their story, to own their pain, and to name their crushed dreams and hopes for a better future. In due time, Jesus also makes it possible for the disciples to place the social context and circumstances of their lives alongside the witness of Scripture and against the horizon of liberation in the light of God. He thus challenges conventional wisdom about the work of the Messiah while pointing to the grace, wisdom, and power of God and the paradox of the cross.

Jesus thus plays a mediating role in the interface between human experience and divine will graciously revealed afresh. In a variety of ways, he engages the disciples holistically while inviting them to be partners in the process and respecting their

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[15] Interesting illustrations of the analogy can be observed in the cases of two couples dancing to the melody of the same musical piece – "Por una Cabeza," a classic Argentine tango – in two well-known films. While keeping in mind the pattern described in this section, readers can compare Madonna and Antonio Banderas in *Evita* (1996) with Al Pacino and Gabrielle Anwar in *Scent of a Woman* (1992).

[16] Gospel of Luke 24:13-35.

freedom to make choices. For instance, he allows them to become hosts and to share their bread (*cum panis*) thus literally becoming his *companions*. Finally, Jesus disengages at the opportune time (release). The disciples are reoriented and empowered to fulfill their vocation within a community that is getting ready to participate in the work of the Spirit in the world. They will testify of having faced their struggle while walking with Jesus on the road to Emmaus. Their story will thus be validated in the gathered community. In turn, they will be equipped to companion others facing life's challenges and struggles both within and beyond their faith community.

Conclusion

The global reality associated with the Covid-19 pandemic has dramatically revealed the transcultural nature of our human condition with manifold indicators of suffering. At the same time, it has uncovered the human potential for compassion and solidarity. From relative *orientation* we have experienced critical and, for many, traumatic *disorientation* within diverse social and cultural contexts around the world. There has also been a longing for *re-orientation* towards new forms of normalcy.

Pastoral and spiritual care has responded and continues to respond to the global challenge with its special resources as a discipline and professional practice. This essay reformulates an understanding of 'common ground' among the plurality of approaches in theory and practice. It does it as a way of validating a key claim: The necessary focus on contextuality in intercultural and interreligious caregiving must be dialectically correlated with an equally necessary focus on universality.

The exploration of common grounds, systematically undertaken in this essay, consists of a four-fold response to the issue of universality. Fundamental commonality and convergence are, thus, unveiled in response to the question, when and how is caregiving *pastoral/spiritual?* The constructive proposal of the essay highlights the universal caregiving function of religious communities, a transcultural view of the human spirit, an understanding of wisdom as spiritual-moral intelligence, and a dialogical and hermeneutical process propelled by creative imagination.

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Chapter 3

Encountering Difference:

Repertoire of Intercultural and Interreligious Chaplaincy

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Nieuwstad 14

I was a guest who stayed too long and sounded different,
but went quite nicely with the room. Not unlike
a floor lamp that eventually received the key.
I was not unsociable and surrounding me
the table was less empty. But still no one refrained
from sometimes pointing to my tongue, my ground.
Then unexpectedly they called me other,
sent me packing, when I'd just begun
to grow accustomed to the air and thinking
that I'd won a heart as well. But nothing could be
further from the truth. From time to time
my chair was looked at, sounding out if I
had started to take root. I didn't speak and thought
the screeching of the gulls an ill portent. What was it
that I sat inside and yet still stood outside.

Bart Moeyaert
translated by Willem Groenewegen[1]

What if we were to read this poem from the point of view of interreligious and intercultural dialogue? *Nieuwstad 14* paints a picture of a guest experiencing hospitality. To the guest it seems that the parties are getting accustomed to each other. There is mutual interest and even some heart-to-heart talk takes place. But the guest unexpectedly encounters borders and realizes there are limits to the interaction. The guest had the impression that they were in the process of becoming integrated and becoming part of the company. At some moment, however, the guest discovers that they are still considered an outsider. Despite the sincere social interactions and interested dialogue that led to a sense of being accepted, suddenly there is the experience of being

[1] The Flemish original of the poem can be found in Bart Moeyaert, *Gedichten voor gelukkige mensen* (2008: 14). An English translation was published on posters in the city of Antwerp and was made available to me by the translator, Willem Groenewegen.

excluded. From the perspective of interreligious and intercultural dialogues, the poem confronts us with complex and intricate issues. Paradoxes regarding simultaneous acceptance and distinction, integration and differentiation, inclusion and exclusion present themselves. The question arises: how one can address such discrepancies for the sake of a responsive dialogue and respectful pastoral and spiritual care in interreligious and intercultural settings?

Difference

What makes the difference? Or to put it differently, what role does difference play in this state of affairs? Two distinctive directions in dealing with difference might be identified. If we look at the racial discrimination that led to the Black Lives Matter protests, we see that there is a supposed but effectual difference between 'white' and 'black' that proves to be discriminatory and violent, even deadly. Ta-Nehisi Coates clearly argues that "race is a child of racism, not the father" (Coates 2015: 7). A supposed difference in kind, or character, or dignity is constructed for social or political reasons where no real difference is present but that is real in its consequences. The same holds in regard to differences in gender, sexual orientation, cultural roots, and class.

These examples bring us at the same time to another way of seeking to address difference and violation of dignity and that is the appreciation of difference. This second approach has a different context, or front, which is not a construction of difference but one of neglect, or disrespect, of difference. Such disrespect of difference is present where newcomers, migrants, or 'others' are expected to assimilate and deny their backgrounds, where their differences of custom, perspective, or need is not recognized. It is present where there are expectations of persons with disabilities that cannot be fulfilled. But it is also there where there is a lack of appreciation that differences in gender, culture, ability, colour, and embodiment lead to different experiences of the (social) world and to different perspectives and positions. One might then emphasize the appreciation of difference as the recognition of the other (stranger) *as* other and welcome the difference (Moyaert 2011).

Both of these approaches attempt to address the issues of difference and subsequent violation of dignity, but they employ the notions of difference and otherness in different ways. The first seems to function on the level of our shared humanity where there is no essential difference in dignity or value, no basis for distinction or discrimination and where the violence of a rhetoric of difference must be opposed. The other approach seems to function on the level of experience and embodiment where existential differences emerge, where persons and their perspectives can actually differ and where respect of difference and otherness must be advocated. One might be inclined to say that the fact that we are equal does not mean that we are all the same. However, even that nuance is susceptible to misuse when not being the same leads to different, that is discriminatory or demeaning, treatment. Together these approaches,

and the effort we make to formulate them, reveal the precariousness of the perception of difference and raise the question of how we can negotiate notions and experiences of difference in care practices.

The purpose of the present article is to look at strategies, perspectives, and images that are available to a pastor, chaplain, or spiritual caregiver for developing an adequate repertoire in encountering difference. It has been pointed out that 'language care' (Bueckert and Schipani 2006), i.e., "the careful attention to language," is "arguably the most essential practice for effective counselling amid any kind of difference" (Greider 2019). While I will not examine language use directly, I am interested here in what kinds of perspectives and images lie behind or express themselves in counselling encounters and conversations. In order to discuss that, I first look at two empirical studies (Cadge and Sigalow 2013; Liefbroer 2020a) that have identified various strategies and techniques employed by chaplains and spiritual care givers in dealing with interreligious differences. A brief analysis of those strategies suggests that they may be lacking in the manner in which they do or do not address difference, for which I suggest several criteria. In a second step, I introduce a theoretical framework on approaches to intercultural pastoral care (Lartey 2003) and relate it to the strategies drawn from the empirical studies. This opens the way to suggest, in the context of a brief spiritual care encounter, several strategies that more directly thematize or address the issues of difference and diversity. I then offer some additional perspectives on difference and diversity (such as intersectionality) and make some comments on images of pastoral care, specifically hospitality, that affect the way difference is addressed before presenting a brief conclusion.

Negotiating difference: Empirical perspectives

There is initial empirical research on how chaplains deal with situations in which the cultural or religious background of their clients is very different from their own. Emily Cadge and Wendy Sigalow (2013) investigated the strategies that twenty chaplains (working full- and part-time) in a large academic hospital in the USA employed in the exercise of interfaith care. Cadge and Sigalow identified two strategies. The first one they call *neutralizing,* which expresses itself in minimalizing the significance of differences ('most are happy just to have a chaplain') or in accentuating common perspectives such as shared humanity, presence, or a universal spirituality. A second strategy is that of *code-switching*, which is expressed by moving into the religious language, symbols, and even rituals of the other person. Another example of code-switching is looking for a prayer text that would be acceptable for persons of other backgrounds than that of the chaplain, a practice one chaplain called 'mimicking.'

With regards to 'neutralizing,' Cadge and Sigalow ask whether patients recognize their own 'spirituality' or perspectives in such generalized ways of speaking (cf. Bregman 2014; Walton 2012b and 2013). With regard to 'code-switching,' they ask how chaplains have learned to appropriate such competences. These are legitimate questions, but I want to focus on another issue. And that is the question: how it can be that

in the colourful and varied field of interreligious communication, only two strategies are found? Is that not a meagre repertoire? To be sure, Cadge and Sigalow do mention a third strategy, noting it is only sporadically employed and only when the patient asks for it, and that is *referral* to a chaplain of the same religious background as the patient. The degree to which referral could be seen as a legitimate strategy with regard to religious difference is not dealt with in their article

Looking at the three strategies of neutralizing, code-switching, and referral from the point of religious (or cultural) difference, a few observations can be made:

1. All three strategies leave possible differences untouched. Neutralizing is an attempt to find a common language, but it does not, in and of itself, provide language for any difference. Code-switching values the language and traditions of the other but does not examine the differences in vocabulary and meaning. Referral recognizes and respects (or tolerates) difference but remains at a distance. The difference is not more closely examined, which may result in opportunities for care being missed. The significance of any difference remains unclear.
2. None of the three strategies clearly accounts for individualization of religious and worldview positions. Neutralizing assumes a common (spiritual) ground. Code-switching assumes that one knows what the codes of the other person mean. Referral honours the wish of the individual to be referred but cannot know if the one referred to will sufficiently honour the individual situation of the patient.
3. All three positions act from a more or less 'knowing' position. Neutralizing 'knows' that there is no essential difference at work. Code-switching 'knows' what the codes of the other mean. Referral 'knows' that the other can better be helped by someone from another tradition.
4. Due to the profluence of most professional chaplains, the communication may be subject to power differences. In the case of neutralizing, how can one check if there really is a common ground? How can one check if the code-switching of the chaplain is adequate? In the case of referral, the most one can do is determine if the referral proved satisfactory, but not whether referral was the real issue. Does the other remain subject of one's own process or religiousness, or is the subjectivity impinged upon by the assumptions of the chaplain?
5. The religious identity or worldview of the chaplain does not seem to play a significant role in any of these strategies, which means the effect that identity has on the encounter is not visible and therefore less accessible to self-reflexivity on the role of one's own religious or worldview location (Greider 2019).

These observations may seem formal, and perhaps a caricature, in that they do not reckon with the embedded nature of the strategies in a relational and interactive process. My point, however, is to indicate that every strategy not only offers opportunities but also possesses potential risks. Acknowledging these risks gives rise to the heuristic question of whether other strategies might be possible, strategies that (to whatever extent) reckon with the criteria implicit in the observations offered above: (1) recognition of difference; (2) 'touching upon' the difference; (3) individualization of religion and worldview; (4) lack of knowledge on the part of the chaplain; (5) a

communicative structure that allows for transparency and checks; (6) a communicative structure that fosters subjectivity, and (7) the visibility, if necessary the explication, of the religious identity and location of the chaplain.

Cadge and Sigalow do, in fact, provide an example of yet another strategy, but one that they still consider a form of code-switching. On a neonatal ward, a Jewish chaplain is asked to baptize a child. Instead of baptizing the child, the chaplain supports the parents while they themselves baptize the child. In this case, in contrast with code-switching, the chaplain does not perform the ritual herself, but coaches the parents with a respect for religious difference. During a continuing education webinar for chaplains, Dr. George Fitchett called Cadge and Sigalow's example 'empowerment.' Whereas there is much to say for that description, I prefer a more functional term for this fourth strategy: '*facilitating.*'

Does facilitating meet the criteria formulated above? At least the Jewish chaplain recognizes and acknowledges the religious difference. That difference takes form in the decision, as a Jew, not to baptize the child oneself but to support the parents in doing so. The coaching, or facilitating, posture also allows more opportunity for individual expression and might compensate for lack of knowledge on behalf of the chaplain. A communicative structure is created that is interactive and correctable.

Another example of empirical research on interfaith care is the dissertation of Anke Liefbroer*,* which includes a number of empirical studies published as separate articles (Liefbroer 2020a). From a systematic review of literature on interfaith spiritual care, Liefbroer sketches two positions. A *particularist* approach emphasizes "an identity characterized by a visible connection to a particular religion/spirituality and a caring relationship characterized by the same spiritual background." A *universalist* approach implies an identity "characterized by an open attitude, a caring relationship that was described in terms of spiritual connection, and it implied actions, particularly prayer, which transcend a specific religion" (Liefbroer 2017; 2020a). Interestingly, the religious identity of the spiritual caregiver – more particularist or more universalist – seemed to have no significant influence on the satisfaction of clients who received interfaith care from the spiritual caregivers, as a later study showed (Liefbroer 2020a and 2020b).

Of more relevance for the present exploration (although I will return to the issue of particularist and universalist positions later) is the variety of communication techniques Liefbroer identifies that are used by spiritual caregivers in interfaith care. (I leave aside the interesting comparisons between same faith and interfaith care.) Some of these are general counselling techniques, such as listening, repeating, and reflecting. Some of the techniques seem to fit into the two strategies Cadge and Sigalow identified: Emphasizing commonalities, complimenting, agreeing, and showing admiration as forms of neutralizing, or exploring the religious/spiritual orientation of the other or offering ritual as forms of code-switching. Liefbroer notes that neutralizing techniques occur more often than code-switches. At the same time, other techniques are employed: Seeking clarification, emphasizing differences, providing a different

perspective, sharing narratives, sharing one's own perspective, and asking a critical or provocative question.

Taken together, the techniques Liefbroer identifies provide witness to a lively dialogical counselling practice with a number of techniques that indicate a richer repertoire of interfaith (or intercultural) strategies than found among the chaplains whom Cadge and Sigalow followed. How can these other techniques be conceptualized? Are there other strategies possible besides or beyond the four identified above: *neutralising, code-switching, referral* and *facilitating*? And are there techniques or strategies that more adequately address the issues formulated in the (seven) criteria above, such as the significance of difference, individualization, subjectivity, and transparency?

Approaches to intercultural care

In response to the questions just posed in relation to the two empirical studies, I introduce a theoretical framework by Emmanuel Lartey that categorizes approaches to intercultural pastoral care (Lartey 2003). Following Lartey, I make no principal distinction between intercultural and interreligious differences. In a pedagogical approach that ends at the position he advocates, Lartey distinguishes four approaches:[2]

1. A *mono-cultural* approach is characterized by the conviction that there are no essential cultural differences between people. The assumption is not just that all people are equal, but also basically the same. The result is the universalizing of certain cultural norms, values, convictions, and practices, e.g., a (western) model of pastoral counselling that favours individualization and autonomy. Lartey considers this approach colour blind.
2. A *cross-cultural* approach not only recognizes cultural differences, but also tends to absolutize those differences. The assumption is that persons of different cultures differ from each other essentially. On a social level, that can lead to social tensions and power differences. Remaining in the metaphor of colours, one might call this colour-fast.
3. A *multicultural* approach recognizes the fact of cultural differences but makes an exerted effort to gather knowledge and information. The assumption is that people exist in sorts and that adequate knowledge of the sorts, sizes, and shapes is the key to exchange. Lartey underscores the importance of knowledge but comments that prioritizing knowledge and information becomes static and leads to stereotypes and reductionism (such as ethnic profiling) that fails to do justice to individuals. And just as in the mono- and cross-cultural approach, the classifying group stands at the top of the social hierarchy. There is a colour scheme but with favourite colours.

[2] Compare the four classifications by Julian Müller: (1) *essentialist* emphasizing determinant characteristics like age and gender; (2) *universalist* emphasizing more commonality than difference; (3) *particularist* emphasizing uniqueness with more difference than commonality, and (4) *ethnic* emphasizing systemic determinants (Müller 2015).

4. The *intercultural* approach that Lartey advocates assumes (in the formulation of Augsburger 1986: 49; Lartey 2015: 48) that every person is in some ways (a) like all others, (b) like some others, and (c) like no other. Every person has general human characteristics (a) of physiological, cognitive, and psychological capacities. Every person has specific cultural characteristics (b) such as the ways in which the world is known, interpreted, and valued and that is expressed in language, worldviews, customs, and processes of socialization. And every person has individual or personal characteristics (c) that are unique. The metaphor of colours would be that of appreciation of a palette of colours.

Lartey attaches a pastoral care task to each of the three aspects of his intercultural approach (above). To the *shared human characteristics,* he attaches the recognition of the humanity and dignity of persons, created in the image of God. To the *cultural and social characteristics*, he attaches the recognition of cultural difference and social equality but also critical discernment of the role of context, social difference, and power in human affairs. To the *individual characteristics,* Lartey attaches attunement to the specific individuality of the person in question, with his or her perspectives on the basis of biographical and existential experiences and with particular regard for human freedom. In all cases, the pastor must be aware of their own socialization and resulting cultural and pastoral assumptions. Distinguishing the three aspects or dimensions of each person's identity (human, social, and individual) and combining them with concomitant care responses provides an 'intercultural' framework to discern (1) when constructions of difference that violate our shared humanity and dignity should be contested, and (2) when respect of difference with regard to socio-cultural background or individual uniqueness is required.

How might one relate Lartey's classification of four approaches to pastoral care to the strategies derived from the work of Cadge and Sigalow and Liefbroer (Walton 2017)? I admit again that my descriptions may seem too formal to do justice to the embedded and interactive practices of pastoral and spiritual care. My purpose remains heuristic, to see if such a formal analysis can help formulate other possible strategies.

1. The *mono-cultural approach,* which is colour blind and assumes that all people are basically the same, corresponds to the strategy of *neutralizing* (Cadge and Sigalow) and to a *universalist* strategy that seeks commonalities (Liefbroer). The tendency is to generalize or universalize certain values, norms, practices, or perceptions. The strength of these strategies is that of creating (or finding) a common ground. The risk is that of cultural indifference or (unintended) suppression.
2. The *cross-cultural approach*, which is colour-fast, assumes that cultural differences are generally unbridgeable and corresponds to the strategy of *referral*. Identities are viewed from a more particularist viewpoint and considered fixed, while differences are essentialized. The strength of this approach is that it respects real difference. The risk is that of creating a 'we' and a 'them' and of exaggerating or absolutizing difference.
3. The *multicultural approach*, which works with colour schemes and knowledge bases, assumes that people come in types and corresponds to the strategy of *code-*

switching. The tendency is to generalize on the base of cultural knowledge. The approach is somewhat particularist in the recognition of different codes while somewhat universalist in its optimism for the possibilities of code-switching. It may tend towards a more pluralist approach. Its strength is in enabling bridges in the communication. The risk is that of being static and (re)producing stereotypes.

4. Lartey's *intercultural approach* advocates the recognition of commonality and the simultaneous appreciation of diversity. An example could be the *facilitating* strategy of the Jewish chaplain who coached a Christian baptism. Its multi-layered understanding of human identity and social reality allows for particularity, recognizes some degree of universality, but corresponds more strongly with a recognition of (the inevitableness of) plurality (Taylor 2007; cf. Oostveen 2017). Its strength is its framework for the appreciation of diversity and complexity. Its risk may be its reticence to cross bridges or enter common ground when one comes upon them.

This inventory of Lartey's approaches to pastoral care and the ways in which they correspond to the strategies derived from Cadge and Sigalow's work does not discredit any of the latter's strategies. I emphasize again that the correspondences are formal and heuristic. That referral can sometimes be the best strategy is evident when someone specifically requests it. That neutralizing or code-switching can, at times, prove effective or satisfactory seems to emerge from the data. The question remains, however, if other strategies might not be possible, particularly if there are other strategies besides facilitating that can address the challenges of the intercultural approach Lartey advocates and which help face the complexities of human diversity.

A case example

I previously formulated a number of criteria regarding strategies for addressing difference in chaplaincy encounters: Recognition of and 'touching upon' difference, reckoning with individualization, awareness of one's own lack of knowledge, communication that allows for transparency and checks, subjectivity of the other, and the visibility of the religious identity (location) of the chaplain. None of these criteria apply to all situations but in order to 'try out' some strategies that might take account of these perspectives, I introduce a brief case example and explore some possible responses.

> In a psychiatric clinic, a man, who is Muslim, approaches the Protestant chaplain. They have met once before in the living room of the clinic. The man says to the chaplain, "Priest, I have a problem. I cannot pray. When I kneel to pray, my head hurts too much."

How might the chaplain respond when using one of Cadge and Sigalow's four strategies?

1. *Referral.* The chaplain expresses concern and asks the man if he would like to speak with an Imam or with a Muslim chaplain.

2. *Universalizing.* The chaplain speaks with the man about the meaning of prayer, about the priority of the inward disposition above the outward act, emphasizing that God hears prayer even when one cannot kneel. The specific convictions of the chaplain play an interpretative role.
3. *Code-switching.* The chaplain reflects on the rules of the Islam during Ramadan, that those who are ill are exempted from the obligation to fast and draws an analogy with the (felt) obligation to kneel while praying. The chaplain's knowledge of another tradition plays a communicative and interpretative role.
4. *Facilitating.* The chaplain explores with the man if there is some other gesture or posture, or perhaps setting, that the man might experience as prayerful. The chaplain might explore with the man if there would be another Muslim available who would be willing, perhaps in the presence of the chaplain, to offer a prayer.

What might then be other possible strategies with more potential for addressing the issues of diversity and difference as indicated above? I offer several suggestions for the sake of exploration. I emphasize again that there is no one-on-one relation between the seven criteria I provided in section 2 and the options offered below. Each of proposed strategies addresses the criteria in a different way and to a different extent.

5. *Counselling.* Prior to any other response, the chaplain simply pays attention to the dilemma of the man feeling unable to pray because of being unable to kneel. What does that mean for the man? What feelings are involved? What are the chaplain's own thoughts about the dilemma? Whatever religious differences there might be on prayer remains an open question.
6. *Coaching.* The chaplain counsels more directly and asks where the man would like to begin, by talking about prayer or by talking about what kneeling means to him. Or the chaplain checks if a focus on the head that hurts is what the man really wants to talk about or might it be his inability to pray in the company of fellow believers. The chaplain leaves open the question of whether prayer is the issue. That, in and of itself, may present a difference in religious understanding.
7. *Relating.* The chaplain honours the fact that the man came to a Christian chaplain to ask his question and explores what role the man thinks the chaplain can have in finding an answer to his dilemma. The question is what the religious location of the chaplain means to the man.
8. *Welcoming.* The chaplain thanks the man for coming and sharing his question and then invites the man to say more about it, what kneeling to pray means for him in both its inner and outward aspects. The chaplain invites the man to talk more about his religious location which chaplain may or may not understand.
9. *Witnessing.* The chaplain assumes that the man to some extent recognizes the chaplain as a spiritual guide. Perhaps inviting the man to pray while standing or sitting, with the chaplain as witness, can provide the man with the feeling, or conviction, that he is praying. Use is made of the chaplain's own religious location as a guide and witness, while subjectivity is still honoured by letting the man himself pray.
10. *Vicariousness.* The chaplain makes clear that the prayer traditions may be very different but offers to kneel for the man while the man prays. Or the chaplain offers

to pray on behalf of the man. The chaplain's own piety plays a performative role. The religious location of the chaplain takes on a larger role, but difference is recognized by virtue of 'vicariousness' – not replacing but containing – so that subjectivity and transparency are also honoured.

11. *Dialoguing.* The chaplain understands that the man expressing his dilemma is a manner of inviting the chaplain to dialogue with him on prayer, what prayer means, and how it is expressed in kneeling and in other gestures. The experience, religious location, and tradition of the chaplain regarding prayer could be part of that (transparent) dialogue.
12. *Authorization.* The chaplain understands that the man is seeking the approval of a religious leader to pray without kneeling or to be temporarily exempt from the obligation to pray. The ordination or endorsement of the chaplain by a faith tradition plays an authoritative role. While the religious position of the chaplain plays a significant role, the subjectivity of the man lies in him bridging the distance of religious difference. Clarification of that subjectivity and of any difference would seem desirable.

In most of these examples, I assume that the primary concern of the man in contact with the chaplain is prayer and that the chaplain might seek how to help the man pray. Of course, any number of other concerns might prove to be more pressing for the man in the course of conversation, such as the reasons for being hospitalized or the resultant inability to be in the company of others. This suggests that in real-life interreligious encounters in pastoral or spiritual care, some combination of all these various strategies can occur, albeit dependent on the particular practices of individual chaplains. The variety of interventions identified by Liefbroer supports this assumption. The point of explicating the various strategies in the way done here is not to claim the validity of certain strategies and discredit other interventions and clearly not to advocate one particular strategy, but to demonstrate a wealth of options available to caregivers to optimize their repertoire.

What strategy is needed is a matter of practical and dialogical discernment. One does need to be aware of the various options and the nuances of them. What one sees by relating these specific strategies to Lartey's classifications is that each strategy involves implicit assumptions about commonalities and differences. Strategies that are more facilitating or witnessing pay more attention to difference and appropriate distance. Strategies that are more exploratory, dialogical, or welcoming are more likely, it seems to me, to reckon with real-life differences in experience and spiritual conviction, provide an open communicative structure, and foster a learning posture.

Diversity and intersectionality

Having offered a wider variety of strategic options for addressing difference in spiritual care, I also want to recognize that the ability to address differences is not just a matter of strategy but also of perspectives. Lartey's triad of dimensions – every person

is in some ways (a) like all others; (b) like some others, and (c) like no other – is very helpful. Nevertheless, as Lartey himself is aware, there remain all sorts of challenges in encountering human diversity in pastoral care. And diversity of people's religious and cultural identities is part of the greater story of human diversity. Although the focus of this article is not on diversity as such, I offer three further comments.

The first is that human diversity, whatever the resultant differences between persons, is not – by itself – a problem but rather a rich expression of the variegated community of humankind. The varied ways of being human can and do present us with challenges in learning to live justly and peaceably with one another and in relating to the unity and diversity of each other, but diversity is first of all a gift of creation to be celebrated. There is both undeniable commonality and irreducible diversity in humanity. Only seeking commonalities neutralizes rather than recognizing the differences. Only emphasizing difference makes interreligious and intercultural communication impossible. Absolutizing either commonality or difference can be violent. There is simultaneous sameness and otherness.

A second comment has to do with what we often assume we have in common as human beings. Such things as cognitive and psychological capacities may be present in all persons, but in vastly different ways and degrees. The theologian John Swinton has devoted great attention to those whose cognitive and psychological functioning is quite different from the usual picture, such as people with severe mental disabilities or with dementia. He has been insistent on the recognition of their 'personhood' and protection of their dignity as members of the human community (Swinton 2012; 2016; 2017). I also think that even though we share corporal life and physiological functions, our (cultural) perceptions of what it means to be an embodied being may differ. And persons can experience their bodies in many different ways, some(times) feeling at home and some(times) not. Moreover, the importance attached to sexuality and the ability to experience intimacy and sexuality can differ significantly.

A third comment relates to the great variety of factors that play a role in social dynamics and the formation of identity: Gender, sexual identity and orientation, ethnicity, skin colours, class, education, (types of) intelligence, natural and artificial surroundings, power, and 'non-conformity' (Greider 2019). From the viewpoint of *intersectionality,* it becomes clear that all these various factors interact with one another in the formation of personal identity (although intersectionality was originally developed as a multi-layered perspective for social analysis, I focus here on the consequences for personal identity [Cf. Ramsay 2014; Waö 2018]). Every person reflects not only the three dimensions of humanity that Lartey described but a unique, prismatic mix of all the colours and identifying factors I just listed. From an intersectional perspective there are at least three dynamics that enrich, and sometimes complicate, the picture. The first is that a person can, in one respect, belong to a dominant social group, e.g., well-educated, while in another respect belong to a socially discriminated group, e.g., sexual orientation or ethnic background. That may result in paradoxical social experiences, feeling at moments that one is sitting inside but at other moments standing outside, as Moeyaert's poem indicates. A second dynamic is present when

individuals have multiple cultural or ethnical backgrounds or experiences competing for social roles or cultural loyalties. Within the one person there can be an internal dialogue, or strife, over where one belongs or how one should act due to multiple layers of identity. A third dynamic is the working of trauma, especially where it is a result of social dynamics, discrimination, misuse, or violence. Traumatic experiences not only wound people and shape their development but can also lead to different positions in social life and different perspectives on what it means to be human. The theory of intersectionality, together with these three implicit dynamics, reveals how diverse and also how complex the formation and sustainment of personal identity can be.

These brief comments on diversity and intersectionality provide analytical perspectives to help bring the richness and the complexity of human life into focus. They do not in themselves provide (adequate) care models. Nor do I assume that I have provided such a model here. The point here is that a discussion of strategies of interreligious or intercultural care needs to reckon with these factors, even if they cannot always be adequately addressed. And there is at least one perspective that may help us from the beginning. In meticulous linguistic research on interreligious dialogue, Linda Sauer Bredvik discovered that looking for words, stumbling, leaving silences, intermixing languages, stopping to ask if someone knows what you mean, or using interjections like 'so' can all prove to be very effective in dialogue. In other words, so many things that seem to make the conversation less fluent and that reflect our uncertainty of how to proceed contribute in the end to effective and satisfactory encounters (Bredvik 2020). A searching and learning posture seems to be a good beginning.

Images of spiritual care: Paradoxical approaches

Besides the identification of specific pastoral strategies and of various perspectives on diversity and intersectionality, I also want to point to the importance of images of the care provider that are employed in pastoral, spiritual, or chaplaincy care. 'Hospitality' is one of those images (Nouwen 1972). However, as the poem *Nieuwstad 14* revealed, hospitality is a precarious enterprise: Although hospitality may be warm-hearted, the roles of host and guest may become fixed to the detriment of the interaction; although the intentions may be sincere, processes of discrimination nevertheless occur; although dialogue may observe social proprieties and political correctness, discrepancies can arise in which participants feel excluded.

Elsewhere, I have offered the image of the 'welcoming guest' (Walton 2012a) as a perspective from which to negotiate difference and illuminate diversity. This paradoxical role description indicates that the care provider is, first of all, a guest in the experiential world, and perhaps in the surroundings, of the other. This requires an attitude of modesty and willingness to learn. As a good guest, the care provider can 'earn' the role of being a host, of welcoming the other, her questions, his struggles, even welcoming the confessions and tabus that otherwise would not come to light.

This paradoxical approach with the incumbent 'role-switching' between guest and host allows the chaplain to move between worlds, exploring the world of the other and accessing one's own world where appropriate, not from a position of knowing but of learning. This movement helps the chaplain to appreciate (cultural) difference and likeness, not from the (fixed) perspective of a supposed universality or particularity, but in the context of plurality in open discernment. The heuristic structure is that of parable – recognizing resemblance and distinction, divergence, and convergence or, as stated above, undeniable commonality and irreducible difference. This continual shift in perspective thus aids the chaplain in dealing with asymmetries in power and negotiating proximity and distance. It is often marked by the disfluency Bredvik found to be so effective in providing 'linguistic hospitality' (Bredvik 2020; cf. Ricœur 2006; Moyaert 2011).

There are additional paradoxical descriptions that can be formulated to express the role of the chaplain: *expert learner* or *accompanying artist.*[3] The latter indicates that it is not the performance of the chaplain that is central to the care act but enabling (facilitating) the other to perform well. Such an approach honours the voice of the other and also helps to deal with issues of power. Like the variety of strategies that were explored in the previous section, these images can serve to broaden the repertoire and perspectives of the chaplain in interfaith and intercultural encounters. They can also contribute to the task of self-reflexivity with regard to one's own religious location and limitations of perspective for the sake of cultivating openness and curiosity (Greider 2019). They help the chaplain to operate when things feel out of control, to move between self-confidence and humility (Cornille 2013: xiii). One might apply Stanley Hauerwas' (1983) notion of living out of control to the spiritual challenge of listening out of control.

Conclusion

My reading of the poem *Nieuwstad 14* raised the question whether difference can sit inside? The discernment of difference and the appreciation of diversity are a critical test for interreligious and intercultural care. The care needs also to be 'intercontextual,' or intersectional, in recognition of the palette of social dynamics that affect our identities and perspectives. The assumption of a universal dimension of spirituality can lead to a neglect of those differences and of the particularity and materiality of religious and cultural identity. Exaggerating the differences can frustrate intercultural and interreligious communication and endanger community, peace, and justice. In the contemporary fluidity of religious and secular worldviews, all pastoral, chaplaincy, and spiritual care should be considered interreligious, intercultural, and intercontextual until proven otherwise. And in order to address the differences and the dynamics,

[3] Cf. the use of formulations like 'wounded healer' by Henri Nouwen (1972) or 'intimate stranger' by Robert Dykstra (2005).

we need to augment and differentiate the repertoire of language, strategies, perspectives, and images of pastoral and spiritual care.

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Chapter 4

Care, Spiritual Care, and Modern Health Care: Developments, Concepts, and Debates [1]

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Introduction

Evidence suggests a positive relationship between religious/spiritual involvement and physical/mental health outcomes. Being in a hospital can be a time of pain and distress, cure and relief, fear and hope, loss, and celebration. Despite the challenge in defining spirituality and religion, it appears that addressing patients' needs in these domains is necessary for holistic health care, and highly desirable to patients. There have been numerous studies conducted over the past sixty years that show a person's health and well-being benefit when their spiritual needs are met. The challenge of defining spiritual and pastoral care and chaplaincy should not detract from the widespread benefits these services confer upon patients, families, hospital staff, and provisions of the healthcare system.

In this light, the chapter is divided into four sections. The first two sections offer an overview of the concept of spiritual health and quality of life by providing a historical account which locates models of spiritual care and counselling within the contemporary healthcare systems and commenting briefly on the typical features of spiritual care in hospitals. In response, the third section is devoted to the research on religion, spirituality, and health outcomes with a focus on cultural diversity. The final section discusses negotiating the role and value of spiritual and pastoral carers and chaplains in the context of hospital care and provides a number of examples specific to practices in Turkey, concluding with suggestions for future practice.

Throughout this chapter, the goal is to introduce the reader to the broad landscape of spiritual and pastoral care in the healthcare context. The evolutionary progress of these services is a response to the changing context of healthcare in a plural world, with a commitment to healthcare as a common enterprise. Although a number of examples specific to certain regions are provided, the insights and observations contained within this chapter are applicable to other healthcare systems, too. As a final note, this chapter does not offer ultimate answers but a contribution to the debate with hopes of receiving more in a continuing dialogue.

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The concept of holistic healthcare

In its historical context, what we understand about spirituality changed throughout years of cultural transformation, urbanization, technology, and times of crises – in response to our very human experiences. Widely speaking, spirituality refers to a human being's experience and attachment to the moment, to self, to others, to nature, and a sacred/transcendental higher power. It embraces day and night, establishing the grounds of belonging to the self and earth. In this sense, spirituality should be treated as an integral component of being, the concept encompassing life rather than as a plug-in that brings meaning into life.

In this sense, it is not the opposite of materialism that should be established for unearthly, transcendental things. Rather, it is a psychological and philosophical stance that makes sense to us, that relates positively with our psychological makeup, that establishes a fluid connectedness between the self and other (material, relational, moral, and transcendental means).

In the context of spirit, modern usages of spirituality tend to refer to a subjective experience of the sacred, in a value/meaning context often relating to a transcendental creator and with one's inner and outer dimensions (i.e., social dimension). In differentiating religious beliefs from spirituality, spirituality perhaps is a more transcendent concept – "beyond or above the range of normal or physical human experience," as defined in the Oxford English Dictionary (3rd ed.). Gilbert and Parkes (2011) suggest spirituality implies something more fluid, personalized, and vague than religion. Alas, a full review of conceptual and historical understandings of religion and spirituality is beyond the limits of this article and could be discussed somewhere else.

Fisher (1998) suggests this part of human nature functions to serve inner and outer peace of human beings, to live in harmony with the environment. A holistic approach to health comes to mind here; this is an approach that goes beyond focusing on illness or specific parts of the body but instead considers the whole person and how they interact with the environment (Gordon 1988).

Along that line, spiritual well-being is proposed as an indication of individuals' quality of life, much like a pulse rate is an indicator of good health (Ellison 1983). The National Interfaith Coalition on Aging (NICA) defines four indicators of spiritual well-being (personal, communal, environmental, and transcendental) as "the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness" (Fisher 2010). To date, these four relational domains are well-researched in the context of spiritual well-being (i.e., Benson 2004; Como 2007; Fisher 2010).

Overall, studies and the operational definition of spiritual health outlines the interconnected, dynamic, and harmonized nature of self-transcendence, which is dependent on intentional self-development, congruence, and value-oriented purposefulness. According to Tillich (1967), the communal domain of spiritual well-being (horizontally) comprises morality, culture, and religion in the constitution of spirit in an

inseparable but distinguished manner and the transcendental domain on a vertical axis creates a distinct relationship with the transcendent other.

Bridging medical science and spiritual care practice

Modern medical training programs often teach healthcare professionals to steer clear of religious and spiritual conversations with the patients. In fact, the last century witnessed a clear line between standard medical practice and issues dealing with religion and spirituality (Maugans and Wadland 1991; King et al. 1992). Since the 1980s, recent global trends brought spiritual and religious content into the forefront of the mainstream media, books, and guided training programs. In addition, the emphasis began to move from *curing* to *caring* in the context of holistic care that established a relational discourse between the patient and healthcare professional by taking into account patients' moral, spiritual, religious, social, and religious concerns based on the convergence of the multicultural nature of the system of the patient as a living unit (Cohen et al. 2000; 2001).

Indeed, contemporary approaches to ethics in medical science are comprised of four principles of healthcare concerning autonomy, justice, beneficence, and non-maleficence (Beauchamp and Childress 2013). These principles are viable in cultural and religious contexts where different cultures practice different values, social codes, and medical preferences (Coward 1999). Practice and research in the field, therefore, continues to evaluate ethical boundaries, reconsidering the fine line between the spiritual/religious touch on healthcare practices. The last three decades witnessed a shift towards a fair, moderate, balanced, and moral approach to healthcare as the call for diversity concerns led practitioners to implement culturally-sensitive ethical codes-of-conduct (Duffy 1979). In this light, discussions evolved to a new set of ethical principles emphasizing partnership, virtue, caring and healing, and casuistry (Cohen et al. 2001).

These movements also led healthcare professionals to think about the fine line separating health from religion and spirituality in practice. This also meant going back to the historical accounts of this relationship. A thorough guide to the history of medics by Entralgo (1995) and Porter (1997) traces its roots back to the ancient times. The earliest writings of Hippocrates portray physicians to be God-authorized and healing to be a God virtue in the hands of the physicians (Jones 1968). Since philosophy was the source of knowledge in any intellectual, moral, or religious discipline, separating medical care from spirituality would be against the nature of knowledge and its outcomes would be unintellectual.

The relationship took a more personal turn in the later periods; medical caregivers starting to inquire about patients' religious belief systems and practice. In the early Middle Ages, medicine served as a means to continue in God's way, particularly for monks and priests. In the ensuing years, theologists began to leave their positions in the church to become physicians while still retaining their connection with the Divine.

Practising in the name of "collaborators with God" (Rahman 1987), a Christian physician would ensure the patient received the sacrament of confession before attending to the sick (Villanova 1977) or a Jewish physician was allowed to violate Rabbinic law when attending to Gentile patients but not Torah Law (Farbowitz 1994). Starting with honey, cupping, and cauterization, Islamic traditional systems started utilising medicaments, psycho-spiritual healing, and surgical interventions to restore health after meeting with other civilizations. The Islamic tradition in medicine, as referenced from sahih Al-Bukhari, divided the science of medicine into physical (*Tibb Jasad*) and spiritual medicine (*Tibb al-Qalb*). Ibn Hajar stresses the symbiotic relationship between the two, referring to health as a holistic concept of well-being of the breath and body, soul and matter, the faith and the world treated with equal importance (Deuraseh 2006).

Similar to the Islamic tradition, scholastic thinkers in the West took all forms of inquiry as united, all representing a manifestation of the divine mind. Any scientific inquiry therefore was an act of religious devotion, authorizing the physician to attend to the heart and soul and the body as a practitioner and custodian of that faith. Koenig (2003) reminds us that it was the Christian church that built the first hospitals of the Middle Ages, staffed with nurses informed and working from theological positions. Similarly, those church-related hospitals of the twentieth century used to serve a quarter of the hospitalized patients in the United States (Koenig et al. 2001). A quick tour of the historic hospitals around the world reveals their origins belong to communities of faith; these were often monasteries and convents in Christendom or *bimaristans* (also known as *Dar Al-Shifas*) in the Islamic lands.

Both strands of the profession (medical and religious) kept the relationship strong up until the mid 1800s. As cited by Cohen and colleagues (2001), Cotton Mather, a major figure in medicine and also an American Congregational minister, is remembered today for his hybridization experiments and his promotion of a smallpox inoculation for disease prevention. In his era, physicians were advised to prescribe "admonitions of piety" besides medicine (Burns 1995).

With the Industrial Revolution stepping into the scene, questions rose with regards to the empirical basis of science. The emphasis on observable truth and objectivity dominated the nineteenth and twentieth centuries and favoured behaviourism over subjectivity. Since the 1900s, the natural-science perspective prevailed and those long-built relations between science and religion began to fade out with increasing numbers of theologists becoming therapists (Halmos 1965) or medical scientists. In fact, the distinction got to a point where pastoral counsellors sought advice from secular practitioners on therapeutic theories about existential issues, relations and meaning, and moral dilemmas in the aftermath of World War II (Myers-Shirk 2000). Not long after, a clear line was drawn, and medical professionals and scientists were warned to keep religious matters out of their practice. Such matters should be left out of medical discourse; that was chaplains and pastoral counsellors' expertise and responsibility (King et al. 1992).

The rationale here was twofold. First, the scientific basis of observable truth and objectivity were to be contained in medical practice. Second, the outcome of secularization and growing diversity in various religious and spiritual practices across nations and cultures led physicians to stay clear of the encounter. The twenty-first century witnessed healthcare professions such as medicine, nursing, and psychology adhere to strict codes of professional conduct in keeping the distinction safe and sound; this continued up until the 1980s when the construction of patients' meaning systems, existential crises, or other practices of health and beliefs in death could not be ignored any longer (Erşahin 2013).

Why spirituality matters in the clinical/hospital health care practice?

The definition of spirituality is conceptualized by a variety of disciplines, different schools emphasizing different elements of it in accordance with their discourse. In clinical terms, Waaijman (2002: 315) suggests that: "Spirit ... gives vitality or life to a system. What gives life to us is spirit; it is the source of power which enables our body to move, eyes to see, ears to hear, nose to smell, tongue to taste, skin to feel and the brain to be conscious and to think. Once is withdrawn, the body becomes lifeless or is dead."

Redefining spirituality in the context of health care demands we look at the patient as a whole. As it is evident in the historical roots of spiritual care in the available health systems of its time, ignoring even a single part of the patient leads to an approach that either tries to fix/cure or help. In Rachel Naomi Remen's (1997: 178) words:

> Helping, fixing, and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul.

After being served by a kind-spirited, holistic doctor, Remen – a physician – developed Commonweal retreats for patients with cancer. With years of experience in receiving health care as a healthcare professional from all sorts of healthcare professionals, she differentiates helping and fixing from serving as the first two approaches tend to create power-infused unequal/paternalistic relations often leading to degrading the patients' self-esteem, sense of self-worth, and wholeness. Take a moment and remember those times you ended up feeling ashamed or uncomfortable about yourself in a hospital setting. Those moments of the professional avoiding eye contact, interrupting your explanations, forgetting your name or false recalling, accusing/scolding/blaming you for the only reason you need help to be fixed. Deep in your heart, you know they might be right and think you deserve the outcome as your punishment. Such an approach not only breaks us on the inside but also shames us for being vulnerable. This approach drains us as individuals but also as healthcare professionals. Numbers indicate more than half of US professionals (emergency medicine,

family medicine, nursing, neurology) suffer from burnout, which can be characterized by long-term emotional exhaustion, depersonalization, and dissatisfaction over daily duties (Dyrbye et al. 2017). Even though there is not a direct link between burnout and professionals' clinical care approach, this is still somewhere we can expand our sense of control against those uncontrollable challenges within the system that make us vulnerable – the nature of our work or personal relationships and our physical hardships added on to that pile of emotions. We are fallible and spiritual care towards ourselves and the other allows us to be so. Then we serve with our wounds, pain, suffering, knowledge, expertise, and wisdom. Serving as a whole person allows our encounter to open up the other as a whole person and heal within.

In this light, like two sides of a coin, spirituality in health care requires holistic care for the patient and the healthcare professional. Only when we are whole can we embed a spiritual take into our approach and interventions to the patient in need. It might take the form of voicing our concurrent distress to the patient and being willing to hear what is happening with them and what it is that they need most at that time: Including holding hands, giving a pat on the shoulder, praying with them, or explaining the process in a detailed and easy-to understand discourse.

Research repeatedly reveals the benefits of spirituality in health-related outcomes, such as lower blood pressure, reduced cholesterol levels, increased longevity among the elderly, increased success in surviving cardiac surgery, increased treatment of post-traumatic stress disorder, and so on (Koenig et al. 2001). However, it is not the random spiritual or religious aspects of patients' meaning systems that lead to the expected well-being. It is more about the concrete structure and well-administered elements of spiritual care that serve to create positive, measurable outcomes. In this light, the next section attempts to explain models of spiritual care in healthcare practice.

Models of spiritual care

What we understand from spirituality and its conceptual meaning in practice mostly defines and differentiates the model of spiritual care practices in a diversity of healthcare settings.

Rumbold (2013) suggests any type of healthcare model should employ biomedical, bio-psycho-social, and social characteristics, with different weights of each depending on the premises and priorities of that healthcare model. The theoretical concept of what spiritual care means to a particular healthcare model does/will have a direct impact upon how the spiritual care is practiced.

The biomedical understanding of health is the most prominent healthcare model and based on the concept of knowledge constructed in the era of the nineteenth century. At the core of the model there is information on disease and illness – as in specialist diagnosis, treatment, clinical management, and discharge. Hence, the model is less about the concept of 'holistic health' but rather about treating health as the absence of

disease or illness, so the patient is the one to be cured. The model's strength is the medical expertise on board, as in treating acute illnesses, infection, or in other circumstances where the patient does not have enough knowledge or willingness to interfere with the experts' assessment or treatment procedure. With their expert capacity, the control belongs to the medical-care professional and patients should obey rather than employ autonomous agency.

It should not be surprising, therefore, why the expert's power over the care provided for those with health-related problems of chronic illness, mental health issues, or disability does not work, considering the need to focus in the latter on providing palliative care to increase quality of life while living with an untreatable condition. As discussed earlier, such an approach does not allow any room for the individual characteristics of a person, whether it is spiritual, religious, or political. The hierarchical power dynamic in this type of authority is not interested in any meaning-relevant concept other than observable, quantifiable, and empiric facts. Even though the biomedical model lost its power dramatically beginning in the early 1990s, its cultural dominance survives.

The bio-psycho-social approach to health care is a derivative of the biomedical model suggested by Engel (1977). With a psychiatrist's understanding of health, he suggested the agency of a patient should be embedded in the biomedical approach using physiological processes. This meant bringing a more relational discourse into medical care with a specific interest in the determinants of healthy behaviours. This relatively relational take on health was based purely on patient-doctor sociality but still failed to address other social determinants of that agency (including spirituality). This approach took hold in the medical world, moving service provision around the world away from scientific orthodoxy while still keeping its positivist roots.

The incorporation of spiritual care into medical practice found a basic structured form with this trend. One of its key elements, in line with the bio-psycho-social model, is its generic nature that continues to identify spirituality as a universal human characteristic with no identifier of a culture, class, religion or specific content (Swinton 2012). This also classified spirituality as an ontological need on the same level as the social and psychological needs of human nature (Rumbold 2013). The space spirituality claims within this approach only has room in the treatment encounter where the professional seeks to understand whether it interferes with the patient's response to the treatment procedure or/and outcome. In Swinton's (2007) words, this is a generic approach to spirituality – only as an add-on to the biomedical model in understanding healthcare.

The social approach to healthcare could be taken as an outcome of discussions over social justice and equality. When the question of what to do with patients with a disability or chronic illness started heating up, a social understanding of human health entered the equation – suggesting more of a participatory model with the aim of supporting the patients' capacity and identity as a functioning citizen. Still advocating

bio-medical expertise in treatment, this model prioritized healthcare professionals being competent in educating, normalising, resourcing, supporting, and even counselling the individual without reducing them to only diseases. Hence, the expert is expected to step out their expert role and give voice to the patients' social and cultural realities.

With a global perspective on illness and diseases, it should not be a surprise to the reader to question whether healthcare is a gift or curse to high- versus low-income societies in different settings around the world. Inequality seems to deepen the gap and hamper the provision of infrastructure services to the poor. The provision of healthcare changed dramatically since, for instance, the WHO Commission on the Social Determinants of Health kept assessing their progress on creating sustainable development across the globe under the "Health in All Policies" act (WHO 2018). Accordingly, to create sustainable good health policies, policies on transportation, housing, work, nutrition, water, and sanitation should actively support health policies with the ultimate aim of providing equal opportunities in achieving the highest level of health.

All in all, a social approach to health care brought a concrete role to spirituality between the healthcare provider and the patient. As the focus here is to facilitate a patient's contribution to society, the utility of spirituality (in its organized forms) in bringing people together and supporting community well-being is most welcomed by the model. The room spirituality claims in this model has a more respected value as an inherent part of cultural identity and diversity.

Holistic models of health care, as mentioned earlier, brought a more contemporary outlook to the provision of health care by fostering the idea of health responding to the concepts of meaning, companionship, and quest – with the ultimate goal to serve the humanness and wholeness of the individual (Swinton 2012). In becoming one's self, practitioners of holistic models include wider systems of the environment in their treatment and healing plan by adding literature, religion, art, drama, nature or other resources that make sense and give meaning to individuals of any culture.

Spirituality – in its own voice – located itself within the holistic models of healthcare in a unique way without minimizing its value to the treatment process or contribution to the system. Authority in different spiritual systems therefore became a point of discussion – or even consultation – with patients making decisions on abortion, death, surrogacy, or eco-spiritual voices on nutrition and life-quality. From fundamentalist voices to the most liberal advocates of holistic care provision, they demanded justice, equality, and equity for human rights, humanness, and wholeness against the abuse of power. The first national conference on holistic healthcare was held in California in 1975. During these years, healthcare systems shaped the theory, research, practice, and provision of public health in general (see Flannery 2010 for more).

In summary – in traditional societies belief systems served the community in a hierarchical and more structured character. Modernity, with technology, brought a more

private approach to the social order, characterized by individual salvation that is determined by the right belief, rather than by the right practice. The latter challenged the idea of religions or belief systems dictating personal preferences. Spiritual practices evolved to be an understanding of mind and body, which also guided forms of spiritual care practices in the hospitals and medical-care contexts.

Spiritual care and counselling practices in clinical care: Spirituality in action

In general practice, spiritual care takes a form relative to:

- the model of healthcare service delivery which also informs the spiritual inquiry and screening;
- the relational context unique to patients' understanding of what spirituality entails (i.e., relationship with self, others, places and things, inter-personal and transcendence; see Lartey 1997), and
- a treatment plan designed to respond to patients' spiritual distress and diagnosis.

The response to the spiritual needs of a patient is shaped by the environment, context, and those who are in charge of delivering the care. Designated professionals who have a particular role in providing spiritual care are chaplains, nurses, social workers, pastoral counsellors, and other spiritual care providers. Although Figure 1 outlines the process in a clinical care setting, the specific role of each professional and their training route is out of scope of this paper. Spiritual care concerns and relevant professional practice in hospitals are explored in the next section.

Spiritual assessment in health care

Spiritual needs and distress

Any stress in relation to patients' connectedness with their meaning systems through spirituality or faith requires spiritual attention as much as any psychological, physical, or other type of distress. With the aim of integrating such services into the system, there has been an attempt in nursing and palliative care literature to develop screening tools (Rumbold 2007), implementation models (Sulmasy 2007), ethical guidelines (Cobb 2005), and service assessments (Kernohan et al. 2007). In 2009, the establishment of the National Consensus Project for Quality Palliative Care (NCC) took a major step in implementing spiritual care as a vital component of the healthcare system in the United States. Comprised of forty experts from various disciplines – including physicians, theologians, psychologists, and medical anthropologists – they created resources and guidelines for healthcare professionals and organizations (Puchalski et al. 2009).

Organizations across the globe also made amendments to practitioner guidelines, stressing the vitality of spiritual care in health care. These include: UK's NHS

Scotland (2002), National Institute for Clinical Excellence (NICE 2004), General Medical Council (GMC 2008), United States' National Comprehensive Cancer Network (NCNN 2010), Australia's Healthcare Chaplaincy Council of Victoria Inc. (HCCVI 2009), and others with a long-standing history in developing responsive care in accordance with the WHO's revised understanding of the concept of health (1984). The key learning point across all such organizations is establishing a valid starting point for patients' spiritual needs or distress to be recognized, assessed, and introduced to the system with the ultimate aim of receiving relevant care as part of the treatment plan.

Figure 1 illustrates a widely used, inpatient spiritual care implementation model (Puchalski et al. 2009; see Puchalski 2009 for the outpatient version).

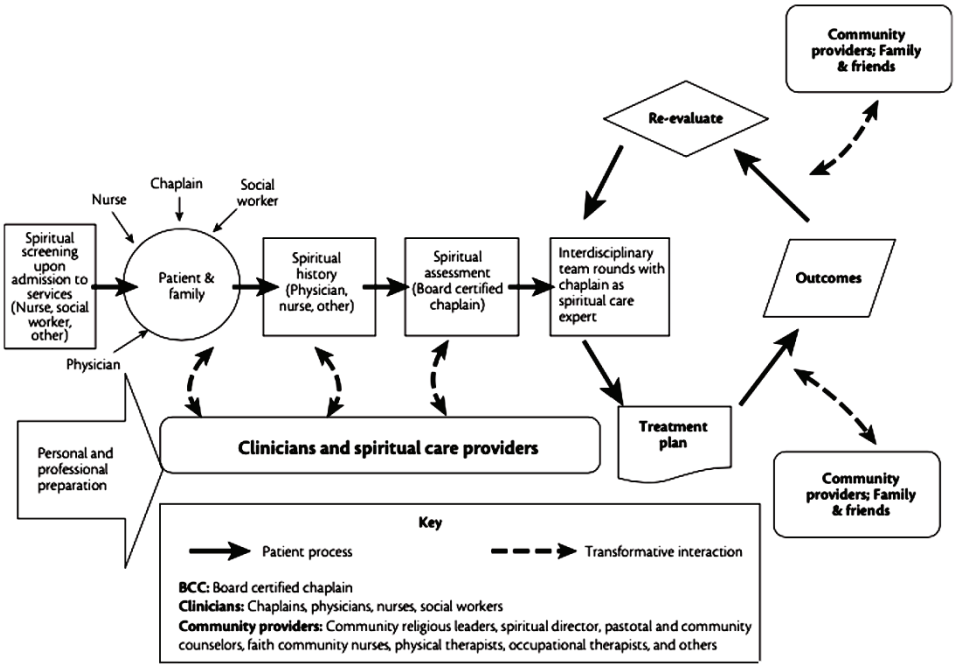

Figure 1. An implementation model of inpatient spiritual care services (Puchalski et al. 2009: 891)

Taking into account an individual's concept of spirituality, *spiritual distress* is defined as an "impaired ability to experience and integrate meaning and purpose in life through connectedness with self, other, art, music, literature, nature, and/or power greater than oneself" in the nursing literature (Puchalski and Ferrell 2010: 125). For screening purposes, the cancer literature identifies spiritual needs and areas of distress as guilt over sins, end of life crisis, detachment of the religious community, conflict between the treatment plan and guidelines of the submitted belief system, hopelessness, anger towards God, and inability to pray or practice (Kuebler et al. 2005).

Figure 2 portrays the NCC's outcome measure of diagnosing spiritual concerns (Puchalski et al. 2009). The spiritual needs patients disclose should also serve as a teaching data for institutions that are responsible for the training of spiritual-care professionals to enable them to be more competent in their responses.

Diagnoses (Primary)	Key feature from history	Example statements
Existential concerns	Lack of meaning Questions meaning about one's own existence Concern about afterlife Questions the meaning of suffering Seeks spiritual assistance	'My life is meaningless' 'I feel useless'
Abandonment by God or others	Lack of love, loneliness Not being remembered No sense of relatedness	'God has abandoned me' 'No one comes by anymore' 'I am so alone'
Anger at God or others	Displaces anger toward religious representatives or others Inability to forgive	'Why would God take my child ... it's not fair'
Concerns about relationship with deity	Desires closeness to God, deepening relationship	'I want to have a deeper relationship with God' 'I want to understand my spirituality more'
Conflicted or challenged belief systems	Verbalizes inner conflicts or questions about beliefs of faith Conflicts between religious beliefs and recommended treatments Questions moral or ethical implications of therapeutic regimen Expresses concern with life/death or belief system	'I am not sure if God is with me anymore' 'I question all that I used to hold as meaningful'
Despair/ hopelessness	Hopelessness about future health, life Despair as absolute hopelessness No hope for value of life	'Life is being cut short' 'There is nothing left for me to live for'
Grief/loss	The feeling and process associated with the loss of a person, health, relationship	'I miss my loved one so much' 'I wish I could run again'
Guilt/shame	Feeling that one has done something wrong or evil Feeling that one is bad or evil	'I do not deserve to die pain free'
Reconciliation	Need for forgiveness or reconciliation from self or others	'I need to be forgiven for what I did' 'I would like my wife to forgive me'
Isolation	Separated from religious community or other community	'Since moving to the assisted living, I am not able to go to my church anymore' 'I have moved and no longer can go to my usual 12-step meeting'
Religious specific	Ritual needs Unable to perform usual religious practices	'I just can't pray anymore'
Religious/ spiritual struggle	Loss of faith or meaning Religious or spiritual beliefs or community not helping with coping	'What if all that I believe is not true?'

Figure 2. Spiritual concerns or diagnoses (Puchalski et al. 2009: 894)

NCCN (2010) also uses diagnostic codes for spiritual distress in its practice guidelines in oncology, separating spiritual concerns from spiritual distress in meeting a diagnosis. Understandably, there is resistance to utilising diagnostic criterion for spiritual issues. First, it opens up a possibility of pathologizing spiritual distress that can be treated or cured rather than served. Spiritual and religious issues were under-appreciated by many clinicians based on contemporary psychodiagnostics (i.e., Diagnostic

and Statistical Manual of Mental Disorders) until a V-code was introduced into its fourth version (APA 1994), allowing explicit identification of a non-pathological religious/spiritual focus in treatment. Second, as frequently discussed, spirituality is such an intimate and private matter in its particular context of cultural diversity. The danger in diagnosing not only overlooks it as a matter of client diversity but also has the potential of reducing it to a limited identifier. There is, however, also a benefit in that these definitions implement spiritual screening in healthcare assessments in routine practice and ease outdated concerns over spirituality as a more concrete diagnosable health issue. Nevertheless, in either way, accommodating spiritual concerns or issues addresses that aspect of a patient's identity and ensures a more ethical service policy in quality patient care.

Spiritual assessment

Starting with spiritual screening, the aforementioned guidelines in clinical care also suggest subsequent steps to be outlined in serving the whole person with assisted spiritual care (see Figure 1 for a reference).

As a precautionary measure against creating daunting checklists, some institutions utilize an interview procedure that includes patients' spiritual history as part of their social history. In line with social and bio-psycho-social models' view of spirituality in the healthcare system, patients are asked about their life in general to discern the impact of any religious or spiritual needs or concerns over the treatment plan. Questions may include asking about individuals' faith and belief systems (e.g., what gives your life meaning?), how important its role is in their daily lives (e.g., whether they belong to a community, attend ceremonies), and whether they would like some of these issues to be addressed by a professional (Borneman et al. 2010; Frick et al. 2006).

A more professional stance on inquiring about patients' spiritual/religious needs and distress is employing an in-depth spiritual assessment that often requires additional extensive training by the regulating authorities, such as the Clinical Pastoral Education Board. A typical spiritual assessment aims at developing a sound relationship with the patient in order to get a comprehensive understanding of his spiritual needs and/or distress, which will then be discussed with the treatment team in developing a care plan. Hodge (2013) stresses the importance of including spiritual and religious screening in routine assessments of a patient because of their background value, even if these matters are not the focus of the medical care at that time. Others suggest that screening for issues of religious/spiritual distress would also control their impact on concurrent mental health problems, relationship issues, or serious health problems (Dein 2013; Pargament and Saunders 2007).

Spiritual treatment plans and interventions

With a thorough picture of the patient in need (including physical, mental, social, and spiritual assessment), contextual variables of the treatment plan are agreed upon by

the healthcare team depending on patient's present concerns, the intensity and complexity of spiritual distress, resources for coping, treatment preferences, and willingness to cooperate with the team. This team may be comprised of a spiritual director, pastoral counsellors, board-certified or board-eligible chaplains, clergy, mind-body specialists, nurses, and social workers.

With the aim of promoting the patient's spiritual well-being, coping, growth, and relationships, a spiritual-care plan is organized, relevant spiritual practices identified, and professionals can then take action in the form of:

- Psycho-education in self-help interventions, including: Meditation, yoga, prayer, visualization (Barrera et al. 2012), sacred or inspirational reading and bibliography (Dyer and Hagedorn 2013), journaling, drawing/sketching/painting, appropriate use of exercise, therapeutic use of art or music to the patient's liking (Puchalski and Ferrell 2010), and dignity conserving practices (Chochinov 2002);
- Rekindling / reorganising religious or spiritual identity through self-inquiry or rituals and relationships with a faith or spiritual community;
- Meaning-oriented group therapy, in which patients express, explore, reflect on their meaning systems and learn from each other while struck with a disease or illnesses (Chochinov and Breitbart 2009);
- Discussions around specific issues such as faith, purpose, and meaning (Pargament and Saunders 2007);
- Mind-body interventions including: Guided visualization, life maps in managing chronic illnesses (Nichols and Hunt 2011), progressive relaxation, breathing practices, and eco-therapy (Puchalski 2006), and
- Humanistic approaches with person-centred therapeutic techniques of compassionate congruent presence, reflective listening, identifying patients' self-actualising capacity and strengths, unconditional positive regard and acceptance of patients' weaknesses, guilt over sins, strong self-destructive emotions, use of silence, or empathetic understanding of the patient in becoming their true sense (Rogers et al. 2013).

Considering the pressures on healthcare professionals with patient overload – long waiting lists, daily paper workload, difficulties over personal matters (physical, spiritual, or relational), discomfort over inquiring about or working towards faith/spirituality-centred concerns – physicians and other healthcare professionals working on the front line might find it challenging – at times daunting – to implement spiritual care into their daily work. Even though an embedded, well-organized, structured, step-by-step spiritual care service provision is not always an option or is available in some environments more than others, it is still an ideal and should be included in the long-term plans of health-service provisions.

Even though it takes some time and space, when utilized in accordance with the relevant guidelines, research into the effectiveness of spiritual care interventions in treatment and patient well-being prove the efforts to be worthwhile considering the ultimate aim of healthcare is promoting an individual's health and well-being.

The effectiveness of spiritual/religious interventions in healing and well-being

Research into accommodating spiritual care in hospitals and medical care tend to report positive outcomes. Before we begin, it is important to note that outcomes that are associated with implementing spiritual/religious interventions into psychotherapy are very promising, yet out of the scope of this paper. At first glance, there is mounting evidence of a positive relationship between spirituality/religiosity and physical/mental health, such as promoting healthy habits, increasing longevity and overall well-being, establishing meaningful relationships with self, others, and the community as a way of positive coping mechanism, and creating an identity or a meaning system to make sense of existence. Negative effectives have also been identified, including elevated suicide risk, depression, mortality, risk of a stroke and heart disease, loss of immediacy, and substance abuse (Koenig et al. 2001).

When looked at in detail, Ellison and Levin (1998) suggest six mediating mechanisms to account for the religious/spiritual care patients might find helpful in times of illness. These include:

- regulation of healthy lifestyles and behaviours (e.g., prohibition of drug abuse, alcohol, or tobacco);
- provision of protective social and societal resources in receiving support, care, a communal identity based on a shared meaning system (Krause 2010; Law and Sbarra 2009);
- promotion of psychological resources as positive self-esteem through affirmation and acceptance received by the members of religious/spiritual networks (Peltzer and Koenig 2005);
- provision of positive coping strategies and resources in the face of stress, trauma or illness through signs, symbols, narratives, rituals, prayers, and script reading in attribution of purpose and meaning to events (Pargament 1997);
- generation of positive feelings, including forgiveness, self-compassion, love, and hope (Worthington 2008), and
- additional transcendental effects, often cited with the healing power of supra-empirical dimensions (e.g., bio-energy) although with no hard evidence.

Seybold (2007) suggests a biological/physiological pathway involved in this association. That is, when involved in spiritual/religious activity, there is promising evidence of elevated activity in the endocrine, immune, autonomic, and central nervous systems; this in turn affects how the body responds to disease and illnesses.

Alas, not all outcomes are positive; there are negative religious coping strategies and spiritual struggles expressing conflict and doubt over issues with God or faith in facing life-changing traumas or death (e.g., feeling abandoned or punished by God) that are linked to negative mental, social, and physical health outcomes such as depression, hopelessness, separation anxiety, and lower life satisfaction and well-being (Pargament 1997; Abu-Raiya et al. 2010).

A patient may not have a self-understanding of how they utilize their spiritual/religious resources in coping and behaving through the day; hence, any associated outcomes can go either way. However, when a patient's concerns or distress are served by a professional on spiritual/religious matters under the health care umbrella, it is highly likely that a positive impact could be measured in line with other studies (including randomized clinical trials, case-studies, and qualitative methods) that indicate such benefits as:

- extended longevity and life expectancy among the elderly and cancer patients;
- lower blood pressure;
- reduced cholesterol levels and pain in sufferers of chronic illnesses, and
- reduced mortality after cardiac surgery and coronary artery disease (Swinton and Pattison 2010; Chatters 2000; Koenig et al. 2001).

Once again, Swinton (2012) emphasizes the role of structure in defining helpful aspects of spirituality/religiosity in promoting desirable healthcare outcomes, as outlined in Ellison and Levin's (1998) mediating factors (above).

Promising advances for holistic spiritual care in healthcare

While an ideal picture of spiritual care in hospitals and the healthcare system has been drawn throughout this chapter, rumours say it is uncommon in practice and prejudiced by clinicians and other healthcare practitioners.

Issues with policy and education/training of spiritual-care professionals still are of concern to governments on a global scale. As it is discussed elsewhere, commissioning of spiritual-care professionals, relevant codes of conduct and their limits or boundaries, relevant knowledge and competences in providing such services, and training and accreditation issues all still challenge the idea of implementing relevant services into the healthcare system. In other words, not feeling at home within the healthcare system, spiritual care is still searching for a base. It must be noted that this should be achieved without getting caught up in:

- the shadows of ancient wars between classical forms of religion and science;
- the efforts of stripping spirituality from scientific inquiry, practice, and treatment plans;
- the power dynamics of physicians and other healthcare specialists;
- the efforts over controlling the use of spiritual care or the exercise of power overruling its proprietary rights, or
- criticisms that spiritual caregivers do not deserve a separate professional spot among other professions of psychology, chaplaincy, nursing, or social work.

Therefore, arguments over the role of spiritual/religious care in hospitals and the clinical-care system requires philosophical, professional, and interdisciplinary clarity. It is a long-term project, as Cobb, Puchalski and Rumbold (2012) suggest, with growing conversations on the topics mentioned above and on a scientific basis for a sound theoretical and professional stance.

Conversations should start from within by identifying our own spiritual/religious stances, beliefs, values, purposes or codes of conduct. How do these sit with patients? Do we make them nervous, anxious, uncomfortable, upset, prejudiced, content, peaceful, or even proud? It is a duty to ourselves to explore, understand, heal, and care. Nurturing our own spirituality and/or beliefs could be part of our own growth, promotion of well-being, our way of becoming whole as a healthcare professional.

Conversations should continue beyond ourselves and focus on: How little we know, what research tells us, what we intrinsically learnt in practice, and what are those factors that have direct impact on patients' self-care, healing, and well-being practices. It is our professional obligation to protect patients and their carers from our own damage, ignorance, or incompetence but also to reach out as a whole professional and share those aspects of our growth that can be helpful to others.

Conversations should engage with the other, to communicate and collaborate with patients and other healthcare professionals in order to understand each and every part of their human experience without reducing it to physical or power-induced terms of healing, well-being, and healthcare.

Such advances are possible if healing is possible, and healing is possible if we are holding a part of it.

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Chapter 5

Hard Lessons from Human Multiplicity: Incomprehension and Violation in Education and Caregiving

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In this chapter, I use a practical theological methodology to explore a paradox in interreligious and other intercultural relationships: our most genuine efforts to be in constructive communications across our differences bring us closer to one another and, also, closer to some insurmountable gaps between us. More particularly, I am seeking to address *caregivers* and *educators* who, in diverse settings around the globe, are labouring to advance interreligious and other intercultural relationality. Given the multinational scope of this volume and its readers, I am mindful that this remains a mind-bogglingly broad context, especially given that interreligious communication remains controversial, even contentious and dangerous, in some settings. I will therefore focus further on educators and caregivers in settings where the diversity of spiritualities and religions is both prominent and valued, for example: Chaplains in their many settings, teachers of religion in religiously diverse primary and secondary school settings, counsellors attending to their clients' spiritual and religious lives, educators and supervisors of chaplains, and professors in seminaries and other schools that prepare spiritual and religious leaders for service in multireligious settings.

My goal in the chapter is to show that, even as there are many ways that interculturality can bring us closer together in education and caregiving, deep listening and empathy lead us to two hard lessons to learn from human diversity. First, because of differences in language, incomprehension is an unavoidable aspect of intercultural communications. Second, and even more difficult: Because diverse forms of violation are a ubiquitous part of human experience globally, historically, and continually, violation is an unavoidable aspect of intercultural communications. Thus, we must – and thankfully can – learn to care for the incomprehension and violation embedded in our most well-meaning intercultural efforts.

Moving toward this goal, the chapter has three parts: A quick plunge into the kaleidoscopic reality of human multiplicity that complexifies all interreligious and intercultural relationships, a brief description of the practical theological method undergirding the analysis of the case study that follows, and an analysis of the inescapable dynamics of incomprehension and violation in interreligious and intercultural education and caregiving.

Human – including religious – multiplicity

In recent decades, scholars and practitioners alike have argued persuasively that singularity of personal identity, and of social identity, is a chimera. Rather, they urge us beyond single-identity politics to strive to acknowledge the innate multiplicity of our personal and social identities and to focus on the intersectionality (Crenshaw 1991) of the multiple aspects of who we and our communities are. Thus, I will assume basic agreement on this matter. At the same time, acknowledgment of human multiplicity is in a nascent stage. Also, my claims about the inevitability of incomprehension and violation depend on a consistent and sober reckoning with the dizzying extent of human multiplicity, which is an advanced skill. Therefore, I offer some cursory observations.

Each human is not one thing, but a kaleidoscopic multitude of multiplicities. Each of us are composed of a complex and always shifting intertwining of personal and social experience: Various contexts and communities, relationships, capacities and limits, inclinations, stories, and other aspects of the realities we are and encounter. The realities we encounter are current, of course, but just as much historical – transmitted through DNA, memory, and storytelling by the generations that came before us. From the moment of our conception, we begin the lifelong process of carrying within us remnants of our forebearers. Even more immediately, as we grow, we carry within us everything we once were. As we are affected by others within and beyond our closest circles of relationship, we carry within us effects of others' multiplicity. Our sociocultural locations – age, nationality, language(s), gender, race, ethnicity, sexual orientation, relational status, and education – are not discrete and unchanging but also are developing in an intertwined way. One aspect of social location often underemphasized but obviously of great concern to us is religious location (Greider 2015); as educators and caregivers, we work with persons who embody extremely diverse and specific locations within – *and beyond* – religious and spiritual traditions.[1]

Our complexifying social locations are obviously intertwined with the many aspects of our evolving personal locations: body types and abilities, various kinds of intelligence, innate personality characteristics, changes induced by varieties of formal and informal education, relational preferences and history, and much more. Our autobiographies – self, families, communities – have a linear dimension but are just as

[1] In my experience, persons who are *not* religious have a location relative to religion – that is, they are located outside religion. Those who describe themselves as atheists or agnostics or as spiritual but not religious locate themselves as outside religion. More to the point, that location relative to religion may be for them a very important aspect of their life story and thus warrants our attention and care. Such persons embody an increasingly common aspect of diversity relative to religion, and many of us are more often encountering them in care and education. It is beyond the scope of this chapter to specify my claims relative to these persons. I do have them in mind, though, as an increasing aspect of the religious multiplicity and persons to whom we owe acknowledgment and responsiveness.

much a multi-layered spiral. Quite early in our lives, all this intertwining comes to resemble more a ball of yarn or a zigzagged coil than a neat braid.

These intertwining experiences are, of course, both constructive and destructive. This point is of crucial importance to the rest of our reflection: Along with happiness and love, even in the womb we begin to be affected by the power dynamics in human experience, the negative and violating forces within and beyond ourselves. From our most impressionable years onward, a major life task is learning to live amid suffering. Some suffering is existential – devastating natural events are perhaps the best example. Yet most of our suffering, even that which is somewhat existential, is exacerbated or caused by the harm humans do: To ourselves and to others, to the environment, and to the fabric of relationality (unintentionally but also intentionally). These forms of harm intertwine and fester so that the common misuse of power in interpersonal relationships is not separate from socio-historical misuses of power. Patriarchy and misogyny are inextricably related to men's violence against women and children, including those in their own families. Around the globe and historically, racism and colonialism mutate into endless forms of genocide and daily hate crimes. Illness can be traced to environmental degradation. The value of globalization and capitalism for a minority feeds off the lives of a majority impoverished by insufficient health care, meagre earnings, and cost-prohibitive shelter and food. These are but a few examples of the multi-determined nature of destructive realities. Their complex multiplicity, though obvious, makes us chronically subject to denial, minimization, and forgetfulness.

Turning more squarely to the multiplicity at the heart of this volume – human multiplicity in interreligious education and caregiving – we find that all these dynamics are operative. Scholars and practitioners are increasingly calling our attention to the realities of human multiplicity in spirituality and religion. In some parts of the world, they remind us, it has been commonly accepted and valued that each human is free to align themselves and learn from any number of spiritual and religious traditions. In stark contrast, in the monotheistic religious tradition in which I am located – Christianity – being steeped in and loyal to one tradition is the norm, and power has been misused to create heresies, some punishable by death. For me, though, interreligious study and relationships have made clear how spiritual/religious multiplicity can (not more or less than Christianity) create wise, compassionate, ethical persons and communities.

Scholars are developing new concepts within the English language to help us articulate multiplicity in spirituality and religion. For example, new attention is being given to *polydoxy* to complement the longstanding study of religious orthodoxy – the authorized creeds of a tradition. The meaning of this term is still emerging, but the first collection of essays about it notes that polydoxy is characterized by "the daunting differences of multiplicity, the evolutionary uncertainty it unfolds, and the relationality that it implies" (Keller and Schneider 2011: 1). For our purposes, we will characterize it more specifically and in relationship to orthodoxy. Polydoxy is, in part, the multiplicity of valued creeds which appears in at least three forms: The multiple orthodoxies expressed in the multiplicity of religions and other spiritual traditions; the

multiple orthodoxies expressed by the multiple divisions within religions and other spiritual traditions, and the multiple orthodoxies formed between and within those who are religiously unaffiliated. Similarly, the notion of *hybridity* helps us speak about persons and communities who inhabit more than one spiritual or religious location (see, for example, Bidwell 2018). People and communities become religiously hybrid in at least three ways. Some religious hybridity is forced through colonialization and other forces of invasion. Some hybrid religiosity is inherited – from ancestral practice and/or from parents' interreligious marriage. More recently, religious hybridity is chosen as it becomes more common that persons and communities are informed about and transformed by a multitude of religious traditions. When I speak of "religious multiplicity" in this chapter, I am referring to both aspects – polydoxy and hybridity. Though religious multiplicity is only one aspect of the intercultural complexity I am emphasizing, it raises one of our most challenging questions: What is required of us to care for religious polydoxy and spiritual hybridity?

Trying to live in awareness of the constantly moving parts of human multiplicity can lead us to feel unmoored and dizzy. Understandably then, most cultures offer us a chart to navigate our way through the wild terrain of human multiplicity. The charts are necessary for us to stay balanced enough to continue our journey even as they draw our awareness away from the wildness of the terrain in which we are traveling. The chart privileged in my social and psychospiritual cultural location is full of disconnected, proscriptive, and often binary categories from which I am expected to choose and that sidestep my complexity. For example: By appearance I am white, though my DNA suggests I have ancestors from the Middle East; I am female and not male, so I must be a woman and not a man; I am privileged to have a 'higher' education despite the fact that my family of origin was impoverished in many ways; I am an introvert, but I also enjoyed the extroversion required by 25 years of teaching, and I was reared as a Christian and then, in my 20s, was profoundly changed by my study of Buddhism. In my cultural locations, having *an* identity is a signpost of health precisely because the existence of multiple identities can feel like disorder – not only within persons but also relationally and socially. At the same time, just as physical therapy can help us develop new bodily skills to cope with physical vertigo, we can develop new skills of consciousness to cope with the psychospiritual vertigo of human multiplicity.

Method and text

In practical theology, spiritual care, and counselling – my academic field and specializations – methodology prioritizes the self-reflexive and meditative study of actual experience, especially so that experience 'speaks back' to theory.[2] In practical

[2] Richard R. Osmer (2008) articulates a widely shared and accessible view of practical theology as subject and methodology. Practical theological methods commonly embrace four kinds of work:

theology, analysis is not an end in itself but is for the purpose of evolution in both comprehension and praxis. Practical theology focuses less on abstract principles and more on the gaps between our lived experience and our ideals, seeking ways to narrow those gaps. Thus, I offer a case study from my own professional practice that will serve as the basis for analysing human multiplicity in the context of interreligious education and care. Because it is an actual experience, it is not an ideal experience. Rather, the human limits showcased in this vignette give us opportunity to acknowledge and reflect on the gaps between our ideals for just and caring relationality and the realities of intractable human limitation, suffering, and injustice. My reflection on this experience has yielded some touchstones that help me keep my head above water whenever I am confronted by the demands of human multiplicity, whether in my professional practice or in other settings.

My professional practice has been as an educator of religious leaders in the area of care and counselling at Claremont School of Theology (CST) in southern California, about a two-hour drive north of the border with Mexico. At the time of the incident described in the case study, September of 1991, I could not know that the human multiplicity at our school would increase dramatically in the next decades, especially in the area of religious multiplicity. Founded with a primary focus on Christian studies, religious multiplicity was present from CST's earliest years; it was always ecumenical and students and faculty came from across the broad spectrum of Christian belief. CST attracted students from other traditions as well, especially those who wished to study chaplaincy because, at that time, the formal preparation of chaplains was happening only in schools in the Christian tradition. However, the religious multiplicity became exponentially more prominent and challenging as, beginning in the 1990s, CST began to relate more with institutions in other religious traditions. Partnerships were eventually formed so that seven religious traditions – Buddhism, Christianity, Islam, Hinduism, Jainism, Sikhism – could cooperate in the education of their religious leaders. Now persons are studying their own religious traditions side-by-side with their peers in other traditions, seeking to honour distinctiveness while building common ground for increased cooperation and decreased violence.

The case study: The limits of language

I have a visceral memory of my first day of teaching at CST. It was my first faculty position, and I was incredibly invested in doing well. I was a bit anxious, yes, but I also felt prepared. I knew the students at CST came from diverse backgrounds, but that felt familiar. I had been educated in elite schools on the East Coast of the U.S., all committed to multiculturalism. CST is on the West Coast of the U.S., but on that first day I had not yet been exposed to the significance of that change in my context. Rather, the academic integrity and diversity of my East Coast classrooms, where

descriptive ("What is happening?"); interpretive ("Why is this happening?"); normative ("What ought to be happening?"), and pragmatic ("What revision in practice is needed?").

theory and praxis were tested through the diversity represented in those communities, led me to feel prepared for human multiplicity at CST.

All went well initially. I started by asking the students to introduce themselves. I wanted to convey quickly that their voices mattered, that the experiences, knowledge, questions, values, and challenges of their particular lives and communities would be important lenses through which to interrogate the texts we would be examining. Starting with the students was important to me, an expression of my commitment to a feminist, critical pedagogy. I was able to engage the first few speakers responsively. This was important to me as an embodiment of my field and specialization – a scholar-practitioner grounded in spiritually-motivated, caring relationality that was demonstrated by extending to others recognition of particularity, compassionate comprehension, and empowering advocacy. Most concretely, this was a course in theories related to care and counselling, and I knew it was imperative that I embody those practices.

Then a student began to introduce himself whose way of expressing himself in English – his "accent" – seemed entirely different from what I had heard before. Or perhaps I had heard it before but not realized its centrality in Pacific Rim multiculturalism, as compared to the diversities of the dominant discourse about multiculturalism on the Atlantic Rim of the United States. And of crucial importance: I had not then had the responsibility I had now, as the identified teacher, to actually understand and respond.

I could not comprehend anything he was saying. Literally, nothing. And here the visceral aspects of the memory begin. My stomach began to sicken; my skin began to flush. I knew enough about diversity to know it would be worse to pretend that I understood. So I asked him to repeat himself a few times, but his repetition did not increase my understanding. I recognized that this student's first language was Korean, but he was speaking my native language so I *should* be able to understand. Heart pounding, I remember pretending, nodding a lot, and offering to him some response befitting a bobble-head – inane, no doubt, given my lack of understanding. The next student began her self-introduction, and the same process unfolded. The same with the next student, and the one after that. By the time all the students had introduced themselves, over half of them Korean nationals, I realized that I could not understand the spoken expression of the majority of my students even though they were speaking to me in my native language. I remember a spike in my inner temperature, a flash of anger – how could my elite education in diversity leave me stranded so quickly, so fundamentally? I was devastated. Despite all the principles and preparation I had brought into that first session, I left the classroom with the feeling that I was teetering at the edge of an abyss between me and most of my students. Never before had I been so aware of how my competencies could fail to connect me with others.

After about a month, I started to be able to tune my ears to English spoken in a key new to me, and slowly I began to comprehend. But throughout that first semester I often had the feeling I was mostly underwater, struggling to breathe and stay alive, pedagogically and relationally; I was not able to count on comprehending the sounds I heard others speak, much less relate meaningfully or teach.

Analysis

Reflection on this vignette takes us into territory significant for both educators and caregivers. My primary professional setting has been the education of spiritual caregivers, but my more foundational training and commitments are to the caregiving practices of Christian pastoral care, interreligious chaplaincy, and spiritually integrative counselling. Throughout my teaching career, I have continued to see a small number of clients for counselling. Thus, self-reflexive meditation on this pedagogical experience drew my attention quickly to its fundamental similarity and relevance to my human encounters in caregiving. In order to remain true to the educational context of the case study, in my analysis examples are taken from my experience in the classroom. At the same time, caregiving values and practices are fundamental to my commitments in teaching.

This painful experience of the ubiquitous gaps embedded between diverse humans brought me to two realities that I find increasingly inescapable in light of human multiplicity in religious and other forms:

- *Incomprehension*: religious multiplicity heightens the reality that I do not, and cannot, comprehend my students and clients, nor they me. Neither do I comprehend myself.
- *Violation*: religious multiplicity heightens the reality that I and my students and clients violate, and are violated by, one another.

It is tempting to qualify and thus soften those two statements – we do not *fully* comprehend, or we *may* violate. But other literature exists that helps us see the more heartening realties of our best hopes and hard-won accomplishments in intercultural relationality. Instead, my effort here is to be true to sobering moments in interreligious and other intercultural encounters that have confronted me with an additional truth: If my listening is deep and my empathy altruistic, they reveal to me ways in which, even in the midst of our best efforts, human limitations separate and wound us. Ruminating on these two realities – the inescapability of incomprehension and violation – feels to me like staring into the sun. It feels, physically and psychospiritually, nearly impossible to do because the pain of this truth is piercing. But the metaphor tells a truth: I am convinced that in these two issues is essential illumination. My commitment to engage religious multiplicity, and to help others reach their goals of engaging religious multiplicity, forces me to deal as a teacher and caregiver with incomprehension and violation.

Incomprehension

Religious multiplicity heightens the reality that I do not, and cannot, comprehend my students, or they me. Neither do I comprehend myself.

A crucial dimension of the experience I described above is that, until that day, all the excellent education and pedagogical strategies entrusted to me had not made me sufficiently conscious of the imperialism of English as *lingua franca* or the privilege associated with my ability to remain monolingual. At the same time, being in the first

generation of my family to migrate into the nation-state of higher education, I did know something about being on the underside of linguistic power dynamics. That, at least, allowed me to more easily respect my students' skill in a second language (or was it their third or fourth?) and to take responsibility upon myself for the work of learning to hear them. Also, by focusing on the limits of our comprehension, I am not minimizing the necessity or value of seeking partial understanding. For the common good, we necessarily do and must step out onto the thin ice of linguistic and other forms of understanding and communication. But fidelity to religious multiplicity requires me to become more conscious and consistently mindful of how little I and my partners in interculturality actually comprehend, how overwhelming it is to try, and how often we have no choice but to work with superficiality.

This lack of comprehension is literal. At the most fundamental level, I am calling our attention to the frequency of situations in which we are trying to comprehend one another when we do not share fluency in a common language. Increasingly, travel and technology bring us into relationships where one person must acquiesce to the language limits of others. Because I am monolingual, the majority of my intercultural relationships are possible only because someone is able and willing to leave behind their mother tongue and speak with me in their second, or third, or fourth language. They meet me on a linguistic ground that compromises them but allows me to enjoy the privilege of ease, nuance, and maybe even eloquence in my expression. Such situations pose a constant temptation for me to focus on my partial comprehension of my partner rather than on the larger existential reality that I cannot comprehend the world of a person whose language I do not share. Even in conversations where participants are multilingual, whenever a shared language must be negotiated – as is so often the case in education and caregiving – we tend to focus on our increased comprehension of one another and turn away from the incomprehension that remains.

Though having competencies in multiple languages would be extraordinarily valuable, this would not change the fact that I regularly encounter students and careseekers whose inner reflection, most important relationships, and religious experience happen in a language I will never know. This reality is made even more significant when religious multiplicity is predominant. If I am in a conversation with others who are fluent in English but we inhabit different religious worlds, then the use of common vocabulary may lead to the illusion of comprehension. For example, I have experienced how the word theology can be embraced by both Christians and Buddhists but with vastly different meaning.

We can use translation, of course. But that still does not save us from a fundamental incomprehension, whether we rely on it to read or to converse across linguistic gaps. An illustration: I attended SIPCC's 2013 international seminar on Islamic spiritual care where I learned a great deal about its global developments and scholarly literature. However, most of what happened was beyond my comprehension. The formal conference proceedings were conducted bilingually, in German and English, which was helpful. However, this was no panacea for any of us. The hundred or so participants came from approximately 20 countries, with all the concomitant

differences in language and dialect. The texts referenced were in German or Arabic and not available in translation. At the seminar, I could not converse with most of the Muslim educators and chaplain attendees in order to learn from them because we were separated by differences in language. I was one of only two or three native speakers of English. One might think, understandably, that this would place me at an advantage. Strangely, however, I was often aware that I did not comprehend the English because, as a native speaker, I was thrown off by uncommon word choices and my incomprehension of the cultural context of the speaker. A specific example: I have been told by many persons fluent in both German and English that that there is no English equivalent for the German and Protestant Christian word/concept *Seelsorge* (literally: caring for the soul). So what is being referenced when the translator uses the word "counselling" to interpret what a German-speaking Muslim chaplain of Turkish origin is saying about the *Seelsorge* he offers in the hospital where he works, especially since the translator's native language is Polish and she is not trained in *Seelsorge* or counselling? Why is the Turkish Muslim chaplain using the German word? Perhaps he was born in Germany and so is using his native language. Does he use the Christian concept and German word because there is no similar concept in Islam or Turkish? Or perhaps he is forced to use *Seelsorge* in order to communicate with colleagues who do not know Islam or Turkish.

These levels of incomprehensibility are easy to bear in comparison to the sheer quantitative and qualitative volume of what is available to be known but beyond the capacity of our comprehension. Already a quarter century ago, psychologists said we were *Saturated Selves* and *In Over our Heads* (Gergen 1991; Kegan 1998). Now I am drowning in information accessible to me through the Internet and its proliferations: Current events, scholarship at my fingertips, internationalized relationality through social media, the democracy of distributed learning. Of course, religious multiplicity itself contributes to being overwhelmed: Polydoxy cuts us loose from anchors, hybridity dances free of categories, multiplicity multiplies endlessly, uncertainty is the last predictability, and the wounding and warming potentiality of the worldwide web of sticky relationality is as near to us as our mobile phones.

Then we must address more directly what has thus far been in the background of our discussion: The incomprehensibility of our own human subjectivity, especially as it is made more real by religious multiplicity. I do not comprehend myself. Students and careseekers do not comprehend themselves. Walker Percy famously observed: "It is possible to learn more in ten minutes about the Crab Nebula in Taurus, which is 6,000 light-years away, than you presently know about yourself, even though you've been stuck with yourself all your life" (1983: 7). Amid the constant internal and relational decentring and relocating I experience while trying to engage religious multiplicity, Walker does not seem to be exaggerating. This underlines what we have always known in my field: Self-reflexivity is a learnable skill and essential practice for the use of power and effective leadership, but it is also limited. The incomprehensibility of unconsciousness is a major constraint, as is the cultural particularity of the very expectation of self-reflexivity. But relationality itself, such as that which we

experience while engaging religious multiplicity, is also a constraint although Judith Butler helps us see the paradoxical and poignant value of this self-incomprehensibility: "I find that ... my own foreignness to myself is, paradoxically, the source of my ethical connection with others. I am not known to myself, because part of what I am is the enigmatic traces of others. … I am wounded, and I find that the wound itself testifies to the fact that I am impressionable, given over to the Other in ways that I cannot fully predict or control" (Butler 2004: 46).

One further, more obvious, dimension requires our attention: the subjectivity of others is incomprehensible to us. Like self-reflexivity, empathy and compassion are go-to practices in the face of the challenges of religious multiplicity. But even when there is shared language and another culture, empathy at its most accurate is a mere approximation of another's inner and relational world. Compassion means to suffer with, not suffer the same. Desire for intercultural comprehension notwithstanding, our efforts fall short, since we do not – as the metaphors urge us to pretend we can – walk in the shoes of others or see the world through the other's eyes.

I can bear consideration of this incomprehensibility only so long before it threatens madness. Striving to acknowledge human multiplicity more consciously leads me to feel at a cliff edge above a yawning abyss of incomprehensibility that is, literally, crazy-making. Multiplicity and interconnectedness, polydoxy, and hybridity – they call into question a privileged orthodoxy to which most of us still cling and which provide our definitions of sanity. And this is understandable, since madness is often the affliction of those whose filters have failed, who see too much and question too much.

I need, therefore, strategies through which I strive to live with acknowledgement of incomprehensibility but am not frozen by it:

(1) With students and careseekers, I try regularly to remind myself and them not to assume comprehension, especially when we do not share first languages. I encourage this apophatic and ascetic stance not at all to rationalize resignation but rather to goad us to cultivate a reverent curiosity, especially toward the difference of the Other.

(2) In academic discussion as well as caregiving practice, I encourage us to engage the words that are actually said with the devotion we might bring to the linguistic study of a holy text. I try to delay significantly the commonplace leap to interpretation.

(3) I encourage students and careseekers with language competencies beyond English to use them when speaking and writing. In shared communication, this allows us to explore together how differences in languages might counter or add dimension to our understanding. While this can practice is meaningful between two persons, doing this collectively leads to even greater effect. In a classroom, for example, we can examine a concept through all the different languages represented. I might ask: "In whatever languages you know, what word or phrase is used to express 'care' and how is the meaning different from the meaning conveyed in the English word?" Or when I have a group of students in class that share a language other

than English, I sometimes invite them to have a brief conversation in that language, in the course of the English-language discussion, to clarify their understandings among themselves. The rest of us wait and practice listening to what we cannot comprehend and, when the speakers are ready, they reengage the English language discussion and share what they learned by considering the discussion subject through their preferred language system.

Violation

Religious multiplicity heightens the reality that despite our best efforts, in both caregiving and education, we violate one another.

This focus is not intended to minimize the necessity or value of resolving conflict or learning peace-building strategies. For the common good, we necessarily do and must step out onto the thin ice of trying to move into a future not dominated by our violations past and present. But fidelity to religious multiplicity requires me to do so with fuller mindfulness of specific experiences of historical and present-day violation and to resist my tendency to avoid, exacerbate, or smooth over conflict; it requires that I develop in myself and help students and careseekers develop the capacities to engage violation when it is being experienced among us.

On that first day of teaching at CST, the violation was less blatant than the incomprehension. So much violation is difficult to perceive because it is what we could call micro-violation[3]: 'Micro' not in terms of power but of scale when compared to intentional violence. Our willingness to be conscious of such everyday hurts and use our energy to address them tends also to be 'micro' in scale. On that first day, my incapacity consciously to admit my incomprehension and my choice instead to violate our relationality by pretending – that is a kind of micro-violation. Religious multiplicity in educational settings occasions much of this kind of violation. Of course, the breathtaking religious multiplicity of my students inevitably brings into my pedagogical work the egregious violence that has happened between religious traditions. The religious multiplicity of my community of students means that we are sitting in class and otherwise trying to live peaceably with each other even though your people have violated my people and my people have violated yours through genocide, slavery, colonialism, misogyny, child abuse, homophobia, and other such forms of violence.

Polydoxy itself is sometimes experienced as violation. Even without intention or force, polydoxy becomes a violation because, as with orthodoxy, some experience it as a blasphemous, even mortal, offense against orthodox identity. But there is the further danger that the long-time violation of forced orthodoxy is replaced by forced

[3] What psychologists have called 'microaggression' I find is more accurately called micro-violation. For me, this shift in nomenclature more honestly articulates the harm done and also avoids impugning aggression, which is sometimes necessary, especially for subordinated peoples. I develop this argument in *Reckoning with Aggression: Theology, Violence, and Vitality*. Because the regularity of micro-violations is at the heart of their power to harm, it would also be more accurate to speak of 'routine micro-violence' or 'commonplace micro-violation.' Microaggression was first articulated as an expression of the violence of racism (Sue et al. 2007: 271-286).

pluralism which, as Roland Faber (2011: 46) puts it, "forces everyone to believe in a plurality of truths, salvation, and divine realities. The paradox of polydoxy is not meant to exchange the violence of orthodoxy with a violence of a religious pluralism that is not necessarily more tolerant than orthodox fanatism."

Consider a situation that illustrates the pedagogical challenge: Duane Bidwell, my colleague at CST, explores multiple religious identity in his personal identity as well as in his professional and scholarly work (2008). When students read his work for my classes and express that his religious hybridity as Christian and Buddhist violates their beliefs, I am challenged not to respond in kind. And Duane, too, is violated when a new student calls him an idolater after seeing an image of the Buddha in his office. Duane embraced the pedagogical challenge of staying in conversation with her until together they ascertained that having just arrived at CST from a country where Buddhism dominates, her Christian religion is persecuted, and theological education is prohibited by law, she did not yet have any other way to conceptualize him.

Like the extent of incomprehension, the history, complexity, and intransigence of human violation threatens my sanity. And so I turn to strategies through which I engage violation's persistence so as not to be overwhelmed by it.

(1) Given unending violence, the most important contribution of both education and care is, arguably, to seek to increase humans' capacity to engage conflict nonviolently, not in the abstract but in its current and close manifestations wherever we are in relationship. In this vein, religious multiplicity increases my obligation and opportunity to speak the truth about violation whenever I sense its presence, whether in its historical or present-day manifestations and especially when I and/or my people have contributed to it. In both caregiving and education, I strive to be direct about my commitment to engage in difficult conversations about the violations we cause and experience so that the power of violence might be countered by human care. When it seems potentially helpful for education or caregiving, I encourage the telling of stories of how we have violated and been violated. Value is not found in mere repetition but in increasing our capacities to be alert to, admit realities of, and move more constructively toward violation wherever we experience it.

(2) Closely related to the first point is my assumption that such difficult conversations, if they are not simply to re-wound, require aptitude, skills, and spiritual resources few of us have developed well. So a second learning goal that makes the first possible is to increase those resources in ourselves, through both education and caregiving. In the classroom, I have found that corporately written behavioural agreements help us grow in our capacity to have difficult but still constructive conversations (Rendle 1998). Students and I compose for each course a list of behaviours that help us during difficult conversations to engage one another in ways that create relative safety among us as we try, when troubled relationality surfaces between us, to engage it while striving to avoid further violation. What is easy to pledge in theory – for example, we might agree to use "I" language and speak from our own locations and contexts – becomes, in the heat of engagement, a real strain

for which we need psychospiritual muscle that comes only through consistent and exhaustive practice. The agreement is a living document and open to revision throughout the semester as needed. And when our conversations veer from uncomfortable to violating, the written agreement also serves as a third-party adjudicator of sorts, a document we can consult to identify violating behaviours and remind ourselves of what is needed to get on track again toward constructive conversation.

(3) I have become committed to pressing us beyond conversations stuck in the binary of oppressed and oppressors to create more even-handedness and mutual accountability regarding violation. I urge us to explore the real and non-dualistic space in which we acknowledge that, though in very different ways and extents, we all are violated and violators. Such conversations certainly must avoid flattening out histories where there has been domination and destruction. Rather, we are excavating history and its aftermath for the ways in which oppression often creates perpetrators out of victims and perpetrators often become victims to their own processes of dehumanization. To do this, we also excavate the intersectionality of our identities where we can see how we can be victims and perpetrators at the same time – victimized men violating women, victimized adults violating children, and victimized teachers violating students.

(4) I urge mutuality and authenticity in acknowledgment of violation because, sometimes, it constructs a basis for community that was obscured by the dualisms. That is, sometimes, community is found in our common, essential vulnerability: We all have been violated, we all have violated, we are all weighed down by grief over violation.[4] This basis for community does not rule out the importance of justice or peacemaking or reparation and seeking forgiveness. Rather, in my experience, it makes those responses to violence more effective. During decades of caring for broken relationality, I have experienced that humans profoundly alienated from each other by violence can begin to move toward one another because they find shared ground in their common experience of inescapable, defining vulnerability, its concomitant grief, and the wishful thinking that it were otherwise – that our violators were never violated, that we can elude being violated and experienced as violating others, that we can somehow escape the resulting grief and mourning.

Concluding remarks

Relative to religious multiplicity, what I began to learn on that first day of teaching is that, more often than I expected in either education or caregiving, what we need to learn does not yet exist. It cannot simply be found. What we need – non-violent comprehension – can only be created through collective effort. We study and learn from each other in order to create what we need to know.

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[4] In a poignant and courageous essay written after 9/11, "Violence, Mourning, Politics," Judith Butler tries to persuade us of this possibility for political life (2004: 19-49). Too complex and nuanced for discussion here, a close reading of it will illuminate this thorny point I am trying to make.

In a way, classrooms and caregiving relationships are helpfully understood as laboratories, just as with larger-scale interreligious and other intercultural encounters. Laboratories exist primarily because there is so much we do not know but wish to learn. I am thinking here of laboratories characterized by teamwork and a commitment to unlocking mysteries that will save lives. It is, of course, most constructive if we bring competencies and skills to the laboratory, but laboratories are still places where our curious humility, open-ended questions, and willingness to be wrong are our most useful psychospiritual attributes. The willingness to be wrong is arguably the most important, especially relative to religious multiplicity. What goes wrong in the laboratory is as important as what goes (seemingly) according to plan. Results in laboratories are so often not what was expected. Frustrated plans and dashed expectations often become the occasion for a revised hypothesis that may well lead to new insight we had not did know was necessary to our hoped-for result. In the relative cool of the lab, somewhat apart from the heat of raw human conflict, we have time and space to try to learn from our mistakes. If we have the humility to admit our incomprehension and follow the trail of our violations, we may well be able to improvise and invent whatever might help us live well together despite the insurmountable gaps between us.

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Chapter 6

Linguistic Hospitality in Spiritual Care and Counselling

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Multiple scholars, in and outside the discipline of religious studies, discuss the "mutual untranslatability" (Moyaert 2014: 121) between religious traditions and the obstacles to communicating across the divide of different traditions and philosophical perspectives:

> Through the diverse paradigms of our religions, we are bound in similarity to one another within our faith traditions, but boundaries are placed between ourselves and those of a different faith. The distinctiveness of our stories and divergence of experience renders understanding across differences genuinely difficult (Hill Fletcher 2007: 542).

French philosopher Paul Ricœur (2006) addresses the same conundrum in the context of translation, the dilemma that it is impossible to achieve an identical (semantic) meaning between two texts given that linguistic diversity creates a semantic and syntactical asymmetry between the translator's 'home' language and the language from which they are translating.

Yet both Hill Fletcher and Ricœur argue that it is possible to dialogue, to 'speak across' (Greek: *dia-legein*) the differences from a known to an unknown faith tradition or language. Hill Fletcher (2007: 548) notes that, in the "messy complexity of the everyday world," the reality is that people of diverse faiths *do* dialogue on a regular basis. "In these everyday encounters, the 'Muslim' and 'Christian' do not compare notes on religious abstractions" but rather talk about practical realities, e.g., co-workers collaborating to make accommodations for religious observances or dietary practices. They are seeking sites of mutuality or narrative overlap that "do not erase the complexity of our differences" but that still allow interreligious interactions to occur (ibid.).

Ricœur himself broadens his theory of linguistic hospitality – a mediation between "the peculiar and the foreign" – to suggest that it could serve as a "model for other forms of hospitality which I think resemble it: confessions, religions, are they not like languages that are foreign to one another?" (2006: 23-24). His recognition of the non-interchangeability of perspectives in interreligious contexts creates a paradigm for dialogues in which people participate without hope of transferring an exact meaning but

while still remaining open to the Other (2006: 34-35). He describes hospitality and openness (to other languages or faith practices) as a means to bridge the gap, to reach an "equivalence [or understanding] without identity" (ibid.). Belgian theologian Marianne Moyaert has expanded Ricœur's work to better understand interreligious encounters in general, and Peter Ward Youngblood uses both Ricœur and Moyaert to look at interfaith chaplaincy specifically. Both Moyaert and Youngblood see current approaches to interreligious dialogue and interfaith chaplaincy as insufficient, overfocusing on either commonalities while ignoring the uniqueness and alterity of individual faith traditions, or on differences while ignoring people's common humanity and shared stories. They argue that Ricœur's linguistic hospitality is a hermeneutical concept – a moral practice rooted in a philosophical theory of hospitality – that finds an authentic balance between "openness for the other and preservation of identity" (Moyaert 2014: 189). Their understandings of Ricœur, as well as Ricœur's work itself, will be the lens I use to analyse both emic and etic[1] data of interreligious encounters for a better understanding of how hospitality is – and can be – displayed linguistically.

This analysis is taken from a wider research project (Sauer Bredvik 2020) that investigates speakers' linguistic behaviours in multilingual interreligious dialogues. To date, I have recorded over fifty-five hours of interreligious conversations and encounters (in German and English) and collected eleven hours of semi-structured interviews. Approximately 40 percent of my data is taken from SIPCC (Society for Intercultural Pastoral Care and Counselling) annual workshops and seminars, which are officially bilingual[2], with participants who are interested in questions of intercultural pastoral care and counselling.

The goal of my research was to understand what linguistic practices and resources create and reflect a communicatively effective or ineffective dialogue. My research took a very ethnographic approach to discourse analysis[3], which meant that an assessment of communicative effectiveness came from the participants themselves. Interviews showed that participants view a dialogue as communicatively effective if it is: Marked by non-contentious understanding, albeit not necessarily agreement; marked by a lack of desire to change the Other, and one in which all participants are heard and understood on their own terms. Ineffective exchanges, by contrast, are: A monologue; one in which conversation is obstructed or terminated by a single speaker, or those which show a lack of respect or an unwillingness to hear the other.

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[1] In the social sciences, particularly ethnography and anthropology, 'etic' and 'emic' refer to two different perspectives from a researcher's fieldwork. Emic is the viewpoint of the 'insiders,' in this case the interview data. Etic is an attempt to step outside the research project and, in this project, is the numerical analysis taken from detailed transcriptions of the recorded conversations.

[2] While almost all participants have varying degrees of competency in English, more than 50 percent have a first language other than German or English. This creates challenges to understanding that are, typically, met with creative linguistic solutions but which, nevertheless, raise questions of linguistic inequality and privilege.

[3] I used a mixed-methods approach to data collection and analysis. Ethnographic observation and interviews provided qualitative data while fine-grained transcriptions of the recorded conversations, supplemented by corpus-assisted analysis, provided a quantitative perspective.

Emic perspectives through the lens of Ricœur

Hospitality is, in Greek, simply 'the love of the stranger' (*philoxenia*). It is "showing concern for a concrete other because she or he is human" (Moyaert 2014: 113). To be hospitable is to welcome the unknown, the stranger, into what is known and familiar and comfortable – your home, your world – with the risk (and perhaps the hope) that the encounter might unalterably change that familiar world. If offered genuinely, the metaphor of hospitality points to a reciprocal process (Moyaert 2014: 141). "It is really a matter of living with the other in order to take that other to one's home as a guest" (Ricœur and Brennan 1995: 5).

One Catholic theologian noted in an interview (November 2015) that this reciprocity meant not only taking the other into one's home as a guest but also going to where the other is and giving them "the opportunity to receive us," particularly in settings where there may be inequalities of power and position. "When you are in a more powerful position and say you are hospitable but you never go to the other person, to where he or she lives, then you are not changed by their presence, you are still the host."

Martin Walton (this volume: 62-63)[4] makes a very similar observation in the specific context of interfaith caregiving and suggests an image of the 'welcoming guest.' In this role, the caregiver becomes:

> …first of all, a guest in the experiential world, and perhaps in the surroundings, of the other. … As a good guest, the care provider can 'earn' the role of being the host, of welcome the other, her questions, his struggles. This paradoxical approach … allows the chaplain to move between worlds, exploring the world of the other and accessing one's own world where appropriate…

Reciprocity also implies dialogue participants are "trying to understand the Other in his/her otherness and renouncing the natural tendency toward placing the Other within what is known" (Moyaert 2008: 359).

> I try to give the impression to 'the other' that I am actually listening to what they are saying and not just fitting them into my system. It's always important to just recognize the other; it's living in their world and trying to see it on their terms. It's not always easy (Eli, Jewish rabbi, interview, February 2016).

> To be near the other, I don't want to drag them into my world but to cross the bridge into his or her world. To know how he or she experiences their world, the reality as perceived by that person. For me, the decisive movement is to enter the world of the other, so to speak, and to be their guest (Dirk, Protestant chaplain, interview, June 2021).

Hospitality cannot be rushed; participants in an interreligious encounter need to "give you time, to think, relate, to find that safe place with them," noted one Muslim

[4] While this quote is from Martin's published work, he made very similar observations in earlier interview conversations about interreligious encounters and, thus, I include this as an 'insider's' emic perspective.

psychologist (Arzu, interview, May 2021). "Hospitality is like a flowing encounter where people come together and talk with you, not at you" (ibid.). In very practical terms, this aspect of hospitality is demonstrated when interlocutors slow down, not in an exaggerated way but in a manner that allows people to come together, across both non-shared languages and differing faith practices.

> What's important for me, for example, is that one speaks slowly. So that the other person can understand. So that the other person can listen in peace and quiet (Felix, Protestant pastor/counsellor, interview, November 2015).

> I pause so I can relate to the other religion and not dominate it with my own (Tina, Protestant counsellor, interview, September 2016).

> And I think the inner respect of the other is expressed in restraint in what one says (Ingrid, Protestant pastor/counsellor, interview, September 2016).

Hospitable people are those who "are capable of moving between traditions and who are prepared to welcome religious strangers, people who see themselves as sojourners in search of truth rather than as possessors of 'the one' truth" (Moyaert 2014: 113). Dialogue participants who did this, who started from their own particularity while allowing for a plurality of narrative perspectives, end up "giving oxygen to one's own religious tradition" (Moyaert 2014: 149).

> When I change and grow over the course of my life, there is still something about me that stays the same. These changes come about because of contact, relationships with others. The core of who I am stays the same but it displays different facets. And somehow, I come back to interreligious dialogues. When I'm prepared to question my concept of God and belief, then I can open myself up to a different concept of God and religion and belief. For me, interreligious dialogue actually has to do with keeping my own beliefs alive (Pierre, Protestant pastor, interview, November 2015).

> This is what I find most interesting about interreligious encounters. That through the beliefs of others, I can discover fascinating aspects of my own faith and how I go on with my faith. I get so much from the person sitting across from me; I get a knowledge that changes me. Encounters [with others] are not one-sided (Felix, Protestant pastor/caregiver, interview, November 2015).

> It makes your own faith more complete. It's more like a conversation with yourself and your own religion rather than a conversation across religions (Fahd, Muslim student, interview, February 2016).

Hospitality also allows for curiosity; it creates a safe space to ask questions that allow dialogue participants to grow.

> Curiosity is the opposite of judgements and stereotypes. Curiosity in interreligious encounters is so essential; it is very welcoming. [But] curiosity is an option only if there is a safe space, if the people in it are hospitable. The place needs to be hospitable first and then curiosity can come in; then I can really make that initial step forward to talk to someone (Arzu, Muslim psychologist, interview, May 2021).

> I'm curious; I'm interested in how others find their way [in their different faiths]. It's an inner need for me. And I think this is the way my own spirituality stays alive (Ingrid, Protestant pastor/counsellor, interview, November 2015).

Hermeneutical hospitality within spiritual care and counselling [5]

Within interfaith spiritual care and counselling specifically, chaplains and counsellors must provide emotional and spiritual support to people of any (or no) religion while "balancing the various and competing cultural and religious norms that define human well-being" (Youngblood 2019: 1). Respecting a patient's beliefs while remaining authentic to their own tradition creates a tension for any caregiver but Youngblood points out it is even more challenging in a culturally and religiously diverse Hong Kong where he researches and where the boundaries between religious practices are much more fluid than those addressed by Western paradigms of caregiving[6]. For him, Ricœur's "idea of linguistic hospitality is a way to structure pastoral interventions in interfaith chaplaincy without reducing the unique strangeness of 'the Other'" (2019: 2); this is an interreligious hospitality that provides a "practical hermeneutical ethic" which takes "real religious differences seriously" (2019: 5).

> Hermeneutics seems to me to be the art of understanding. It is a translation between different systems and languages. I constantly have to think how the other person finds meaning, finds sources for meaning in his life and to stimulate the other to grow in her own spiritual tradition. It's letting the other grow in her own spiritual environment (Dirk, Protestant chaplain, interview, June 2021).

This hermeneutical, interreligious hospitality, as Youngblood notes, does not ignore theological conflicts nor does it resolve them but the focus on hospitality allows the act of caring to come first. "An emphasis on praxis and performance overcomes the speculative problem of conflicting truth-claims among religions. Instead, the caregiver can open up a hospitable space where their patient can safely express their spiritual beliefs, practices, and needs" (Youngblood 2019: 226). What is important to understand about this space is that it is "not a tent in some no-man's land or in the world of the caregiver but a safe haven in the 'life world' of the other in which the spiritual caregiver is the guest and not the host" (Dirk, interview, June 2021). This hospitable space then allows for differences or conflicting truth-claims to be expressed in ways that contribute to the care of the other.

Research within SPICC specifically showed that this hermeneutical interpretation of Ricœur's linguistic hospitality is relevant for and reflected in the practices of

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[5] I'm grateful to Rev. Kees Smit, retired Dutch military chaplain, for his thoughtful comments and insightful perspectives on the role of hermeneutics in interreligious care and counselling; they added a greater depth to this section.

[6] The settings he details are very similar to the care and counselling settings described by many SIPCC members, particularly those from the Global South.

caregivers, although perhaps not always explicitly. Particularly in the linguistic behaviours of seminar participants who are practicing caregivers, there is a desire to learn about and from the other, not only for the individual's personal growth but also for their practical work in an increasingly multicultural, multireligious world (specifically Europe). Seminar participants frequently seek to understand participants of other faith practices in order to gain a hermeneutical competence in the other's faith tradition. This competence then allows them, as caregivers, to build a bridge between their worldview and the worldview of the care seeker; it permits the caregiver to meet the care seeker in the seeker's world in order to help the seeker recognize and hear their own underlying questions and hidden suppositions, clarify existential questions, and interpret practices from their worldview.

Etic perspectives

To better understand how this hospitality is displayed linguistically, I relied on applied sociolinguistic research which demonstrates that one can open a window on speakers' typically subconscious cognitive processes by studying non-verbal, prosodic, and pragmatic cues present in a conversation. This is based on linguistic theories which show that what a speaker means is not fully captured in the vocabulary and grammar of a language but is also created by use of these out-of-awareness features that signal a speaker's meaning and invoke a frame of interpretation, or context, that helps hearers understand the utterance (Gumperz 1982, 2003; Rampton 2017; Blommaert 2013). My recordings show that speakers use unfilled pauses (silence), repetitive and disfluent speech behaviours, and hand gestures to display linguistic hospitality. Moreover, dialogue participants in my research have 20 different L1s[7], eight of which are present in the recorded data (English, German, Arabic, Russian, Polish, Tamil, Dutch, and French) as well as two languages associated with specific faith practices[8] – Hebrew and Sanskrit. What was surprising is how dialogue participants' use of their multiple and varied languages work to create more, rather than less, communicatively effective dialogues. This multilanguaging is a way to demonstrate hospitality and to seek Hill Fletcher's (2007: 548) sites of narrative overlap, that is, our "broad range of stories through which to make possible connections."

Communicating through silence

Unfilled pauses, or silence, are paradoxical and multi-functional. Within my research, which looked at both pause placement and pause duration, they are the single most significant indicator of a dialogue outcome, i.e., did participants gain an understanding of and respect for others' faith practices or did a monologue ensue?

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[7] An L1 is a speaker's first language, sometimes called a 'mother tongue' or a 'heritage language.' In some contexts, this may be a language they only speak at home while using a lingua franca or other national language in school and work settings.

[8] Arabic is closely associated with Islam but it is also the L1 of participants in this study

Pauses from a strictly linguistic point of view serve a number of useful functions, particularly in multilingual conversations in which many (if not most) speakers are operating in a second language. They allow the speaker time to plan what they want to say next, thus achieving utterance coherence, and they enable comprehension and understanding for the listener(s). However, in the context of interreligious encounters, silence has an additional function; it communicates hospitality and openness. "Unfilled pauses are used to display respect, to provide space to be heard on one's own terms as well as to hear the other on their terms, [and] to choose words with care while allowing other speakers the same courtesy" (Sauer Bredvik 2020: 82). These characteristics were mentioned in interviews with multiple dialogue participants as markers of a communicatively effective dialogue, and many interviewees said they consciously used pauses to achieve these ends.

Pauses are, however, paradoxical. They can also be used to exert power, to deter a dialogue by refusing to yield the floor, or to simply end the discussion. To better understand which function pauses were performing in these dialogues, I first analysed where they occurred in an utterance – did a speaker pause in the middle, between phrases, or at the end of a sentence or question. And, second, how long did the speaker pause? Norms of pause length – what is a "comfortable" pause and does that norm vary between cultures and languages – have long been debated in research surrounding communication and language, with varying results. Gail Jefferson's (1989) seminal work found that a "standard maximum" of tolerable silence is approximately one second in Anglo/Western conversations, and that finding was largely borne out in these dialogues.

The most communicatively effective dialogues, then, were marked by short pauses (less than one second) that occurred in mid utterance. This use of silence seems to indicate speakers are uncertain how to proceed or are reflecting carefully on their word choice because of the multifaith setting. One Jewish rabbi noted that this kind of pause:

> May imply you are thinking, that you actually haven't arrived at the conclusion but are searching with the person are with for something rather than just telling them how it is. It may give the impression this is not a closed topic but rather something that is open, unclear, and together we are exploring (Eli, interview, February 2016).

The most communicatively ineffective dialogues were marked by long pauses (more than one second) at the end of sentences and questions. This type of silence suppresses a discussion by either refusing to yield the floor when appropriate according to the 'rules' of that type of conversation or by exerting the speaker's power, frequently by someone who has a measure of authority in that specific social setting. It demonstrates an inhospitality, an unwillingness to hear the other on their terms.

In practical terms, this is both the most significant and the most accessible cue for interlocutors to use in a conversation with other faith practitioners. It is the only cue I investigated which speakers used consciously and were aware of using, thus making it easier to employ when seeking to display hospitality in an interreligious encounter.

It was also the only cue that, by itself, could change a dialogue outcome. One conversation I recorded, for example, went from a cooperative conversation to a monologue in 65 seconds due to one speaker's use of prolonged pauses to exert power.

Effectively multilingual

Multilinguality is one of the defining characteristics of SIPCC, a characteristic that creates amazing communicative creativity and beauty and that simultaneously presents great challenges. As one SIPCC board member noted: "It provides us an opportunity to practice graciousness" (Aline, seminar introduction, Düsseldorf, September 2019). What analysis of dialogue transcripts revealed is that it also displays linguistic hospitality.

> Ricœur was convinced that our world today stands in need of a spirit of linguistic hospitality that consists in transporting oneself into a sphere of meaning of a foreign tradition and in welcoming the other's narrative tradition. Believers – those fluent in a religious 'language' – are called to enter into the world of the other, to discover what it looks like and feels like from the vantage point of the person whose world it is (Moyaert 2014: 157).

One of the most significant findings was how use of languages typically associated with a faith practice (Arabic, Hebrew, Sanskrit) could work to build bridges between faith practices; it was a way of demonstrating Ricœur's "concept of moving between identity and strangeness, in which people participate in a dialogue without hope of transferring an exact meaning but while still remaining open to the other" (Sauer Bredvik 2020: 119).

Muslim or Jewish speakers most often used 'untranslatable' phrases and words for practices or concepts that are significant and meaningful to their faith practices. More importantly, however, was that the speaker really wanted their fellow interlocutors to know and feel what they were saying and the most descriptive word was in Arabic or Hebrew. One Jewish student noted that using Hebrew was a way for her to reflect on what the practice really means.

> If you use only English terms, of course you can translate it, but I think it's not that particular. It's more distinct to say: "That's what I mean. That's the concept I have and, of course, yours may be similar" but there's less danger of confusion. I think it's really important to make a distinction, to say: "It's not just any old word you would use" (Abigail, interview, September 2017).

At other times, interlocutors would use words or scriptures from their conversation partner's faith practice, demonstrating a fluidity and porousness between perspectives.

> When people use my language – 'inshallah' or 'Allah' – it's not like they are converting but they are relating to me. When people use your language, it gives that kind of hospitable feeling (Arzu, Muslim psychologist, interview, May 2021).

What's essential to understand about this linguistic behaviour is how it is connected with use of pauses, tone of voice, and gestures. "If it's not patronizing, it is a way to

connect with people, to start a conversation" (Emre, Muslim scholar, interview, June 2021). Shorter, interphrasal pauses and open hand gestures function to help display the speaker's hospitable intentions when using another faith practice's language.

This use of religious words can also be a means to find sites of narrative overlap, of shared experiences between faith practices. In one small group where Christian participants were sharing with the Arabic-speaking Muslim moderator what their faith meant to them personally, a Palestinian Christian pastor quoted excerpts of the Qur'an in Arabic that were important to his own faith journey and which clearly created an understanding between the two participants.

But even in conversations with a mix of 'non-religious' languages, communicatively effective conversations had a higher incidence of multilanguaging[9]. Using 'languaging' as a verb is a way to understand that sharing different and mixed linguistic resources is something that speakers do together, as we do even in a 'monolingual' conversation. It can be a means of creating togetherness and understanding or it can be a means of creating boundaries and inhospitality. In the specific context of SIPCC, this is most often seen in a mix of German and English. L1 German speakers use German pragmatic markers and modal particles – *ja, genau, doch* – in a predominantly English conversation. Or, when the group is very mixed in terms of language resources, conversations will alternate between the two languages. In other conversations, speakers with competencies in multiple languages will switch between them, depending on the other interlocutors. An Arabic-speaking Muslim was moderating a group in English but then switched to French when one participant was frustrated at his inability to express what he wanted to say in English. A third common occurrence is participants who share a language that is neither English nor German. One participant seeks clarification from the other in their shared language before returning to the main dialogue, as was the case of an exchange in Dutch between a Belgian theologian and a Dutch counsellor during a workshop in English.

What is relevant in all these examples is that this multilanguaging occurred only in communicatively effective dialogues. Dialogue participants, regardless of faith practice, were using and sharing whatever linguistic resources were available to create an open and understanding encounter. Their multilanguaging frequently showed a speaker immersed in the conversation where "the pleasure of dwelling in the other's language is balanced by the pleasure of receiving the foreign word at home, in one's own welcoming house" (Ricœur 2006: 10).

Antithetically, a *lack* of multilanguaging was observed in a limited number of dialogues that had been multilingual and where many, if not most, of the participants were either L1 German speakers or much more comfortable in German than English. As each conversation became contentious without seeking understanding, speakers

[9] Non-linguists typically refer to this as code-switching. Within linguistics, however, there are multiple schools of thought (and accompanying terminology) on how people use and mix multiple languages, which are also seen as social constructs. My particular approach sees hybrid language use as unmarked and uses 'languaging' as a verb in order to see "languaging as an ongoing process" (Becker 1988: 25).

remained stubbornly in English when the use of German would have facilitated a better understanding of the topic, thus demonstrating an "unwillingness to welcome other languages, to hear the other in their own language" (Sauer Bredvik 2020: 121).

Effectively disfluent

While secondary school teachers and professional training all focus on fluent and articulate utterances and presentations, research found the most communicatively effective interreligious dialogues are marked by what is often seen as an "error in the cognitive processes of language production" (Fraundorf 2015: 1). That is, the best conversations contained fillers ('uh,' 'um', and '*äh*') and repetitions, repairs, or reformulations of a speaker's utterance. These disfluencies are interruptions in the flow of spoken speech caused by the speaker and, in these conversations, functioned to display hospitality and create relationships.

In linguistics, disfluency is often seen as a way to provide the speaker with cognitive processing time and, particularly important in multilingual conversations, allow for comprehension as the hearer receives the information at roughly the same rate the speaker is producing it (Fraundorf et al. 2015: 1; Tannen 1987: 582). Other studies show that, particularly in English-as-lingua-franca exchanges, rephrasing and repetition are effective and overt means to help prevent misunderstandings in an L2 language setting, i.e., SIPCC seminars where a majority of speakers are not in their first language. Perhaps most relevant to conversations within SPICC is Deborah Tannen's findings that repetition is a "resource by which conversationalists together create a discourse … [and] a relationship" (1987: 601).

Ultimately, disfluency displayed linguistic hospitality by allowing speakers to frame utterances in ways that welcomed and respected the other's faith practices and beliefs. In the excerpt below, a Dutch humanist chaplain is clarifying his beliefs, which differ drastically from the three Christians in the conversation. He shows his respect for their differences with multiple short pauses (**..**) and five instances of **fillers**, as well as several reformulations of what he is saying:

1. Jan: And **uh** I don't believe in .. the afterlife. I just don't.
2. So I can .. sympathize with .. #someone .. but I don't .. well, there is a difference. And I think when you talk to: another person, of course you have to to respect .. or like t-_you know to respect what .. what his beliefs .. or her her beliefs are but, .. **um**: in the end .. **uh** (2.152) you can't **uh** (1.368) how you say that?, (1.485) **uh** [do away with the differences.]

This verbal uncertainty, like silence, is a way to slow down and demonstrate a willingness to listen and learn. Ricœur (2006: 25) notes that a characteristic of any use of language is that: "it is always possible to *say the same thing in another way"* (emphasis in the original). Looking to find another way to say the same thing builds a bridge between "two versions of the same intention" (ibid.).

Welcoming the other in body and deed

The relevance of gesture and visual back channelling to the conduct and outcome of a dialogue was observed throughout the course of my data gathering and analysis. As Leirvik (2011: 21) notes: "There is something non-verbal and bodily in genuine dialogues." Muslim participants, in particular, talked about posture and how others' gesture and facial expressions convey hospitality, or lack thereof.

> One of the things I find hospitable is body posture. It needs to convey a sort of – not necessarily laughter but a nice smile, not gazing or averting your eyes but friendly eye contact. When people pause and look at you, they expect a response – a nod, a small gesture (Arzu, Muslim psychologist, interview, June 2021).

This importance of eye contact as a means offering feedback was noted in my very early observations. "Because of the sensitive nature of interreligious dialogues, back channelling (via eye contact) is important to show you are listening, understanding" (unpublished field notes, September 2013). One German counsellor noted that eye contact allows one to acknowledge the differences and then ask about them (Ingrid, Protestant pastor/counsellor, interview, November 2015).

"Gestures, like any sign, have different aspects – form, meaning, context – that can be analysed and described" (Seyfeddinipur 2012: 158). One form of gesture that was even more important than eye contact in these dialogues was speakers' use of their hands. Field notes indicate that speakers in communicatively effective dialogues regularly gestured with open palms. It appeared to be irrelevant which direction the hands faced – toward the speaker, toward other interlocutors – but only that the palms remained open. One Muslim, when discussing gesticulation in general, noted: "When it's close to our heart, we want to make sure you understand" (Malouf, interview, February 2014).

When the openness and hospitality of a conversation oscillated, so did (seemingly subconsciously) speakers' gestures. One indicative exchange was between two academics in Ghent during the 2016 SIPCC seminar. An Austrian professor was disagreeing with a British professor regarding research and data on immigration. Field notes (unpublished, September 2016) show that when the Austrian began disagreeing with the Brit, her "fingers were very pointed, closed, [and] no open palms." The Brit initially responded with open palms as she reiterated points of agreement with the Austrian "but when she got to the point of disagreement, hands and fingers closed" (ibid.) During a 2015 SIPCC workshop presentation in Düsseldorf, one Protestant pastor's linguistic behaviour was open, as were her palms. However, as she began describing a less effective interreligious encounter as part of her presentation, her fingers and palms closed in subconscious coaction with her example.

Field notes also noted a connection between speakers' hands and their eye contact with other interlocutors. "Again, I noticed looking away as people struggled to formulate an idea, express a difficult or sensitive concept" (unpublished field notes from an interfaith women's group, February 2014) but, when the speaker was able to

express themselves, their eye contact returned and their palms opened. At the same time, peoples "bodies were completely attuned to whoever was talking" (ibid.).

Conclusion

My published research concluded that communicative effective interreligious dialogues are "uncertain dialogues," dialogues that "privilege the utterances of the other" (Sauer Bredvik 2020: 170). Moyaert (2014: 151) calls them imprecise: "What drives the foreign and the familiar apart also drives them toward each other; this very imprecision in communication is what keeps the dialogue going."

Linguistically, hospitality is displayed through the use of any language available in order to create meaning. It is displayed through disfluency and silence that are linguistic means of uncertainty that demonstrate a willingness to hear and learn from the alterity of other faith practices and worldviews. Linguistic hospitality opens its hands and its eyes to welcome the other. It is a hermeneutical concept that allows for interreligious encounters that respect difference while looking for ways to dialogue, to speak across, those same differences.

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Chapter 7

Compassion and the Scopic [1] Vision of Transspection in Interpathetic Caregiving and Cross-Religious Encounters:

On Seeing the Bigger Picture in a Diagnostic Approach

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Introduction

Mutuality in human encounters is an existential and ontic feature of life (Buber 1965). It should invite the strange and foreign other into a safe space of signifying and acknowledging one another. Encounter as communal space delineates human interaction and intersubjectivity. It is meant to overcome the fear of the other by means of creating hospitable spaces of cooperation and co-existence. Authentic modes of interactive and mutual encounters are meant to operate on a deeper level than the affective dimension where feelings function. Deeper even than the dimension of *knowing* functions (the exchange of data and information) is the dimension of *being* functions (meaning, hope, and purposefulness). A sense of self-worth and a mutual experience of belongingness and destiny are paramount to overcome the paralysis of fear. In meeting the foreign other, an ontology of acceptance sets the tone for fostering true humanity and dignity.

To establish a mutual sense of understanding and acceptance, interreligious encounters have to penetrate the paradigmatic framework of conversing. Crossing religious borders is not easy. To meet the religious other, the schemata of interpretation that shapes religious thinking has to be infiltrated; one has to enter into the complexity of a mindset that is most often dictated by doctrine and rigid convictions. This article will consider ways to do that by developing a kind of grid that help to detect the different components and networking concepts that come into play when one starts to apply transspection to the skill of interpathetic care. The function of the grid is to enhance a scopic vision that helps participants in interfaith dialogues start seeing the

[1] Scopic means a wide scope or comprehensive vision including different ways of seeing or looking or observing to discover different dimension of life. It represents a broad vision like a telescope or in the sense of microscopic detection. The word is derived from the Greek *skopein* that means to look carefully while comparing other options as well.

'bigger picture.' It helps portray the undergirding dynamics of the hermeneutical process by means of a more visual depiction.

Probing schemata of interpretation

"Schemata are cognitive structures representing generic knowledge, i.e., structures which do not contain information about particular entities, instances, or events, but rather about their general form. Readers use schemata to make sense of events and descriptions by providing default background information for comprehension" (Emmott and Alexander 2014: 1). As schemata represent the knowledge base of individuals and frame the networking patterns of thinking, they are often culturally, religiously, and temporally specific. They are ordinarily discussed as collective stores of knowledge shared by prototypical members of a given or assumed community.

I concur with Emmott and Alexander (2014: 4) that probing schemata is essential for establishing the coherence of a text and the exchange of knowledgeable information. Therefore, authentic encounters, fruitful conversations, and mutual deliberations should attempt to probe the mindset of the other, i.e., to bracket one's own fixed ideas temporarily in order to cross over to the idiomatic framework of the other. Intersubjective interaction is, *inter alia*, a mutual interpenetration of the 'script' of the other, i.e., the exact meaning of the text that will determine the decoding of the message the other has in mind within processes of dialoguing. Script then functions as indication of teleological schemata and cognitive sequences that play a role in a hermeneutics of transspection.[2]

How does one enter into the conceptualized framework and the hidden script of the other? How does one cross all the hampering factors like prejudice, xenophobic fear, resistance, stigmatizing stereotypes, fixed dogmatic stances, and religious/denominational institutionalism while trying to establish an intersubjective network of co-understanding in religious encounters?

This process of 'crossing over' implies 'more' than mere empathetic listening and sympathetic feeling-with. To my mind, obstacles in religious encounters are primarily embedded in patterns of thinking and conceptualized paradigms that serve as containers and vehicles of the human mind before they are shared through speech, shaped by language, articulated by wording, and communicated by means of conversing. It is, therefore, imperative that processes of authentic intersubjectivity and in-depth encounters should probe the conceptualized ideas of rational thinking (cognitive patterns of networking thinking).

[2] "Linguists, psychologists, and narrative scholars employ schema theory to account for the interpretation of a text where the discourse itself does not provide all the information necessary for the discourse to be processed" (Emmott and Alexander 2014: 3).

Basic assumptions

(a) The development of a diagnostic tool could help participants develop a wider web of understanding and scopic vision of the undergirding factors that help to shape significant verbal articulation. It could also help gain insight into directives that play a constructive role in processes of speechmaking and wording (*parole parlante)*, i.e., the mental act of linking different concepts and sequences of meaning together in order to compose logical connections before thinking becomes expressed in words. In this way *parole parlante* plays a decisive role in creating meaningful and logical connections in processes of rational thinking and conceptualisation which are then articulated in language and audible wording (*parole parlée* – the spoken word) (Merleau-Ponty in Busch and Gallagher 1992: 44). A diagnostic tool could also help establish spaces of enriching co-existence beyond the threat of rejection (enmity) or the fear for assimilation (smothering). It could promote relational networking and expose the other (even the strange other) to experiences of authentic co-humanity and safe spaces of belongingness. Its eventual aim is to establish a sustainable ethos of co-responsibility and loyalty to the other. Diagnosis in cross-religious encounters is meant to bring clarity to the scripts which determine the exchange of viewpoints. Insight into the networking processes of scripts contributes to the kind of scopic vision They provide a scopic vision to that Emmanuel Levinas calls "divine meeting spaces that address and speak to the heart of the other (*La parole de Dieu dans le visage*)" (Levinas 1991).

(b) For the development of a scopic vision in cross-religious encounters, and to help interlocutors start seeing the bigger picture while trying to 'interspect' the mindset and hidden script of the foreign other, David Augsburger (1986) proposes a habitus of interpathy in caregiving. Such a disposition plays a decisive role in attempts to cross over to the mindset of the other. It supplements interspection in the sense that it contributes to the development of a scopic transspection-approach that transcends the limitations of tunnel vision. The introduction of interpathy and transspection to compassionate caregiving and counselling skills could also be helpful in the design of a diagnostic chart. It helps delineate the scripts and symbols that determine patterns of thinking, the character of speech, and verbal expressions by means of language. And in cross-religious encounters with the foreign other, the latter is often a huge stumbling block.

Before I give attention to what is meant by interpathy and transspection in cross-religious encounters, I will first try to identify some basic directives in developing an epistemology and hermeneutics of scopic envisioning for cross-religious counselling and compassionate conversing. These directives could be applied in the design of a diagnostic chart (see Figure 1) that can help participants involved in interreligious encounters start 'seeing' the different components that shape the networking dynamics of meaning in intersubjective communication.

Directives for fruitful discussion and illuminating thinking: Promoting a scopic vision in caregiving

The following directives for clear, non-dubious, authentic speech (*parole parlante*), fruitful discussion, and the establishment of a broader, scopic vision (multiple-perspectivism or seeing the bigger picture) could be identified:

- Discussions in religious encounters should be about reasonable and thoughtful information and views; facts and data should make sense and be illuminating – *the quest for logos* (critical, rational thinking – the realm of *nous*).
- It should incorporate a moral basis for responsible dialoguing that guarantees trust, respect, justice, and dignity. Speech should be credible, true, honest, and reveal integrity – *the quest for ethos* (a *habitus* of trustworthiness).
- It should be positively inclined and steered by a willingness, a deep desire, motivation, and intention to reach out and to listen to the other – *the quest for prothumos (pro* [before] *thumos* [passion]).
- It should represent and demonstrate a true spirit of hospitable care and compassionate being-with the other – the quest for *pathos* (*sapientia* – zealous spirit of unconditional love and wise attitude for making informed decisions that reveals integrity, trustworthiness, and honesty).

The centrifugal force of pathos in processes of crossing over

In pastoral care and counselling (*cura animarum* – cure and care of human souls), passion (*pathos* – to be concerned, sensitive, and engaged) could be viewed as the coherent and decisive factor in establishing trustworthy encounters. It functions as a kind of centrifugal force to move from the level of artificiality to the level of authenticity. Passion in caregiving refers to a kind of 'embodied speech' (the language of human intentionality) that displays true comfort. *Pathos*, as a many-layered concept, encompasses the following traits that allow a counsellor to more easily cross over to the foreign other:

- *Empathy* – a feeling-with *as if* the emotion of the other is becoming mine as well; an affective mode without becoming a replica or copy of the other's condition (constructive differentiation).
- *Sympathy* – feeling-with the other's predicament. The experience of the other resonates with my own so that, on an affective level, they correspond and are more or less the same (constructive cross-identification).
- *Compassion* – a disposition of pity, mercy, grace, comfort, and being-with the other, i.e., to position oneself in the other's shoes and to reason from the other's perspective and thinking (contextual engagement, exchange of perspectives).

Compassion as indicator of authenticity and common denominator in acts of caring engagements

The reason why *pathos* plays such an important role in cross-religious encounters is that a passionate and compassionate disposition is, to my mind, a basic prerequisite for the establishment of safe spaces wherein imaginative envisioning can take place and new bonds of friendship become established. Furthermore, many of the major religions and spiritual worldviews do refer to compassion as a kind of common denominator that contributes to a sense of co-humanity and mutual belongingness.

In an article on *Compassion in Hindu, Buddhist, and Jain Traditions*, Jayarim (2019) points out that the idea of compassion is an important aspect of Buddhist ethics and monastic discipline. Similar to the idea of non-violence, it is deeply embedded in the essential doctrine of the *Buddhist Dharma*, the *Four Noble Truths* and *The Eightfold Path*. The Buddha practiced it and encouraged its practice for building the nobility of the character and cultivating loving-kindness.[3] Buddhism, therefore, identifies compassionate devotion as one of the highest virtues that one has to cultivate on the path to Nirvana.

In the Muslim tradition, the principle of loving for one's brother what one loves for oneself (*an yuhibba li-akhî-hi*) emphasizes that the *pathos* of compassionate and graceful love is fundamental to authentic faith and religiosity. The Qur'an makes a very clear statement: "He made friendship between your hearts so that ye became as brothers by His grace" (Qur'an 3:102-103).

In Sanskrit, the equivalent of compassion is *karuṇā* (compassion is a fundamental quality in the bodhisattva ideal of Mahayana Buddhism) (Jayaram 2019). The concept of *karuṇā* is used in both Hinduism and Buddhism.

> Therefore, it is natural to extend compassionate action or *Karuna* to everyone without distinction because we are all one. As we help others and aid them in their healing process, all beings benefit. Because of the oneness of all beings, it is understood that *Karuna* is not only extended to others out of love, but also because it is an entirely logical thing to do. In the same way that you would want to heal your own wounds, you would also want the wounds of others to heal. It is also stated in the Buddhist literature that *Karuna* must be accompanied by *parjna* or wisdom in order to have the right effect (Rand 2021).

For the reformer John Calvin, the core difference between a Christian hermeneutic and a Stoic approach to life is the difference between a sterile impassibility (*iron philosophy* – wisdom of a positivistic mindset) and a compassionate ethos (*sapientia* – wisdom of the heart). "But we have nothing to do with that iron philosophy which our Lord and Master condemned – not only in word, but also in example. For he both grieved and shed tears for his own and other's woes" (Calvin 1949 Book 111, chap. VIII: 21-22).

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[3] "The so-called *bodhisattva path* is about selflessness, wisdom, and compassion" (Trinlae 2017: 93).

In the Jewish tradition and thinking regarding atonement, the notion of compassion plays a pivotal role in the display of God's healing grace. "As the signifier of a divine quality which can apply also to human relationships, the root *rḥm* has much in common with the noun *ḥesed*, which denotes the fundamental orientation of God towards his people that grounds his compassion action. As 'loving-kindness' that is 'active, social and enduring,' *ḥesed* is Israel's assurance of God's unfailing benevolence" (Davies 2001: 243). *Ḥesed* (grace) and *rāḥam* (mercy, pity) support a basic ethos of care. At the same time, they are primarily qualities of God's righteousness. Even those who serve God as his righteous people are called to display love and mercy to those around them. "They who fear the Lord are themselves 'gracious (*ḥannūn*), compassionate (*raḥūm*), and righteous'" (Davies 2001: 246).

Pathos and a disposition of compassion are pivotal in processes of crossing over to the mindset of the other and fostering a scopic vision for enhancing the quality of cross-religious encounters because, often, attempts to establish sustainable and fruitful interreligious encounters are soon crippled by a kind of disinterest. When participants return to their local constituents after conferences and discussions, they can soon adapt to their previous comfort zones where apathy and sloth set in.

Apathy and religious sloth: The soporific factor in all forms of pathetic engagements

The phenomenon of *religious prejudice,* fuelled by social and cultural stigmatizations, can have a huge impact on the notion of passionate caring. The danger lurks in an apathetic mode of a neutralizing "blasé attitude" (Bauman and Donskis 2013: 42). The menace here is that human beings are treated as functionaries, as insubstantial entities. "They appear to the blasé person in an evenly flat and grey tone; no one object deserves preference over another" (George Simmel in Bauman and Donskis 2013: 42). Soporific apathy and religious indifferentism set in. Even a form of religious smugness veils true commitment. Apathy and religious indifferentism can be called the 'killers' of humane encounters, infiltrating the mutuality between the human 'I' and the dignity of the other. They deaden the ethical categories of loyalty, integrity, and existential justice that give meaning to 'being' (Levinas 1994: 351-356).

Apathy resonates with what is called sloth. The Latin word is *accidia*. "Accidia was spiritual torpor – an aversion to religious exercises, which, on account of it, were discharged perhaps with mechanical regularity, but without zeal or joy" (Stalker 1901: 116-117). Sloth leads to irregularity and carelessness (Stalker 1901: 126). Due to apathy, sloth represents a kind of *life fatigue* (O'Neal 1988: 15) and eventually leads to *compassion fatigue*, i.e., compassion fatigue as by-product of spiritual exhaustion, performance anxiety, and emotional burnout.

In the light of the paralysing and intoxicating aspects of apathy, the first step in cross-religious encounters should be to overcome this neutralizing factor and establish a sustainable, safe space wherein authentic encounters and interfaith dialoguing can

take place. To defuse apathetic paralysis, an ethical basis for the sustainability of ongoing encounters should be established (moral perspective), as well as a habitus of flexibility and patience supplemented by ongoing acts of compassionate engagements (*misericordia*).

(a) *The moral perspective*. An *ethical basis* should be established to safeguard trustworthy encounters. In this regard, the ethical principle of *neighbouring love* forms the cornerstone for overcoming xenophobic prejudice and the passive stance of apathy. It establishes a general ethos of care and concern, focussing on the predicaments of the foreign other.

(b) *The attitude of flexibility and patience* (adaptation and unconditional acceptance). The cognitive and analytical skill of thinking from the other's point of view helps bridge stigmatized prejudice and contributes to rational flexibility.[4]

(c) *Ongoing acts of caregiving and diaconal outreach.* In this regard, the cohesive and common factor in a diagnostic approach and trustworthy forms of humane religious encounters is comforting expressions shaped by *misericordia*[5] (heart of mercy and pity framed by wisdom).

Towards a trustworthy form of compassionate being-with the foreign other: Misericordia

The Christian poet Lactantius Placidus (c. 350-400 AD) combined the concept of compassion, *misericordia*, with the notion of *humanitas* (in Davies 2001: 235). He viewed compassion as a corporate strength granted by God (*hunc pietatis adfectum*) in order for humankind to show kindness, grace to others, love them, and cherish them, protecting them from all dangers and coming to their aid (Lactantius in Davies 2001: 35). Compassion thus creates a bond of human society and displays human dignity. "*Humanitas* is to be displayed to those who are 'suitable' and 'unsuitable' alike, and 'this is done humanely (humane) when it is done without hope on reward'" (Lactantius in Davies 2001: 35).

According to Martha Nussbaum, pitiful compassion should be preferred in order to express "the basic social emotion" (in Davies 2001: 238), connecting both the cognitive and the affective. For Nussbaum, compassion is a certain kind of reasoning, a certain kind of thought about the well-being of others common to caregiving engagements based on religious convictions. This focus on the well-being of the other in order to express the *misericordia* of compassionate being with the other should be accompanied by what David Augsburger (1986) calls interpathy.

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[4] Augsburger (1986) refers to this cognitive life skill as the "substitutionary event of *transspection in interpathy*."

[5] Mercy and pity displayed in compassionate support and reaching out as a display of love

The bridging impact of interpathetic compassion in intercultural counselling

For David Augsburger (1986: 13), 'interpathy' is a core characteristic of bridging cultural differences and transcending spaces that exceed the limitations of cultural and religious prejudice. Although his definition of interpathy focuses more on intercultural counselling as a crossing of cultural borders, I want to link the notion of interfaith encounters and the quest for interreligious dialogue to his basic conceptualization of interpathy.

Interpathetic caregiving, encountering, dialoguing, and counselling across cultures and religious divisions are based on the following presuppositions:

- To become an intercultural person, one needs the capacity of epistemological acceleration of processes of spiritual knowing that exceeds the limitations of exclusive thinking. In a world of accelerated change, interculturality and interreligiosity start with the person of the caregiver. The implication is that the counsellor as person is embedded in a cultural awareness (understanding the relativity of one's own cultural position). The same principle is applicable to interfaith encounters and interreligious dialogues.
- What is most needed for a healthy interspection is disconnection from one's own identity, i.e., the pain of disidentification. Disidentification of the self from old cultural and religious identifications creates the freedom of moving forward, of crossing over and coming back with increasing freedom (*intercultural and interfaith zigzagging*).

The role of interpathy in theory formation for cross-religious caregiving

The following brief statements outline the basic theory of interpathy in pastoral counselling.

Interpathy: The search for internal coherence

"The intercultural counsellor develops a special skill that we call 'interpathy.' Interpathy enables one to enter a second culture cognitively and affectively, to perceive and conceptualize the internal coherence that links the elements of the culture (with its strengths and weaknesses) as equally valid as one's own. This interpathetic respect, understanding, and appreciation makes possible the transcendence, for a moment in a particular case, of cultural limitations" (Augsburger 1986: 14). As said, this description is applicable to the fostering of fruitful, inter-religious dialoguing, interaction, and communication.

Interpathy: Advocating for the other on behalf of the other despite the realism of possible social disconnection and cultural differentiation.

Interpathy discloses the unhealthy predicament of inclusive disconnections, namely unhealthy stigmatizations and unfair, unrealistic prejudice; it unmasks unfounded demonization of the other.

Interpathy: The legitimate 'third space'

One needs to know that moving around creates a third space and context between one's own cultural/religious position and the cultural/religious position of the other. This third space and context functions as an in-between between the other two. This third-cultural perspective and space enables the figure of a cross-cultural person to make communication easier and to safeguard that the dialogue and encounter are freed from artificiality, i.e., pretending to be there but, in fact, become emotionally withdrawn in a neutral space of indifferentism and apathy.

Interpathy: The networking interconnectivity in the migrating global culture of interdependency.

An interpathetic stance is built on the insight that we no longer live in a world defined by nationalisms. Industrialization, the communications and digital revolution, the exploding population, globalized migration, and the resultant economic interdependency of a market driven economy all create a sense of interdependency of cultures, people, and belief systems; this has brought people around the globe to the point where they are indispensable to one another across all boundaries (the inclusive world of collaborating people). "Ethnic, cultural, religious, and racial backgrounds can become heritages to be prized, protected, nourished, and cherished, as guides for life-style, but not as boundaries, barriers, or blocks to communication and cooperation between people" (Augsburger 1986: 19). People are moving and migrating around the globe and are becoming interconnected in our age of co-dependent networking.

Interpathy and the scopic vision of transspection

Instead of introspection (probing into one's own framework of words and intrinsic affections) and interspection (the mutual exchange of different views and perspectives), interpathy is based on transspection. It is about an effort to put oneself into the head and mind (not merely shoes) of another person. "Transspection is a transepistemological process which tries to experience a foreign belief, a foreign assumption, a foreign perspective, or feelings in a foreign context as if these have become one's own. It is an understanding of practice" (Maruyama et al. in Augsburger 1986: 30).

Interpathy and a sense of being at home (tabernacling)

The eventual goal of interpathy is to create a sense of being at home and accepted beyond all forms of isolating scepticism. Levinas (1978: 71-72) refers to the fact that the authentic inner life is not about a pious exclusivity and a well-established world.

What emerges, instead, is the huge challenge to take care of human relational dynamics within the intimate space of consciousness, a consciousness that resembles a hut open to all sides and directions. It is as if one dwells in a *Sukkah*, a temporary shelter built for the *Festival of Tabernacles* wherein the concrete memory is about life as an exodus.

One can say that cross-cultural counselling, cross-religious encounters, interfaith spaces of concrete exchange, and living together in coexistence despite cultural and religious differences are built on the trigon of empathy, sympathy, and interpathy. Together they transform antipathy, sloth, and indifferentism into active listening, intensified inter-dialoguing, the exchange of enriching encounters, and the navigation of complex cultural and paradigmatic crossroads. The trigon transfers the deadlock of discriminating perceptions and dehumanising stigmatization into the deliberate willingness of transspection; they contribute to a hospitable space of coming home.

Interpathy within the inclusive superlative of compassion: Vicarious suffering

Interpathy presupposes empathy and sympathy.[6] However, at the same time, it implies also the 'more' of intentional envisioning, the extra of spiritual imagination, and the pitiful pain of sacrificial co-suffering; it is *the aesthetics of iconic seeing and a loving gaze,* the loving gaze of the other framed by humane dignity.

But how could this loving gaze, as an exposition of *misericordia,* be made visible and applicable to the praxis of cross-religious encounters by different religious institutions and communities of faith? To answer this question, two praxis approaches are most needed:

- The development of a diagnostic tool that illuminates the basic constituents for a scopic vision. Such a scrutinizing and analytical tool could help and guide participants in cross-religious encounters and conversations to always focus on the 'bigger picture' and not to become captives of a tunnel vision and deadening schemata of skewed interpretations.
- The development of a religious praxis of concrete co-existing and communal sharing, i.e., religious places and buildings where people from different cultures and religious traditions can meet and counsel together.

[6] Augsburger (1986: 27) points out that *empathy* is the choice to transpose oneself in another's experience in self-consciousness awareness of the other's consciousness. There are indeed similarities but with the distinct maintenance of differences. With *sympathy* the case is a little bit different. "Sympathy is a spontaneous affective reaction to another's feelings experiences on the basis of perceived similarities between observer and observed" (Augsburger 1986: 31). Sympathy is therefore about a mutual resonance of painful experiences within the exchange of hurting events. See further Figure 1.

Diagnostic chart [7] for the development of a scopic vision in cross-religious encounters: Assessing schemata of interpretation

The real challenge in developing a scopic vision is to make an appropriate, diagnostic assessment of all the undergirding issues (scripts) playing a role in the discussions. The following *analytical* and *dialectic skills* should be applied during all forms of deliberations:

- *Retrospection* – to probe into past experiences and to analyse previous documents and scripts in order to assess strengths and weaknesses, success and failure, even to mourn for mistakes if necessary (realm of remorse and reflection on what restitutional justice entails).
- *Introspection* – to probe one's basic intentions and undergirding assumptions, presuppositions, and possible prejudices (self-scrutiny and critical self-reflection).
- *Pro-spection* – to use imagination and creativity to design perspectives for future reorientation and meetings (anticipation of, and reflection on something new that can bring about change); this is visioning a possible outcome and future of hope giving options.
- *Interspection* - the mutual exchange of different views and perspectives in order to promote a sense of co-existence and a mutuality of intersubjectivity and interdependency.
- *Transspection* – the development of a scopic vision. To start thinking through the mindset of the other and his/her paradigmatic framework.

In a diagnostic approach to religious encounters, the core argument is that transspection could help to analyse and weigh all viewpoints, theories, patterns of thinking, and doctrinal or dogmatic stances in religious encounters (*logos*-probing). This process of critical scrutinizing should be embedded in an attitude of compassionate engagement (*pathos*-probing), a disposition of responsibility as directed to the well-being of the other (*ethos*-probing), and a dedicated expression of willingness (*prothumos*-probing).

In processes of diagnostic probing, passion (*pathos*) plays a critical and pivotal role in building trust and in the display of dedication and integrity. Its further advantage is that it serves as a cohesive factor between all the components while determining the quality of transactions and establishing a sense of mutual interdependency.

The important point to grasp is that all the aspects should simultaneously be assessed. One cannot exist without the other because all the components contribute to fostering a spirituality of wholeness, a sense of healing, reconciliation, and well-being (Louw 2016). This is the reason why every participant in cross-religious encounters should work through the chart as a checklist to assess the 'inclinations of the heart' and conduct a critical analysis of the undergirding 'scripts' within the human mind.

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[7] With diagnosis is meant to detect and examine all the components contributing to the character and quality of the dynamic of interacting encounters in order to better understand all the undergirding factors that determine the eventual outcome of facing one another and talking together.

Questions are developed about every component to help participants perform a kind of self-talk in order to prepare for cross-religious deliberations. The directives for such self-talk are: Retrospection, introspection, prospection, interspection, transspection. Due to the religious scope of these encounters, every participant should also perform a God-talk (how do I view God?). It will help to clarify the participant's understanding of a Supreme Being or transcendent realm of life. Without this exercise, the whole endeavour of cross-religious encounter runs the risk of merely becoming a futile exercise or artificial demonstration of cross-religious modesty.

The triangle and all the components of the diagnostic chart are depicted against a shadow side. All forms of interactions, dialogues, and encounters occur within a darker component of stumbling blocks, such as stigma, apathy, and prejudice.

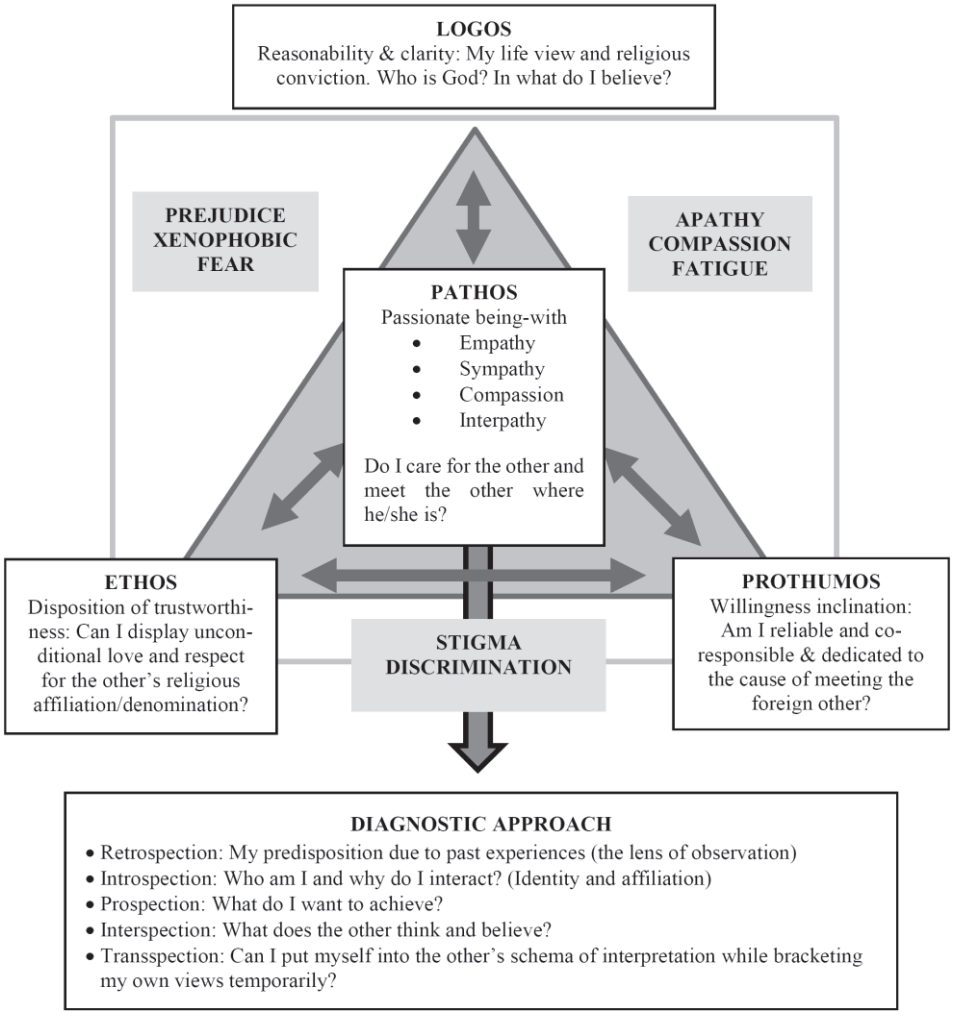

Figure 1. Diagnostic chart

A diagnostic chart for the development of a scopic vision in interpathetic caregiving and cross-religious encounters is shown in Figure 1. The chart is a visual depiction to help with cross-religious re-orientation and to illustrate for participants the undergirding factors that can play a role within the space of intersubjective interaction. It is a visual display of the complexity of cross-religious interactions intended to help create a hospitable atmosphere of being welcome in one another's space. It helps to set the tone for *cross-religious tabernacling*.

Religious institutions as safe havens (xenodochia) for displaced human beings: Cross-religious tabernacling

To my mind, the only visible component of compassionate being-with and being-for the other is the notion of *tabernacling*, i.e., when church buildings, temples, mosques, and meeting places of interfaith interconnectedness incarnate and display (through institutional structures) the essence of a religious praxis of concrete co-existing and communal sharing. This means religious places establish stranger-friendly spaces of trans-xenophobic love and demonstrate valid forms of true, intimate *xenophilia* by means of cross-religious encounters.

In cross-religious caring, it is important to note that spiritual healing needs concrete spaces wherein hospitality can become visual and real. In this respect, the tradition in Christian spirituality was to view *diakonia* as a concrete expression of compassionate caring. Churches and communities of faith should, therefore, be a kind of hospice (*hospitium*), a place of refuge and safe haven for displaced human beings. D. Schipani (2018: 211-222) advocates strongly for faith communities as mediating spaces in encounters with migrants. Compassionate being-with implies, however, 'more': the more of compassionate coexistence, of living and sharing together.

An example of this can be seen in Figure 2, which is a photo of the Methodist Church in Cape Town where refugees gathered in their search for a safe haven during violent attacks on foreigners due to xenophobic suspicion from local inhabitants. During this xenophobic violence, many foreigners of all types found safety and care within the church in downtown Cape Town. This picture illustrates exactly what is meant by the call to become havens of safety and healing (hospitable *xenodochia)*. However, lived theology can be met by painful resistance and disillusionment; reality is sometimes different than the paradigmatic ideal. There was an outbreak of violence within the Methodist Church and, after the Evangelical Lutheran Church in Athlone (Cape Flats) gave shelter to displaced people, some of them broke into the church, stole costly liturgical objects, and looted the place. These very disheartening events prove that compassionate being-with is not always about 'success stories,' but sometimes about narratives of painful disillusionment.

Compassionate being-with operates within the paradox of spiritual expectation and existential disillusionment. After more than a week, the xenodochia of the Methodist Church ended in the chaotic turmoil of a violent clash between the refugees and government officials who wanted them to move to government shelters. This chaotic clash

proves the point: Religion is, in the last instance, not about the safety of a building but about the vulnerability of caring love and brittle hospitality.

Conclusion

Interreligious encounters and dialogues are threatened by social prejudice, xenophobic fear, discriminating stigmatization, institutional exclusiveness, denominational bluntness, spiritual exhaustion (sloth and apathy), and rigid orthodoxy. Even though religion (from *religare* – tying, knotting together) is originally meant to foster cohesiveness and promote interconnectedness, religiosity tends to become captive to doctrinal stances that, in many cases, defend impassive and remote deities while exercising control and maintaining orthodox blindness.

To make discussions and conversations in religious encounters fruitful, a diagnostic chart has been developed. It can illustrate the importance of a systemic approach to the exchange of ideas and viewpoints in intersubjective communication, leading to the creation of sound interspection. The following aspects of a fruitful interreligious encounter have been identified: The role of logical and reasonable argumentation in discourses in order to deal clearly with the quest for appropriate data (the realm of *logos*); a disposition of trustworthiness in order to deal with integrity and the mutuality of co-responsibility and co-accountability (the realm of *habitus* and *ethos*); a dedicated commitment (kind of covenantal contract) and willingness to become involved and to secure sustainability (realm of *prothumos*), and a passionate outreach to the other in the mode of compassionate being-with (realm of *pathos*).

The real challenge in interreligious religious encounters is how to get into the mindset and paradigmatic framework of the other, thus the emphasis on interpathy in interspection and transspection. An approach of *interpathetic xenophilia* is proposed. The latter is about the art and aesthetic ability of bidirectional strength (Augsburger 1986: 30); this means to see and to experience the other as truly other and to have the inner wisdom to see oneself also as other – one who is truly other but, in our mutual otherness, we are intrinsically interdependent on one another.

The interpathetic person represents a strange form of *attitudinal*[8] *inhabitation*: "I inhabit, insofar as I am capable of inhabiting, a foreign context" (Augsburger 1986: 30). Interreligious and interpathetic caregiving is about being-with, being-for and being-on-behalf of the other.

[8]A manner of thinking, feeling, or behaving that reflects a state of mind or disposition.

Figure 2.
Refugees exposed to xenophobic violence, gathering in the Methodist Church in Cape Town, South Africa, 2019. Photo by Madison Yauger (2019)

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Section B

Faith Communities on Care, Healing, and Well-Being

Chapter 8

Jewish Perspectives on Care, Healing, and Human Well-Being

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Introduction

In order to reflect on Jewish perspectives on care, healing, and well-being, it is useful to start by thinking about what it might mean for a person to be 'well,' to be in 'good health.' "How are you?" someone asks us or "How are you feeling today?". If we answer: "I'm well, thank you," what do we mean? What does it mean to 'be well?'

Wellness is an aspect of our selfhood: If we recognize ourselves as both minds and bodies – a unique amalgam of emotional, physical, mental, and spiritual aspects of personhood that combine to give us a sense of self – we realize how precarious wellness can be, how subjective it is, how much it depends on the different aspects of our psyche-soma continuum to be functioning in harmony. Our minds and bodies are fragile, vulnerable; they can – and do – let us down. So being 'well' is more akin to a state of grace than a conscious achievement. And our sense of self as being well or not is impacted not only by what goes on *within* our body and mind, but also by the societal context in which we find ourselves. For human well-being is influenced by many factors *external* to the self: poverty, racism, sexism, prejudice and discrimination in the workplace, social media viruses of disinformation, and the pressures of consumer capitalism.

Jewish perspectives on care, healing, and well-being thus start with a recognition not only that we are innately vulnerable as human beings with bodies and minds that can fail us, but that we are fundamentally social and relational beings, bound up in a nexus of inter-relationships with others who can impact our individual well-being for good or for bad. Societies, communities, and the planet itself may need care and healing in order that individual human well-being can flourish.

This essay, however, will not focus on the collective/societal nature of these themes. It will focus mainly on how Judaism has historically seen care, healing, and human well-being in relation to individual/personal well-being and the extent to which thoughts about this topic have metamorphosed (or not) in the contemporary world.

Healing themes in the Bible and Jewish liturgy

In pre-modern Judaism – in the texts of the Hebrew Bible, in the later rabbinic discussions in the Talmud, in the Jewish philosophers and sages of the Middle Ages, together with the theology embodied in Jewish liturgy – a basic distinction was often made between physical/bodily well-being and emotional/spiritual well-being. Although we might now think that this is too simple a distinction – for we have grown accustomed after Freud to think of a much more complex inter-relationship between psyche and soma – this distinction offers a useful starting point to consider care, healing, and well-being.

The Biblical character named Saul, the first king of Israel, is portrayed as physically healthy but subject to sudden fits of paranoid terror, jealous rage, and homicidal violence. These extreme emotional states are characterized (by the story's narrator) as being due to a "malign spirit from God" (1 Sam. 16:14-16; 19:9) and can only be healed through what we might now call music therapy; Saul's eventual successor, David, plays his harp and soothes Saul's disturbed state of mind and spirit (1 Sam. 16:23). Yet later in the same story, the narrator subverts the reader's expectation that such inner restlessness of spirit can always be healed in such a way: When Saul is again subject to this malign spirit, David's harp-playing *provokes* the king's murderous aggression (1 Sam. 18:10-11). So, the text invites us to ask: Why is Saul's mental/emotional life no longer susceptible to amelioration through the soothing music of David's art? Is it because Saul has become aware of his own inadequacy as a ruler and is becoming aware that David is his potential rival for the kingship? In other words, does Saul's envy and jealousy get in the way of potential healing? This enigmatic text – the *locus classicus* for insight into the Biblical attitude to disturbance of spirit – thus implicitly raises the question: *Is healing dependent on the personal relationship between the sufferer and the 'healer'?*

Biblical poetry offers a further window onto the Hebraic attitude to the relational nature of healing. What could be more straightforwardly relational than the Psalmist's "O Eternal One, my God, I cried out to You and You healed me" (Ps. 30:3)? That healing as part of God's power is a constant hope of the community of Israel from Biblical times onwards. Moses utters a heartfelt plea when his sister Miriam is struck with a debilitating skin disease – "Heal her now, O God, I beseech you!" (Num. 12:13) – and seven days later, after exile from the camp, she appears to be healed. The text is, again, enigmatic: What is the role of God in the healing? The text doesn't say that God healed her. Would the seven-day period have healed her anyway? And was the skin complaint psychosomatic in the first place? (It came as a consequence of Miriam's slander of her brother.) So, while the Bible is drawing attention to the way human beings invest a healing potential in the divine – as well as the potential for the divine to make someone ill – it is also making problematic any simple relationship between the human wish for healing and its enactment by God.

Jeremiah's plea is simple and direct: "Heal me, O Eternal One, and I shall be healed" (Jer. 7:14). And this belief – hope, wish – that God is the source of healing is

threaded through Jewish liturgy: "May it be Your will, Eternal our God, and God of our ancestors, speedily to send me perfect healing from heaven, healing of soul and body, among the sick of the community. …" This prayer is used, too, on behalf of others, with the name of the one suffering inserted in the text: "May it be Your will, Eternal our God, and God of our ancestors, speedily to send (*name*) perfect healing from heaven."

This wishfulness is collective as well as personal. Three times a day within the traditional liturgy, the devout Jew prays: "Heal us, Eternal One, and we shall be healed. … Send relief and healing for all our diseases, our sufferings and our wounds, for You are a merciful and faithful healer. Blessed are You, Eternal One, who heals the sick/afflicted." Only on the Sabbath, the day of rest, is this prayer omitted. Even God is allowed a day of rest from the ongoing requests and petitions of the Jewish people!

In pastoral, congregational, and chaplaincy settings – as well as in the communal and personal prayer life of believing Jews – the thinking within these foundational texts is still alive as a source of hope, comfort, and support in times of emotional distress or physical illness. Even amongst many agnostic Jews, and those who might reject the literalist beliefs incarnated in such Biblical or liturgical texts as these, the poetry of such prayers still has the power to speak to the heart. There can be comfort still in hearing or speaking the beliefs of old when they are sung, chanted, or recited *as if they were true*.

On the relationship between psyche and soma in pre-modern Jewish thinking

Although the distinction between physical/bodily health and spiritual/emotional well-being is threaded through Jewish thinking across the generations, there has always been a counter-narrative which recognized that the relationship between body and soul, or our bodies and our emotional lives, was a complex one. The rabbis of the Talmudic era (c. 100-600 CE) were particularly alert to this. The third-century Babylonian rabbi Mar Samuel warned that "a change in a person's usual life-habits is considered dangerous and a precipitant of illness" (Talmud, Baba Batra 146a). And in the same vein – and in line with current research on how Post-Traumatic Stress Disorder (and stress in general) can weaken the body's ability to fight illness – we find the statement that "even if a body is strong, fright crushes it" (Baba Batra 10a).

These Talmudic rabbis often took their cue from statements in their sacred scriptures. Reading the verse from the Book of Proverbs which says that "worry in the heart of a person bows them down" (Prov. 12:25), they commented: "Worry can kill; therefore, do not let anxiety enter your heart, for it has slain many a person" (Sanhedrin 199b). A cautionary tale recorded in the Jerusalem Talmud is testimony to this early rabbinic understanding that our psychological well-being can have a profound impact on our physical well-being. "A man hated veal. Once, without being aware of

it, he ate some. Someone called out to him: 'That was veal you just ate!' He became nauseated, sickened and died" (Terumot 8:46a).

The complex relationship between emotional and physical well-being was a preoccupation of Judaism's pre-eminent pre-modern philosopher and legal scholar, Moses Maimonides (1135-1204), who was also trained as a physician. Forced to flee Spain because of religious persecution, he lived in Morocco and then Palestine before settling in Egypt where he was eventually appointed court physician to Saladin's viceroy al-Fadil. Maimonides believed that violation of moral principles contributed to illness, and that the "abuse of passions such as anger, envy, hatred and lust, which in turn bring on a guilty conscience, were a primary factor in creating physical ill-health."[1] In his *Treatise on Asthma*, which he prepared for the Sultan, Maimonides focuses on ways of reducing stress, suggesting that this will help alleviate his patient's asthmatic condition. He advises him to avoid "mental anguish, fear, mourning, or distress" that create conditions in which a person "cannot avoid falling ill." Instead of being absorbed in these emotions and psychological states of mind, he counsels "gaiety and liveliness" which "have the opposite effect; they gladden the heart and stimulate circulation of the blood" (Stern 1989: 177).

Although this is, of course, not a sophisticated diagnosis from our current medicalized perspective, it illustrates an influential, long-standing Jewish view that, in many cases, physical illness has a psychosomatic basis. So, care of the psyche is as important as care of the body. Maimonides often returns to what we might now describe as 'neurotic' and/or 'depressed' behaviours and prioritizes addressing those first. "When a patient is overpowered by imagination, prolonged meditation or avoidance of social contact, which they never exhibited before, or when they avoid pleasant experiences which were in them before, the physician should do nothing before he improves the soul by removing the extreme emotions" (Ansel 1977: 70).

It is important to recognize, however, that Maimonidean rationalism represented only one end of a spectrum of Jewish responses to physical and emotional well-being and questions of illness and health. It would be safe to say that the vast majority of Jews through the centuries were immersed in an indiscriminate mishmash of rational thought and superstition. Much of everyday popular Jewish folk religion involved a belief in the power of omens, magic, spells, astrology, divination, and amulets – a range of beliefs and practices which many rabbinic authorities also subscribed to. Some rabbis wavered between scepticism and a grudging recognition of the healing power of folk wisdom; a person's sense of well-being was often dependent on inherited folk beliefs that were impervious to rabbinic rationalism. One influential medieval German legal text captures something of this rabbinic ambivalence: "One should not believe in superstitions, but still it is best to be heedful of them" (Sefer Hachinuch in Trachtenberg 1977: 23).

This pre-psychoanalytic awareness of the power of the human mind to influence our own well-being has a long heritage in Jewish thinking. In the many centuries when

[1] Mishneh Torah, Laws of Human Tendencies, chapter 1. In Twersky 1980.

Jews had (in modern terms) a positive transference to the authority of rabbis along with an innate belief in how adhering to the rabbis' religious *Weltanschauung* (world view) was central to Jews' practical and emotional well-being (neither of which social phenomena are now true to the extent they were in the past when they were axiomatic), rabbis could care for the well-being and health of their fellow Jews by a careful attention to the multiple ways in which the mind effects our existential well-being. An example of this is the case of the Eastern European rabbi Joshua Leib Diskin (1818-1898), who once had to counsel a pious Jewish woman who came to him because she tasted tallow (animal fat) in whatever she ate. As he talked to the woman, it emerged that as a young girl she had served as a maid in an observant Jewish household. Once, when milking the cow by candlelight, the candle had fallen into the pail of milk. Fearing the anger of her mistress – the tallow of the candle, being made of animal fat, would contravene the dietary laws prohibiting the mixture of milk and meat products – she remained silent and allowed the members of the family to drink the milk. On hearing this, Rabbi Diskin assured her that she had done nothing wrong; the small amount of tallow had, from a Jewish legal point of view, been insufficient to contaminate the milk, which was therefore *kosher*. Her peace of mind was restored and the symptoms disappeared (Jacobs 1973: 253).

This more 'psychological' approach to care, healing, and well-being takes us to the threshold of the psychoanalytic era. The twentieth century gave birth to a plethora of new insights into the relationship between *psyche* and *soma* – as well as the subtle interconnections between mind, body, and spirit – and these new, more psychological ways of thinking have profoundly influenced current Jewish perspectives on these themes.

The secularization of Jewish care: Healing through love

Before looking at how Jewish perspectives on care, healing, and human well-being have been influenced by the psychological revolution of the twentieth century, it will be useful to place the whole dynamic of caregiving in its Jewish religious context. From Sigmund Freud and his Viennese circle of analysts onwards, Jewish practitioners took a leading role in this revolution, although the practitioners themselves may not have been working from a place of conscious adherence to, or identification with, Judaic ethical or religious perspectives (or indeed, like Freud, may have rejected such links with their heritage). The twentieth century *secularization of Jewish caregiving and healing* is the biggest change in perspective in relation to these themes in more than two thousand years of Jewish history.

All acts of Jewish caregiving, however, are an enactment of the central Jewish legal and ethical concept of *chesed*, a Biblical Hebrew word probably best translated as 'acts of kindness motivated by love.' Whether a Jew is learned or unlearned, male or female, rich or poor, to act with *chesed* is a fundamental principle of Jewish life; it is law, duty, responsibility, and ethical stance all rolled into one concept. It is categorized as a *mitzvah* – 'commandment, obligation, religious duty' – and is rooted in

Biblical texts such as the prophet Micah. "He has told you, O man, what is good, and what the Eternal One requires of you: only to do justice, to love *chesed*/kindness, and to walk humbly with your God" (Mic. 6:8). Such is the centrality of this ethical stance – the care of others – that one Talmudic statement even suggests that "deeds of kindness/*chesed* are equal in weight to all the other commandments put together" (Talmud Yerushalmi, Peah 1:1).

But this principle of *chesed* is a very general term. What does it mean in practice? How does one demonstrate kindness in practical situations? Is it left merely to personal circumstances and the randomness of life? Or are there specific situations in which *chesed* is actively promoted? From a long-standing traditional Jewish religious perspective, there are two areas of life that are seen as particularly requiring acts of *chesed*: Visiting and caring for the sick and comforting those who are bereaved. Illness and loss are universal experiences; they are part of daily life and call for a humane, empathetic, and caring response. Whereas medicine treats physical pain, the giving of care responds to the pain of human suffering.

Human suffering takes many forms. The alleviation of mental, psychological, spiritual, and emotional suffering, as well as the promotion of human well-being, became a particular pre-occupation in the twentieth century for Jewish men and women newly liberated from the confining embrace of pre-modern Jewish family and community life in Europe. The professionalization of Jewish care and the attention given to human well-being became a central strand of twentieth century emancipated and assimilated Jewish life – through medicine and medical research, psychiatry, psychotherapy, social work, hospices, and care homes. And wherever Jewish community life flourished, so too did a commitment to *chesed* – through individual action, through synagogue groups with a special responsibility for this *mitzvah*, and through the creation of professional charities dedicated to the alleviation of suffering. For anyone whose quality of life was affected by any kind of deprivation or disadvantage – whether social, emotional, physical, medical, or spiritual – there was a charity dedicated to that condition. From the blind to orphans to victims of domestic abuse to social care for the aged, Jewish charities enacted the deeply rooted Jewish ethic of care/*chesed*.

Alongside Jewish charities whose focus was on offering care and support to fellow Jews, other Jewish charities focused on the wider community. A Jewish attitude to care recognizes that the care of others, mandated by the Jewish tradition, has a strong universalistic dynamic grounded in the Biblical notion that all of humanity is created "in the image of God" (Gen. 1:26). The Hebrew Bible's injunction "You shall love your neighbour as yourself" (Lev. 19:18) came to be seen as a non-exclusionary principle of ethical care for 'the other.'

The inheritance of Freud and Jung: Where psychology and spirituality meet

Jewish perspectives on care, healing, and human well-being involve a *cultural attitude* towards caregiving that is orientated to its religious roots in millennia-old texts and practices, but which might nowadays be carried out by practitioners with little or no direct affiliation with Judaism as a religious system of belief and practice. The ethical stance and legal requirements of the tradition can, of course, still be enacted by those who adhere to Jewish religiosity, but the ethos of the tradition might equally well be carried out, consciously or unconsciously, by psychologists, counsellors, psychotherapists, psychoanalysts, and other health and care professionals whose secular orientation still carries forward the cultural attitude of Judaism in a disguised or metamorphosed form.

It is a historical irony that the 'psychological turn' in Jewish caregiving can be traced back to the pioneering work of Sigmund Freud, who described himself as a 'godless Jew' and considered religion to be a kind of collective delusion. Indeed, human well-being, from Freud's reductionist perspective, could only be actively promoted by people freeing themselves from the infantile illusions (and particularly those associated with religious belief and practice) that kept them trapped in fear-filled and guilt-inducing regressed thinking. Whereas Freud's forebears dedicated themselves to the study and interpretation of the written texts of tradition as a way of promoting human well-being, Freud dedicated his attention to the study and interpretation of the human/personal 'texts' of his patients and their life stories. This was the new route to human well-being that Freud (Gay 1988) developed, and about which he proselytized with all the zeal of a true revolutionary dedicated to the amelioration of human disease and suffering.

In a further irony of twentieth century's history of human well-being through psychological care and insight, it was C.G. Jung (1933), the first Gentile allowed into Freud's original circle of seventeen Jewish pioneers of psychoanalysis, who diagnosed the modern individual to be 'in search of a soul.' For Jung, the son of a Protestant pastor, the secular turn in history threatened to cut off people of all faiths from the *spiritual* resources of their religious traditions. These resources were not to be confused with the outer practices of a religious tradition; Jung believed that religious behaviourism – following religious rites and practices in a rote manner – missed the point of the deep healing value of religions.

Jung intuited (1933) that, for many generations, Jewish people had existed within the psychological and spiritual sphere of 'mythological' truth, something he thought Freud and his circle failed to take seriously enough (Gay 1988). Jung saw that daily and seasonal life, storytelling and symbols, ritual practice and ethical action, celebration and mourning, history and legend, family and community were all bound together to form a densely textured fabric of life in which Jews were staying attentive to the inner rhythms of a religious/mythic tradition. These rhythms *generated meaning* for those who lived in and attended to them. For Jung, 'myth' was not opposed to reality

but a true revelation of reality (and meaning) in symbolic form. Once one fell away from the containing and sustaining myth which had given life meaning – and 'modernity' generated the possibilities and, often, the desires to move away from such 'mythic' living – a person's 'soul' was imperilled, not in a religious sense but in a psychological/spiritual sense. Thus, human well-being and healing meant attending to the spiritual dimension of personal existence.

Jung's understanding (1933) eventually flowed back into the history of psychological and psychotherapeutic approaches to human healing and well-being that emerged as the twentieth century went on. These approaches, techniques, and theories built upon, adapted and, sometimes, moved in radically different directions from those of the founding 'parental' generation of Freud and Melanie Klein, the Jewish progenitors of insight-based psychological work. The Jewish 'children' (so to speak) of psychoanalysis's founding generation form a roll call of twentieth century psychological innovators. Wilhelm Reich worked extensively with the body and sexual energy, which led to the development of bioenergetic therapy by Alexander Lowen and Stanley Keleman; Karen Horney and Erich Fromm developed the social, cultural, and political dimensions of analytic practice; Jacob Moreno created psychodrama; Fritz Perls developed gestalt therapy; Arthur Janov advanced primal therapy; Abraham Maslow transpersonal therapy, and Roberto Assagioli founded psychosynthesis. Holocaust survivors Viktor Frankl, Bruno Bettelheim, Eugene Heimler, and Edith Eger developed existential therapies devoted to helping people find a sense of meaning and purpose in their lives.

This twentieth century Jewish preoccupation with care, health, and well-being became a mighty river flowing from hundreds of steams into psychology and the social sciences, health professions, and interpersonal therapeutic work. Healing the scars of human existence, caring for psychic wounds – this became a major form of self-expression and even self-healing for a historically wounded people. The unconscious psychic roots of this universal project – through projective identification one's own pain is healed through the healing of others' pain – links Jewish secular caregiving, in all its manifold aspects, with the ancient story/myth that Jews carry within themselves as part of their purpose and destiny. And that is that their role in the world is to 'be a blessing.' "[Y]ou shall be a blessing… and all the families of the earth shall bless themselves through you" (Gen. 12:2-3).

Pastoral care and theological perspectives

By now it should be obvious to the reader that 'Jewish' perspectives on these themes of care, health, and well-being require considering the topic from both secular/cultural Jewish perspectives as well as more traditional 'religious' Jewish perspectives. In this final section, I will turn to a more pastoral Jewish perspective, looking at how these topics are approached specifically within congregational and Jewish community

settings – either by clergy or by those whose role (paid or voluntary) might be to deal with issues involving care, healing, and well-being.

What are the range of issues that might be addressed in these settings? Bereavement figures prominently; the death of parents, partners, siblings, children, relatives, or pets each generates different emotions that need to be addressed. Conversations with the dying and those preparing for the death of a loved one (or one not loved enough) may be followed up over the weeks and months after a death by further conversations about the universal feelings of grief, anger, sadness, and guilt. There also may be a need to address spiritual issues around beliefs about (or lack of belief in) the soul. Does it have any reality? Does the soul survive death or is it extinguished at death? Is there an afterlife? Will the loved one be met again in the future, in the 'world to come' (a rather vague, amorphous formulation used in Judaism)? These questions exist for the dying, too, and part of the Jewish response to dying and death is to treat these questions with respect and a non-judgmental attitude. A contemporary Jewish perspective (which builds on much older traditions) says that no one has the definitive answers to these questions, but what matters in terms of care is that space is given for people to speak about their feelings, beliefs, doubts, and fears, and that they are listened to with empathy and kindness.

Conversations will also be had with those suffering from illnesses, sometimes life-threatening (cancer, HIV, Covid-19) and sometimes not (strokes to the seasonal flu). Sometimes the illnesses are not physical but emotional, and the conversations are with people who have been given various psychiatric labels (schizophrenia, psychosis, bipolar disorder). Sometimes people are suicidal or just 'depressed' (that handy catch-all label, usually self-diagnosed, which covers a multitude of problems but is usually some combination of sadness and anger). Frequently, too, people want to talk about 'stress,' and often what needs to be healed is the 'distress' beneath.

Additionally, there is the broad range of relationship issues and problems: Pre-marriage anxieties, the tensions of marital relationships, failing marriages, separations, divorce, problems between parents and children (of all ages), domestic violence. Caregivers may have to have conversations about sexual abuse (past or present), rape, abortion, adoption, or infertility. People may also suffer from a lack of self-esteem or confidence, a sense of inadequacy, or difficulty making decisions. Some people are highly dependent. Others have dropped out of conventional social settings.

The hardships and disorders that can confront a caregiver are multifaceted: Being unemployed/underemployed or homeless, alcoholism, drug abuse, and eating disorders. People may suffer from dementia or Alzheimer's. Given that Judaism sets such great store on memory and remembrance, what happens when someone is suffering from Alzheimer's disease? How do you work with, be with, care for someone who has no memory? Sometimes the questions we face are more existential, involving a loss of a sense of purpose or meaning in life; there are doubts and confusion over religious identity or belief. And sometimes caregivers themselves suffer from the burden of expectations on them – expectations that others may have of them or that they put on themselves.

What one sees from this is that experiences of a lack of 'well-being' can take many forms and healing may be needed for multiple issues. Jews have no specific innate expertise in any of these issues; most are universal themes. So, within pastoral settings, is there a specific Jewish perspective on the care and healing of universal human distress? If the pastoral role has a healing dimension, it might be through 'having conversations that matter;' there are not many contexts in contemporary society (other than therapy or counselling) where people feel free to speak openly about their pain. Listening and responding in such conversations – and being able to hold people in silence, too, when there are no words – is an art. This is not a religious or secular art, but a human art. Empathy and compassion – these can be healing qualities in and of themselves.

The capacity for 'active listening,' however, requires that the listener is not too full of themselves, as described by the Kabbalistic concept of *tzimtzum* ('withdrawal'). *Tzimtzum* is based on the complex theological notion that, in order to create the world, God 'withdrew' some of God's divine energy into Godself so that something else (creation) could happen. To actively listen to what someone else is saying requires a voluntary self-contraction by the listener – the creation of an egoless, holding space towards which the other can flow. However, from a Jewish perspective, one can still ask: Does the theology of the listener – or the theology of the person in need of care/healing – make any difference to the practice of this art of listening and holding and responding?

It might be useful to contrast here two very different theological positions in relation to God. A traditional Jewish belief, as we saw at the beginning of this chapter, pictures an 'external' God acting in the world, a God who has power and can be asked for help, support, or healing. Belief in this kind of divine power can be a comfort; it can help people feel cared for and it can keep hope alive that something might change for the better. But this form of literalist belief can also be a provocation. Why won't God answer my prayers? Am I suffering because God is punishing me? These become the kind of questions which traditional believers can struggle with.

For other Jews, the picture of 'God' is a more 'internal' one. People speak of their soul, or spirit, or inner divine spark and God's activity (so to speak) is then mediated through human actions. So, if someone offers kindness, compassion, support, love, or care, this is the healing medium through which 'God' enters into and acts in the world.

Jewish perspectives on care, healing, and well-being embrace both theological positions. Healing may take place with or without theological belief but for believers (and anyone not totally alienated by Jewish religiosity), certain resources are available. Even for the many contemporary Jews who may be uncertain what they believe but have a residual *wis*h to believe or wish to feel connected to their ancestral faith community, these resources can be of value. One common example is lighting a memorial (*yahrzeit*) candle after someone has died, and annually on the anniversary of that death. Even without the recitation of the traditional prayer for mourners, the *Kaddish*, the simple act of lighting the candle in memory of the deceased can become part of the process of healing, of assuaging the pain of loss, for – as the liturgy puts it –

"the memory of the righteous is a blessing." For believers, agnostics, and atheists alike there is a shared question that must be faced for human well-being: How do we accommodate within our transient lives an awareness of the passing of time and the inevitability of loss and death while still sustaining an image and experience of the world as a place of interest, a place to love, a place of love?

As well as some of the Jewish liturgy described earlier, one traditional source of reflection, prayer, solace, and hope is the Book of Psalms. Certain psalms have traditionally been used for particular situations in life that one might face. For example: For a sleepless night, Psalm 4; for worries about work or livelihood, Psalms 23 and 62; for depression or sadness, Psalms 30, 42, 43; when life fails to go smoothly and one faces external or internal disruption, Psalms 34, 46, 57, 77, 86, 121, and 138; when feeling abandoned or unloved, Psalms 4, 23, and 27; when facing old age, Psalms 71 and 90; at the end of life, Psalm 91. Pious Jews of old (the practice still continues in very Orthodox circles) used Psalm 119 when someone was ill because it takes the form of an acrostic with eight verses of each of the twenty-two letters of the Hebrew alphabet; verses were chosen that spelled out the Hebrew name of the person suffering. Such traditional prayer rituals may speak more to the heart than the head but that might be precisely the benefit they offer. The process of healing is – in the end – a mystery.

Healing and the liturgical year: Returning to our selves

For Jews who are still attuned to the traditional annual cycle of liturgical festivals, there is one period in the year when particular prominence is given to questions of healing and well-being: The ten-day period between the Jewish New Year and the Day of Atonement (*Yom Kippur*) – known as the 'Days of Awe' and the 'Ten Days of Returning' (*Teshuvah*). The key notion here is *Teshuvah*, the annual process of self-reflection and 'return' to one's truer, better self. Inwardness, prayer, and outer acts of *chesed* are the path laid out towards a 'return' to one's capacity for kindness, compassion, love, generosity, and care of others.

This period of self-renewal – a sort of 'spring-cleaning of the soul' (though it happens in the autumn) – is the time each year when one is encouraged to put right things in one's life that have gone wrong in the past. One asks for the strength to end old quarrels, to repair what can still be repaired, to put right what has failed in our relationships and family life, to give back what we have gained through injustice, to admit what is false in ourselves, to look honestly at our failures and flaws. It is a personal spiritual journey that one takes alone, yet in the presence of (and with the support of) the community of fellow Jews, who acknowledge that they, too, have failed to live out their better selves. It is a journey of healing; it is a renewed awareness that our well-being is dependent on a multitude of external factors within the world around us, as well as being shaped by our own personal choices, priorities, and decisions.

Teshuvah is a time to re-focus on what matters, to see that the well-being of others and our own well-being exists in a dynamic inter-relationship. It is a time of year to

take to heart the Hasidic wisdom of Mendel of Kotzk: "Take care of your own soul and of another person's body [through acts of *chesed*] but not of your own body and another person's soul." Judaism is much less interested in what people believe than how people act. Care, healing, and human well-being are not private experiences but rooted in inter-personal experiences. From a Jewish perspective, we vulnerable human beings are dependent on each other. This we know for sure. From a traditional Jewish perspective, we are told that we are also dependent on God. This we no longer know for sure. So, in the absence of that certainty, we turn to each other, 'return' to each other, in the hope and knowledge that we need each other more than we can ever say.

Conclusion

Traditional Jewish belief has it that our lives – physical, emotional, mental, and spiritual – are ultimately in the hands of God, a power that animates all of life including human beings. As part of God's creation, we can turn to the God of Creation for the healing of body, mind, and soul. The Jewish belief in God's compassion for his creation allows us, God's creatures, to have faith that through our actions – be it through prayer, good deeds, or acts of charity – we can re-connect with God's lovingkindness. This lovingkindness will manifest itself in either a restoration of our state of physical, emotional, or spiritual health and well-being, or a renewed capacity to accept with humility what we must endure.

The secularization of Jewish life has meant that while this traditional pattern of beliefs survives intact in some Jewish faith communities and in fragmented form for many other Jews, there are many Jews who are now post-religious and for whom questions about care, health, and well-being are pursued through medical, scientific, and psychological routes alone. Jewish practitioners of care, in all its forms, might utilize traditional thinking with those who are open to it, but will also draw upon all the tools of contemporary clinical psychological practice and thinking when offering their help and care. From a theological perspective, this involves a switch from a 'vertical' model – God outside and 'above' human beings – to a 'horizontal' model whereby healing takes place through human interactions and inter-relationships. Those who are involved, professionally or personally, in caring for others become the 'hands of God,' the conduit for whatever well-being, hope, healing, and nurture is needed.

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Chapter 9

Christian Care and Counselling in the Context of Neoliberal Capitalism and Vulnerability

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Introduction

Christian pastoral care, which has its roots in the work of Jesus Christ as described in the New Testament of the Bible, always has several levels of interactive dimensions when taking contextuality into consideration: The respective situation of the people, especially those "whose work is hard, whose load is heavy" (Mat. 11:28); the historical situation with the respective physical, psychological, spiritual, and social challenges of the people in their time, and the cultural and religious opportunities to meet those challenges.

The focus of this article will be on the notions of care, healing, and well-being within the dynamics of interreligious discourses. It is written from a Christian perspective to reflect theologically on what the previous concepts entail and how they could contribute to critical discussions within the interreligious encounters of the Society for Intercultural Pastoral Care and Counselling.

In terms of a contextual approach, the following issues have an impact on interreligious hermeneutics in care and healing and the praxis of Christian caregiving in the twenty-first century:

- The spiritual and social domination of a profit-oriented global capitalism. This market-driven paradigm is a dominant factor in describing and defining the historical situation of our time. Capitalism has inscribed itself deeply into all areas of life, causing a threat to the whole of creation and impacting our environment, particularly climate change.
- The diversity of religious, spiritual, and ideological trends and their impact on attitudes and human moral orientation in general.
- Different perceptions on the vulnerability of life as embedded in a highly technological, digital, and complex world.

When taking this multi-dimensional context of a praxis of caregiving into account, it becomes imperative to reflect on the specific historical and cultural issues that shaped the ministry and work of Jesus. Identifying these factors will contribute to a better understanding not only of Jesus' approach to those in need but also of the basis of Christian caregiving.

The context of Jesus' ministry: A brief outline

In the following outline of the fundamental issues that shaped the context of Jesus' ministry, my emphasis will be on those issues wherein certain connections to the complexity of political, socio-economic, and cultural-religious spheres of life in his time also have relevant implications for trends in our current context. In doing so, I will show that although Jesus' comportment is bound to the context of his time, his legacy still has significance for today.

In my attempt to describe the socio-political, economic, cultural, and religious context of Jesus' time, I primarily make use of Gerd Theißen's analyses in *Soziologie der Jesusbewegung* (1988).[1] The advantage is that he cites Jewish writings, as well as descriptions from the gospels of the New Testament, as sources for his explanations. I only focus on a few key elements and words to depict a more comprehensive understanding of trends circa 30 AD, as I am convinced that this kind of synopsis will suffice to make Jesus' work more comprehensible. It will also provide some clarity on similarities during his ministry and contemporary issues in our context.

The political setting in Judea: Palestine as part of the Roman Empire

Beginning in 63 BC, Palestine/Judea – setting of Jesus' ministries – as well as Syria were under the rule and occupation of the *Imperium Romanum*, headed by a governor representing the emperor. In this regard, Rome exercised strict military, fiscal, and legal sovereignty. The Roman Empire consisted of a very diverse population encompassing many different cultures.

In the Roman Empire, there were countless different religions. All of them were rendered a life of their own on condition that they recognize the emperor's cult. In this regard, it should be pointed out that Judaism held a special position among the prevalent religions in the Roman Empire: Jews were allowed to practise their religion freely, and they were exempt from the imperial cult and from military service (Heussi 1956: 20).

In the gospels, one encounters time and again the impact of Roman rule on local population. Without a doubt, Jesus and his followers had to live under these conditions and were challenged to deal with the impact of Roman control on its citizens and inhabitants.

The social and economic setting

As Theißen (1988: 38) aptly points out, there were many socially uprooted people in Palestine during the mission of Jesus. The whole of public life was disturbed and created a crisis in Jewish-Palestinian communities. It even stirred extraordinary spiritual responses. For example, it created a real wave of so-called demonic possessions,

[1] English edition: *Sociology of Early Palestinian Christianity,* 1978. The following citations from German books and texts are translated by the author.

opportunistic diseases, and severe poverty. Many people had to turn to begging in order to survive in this disturbed society.

Jesus himself and his disciples belonged to the poor strata of the population who were often exposed to the wealth of the few. In many stories of the New Testament, Jesus and his followers had to deal with wealth and many other financial problems, such as debts.

Cultural and religious complexity

The cultural and religious situation in Judaism at the time of Jesus was characterized, on the one hand, by restraining influences from 'outside' and, on the other hand, a tightening of religious norms from the 'inside' of Judaism itself. Theißen, in his research (1988: 83), refers to tendencies to tighten norms within Jewish renewal movements as reactive measurements against the threat of assimilation emanating from superior and foreign cultures.

Due to the intersection of so many different cultures and religious belief systems, it becomes clear that the context and time of Jesus was characterized by many intricate tensions and conflicts that contributed to confusion and critical upheavals among the people. Without a doubt, all these factors played a role in the ministry of Jesus. They even influenced upcoming movements that came out of Jesus' preaching and, later on, led to the formation of the early church. Jesus indeed operated in a very complex situation. However, in comparison to today's complex world and the many intricate global challenges, I think the complexity can be described as limited, despite some parallels.

In the light of these situational complexities, it is clear why several interreligious discourses about care and counselling are compelled to always assess Jesus' work and 'pastoral care' within the cultural dynamics and social context of *his* time. All these factors create a contextual backdrop for his storytelling, his version of healing, and how he dealt with the predicament of human vulnerability. Thus, the reason why – from a Christian perspective – care and counselling cannot be derived from fixed rules and prescriptive instructions. The teachings of Jesus are not meant predominantly for abstract doctrine but intended more for the praxis of daily existential orientation in life.

Furthermore, in pastoral caregiving, one should always reckon with the fact that we are looking at a historical figure who related to humans within his context from his unique relationship with God. Due to this perspective, it becomes clear that Christian pastoral care always takes place within the concrete setting of historical contexts and can, therefore, not be practised in isolation from a very specific local cultural environment. At the same time, pastoral care should always become shaped and determined by a vital relationship with Jesus and the character of his caring.

Character of Jesus' caring pastoral ministry

It is evident that Jesus belonged to the poor strata in Palestine-Judea. However, there are no indications that he was directly connected to the 'socially uprooted' of rural Galilee. After all, he was the son of the craftsman Joseph from Nazareth who made objects of wood and stone for his fellow villagers (Theißen and Merz 2011: 493).

In the gospels, we hear that Jesus, after leaving his family, wandered through the rural areas around the Sea of Galilee. Many of his parables bear witness to the nature of this Galilean landscape and his closeness to nature. He preaches to all and heals people exposed to sever suffering and many ailments. However, his attention was mainly focused on the poor, the hungry, the sick, the socially excluded, widows, women, and children. He probably had these people in mind when he proclaimed that the 'kingdom of God' (or 'reign of God') was near, and that they could count on God's presence.

Jesus' care is, in Heidegger's terminology, *Sorge für das Sein* (care/concern for the being, within the existential predicament of the happenstances of life).[2] In order to promote people's well-being, care for the neighbour is appropriate for humans. This kind of care is a direct expression of the command to love God, the other/others, and even to care for oneself. Jesus also emphasized that people do not need to worry so much about concerns regarding temporary need-fulfilment, because *God cares* for them in terms of the value of their being human and their striving for soul/life fulfilment. The care for humans and for all of the being is grounded in God's caring engagement with the predicament of our being human. In addition to this, Jesus has a deep eschatological belief that God's reign is imminent and that God will prevail over all other supernatural powers to transform the present unstable state of calamity into a state of salvation (Theißen 2001: 50).

Jesus turned intensively toward people in their vulnerability and their daily struggles to cope with the demands and hardships, the toil, of life. In this regard, his ministry of care was to heal human beings and, *inter alia*, to lead them to salvation while attending to their physical, communal, and religious well-being. The notion of life fulfilment was indeed a priority in his program of caring for meaningful living. He saw people struggling with poverty and hunger. He attended to their physical needs by feeding them. He observed their physical ailments, resulting in his ministry and miracles of healing. He saw broken relationships and restored them; he reckoned with sin and the destructive forces in people's lives but never condemned them. He was painfully aware of death and called the deceased back into life. In the face of danger, he trusted in God. In the face of the brokenness of human existence, he brought peace

[2] In 1946, the German philosopher Martin Heidegger described care not only as concern for the self or the other, but as Care for the Being. The human being takes on the guardianship of the whole Being. "Ex-istence is the ec-static dwelling in the proximity of the Being. It is the guardianship, that is, the care for the Being" (Wikipedia 2021). This is also meant as an opposition to the technical mastery of being.

and salvation.[3] In the brokenness of human existence, he reckoned with the eschatological reality of salvation and its unique character of the 'already and not yet.'

All the gospels narrate stories about Jesus' healing ministry. Even the names of those who were healed are often given. Healing is therefore not merely a general issue but specifically focused on the needs of the individual person. Jesus also addressed socially stigmatized people excluded from the society due to ailments like leprosy. These suffocating human beings were excluded from society and their families because of their stigmatized condition. Due to Jesus' interventions, they were accepted back into the community, even those who were religiously shunned and religiously marked as 'unclean' due to their illness. What Jesus had in mind in his holistic approach was overall healing: Physical, existential, and spiritual wholeness, including the spiritual and religious realm of salvation. In the midst of the reality of human frailty and the phenomenon of suffering in this world, the reign of God (or the 'kingdom of God') is revealed and displayed in the healing of physical infirmities and social injustices. In Jesus himself, the healing of life in all its dimension reveals God's closeness to humanity as an inclusive event of divine grace.

Many stories in the gospels talk about the revelation of Jesus' 'ministry of presence.' It is, therefore, important to continue talking about and witnessing to the impact of his ministry within our current context. His inclusive approach and acts of reconciliation and healing inspired people to proceed with life despite the reality of human suffering and painful life events of loss.[4] In particular, the healings and miracles of Jesus always touched people and fascinated them. However, due to a disbelief in the possibility of miracles by others, they were also vehemently rejected on the grounds that such miracles could not exist.

From a historical point of view, one can assume that Jesus had the charisma of healing and his engagements had the allure of credibility. For him, healings indicated the dawn of God's new world. What he was saying in his preaching and teaching were indications of God's acting in the midst of the present sinister and endangering world (Theißen and Merz 2011: 282).

One has also to bear in mind that Jesus' healing remains open and should not be interpreted from a fixed doctrinal or dogmatic point of view. According to Bieler (2017: 118), the interpretation of healing as signs of interventions – pointing to the *basileia,* the kingdom of God – always remains ambiguous and open to different perspectives and interpretations. However, these stories carry unexplored dimensions and thus a very rich potential. They could, *inter alia*, be viewed as motivational incentives leading to what can be called "restless modes of hope" (Bieler 2017: 118). The point is: God's work is never finished and is continuously in progress in a very mysterious way through all the ages.

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[3] For a more detailed outline, see Weiß (2011: 30-33).

[4] In the context of this essay, I refrain from telling individual stories or marking their places in the New Testament because there are so many. In the biblical reading of the gospels, we encounter diverse accounts of Jesus' ministry that are informative for our own life stories.

On seeing the bigger picture: Jesus' caregiving within the broader scope of Judaism, Islam, and other faith traditions

Jesus is deeply rooted in the Jewish tradition and the study of the Hebrew Bible. He lived as a Jew, he worked as a Jew, and he died as a Jew. He never intended to leave the community of the 'chosen people.' It was a fundamental aspect of his messianic mission that he felt he had been sent to the Jews. However, his caring and healing were different from that of the strict beliefs of the Pharisees: Their piety was to rigorously follow the demands and prescriptions of the biblical commandments. Jesus, on the other hand, relied on the grace of God which, in terms of the notion of *ḥēsēd*, is also a key aspect of the Jewish tradition. Jesus wanted an inner-Jewish renewal of a strict and very legalistic tradition. Unfortunately, it seemed as if he failed because of the prevailing rigorous tendencies in orthodox Judaism.

After Jesus' condemnation, death on the cross, and resurrection, the followers of Jesus started to create a new faith system.[5] Now the Christian community and church became the place of care, of healing, of salvation, and of following Jesus (in the sense of 'fullness of life'). Care, as 'compassionate *being-with*,' was not limited to individuals but found its power in the community of those 'sanctified and blessed' by Christ. But despite particularity and differentiation in the interreligious *dialogue between Jews and Christians*, it is important to emphasize, to celebrate, and to rediscover the many things they have in common without giving up their own identities. One example from both religions is the notion of the *caring God*.

After the catastrophe of Auschwitz, Jewish philosopher Hans Jonas reflected on the question of how God could permit the extermination of millions of Jews simply because they were Jews and, thus, of a foreign and different national origin. He speaks of the collapse of faith in God as the Lord of history and suggests instead a 'suffering God,' indicating a dynamic understanding of God's interventions as constantly being in progress. "Closely connected with the concepts of suffering and a God who is in progress is that of a caring God. ... That God cares for and about his creatures is, of course, one of the most familiar tenets of Jewish faith" (Jonas 1987: 31). Christians can therefore start to speak of a God who is "infected" and "affected" by the suffering of human beings (Bieler 2017: 78-82). For Christians, God's suffering is exhibited and demonstrated in the healing and suffering of Christ (Bieler 2017: 89-106).

In Islam, Jesus is acknowledged as a unique Prophet and as the Messiah. The Quran also speaks of Jesus healing the sick and raising the dead: "[The Day] when Allah will say, 'O Jesus, Son of Mary, remember My favor upon you and upon your mother when I supported you with the Pure Spirit ... and you healed the blind [from birth] and the leper with My permission; and when you brought forth the dead with My permission" (Quran 5:110, quoted from the Saheeh International Translation).

[5] For this process of developing a new faith system, see Theißen (2001: 225-256).

Judaism, Christianity, and Islam operate according to the primary principle that caring for people in need and suffering is the basis and core characteristic of religious actions. In this sense, the notion of compassion and empathy come into play.

Buddhism and Hinduism also focus on compassion for the suffering and vulnerable, as is shown in this book (see chapters 11 and 12). Caring for the human being can be seen as having a universal anthropological and religious qualtity. It would indeed be a pity if this caring capacity and compassionate attitude within religiosity could not be explored as spiritual resource in the helping and healing of suffering people. "An ethic of helping from the spirit of religions [makes it] necessary for people who care for the soul to share their spiritual wisdom worldwide and learn from each other" (Greider 2005: 232).

Care, healing, and well-being in contemporary interreligious discourses

Compared to Jesus' times, the current situation in 2020-2021 is characterized by a very high level of multi-layered complexity; heightened global complexification of life in many cases is becoming almost incomprehensible. Examples of this kind of global intricacies are:

- The complexity of the global political scenario.
- The complexity of the Fourth Industrial Revolution and its impact on the globalization of technology.
- The complexity of social relationships within the public space of community intersections.
- The complexity of ideological thinking in religious and spiritual extrapolations (threat of abstract ideologies).

For pastoral care and counselling, these complex phenomena are of utmost importance as they impact people's everyday lives to a greater or lesser extent. These intricacies confuse people and sometimes leave them disoriented. Many people experience their personal life as complex, unfathomable, and they are eventually so overwhelmed that it causes severe anguish and heightened levels of anxiety. One can, therefore, conclude that complexification on a global scale is mirrored in the everyday life of individuals and vice versa.

What do these processes of global complexification of life entail for a qualitative approach to care, healing, and counselling? What are the implications for authentic and effective interreligious discourses, as well as for the future agendas of SIPCC meetings?

First, I would like to connect the experiences of complexity in the global and personal spheres of people to the historical context of *hegemonic, neoliberal capitalism.* It becomes, therefore, paramount to examine how the powers of capitalism affect the life of ordinary people on a grassroots level and what the implications are of such a market-driven massification and imperialism for pastoral care and counselling. In doing so, I take up Jesus' dealings with the imperial claim of the Roman Empire when

he said to Pontius Pilate, as representative of the empire, that his kingdom was not of "this world" (John 18:36). How can *we today* respond in care and counselling in a meaningful and appropriate way to the claims of hegemonic powers which 'rule the world?'

Second, I would like to search for the most important task and challenge confronting care and counselling in their critical reflections on the *vulnerability of life.* How can care, healing, and counselling become helpful in our pastoral and spiritual work for promoting human well-being and stimulating interreligious discourses? In doing so, I want to connect the anthropological condition of vulnerability and human weakness to the sacrificial work of Jesus and the notion of a 'suffering God.'

Care and cure for the human soul in the face of hegemonic, unbridled capitalism

In today's unmanageable complexity and an avalanche of rapid changes, it is difficult to identify the driving forces behind contemporary polity, worldviews, and strategies. Globalization has become a systemic issue within technological networking. One has to deal with so many confusing questions simultaneously. Are all life intricacies to be reduced to the current technological and digital transformation? Are all problems so intertwined that they can be traced back to worldwide economic crises? But what about the political uncertainties in many parts of the world and the threat of power abuse and very authoritarian stances of governments, institutions, organizations, and politicians with their manipulative strategies? Is it possible that these tendencies can also be identified in policies of, for example, the European Union? One gets the impression that there is no longer a dominant, coherent factor that directs life or 'binds' our world and our societies together.

In the midst of all these questions and uncertainties, it is quite evident that the concern for meaning in life will lead to the following very basic question in caregiving: How can pastoral workers assist people in such a complex world? How can caregivers accompany people in the yearning for humane living? How can we guide and direct vulnerable human beings into the delicate and aesthetic 'art of living?'

> The art of living is the art of leading a non-prescribed life under given conditions by recognising a space for action in confrontations with my possibilities and limits on the one hand and my desires on the other, and by making free decisions on the basis of my own judgements that reflect my will and determine my behaviour. The practice of this art is connected with an intense experience of the present and enables a life of passion (Engemann 2016: 396-397).

Reflecting on all these 'given conditions,' I would like to introduce two books that I used while working on this article: Rainer Bucher's *Christentum im Kapitalismus* (Christianity in Capitalism) and Bruce Rogers-Vaughn's *Caring for Souls in a Neoliberal Age*. Both uncover, from different angles, the hegemonic powers of neoliberal capitalism in all areas of life. These devastating powers are becoming global driving forces defining culture. Simultaneously, they shape daily living and create worldwide

conditions, directing influential worldviews while dominating societies at their core. These powers have an enormous impact not only on the economy, people's way of life, and their social relationships, but also on churches and communities of faith. They even dictate every dimension of life, behaviour, and people's exposure to suffering.

Since the spread of the imperial powers of capitalism now affect societies and nations worldwide, it becomes imperative to reflect on this topic with other religious institutions and communities of faith. What kind of care do vulnerable people (exposed to inhumane and severe suffering) need in order to cope with the demands of life? To reflect on the theme of care, healing, and well-being in theory and practice within the context of all these dominant and determining powers, it becomes evident why SIPCC should enter into discourses regarding the interplay between religions and worldviews.

The impact of hegemonic capitalism and neoliberalism on human well-being

Rainer Bucher (2019), a Catholic theologian, discusses a very important historical development that changed the power dynamics determining human orientation to public life. He argues that in the Middle Ages, the Catholic Church was the dominant influence that directed people's thinking and life in Europe. Due to the Enlightenment, a radical shift in exercising power took place. Churches were no longer the highest authority but it became the secular state which now dictated life while prescribing rules and laws for human conduct. Given current global developments, even the phenomenon of the 'sovereign state' is now under huge pressure and losing its prescriptive prerogative. The power of global market-driven economies and their transnational big companies are subsuming nation-states and civil institutions

Bucher (2029: 19) argues that the struggle to maintain local cultures, to design principles for meaningful orientation in life, and to provide guidelines for humane living are perhaps already in vain since the struggle to direct life has, according to his assessment, already been won by "global capitalism." Bucher (2019: 20) consequently ascribes the notion of "comprehensive *cultural hegemoniality*" to capitalism, i.e., the very individualistic emphasis on personal gain and profit which are inherent in the philosophy of capitalistic enterprises. Its central focus is on the question: "What is good for me right now?" (Bucher 2019: 21). Market mechanisms sneaked into social and family relationships and into people's selves and understanding of personhood. One dare say that the individually determined person has been transformed by capitalism into an "*entrepreneurial self*" (Bucher 2019: 40). Capitalism even gave rise to the compulsion and epitome of optimising oneself beyond personal limitations. However, at the same time, the 'self' continuously experiences inadequacy, failure, and the fear of being discarded. For a large part of the population – both in societies and on a global scale – segregation and marginalization become painful realities.

In much the same way, Bruce Rogers-Vaughn makes the bold statement at the beginning of his book, *Caring for Souls in a Neoliberal Age* (2019), that the suffering of people since the 1980s has been caused by the ideology of neoliberalism: "'Neo-

liberalism' has been progressively and systematically undermining social, interpersonal, and psychological well-being." The author explains: "I will contend that neoliberalism has become so encompassing and powerful that it is now the most significant factor in shaping how, why, at what degree human beings suffer" (2019: 6). Rogers-Vaughn refers to two case studies in cities where the social gaps between the few affluent and the many poor have grown even wider, and people have become economically, socially, and spiritually impoverished. And, like Bucher, he notes that neoliberalism is a kind of cultural project engraved in the mindset of people. "It is a way of organising human society based on the principles of individualism and competition" (2019: 17). In fact, according to Rogers-Vaughn, the paradigm of individualism with the emphasis on personal need-satisfaction and unbridled production has had an eroding impact on religion, marginalising religious communities (2019: 73). For him, it fits into the scheme of neoliberalism that religion is increasingly being replaced by 'spirituality,' an individualistic form of giving meaning to the happenstances of life.

Rogers-Vaughn goes on to describe the deep interventions of neoliberalism into interpersonal and intrapersonal relationships. "Relationships in a world dominated by free market radicalism have become 'liquid' – fragmented, discontinuous, opportunistic, tenuous, and lacking stability" (2019: 90). People's 'selves' become a multiple, disjointed, fluid of selves, increasingly shaped by neoliberal individuation and, in many cases, projected as the norm for what is meant by true liberation. These fragmented selves, adapted to a capitalistic culture of egoistic self-maintenance, lose the ability to resist domination. Eventually, selfhood becomes so dominated by a 'managerial style' of power manipulation that personal identity develops into assertive self-manipulation. In the words of Bucher, it is a selfish lifestyle of "administrators," solely focused on one's own benefit.

Even without the notion of our contemporary, hegemonic capitalist context and production-oriented culture, the issue of a solely materialistic orientation toward flourishing in life was not unarticulated in the times of Jesus' ministry. Jesus knew about the inclination of human beings to gain material things and money, and then to ignore the real spiritual meaning and challenge of life. He, therefore, posed the soul-searching question: "What good will it be for someone to gain the whole world, yet forfeit their soul [and their true self]?" (Mt. 16:26). In fact, Jesus took a very direct and unambiguous stand: "You cannot serve both God and *mammon* [the debasing influence of material wealth and the sole devotion to money]" (Mt. 6:24). This ancient power of money and wealth have, of course, to be distinguished from the current market-oriented economy that makes profit orientation a dominant *system*. However, it points to how susceptible people are to what can be called a solely capitalistic orientation towards the ultimate in life.

Therefore, the following burning question: How should a religious and, thus, a faith-oriented and spiritual approach to care and counselling, respond to these very challenging developments in contemporary society? Significant parts of Protestantism are clearly capitalist in orientation, e.g., those churches and communities that advocate

a 'prosperity theology' and work towards personal financial gain for their members in pastoral care. But what about the other religions and spiritual entities? Do Judaism, Islam, and Buddhism offer more resistance to this *hegemon* (leading or major power)? I believe the following remarks of Bucher (2019: 58) should challenge any faith practice's thinking on how caregiving should address the notion of skewed paradigmatic perceptions that determine daily life in such a way that it penetrates the realm of human orientation: "Capitalism does what all sovereigns do, it subjugates others, including religion" (Bucher 2019: 58).

This should lead us to raise critical questions such as: Do we want to encourage people to optimize their 'entrepreneurial self' in care and in the helping and healing professions? If not, what are then our short term and long term aims? Are we going to allow personal and spiritual resources to become exploited to the extent that individual success in the market competition becoming so optimized that it eventually contributes to the depleted human self? Is 'spiritual care' in palliative medicine used mainly for economic interests? Does 'solution-oriented counselling' aim at optimising people's 'selves' or at giving space for the 'graceful art of living?' Up to now, it seems to me that these questions are not being addressed properly within the critical forums of interreligious dialogues, not even in discussions on what intercultural pastoral care entails. In the case of SIPCC, the challenge will be to not only deal with individual egoism, but also to uncover capitalist structures and their destructive effects on the well-being of humans.

Care in an egoistic culture of managerial exploitation

What is the role of soul care in a context where communities are dominated by hegemonic and imperialistic powers that endanger the dignity of the human self and exposed humans to 'inhumane fragmentation' and 'managerial exploitation?' The side effect of neoliberalism is not only a kind of artificial and exclusive individualization but the alarming message that humans cause their own failure. Buchner notes that hegemonic capitalism infiltrates the inner dimension of human subjectivity. Both neoliberalism and hegemonic capitalism create conditions wherein people are left with the impression that they are causing their own problems and are, thus, becoming victimized by the exploitering system. How then should pastoral care help victims to discover their own unique identity and dignity so that people and communities become equipped to deal with suffering in an appropriate and meaningful way?

Rogers-Vaughn (2019: 171) responds that the discipline of pastoral care should rediscover the adequate meaning of 'soul.' How should 'soul' be comprehended so that the social dimension and the notions of intersubjectivity and interconnectedness are viewed as intrinsic components of human soulfulness? To my mind, the fascinating aspect of Rogers-Vaughn on the meaning of soul is his warning against the solipsistic individualization and asocial isolation of the 'soul': "Soul is a posture, an activity, a way of existing within the entanglement [of social-material-movements]. And it is evoked, called out, by the particular sufferings circulating within this

entanglement. Wherever the response to this pain is care, there is soul" (Rogers-Vaughn 2019: 223). Soul is 'created' where humans become engaged with suffering people in their contextual, material realities, and where effective care for them arises and is effectively exercised.

Bucher suggests that the real challenge for the Christian faith is to recognize and reveal the character of a 'paradoxical existential tension' that requires living within a secular-dominated system (hegemonic capitalism) while, at the same time being, become transformed by a transcendent realm stemming from a totally different orientation (Christians as citizens of two worlds – the earthly and the heavenly) (2019: 179).[6] This is the tension between the now and the not yet, individual identity and community and social engagement, freedom and the quest and need for grace.

Bucher calls this complex challenge a project for real freedom that is, nevertheless, full of risks and always bounded to concrete situations. He opts for a concrete praxis approach wherein it becomes vital to connect to the views of poor people, a bottom-up approach that can open the eyes of the rich and create a sensitivity for the survival struggles and burdens of vulnerable, suffocating human beings (2019: 184). I concur; in order to address the threat of a hegemonic and profit-oriented capitalism, pastoral care must turn to those "whose work is hard, whose load is heavy" (a bottom-up approach). The implication is not an exclusive strategy dealing merely with the needs of individuals, but a community-oriented approach with the focus on intersubjectivity and grassroots needs.

Caring engagements with human frailty, vulnerability, and weakness

If striving for profit is the defining culture of our time, then a concern for vulnerability could be viewed a kind of countermovement, common to all people and all of creation. Vulnerability connects people. One sees this in the impact of the globalized Covid-19 crisis of 2020-2021. The virus knows no differentiation; it can affect everyone despite the fact it does not necessarily affect everyone in the same way. Everyone suffers in his/her unique way.

It is unfortunately true that in a profit-oriented world, other priorities surface. In fact, it seems as if the reality of vulnerability is side-stepped or even denied. However, in the reflection on what care, healing, and well-being entail, the notion of vulnerability inevitably springs to mind, especially when one deals with the predicament of human suffering from a Christian and interreligious perspective.

In this regard, I was touched by the very informative book by Andrea Bieler (2017) *Verletzliches Leben: Horizonte einer Theologie der Seelsorge* (Vulnerable life: Horizons of a theology of care and counselling). The focus is on the frailty of life and humanity's constant exposure to woundedness. The book also deals with the importance of vulnerability for theological theory formation and reflecting on the many dimensions and prospects for compassionate pastoral caregiving. "Being vulnerable

[6] This, of course, also applies to Judaism and Islam.

at every moment of our lives is a basic feature of experiences in human life. One could therefore argue that to perceive vulnerability, to interpret it, and to become engaged with frailty could be rendered as a central task of Christian theology and its connection to the aesthetics and art of living" (Bieler 2017: 13).

The dimensions of human vulnerability, indeed the whole of creation, can be experienced in many ways, among them the:

- *Psycho-physical dimension*: In one's own body, as well as in the bodies of millions, through diseases, famine, or injuries to the human psyche.
- *Socio-relational dimension*: In the breakdowns of relationships with people we love and through worldwide experiences of domestic violence.
- *Economic-ethical dimension*: Within our own financial existential affairs, economic predicaments, and the global justice gap between rich and poor.

One must admit that the high degree of technological development, for example in the field of medicine (see immunotherapy), has been able to reduce people's vulnerability. Diseases that used to lead to death can be cured or alleviated. Unfortunately, the Covid-19 pandemic forced us to acknowledge that we are indeed frail and vulnerable because an 'invisible' but cunning virus can still terrify the entire world. The virus infects millions of people, kills thousands around the globe, deeply affects families, infiltrates the social sphere of life, and even the entire global economy, and no one is exempt from this vulnerability

While one sees the blessings of technology and industrialization, one must also reckon with the fact that, in some areas, they have increased vulnerability to a frightening degree. Nature and soil, as well as the whole of creation, are increasingly losing a life-supporting balance. Due to industrial production, the whole of the cosmos is constantly exposed to the threat of disequilibrium. All this creates the challenge to start rethinking the meaning of *care for being* and to develop new practices accordingly.

The phenomenon of vulnerability in compassionate caregiving and theological reflection

Due to vulnerability and existential endangerment as threats to basic human life, there is a new awareness of the need to improve healing interventions and the promotion of human well-being, Multiple disciplines are starting to deal with vulnerability nowadays. We cannot reduce 'care for being' to a specific area.[7] It should become extended to all areas of life.

[7] See LaMothe's chapter "Care and Pastoral Care as Political Concept" (in LaMothe 2017: 54-64), here the passage: "I argue that the state and other nongovernmental institutions are obliged to care for and facilitate care among citizens (and noncitizens), communities, and the larger societies" (LaMothe 2017: 64). LaMothe also points out that neoliberal capitalism undermines interpersonal caring relationships (2017: 175).

Vulnerability indicates the predicament of being exposed to harmful forces and dehumanising powers. It sets in when humans are without power or deprived of protection and, therefore in need of help. However, vulnerability is not merely about existential threats. Vulnerability is a very multi-dimensional and even ambiguous concept. Being vulnerable can also mean to become human and sensitive to the needs of other social beings. Muna Tatari (2019: 19), professor of Islamic theology at the University of Paderborn, writes:

> A differentiated approach, however, points to the ambiguity of vulnerability. As a general human disposition, the term can refer to the ability to be touched and to touch. This is the basic prerequisite for a reciprocal relationship and an indispensable ability that makes the human being a social being. ... In contrast, the quality of invulnerability would appear to be inhuman.

Vulnerability enables us to suffer but also to love, to give and receive comfort; it is a category that hinders us but also enables us.

For Andrea Bieler, it is obvious that God is touched and moved by human vulnerability and, from that, she seeks to develop a sound 'theology of pastoral care.' It is important to her that God allows himself to be 'affected' and 'infected' by human suffering. She discovers this vulnerable side of God in the Torah of the people of Israel[8] as well as in the gospels of the New Testament. "This reaching out of God the Father and of Jesus Christ describes the mobility and affectability of God in the face of the phenomena of human vulnerability in an emphatic way" (Bieler 2017: 84). Christian pastoral care brings this view of the 'efficacy of God' into the discourse with people of other religions and worldviews in order to lend emphasis to the communal efforts of caring for being and for people.

Several scientific disciplines (including sociology, psychology, medicine, ecology) are engaged in research on vulnerability. Christian theology has also joined them.[9] These scientific developments on vulnerability challenge pastoral care and counselling to engage in an interreligious discourse with the various disciplines that deal with the phenomenon of vulnerability. In interpersonal relationships – and pastoral care is intrinsically about the intersubjectivity of interpersonal relationships – pastoral caregivers constantly experience vulnerability as both a mode of suffering and of empathetic sensitivity in a very concrete way. Both the caregiver and care-seeker experience the ambiguity of vulnerability.

Those who are working in the field of caregiving on a daily basis realize that care is always concrete and applies to concrete persons. In every pastoral situation where people's well-being and meaning are threatened and undermined, the challenge is to encourage them and to help them discover new possibilities for meaning-giving and

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[8] See also the note above by the Jewish philosopher Hans Jonas.

[9] "In Christian theology, vulnerability is currently being developed into a key concept in various disciplines (doctrine of God, Christology, pastoral care, ethics). Thus, a new connectivity is gained in socially relevant topics such as migration, the fight against poverty, resistance against right-wing extremism, sexual abuse of minors, overcoming violence and commitment to human rights." (Wikipedia 2020, translation by H. Weiss)

coping strategies. The concrete work with each individual whose life confidence is in question should be acknowledged. However, the professionalization of pastoral counselling should not mislead us to close our eyes to the toil of those "whose work is hard, whose load is heavy," the voiceless ones in our global society. The challenge is to seek ways of healing and well-being for all.

Jesus was impelled to attend to the suffering of his own people. But at the same time, he had to break down nationalistic and exclusivist limitations imposed by the religious hierarchy of his time. His intention was to help those who needed his help – even beyond the scope the needs of the people of Israel. This example of Jesus should serve as a strong impetus for Christians to care for *all* people, to seek to foster a *global* sense for the 'care of being.'

Caring for a violated creation

The theme of care for creation intrinsically belongs to the context and existential phenomenon of vulnerability. This is not new for caregivers in the field of pastoral theology. And yet it receives little attention and is often overlooked in the field of care and counselling. But the violated creation needs our attention and our care as much as the people who inhabit it.

In 1996, Howard Clinebell, a world-renowned author on pastoral care, published *Ecotherapy: Healing ourselves, Healing the Earth*. Clinebell, who was one of the first to reflect on the social dimensions of pastoral care, goes even further in his reflections on the realm of ecology in order to promote a kind of 'greening the church.' Care for people and their well-being as well as care for the social processes that determine people's quality of life must, to his mind, also include care and healing of the earth and the preservation of natural resources. In his essays, Daniël Louw also repeatedly speaks of a turn and paradigm shift in care and counselling: From the traditional notion of *cura animarum* (care/cure of human souls with the focus on human subjectivity) to *cura vitae* (care/cure of life as a comprehensive approach in which all human concerns – physical, social, economic – are included) to *cura terrae* (an eco-spirituality that cares for the land, nature, and the whole of creation) (Louw 2012).[10]

Despite these voices to develop a 'green awareness' in pastoral care, counselling, and therapy and to foster an ecological sensitivity, I think care and counselling should further develop a 'spiritual ecotherapy' for people's souls, applicable to interpersonal relationships and the future of life. Clinebell emphatically writes (1996: 100): "The fundamental psychospiritual root of the ecological crisis is alienation of humans from an awareness of our organic connectedness with the planet's marvellous network of living, inspired things." Indeed, human environmental degradation is a sign of alienation from creation, from the origin of our being. It is not for nothing that Clinebell repeatedly speaks of "Mother Earth." Pastoral and spiritual care in all religions and

[10] The essays in the booklet *Kairos for Creation* (Andrianos et al. eds. 2020) also pursue the approach of a holistic care for people and for creation. However, pastoral care is not mentioned there.

worldviews should always relate to eco-theology, eco-spirituality, and eco-ethics in order to avoid nature becoming an 'object' to be exploited by humans and manipulated for material gain.

In this section, I have tried to show that vulnerability is a basic experience of our being human in this world. One could include many more aspects, especially the vulnerability of migrants.[11] To reflect on our 'vulnerable and frail life' should be a basic imperative in order to develop a wholistic view on Christian pastoral care within the dynamics of interreligious discourses and interfaith encounters. For me, as a Christian, it is crucial that God should be portrayed as being close to people and to our world. In fact, that is what the incarnation of Jesus Christ is about; God allows himself to be infected as well as affected by the suffering of people and the exploitation of creation. He is indeed the creator and still operates actively as an ongoing creator in our world.

Conclusion: Short notes on intercultural and interreligious care

All cultures and religions are concerned with healing processes of restoring physical, social, mental, intellectual, and spiritual disorders. In fact, all want to contribute to a holistic understanding of our being human. In religions, the aim of healing is to eliminate disorders and suffering as far as possible, or at least to alleviate them, and to bring people into connection with one's so-called 'greater self,' i.e., the capacity to grow beyond the current achieved abilities of being. This notion of beyond connects healing with the transcendent realm of life. Thus, the discussion of care, healing, and well-being in the discourse between cultures, religions and different worldviews necessarily leads to the practice and theory of intercultural and interreligious care – a pastoral and spiritual care across cultures and religions.

The practice of care and counselling as well as the compassionate promotion of life, love, faith, and hope, all have their point of connection in the vulnerability and suffering of people within their respective concrete life situations. This starting point connects all those who are willing and called to create the physical, psychological, social, economic, political, and natural conditions in such a way that people discover exciting new possibilities for becoming devoted to the 'art of living.' Humans – regardless of their particular faith conviction, culture, or worldview – are all called to care for those "whose work is hard, whose load is heavy" with sympathy, empathy, interpathy, and compassion.

The practice of care and counselling takes place in such a plurality and rich variety of diverse settings that – in the mutual sharing of one's own religious, cultural, and ideological convictions – it is quite understandable that oppositional perspectives and

[11] UNHCR 2020: "As the year 2020 got underway, an estimated 79.5 million people remained forcibly displaced due to persecution, conflict, violence, human rights violations or events seriously disturbing public order, and few could have anticipated how dramatically the novel coronavirus would affect their lives in the months ahead. Yet COVID-19's socioeconomic impact has weighed heavily on the world's most vulnerable, including forcibly displaced and stateless people, leaving them in critical need of solidarity and support."

eventual misunderstandings could arise at many points, especially at decisive ones. Tension and differences cannot be eliminated. Since religious and ideological systems have their own traditions and premises that form the basis of their respective identities; the exchange in interreligious care involves the experience of alterity and sensitivity for differences. In fact, interreligious discourses require a high level of intercultural competence in communication to maintain the relationship with one another. Interreligious discourses always encompass otherness, but this should be seen as a vital and constructive factor and not a reason for negation, distancing, and withdrawal. If this approach is followed, strangers will have the exhilarating experience that relationships can overcome differences and incorporate them as ingredients for deeper levels of mutual understanding and spiritual growth.

A theory of intercultural and interreligious care should always promote processes of re-exploring and exchanging sound forms of wisdom regarding the multidimensional richness of life. In this regard, religious scriptures, cultural traditions, and spiritual practices can play a decisive role. In doing so, the endeavour of caring interventions will discover scriptures and traditions as treasures of life that can become fruitful incentives for enhancing the concrete quality of many circumstances of living.

The practice and theory of intercultural and interreligious care is interdisciplinary: It connects all people and disciplines that perceive vulnerability and suffering as vital ingredients of meaningful and hopeful orientation within the daily happenstances of life. In this way, an interdisciplinary approach could represent a compassionate *being-with* in caregiving to people's responses to the existential realm of frailty and vulnerability in life.

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Chapter 10

Healing, Care, and Well-Being in Islamic Tradition

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Muslims believe that Allah Almighty is the divine beauty, and beauty in all of the creation is deemed to be loved by Him. He created the Cosmos in His image so there is nothing but beauty in the objects and people of his creation. Human beings constitute the realm of existence that should be regarded with utmost reverence, honour, and beauty. Humans were created to worship/serve to Allah and to do righteous deeds. The fact that all was created to serve humankind is the basis of the honour humans hold as part of their very nature. In accordance with the purpose of creation, Islam aims to protect individuals' five sacred values – life, property, intellect, religion, and rectitude – through the guidance of *maqasid al-shariah* (the aims of Islamic rules). Essentially, these values directly or indirectly relate to the health and well-being of human beings. Thus, perfection of the beauty comes from health – a very essential ingredient that nourishes the values of creation.

Towards an understanding of health, care, and human well-being

Health is defined as "a state of complete physical, social, mental and spiritual well-being" (WHO 1948); it refers to a state of mind that is flexible and adaptable in self-management. This article aims to explore the key concepts of this relationship in an Islamic understanding of healing, care, and well-being. It starts with our understanding of what these concepts entail and explores the ways they manifest themselves in Muslims' lives. In doing so, the concepts we are exploring are considered from a particular framework that concerns Islamic scriptures in the light of modern-day scientific inquiry. We then explore the patient-centred principles and practices in caregiving in a quest to understand and cultivate human flourishing. From a holistic perspective:

- *Healing* is the release from physical, mental, or spiritual disease/hardship an individual suffers, the process of becoming well and sound again.
- *Care* in this regard becomes the therapeutic tool of this process and improvement by providing the person in need with relevant aid and protection.
- *Well-being* is both the objective and outcome in this triad; it is *feeling good* and *functioning well*. In line with the approach taken by the Well-Being Institute at the University of Cambridge, contemporary approaches to the concept agree that it is

a cultural and social construct defined by "positive and sustainable characteristics which enable individuals to thrive and flourish" (Well-Being Institute 2020). Two themes pertain to this concept as we contemplate it. First is the experience of well-being measured against the objective universal standards of health. We could name basic human needs such as food, education, and safety as examples. And the second would be the socio-cultural aspect of the concept that would be measured by the person's understanding of health, care and healing, and other basic human rights. Hence, well-being encompasses a complex and rich system in which individuals should thrive and flourish in accordance with their own values, human rights, choices, and belief systems. Islam guides its followers in both strands. While there are objective standards of health and well-being every individual should abide by, there are also subjective standards in carrying out care and healing practices, which pertain to the circumstances of the unique individual and their environment.

Human well-being and other health-related concepts in Islam

In terms of the previous outline, we believe the concept of health is a fluid form of physical, mental, social, and spiritual well-being that articulates itself within the relationships individuals establish with self, God, loved ones, nature, and humankind. Muslims believe in Allah Almighty, who is the creator, and holds power over all of creation. Among one of his names, *Al-Hayy* signifies Allah to be the one who is everlasting, eternally whole and sound. He is the One from whom all life arises, He who calls all life into being. Hence, asking Allah for his benevolence, as well as seeking scientifically acclaimed treatment, is an obligation for Muslims. This ensures Muslims obtain vital medication and do not rely on God's healing power (*shifa*) exclusively. With that in mind, Muslims take a holistic view of health, with the unity of mental and physical health.

In the context of worshipping Allah, Islam states that in order to fulfil some of the good deeds and formal prayers a worshipper is required to perform, one must possess good health. Worshipping, in fact, is a tool for Muslims to purify their soul, body, and practical life. Therefore, attending to health problems with utmost sensitivity, taking precautions, and immediate action in case of sickness are among the requirements/orders of Islam. For instance, Allah emphasizes in the Quran: "Spend in the cause of Allah and do not let your own hands throw you into destruction by withholding. And do good, for Allah certainly loves the good-doers" (2:195). There are other verses emphasizing the same notion (2:172, 184, 185, 196; 5:5-6; 10:57; 13:28; 17:82).

'Healthy' is the natural state for human beings; possessing ill health is only an incidental phenomenon. Yet diseases and other health problems permeate life. Muslims have full faith that Allah has our best interests in His plans for us. With full faith in His promise, Muslims follow two courses of actions when they face ill-health.

First, blessed with a sense of agency, we feel in control over our actions towards preventing and/or treating sickness. If an illness befalls a Muslim, we are advised to

go to a specialist and seek treatment immediately. This outlines the reliance on medicine Islam advocates. It is a cultural misreading that relying solely on prayer is a common practice among Muslim communities. Prophet Muhammad advises humankind to "get treatment, for Allah does not send an illness without a cure for it. However, stay clear of those ailments that are forbidden" (al-Bukharî, Tıbb: 1). Historically, communities of Islamic civilization have tried to follow the principles of Prophet Muhammad (Ersahin 2020), which is the key to the happiness of the world and the hereafter, as follows: "Appreciate your life before death, health before diseases, free time before preoccupation and wealth before poverty befall on you" (Al-Tirmidhī, Zuhd: 25). This *hadith* (sayings of the Prophet Muhammad) also draws attention to another health-related concept in İslam, that is: Preventive healthcare with the aim of protecting individuals and communities before a disease, disability, or death befall them. The principles of health ruled by Islam as cleansing rituals or nutrition guidelines often relate to preventive healthcare.

Second, Muslims will also embrace ill health as it could be a test and a blessing for another issue; we should not rebel against the test but be at peace with health problems. One of the beautiful names of Allah is *Al-Wakeel*, meaning that He attends to prayers in the most convenient form. Muslims submit to Allah as an act of heart; they accept Him as a trustee, knowing that He will take care of whatever disease befalls them. Such *tawakkul* (trusting in God's plan), done in addition to efforts to seek healthcare, is an action that accelerates the healing process by transforming the efforts to worship. The attitude that accompanies this belief is also conceptualized in psychology literature as positive religious coping. "Religion and spirituality translate into coping responses to stressful life events, including diseases, insofar as they serve as available and compelling orienting mechanisms when problems test the limits of personal powers" (Pargament 1997: 310).

Positive religious coping comes in many forms, including benevolent religious appraisals or seeking forgiveness as two distinct frames of cognitive, emotional, or behavioural response to stressors; one is associated with the approach of working together with God as a single unit and the second is looking to God for strength, support, and guidance (Hebert et al. 2009). The process of dealing with health problems may incidentally serve many purposes including: Achieving meaning in facing adversity, developing psychological resilience, and achieving closeness to God (Ersahin 2020).

Allah states: "And We will surely test you with something of fear and hunger and a loss of wealth and lives and fruits…" (2:155). Allah promises that His creation is tested in accordance with their capacity of commitment. According to the Muslim scholar Munavi, "Saad bin Abu Waqqas said to the Prophet (s.a.w.): 'O Messenger of Allah, which people are most severely tested?' He said: 'The Prophets, then the next best and the next best. Trials will continue to afflict a person until they leave him walking on the earth with no sin on him'" (Ibn Majah, Fiten: 4023). The Quran honours Prophet Ayyub's (Job's) attitude in the face of disease and his search for healing as an example.

Among his many afflictions, the skin disease Prophet Ayyub suffered from was one of the worst; he was left alone at the end while enduring loathsome sores and ulcers on his face and hands. He kept his integrity in Allah, believing that there must be some good in suffering as such. When the Prophet Ayyub was left alone and could not bear his condition, he prayed: "Truly adversity has afflicted me, and You are Most Merciful of all who show mercy" (21:83). And Allah accepted his prayer but asked him to search for the cure. Indeed, Ayyub was commanded to strike the earth with his foot and take a bath with the spring that gushed forth. "And remember Our servant Ayyub, when he cried out to his Lord, 'Satan has afflicted me with distress and suffering.' [We responded] 'Stomp your foot; [now] here is a cool [and refreshing] spring for washing and drinking.' And We gave him back his family, twice as many, as a mercy from Us and a lesson for people of reason. … We truly found him patient. What an excellent servant [he was]! Indeed, he [constantly] turned [to Allah]" (38: 41-44). It is arguable that Ayyub could receive a cure in his bed; however, Allah asked him to act on His call. Only then was he restored back to his prosperity.

A very essential aspect of well-being in Islam can be seen at this juncture. Individuals find comfort going through adversity and affliction in one of the names of Allah *Al-Shāfi* (The Healer). The next section contemplates what this means to Muslims.

The vital interplay: Al-Shāfi (The Healer), the Quran, and human well-being

The term *shifa* refers to recovery from illness. Hence, *Allāh al-Shāfi* is 'He who knows of all illnesses, of all their causes and cures.' There is no healing except by Him and no removing of harm except by Him. The Quran indicates: "And if Allah touches you with harm, none can undo it except Him. And if He intends good for you, none can withhold His bounty. He grants it to whoever He wills of His servants. And He is the All-Forgiving, Most Merciful" (10:107). This verse refers to Allah's name *Al-Hayy*. When Prophet Muhammad would sit between two prostrations during *salah* prayer, he would ask for 'reparation' calling out "O Allah, forgive me, have mercy on me, repair my breakage, raise me, guide me, bestow upon my well-being and provide for me" (Al-Tirmidhī, Salat: 211). He also had faith in another of Allah's name, *Al-Jabbar* (for whom He rectifies the affairs of His creation, controlling their affairs for their welfare).

For Muslims, therefore, nature – like the Quran itself – is affirmed as a source of healing. Healing from nature comes in many forms, including herbs, plants, food, spring water, places, relationships, and air. In today's modern world, we take some of them encapsulated and others in their original forms. Hospitals in the Islamic tradition were called *Dar-ul-Shifa* (House of Health) and operated in line with religious scripts, as well as scientific discoveries of chemistry and pharmacology.

The relationship between healing and faith dates back to the first health practices of humankind. Religions have always served as a guide for medical practices. As with other mainstream major religions and spiritual practices, followers of Islam share this

understanding. Muslims also believe in the inherent relationship among physical, mental, social, and spiritual health as a major component of existence. The Quran itself establishes the connection of healing, care, and well-being in the ordinary health practices of daily life. There are thirty verses in the Quran that directly refer to the human body and mental health, concerning the general principles to follow. And there are more than two thousand verses with indirect emphasis in the Quran. There are clear-cut rules in Islam on health and protection that fall into four categories: *fard* (compulsory), *wacib* (duty), *haram* (prohibited), or *makruh* (discouraged). The discipline of medicine is more of a grey area for physicians to act freely and in accordance with the innovations of the time.

In general, fundamental tenets of health and well-being in Islamic tradition have been treated as *halal* food, cleanliness, living in safety, and freedom from physical and mental oppression. To protect the soul and body, standards of food, rest/sleep and work, a healthy social and physical environment, and boundaries are emphasized. In fact, the words of Allah in other sacred books also suggest similar principles.

Dua (prayer) is another healing path, acting as sustenance for the soul. In the Quran, *dua* is an indispensable means for human communication with Allah: "I am truly near. I respond to one's prayer when they call upon Me" (1:186). Prayer functions as a means to communicate with Allah, to achieve a personal relationship with a higher entity that offers correspondence, strength, and support in creating a sense of control over diseases and other helpless matters (Dull and Skokan 1995). Those living with terminal illnesses face multiple challenges that can impede their well-being. Mounting evidence shows that greater use of positive religious coping is associated with better overall well-being and physical health (quality of life dimensions) among patients with cancer and chronic diseases (Tarakeshwar et al. 2006). A systematic review reveals six themes through which religion and spirituality advance well-being: self-awareness, coping with stress and adjustment, connecting with others, sense of faith, sense of empowerment, and confidence and living with meaning and hope (Lin and Bauer-Wu 2003).

The Quran actually affirms these research outcomes, that *shifa* (in various forms) is inherent in faith and healthcare (9:14; 10:57; 17:82; 41:44; 26:80; 16:69). Prophet Ayyub (Job) received *shifa* upon his prayer as mentioned earlier. Prophet Abraham (51:29-30) and Prophet Zakariya (21:90-91) sought Allah's help when they were unable to have children; Allah consequently answered their prayers and gifted them accordingly. The common principle they followed was searching for treatment first and praying later with patience in the form of *tawakkul*. Once again, in these respects, the Quran for Muslims is a source of healing with its words (heard, recited, acted upon) and also as a *gestalt* (a healing remedy that something more than what words constitute) as noted: "We send down the Quran as a healing and mercy for the believers" (17:82). Multiple *hadiths* indicate:

- "Quran is the most auspicious, favourable remedy of *shifa*" (Ibn Majah, Tıbb: 28).
- "Verses of Al-Fatihah benefit whatever it is pronounced for. It has all kinds of healing" (Al-Darımî, Fadailu'l-Quran: 12).

Studies do, indeed, show that a vocal recitation of the Quran provides a soothing experience and is helpful dealing with stress and anxiety by possibly releasing endorphins stimulated by alpha brain waves. In fact, the use of music as a therapeutic tool dates back to the ancient times of India, Egypt, and Rome. Research on sound/music therapy supports the healing power of sound (Guétin et al. 2009). Religious music is also suggested to have a positive impact on mental health (Bradshaw et al. 2015). Treated as a non-pharmacological intervention, a systematic review on the effects of a recitation of the Quran on anxiety found a positive relationship that was applicable in various settings (Ghiasi and Keramat 2018). For instance, research (Yadak et al. 2019) reports stabilized vital signs and increased arterial oxygen pressure of unconscious patients in life units when subjected to the recitation of Quran. Even in the infant brain, the effect was significant on decreased pulse and respiratory rates of premature infants when compared to a control group (Keshavars et al. 2010).

There are two ways in which the Quran heals health problems, especially mental health issues. The first is through *dua* (as noted above) and the second is through *ruqyah*. *Ruqyah* could be defined as a certain type of prayer in which a patient takes refuge while waiting for the healing to be granted. It can take both verbal and written forms and consists mostly of Quranic verses and prayers of the prophets referenced in the Quran or *hadiths*. It is a Muslim tradition to recite healing verses of Quran in treating mental illnesses. Writing *ruqyahs* inside amulets was a common practice among Arabs even before Islam.

Within Islam, written *ruqyahs* have been subjected to certain limitations with the aim of keeping the meaning of the prayer away from any form of witchcraft or spell. Sorcery is strictly prohibited in Islam; it is a sin and an act of *shirk* (polytheism). Islam preaches strict monotheism embedded in *Tawhid*, that Allah Almighty is the one and only God. The Prophet Muhammed commanded on this matter: "Present me your *ruqyahs*, and I'll see whether there is any *shirk* in it. Unless there is one, there is no harm in practising so" (Al-Muslim, Salam: 22).

Another form of prayer is called *istikhara*, a type of prayer seeking guidance for well-being. During those times a Muslim cannot foresee whether a course of action is auspicious or not, they offer a prayer of two *raka'ah* (a single unit of prayer) other than the compulsory ones and ask guidance from Allah Almighty with recitation of the following *dua*:

> O Allah! I seek goodness from Your Knowledge and with Your Power [and Might] I seek strength, and I ask from You, Your Great Blessings, because You have the Power and I do not have the power. You Know everything and I do not know, and You have knowledge of the unseen. Oh Allah! If in Your Knowledge this action … [which I contemplate] is better for my religion and faith, for my life and death, for here [in this world] and the hereafter, then make it destined for me and make it easy for me and then add blessings [baraka'] in it, for me. O Allah! In Your Knowledge if this action is bad for me, bad for my religion and faith, for my life and end [death], for here [in this world] and the hereafter then turn it away from me and turn me away from it and whatever is better for me, ordain [destine] that for me and then make me satisfied with it (Al-Bukhari, Da'avât: 49).

Subsequent to the prayer, the one who prays turns to their right while sleeping with the hope of being answered through a dream. If a dream prevails, there are colours and symbols one would read into this dream, followed by consultations about the meaning with family, friends, and religious scholars. Hence, the consultation starts with the Allah Almighty and continues with other loved ones. In this respect, *istikhara* could be treated as a transcendental event that has multiple functions: (a) praying to Allah for His guidance and *shifa* upon completing a self-sufficient contemplation, (b) trusting Allah Almighty in the form of *Tawakkul*, knowing that He is the one who grants and knows the best for His creation, and (c) having a sense of peace and safety in the outcome which protects the believer's mental well-being.

The role of visiting holy places in the human quest for healing and well-being

Holy places and sites such as mosques, masjids, tombs, shrines, cities of Mecca and Jerusalem, and the Nur mountains are considered destinations for Muslims that serve as a praying point in the search for well-being and *shifa* from the Allah Almighty. The journey itself is called *ziyarah* in Arabic and Turkish *(ziyaret*). To begin, Muslims consider visiting graves for the purpose of praying for the dead, asking Allah Almighty to have mercy on the deceased, remembering the ultimate end, and reflecting on the hereafter. During the campaign for Mecca, Prophet Muhammed visited his Mum Amine's grave, shed tears, and allowed his companions to weep with him. He said: "Visit the graves, for they remind you of the hereafter" (Al-Muslim, Janaiz: 1569).

There is a peaceful and satisfying side of the act of this type of praying; it gives a strange sense of contentment, peace, and allows for a personal farewell to the visitor. Besides visiting the graves of friends and families, visiting the graves of prophets, righteous followers, scholars, martyrs, and especially the Prophet Muhammad reminds Muslims that Allah Almighty takes back what belongs to Him, even for those most righteous and loved; all has an end. Through repentance, Islam promises to amend the wounds of the soul, and a new meaning on well-being may form upon such reflection when facing death and life.

For the very same purposes, the *hajj* (pilgrimage) to the holy city Mecca takes on a form of prayer in meeting the fifth of the Five Pillars of Islam. *Hajj* is a duty for Muslims; they must perform the pilgrimage as an act of worship at least once in a lifetime. The pilgrimage rite takes place in the last month of the Islamic year (*Dhū al-Ḥijjah*) and brings followers from all walks of life together in unified dress and ritual acts while allowing no distinctive/differentiating possessions. Kaaba is at the centre of this prayer (and the Masjid al-Haram), representing the metaphorical house of Allah Almighty, the oneness of Allah. It is also the direction of the five prayers of Muslims on a daily basis, although not as an object to worship.

Healing and well-being come in many forms to Muslims during the five days of the *hajj*. The rites of *hajj* are believed to trace the footsteps of the Prophet Ibrahim and his son Prophet Ismail (Abraham and Ismael in the Bible). Muslims believe that

the Prophet Ibrahim was tested with his one and only son Ismail, that Allah Almighty commanded him to sacrifice Ismail. When Prophet Ibrahim was ready to submit to the order, he was commanded to sacrifice a lamb instead. His obedience and devotion to Allah Almighty is celebrated during the *Eid-ul-Adha* (feast of the sacrifice); following the annual *hajj*, a sacrifice of a *qurbani* (e.g., lambs, goats, or cows) is performed. Pilgrims also trace the path of Hagar, Prophet Ibrahim's wife, who is believed to have run between two hills seven times in search of water for their dying son. On the seventh day, Allah Almighty is believed to have provided a spring of water in response to Hagar's patience, efforts, and prayer. That spring is called *zamzam*, a sacred water believed to possess healing powers.

During the five days of *hajj*, pilgrims go into *ihram* (sacred state), a state of spiritual purity, with the aim of diverting pilgrims' attention from worldly matters to the inner self. The journey requires patience and tolerance, a pristine state of mind, avoiding intemperate behaviour, and sexual intimacy. If these duties are performed properly, Muslims believe well-being and spiritual healing can be achieved.

Patient-centred principles and practices in caregiving and the promotion of flourishing in life

As conceptualized earlier, *well-being* from an Islamic understanding does not convey absence of disease or disability. On a more subjective level, the concept builds on specific understandings of health, care, and healing practices. The circumstances of the individual and their environment are taken into account. Yet, even if the tasks or methods change, the goal remains; well-being means one thrives and flourishes as a whole/*gestalt*.

In this light, Muslims who have disabilities or illnesses have a duty to protect their well-being and seek proper care and treatment. A patient could also be regarded as 'disabled' and unable to follow all the rules of Islam until he/she recovers or gains stability over the health issue. Proper care therefore means that, during the time a patient is recovering, they are offered a reprieve from some of daily rituals or other practices Islam asks its followers to obey. The aim is to protect both the individual's well-being and honour in the community. Those amendments to the daily routines of a Muslim are generally covered in books of Islamic jurisprudence (*fikh*).

Assuming a Muslim is not able to perform the requirements of worship or has to modify their practices, Allah Almighty has the knowledge over their intentions and promises He will accept His follower's actions as a deed and appreciate their efforts as if they acted with pure heart. Prophet Muhammad declares "if a person is sick or on a journey, Allah Almighty rewards them with good deeds in compliance of their actions when healthy" (al-Bukharî, Cihad: 134).

Indeed, Allah Almighty has the utmost love and mercy for His creatures, and Muslims find hope, peace, and care in this promise. The Quran makes the following provision: "There is no restriction on the blind, or the disabled, or the sick" (24:61; 48:17). During the month of Ramadan, Islam exempts the sick (if advised by a medical

professional) from fasting in certain conditions, as Quran states: "And whosoever of you is sick or on a journey, let him fast the same number of other days. Allah desired for you ease; He desired not hardship for you" (2:185). A Muslim is allowed to leave fasting to another time if they feel sick. They are allowed to discontinue a fast if they start feeling sick. And those who cannot fast and lose hope of recovery from ill-health are advised to compensate for their obligation by feeding the needy. These principles also apply on a similar level to other occasions, such as performing *salah* (prayer) in a sitting or lying position (rather than on one's feet). It is even acceptable to leave it until someone recovers if the person is not able to do so. If a person is in a coma or has fainted for more than 24 hours, they are also exempt from *salah*.

The Quran advocates that a life with well-being should be favoured over a long-lived one. It states: "And this worldly life is not but diversion and amusement. And indeed, the home of the Hereafter – that is the [eternal] life, if only they knew" (29:64). In fact, those who are so keen on pursuing worldly matters and passionate about the glorious sight of it are condemned. Humans were sent to earth to establish Allah's authority and created to do everything in service of His creation. Even though humans are masters of the material world, we have a limited time here before our eventual journey to the hereafter. The journey to death begins with birth. Muslims acknowledge the nature of it as the Quran clarifies with the verse: "Every soul will taste death, then to Us you will [all] be returned" (29:57).

Often human beings fall into an illusion of building a long-lived, prosperous life. Yet such wishful thinking does not comply with the divine laws and nature of humankind. Allah Almighty explained the order of nature and human life through the *shari'ah* (the Islamic law). If a worshipper follows *shari'ah*, they find harmony between their own nature and the nature of earth. If they lose their grip on this concept, eventually they may fall into a psychological position of existential chaos. The Quran reminds us: "He whom We bring unto old age, We reverse him in creation [making him go back to weakness after strength]. Have ye then no sense?" (36:68).

A Muslim's state of well-being, therefore, is comprised of both communal and personal activities. In an Islamic understanding, conceptualized in the form of *gestalt*, well-being is not a mere measure of outcome, it is the process itself. Accordingly, an individual's mind and body, and their soul and earth have a corresponding relationship in a harmonized and synchronized form that allows them to thrive and flourish. This collective concept of health transcends the realm of human experience and brings it to a more reciprocal relationship with the Creator in which there is utmost trust, care, joy, and love for one another.

There are scholars who call this state *afiyah* (well-being). In other words, the *afiyah* of the mind and body is inherent in the soul and nature of existence by keeping the body clean – inside and out; this requires the consumption of clean *halal* food (*tayyibat*), fasting, a nutritious diet, being breastfed, *halal*-intimacy (marital), ablution, and keeping the one's garments neat and clean. Keeping the heart clean through, prayer, sharing, honesty, love, and respect for one another are well-advised, even instructed. Once again, all measures are intended to ensure the well-being of Muslims

and to protect them from jealousy, violence, stinginess, hypocrisy, cowardice, obsessions and compulsions, and mental health disorders. Hence, at times when Muslims fall ill, they are instructed to seek care and healing practices that cleanse and balance the body, mind, soul, and spirit altogether in order to restore their health and well-being. The sources of these forms of practice are explored next.

Nutrition and the promotion of a balanced diet in Muslim faith

Human well-being relies heavily on nutritious food. The lack of it may cause disruptions to health; to recover, the Quran cites many nutritious food sources as agents of healing.

The first principle a Muslim should apply in seeking well-being is to determine whether the food is *halal* (allowed) or *haram* (forbidden). Foods in the category of *halal* are called *tayyib* (pure) and those in the category of haram are called *habis* (impure). There are many verses in the Quran indicating the benefits of a *halal* balanced diet, as follows:

"Those who follow the messenger, the unlettered Prophet, whom they find mentioned in their own [scriptures] – in the law/Torah and the Bible – for he commands them what is just and forbids them what is evil; he allows them as lawful what is good [and pure] and prohibits them from what is bad [and impure]; He releases them from their heavy burdens and from the yokes that are upon them" (7:157).

"They ask thee what is lawful to them [as food]. Say: lawful unto you are [all] things good and pure, and what ye have taught your trained hunting animals [to catch] in the manner directed to you by Allah. Eat what they catch for you, but pronounce the name of Allah over it and fear Allah. For Allah is swift in taking account" (5:4).

The second principle a Muslim should follow is to maintain a nutritious and balanced diet among those foods that are ruled *halal* and *tayyib*. The Quran states: "O ye who believe! Make not unlawful the good things which Allah hath made lawful for you but commit no excess, for Allah loveth not those given to excess" (5:87). The Quran mentions some vegetables and herbs by name, such as dates, figs, olives, grapes, pomegranates, cherries, bananas, onions, garlic, lentils, gherkin, zucchini, basil, mustard, camphor, and ginger. Animal products mentioned include honey, milk, poultry, stock meat, and seafood. While fruit and vegetables are predominantly encouraged in certain contexts, Muslims are obliged to question whether the animal product is halal or not.

Scholars debate whether we could take the Quran as a guide to choose our food and balance our diet. Others suggest the contextual circumstances (climate, vegetation, and socio-economic realities of the culture and age) of the Middle East should also be taken into account when interpreting statements of the Quran. In the contemporary world, we can take research data as an additional resource when finalising our understanding of what would benefit our bodies. For instance, research indicates consuming larger portions of vegetables and fruits (when compared to poultry or beef) is better for a healthy diet. A major longitudinal study (n: over half a million) conducted by the National Institute of Health over a period of ten years linked higher

consumption of both red meat and processed meat with heart disease and cancer (Sinha et al. 2009). A Harvard study supported the evidence while also reporting fish and poultry appear to be more protective. The study also noted consumers should replace bigger portions of meat with nuts, whole grains, low-fat dairy products, fish, or beans (Pan et al. 2011). Indeed, the verses in the Quran reveal fruits (such as grapes, dates, or pomegranate) to be the blessings of paradise, followed by other herbal products and fish and then, to a lesser extent, meat products.

Among foods that are mentioned specifically, the blessings of honey receive considerable attention in the Quran as a food of paradise, as well as a source of healing. With its rich nutritional benefits and antimicrobial properties (including vitamins, minerals, amino acids, antioxidants, scavenging and eliminating free radicals), the medicinal importance of honey goes back to ancient times – starting with its use for healing wounds. The Quran indicates its healing benefit as follows: "And your Lord inspired the bees: 'Make [your] homes in the mountains, the trees, and in what people construct, and feed from [the flower of] any fruit [you please] and follow the ways your Lord has made easy for you.' From their bellies comes forth liquid of varying colours, in which there is healing for people. Surely this is a sign for those who reflect" (16:68-69). Another verse indicates its blessings as a food of paradise: "The description of the Paradise promised to the righteous is that in it are rivers of fresh water, rivers of milk that never change in taste, rivers of wine delicious to drink, and rivers of pure honey. There they will [also] have all kinds of fruit, and forgiveness from their Lord" (47:15).

The stance of Islam on substance abuse and the impact on human health

Islam takes a hard stance against drug use, and strictly prohibits intoxicants and alcohol among Muslims of all ages and gender for recreational reasons. The Quran indicates: "O believers! Intoxicants, gambling, idols, and drawing lots for decisions are all evil of Satan's handiwork. So shun them so you may be successful" and "Satan's plan is to stir up hostility and hatred between you with intoxicants and gambling and to prevent you from remembering Allah and praying. Will you not then abstain?" (5:90-91). Muslim scholars refer to occasions that Allah revealed his words when individuals lost their cognitive and social faculties, went into fights and abusive behaviours due to consuming alcohol. They interpret the banning of alcohol as a preventative measure to protect individuals from being in such circumstances; it is a response to Islam's deeper understanding of human nature and the impact of addiction on withdrawal symptoms (Ali 2014).

Even though causal relations cannot be inferred, research illustrates certain characteristics of domestic violence and substance dependence are shared. When delved into, they both share similar elements of loss of control, continuing with a behaviour even while facing dire consequences, preoccupation with a substance, denial and blaming others, escalation of abusive behaviours, promises of change, and feelings of guilt, shame, and loneliness (Irons and Schneider 1997). Domestic violence is one of

the greatest human violations of any time, any place across the world. The victims' health and well-being are of concern and a burden on all humanity as there are wounds that cannot be healed with medication or common-treatment practices. Research sheds light on why the Quran prohibits alcohol and intoxicants as a preventative measure.

The role of worship and ritual in the establishment of human well-being

Worship in Islam has a dual role in establishing personal and social encounters that are both vertical and horizontal in nature. Muslims relate to Allah Almighty on a vertical plain in that they are expected to perform their rituals with honesty and morality, establishing a sense of reliance and security with Him. Worship is also horizontal in that the same moral character has to apply to other creations of Allah on earth. These two dimensions are intertwined; it is impossible to disregard horizontal relationships if a Muslim expects to maintain their vertical relationship with the Creator. The Prophet Muhammed declared that "God shows his mercy to those who are merciful. Have compassion to creatures on earth so that those in heaven may have mercy upon you'' (Abû Dawood, Adab: 58).

Several verses in the Quran emphasize the horizontal aspect of prayers by focusing on 'virtue.' "Righteousness is not in turning your faces towards the east or the west. Rather, the righteous are those who believe in Allah, the Last Day, the angels, the Books, and the prophets; who give charity out of their cherished wealth to relatives, orphans, the poor, [needy] travellers, beggars, and for freeing captives; who establish prayer, pay alms-tax, and keep the pledges they make; and who are patient in times of suffering, adversity, and in [the heat of] battle. It is they who are true [in faith], and it is they who are mindful [of Allah]" (2:177). If worship does not concern the well-being of the society, it is considered to be worthless as a deed. The Quran states: "If only they had attempted the challenging path [of goodness instead]! And what will make you realize what [attempting] the challenging path is? It is to free a slave, or to give food in times of famine, to an orphaned relative or to a poor person in distress, and – above all – to be one of those who have faith and urge each other to perseverance and urge each other to compassion. These are the people of the right" (90:11-18).

Islam encourages social engagement and fraternal harmony (horizontal relationships) as part of one's individual salvation from Allah Almighty (vertical relationship). In other words, Allah favours those who have healthy relationships with their social circle and their families. Muslims are told that this is the most meaningful way to live in peace, trust, and prosperity in the here and the hereafter.

The vertical relationship mentioned here is also a bi-directional one. That is, almost every act of worship in Islam has a dual role for a Muslim's mental and physical health. During worship, while connecting with the Creator (the ultimate power), Muslims also actively involve themselves in certain physical movements, cleansing rituals (i.e., ablution) as protection from dirt and germs, mindfulness activities, and sleeping patterns. *Salah*, for example, is an inward journey – a form of mindful activity that aims at connecting the self with the oneness of the Creator – at least five times a day. *Salah* is the *mi'raj* (ascension) of the believer. During *salah*, everything comes to a

halt and Allah Almighty offers a space for His followers to rest in peace, away from daily burdens and sorrows. In the meantime, the act accompanying the ritual comprises several distinct bodily postures as well as Quranic supplication. The physical activity requires standing, bowing, prostration, and hands-on-knee sitting postures. Comprehensive research reveals that each position helps muscles to contract isometrically (same length) or/and isotonically (same tension) in approximation (Kamran 2018). Regular *salah* could be considered a moderate physical exercise that helps improve fitness and flexibility.

The *sajdah* part of *salah*, where the forehead touches the ground, carries a higher significance in the ritual. This specific part connects the worshipper with the Creator while reciting "Glory is to my Lord, the Most High." Indeed, the Prophet Mohammed declared that "the nearest a servant comes to his Lord is when he is prostrating himself, so make supplication [in this state]" (Al-Muslim, Salat: 215). The relevant muscle work necessary for this posture is associated with releasing pain/tension in the lower back, shoulders, and chest (Cramer et al. 2013). *Salah* prayer, when performed with the congregation, helps with the horizontal relationship Allah Almighty requires for holistic well-being. The congregation serves as a medium for reaching out, connecting, and belonging – allowing worshippers to acknowledge each other's troubles and joys. Indeed, our recent research on urban Muslims' mental health difficulties suggest a healthy spiritual life bonds people and facilitates communication and their sense of belonging in the face of post-modern challenges (Ersahin and Boz 2018).

As explored earlier, *Hajj* also provides the opportunity for Muslims to reconcile with their past and repent while constructing a new way of being, free from earthly matters and burdens; it is a way to finally find healing in regaining a holistic understanding of well-being.

In a similar manner, *zakah* (almsgiving) is also one of the five pillars of Islam and fundamental to our basic health and well-being as Muslims. The Quran reminds us: "Who is he that will loan to Allah a beautiful loan which Allah will double unto his credit and multiply it many times?" (2:245). This helps us understand the psychological basis for fostering charitable intentions. Islam, like other religions, encourages its followers to give *zakah*, *sadaqa* (charity), and participate in *waqf* (trust) from what Allah Almighty gifted them with the aim of contributing to individual and societal well-being. When the Creator gifts a follower, this also contains a share for the poor that should be handed out to those in need. Allah Almighty promises us that, provided we train ourselves to share and give in good and bad times, our substance will expand and increase. Recent research suggests that major motives for giving among Muslims are: A blessing from Allah, a feeling of reward, and the psychological comfort acquired from inner joy and happiness (Baqutayan et al. 2018). From a broader perspective, all giving forms in Islam try to attain self-satisfaction, the Mercy of the Creator, happiness, and a societal happiness that goes beyond selfishness.

Fasting displays individual and societal well-being in different layers. As prescribed in other religious teachings, it is an act of worship that has essential benefits for physical, social, and psychological health. Followers establish self-control,

patience, and discipline while repenting for the past year with resolutions to follow. On a societal level, fasting helps the believer gain a status among the people of *al-ihsaan*, referring to people who seek good deeds, righteousness, sincerity, and kindness. *Ihsaan* is one of the core elements of Muslim ethics and morality for sustaining the welfare of the humankind. During the holy month of fasting, Ramadan, all forms of giving (*zakah, sadaqa,* and *waqf*) are also encouraged as selfless acts in reaching out to those in need. Muslims are obliged to give 2.5 percent of their assets to charity and provide for others' well-being, as well.

While religious fasting could be considered primarily a spiritual ritual, two decades of research suggest it has potential to greatly improve one's physical health. On a more individual level, fasting could be seen as a treatment for healing the body, spirit, and mind in restoring the well-being of a worshipper. As in many other forms of behaviour, exceeding the limits of required/sufficient levels of prayer and worship would bring no good but only harm. Indeed, researchers note mostly heterogeneous findings regarding health-related biomarkers of fasting – underlying the effect of confounding variables of the subjects – such as dietary norms, time spent fasting, smoking status, medication, energy and macronutrient intake, and cultural habits (Trepanowski and Bloomer 2010). Nevertheless, fasting is not a form of dieting. The Quran sets boundaries for a healthy, balanced diet: "And eat and drink, but waste not in extravagance, certainly He [Allah] likes not those who waste in extravagance" (7:31). The Prophet Muhammed states that: "No human being has ever filled a container worse than his own stomach. The son of Adam needs no more than a few morsels of food to keep up his strength, doing so he should consider that a third of his stomach is for food, a third for drink and a third for breathing" (Ibn Majah, Et'ime: 50; Al-Tirmidhī, Zühd: 47). If engaged wisely, fasting may promote insulin sensitivity in balancing blood pressure, heart functions, and the immune and digestive processes while also reducing blood sugar and cholesterol levels (Sarraf-Zadegan et al. 2000).

Overall, the five pillars of Islam also serve the innate urge for cooperation and contribution to common good, a drive that Alfred Adler termed "social interest." Ansbacher (1968) refers to its early translations from German as "communal feeling/sense." Adler theorized that social interest is the "orientation to live cooperatively with others, and a lifestyle that values the common good above one's own interests and desires" (Guzick et al. 2004: 362). It also involves an active interest in the welfare of humankind, responding to an innate need of wider belonging and purpose. Accordingly, Adler characterized mental health by social interest, reason, and self-transcendence (Mosak 1995). For him, religion manifests social interest at two levels. First, the relationship with a Creator is a fundamental form of inner motivation. Second, by stressing individuals' responsibility for each other, religions create a strong social support system. On a more objective level, social interest manifests itself in the form of cooperation, contribution, and charity in creating joint well-being as part of a bigger cause for humanity. On a more subjective level, social interest reinforces a positive worldview of humankind, feelings of oneness in harmony of others, and a sense of

empathy and belonging. Muslims are ensured that the acts of worship prescribed in the Quran are there to aid this very existential need to connect humans with nature.

Self-care practices

Cleanliness and purity

Muslims are obliged to keep their body, mind, and the surfaces they occupy 'clean.' Cleanliness, in this regard, is a unified form of self-care practice for Muslims all around the world. In Islamic law, *najis (nejase*) refers to ritually unclean. When Muslims come in contact with *najis* (those things that cannot be purified), they are obliged to perform ritual purification before religious duties. Caring after the cleanliness of the soul, the clothes, and the surroundings is obligatory upon every Muslim. Purity, in this regard, is achieved by first cleansing one's physical impurities (for example, urine or blood), then removing ritual impurity by *ghusl* (full body ritual purification) and ablution.

Muslims, therefore, believe that staying clean is being in a state of gratitude. Allah Almighty guides us in the Quran: "O you who have believed, when you rise to [perform] prayer, wash your faces and your forearms to the elbows and wipe over your heads and wash your feet to the ankles. And if you are in a state of *janabah* (ritual impurity), then purify yourselves. But if you are ill or on a journey or one of you comes from the place of relieving himself or you have contacted women and do not find water, then seek clean earth and wipe over your faces and hands with it. Allah does not intend to make difficulty for you, but He intends to purify you and complete His favour upon you that you may be grateful" (5:6). It is also historical shown that hygiene/cleanliness is the most basic and efficient method of preventing infectious diseases.

Rest and sleep

Getting sufficient rest, including the time spent during sleep, are important aspects of self-care in Islam. The Quran declares nightfall and time spent during sleep to be the designated slots for the body and mind to rest in peace. Muslims are advised to pray and rest before falling asleep and contemplate on the day just spent. The Quran mentions "He is the One Who has made the night for you as a cover, and [made] sleep for resting, and the day for rising" (25:47). And: "He causes the dawn to break and has made the night for rest and [made] the sun and the moon [to travel] with precision. That is the design of the Almighty, All-Knowing" (6:96).

Infant/children health

Islam regards children with hope and inspiration. Therefore, with the ultimate aim of creating a healthy climate for the rearing children, Islam affirms the following Unicef (2005: 10) statement:

The right of the child to a healthy start in life;
The right of the child to a family, kindred, name, property and inheritance;
The right of the child to health care and proper nutrition;
The right of the child to education and the acquisition of skills;
The right of the child to lead a dignified and secure life;
The right of the child to have society and the state play a role in supporting and protecting children's rights.

The Quran guides Muslims to attend to children's needs with a holistic approach. Breast milk is regarded as the natural food for an infant, possessing both spiritual and chemical nutrition. The Quran guides Muslims that: "Mothers will breastfeed their offspring for two whole years, for those who wish to complete the nursing [of their child]. The child's father will provide reasonable maintenance and clothing for the mother [during that period]. No one will be charged with more than they can bear. No mother or father should be made to suffer for their child. The [father's] heirs are under the same obligation" (2:233).

Parents are also held responsible for caring for the child's spiritual health and overall well-being. "And know that your wealth and your children are only a test and that with Allah is a great reward" (8:28). Prophet Muhammed declared: "No father has left his child a better legacy than good morality" (Al-Tirmidhī, Birr: 33). Regrettably, the topic of children's care, upbringing, and protection in Islam goes beyond the scope of this chapter (for more, see Unicef 2005).

The role of family in the sustenance of well-being

Establishing a marital union and sustaining a family life with joy and good deeds is prescribed for individual and societal well-being in Islam. Premarital intimacy, as well as adultery, is strictly forbidden, both to protect the virtue and rights of the members of the family (including the child) and societal bounds. Both children and the elderly are protected by Islamic law under the union of family members. Muslims treat elderly care as a duty to their parents and to the Creator and take responsibility for their care and well-being at home until death is bestowed upon them. The Quran guides Muslims on the matter as follows: "For your Lord has decreed that you worship none but Him. And honour your parents. If one or both of them reach old age in your care, never say to them [even] 'ugh,' nor yell at them. Rather, address them respectfully." "And be humble with them out of mercy, and pray, 'My Lord! Be merciful to them as they raised me when I was young'" (17:23-24). In another verse, Allah Almighty informs Muslims: "And We have commanded people to [honour] their parents. Their mothers bore them through hardship upon hardship, and their weaning takes two years. So be grateful to Me and your parents. To Me is the final return" (31:14). These principles still function in the Islamic world and, in this respect, elderly care homes have not yet gained a legitimate basis.

Final Remarks

In this work, we have explored the concepts of healing, care, and well-being from an Islamic understanding and outlined the path Islamic traditions take through a narrative that is based on the beginnings of these concepts as written in the Quran and other *hadiths* with reference to relevant contemporary scientific knowledge.

Muslims' understanding of health and the rules that govern it are based on the verses from the Quran and through the guidance of Prophet Muhammad. The Quran encompasses the health-related teachings that any Muslim should be knowledgeable about, regardless of the time and space. Although the manner in which these teachings can be applied has been left to the traditions with respect to geographical conditions, ethnicities, and cultures. For instance, a nutritious and balanced diet in Indonesia involves high levels of seafood whereas in the Arab lands, dates and camel products play a heavier role.

The collection of rules that contribute to this concept of health in which individuals are encouraged to thrive and flourish can be considered in two dimensions: objective and subjective. The objective rules are ones that could be considered universal, regardless of the culture, religion, or geography of the Muslim worshipper. The subjective ones depend on numerous constraints, such as region, culture, environment, unique circumstances, and climate.

Islam's emphasis on well-being has instilled in Muslims the belief it should be treated as an obligation. In accordance with their beliefs, being healthy and prosperous is a requirement to serve Allah Almighty, as well as living in harmony with the environment. Based on this understanding, Islam has established numerous institutions that have endured for decades and that still serve those in need today through their continuous work on improving healthcare in research and practice. Even today, the most important health institutions are named *Mustashfa,* which originates from the word *shifa*.

Lastly, the emphasis Islam puts on care and well-being is highlighted by an inscription from one of the most influential caliph/rulers of the Ottoman Empire, Suleiman the Magnificent:

> The people think of wealth and power as the greatest fate,
> But in this world a spell of health is the best state.

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Chapter 11

Hindu Perspectives on Care, Healing, and Human Well-Being

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India

Introduction

One can say that religiosity and spirituality in general contribute to the life satisfaction and happiness of human beings in all societies. Due to the complexity of daily living, providing care for the physical and emotional needs of individuals has become a growing concern. In fact, life itself has become a concern posing huge challenges to religious thinking and spirituality. Thus, the emphasis on care and human well-being in contemporary India, especially among Hindu societies.

As the third largest religion in the world, Hinduism plays a pivotal role among the people in India. It is viewed as "a way of life" (Chaudhuri 2012: 28). Hence, the significance of investigating how care, healing, and human well-being are understood from a Hindu religious perspective and what its praxis entails among its adherents in India.

The present study starts with a description of Hinduism as India's dominant religion. It is descriptive and tries to clarify the concepts of care, healing, and well-being within the cultural and religious tradition of Hindu thinking. Its special focus will be the link between Hindu thinking and how it is operationalised in its rites of passage (also called the 'Hindu sacraments'), in its 'goals for meaningful human living,' and in its 'five great sacrifices.'

Finally, the essay deals with the care, healing, and well-being in contemporary period, particularly in renascent Hinduism and in terms of its views on gods and goddesses as its source. To further explore the views of contemporary Hinduism, *Āyurveda* as the Hindu science of medicine for holistic well-being, *yoga* as the way for mental well-being, and the *āśramadharma* as care and well-being for the aged within the realm of gero-transcendence will also be addressed.

Hinduism: India's dominant religion

Hinduism is the dominant religion of India, the seventh largest country in the world (3.3 million square kilometres). With an estimated population of 1.4 billion in 2020,

India is known for its religious plurality and cultural diversity. Besides Hinduism, India is the birthplace of Buddhism, Jainism, Sikhism, and several other primal religious traditions. In addition, India accommodates many other faiths, including Semitic religions, within its locus. The 2011 census shows that 79.8 percent of India's population follow Hinduism, 14.2 percent Islam, 2.3 percent Christianity, 1.72 percent Sikhism, 0.7 percent Buddhism, 0.37 percent Jainism, and 0.66 percent Zoroastrianism. Despite the ratio of different religious affiliations among the people of India, the Hindu religious tradition plays a decisive role in the spiritual constellation and cultural make-up and social composition of the country. The notion of 'unity within diversity' (Sarma 1996: 13-27) can uniquely be identified as the characteristics of Hinduism in terms of its scriptures, deities, and belief systems.

The name 'Hinduism' does not refer precisely to one specific and closed faith tradition but serves as an umbrella term for a variety of numerous faiths, beliefs, doctrines, rituals, and practices associated with a number of gods, goddesses, and cults on the subcontinent of India. Although the term Hinduism refers primarily to a particular religious tradition with its own history spread over a couple of centuries, its spiritual roots go back nearly four millennia. For its adherents, Hinduism is a *sanātana dharma*, the 'eternal religion,' as it is believed to be based on the eternal truth enshrined in the *Vedas* (the primary Hindu scriptures). As one of the oldest living religions of the world, Hinduism neither venerates any sage or a prophet as its founder, nor claims a single central authority for its existence. In fact, it is founded on an open canon. In this sense, it remains an all embracing, all-encompassing, and invariably ever-evolving spiritual tradition. Shashi Tharoor (2018: 39) aptly states: "As a result of this openness and diversity, Hinduism is a typically Indian growth, a kind of 'banyan tree.' It spreads its branches far and wide and these, in turn, sink back into the earth to take fresh root in the welcoming soil."

The supremacy of a kind of 'religious consciousness' is one of its fundamental features. Among the adherents of the Hindu tradition, this centripetal consciousness leads to the dominance of a very specific religious point of view and spiritual sensitivity to all affairs of life (Griswold 1996: 24-26). This comprehensive worldview includes a spiritual understanding of care, healing, and human well-being as reflected in the Hindu writings, traditional thinking, and society.

Paradigmatic background: Hindu concepts on care, healing, and well-being

The concepts of care, healing, and well-being are implicit embedded in the whole of Hindu thinking.

There are different words used in Sanskrit (the language for the religious matters of Hindu tradition) for the term 'care':

- *Rakṣā* = to protect, guard, take care of, save, preserve, keep away from.

- *Pāla*(*-na*) = to watch, guard, protect, defend, rule.
- *Çinta* = to think about, to care for, to treat (Williams 1994; 1976).

There is a popular Hindu festival called *Rakṣā Bandhan*[1] directly associated with the assurance of care and the protection of the family. The ceremony of this festival involves the sisters tying the *rākhī*, a form of amulet, around the wrist of their brothers to protect them against evil influences as well as to pray for their long life and happiness. At this ceremony, the sisters receive a gift in return. The root of the ceremony can be traced back to a Hindu mythology in which Draupadi had torn the corner of her sari and tied it onto the wrist of Krishna who accidentally hurt himself. It was meant to prevent or stop bleeding. Hence, a bond between them was established. In turn, Krishna promised to protect Draupadi. Furthermore, the festival of *Rakṣā Bandhan* functions as an annual rite. It symbolizes protection and care among the siblings and, traditionally, authorised the brothers to exercise responsibility regarding caregiving to their sisters in order to prevent them from becoming harmed.

Sanskrit words for 'healing' are:

- *Sama* = balanced; when something in its natural healthy state is harmed, it should be balanced.
- *Svastha* = health or being in one's natural state.
- *Śānthi* = rest, calmness, peace, tranquillity, bliss, and comfort (Williams 1994).

In *Āyurveda*, the term *svastha* stands for the condition of health in general. It usually refers to the "state of being in which body, mind, soul and senses are in blissful equilibrium" (Yogapedia Dictionary 2020). Accordingly, health is viewed as the well-being of a physical body, including mental, emotional, spiritual, and energetic tendencies. Healing is, thus, viewed as the restoration of health from a holistic perspective. Despite this wholistic approach, curing from diseases provided by the physicians is distinct from the spiritual dimension of healing.

The Sanskrit word usually used for 'well-being' is

- *Svasti.* It also stands for 'welfare.'

Well-being points to a sense of satisfaction and contentment with life, as well as an inner sense of feeling at peace with our world. In Hindu understanding, meditation leads to an inner sense of peace and tranquillity. It facilitates a kind of well-being that lies deep within oneself (Lovato 2019). More than the search for artificial forms of happiness, Hindus are taught to value well-being, a sense of satisfaction with life, as primary to a sense of purposefulness (Menon 2012: 2; 4). An example of this is *Holi*, a full-moon day Hindu festivals, when married women are to celebrate their happiness and the well-being of all the family members. Another part of well-being in the Hindu tradition is the notion of *yoga*. It is understood to impart well-being to the individuals, fostering a sense of becoming 'whole.'

[1] This festival is celebrated on the full-moon day of Hindu month of *Sravana* (July-August).

Conceptualisation within Hindu thinking: Sources and practices

The concepts of care, healing, and well-being are embedded in the Hindu scriptures and the cultural traditions of India. As one of the ancient living religions of the world, Hinduism is endowed with multiple scriptures. The advantage is that they all have an open-ended canon.[2] There are four *Vedas*, as well as other sources: *Sūtras*, Epics, Codes of Law, and Sacred History. Furthermore, the *Vedas* are also accompanied by Philosophical Manuals and Sectarian Scriptures. All of them are considered to have either primary or secondary scriptural significance, in addition to various other literature that is religiously studied by Hindu followers.

Many of Hinduism's religious ideals are rooted in *Vedāṅgas* or *Sūtra* literature, which is derived directly from the *Vedas*. The ideals and practices of care, healing, and well-being in Hindu religious thinking are implicit in *Gṛhya* and *Dharma Sūtras*. The former deals with domestic rites and the latter with the regulations for the socio-religious life. Its various aspects are interwoven with many of the other Hindu reflections and practices, such as: *saṁskāras*, *puruṣārtha*, *pañçamahāyajña,* and *varṇāśramadharma*.

Meaningful living and dying through Hindu's rites of passage: The practice of saṁskāras

The Hindu sacraments, or rites of passage, are popularly known as *saṁskāras* (Pandey 2001; Antoine 1996c) and cover one's life span as well as the realm of beyond (transcendent dimension), beginning from prenatal ceremonies to post-mortem existence of an individual. Three important prenatal rituals[3] pave the way through which care is extended to pregnant women and the unborn child to ensure health and protection from evil as per the ancient authorities.

The *saṁskāras* of early childhood[4] or infancy are meant for the intellectual well-being, longevity, safety and even ornamentation of the child. Educational[5] *saṁskāras* ensure an individual's career outside home with primary and secondary education to

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[2] According to traditional understanding, Hindu scriptures are classified into two categories. Primary scriptures are called *Śruti* (literally: 'that which is heard'), referring to the four Vedas: *Ṛg Veda*, *Yajur Veda*, *Sāma Veda*, and *Atharva Veda*; these are undisputedly authentic and authoritative and composed over a period of 1,500 years, beginning around 2000 BCE. *Smṛti* (literally: 'that which is remembered') refers to the secondary scriptures: *Itihāsas* (Epics), *Dharma Śāstras/Sūtras* (Codes of Law), *Purāṇas* (Sacred History), *Darśanas* (the Manuals of Philosophy) and *Āgamas/Tantras* (Sectarian Scriptures); these were compiled beginning around 500 BCE for a period of another 1,500 years. The secondary scriptures derive their authority from the Vedas (Sarma 1996: 7).

[3] Pre-natal *saṁskāras* are conception (*garbhādhāna*), male procreation (*puṁsavana*), and parting of hair (*sīmantonnayana*) (Pandey 2001: 396-398).

[4] *Jātakarman*, name-giving ceremony (*nāmakaraṇa*), outing of the child (*niṣkramaṇa*), feeding of the child with solid food (*annaprāśana*), tonsure (*çūdākaraṇa*), and boring of the ear (*karṇavedha*) are the *saṁskāras* of childhood (Pandey 2001: 398-402).

[5] Educational *saṁskāras* include: Beginning of study (*vidyārambha*), initiation (*upanayana*), shaving of the beard (*keśānta*), and returning home (*samāvartana*) (Pandey 2001: 402-408).

prepare for the active duties of a citizen. The most significant sacrament is the marriage (*vivāha*) ceremony, through which an individual carries out socio-religious and familial responsibilities. The funeral rite (*antyeṣṭi*), the last sacrament, considers the requirements of the dead and of those surviving. The performance of this ritual expresses 'sublime sentiments' that makes death bearable for the one who expires, as well as for the community to accept the inevitable event of death and dying.

Human life consists of a continuous series of incidents. In this respect, the sacraments provide the needed care and protection to individuals in society. These sacraments are aimed at shaping one's personality and linking our being human with specific religious meaning. Thus, the notion of passages of life. Their function is to assist one to express joy and sorrows. In this way, the sacraments promote the well-being of an individual. Simultaneously they contribute to the development of an individual as a 'full-fledged social being' (Dandekar 1996: 142). *Saṁskāras*, hence, offer a comprehensive view on what a healthy life and personal well-being within the Hindu traditional society entails.[6]

All these rites of passage are recorded in the *Gṛhya Sūtras*[7], which describes and formulates the household or domestic rites, traditionally carried out at home and in which the priests hardly had any role to play. However, due to the modernization of education and changing social values, the significance of these domestic rites is eroding. Even the practice of *saṁskāras* has lost its unifying role and become dispersed. However, some of the practices are still adhered to, such as at formal ceremonies with the chanting of Vedic hymns and the offering of ceremonial fire as well as during private affairs when no religious person is engaged (Gengnagel and Hüsken eds. 2005). The fact is that only the most orthodox Hindu families still adhere fully to these *saṁskāras* prescriptions. Fortunately, most of the Hindus in contemporary society are, despite processes of secularization, still very keen to practice a few of those *saṁskāras*, such as the naming ceremony, the first feeding of the child, initiation to education, the marriage ceremony, and funeral rites. These practices are often executed with the help of a priest although not necessarily in the temple.

Well-being within the interplay between individual and society: Promoting 'Goals of Human Life' (Puruṣārtha)

The ideal of *puruṣārtha* (literally: 'goal' or 'end' of man/human [Antoine 1996a: 155-156]) – *dharma*, *artha*, *kāma* and *mokṣa* – is to create a four-fold network regarding what life is about and its connection to the general human quest for meaning and purposefulness.

- *Dharma* as a goal of life prompts an individual to be virtuous, righteous, and morally and ethically responsible in the entire social sphere of life.

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[6] For a comprehensive view of *saṁskāras*, see: Hinduscriptures.com 2021.

[7] *Gṛhya Sūtras* are the handbook of domestic religious rites carried out mainly by the householders, whereas *Srauta Sūtras* are the manuals of Vedic rituals and sacrifices in which priests play a major role.

- *Artha* is about a pursuit of wealth and prosperity. It is the means for life and human existence.
- *Kāma* refers to pleasure, the enjoyment of life. It implies the means of procreation and thereby continuity of humanity. Both *artha* and *kāma*, i.e., wealth and pleasure, must be in accordance with *dharma*.[8]
- *Mokṣa* refers to liberation, the ultimate goal of life in Hinduism.

Ideally, an individual who gains wealth (*artha*) and enjoy and fulfils the desires of life (*kāma*) in accordance with virtuous and righteous means (*dharma*) will finally attain liberation (*mokṣa*).

Traditionally these four goals of life are imparted during the student/learning stage of life (*brahmachārī*) and are practiced during the householder stage (*Gṛhastha*).[9] All of these life goals are ingredients of *puruṣārtha*. In this sense, they provide a set of goals to be achieved in life, eventually resulting in a meaningful life. Without these goals, life would become void and meaningless. Thus, the reason why the *dharma* of *puruṣārtha* determines the well-being of an individual in society and promotes wholeness in the public sphere of life, consequently creating a healthy society.

Care for family members, fellow humans, and other beings: The Five Great Sacrifices (Pañçamahāyajñas)

A householder is expected to perform the following five-fold obligatory sacrifices, or duties, every day: (a) *Brahma Yajña*, homage to Brahman, by reading the scripture; (b) *Pitṛ Yajña*, homage to the ancestors, by offering waters; (c) *Deva Yajña*, homage to the gods, by offering *homa* sacrifices; (d) *Bhūta Yajña*, homage to elements or other beings, by feeding animals and birds, and (e) *Manuṣya Yajña*, homage to humans, by offering hospitality to fellow human beings (Antoine 1996b: 203). Both *Bhūta Yajña* and *Manuṣya Yajña* are directly linked to an individual's responsibility as a caregiver to fellow human beings, animals, and other creatures; failing to perform these means falling short of one's great daily obligatory duty that may implode the hope of liberation, or *mokṣa* (the ultimate goal of life).

According to Wilson Paluri (2020), *Pitṛ Yajña* is the 'reverential bonding' with parents and elders, especially for the 'well-being' of family life. Caring for parents and elderly are both virtue and duty in the Hindu family system. "May mother be god to you, may father be god to you …, may guests be god to you"[10] is the ideal existence in the Hindu tradition. Offering of food to all beings, *Bhūta Yajña*, reduces the egomaniacal tendencies in human beings and cultivates the habit of sharing one's

[8] *Dharma* is an important term in Indian religions. In Hinduism, it means 'duty,' 'virtue,' 'morality,' even 'religion.' It also refers to the power which upholds the universe and society. Each person, therefore, has their own *dharma* known as *sva-dharma*.

[9] In the Hindu view on life, there are four stages: Student (*brahmachārī*), householder (*Gṛhastha*), hermit (*Vānaprastha*), and ascetic (*Sannyāsa*).

[10] "Mātrdevo bhavah, pitrdevo bhavah…, adhitidevo bhavah." (Taittiriya Upanisad I.11.2., cf. https://www.hinduwebsite.com/taittiriya-upanishad.asp).

possessions for the welfare of all needy living beings (Dandekar 1996: 139). These *mahāyajñas* are reflected in Hindu traditional societies. They prioritise care for parents and elders, honouring guests, extending hospitality to all, and demarcate the striving for the well-being of every human being.

Problematic aspects

The description of care, healing, and well-being in Hindu thought and traditional practices would be incomplete without pointing out its limitations. Most of the traditional practices are male- and upper-caste oriented. Many from the marginalized, so-called lower caste communities, are deprived from the Vedic practices as they had to be satisfied with merely a 'lower religion'. Early Vedic religion is said to be simple but more profound, upholding societal and gender equality. In the course of its history, it produced hierarchical structures and inequality in line with the vested interest of the affluent communities. Women and members of the indigenous communities (Tribals, *ādivāsīs,* Dalits) are the most exploited victims of such a discriminating process (Devi 2000: 15). Undoubtedly, Hindu society assumed hierarchical and patriarchal structures, although the dynamic status of individuals from marginalized groups and from women in general can also be traced throughout its history (Krishnan 2020a). However, current Hindu societies are not static but exposed to societal processes of change, affecting the dynamic status of women and the indigenous communities in religion and society.

Care, healing, and well-being in contemporary Hinduism

Hinduism and Hindu societies have gone through various changes and developments due to socio-political and other religious influences. Yet not only the ideals of Hindu *saṁskāras*, *puruṣārtha*, and *pañçamahāyajñas* have been practiced by the adherents throughout its history, but many of the teachings and religious practices are being reinterpreted and adapted to suit to the demands of changing times.

Renewal of care, healing, and well-being in 'renascent Hinduism'

Despite all the ideals of care and well-being, a large section of the Indian population lives under deplorable conditions. The hierarchical society, as established through the caste system, reserves privileges only for the upper *varṇa*/castes and denies the rights of the underprivileged Dalits, indigenous peoples, and *Ādivāsīs* of India. Over the course of its history, under the grip of the Brahminic system, Hinduism was reduced to a ritualistic and otherworldly spiritual entity. However, due to the influence of English education, the introduction of modern science, orientalist scholars, and activities of the Christian missionaries, the vitality of Hinduism was revived, leading to the emergence of a renascent Hinduism (Sarma 2000: 60-63). These nineteenth- and twentieth-century developments energized Hindu adherents to shift their focus from the otherworldly to life on earth. For instance, the dominant traditional *Vedānta*

philosophy for centuries focused solely on the relationship of an individual with God/ Ultimate Reality, with a skewed emphasis on the service to God alone. But the renaissance brought out vibrant Neo-*Vedānta* and *Guru* movements that help humanity to realise innate divinity in every human being, stressing the notion of 'service to humanity as service to god.'

Renascent Hinduism (Sarma 1966) paved the way for the development of numerous neo-Hindu organizations and Guru-movements, spreading all over the world. A traditional, ethnic Hinduism of the subcontinent slowly emerged as a global faith, drawing adherents from all over the world. They engage in philanthropic activities to extend care, healing, and well-being of humans, including the vulnerable sections of the Indian society.

Some of these neo-Hindu organizations are:

- The *Sri Ramakrishna Mission*, founded by Swami Vivekananda (Sarma 2000: 143-145; 155-156).
- The *Sri Sathya Sai International Organization*, founded by Sri Sathya Sai Baba (Sri Sathya 2021).
- *Brahma Kumaris*, a spiritual organization led by woman and founded by *Prajapita Brahma Baba.*
- Other educational and philanthropic institutions founded by *Mata Amritanandamayi.*

These organizations are among the many neo-Hindu movements presently functioning for the service of humanity and that cross all gender, ethnic, and national boundaries. Educational institutions,[11] well-equipped hospitals,[12] relief works during natural calamities, scholarship and feeding programs, and various other philanthropic activities carried out by these renascent Hindu organizations are testimonies to the promotion and humanization of care, healing, and well-being.

Gods and goddesses as source of healing and well-being

Hinduism is known for numerous gods and goddesses that accompany human beings. Classical Hinduism has an understanding of a 'Supreme Reality' as *Brahman*, popular deities known as *Trimurthi* (the 'Hindu Triad' of *Brahma*, the creator, *Viṣṇu*, the sustainer, and *Maheshvara* or *Śiva*, the destroyer), and various other forms of sectarian deities – *Viṣṇu*, *Śiva*, and *Śakti*. In popular Hinduism, people approach their 'favourite deities' (*Iṣta Devata*), otherwise known as the 'family god' (*Kula Devata*), whenever they are in need. For instance, *Mahālakṣmi* or *Lakṣmi* is known as the goddess of

[11] For example, the Ramakrishna Institute of Culture in Kolkata, and the Ramakrishna Mission Vivekananda College in Chennai.

[12] The Sri Ramakrishna Math Charitable Hospital in Tamil Nadu, the Shri Sathya Sai Medical College and Research Institute in Tamil Nadu, and the Amrita Institute of Medical Science in Kochi are a few among the many Hindu religious and charitable hospitals rendering health care services in India.

wealth and prosperity, *Saraswatī* as the goddess of knowledge, and *Ganesh* as the god of new beginnings and being able to remove obstacles.

Despite modern education and established medical facilities during the contemporary period of social change, the Hindu mind is still attuned to seeking divine favours during illness and other ailments. Out of all Vedic and non-Vedic deities in Hinduism, the Lord *Śiva* is called upon as *Vaidyanāth* (the healer of all) and *Mṛtyuñjaya* (conqueror of death). In popular Hinduism, one of the mother goddesses – *Mariamman* in South India – is approached for healing in general. *Shitalamātā* (literally: 'mother who cools') is popularly approached in the northern parts of India as a goddess with curative power, especially over fever, chickenpox, smallpox, measles, sores, and cholera. She is believed to carry a pitcher with medicinal water to cure the diseases. Many such deities who cure diseases in different parts of India are popularly approached by the villagers in case of any ailment, even before seeking for medical help. This is an accepted practice because many Hindus still believe that magic – the notion of an evil eye, curses, or even fate (*karma*) – cause illness. So they resort to *pūjās*, *mantras,* and other divine intervention rather than first seeking clinical treatment (Sharma 2002: 3).

Āyurveda (science of life): The Hindu science of medicine for fostering a holistic approach towards cure and general human welfare

"Let me see hundred autumns; let me live hundred autumns"[13] is the dictum on the longevity of life and health found in *Atharva Veda* (Griffith ed. 1899: 292). The healing tradition in India originated with *Atharva Veda* and grew during the Buddhist era. It culminated during the *Çaraka*-period with the emphasis on *Āyurveda*.

The healing tradition in Hinduism encompasses five components: Patient, physician, sacred chant, ritual or procedure, and drug treatment. However, during the Buddhist era, the role of sacred chant gradually declined and became minimal over the centuries of medical practices (Valiathan 2015: 109). *Atharvaveda* mainly deals with curative ingredients and charms,[14] promoting welfare to oneself while inflicting evil upon the enemies (Dasgupta 1975: 280-281). As sacred text, *Atharvaveda* gave birth to *Āyurveda*, literally 'the science of life.'

The association between *Atharvaveda* and *Āyurveda* is based largely on the fact that they both deal with the zest for curing of diseases. *Atharvaveda,* with its religious value, is acclaimed to heal the diseases caused by sins and transgressions through penance (*prāyaś-çitta*), whereas *Āyurveda* cures through medicine the diseases produced by the consumption of unwholesome food. *Çaraka*[15] (which uses the word

[13] "Paśyem śaradah śatam, Jivet śaradah śatam."

[14] Charm is considered better than hundreds and thousands of medicinal herbs. (Atharvaveda 2.9.3; 6.45.2. https://www.hinduscriptures.in/hindu-scriptures/introduction-of-scriptures/intro-of-veda/atharva-veda-an-overview-part-2)

[15] Known as the author of *Caraka Samhita* with eight books, the foundational text of *Āyurveda*.

Āyurveda in the sense of 'science of life') reckons medicine (*bhesaja*) as penance (Dasgupta 1975: 273-277).

However, in contemporary society, *Āyurveda* is recognized as a special branch of knowledge of life that deals with body and mind and holistic well-being. The term *āyurveda* is derived from two Sanskrit words: *Āyus* (meaning life) and *veda* (meaning knowledge or science). *Āyus*, referring to the whole of life in its all conditions, is comprised of happiness (*sukha*), sorrow (*duhkha*), good (*hita*), and bad (*ahita*). Being free from physical and mental diseases and bestowed with vigour, strength, energy, and vitality, along with enjoyment and success, displays a life of happiness (*Sukhmāyuh*) (Roy 1986: 152-153).

In order to maintain well-being and health, *Āyurveda* advocates daily and seasonal routines (*dinacharya* and *ritucharya*), a healthy diet, exercise, and good conduct (Tiwari and Pandey 2013: 288-292). It focuses on attempts to restore the relation of the body to the whole of the cosmos. It reckons with the disharmony in the equilibrium of the vital humours of the body such as air or wind (*vāta*),[16] bile (*pitta*),[17] and phlegm (*kapha*).[18] Disharmony can lead to illness but restoring them would result in health and physical well-being. Therapeutic practices such as surgery and the use of medicinal plants and meditation are part of *Āyurveda* (Ketchell et al. 2013). The purpose of administering medicine is said to be "the removal of cause of death, conferring of long life, purifying thoughts and actions, removal of the cause of diseases and ensuring the well-being of body and soul" (Gautamananda 2019: 2).

Yoga: The way to mental well-being

The Sanskrit word *yoga* literally means 'yoking' or 'joining.' It refers to the means or techniques for transforming consciousness and attaining *mokṣa* (liberation) from *samsāra* (rebirth). The mind is considered always fluctuating, but *yoga* helps to focus and experience the higher state of consciousness (Bowker ed. 1997: 1058). *Yoga Sūtra* of *Patāñjali*, however, suggests eight steps of *yoga* (*aṣtāṅgayoga*), namely: self-control (*yama*), observance (*niyama*), posture (*āsana*), control of breath (*prāṇayama*), restraint (*pratyāhar*), steadying of mind (*dhārana*), meditation (*dhyāna*), and deep meditation (*Samādhi*). All these steps are either directly or indirectly related to physical or mental well-being.

In popular understanding, *yoga* means 'discipline.' The term *yoga* refers to, firstly, a school of thought began in ancient India and, secondly, a system of mental and physical exercise developed by this school. Many people practice *yoga* as a form of

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[16] *Vāta*, which is associated with movements, governs breathing, blinking of the eyes, pulse of the heart, etc.

[17] *Pitta*, which is related to body's metabolic system, governs nutrition, body temperature, digestion, etc.

[18] *Kapha*, which is connected to the supply of water to body parts, is the energy that forms the body's structure, i.e., bones and muscles.

exercise to improve health and achieve peace of mind (World Book Encyclopedia 1981: 470-471). In fact, *yoga* is a spiritual, mental, and physical discipline or practice.[19] Various types of *yogas* are also practiced in order to lead a life of harmony and to achieve mental and spiritual happiness (Ketchell et al. 2013).

Yoga is a vital part of healing, spirituality, and meditation; therefore, its practice is considered an ingredient of human well-being. Through *yoga,* one can discipline and control the mind as a pivotal source of concentration. Although *yoga* may not cure the physical disease, it is supposed to heal one's mind. There are different types of *yoga*: *Hatha yoga* that focuses on breathing and meditation to relieve stress; *rāja yoga* that focuses on meditation and self-realization leading to the evolution of consciousness, and *tantra yoga* that frees consciousness from all limitations. All these forms of *yogas* are related to the general promotion of mental healing and human well-being.[20]

Caregiving to the aged: Hindu family care and a gero-transcendent view on life

Generally, Hindu family members provide care at home for the aged and dependents. Caregiving to the aged within a family is culturally inherited. Nevertheless, some people feel that they are 'compelled and burdened' to offer care for the aged due to rapid demographic and epidemiologic transitions in contemporary India (Capistrant et al. 2015). In addition to the family care, a gerontological finding on *Pitamaha Sadans* of Chimmaya Mission[21] points to "religiosity and spirituality as protective and wellness promoting variables for older adults" (Pandya 2016: 15). In this regard, *Āśrama-dharma* can be viewed as one of the essential features of care for the aged.

According to the *āśrama* scheme, individuals from the upper caste move through the following four stages of life: The student stage of training (*Brahmachārya*), the householder stage (*Gṛhastha*), the hermit or forest dwelling stage of withdrawal (*Vānaprastha*), and the ascetic stage of renunciation (*Sannyāsa*). These four stages of life are oriented towards one's ultimate goal in life, namely, *mokṣa* or liberation. S.C. Tiwari and Nisha M. Pandey (2013) comment as follows: "The *Ashram* scheme is devised as an instrument of life, as the best means towards the fulfilment of what was conceived to be the fullest and the most efficient management of individual, social, and economic orders as a whole."

Within this *āśrama* scheme, *vānaprastha* and *sannyāsa* are directly related to the phase of old age. Both are renunciatory stages with an attitude of non-attachment. It

[19] June 21 is the longest day of the year and is, therefore, significant in different parts of the world. It was also declared as the International Day of Yoga by United Nations. The first International Day of Yoga was observed in 2015.

[20] Pathshala 2020. The founder of the 'Art of Living,' Sri Sri Ravi Sankar and Baba Ramdev are the two prominent living *yoga gurus* among the many in India with followers from all over the world.

[21] The Chimmaya Mission was founded by Swami Chinmayananda in 1953. Old age institutions like *Pitamaha Sadans* provide residential facilities and amenities to older adults. This project began in 1995 in Allahabad.

is believed that *Vānaprasthāśrama* developed in opposition to the teachings of Buddha and Mahavira who promulgated complete renunciation and celibacy. This very radical form of non-attachment threatened the core of family life. Thus, the reason why the *āśrama* scheme was introduced to stabilize the very existence of the family which was otherwise jeopardized by the influence of Buddhism and Jainism with their emphasis on 'freedom in the forest' (Premsagar 1994: 16). In this regard, it is important to mention that the institution of *sannyāsa* is said to be against the very tenets of a Hindu way of life. In fact, this tendency is of *śramaṇa*[22] origin. Early Hindu sages never approved *sannyāsa*, and their preference was only the first two *āśrama* scheme. However, it was because of the influence of Jainism and Buddhism that the later Hindu sages adopted the stance of 'homelessness' or 'ascetic detachment' as the last stage of life (Datta 2001: 583).

A gero-transcendence view on life (the Āśrama Scheme)

It is argued that the essence of gero-transcendence is implicit in the *vānaprastha-sannyāsa āśrama* scheme (Krishnan 2020b). Samta P. Pandya (2016: 2) states: "Lars Tomstam's concept of gero-transcendence shares core components with the last two stages of the four-stage of the Hindu model of the life span. …" All three dimensions – self, social, and cosmic – are evident in one way or the other in the last two stages of life as prescribed by the *āśrama* scheme. While the notion of *gṛhastha* points to a materialistic view on life, a *vānaprastha* or *sannyāsa* emphasis embraces a more cosmic and transcendent view on life as represented in the notion of gero-transcendence. The solitude longed for by the individual in gero-transcendence becomes fulfilled during the *vānaprastha-sannyāsa* stages as prescribed by the *āśrama* scheme. The solitude of the forest in *vānaprasthāśrama* helps a person to escape from the flutter of mundane life in order to create ample opportunities to start meditating on the higher values of life. Ideally, this stage has greater significance as it is close to the final stage (death and dying) and *mokṣa* (liberation).

The *vānaprastha* stage points to the fact that one's stature cannot be reduced to the secular demands of the society with its emphases on productivity and wealth (Radhakrishnan 2009: 63). The purpose of *sannyāsa* is to gain a state of spiritual freedom and, thus, stands in opposition to the needs of an affluent society. As Arulsamy (2000: 10) states: "This stage indicates that human life has a deeper significance, that it is not over in merely being born, growing up, marrying, earning a livelihood, founding a family, supporting it and passing away." The finding of oneself is more fundamental to achieving meaningfulness. In this regard, Radhakrishnan argues that although the sole purpose of a *sannyāsin* is to attain spiritual freedom, becoming oneself implies not merely freedom from the attachment of the world but a new connection to daily living. On the one hand, an individual is free from craving riches or glory but, on the

[22] The *Śramaṇa* movement, which gave birth to Jainism and Buddhism, was an ancient religious development that existed parallel to, but separate from, Vedic Hindu tradition.

other, one is not elated by success or disappointed by failure (Radhakrishnan 2009: 64).

According to Samta P. Pandya, Hinduism provides a rich spiritual heritage on aging with its emphasis on the transcendent realm of life. Its advantage is that it promotes the idea of gero-transcendence (Pandya 2016: 2). Due to the *āśrama* approach, a human being becomes more spiritual despite physical decline (Tiwari and Pandey 2013). According to Shrinivas Tilak, old age is not a period of total disengagement but a period of differentiation as one must practice whatever enables oneself to a deeper level of spiritual growth. Liberation then also implies the art of giving up the affairs of the world (Tilak 1989), that is: "Leading a meaningful life and knowing the art of leaving the world graciously at the end" (Rajan 2001: 9).[23] This is the reason why *vānaprastha-sannyāsa āśrama* suggests a purposeful stage of dignifying the elderly (the *Śruti-Smṛti* tradition in India).

Assessing the contemporary significance of the Āśrama scheme

One of the major characteristics of Hindu religious thinking is its spirit of accommodation or adaptability. Modernism and the contemporary cosmopolitan middle-class adherents in India are said to participate in new social forms regarding ageing. For example, life in an old-age-home is perceived as a variant of *vānaprasthāśrama* for the elderly. However, according to Sarah Lamb, many in India expressly perceive old-age-home-living as akin to the 'forest-dwelling' as prescribed by the *vānaprastha* life phase (the loosening of family and worldly ties to pursue spiritual realization) (Lamb 2007: 57).

In an ethnographic research project, conducted in 29 homes of older adults in Kolkata, Sarah Lamb claims that the majority of homes still adopt the concept of 'spiritual forest dwelling' and *seva* or service in their policy. The mission of one of the homes for the elderly clearly stated: "To provide 'a life away from the din of family, spent in solidarity and religious practices,' a site to pursue *vānaprastha āśrama* (the 'forest dwelling' phase)" (Lamb 2007: 57). As per the changing world, many such homes give a new identity and personhood, especially for women, that is different from the intergenerational family where dependency and gendered relations are still maintained. These homes often cultivate independent and egalitarian ways of living for the aged, thereby transcending the limitations of the traditional care in the joint families (ibid.).

Another sociological study, carried out by Samta P. Pandya, concludes that for the majority of the residents of *Pitamaha Sadans*, the old age home run by the *Chimmaya Mission*: "Aging was a state of mind, something that could be modified with … and death was a process that led to God proximity" (Pandya 2016: 1). In this way, the *Āśrama* scheme of life is accepted and adapted by the Hindu mind in accordance with evolving and changing life in contemporary society.

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[23] It is said that in order to live in dignity, an old person requires 'new goals or new patterns of life' (Hall 1985: 70).

Today, many Hindu organizations are engaged in helping the aged meet the challenges of both physiological and psycho-moral problems related to aging. Although the intergenerational joint family remains the major place of residence and care for the elderly in India, the state and private institutions – as well as many individuals – increasingly own responsibility for looking after the aged (Lamb 2005: 80). Caring for the aged is perceived as "a fundamental part of a reciprocal intergenerational cycle and form of moral religious duty or *dharma*" (Lamb 2019: 1). However, in contemporary India, one witnesses a sudden leap in the number of 'non-traditional, joint-family based ageing' in the form of homes that offer care for the aged. Sarah Lamb observes: "Many old-age homes position themselves as modern sites for offering *seva* (respectful care) and a forest-dwelling lifestyle to today's older people" (Lamb 2019: 2).

If a spirituality of ageing, as represented in the *āśrama* scheme and the notion of gero-transcendence, can be taken into account when dealing with the issues of the aged, one can emphatically state that religion still has an impact on the quality of care for the aged. It has "both a palliative and a preventative effect for older adults" (Kimble et al. eds. 1995: 5). As India is known for its richness of religiosity and spirituality, the challenge prevails to instil and foster a process of graceful ageing. In this regard, the contemporary interpretation of the *vānaprastha-sannyāsa* scheme of life from the perspective of gero-transcendence plays a pivotal role. It can be defined as "a shift from a materialistic and pragmatic world view to a more cosmic and transcendent one" (Braam et al. 2006: 121).

Concluding remarks

By its very nature, as a way of life with its teachings and practices, Hinduism offers a very rich tradition in terms of its concerns for care, healing, and well-being to all living beings. In its praxis, care for the individuals, even before birth, extending to the realm beyond death, is embedded in the practice of Hindu *Saṁskāras*. Societal well-being is implicit in *puruṣārtha,* with its emphasis on *dharma* and the challenge to fulfil *artha* and *kāma*. Similarly, care and well-being, not only for humans but also for all beings on earth, is evident in *pañçamahāyajñas*. Hinduism's focus on healing is clearly reflected in *Āyurveda*, especially in its view on holistic healing as expressed in the practice of *yoga*.

Although the family is still viewed as the traditional support system for providing care and well-being for the aged, India is exposed to processes of transition. Nevertheless, the traditional dependency on the favourite and specific deities for care during illness and in crises prove how Hinduism still has a powerful influence upon its adherents. Due to a spirit of accommodation and adaptability, Hinduism has evolved to suit the changing world with all its challenges. A renascent Hinduism, with all the neo-Hindu movements and organizations, is aimed at 'service to humanity as service to god.' This focus proves its efficiency, even in times of modernization. The care

extended to the aged living in old-age homes is highly valued. These places are viewed as functional spaces for growing old gracefully. In this respect, the notion of gero-transcendence implicit in the contemporary view of the *āśrama* scheme plays a positive and pivotal role in the Indian society. One can, therefore, conclude and emphatically state that care, healing, and well-being is not a thing of the past but still continues to exist in the Hindu tradition despite new demands emanating from the contemporary period of modernization and globalization.

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Chapter 12

Spiritual Care with Buddhists: Foundations, Essentials, and Praxis

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Introduction

As one of the major world religions with multiple denominations, Buddhism (with both its formal devotees and allied sympathizers) can be found worldwide. It is now well-established that multiple contemplative traditions originating with Buddhism are of interest to the wider public. For example, a recent search of publications by scientists in the *ScienceDirect* database returned 2,069 results, 1,031 of which are peer-reviewed research articles with the vast majority published since 2010 (ScienceDirect 2021). It is therefore incumbent upon scholars of theology and religion to clarify the significance and relevance of this religious tradition for clinical and spiritual caregivers in particular and for practical theological hermeneutics of lived religion disciplines more generally. Such persons are especially qualified to attend to the qualitative and humanistic dimensions of interreligious literacy, engagement, and care. After the foundations for easily discerning Buddhists and their beliefs are reviewed in this chapter, the essential characteristics of Buddhist spiritual care are presented. Examples of care applications in Buddhist, interreligious, and secular contexts are then shared. This chapter endeavours to provide the reader with a comprehensive, theologically textured and yet concise edification in Buddhist spiritual care.

Background and developments: Founding of Buddhism and foundational thinking

Since the birth of Siddhartha Gautama (fifth century BCE) into the Śakya clan in what is now Lumbini, Nepal (Davids 1999: 1-42), Buddhism spread through Eurasia to East and Southeast Asia, along with its evolutionary refinements and elaborations expressed through its systematic philosophy and religious praxis (Stcherbatsky 1962: 3). The earliest period (the first five hundred years) is contained in the Pāli canonical literature that was preserved by the *Theravāda*, or 'elders-school.' The Pāli formally introduces the principal Buddhist doctrines of: (1) subtle impermanence (Pali: *anicca*) of produced phenomena, (2) dependent-origination (Pali: *paticca-samuppāda*), and (3) its corollary, the lack of a permanent, autonomous, independent self (Pali: *anatta*) (Stcherbatsky 1962: 3-7). During this era, Buddhism was carried to Sri Lanka by the

daughter and son of King Aśoka (Ānandajoti 1988: 32-47). A popular example of an early *Theravāda* sutra and Buddhist hermeneutics given in outline form is the *Kālama Sutta* from the *Anguttara Nikāya* section of the Pāli canon:

> Now, Kalamas, don't go by reports, by legends, by traditions, by scripture, by logical conjecture, by inference, by analogies, by agreement through pondering views, by probability, or by the thought, 'This contemplative is our teacher.' When you know for yourselves that, 'These qualities are skillful; these qualities are blameless; these qualities are praised by the wise; these qualities, when adopted and carried out, lead to welfare and to happiness' – then you should enter and remain in them (Canonical Pāli Sutta - Anguttara Nikāya 3.65).

The turn of the millennia and the beginning of the Western Christian era heralded an expanded interest and devotion of Sanskrit Brahmin *paṇḍits* towards Buddhism with a corresponding philological renaissance and drive to differentiate Buddhist doctrines from parallel developments in Indic logic and realist philosophies (Stcherbatsky 1962: 7-11). This era yielded composition of canonical sutras into a vast expanse of Sanskrit sutras and commentarial literature with extensive systematic development of *Madhyamaka* Middle Way philosophy, *Yogācāra* metaphysics, and related epistemology by classical Indian Buddhist prodigies such as Nāgārjuna and Āryadeva (2nd century), Vasubhandu and Asaṇga (4th century), Dignāga (5th century), and Dharmakīrti (7th century).

During the early first millennia CE, Buddhist monasticism and canonical literature moved from India to China and, thereafter, to Korea and Japan, evolving as the *Mahāyāna* tradition. This tradition acknowledges the salugenic *Bodhisattva* and universal conjecture of infinite possible Buddhas, each exemplifying care for infinite numbers of sentient beings as objects of compassion and loving kindness (Stcherbatsky 1962: 52-55). The Pure Land and *Ch'an* (Zen) traditions developed in China while *Mahāyāna* Buddhism made its way northward to Tibet and Mongolia. The translation of Sanskrit sutras and systematic philosophical literature into Tibetan preserved Buddhist literature and empowered expansions of the *Vajrayāna* contemplative traditions in Nepal, Tibet, and Mongolia, as Islamlic and Vedic religious cultures gradually supplanted Buddhism in much of Northern India (Stcherbatsky 1962: 55-57). These diverse Buddhist traditions continue and comprise the diverse Buddhist denominations found around the world today.

While Buddhists share core elements from these varied historical, cultural, and doctrinal developments, spiritual caregivers ministering to Buddhists would do well to swiftly determine denominational affiliations, affinities, and the language of praxis of clients. Regardless of denominational diversity, the recitation of the canonical sutra literature can be a powerfully palliative spiritual resource, akin to the profound connection and spiritual identity a Christian typically would hold with the Gospels.[1] The spiritual caregiver, after confirming the client's denominational affiliation, can then

[1] This is my personal observation based on spiritual care ministry with Buddhists and their families, although I have no doubt the question would make a compelling and worthy empirical practical theology study.

provide audio-recordings of chanting and readings of the *Theravāda* or *Mahāyāna* sutras in the appropriate language (Pāli, Singhalese, Sanskrit, Thai, Chinese, Tibetan, Korean, Japanese, Vietnamese) or other translated renditions (English, Spanish, German) according to the client's preference.

Aside from information gained through direct inquiry, there are traditional definitions used to define Buddhists doctrinally, such as whether or not they accept "the Three Jewels as their sources of refuge" or consider themselves as "proponents of Buddhist tenets, the Four Seals."[2] The Three Jewels are "the Buddha, who shows where one can go for refuge; his doctrine, the true cessations and true paths that are the actual refuge, and the spiritual community, who aid in achieving refuge" (Sopa and Hopkins 1989: 36). The Four Seals are tenet commitments held to be true that "all products are impermanent; all contaminated things are miserable; that all phenomena are selfless [of inherent existence], and that *nirvāṇa* is peace" (Sopa and Hopkins 1989: 36).[3] The Buddhist moralities guide behaviour in a normative sense, which is expressed for laity through the Five Moralities, or *Pañcha Śila*, and embody the ideal of one who:

> Abstains from the taking of life and encourages others in undertaking abstinence from the taking of life. He himself abstains from stealing and encourages others in undertaking abstinence from stealing. He himself abstains from sexual misconduct and encourages others in undertaking abstinence from sexual misconduct. He himself abstains from lying and encourages others in undertaking abstinence from lying. He himself abstains from intoxicants that cause heedlessness and encourages others in undertaking abstinence from intoxicants that cause heedlessness. Such is the individual who practices for his own benefit and for that of others (Canonical Pāli Sutta - Anguttara Nikāya 4.99).

With the fundamental foundations of this brief review in hand, spiritual caregivers from non-Buddhist traditions will be equipped with a basic literacy for serving Buddhists in interreligious contexts. It will also be helpful to have some familiarity with principles of uniquely Buddhist spiritual care – a Buddhist pastoral theology, if you will.

Essential characteristics of Buddhist spiritual care praxis

The origins of Buddhist spiritual care praxis, which are akin to early Christian practical theology, originate with the historical Buddha himself when he connects Buddhist

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[2] In this regard, see Sopa and Hopkins 1989: 3. These criteria were originally elaborated by the Tibetan Buddhist theologian Konchok Jigme Wangpo (dKon-mchog 'Jigs-med dBang-po, who lived 1728-1791).

[3] Here, 'contaminated' refers to experiences resulting from non-virtuous actions *(karma)* caused by ignorance and disturbing emotions *(kleśa);* this ignorance is not a general dullness of intellect but rather a particular *faulty knowing* ignorance specified by the second of the Four Noble Truths. See, for example, the concise canonical presentation of the Four Noble Truths from a praxis perspective towards the end of the Satipaṭṭhāna Sutta.

praxis with medical care in the *Mahāvagga Khandhaka* section of the *Vinaya Piṭaka* ethics of the Buddhist canon. There we find the *Kucchivikāra-vatthu* tale wherein the Buddha Śākyamuni comes across a monk lying in his own urine and stools, sick with dysentery, and proceeds to bathe him, assisted by his attendant monk Ānanda. Buddha Śākyamuni asks the sick monk and later the community of monks why no one had helped him while he was sick, and both reply that since the sick monk did not do anything for others, no one did anything for him in return. In response, the Buddha addresses the monks: "If you don't tend to one another, who then will tend to you? Whoever would tend to me, should tend to the sick ... [and if they fail to do so, they] incur an offense of wrong-doing" (Canonical Buddhist Sūtra – Mahāvagga 8.26.1-8). This episode sets the stage for further instructions about caring for the sick that include directives related to spiritual care. These instructions include characterizing difficult and easy patients, as well as attributes of caregiver competence and incompetence. For example, the caregiver should be "competent at instructing, urging, rousing, and encouraging the sick person at the proper occasions with a talk on *Dhamma*," where *Dhamma* can be understood as instructions about Buddhist doctrines and contemplative practice. Furthermore, the caregiver should be "motivated by thoughts of good will, not by material gain" (ibid.).

In the Khuddhakapāṭha Nikāya collection of the Pāli textual collection, we find a letter to King Milanda from Nāgasena (ca. early CE) relating the verses customarily attributed to the Buddha:

> Whatever medicines are found
> In the world – many and varied –
> None are equal to the Dhamma.
> Drink of this, monks!
> And having drunk
> The medicine of the Dhamma,
> You'll be untouched by age and death.
> Having meditated and seen –
> [You'll] be healed by ceasing to cling.
> (Canon-Appended Pāli Sutra - Milindapañha 5)

Historical therapeutic herbal medicine traditions that originated in Buddhist societies also developed rich bodies of medical literature systematically coherent with Buddhist philosophies and doctrines. These remain vibrant in our own era, such as the Tibetan herbal medicine tradition (Tibetan: *gso-rig*) based on an elaborate literature of the Four (Tibetan Medical) Tantras (*rGyud-bzhi*) (Trinlae 2017: 88). The Tibetan Buddhist tradition also provides an elaborate presentation of the death and dying process, including specifications of phenomenological symptoms and observable signs of impending death and instructions on ways to aid the dying and their companions (Trinlae 2017: 89).

It is possible to explain Buddhist spiritual care praxis with a reflexive hermeneutic cycle based on the traditional Buddhist paradigm of spiritual formation framed by the

three higher trainings of listening *(śruta)*, thinking *(cintā)*, and meditation *(bhavānā)* and combined with elements of the Eightfold Noble Path.

Figure 1. Example of a Buddhist hermeneutic praxis cycle

Findings from recent practical theology field research with Buddhists: Proposal for a caring model

In discussing spiritual care in interreligious contexts (such as this volume), it is hazardous to presume commonality or universal referents for terminology such as 'spiritual care.' Even where there may be substantial overlap in terms of praxis behaviours, divergent theological and cultural principles will likely be lurking behind the terminology. In the case of Buddhism, as demonstrated above, there are doctrinal foundations of care reaching back to the earliest religious history. Yet when I searched through 2,500 years of Buddhist scriptural literature, neither a phrase construct nor a genre of literature could be found akin to the English terminology of 'spiritual care' or 'pastoral theology.'[4] In my research it was, therefore, necessary to identify and establish use of appropriate spiritual care language constructs from scratch, because this basic theological research to empirically establish relevant constructs had not been identified before in traditional or scholarly literature. It was accomplished comparatively, employing and testing terms identified from literature research, phenomenological field research with Buddhists, and the religion-neutral, clinically-validated (Moorhead et al. 2003) construct of 'psychospiritual ease' developed in North America as the Nursing Outcomes Classification (NOC) clinical 'comfort status.' 'Psychospiritual ease' refers to "self-concept, emotional well-being, source of inspiration, and meaning and purpose in one's life" (Mosby 2016: 403). Aside from the compatibility of this construct with Buddhist contexts doctrinally, its conventional establishment within contemporary clinical medicine is an additional, powerful advantage.

[4] My search through Buddhist literature comprised primary canonical and commentarial works in Tibetan and Pali and Chinese, but not other languages such as Singhalese, Thai, Cambodian, Mongolian, Vietnamese, Korean, or Japanese. Since that time, much has been achieved in the areas of text digitization, so an exhaustive comparative search will likely be possible in coming years as this work continues. This literature is vast in volume. The Tibetan canonical *Kangyur* alone comprises about 70,000 pages (Trinlae 2017: 11).

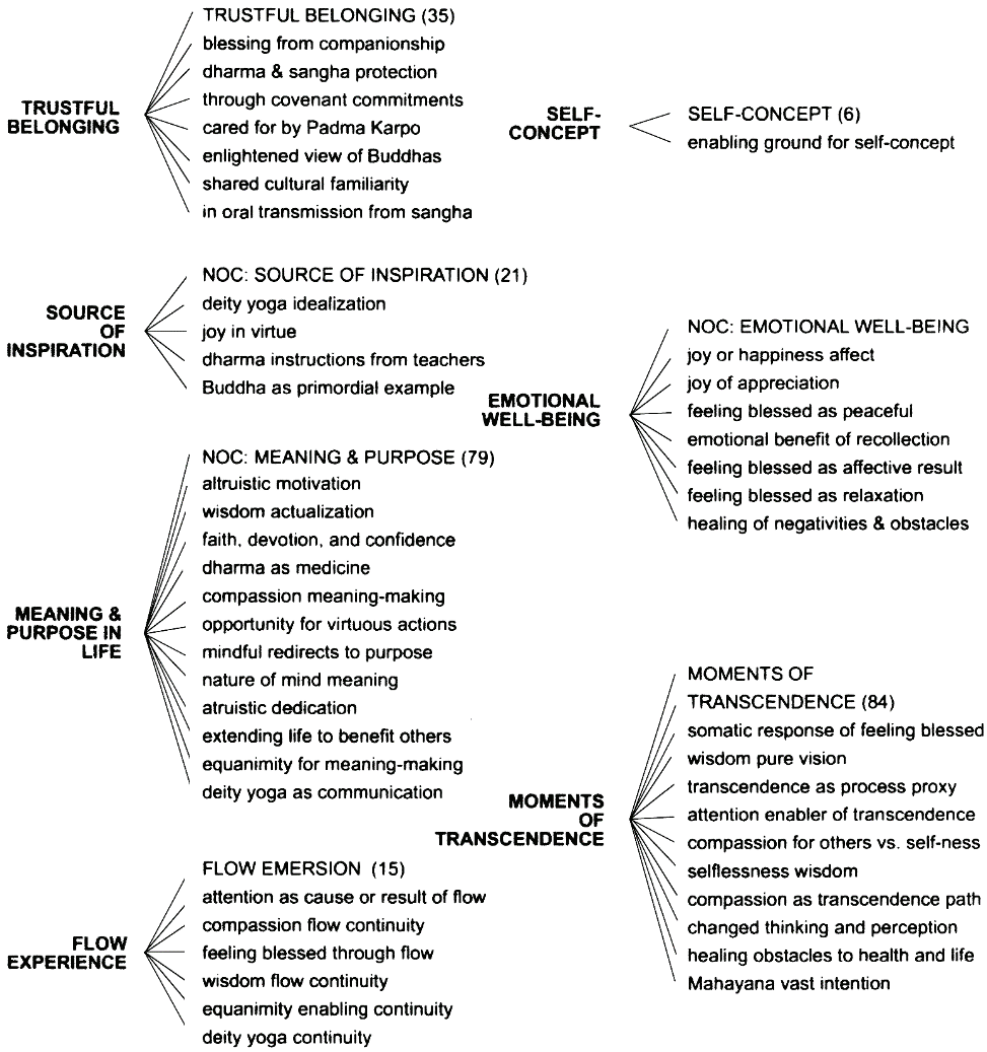

Figure 2. Clinical spiritual care factors identified in Buddhist phenomenological data (Trinlae 2017: 178)

Therefore, a literature-based thematic correlation of Western and Buddhist constructions of 'psychospiritual transformation' critically relating Clinebell's 'trustful belonging in the universe' and 'moments of transcendence' constructs with Buddhist 'enlightened nature and identity' (as previously discussed in spiritual care contexts by Kilts 2008) was completed and used to form the theoretical foundations for the empirical, fieldwork-sourced, data-based constructs (Trinlae 2017: 84-85). Csikszentmihalyi's (1990: 6) 'flow-emersion experience' was found to be similar to a Buddhist concept of 'letting-be with experience' discussed by the late Buddhist theologian C. Trungpa (Trungpa et al. 2008: 126-127). These, along with the NOC factors, were

tested in field work for presence in phenomenological experiences of psychospiritual transformation by Buddhists from the Tibetan tradition during a contemplative liturgy experience (Trinlae 2017: 145-183). Indigenous contemplative factors were also provisionally identified and correlated with the care factors in the same study. As shown in Figure 2, possible measurement indicators of these constructs were identified that could comprise a working factor model of spiritual care factors in Buddhist contexts and could be helpful to caregivers as topics for spiritually edifying conversations with Buddhist clients. The findings are provisional and particular to the specific empirical context, pending confirmatory and validity studies, but are nevertheless informative compared to prior *ex nihilo* empirical practical theology resources related to the functional dynamics of Buddhist contemplative processes.

In summary, my recommended Buddhist communal model of spiritual care begins with *discernment* and is followed by basic *normative principles*. Care *discernment* requires one to:

- Determine if the client is Buddhist by refuge or doctrinal belief (or more informal admiration, as the case may be).
- Determine Buddhist denominational affiliation and praxis language (if any):
  - *Theravada* (Pāli sutras – South Asian and Southeast Asian languages);
  - *Mahāyāna* (Himalayan and East Asian languages)
    - Chinese *Ch'an* (Zen) or Pureland (*Amitābha*) and related sutra practices;
    - Japanese Zen (meditation and Ko'an) and Pureland traditions, and
    - Tibetan Buddhist (*Vajrayāna*).
- Allow the client to direct care requirements, whenever possible; elicit responses that allow clients to directly specify needs, such as: scriptural readings, meditation supports, counselling or prayer with Buddhist clergy, support for contemplative ritual or meditation.

In this proposed care model, Buddhist *normative principles* include:

- Competent caregivers will identify and remove non-helpful conditions and obstacles to the holistic salugenic functioning of the individual.[5]
- The change process is a dynamic interplay of affective-perceptive construction, positivity, and dialectical constructive-development.

[5] Much of this can be done very practically by softening lighting and reducing noise disturbances. Especially during hospice care service, I have observed nursing home staff often keep TV sets in patient rooms on noisy news channels all day, relating crimes, disturbing events, and nonsensical chat shows – seemingly out of a compassion to provide patients some virtual level of companionship. Absent family members will likely be unaware of such passive interventions. From a Buddhist pastoral theological perspective, this type of ongoing background noise is inappropriate care, especially for Buddhist hospice patients. Positive suggestions for more wholesome substitutes, such as contemplative music, can usually be facilitated easily. Similarly, in some cases, patients and family members can be supported in consulting with holistically minded medical professionals to replace routinely prescribed medicines with equally effective but less-toxic substitutes.

- The role of the caregiver is to be an empowering enabler of a client's developmental self-authoring and self-sufficiency; the caregiver operates holistically by holding both individual and environmental factors as objects of care.
- The spiritual role is to serve as a safe and reliable virtuous friend, whereby the caregiver can be presumed to abide in moral benevolence and non-malfeasance with respect to speech, thought, and bodily actions.
- There is a willingness to deploy context-appropriate 'use of self' in the service of the client.
- The role of the helper (chaplain) is reflexive so that the caregiver maintains sufficient individuation and an over-embedded identification with the role of the helper is minimized.

Contemporary care applications informed by Buddhism

There are several contemporary care modalities that are directly or indirectly derived from Buddhism. A small review of these here will allow readers to see applications of the previous theoretical material in action and become familiar with various interdisciplinary innovations. Clinical practices and research underpinning diverse care applications are presented from clinical psychology, addiction recovery, hospice care, and mindfulness meditation. While the care applications are drawn primarily from Western care contexts, reforms found among contemporary Buddhist traditions originated in earlier Asian contexts and, therefore, the Buddhist ministries we observe in the world today reflect this diversity, at least implicitly.

The reforms of Venerable Tai-xu (1889-1947) in China (see also Long 2000), perhaps inspired by observations of Christian missionaries, helped found the humanistic Buddhism movement in east Asia, for example. These movements have produced four multimillion-dollar, Buddhism-inspired hospitals in Taiwan and an international disaster relief organization (Tzu Chi 2019). The peace movements in pre- and post-war Japan (Victoria and Muneo 2014) also likely shaped the contemporary cultural contexts of Buddhism internationally. The principal author of India's constitution and independence activist, Dr. B.R. Ambedkar, embraced Buddhism as a model of personal spirituality and a means to broader social emancipation through the conversions of previously untouchable caste members to a belief where caste is no longer relevant (Dr Ambedkar Foundation 2019). The twentieth century saw Buddhist peace activism during the American war on Vietnam forge the contemporary Engaged Buddhism movement (Sieber 2015), and the persistent, pervasive non-violent nature of striving by Tibetans residing in exile (Gyatso 2020). At the same time, the previous century saw violent wars in nearly all of the Buddhist countries across south and southeast Asia. Thus, while the following examples of Buddhism-related care appear self-contained within their discrete and secular field applications, they are derived from a richly textured historical fabric of lived religion. The recipients of some of these care modalities drawn from Buddhism may have no idea that they are practicing a technique drawn from one of the world's oldest major religions.

Dialectical behavioural therapy: Insight dialogue and addiction recovery

In his paper on Buddhist psychotherapy, Ryan Bongseok Joo (2011: 628) explains how "as Vipassanā was gaining more and more converts among Korean Buddhist practitioners, the new approach of marrying traditional Buddhist meditation to Western medicine also gained its own set of new converts within the circle of Korean psychiatrists and psychologists." He notes how three Korean academic associations related to Buddhism and psychotherapy were founded between 2007-2009 with members who "were in varying degrees influenced by Western scholars of mental health, such as Jon Kabat-Zinn, John D. Teasdale, and Marsha Linehan, who applied Buddhist meditation techniques – particularly vipassana mindfulness meditation – to the treatment of psychological disorders" (ibid.). Of these scholars, Kabat-Zinn is associated with clinical applications of mindfulness, Teasdale with cognitive behavioural therapy, and Linehan with dialectical behavioural therapy (Weiss et al. 2005).

Dialectical behavioural therapy (DBT)

In 2001, Marsha Linehan co-published, with Linda Dimeff, *Dialectical Behavior Therapy in a Nutshell*, in which she states:

> The synthesis of acceptance and change within the treatment as a whole and within each treatment interaction led to adding the term 'dialectical' to the name of the treatment. This dialectical emphasis brings together in DBT the 'technologies of change' based on both principles of learning and crises theory and the 'technologies of acceptance' (so to speak) drawn from the principles of eastern Zen and western contemplative practices (2001: 10).

In a later video interview for New York Presbyterian Hospital (2016), Linehan states: "It is the synthesis of the change of behavioural therapy and acceptance, which when the treatment was developed was drawn primarily from my own practice and experience in Zen." In the same interview, Dr. Wayne Fenton from the US National Institute of Mental Health says: "We have very few evidence-based treatments for Borderline Personality Disorder at this point; DBT is probably the treatment for which there is the greatest evidence" (New York Presbyterian Hospital 2016). Interestingly, Dimeff and Linehan, without citing Csikszentmihalyi, also bring in the concept of 'flow' as a care factor, describing a process that is probably familiar to experienced spiritual caregivers:

> This dance between change and acceptance are required to maintain forward movement in the face of a client who at various moments oscillates between suicidal crises, withdrawal and dissociative responses, rigid refusal to collaborate, attack, rapid emotional escalation, and a full collaborative effort. In order to [facilitate] movement, speed, and flow, the DBT therapist must be able to inhibit judgmental attitudes and practice radical acceptance of the client in each moment while keeping an eye on the ultimate goal of the treatment: to move the client from a life in hell to a life worth living as quickly and efficiently as possible. The therapist must also strike

> a balance between unwavering centeredness (i.e., believing in oneself, the client, and the treatment) and with compassionate flexibility (i.e., the ability to take in relevant information about the client and modify one's position accordingly, including the ability to admit to and repair one's inevitable mistakes), and a nurturing style (i.e., teaching, coaching, and assisting the client) with a benevolently demanding approach (i.e., dragging out new behaviors from the client), recognizing the client's existing capabilities and capacity to change, having clients "do for themselves" rather than "doing for them" (2001: 10, parentheticals in original).

Insight dialogue

Like Linehan, Gregory Kramer has spawned a ministry of service by combining Buddhist mindfulness skills with interpersonal communications, especially for sufferers of borderline personality disorder. In his 2007 book, *Insight Dialogue: The Interpersonal Path to Freedom,* Kramer provides "an entire methodology that seeks to help us turn interpersonal interaction into a journey on the path to cultivating equanimity, mindfulness, and calm awareness" (Kuttner 2008: 102). By reading the Four Noble Truths as related to interpersonal relations, Kramer focuses on freeing people from "interpersonal suffering" and its causes by coaching communication partners to meditate to generate a sense of "relaxing," or "listening deeply" and then transferring this sense into the dialogical relations of communication (Kuttner 2008: 103, 106). Conflict negotiation specialist Ran Kuttner has seen scope for applying Kramer's *Insight Dialogue* to the field of dispute resolution, saying:

> The trust described in Kramer's guidelines can accommodate the tension [between empathy and assertiveness] and can help parties empathize without giving up on their own perspectives. … Kramer's interpersonal framework may help us… meet the challenge of maintaining mindfulness, equanimity, and relational awareness in the heat of the moment, and manage the conflicting situation without withdrawing to adversarial mindsets and approaches (Kuttner 2008: 108).

Addiction recovery

The Refuge Recovery alternative to the traditional twelve-step Alcoholics Anonymous-style recovery was developed by the son of one of the founders of the American hospice chaplaincy movements, the late Stephen Levine. Although a son of Stephen, Noah Levine describes himself as identifying with a completely different generation and culture than his father, and notes that he first found solace in mindfulness of breathing meditation while incarcerated and fighting chronic addictions (Secular Buddhism 2017). He describes how he felt that his sense of social connection with the people in Twelve-Step programs was stronger than those found in typical Buddhist groups, but that he did not connect to the (typically Judeo-Christian) religious cultural assumptions of the Twelve-Step groups. Thus, he devised the "Refuge Recovery" program (Levine 2014), which is grounded in the belief that Buddhist principles and practices create a strong foundation for a path to freedom from addiction.

> Refuge Recovery is a practice, a process, a set of tools, a treatment, and a path to healing addiction and the suffering caused by addiction. The main inspiration and guiding philosophy for the

> Refuge Recovery program are the teachings of Siddhartha (Sid) Gautama, a man who lived in India twenty-five hundred years ago. Sid was a radical psychologist and a spiritual revolutionary. Through his own efforts and practices, he came to understand why human beings experience and cause so much suffering. He referred to the root cause of suffering as "uncontrollable thirst or repetitive craving." This "thirst" tends to arise in relation to pleasure, but it may also arise as a craving for unpleasant experiences to go away, or as an addiction to people, places, things, or experiences. This is the same thirst of the alcoholic, the same craving as the addict, and the same attachment as the co-dependent. Eventually, Sid came to understand and experience a way of living that ended all forms of suffering. He did this through a practice and process that includes meditation, wise actions, and compassion. After freeing himself from the suffering caused by craving, he spent the rest of his life teaching others how to live a life of well-being and freedom, a life free from suffering. Sid became known as the Buddha, and his teachings became known as Buddhism. The Refuge Recovery program has adapted the core teachings of the Buddha as a treatment of addiction (RRWS 2021).

Noah Levine's "Four Truths of Refuge Recovery" are that: "Addiction creates suffering; the cause of addiction is repetitive craving; recovery is possible, and the path to recovery is available." Notice the comparison with the original Buddhist Four Noble Truths:

> How, monks, does a monk live contemplating mental objects in the mental objects of the four noble truths? Herein, monks, a monk knows, "*This is suffering*," according to reality; he knows, "*This is the origin of suffering*," according to reality; he knows, "*This is the cessation of suffering*," according to reality; he knows "*This is the road leading to the cessation of suffering*," according to reality.
> (Canonical Pāli Sūtra - Majjhima Nikāya 10, emphasis in original)

We can also find a scriptural connection between the Four Noble Truths and therapeutic care in Nāgasena's 334th Letter to King Milinda, "The Medicine-Shop of the Buddha":

> "Revered Nāgasena, what is the Medicine-shop of the Exalted One, the Buddha?" There are Medicines, great king, proclaimed by the Exalted One, and with these Medicines that Exalted One frees the world of men and the Worlds of the Gods from the Poison of the Depravities. Now what are these Medicines? Great king, they are the Four Noble Truths proclaimed by the Exalted One; to wit, the Noble Truth regarding Suffering, the Noble Truth regarding the Origin of Suffering, the Noble Truth regarding the Cessation of Suffering, the Noble Truth regarding the Way to the Cessation of Suffering. Now whosoever, longing for Sublime Knowledge, hearken to the Doctrine of the Four Truths, they are delivered from Birth, they are delivered from Old Age, they are delivered from Death, they are delivered from sorrow, lamentation, suffering, dejection, and despair. This, great king, is what is meant by the Medicine-shop of the Buddha.
> *Of all the medicines in the world that are antidotes for poison, there is none equal to the Medicine of the Doctrine; drink this, O monks!*
> (Canon-Appended Pāli Sutra - Milindapañha 334; italics indicate where Nāgasena quotes words of the Buddha in his response to the king)

Levine offers 'Buddhist-inspired addiction support' with canonical instructions on the Four Foundations of Mindfulness (Canonical Pāli Sūtra - Majjhima Nikāya 10) and meditations on the Four Brahmavihāras: loving-kindness (*mettā)*, compassion *(karunā)*, appreciation *(muditā)*, and equanimity *(upekkhā)* (Canonical Pāli Sutta: Samyutta Nikāya 46.54). Levine interestingly expands the compassion *(karunā)* Brahmavihāras to read 'compassion/forgiveness;' the term 'forgiveness' is not so prevalent in the contemporary Buddhist lexicon, even though the sublime state of equanimity especially is intended to regard enemies and friends without discrimination and multiple Buddhist instructions teach likewise (ibid.).

Levine consistently models his program on a *Theravāda* Buddhist doctrinal framework, having devised his 'Eightfold Path of Recovery' based on the Noble Eightfold Path (*Āriya Aṭṭhaṅgika Magga*). Levine states (RRWS 2021):

> This program contains a systematic approach to treating and recovering from all forms of addictions. Using the traditional formulation, the program of recovery consists of the Four Noble Truths and the Eightfold Path. When sincerely practiced, the program will ensure a full recovery from addiction and a lifelong sense of well-being and happiness.

Levine then prescribes these eight path 'factors': "understanding, intention, communication/community, action, livelihood/service, effort, mindfulness/meditations, [and] concentration/meditations." An original Buddhist scriptural source for connecting the Eightfold Path with healing can be found in Nāgasena's 335th Letter to King Milinda, "Herb-Shop of the Buddha" wherein, after the Thirty-Seven Factors of Enlightenment are given, the eight 'wrongs' contrary to the Noble Eight are illustrated:

> "Reverend Nāgasena, what is the Herb-shop of the Exalted One, the Buddha?"
> There are Herbs, great king, proclaimed by the Exalted One, with which herbs that Exalted One cures both gods and men; to wit: the Four Earnest Meditations, the Four Right Exertions, the Four Bases of Magical Power, the Five Sensations, the Five Forces, the Seven Prerequisites of Enlightenment, the Noble Eightfold Path. With these Herbs the Exalted One purges Wrong Views, purges Wrong Resolution, purges Wrong Speech, purges Wrong Conduct, purges Wrong Means of Livelihood, purges Wrong Exertion, purges Wrong Mindfulness, purges Wrong Concentration; produces vomiting of Desire, produces vomiting of Ill-will, produces vomiting of Delusion, produces vomiting of Pride, produces vomiting of False Views, produces vomiting of Doubt, produces vomiting of Arrogance, produces vomiting of Sloth-and-Torpor, produces vomiting of Shamelessness and of Fearlessness of Wrongdoing, produces vomiting of all the Depravities.
> This, great king, is what is meant by the Herb-shop of the Buddha.
> *Of all the herbs that are known in the world, many and various, There are none equal to the Herbs of the Doctrine; drink these, O monks!*
> *They that drink the Herbs of the Doctrine will no more grow old and die;*
> *By Concentration and Insight destroying the Constituents of [compulsive] Being, they will attain Nibbāna.*
> (Canon-Appended Pāli Sutra - Milindapañha 335; italics indicate where Nāgasena quotes words of the Buddha in his response to the king)

Through comparison, we thus see that Levine has connected 'Right Speech' with the more relational interpretation 'Communication / Community;' 'Right Livelihood' with the extended 'Livelihood / Service,' and distinguishes the contemplative roles of 'Right Mindfulness' and 'Right Concentration,' respectively, by indicating 'meditation' explicitly. The scriptural *Letter* clearly specifies a 'purging,' a detoxification function that is particularly well-suited to an addiction recovery paradigm.

Of the examples of Buddhist care modalities considered thus far, Levine's Refuge Recovery has the most doctrinally explicit praxis framework. It will be interesting to observe how the Refuge Recovery care ministry matures over time and, hopefully, further empirical assessments of the ministry from spiritual care perspectives will be forthcoming.

Buddhist hospice care and mindfulness meditation

Thanks to the early hospice work of the late Stephen Levine (father of above-mentioned Noah), who incorporated *Theravāda* Buddhist meditation techniques into his hospice work (Thinking Allowed TV 2006), the English-speaking world has had many decades of familiarity with traditional *dharma* themes that have been absorbed into hospice service culture.[6] Similarly, because of the adoption of a standardized form of Buddhist mindfulness meditation by secular clinical psychology (Weiss et al. 2005) and neuroscience research (Hölzel et al. 2011), these are topics with which spiritual caregivers can benefit from some authoritative familiarity.

Buddhist care for the dying

Buddhist care for the dying and dead is also familiar in the Western world thanks to the Tibetan scripture known in English as the "Tibetan Book of the Dead" (*Bardo Thodol*). It is likely that most professional Buddhist chaplains serve in interreligious contexts in Western countries due to the rarity of Buddhist-owned and -operated facilities, and they provide interfaith spiritual care appropriate to the faith affiliations and traditions of the clients. When providing care to Buddhists, however, unless directed to do otherwise by clients and/or family members,[7] providing optimal care is

[6] As a bonus for those from minority religions in Western countries with predominantly Abrahamic/Judeo-Christian roots, professionalized spiritual care ministry is also one of the few sources of income for clergy from *dharma* traditions who lack historical local denominational infrastructure for support.

[7] During hospital chaplaincy service, I once had a husband of a young, dying wife from Sri Lanka, who were both lifelong Buddhists, request me to *not* to discuss dying with his wife because he was afraid that she would be frightened. I informed him that often dying persons know that they are dying without being told, and thus that she likely already knew it. But this information did not change his resolve to shield and protect her from the reality of her forthcoming demise and, of course, I provided care without directly addressing impending death, as per his wishes. Thus, even disclosed religious affiliation is never a guarantee of doctrinal faith or commitments in any *particular* given

likely to be influenced by the Buddhist doctrine of rebirth – the continuation of the continuum of subtle stream of consciousness propelled by prior impulses, or imprints, of personal identity and cause and effect *(karma)* (Nārada 1979). Therefore, care for the unperturbed and optimal state of consciousness of the dying person and immediate friends and family will be a key goal of care, since subsequent states after death *(paṭisandhi citta)* are inferred to be influenced by the condition of prior states (Nārada 1979: 274-279).

For the Pure Land practitioners in particular and *Mahāyāna* practitioners generally, familiar peaceful and melodious chanting of the name of Buddhas, such as *Amitābha*, conjoined with an emotional warm-heartedness of love, compassion, and wisdom serve to establish an ideal continuum of consciousness while protecting it from disturbing emotional states (Patriarch Yin Kuang 1993). While each Buddhist tradition has its own further denominational and cultural preferences at death that any particular Buddhist likely observes, an example from the Tibetan tradition is shared here. The Five Forces, or powers, from the Thirty-Seven Factors of Enlightenment are interpreted by that tradition to be important for optimal dying. As Venerable Je Zopa Rinpoche (2012: 3-4) remarks:

> When you practice the five powers, every single thing you do is only for numberless sentient beings and therefore, everything you do only becomes the cause for achieving the peerless happiness of full enlightenment. This is the greatest profit that can be achieved with this life and therefore, this practice is the most beneficial for achieving peerless happiness. … Practicing this integration of the five powers into one lifetime is also the best preparation for the happiest death. It makes even the end of your life the happiest. When death comes it will be the happiest death because you have done this practice during your lifetime, and also you will find it so easy to practice the five powers near the time of death. This is the best psychology of all and the best, deepest meditation.

The first power is the 'Power of the White Seed,' which refers to practice of the Six Perfections. Practice: *generosity* by giving away possessions (and overcoming emotional attachments to them); *morality* by making confession and renewing any broken precepts (such as refuge precepts and *Mahāyāna bodhisattva* vows); *patience* by offering forgiveness towards those with whom grudges are held, and imagining giving half of one's belongings to them; *joyous effort* through conscientious intention, and *concentration* and *wisdom* by applying these latter respectively during practice of the above-mentioned Four Perfections (Zopa Rinpoche 2012: 5-6).

The second power is the 'Power of Intention' and is a mind of surrender and devotion to the Buddha, Dharma, and Sangha, an altruistic mind of enlightenment *(bodhicitta)*, and renunciation of self-absorbed, narcissistic sentiments (Zopa Rinpoche 2012: 21-22). The third power is the 'Power of Blaming the Ego,' of seeing self-cherishing as the direct cause of problems and suffering in order to be free to cherish other living beings (Zopa Rinpoche 2012: 22-23). The fourth power, the 'Power of Prayer,'

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scenario. Even among members of a single family of the same faith tradition, personal beliefs can vary widely compared to formal theology and/or interpersonally.

is not praying for a favourable afterlife or life in a heavenly pure realm, but rather praying to be of optimal service to living beings and relieving their sufferings, taking them upon oneself as an altruistic dedication toward the welfare of all living beings. The point is to always remember the *bodhicitta* mind of enlightenment forever in the future and to die with the mind reflecting on the wisdom of interdependent, selfless nature of phenomena (Zopa Rinpoche 2012: 32). The final power is the 'Power of Training,' which is an enduring *habitus* of virtuous states of mind dedicated to compassion and wisdom in the service of all living beings based on the power of familiarity through prior training (Zopa Rinpoche 2012: 33). Although there may be other prayers and rituals that may be performed, these five powers provide the basis for generating and sustaining the best setting and state of mind for dying, death, and the uniquely Buddhist 'resurrection' of complete awakening in a life beyond.

Buddhist mindfulness meditation

Mindfulness and Mindfulness-Based Stress Reduction (MBSR) have been studied extensively, leading to positive acceptance in diverse care environments. Mindfulness meditation was taught by the historical Buddha Siddhartha Gautama and was preserved in *Theravāda* Buddhism in the canonical Pāli Satipaṭṭhāna Sutta, where it is typically translated into English as the 'Four Foundations of Mindfulness' (Canonical Pāli Sūtra – Majjhima Nikāya 10). The faculty of attention is developed and mastered so that it is able to remain on objects of intention at will indefinitely; initially attention is placed on the body via the breathing process and progressively extends to feelings, thoughts, and phenomena – or objects – of awareness (ibid.).

This meditation was developed into MBSR as a clinically standardized formal therapeutic procedure and applied in psychotherapy (Weiss et al. 2005: 108-112). The nature of meditation and impact on psychological symptoms and quality of life has been researched (Bilican 2016), and the power and nature of mindfulness meditation for stress reduction has been assessed for impact on relieving symptoms, as well as related spiritual experiences (Astin 1979). Moreover, actual changes in the brain associated with meditation have been observed, both in the gray matter (Hölzel et al. 2011) and white matter (Tang et al. 2010). These scientific studies have served to remove the esoteric stigma of Buddhist meditation as purely illusory and metaphysical in nature, but a contemplative praxis with material analogues. In addition to therapeutic care contexts, mindfulness meditation has been studied for use in social contexts. For example, Rachel Crowder (2017) has developed a practice model for use in higher education, "A Mindful Community of Praxis Model for Well-Being in the Academy," while Drolet et al. (2017) developed an application for social work education contexts.

As mentioned in the introduction of this book chapter, over a thousand peer-reviewed research papers can be found related to Buddhist meditation, but publications of direct research investigating basic Buddhist religious praxis, relevant specifically to Buddhists and Buddhism or interreligious scholars are much more rarely seen. A few interesting studies have nevertheless appeared. For example, Chida

et al. (2016) were able to find a reduction in symptoms of depression in group psychotherapy focused on Japanese Buddhists. Sacamano and Altman (2016) developed a psychotherapeutic application of 'Buddha Nature,' or 'wakefulness,' and the traditional four Buddhist bodily postures of lying down, standing, walking, and sitting.

Other studies, such as that by Zeng et al. (2016), illustrate a need for fundamental religion research by scholars of theology and religion. Such research qualitatively establishes theological and religious meanings of religious terms based on empirical and scriptural literature sources in order to inform further studies pursued by secular researchers. In the case of Zeng et al., when they tested a self-compassion measurement scale for statistical validity for representing results of questionnaires of diverse participants, they could not find such statistical validity across Buddhist participant populations. The results suggested that the ideas of self-compassion reflected in the Self Compassion Study are theoretically different from the ideas of Buddhism (see Zeng et al. 2016: 1996). Thus, we find that even when secular science develops measures such as 'self-compassion' based on secular research of religions, the results may not have relevance for actual religious praxis and religion scholars due to semantic disjunctions related to the construct in question. The studies, nevertheless, help broaden and clarify understandings of meditation, its implications for the quality of lifestyles, and possible roles for eliciting stress reduction. They furthermore underline the necessity of research in the realm of religious studies. They also contribute to the development of a hermeneutics of lived religion for Buddhism.

Thus, this result points to the need to invest in religion research whereby all constructs are empirically established qualitatively from within the religious tradition itself. Hopefully, this result from researchers in esteemed universities in China may serve as a harbinger for the development of hermeneutics of lived religion for Buddhism and other world religions and spiritual traditions as worthy and vibrant academic areas.

Concluding call for continued interreligious pastoral theology

We have seen here how spiritual care has a deeply embedded theological grounding within Buddhist heritage. Spiritual caregivers and pastoral theologians can use the foundational details and diverse praxis applications in this article to kindle areas of mutual interest. Interreligious and interdisciplinary forums can move beyond mere interfaith *dialogue* to explore deeper, inter-*epistemological* levels of understanding and collaborative, prophetic peer-support in scholarly, congregational, and broader community service engagement. It is particularly hoped that this brief contribution will lead to expanded interreligious research and discourse yielding vital development of practical theology within and between diverse religious traditions.

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Section C

Challenges to Praxis of Care, Helping, and Healing

Chapter 13

Caregiving and a Multinational Corporation in México

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> El capitalismo todo lo convierte en mercancías, hace mercancías a las personas, a la naturaleza, a la cultura, a la historia, a la conciencia. Según el capitalismo, todo se tiene que poder comprar y vender. O sea, en el mercado vemos mercancías, pero no vemos la explotación con las que se hicieron.[1]
> Radio Zapatista (2017)

Neocolonialism in the twenty-first century takes the form of multinational corporations that exploit and abuse the land, multimillion-dollar corporations that build their factories and then employ women of colour to labour in unjust, death-producing assembly line conditions. Through practical theological and anthropological methods, this chapter first offers a short history and analysis of the situation of working-class Maya *mexicanas*[2] living in Yucatán, México, and working on the assembly line of a multinational corporation; this analysis is taken from three months of living and observing the lives of these women in Pueblo Mágico.[3] Drawing on a decolonial approach to pastoral theology, the chapter then proposes *Lxs Hijxs de Maíz*[4] as an image for pastoral care and counselling that guides pastoral caregivers in offering care that is informed by the wisdom of the women themselves.

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[1] Translation of the full text: "There are a few who have great wealth, but it is not that they got a prize, or that they found a treasure, or that they inherited from a relative, but that those riches are obtained by exploiting the work of many. They squeeze the workers and they take everything they can from profits; capitalism makes its wealth with dispossession, that is robbery, because it takes away from others what it seeks – land and nature's riches, for example. Capitalism is interested in goods, because they are bought and sold, they give profits. And then capitalism turns everything into goods because when they are bought and sold, they give profits. And then capitalism turns everything into goods, makes/transforms people, nature, culture, and historical consciousness into goods. According to capitalism, everything has to be able to be bought and sold. In other words, in the market we see merchandise, but we do not see the exploitation with which they were made."

[2] The women identify themselves as Maya *mexicanas*; I added the 'working-class' designation. By this, I mean to discuss 'class' as a relationship to power the women experience at work and how that relationship to power effects everything else in their lives.

[3] Pueblo Mágico is the pseudonym the women gave their pueblo.

[4] The Spanish language is a gendered language. To make this particular term gender neutral, I have substituted the masculine case with 'x.' The English translation for this is 'The Children of the Corn.'

Locating myself

I am the first American-born daughter of a single-parent Cuban refugee. I call Southern California 'home' because it is the place of my birth and where my family has rooted itself since fleeing Cuba in the late 1970s. My grandfather tragically died by suicide months after arriving in the USA and settling into our new home in Southern California. Consequently, my grandfather's eldest daughters forged ahead by seeking employment on the assembly line of a British multinational company where they found community with other Latinas also struggling to survive as new arrivals in the USA. Throughout my childhood and into adulthood, I have listened to women in my community narrate the commodification of their bodies in the workplace. These women say they work on the assembly line for as long as they can *aguantar* (endure). Another way to say this is that women work until their bodies are no longer of value to the factory because they impede the multinational corporation's drive for efficiency, production, and competition. A woman is fired and essentially becomes industrial waste because she is easily replaced with a younger woman eager to work for as long as she can *aguantar*. This endless supply of workers, coupled with public policies such as free trade agreements between countries/regions that incentivize the employment of low-wage workers through deregulation and taxation laws that benefit corporations, creates a pattern that is commonly referred to as 'the race to the bottom.'[5]

It is also important to consider how the practice of *aguantando* (endurance) is celebrated in women but not men because it is important to recognize the misogyny that compounds and intensifies the racism and classism embedded in society and some Christian theology. The glorification of self-sacrifice in which women neglect and silence physical pain for the sake of yielding a product that ultimately benefits the multinational corporation over women's everyday needs is an evil that Latina and Womanist theologians have critiqued and traced to some Christian teachings of salvation. The antidote to this problem resides in searching for decolonial approaches to care and counselling that draw on the wisdom of working-class women themselves.

The discipline of practical and pastoral theology is increasingly attending to neoliberal capitalism's effects on people's psycho-social-spiritual suffering by considering the socio-political and socio-economic structures responsible for evil (Rogers-Vaughn 2016; Johnson 2016). I use the word evil to describe suffering caused by human action (and/or inaction) because the suffering is thus able to be mitigated through justice-making practices. My aim as a practical and pastoral theologian is to make visible such evil and offer ideas to resist complicity with this kind of suffering.

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[5] This phrase is used in several books and articles to explain the rapacious economic systems that seek workers who are vulnerable for a variety of reasons. See, for example, Ross (2004: 113-120). The term was coined by Supreme Court Justice Brandeis in his dissent on the Liggett Co. vs. Lee case in 1933. The race to the bottom is a socio-economic term that describes incentives such as deregulation and taxation laws that benefit corporations and the economic goals of the state without regard to or valuing of small corporations or individual laborers (Meisel 2004: 14).

I come to this writing and this work with an agenda. The labour of the women in my family made it possible for me to pursue a PhD and thus avoid the type of labour they subjected their bodies to. By working to make visible the experiences of working-class Latinas and the spiritualities that inform their everyday resistance to systems of violence and oppression, I feel I am able to 'pay' my indebtedness to them. I write with the hope that caregivers can provide spiritual care informed by the practices of working-class Latinas so that caregivers and careseekers alike can work toward resisting the death-producing practices of systems such as neoliberal capitalism. These exploitative systems have a long history of settler colonialism that has morphed over time but retained many of its genocidal practices. I will specifically focus on the presence of such systems in Yucatán, México, while encouraging the reader to consider how similar histories exist elsewhere.

Settler colonialism in Yucatán, México

Beginning in 1517, Spanish colonizers arrived in what they called the New World and established colonies and plantations known as *encomiendas* to extract the native indigenous resource, *Kí*.[6] These colonies relied on the interrelationship of three distinct powers to impose their punitive actions: The crown, divine authority, and social stratification. In Spain, as in other governments around the world, the king supposedly ruled by divine authority, as did other men with political authority. The king's subjects practiced passive obedience to the crown and to political and ecclesial authority (Haring 1975: 3-4). A brief overview of how this took root is important for us to identify the persistent patterns of colonization that are entrenched in the process of extracting wealth and resources from Mexico's land and its people.

Juan de Grijalva arrived on the coast of the Yucatán in 1517 in search of gold and slave labour (Simpson 2008: 23). The *encomienda* system (an exploitation colony), imposed on Muslims during the *Reconquista*[7] and again replicated in the occupation of the Caribbean Islands in 1492, was a deeply entrenched Spanish method of exploiting the local resources of land and people. The *conquistadores* who arrived in the New World were already well-coached in viewing agricultural and mining labour as "a demeaning occupation" (Haring 1975: 38) that was beneath them, so it is unsurprising that they forced those they conquered to labour for their profit and regarded them—particularly as non-Catholics—as sub-human.

Encomenderos stripped the pueblo *indígena* of their weapons, forced them to wear clothing of "reasonable men," (Simpson 2008: 11) and obligated them to bring their children twice a week to be instructed in Christian education. The *conquistadores* forced the pueblo *indígena* to learn to read and write in Spanish, to make the sign of the Cross, participate in confession, recite the Pater Noster, the Credo, the Salve Regina and, in many cases, to be baptized and to attend weekly religious services (ibid.).

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[6] Maya word for the plant henequen. Also *sóoskil* in Maya.

[7] Christian war over control of the Iberian Peninsula for more than seven hundred years, 718 to 1492.

With no regard for the integrity of the pueblo *indígena*, the *conquistadores* also submitted the people to long hours of labouring in the fields and mining for gold to provide food and riches for the Spaniards. They veiled their slave system by paying the pueblo wages according to what they deemed to be a fair wage (ibid.). In short, the *encomienda* was a feudal system.

Similarly, the nineteenth-century *hacienda* system – large estates built by the Spanish on stolen land – imposed Christianity on the Maya as it enslaved and murdered the people while defending its debt peonage system as supposed divine authority. Due to space limitations, I will not go into detail except to underscore that this second system repeated the practices of the *encomienda* system and has now been replaced by the modern-day *maquila,* which is a continuation of the violence of the *encomienda* system. *Maquilas* subjugate Maya working-class women, dehumanizing them through a process that renders them as objects and threatens to distort their relationships with the land, themselves, and their communities.

Maquilas are factories owned by multinational corporations and located in México.[8] The etymology of *maquila* comes from Arabic (*mákila*) and is a unit of measure that describes the amount of grain (flour or oil) the miller extracts from grinding. *Maquilas*: 1) assign to individuals the traits of machines, 2) incarcerate women, 3) implement a culture of surveillance to produce pressure and *cansar* (to tire), 4) pay women lethal wages, and 5) advance the religion of the colonizer. Activists from Ciudad Juárez confirm that these practices of *maquilas* seem universal (with some regional variations) across México.

In the wake of the 1994 North American Free Trade Agreement between Canada, México, and the US, capitalist owners located a *maquila* in a town near where *campesinxs* (peasant farmers)[9] from the Pueblo Mágico and their families had long safeguarded and perpetuated a strong cosmic connection to the land.[10] Its presence disturbs the people's historic and cultural practice of trading goods. Prior to the colonial invasions of Spain and the US transnational corporation, the Pueblo Mágico exchanged resources among themselves and with neighbouring pueblos by harvesting chile, jicama, *maíz*, and honey. The women in particular preserved the ancestral skill of weaving as part of this local economy. However, the pueblo's way of life (its communal economy) cannot compete with globalization and the expansionist practices of neoliberal capitalism. When the *maquila* set its roots in the land, it polluted the rich cultural, economic, social, and spiritual lives of the pueblo. In my view, this pollution begins with capitalism's desecration of the sacred, especially the indigenous, communal spirituality and the rites that express and maintain it.

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[8] *Maquilas* are also referred to as *maquiladoras* in Spanish.

[9] As with the previous use of 'x' in *Lxs Hijxs de Maíz* (The Children of the Corn), here I have taken the masculine case and made the term gender neutral.

[10] Maya cosmology describes human's intimate relationship with the earth. Here, when I refer to 'land,' I am referencing the women's connection to the location (the space and place) of Pueblo Mágico specifically.

The *maquilas* first do this by recognizing the *campesinx*' sacred connection to the land, and so they plant their industrial edifice on that land and prey on the employment of cheap labour. As the price of fertilizer and costs of maintenance of land rises, *campesinxs* are ripped from their land and essentially thrown into the *maquila* assembly line to produce goods for the consumption of North American customers. They now sow a harvest they reap for the nourishment of the global market economy's greed, not for their own limited needs. In the midst of this, however, women reject the identity-near experience of assembly line worker and claim their identities as *primeramente madre* (mothers first). One such example is Maria, the mother of three children. When I spoke with her, she had been working on the assembly line of the maquila for two years. She tells me she is motivated to work in the maquila by the *hope* that her children might perhaps be able to get the kind of education that her own parents could not give her because they were *campesinxs*. Maria says that she tells her children:

> Yo no quiero que te pase así. Que yo quiero es que salgan adelante…Se pongan a estudiar…saber leer. Como nosotros no sabemos leer, es lo malo. No podemos entrar. Pero hay trabajo más pagan más mejor pero no podemos digo porque no sabemos leer. Quedamos como burros. Leer no sé. Escribir casi no. Pero de mi cabeza, inteligente tengo. ¡Pues tengo![11]

As Maria labours, she re-visions the world she is creating for her children; she senses the future in her present work. She is not a seamstress; she is a *mother* in the process of giving life to her children, a life that would otherwise be denied to them because she will not allow her children to *quedarse burros* (remain 'donkeys'). She knows what every other mother knows: She is *inteligente*, and she wants her children to be free from the death-producing assembly line work the neoliberal global economy has chosen for her.

Feminist frameworks conceived in the Global North might misinterpret women's identity as *primeramente madre* in Pueblo Mágico as conforming to expected gender roles. Similarly, indigenous women, such as those in Pueblo Mágico, express discomfort and/or reject feminist proposals of the Global North because the concept of gender is constructed from the philosophical and practical contexts of urban women's gender concepts and does not translate to indigenous women's cosmovision.

Gender, in Mesoamerican cosmology, is conceived within a framework of the concept of duality. Mexicana sociologist and trained clinical psychologist of religion, Sylvia Marcos (2006), explains that gender is "a root metaphor for everything existing in the cosmos and in society," and she underscores the importance of understanding that duality is a non-binary gender reference. In Mesoamerican cosmology, there is an infinite pairing present in the universe, e.g., god/goddess, life/death, sun/moon,

[11] "I don't want you to experience that. What I want is for them to forge ahead; they start studying, know how to read. Because we don't know how to read, that's a bad thing. We can't enter. But there are higher paying jobs, but we can't get those jobs because we don't know how to read. We are like donkeys [idiomatic phrase meaning dumb]. We can't read. We can barely write. But I'm intelligent/smart. I am!"

feminine/masculine. Within this duality, what is desired is a 'balance' or equilibrium that stabilizes the polarities and extremes. A decolonial feminism conceived in Pueblo Mágico values balance, harmony, and reciprocity. Furthermore, women understand themselves as beings that are interdependent and part of a collective. The interdependency is one that is not only between man and woman, but this interdependency extends to the family, the community, and beyond to nature. By identifying as *primeramente madre*, women in Pueblo Mágico are recovering duality as a theory in their cosmovision *and* they are protecting the survival of their ancestors' philosophical background.

I propose a constructive approach for pastoral theology that privileges the cosmology and anthropology of Maya women. The Maya creation myth in *Popul Vuh* (Maya sacred text) narrates the story of beginnings, which links humans to *maíz* and equips them to practice *corazonando la vida* (knowledge gained by feeling-thinking through life). In this creation myth, *Lxs hijxs de maíz* see 'magical dreams' that are revealed *in* creation through *sabidurías* (wisdoms) *del corazón* (of the heart) (Arias 2012: 201-202).

What I heard from Maria and other women in the pueblo was that their work in the *maquila* emits an eschatological fragrance of a world they are creating in which they can flourish. This is an eschatology that is topological. This world that is emerging is one in which their *sueños* (waking dreams/desires) can take root and their children can reap from the harvest their lives produce. The implications for pastoral theology is a form of care that is political, engaged in public policy, concerned with how suffering is contextual, and open to being guided by women's insurrectionist wisdoms.

Working-class Maya *mexicanas* draw on specific eschatological practices to resist the harm the maquila inflicts. As a pastoral theologian, I am using the term 'eschatology' to discuss the dimensions of a person's spirituality. I am speaking of eschatology as a longing, a desire, a possibility, what William James and Craig Dykstra call "the more." I am emphasizing a liberation theologian's understanding of eschatology that has been subjugated throughout Christian history. In liberation theology, the eschaton is not outside of time but is in the here-and-now; the eschaton is the negotiation of the configuration of present circumstances in order to open up possibilities of conservation, survival, and human flourishing. Women in Pueblo Mágico do not relate to an approaching eschaton or a chronological destination. They understand and experience the eschaton as a communal/topological phenomenon that is emerging in the present through their primary identity as life-bearers or, as they say, *primeramente madre*. And in doing so, they rely on four practices of resistance:

- *Hablando* (speaking) is expressing one's vulnerability in the system through speech.
- *Ignorando* (ignoring) is the act of refusing to follow policy or instruction of superiors.
- *Insistiendo* (insisting) is persistence in addressing grievances that include their working conditions and also the *maquilas* misguided understanding of people, place, and time.

- *Renunciando* (giving up responsibility/quitting) occurs when women contemplate quitting their job and discuss this with their families and/or other women in the *maquila*.

Lxs hijxs de maíz: An image to guide caregiving

In pastoral theology, we talk about images or metaphors for understanding the tasks of pastoral care and counselling. Early influential images which focus on the caregiver as an 'agent' of hope or a wounded healer are inadequate for guiding caregivers in offering care to working-class Maya *mexicanas* in as much as (1) they do not acknowledge the resources women themselves bring to the caring relationship and, (2) they do not share a Mesoamerican cosmological perception. Instead, Sylvia Marcos identifies and explains four core concepts in Mesoamerican epistemology which can help us to understand illness and healing among these women. These concepts are: Fluidity, duality, symbolic representation, and proximity and similarity.[12] One sees here the contrast between a Mesoamerican cosmovision and a western Christian cosmology, which is the context of most of the literature in pastoral care and counselling.

I propose *Lxs hijxs de maíz* as an image for pastoral care because it embraces the biodiversity of the planet and recognizes the ongoing cycle of life that gives birth, dies, and provides the necessary compost for the creation of new life. This image is suggesting an experiential approach to pastoral care and counselling that more closely corresponds with a Mesoamerican epistemology. The *campesinx* exemplifies solidarity with creation and, in this way, adds experiential aspects to the practice of solidarity as theorized by pastoral theologians such as Sharon G. Thornton. This is the "flesh-and-blood" in relationship with planetary life (Thornton 2002: 123).

The pastoral caregiver, learning from the working-class Maya *mexicanas* in this study, knows that they are more like a *campesinx* than an agent of hope (Capps 2005). *Campesinxs* work in the *milpa* (corn fields), and they do their work under challenging conditions. They struggle with their *milpas* being compromised by genetically modified seeds and trade agreements that make growing and selling their crops more difficult, and they recognize that they are dependent on the unpredictability of the climate. Crops grow not solely because of what the *campesinx* does, but because of the relationship the *campesinx* builds with the *milpa*. There is a spiritual dimension that flows through planetary life and the *campesinx* is like a caregiver who, through decolonial

[12] For a more detailed discussion, see Sylvia Marcos (2006: 8-10). Marcos explains duality as the infinite pairing in the universe (i.e., sun/moon, water/fire, masculine/feminine, life/death, god/goddess). Fluidity is described as the human body being porous, permeable, and open to the great cosmic currents. Symbolic representation affirms that both illness and health take material forms and rely on each other for care. The human body and the environment affect each other's balance (health vs. illness). Proximity and similarity are how the qualities of one being can transfer to another (e.g., the doradilla flower is placed near women giving birth to assist in childbearing).

approaches to pastoral care, learns how life continues to grow despite challenges present in the ecosystem.

The mythical nature of the *hijxs de maíz,* as presented in the *Popol Vuh,*[13] is half-human, half-plant and emphasizes a hybrid ecological system of care, a worldview that recognizes the need for pastoral theology to move toward a pastoral theology of the earth as we conceptualize the care of persons-in-community. In the image below, one sees the elements of land, soil, roots, husk, and braids – the biodiversity of life and its dependence on each other. The well-being of any one part relies on the health of each element. I will use each of these five elements to first describe the Maya *mexicanas* insecure and perilous situation and then show how the image can be used to provide spiritual care and counselling.

Lxs hijxs de maíz according to the Popol Vuh.
Modern artwork by William Bredvik.

[13] Popol Vuh, meaning 'Book of the People,' is a sacred Mayan narrative that predates the Spanish conquest of Mexico and includes the Mayan creation myth.

Land

Land is the hard surface of the earth that builds over time and becomes solid. Historical violence, such as the story of the Maya in Yucatán, México, is like the land. Violence, oppression, genocide, and epistemicide (destruction of existing knowledge) have taken place across centuries, and this is the solid land upon which *lxs hijxs de maíz* grow. Caregivers must listen for the long history of individuals and their families and consider how their ancestors' experiences of violence and historical trauma is narrated in the *lucha* (present struggle).

Soil

Despite hard terrain, *lxs hijxs de maíz* grow because they know there is a thin layer of nutritious soil and this makes growth possible. The soil that covers the land consists of organic remains, clay, and particles of rocks. Soil is unconstrained and malleable. I think of the stories of *nuestros antepasados* (our ancestors) and *los antiguos* (the ancients) that I heard recounted during my time in Pueblo Mágico as such soil.

Lxs hijxs de maíz speak of death and suffering as part of life and not as a final state. For life does not end but regenerates itself. The ancestors live on through the *dichos* (proverbs or wise sayings) that inform the everyday activities of *lxs hijxs de maíz*. Every time a conversation begins with "nuestros difuntos antepasados decían…" ("as our ancestors once said…"), new compost is added to the soil and perpetuates life. Their oppressors may steal their land, but only they are in intimate relationship with the soil and the life of the soil allows them to continue surviving, thriving, and indeed blooming. The caregiver's task is to discover who are the living-dead, meaning what stories and whose life continues to live on in the community (exemplars, relatives, mythical figures). And what of their living and dying continues to shape and inform the community's everyday life?

Roots

Lxs hijxs de maíz are rooted in place. The future is in constant intimate relationship with the present. The realities of time (the present-as-future) are embodied. Instead of determining exactly when a specific time will arrive, eschatological questions focus on who is present, what is happening, and what is taking place. The future is continually emerging. This future that springs up in the present does so bolstered by a matriarchal community and despite violence, oppression, and exploitation. *Lxs hijxs de maíz* possess *sabidurías insurgentes* (insurgent wisdom) and engage in eschatological practices.

Caregivers must be curious about what risk-taking actions individuals/families are doing or thinking about.[14] They do not focus on weighing the pros and cons and

[14] In Pueblo Mágico I learned of a goddess of suicide, Ixtab. This goddess dies by tying a rope around her neck and hanging herself. She is the goddess who accompanies suicides to heaven. While

'helping' the individual/family to decide. Rather, in a non-judgmental way, caregivers listen to and describe what they hear, including the risky behaviour. They are curious about how those actions resist the harm the individual/family is naming and also pursue justice-making.

Husk

As the husk protects the kernels of corn as they fatten, wisdom protects the women and gives them the ability to intuit and perceive how and when to draw on their wisdoms to preserve themselves, their families, their tribe, and their soil. Caregivers recognize that each individual/family is filled with wisdom and has the ability to perceive and intuit paths through life. This is not so much what we call agency, but more like a soulful relationship between the individual/family and the universe. It is almost a kind of magic. Individuals/families have *sueños* (waking dreams) about the life they are creating. Caregivers remain present and cultivate the relationship with the people and their *sueños*; caregivers forego their 'expert' status.

Braids

Though the *maquila* appropriates their cultural heritage and customs, the women continue to keep alive the art of sewing passed down to them by the women in the community. The sound of sewing machines is heard throughout the Pueblo Mágico, but this is a radically different type of labour than the labour in the maquila. For this labour is for themselves; it ties the people to their cultural heritage and declares that the *maquila* cannot transform their art into a business.

Pueblo Mágico continues to bear life and grow like the long, dark braids of this image; *lxs hijxs de maíz* produce life rooted in their eschatological practices. And just as their *antepasados* passed down their cultural heritage of weaving, *lxs hijxs de maíz* teach their children to engage in *la lucha* (the struggle). *Lxs hijxs de maíz* bear life even within death-producing contexts, and they pass on these life-giving practices to their children. The young in the community witness how *lxs hijxs de maíz* are both not afraid to die and also refuse to die because they are *primeramente madre*. They are the caretakers of their own vulnerable lives. In the *Popol Vuh* creation narrative, *lxs hijxs de maíz* were fed corn. Similarly, today's *lxs hijxs de maíz* grow by eating their own produce. The *campesinx*-aware caregiver may learn about the crops but, in the end, what makes them grow are their own resources.

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in Pueblo Mágico I heard a variety of suicide attempt stories and also experienced the attempt of a neighbour. The means of suicide described (of both the goddess and the neighbour) did not deform the body (i.e., gunshot or slitting one's wrist). This was a way of honouring the sacredness of the corporeal body. Ixtab is in relationship with those who choose to end their lives and thus lift the economic burden from their terrestrial family by traveling with Ixtab to heaven.

Conclusion

In conclusion, multinational factories (*maquilas)* in México employing assembly-line workers are one of the latest forms of colonialism. Working-class indigenous women are suffering as a result of a long history of colonial exploitation of their lands and people. In this chapter, I am advocating for care informed by working-class Maya *mexicanas*, and I suggest that pastoral caregivers consider indigenous epistemologies that practice *corazonando* (understanding life through their heart) as a means to support women's ethical positions that challenge the values of neoliberal capitalism and, by extension, its imperial spread. Most importantly, pastoral caregiving needs to realize the caring relationship grows not because of what the caregivers brings (interventions), but because of what emerges from the caregiver being fully present to themselves and care seekers who bring their own vital resources to the caregiving relationship.

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Chapter 14

Gender Issues in Care, Healing, and Human Well-Being in the Context of Political Conflict and Violence: Experiences from Nicaragua

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Nicaragua

There are many places in the world, especially in developing countries, where violence has become institutionalized and, in the last few decades, increasingly so in developed countries. In some places this violence is blatant, in others it is more subtle, but always the most badly hurt are the people who are vulnerable due to a patriarchal system. In some of these countries, the violence is disguised under religious language and symbols which confuses people and leads some to believe the perpetrators are on God's side and therefore should be obeyed. Such is the case of Nicaragua, which I will use as an example of a culture of violence embedded in religious symbols that particularly affects women. For readers to understand the process of institutionalization of violence in Nicaragua and its consequences and implications for pastoral counselling, it is important to understand the history of this small but beautiful country with a population of six and a half million people.

Religious, cultural, economic, and political aspects of the Nicaraguan society

A short historical description

Nicaragua has a long history of violence and resistance. It resisted colonization by the Spaniards for over three hundred years during which the indigenous population was almost annihilated. The Spaniards brought and forced Catholicism upon the population, but the indigenous people managed to give some of their deities Spanish names. The raping of the indigenous women by the Spanish soldiers gave rise to the new race of Mestizos, which currently represent more than 90 percent of the population.

Nicaragua obtained its independence from Spain in 1821 – along with the other Central American countries – but there were successive occupations of parts of the territory by the British and the United States. Augusto Sandino led a peasant guerrilla resistance against US troops for several years in the mid-twentieth century but was eventually assassinated on the orders of Anastasio Somoza. For the next 43 years, the country was ruled by the Somoza dictatorship, puppets of the US who became

extremely wealthy until they were overthrown in 1979 by a popular uprising led by Sandinista guerrillas. The uprising followed several years of armed struggle in which 50,000 people were killed.

This was the beginning of the Sandinista Revolution, which undertook great endeavours such as widespread agrarian reform, and nationwide literacy and vaccination campaigns, and gained admiration from many countries of the world. Elections were held in 1984, and Daniel Ortega shared power with the nine commandants who participated in the guerrilla warfare, all men, although there were a good number of women who participated as guerrilla leaders. Even though the young revolution had Marxist-Leninist influence and strong links with Soviet countries, it was very much influenced by Liberation Theology. This led to three Catholic priests becoming ministers of education, culture, and exterior relations, one of whom was Ernesto Cardenal, author of the *Gospel of Solentiname*. There was freedom of religion and a popular chant was: "Entre Cristianismo y Revolución, no hay contradicción" ("There is no contradiction between Christianity and Revolution").

The Sandinistas were decidedly against the US government and what they considered interventionism. North American companies were nationalized, and land was taken away from wealthy US citizens. This, along with the revolutionary government's close ties to socialist countries and a fear that this revolution might serve as an example for other Latin American countries, led US President Reagan to first impose an economic embargo on the country and later to fund and train Counter Revolutionary forces whose main task was to topple the Sandinista government. Young Nicaraguans had to leave the classrooms and enlist in mandatory military service. This was known as the Contra War and lasted almost 10 years, causing the death of over 36,000 people. The Sandinista government, as well as Contra forces, enlisted thousands of innocent civilians, and most of the survivors suffered from Post-Traumatic Stress Disorder.

A ceasefire was declared in 1990 with the presidency of Violeta Chamorro, one of the first female presidents in the Americas, who won the elections largely supported by the US. Doña Violeta did her best to bring peace to the country, but it was not an easy process as the Sandinistas were governing 'from below' and boycotting many of Doña Violeta's efforts to bring reconciliation and healing from the deep wounds caused by the Contra War. The Sandinista party won the elections in 2006, and Daniel Ortega was president again. Clear signals of corruption quickly began to show, and they only increased over the years, especially after two subsequent rigged presidential elections. President Ortega has absolute and discretionary control of all the state powers: Legislative, judicial, attorney general, army, and the national police.

In April 2018, there was an uprising led by university students who began to protest some of the government abuses. Ortega responded with a disproportionately forceful and violent repression, which then led to more protests and more repression. To date, several hundred people have been killed, over 2,000 wounded, and about 100,000 people – especially university students – have exiled themselves for fear of losing their lives (UNHCR 2020). More than 5,000 people have been arbitrarily

detained, most of them simply for peacefully participating in marches, carrying the national flag, or singing the national anthem. Of these, over 1,000 people (including journalists) have been illegally imprisoned, heavily tortured based on fabricated criminal accusations, and lost their civil rights. These cases have been documented by national and international human rights organizations, such as Amnesty International, Human Rights Watch, UN Human Rights Council, and the Centre for Justice and International Law. There has also been a great deal of international pressure from the US, Canada, and the European Union on Ortega to stop the repression, but with little success. As an example, a man was killed on July 19, 2020, by a Sandinista fanatic simply for yelling "Viva Nicaragua Libre" ("Long live free Nicaragua"). The day of the funeral, the house of one of the deceased's close relatives was set on fire. The fanatic killer was freed after one year in jail. This shows the serious impunity of the system.

Women have been participating fully since the protests began in 2018, much as they have participated in times of Sandino, the Sandinista Revolution, and in the resistance social movements since; many participate as a source of support to their fathers, husbands, and children but, increasingly, they are participating as actors themselves. Since April 2018, we have watched how mothers, sisters, and daughters of those assassinated, imprisoned, or exiled have joined together and become leaders in their own right, similar to *Madres and Abuelas de Plaza de Mayo in Argentina*,[1] the *Organización de Mujeres Salvadoreñas por la Paz*,[2] and similar organizations in Latin America.

The situation in the pandemic in 2020

The coronavirus pandemic arrived in Nicaragua in the middle of March 2020. The country was just beginning to recover from an economic recession brought about by continuous political repression. The government had plenty of time to prepare but instead chose to ignore the warnings, claiming that the pandemic was an invention of imperialism. Not only did it refuse to take preventative measures, but instead discouraged the use of face masks and social distancing, organized rallies, and marches (including one called "Love in the time of Covid-19: We walk together in faith, life and hope"), cultural events, beauty contests, sports games, and house-to-house visits without protective measures. The government also instructed the Ministry of Health to provide testing (despite numerous donations) only in exceptional cases, and to cover up information regarding the number of cases and deaths caused by the virus. Doctors were prohibited from using 'Covid' on death certificates and were instructed to substitute 'Atypical Pneumonia' or other types of respiratory diseases. Many families were forced to bury their loved ones secretly in the middle of the night. Only later did

[1] Argentinean civil human rights association of mothers and grandmothers of people assassinated or disappeared under President Videla's dictatorship.
[2] Civil rights organization of women specializing in serving victims of violence in El Salvador.

the government begin encouraging people to wear face masks and maintain social distance but far too late for the many who contracted the disease and died.

Despite the government's erratic handling of the pandemic, private business and the population in general began taking preventive measures on their own initiative. In many ways, taking care of one's self became a subversive act and resistance to government orders. Public schools and universities had, and continue to have, classes as if nothing is happening, but private schools are offering online courses. Most Catholic and Protestant churches cancelled their worship services, using the social media to hold their meetings with the except of the Pentecostal churches. The Catholic Church, very much in resistance to the government, cancelled all their processions and liturgical celebrations. Ortega practically disappeared from the public eye, including the media, sometimes for more than a month at the time, which was not commendable in times of a pandemic. People jokingly said about the lock-in: "Do like President Ortega, stay home!"

Women, as in many other countries, have suffered the brunt of the pandemic as the main family caretakers even though a significant number of them also work second shifts. On top of the usual housework, many ended up taking care of sick family members at home as hospitals ran out of beds. A good number of them took on the task of home schooling if their children's schools were closed. Women also have suffered the most from the economic consequences of the pandemic, as more women than men work in the informal sector. Having an unemployed husband at home who does not share housework or childcare has also been quite a burden for many of them. The number of cases of adolescent pregnancies, domestic violence, and femicides have increased in the country as a consequence of the many families in quarantine in very small quarters. Moreover, the police have been busy repressing the population and do not respond to calls from women being abused (Expediente Público 2020).

Some women, however, organized themselves in creative ways to let others in the community know when they are being abused. Others joined women in the community and together they have begun growing vegetables, fruits, and herbs to sell and to eat. Some have started small bartering spaces, especially in the rural areas of Nicaragua where 70 percent of the population is economically vulnerable. Others have been making homemade face masks to give away or to sell at very low prices. Still others formed groups on social networks to pray for each other, share nutritious and inexpensive recipes, give or receive informal counselling, and to share jokes to keep their mental sanity. These are some of the ways in which women have exercised resistance against the government. Nevertheless, the common enemy is an institutionalized mixture of a culture of violence and religion, which has very painful consequences on the population and women in particular.

An institutionalized culture of violence and religious symbols

Violence imbedded with religious symbols is a growing phenomenon around the world, both in developing countries and in developed societies. Gioconda Belli, an internationally known Nicaraguan writer, recently said:

> During convulsive periods in history, ideologies become 'religions,' 'churches.' Faith in a leader or a political party becomes the piece of wood to which people cling when they feel carried away by disconcerting currents. They prefer to close their eyes to a reality which afflicts and disturbs them, rather than to listen to other viewpoints. Having their own identity would mean they would have to submit themselves to great changes that would endanger their comfort zones, their jobs, and their sense of social belonging. I think this is also influenced by the social networks and the way in which we actually get our information. We are exposed to only one point of view while we block and disqualify others. And the authoritarian or populist governments are experts in manipulating this sectarian sense, designing their messages to divide their 'faithful followers' from the rest who question them. Trump does it; Ortega does it; Maduro does it. It is a growing phenomenon in this century (G. Belli in: Mon 2020, translation by the author).

Vice President Rosario Murillo, the wife of Daniel Ortega, is the only person in the country authorized to give official declarations on any issues, aside from her husband, and she is the kind of expert Belli talks about. She addresses the population with a mixture of declarations, news, threats, and lamentations every day at noon on all the TV channels owned by the presidential family. A random selection of 3,384 words in one such declaration showed she mentioned the words 'God/Jesus/Lord' 38 times, 'Virgin Mary' seven times, 'Pope' four times, 'goodness' and 'do good' 29 times, 'family' 21 times, 'faith' 14 times, 'love' 11 times, 'hope' six times, 'peace' five times, 'good hearts' five times, 'bad hearts' 16 times, 'hatred' six times, and 'pandemic' 13 times (Murillo 2020).

Much of Murillo's language is full of religious terms and positive words, and yet her expressions and actions are full of hatred designed to inspire hatred for anyone in the opposition. It is: 'Us, the good, religious people' versus 'Them, the bad, Godless people.' She is well known for her esoteric inclinations and is considered by many to be a sorceress of dark forces. She is popularly called "the Witch," but her language is full of verses from the Bible. Her declarations often have more Bible verses in them than a pastor's sermon, applying the positive texts to the government and those who think like them. However, a lot of the names she uses, mostly like those in imprecatory psalms, are directed towards people in the opposition. She uses terms like: 'Pharisees,' 'Judas,' 'Cain,' 'satanic,' 'diabolic forces without hearts and souls,' 'petty souls,' 'human misery,' 'hypocrites,' 'traitors,' 'plagues' which, along with terms like 'coup mongers,' 'vandals,' 'looters,' 'egotists,' 'terrorists,' 'delinquents,' 'criminals,' 'toxic,' 'bloodsucking vampires,' 'fascists,' and 'rapists,' are a very important part of her daily hate speeches (Guevara 2019).

> Daniel Ortega, through Rosario Murillo's message, gives their followers grass and fodder when it introduces the Manichean language of their ideology. Good Nicaraguans are those faithful Christians, followers of the commander, those who believe in Sandino and reject the evilness of opponents, coup-mongers and minuscules. Others are not citizens. To politically denaturalize the other is useful and necessary to prohibit protest, the right to vote or to live (Orozco 2020).

Ortega, more than his wife, uses political terms and words which are appealing to most people (brotherhood, family, and peace) in addition to his anti-imperialist

speeches, and yet he fails to address the critical needs of the people in times of a pandemic. Ortega, in his speech at the 41st anniversary of the Sandinista Revolution (July 19, 2020) – after disappearing for 34 days – spoke 6062 words in which he mentioned the word 'God/Lord' only six times, 'family' 19 times, 'brothers' 13 times, 'peace' 11 times, 'women' 11 times, and 'children' six times. On the other hand, he used the word 'epidemic' 12 times and 'pandemic' only five times. He mentioned 'health' 39 times, 'people' (pueblo) 26 times, 'army' 17 times, 'hospitals' 16 times, 'workers' 14 times, 'Yankees/North Americans/imperialists' 12 times, and 'Sandino' 10 times. Amazingly enough, he used the word 'Covid' only one time even though the country was in the middle of the pandemic (Ortega 2020).

Ortega does not use many Bible verses in his speeches but rather concentrates on all the 'wonderful things' his government is doing, 'thanks be to God,' despite all the imperialistic manoeuvres from the voracious country in the North. He once said: "My inspiration to struggle on behalf of the people, with the people, and to continue doing it, is and will always be Christ."[3] The question remains: If this is such a wonderful Christian government, why were the governments of the United States, Canada and the European Union applying sanctions to 22 high government officials, including the police and four members of the Ortega-Murillo family? Their actions speak louder than words, and people outside of Nicaragua can see this.

There is no denying that there is a small sector of Nicaraguan society that supports the Ortega regime. But the electoral system is under the complete control of Ortega. The opposition has consistently demanded that electoral system become an independent power, but this demand has fallen on deaf ears. Some of the supporters of the system are victims of the clientelism used widely by the presidential couple, but others are smart, good Christian people who inexplicably seem to be blind and deaf to what is really happening in the country. The explanation may lay in the words of Dietrich Bonhoeffer in his *Letters and Papers from Prison* (quoted by Holmquist 2016):

> Under the overwhelming impact of rising power, humans are deprived of their inner independence and, more or less consciously, give up establishing an autonomous position toward the emerging circumstances. ... In conversation with him [the person under overwhelming political or religious power], one virtually feels that one is dealing not at all with him as a person, but with slogans, catchwords, and the like that have taken possession of him. He is under a spell, blinded, misused, and abused in his very being. Having thus become a mindless tool, the stupid person will also be capable of any evil and at the same time incapable of seeing that it is evil. This is where the danger of diabolical misuse lurks, for it is this that can once and for all destroy human beings.

An example of how deep the spell is can be seen in recent violence involving the Catholic Church. The Church has become very critical of the government and has dared to harbour protestors fleeing from police attacks in the churches. Since July 2019, there have been 20 attacks and desecrations to Catholic churches by Ortega

[3] Ortega said this in a speech when Nicaraguan citizenship was given to a North American pro-government Pentecostal pastor.

sympathizers; this includes the image of the Blood of Christ in the Metropolitan Cathedral of Managua, a well-venerated and ancient relic which was burned using an incendiary bomb recently. Several priests have received death threats, masses are rudely interrupted, and attending parishioners are being harassed. Among the people who have participated in the desecrations are well-known Catholics who used to participate in the rituals of walking long distances barefoot or kneeling to fulfil a promise made to a saint (an old Catholic tradition). Knowing Ortega and Murillo have publicly called the Catholic hierarchy "satanic coup plotters," among other names, these attacks come as no surprise even though Nicaragua is a profoundly Catholic country.

The manipulation of society using positive religious symbols and words to identify themselves with God and the use of satanic words to identify the opposition has contributed to the separation of 'the good' from 'the bad' and created enormous schisms in families and communities. For Nicaraguan society, where close family and community ties have been an immense source of strength, this separation has proved to be lethal. This became very evident during the 2018 and 2019 political repression when the entire Nicaraguan society became polarized. This polarization resulted in distrust between people and the rupture of family and social ties in Nicaragua. "How do we rebuild the social fabric when it was my neighbour who tortured my son or another neighbour?" asks a professional who works with victims. The human rights violations also affected family ties, especially in cases of families divided between government supporters and oppositionists (GIEI 2018: 308).

> Nicaraguans have a leathery skin of ... structural violence. We are a people who breathe harassment, abuse, transgression of the body and politics. Our spaces of expression in clean air, in freedom, are limited by the culture of violence. Nicaraguans need to rehumanize, to prevent violence from eating their children and families, their culture and their humour. And it's not too late (Orozco 2020).

Now, what is the relationship between this trilogy of a culture of violence, religious symbolism, and violence against women? I am using Nicaragua as an example, but the same is happening in varying degrees around the world.

Links between state patriarchy and violence against women: A feminist perspective

If we understand patriarchy as a system of domination of men over women, one of the ways in which this domination is expressed is through violence by men against women, not only at home but in all areas of life. In Nicaragua, the examples start at the top. Daniel Ortega was accused in 1998 by his stepdaughter Zoilamérica Narváez of almost 20 years of sexual harassment and abuse, beginning when she was 11 years old. Ortega denied the charges and made use of his political immunity to protect himself. Rosario Murillo, Zoilamérica's mother, knew about the abuse but accused her daughter of being a compulsive liar and asked forgiveness from the people of

Nicaragua for having a daughter who had betrayed the Sandinista ideals. With the support of feminist groups, Zoilamérica took her case to several human rights organizations and even to the Organization of American States as she could not get justice in Nicaragua. She now lives in exile in Costa Rica after receiving several death threats to her and her family, and she continues to be harassed. This is just one example of the abuse of power associated with a state patriarchy, both at home and beyond.

The Sandinista government prides itself on promoting gender equality in the country. One of three flagship programs for 'gender mainstreaming' to improve the participation of women in society includes a change in the Constitution which dictates those high positions in the government should be held by 50 percent men and 50 percent women. Women have been named to high positions in some of the lesser institutions but based on their loyalty to the presidential couple, not on their capabilities nor commitment to improving the situation of women. However, at the smallest disagreement between these women and the presidential couple, they are quickly dismissed from their posts and another woman is named. For example, we have had three different female ministers of health in less than a year.

The other two model programs designed specifically to help poor women are *Usura Cero* (Zero Usury), in which women are provided with small loans to start small businesses in 'solidarity groups,' and *Hambre Cero* (Zero Hunger), in which women are given half a dozen chickens, a pig, or a cow and seeds for fodder. The results of these programs show that they still focus more on the practical needs of women associated with their traditional gender roles than on their strategic needs to challenge their condition in society: Decision making and control over their own resources.

There is a very strong feminist movement in Nicaragua that has managed to push forward great laws about women rights, domestic violence, and equal participation of women in public posts. However, many of these laws remain only on paper, especially those regarding domestic violence. The system is so corrupt that only a very small number of men who have committed femicides are imprisoned and only eight percent are condemned to serve time. "There is no accountability for violence, abuse of power and authority, and the use of force. Attacks against feminist movements to distract from where the violence comes are another manifestation of a serious social unrest and hungry for cruelty" (Orozco 2020). The similarities between the impunity of Daniel Ortega and that of the perpetrators of domestic violence are very evident.

Nicaraguan feminists struggle to gain implementation of the laws they have put forward in resistance to the government, but the victories are few because structural changes, as well as changes in the hearts and minds of the population, need to take place. Even though steps have been taken to train judges and judiciary personnel, structural and systemic problems which affect the judiciary system – corruption, lack of transparency, delays in the processes, and the lack of judiciary institutions in the rural areas and the Atlantic Coast – have not been addressed. This translates into women's lack of access to judiciary services (UPOLI 2017: 65).

It is worth mentioning that many of these efforts to train the judiciary personnel and even to establish centres for helping and empowering women have been possible thanks to the efforts of Nicaraguan women to obtain support from organizations and individuals from Europe and North America, an expression of solidarity at its best. However, the profound resistance of men to abide by laws which protect and secure the advancement of women is explained by Latin American feminists (Gargallo 2007: 24) in the following terms:

> The superiority of men is a complex cultural construction that becomes absolute in all the countries dominated by the culture which produces it. At the same time, this construction has similar characteristics to the racism present at the time of the conquest and to the slaving of the conquered, in such a way that the genders and war system, and the genders and colonialism system accompany and reinforce each other, because they have a common hierarchy mechanism at its base.

Very much like a slave owner, many Nicaragua men treat their spouses like slaves. This becomes very evident in situations when the man assassinates his wife and says: "O mía o de nadie" ("Either she is mine or nobody else's").

Because Nicaragua is a deeply religious country, both in its Catholic and Protestant expressions, one of the ways in which Nicaraguan feminists have tried to challenge such ingrained beliefs of men superiority is by engaging with feminist theologians in questioning patriarchal teachings and rereading the Bible from a feminist perspective, which is by no means an easy task in our country. Once again, it has been helpful to count on the support of theologian sisters and brothers from the North.

Other evidence of how patriarchal religious teachings and violence against women are related can be seen in the research done by the Protestant Association for Family Counselling, to which I belonged and where 320 women and pastors from four Protestant denominations in Nicaragua were surveyed. The results showed that the more patriarchal the teachings of the denomination, the higher the incidence of domestic violence (AEDAF 2001: 10). It is also important to note that Protestant women suffered higher percentages of domestic violence than women in the population at large.

The abuse of power by patriarchal men over women takes many forms. That was my experience when working with abused women for over 40 years. It was also my own personal experience when I attended a Christian college in the United States and was sexually harassed by my academic adviser for two years, a well-respected tenured professor, while I was a young, naïve foreign student. It was also my experience as a married woman doing an internship in a Christian counselling centre in Ecuador and being sexually harassed by the director of the centre. Unfortunately, similar experiences of abuse are very common among Nicaraguan women, as in other places in the world.

Economic vulnerability is an enormous factor in allowing the abuse of power to be perpetrated. In the research done by AEDAF (2001: 13), women who had the lowest income reported higher incidences of abuse. In most cases, when a woman decides

to separate from an abusive partner, her income does not diminish but it disappears altogether, as many of them are economically dependent on their husbands. Abused women often hesitate to separate because their partner threatens to kick her and the children out of the house where they live, and/or to legally take the children away because she cannot feed them. A partner's threat to kill them is also a strong deterrent for separation. Because the laws protecting women and children are not enforced by a patriarchal state, like in the case of Zoilamérica, it is a very difficult decision for a woman to leave her abusive partner.

Out of the 320 Protestant women surveyed by AEDAF, 63 percent reported seeking spiritual consolation, like praying, reading the Bible, and fasting; 24 percent sought pastoral care, and only seven percent went to the police. The women who went to the police were mostly from the less patriarchal denominations (AEDAF 2001: 18). How can pastoral care and counselling take place in such a context of violence at all levels?

Challenges to pastoral counselling in the context of political conflict and violence

It is not easy to do pastoral counselling in a context of political conflict and violence because it can put the counsellor's life at risk, especially when the violence is extreme and human rights are totally ignored. After April 19, 2018, our local church (Beerseba Baptist Church) developed a Ministry of Counselling and Accompaniment where we trained lay people to visit and counsel with families, especially mothers of victims of the repression, but we had to stop when the police started tracking visitors. Because of accusations of being coup plotters, anyone who meets with these families can easily be accused of terrorism, manslaughter, drug or arms trafficking, and put in jail with no evidence needed.

Here are some questions the pastoral counsellor needs to ask him- or herself in contexts like this:

(1) *Am I willing to risk my physical life to serve my neighbour for the sake of the gospel?* Rather than support the dominant order, pastoral care should have as its goal the transformation of persons and communities towards economic justice and nonviolence, as Jesus taught in his life and by his death on the cross. In his book *Render unto God: Economic vulnerability, family violence and pastoral theology*, Dr. James Poling writes: "Pastoral counsellors must ask themselves: What do we render to God? Should we serve Caesar and reap the economic privileges of such collusion and injustice, or should we serve God and risk our economic and physical lives for the sake of the gospel?" (Poling 2002: 6).

(2) Female counsellors need to ask themselves: *Am I willing to risk being tortured in such a way that my dignity as a woman may be compromised or that my family* may be put at risk if I am imprisoned? There are many testimonies of women prisoners being subjected to unmentionable kinds of sexual abuse while in prison and of threats of abuse to her family members, especially her children. The scary part

is that some of these threats have been carried out. Homosexual and transsexual prisoners have shared similar or worse experiences.

(3) *How can I be a neutral counsellor and handle my emotions in the face of such unimaginable injustice and dehumanizing acts?* One of the orientations given in the training for Ministry of Counselling and Accompaniment at my church was: "It is alright to cry with your counselee as long as you don't cry harder than him/her." Another was: "If you find yourself becoming extremely angry or sad about what happened to your counselee, please remember it is her/his turn to be listened to."

One of the first activities done with this group in preparation of this ministry, naturally, was to have a session of group therapy to share with each other how each felt about the actual situation in our country. Counsellors were also encouraged to share with other members of the group after their counselling sessions, allowing enough space and safety for discharging their emotions.

> The traumatic experiences suffered and the chaotic character of a reality in which horror has no limits is a challenge for the therapist concerning his or her capacity to contain and withstand that horror, and to share the brutal experiences of suffering of his client. This is an especially complex problem due to the fact that the therapists are also included in this socio-political situation, are also vulnerable to suffer these experiences and to become contaminated with fear and horror (Lira et al. 1984: 15).

(4) *How can I do counselling with somebody who is part of a system that I abhor?* As noted earlier, our country is politically polarized. The group of lay counsellors at my church was encouraged to do counselling with people from the opposition who had lost family members but also with people who were pro-government and had also lost members of their families. This was difficult at first but, in the end, they discovered that pain at the loss of a loved one has no political colours.

(5) *Am I willing to provide pastoral care as a form of resistance?* James Poling describes how pastoral care and capitalism developed complementarily to each other in the United States and for centuries have coexisted and supported each other. But pastoral care can also be "… a form of resistance to U.S. capitalism, its deficiencies and its evil effects" (Poling 2002: 25). However, there should be not only resistance to capitalism but also to the patriarchal system which is so much a part of our society in which feminism is often associated with demonic forces.

(6) *Am I willing to accompany the victim and her/his family for as long as it is needed?* Nicaragua is a poly-traumatized society. In addition to multiple natural disasters (earthquakes, floods, volcanic eruptions, hurricanes, landslides, and droughts), it has also suffered an abundance of human made disasters (wars, social unrest, repression, corruption, and others).

> The violence launched due to the social protests since April 18, 2018, has caused great damage to the families, communities, and Nicaraguan society as a whole. It has affected coexistence, altered daily life, and deepened social polarization. It has caused severe pain and outrage, which intertwine with scars from previous conflicts, and lead to the distancing and distrust of many

> sectors of society vis-à-vis the state institutions. These wounds will be hard to heal if there is no integral attention to truth, justice and reparation on behalf of the persons who lost their loved ones; the persons who were injured and left with disabilities; the disappeared persons; the detained and displaced persons, and all the persons who have been affected or hurt by the violence, as well as the persons who suffer persecution and threats for being family members of those (GIEI 2018: 333).

(7) A question churches and religious organizations can ask themselves is: *In what ways are we willing to engage in pastoral care of the victims of an unjust system?* Or: Who is my neighbour?

Conclusion

In this article, I have tried to use Nicaragua as an example of how the religious, cultural, economic, and political background of any country can contribute to a polytraumatized society but, also, how these societal elements can encourage resistance every step of the way by highlighting the role women have played in it.

I described some of the ways in which violence has become institutionalized by using religious symbols but also how religion can nourish resistance and survival. I explored how in societies like this there are clear links between state patriarchy and violence against women, and how women have tried to resist this very violence in solidarity with each other. Lastly, I posed some challenging questions pastoral counsellors and care givers working in situations like Nicaragua could and should ask themselves.

I would like to end this article by sharing the words of a song which is very popular in Nicaragua, *Enviado soy de Dios*. The words in English are:

> I am sent by God; my hands are ready to build with Him a fraternal world. The angels are not sent to change a world of pain into a world of peace, it is my task to make it a reality, help me Lord, to do your will.

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Chapter 15

Care with Impoverished People in Brazil

Ronaldo Sathler-Rosa
Brazil

This article summarizes the living context of impoverished people in Brazil. I will first focus on social science research dealing with poverty, its roots and causes, and then consider the main purpose of the article, which is to implement a model of interreligious spiritual or pastoral care and counselling with people living in situations of poverty. Based on the grounds of our common humanity, which precedes our different faith practices and diverse faith understandings, the article aims to foster interreligious encounters and cooperation among agents of care from different institutions and religions, as well various fields of scientific knowledge.

Why context?

According to John Patton (1993: 39), "neither the *classical* nor the *clinical pastoral* paradigms for pastoral care [in the Christian tradition] have given much recognition to context." In the classical period, from approximately the fifteenth until the nineteenth century, the paradigm had a tendency to "universalize its understanding of human problems" from an exclusively religious perspective. On the other hand, the clinical pastoral paradigm frequently identifies human situations from a psychological standpoint. Specifically, the psychological context that is usually "the personality structure and dynamics of males of the dominant culture" would be viewed as normative. And yet the context where people live and work is an influential factor on their health and well-being. It means that understanding the individual or family context becomes a helpful tool to bring about health and well-being for those with whom pastoral care agents work.

This article takes into account the Brazilian social and political context, particularly the context that generates poverty. Poverty is a social condition that prevents people from benefitting from the human and environmental resources that would allow them to live abundantly. Peter Selby (1983) states that to care for the individual without taking into consideration the social and political dimensions that lead to suffering means to confirm their situation. Full healing does not occur. There is no such thing as fully healthy individual in a sick society.

Accordingly, this essay adopts a systemic approach as a theoretical framework. It means that the described situation is analysed from a multifaceted perspective which

includes the individual, their personal story, their relationships, their culture, and their living social conditions – that is, themselves plus their circumstances. Larry Graham (1992: 39) states:

> The first characteristic of systemic thinking is its affirmation that all elements of the universe are interconnected, standing in an ongoing reciprocal relationship to one another. This reciprocal relationship is not always immediate or direct. Neither it is always discernible. But the interconnections exist and their influence make life what it is, and shape what it will become.

Data on poverty in Brazil

Recent research conducted by the governmental agency *IBGE-Instituto Brasileiro de Geografia e Estatística* (Brazilian Institute of Geography and Statistics) contains data about the current numbers of poverty in the country. According to research from 2019 by the IBGE, Brazil has "almost 52 million people in poverty [it means that their monthly individual income is equivalent to approximately US $72], and 13 million people in extreme poverty [monthly individual income equivalent to approximately US$ 25]." Inequality in the country is "a plague that has plagued Brazil since forever, and it has created deep roots." According to the IBGE (2020):

> One of the best indicators of inequality is the Gini index [mathematical instrument to measure social inequality in a given country, state or municipality, created by the Italian mathematician Conrado Gini]. It ranges from zero, which represents perfect equality, to 1, maximum inequality. In Brazil, the index was 0,543. In the international ranking of inequality, Brazil ranks 156, below Botswana, Colombia, and Mexico.

The survey finds that the "Gini index (0,543) fell if compared to 2018 (0, 545), but the country is the ninth most unequal in the world, according to the World Bank" (IBGE 2020).

The essential dimensions of poverty are: Physical survival, fundamental needs for access to food, health care, housing, and basic sanitation. An article by Caroline Filla Rosaneli et al. (2015) expands that by seeking to take an approach from the perspective of bioethics, "between the themes that are related to hunger, poverty, human rights, food and lack of empowerment of vulnerable citizens." They write that poverty is a "complex and multidimensional phenomenon that deprives a large part of the world's population from access to food," causing people enormous deficiencies in psychological, physical, and social development. Poverty is accompanied by unequal opportunities in terms of education, health care, and alienation from political participation. This lack of opportunity signals that the current dominant power system does not recognize that all individuals have potentialities, which could help to increase their self-esteem and well-being if they are given an opportunity (see Sullivan 1953).

An additional point relevant to this article is the recognition of the fact that in Brazil the "eradication of extreme poverty is more effective than the fight against hunger" (IBGE 2020). The authors also recognize that "malnutrition is a phenomenon

resulting from the lack of social inclusion, access to health care, housing and adequate income, as reported by F. Valente research which 'explains the perpetuation of the dominant state of social exclusion'" in Brazil (Rosaneli et al. 2015: 90).

Studies indicate that impoverished people aspire to be holders of power, to be agents of their liberation from slavery created by poverty and misery and, thus, to build their own destiny. However, these studies also note that, in several countries, the impoverished consider the dreams of achieving their 'inalienable' rights to life with justice, peace, and freedom 'discouraging and unattainable.'

Beyond the borders of Brazil, one should also consider the current migrant situation. Millions of people, including children, the elderly and the young, roam the seas, mountains, valleys, and peripheries of urban areas trying to find a place to live decently. It should be noted that the massive movement of migrants in the twentieth century is rooted in social inequalities, lack of job opportunities, and low levels of education. At the heart of this situation is economic exploitation and political oppression that leads to forced migration (Sathler-Rosa 2018: 93; 2002).

Rosaneli et al. (2015) summarize diverse research that points out the main dimensions of human poverty, including a study by Salama and Destremau that demonstrates the multiplicity of dimensions that can be experienced in different ways by a variety of groups. This work indicates relative poverty as opposed to absolute poverty, a situation that prevents access to basic needs for physical survival. However, it should be noted that there are other components of human existence that are essential for integral health and good social coexistence which, if absent, are factors of human poverty, including family life, social recognition, and feelings of belonging (Rosaneli et al. 2015).

For the laureate Indian economist Amartya Sen, one should not "reduce the concept of poverty to the simple condition of insufficient personal income," which he considers "unacceptable reductionism" (in Rosaneli 1999: 91). Instead, Sen argues that "poverty must be understood as a condition of much broader poverty, which affects human existence and personal dignity." Society and public policy must ensure that everyone has the "possibility of free expression of their personal potential" and thus be able to develop their "ability to work autonomously in the labor market" and become "citizens with rights." According to this publication, the concept of poverty formulated in the 1980s sounds reasonable: poverty as "*relative deprivation* of adequate food, physical comfort and social inclusion" (Rosaneli et al. 2015).

John Rawls (1997: 3) points out that "justice is the first value of social institutions." He builds his theory of justice based on the assumption of social equity. Social justice will only take effect when all members of a given society are counted as citizens. This implies taking an active part in social and political processes on equal terms. Two principles, derived from the aforementioned assumption of justice, are relevant: "it would offer the same basic freedoms to all citizens, such as freedom of expression and religion, and the granting of social benefits to impoverished sectors, thus creating social and economic equity. Both principles would require robust cooperation from all participants" (Rosaneli et al. 2015: 91).

To achieve this type of justice, cooperation will be demanded from countries, institutions, social organizations, and societies, according to an earlier report by the United Nations (UN). Mark Lowcock, head of Humanitarian Services of UN, says that the index of hunger and poverty is rising. Covid-19 triggered the worst global recession since the 1930s. Specific to Brazil, the UN Economic Committee states that "231 million out of the 656 million inhabitants of Latin America and the Caribbean will be in situation of poverty in 2021" (Chade 2020).

The situation of impoverished people in Brazil represents the situation of other people in different parts of our troubled world. The absence of activities to empower the masses who are invisible to the eyes of many is an essential factor in preventing them from exercising their rights to citizenship and restricting their access to the 'goods of creation.' In addition to the physical and social damage, this condition is demeaning for people from the point of view of the dignity proper to beings created in the image and likeness of God. Pastoral actions of care with impoverished people can and should be a means to rescue their hope and to support them in their legitimate aspirations; the context of poverty calls for actions of care from people and institutions from different backgrounds.

The following section is an attempt to offer an interreligious approach to care with the poor. Language and major goals can be adapted to various religions and social context, even though I am limited to my own cultural and religious traditions. Interreligious cooperation underlines my suggestions.

Pastoral actions of care with impoverished people

Pastoral actions of care for the poor acquire character and methods that are different from the practices in the middle social sector, which make up a considerable part of traditional churches, especially in urban regions. Pastoral practices with poor people do not ignore their individual needs. However, these practices put greater attention on their living conditions, which are usually marked by enormous basic needs. The poor also manifest feelings of social inferiority. Their biggest losses include loss of dignity, loss of decent work, and lack of educational opportunities, as well as a lack of access to health care and adequate food.

The following notes are an attempt to delineate a proposal for care with impoverished people. The text does not examine historical causes of poverty, be they structural, political, or social. Rather, the basic premise is that living without a decent and safe place to live, deprived of adequate food and social protection is a condition opposed to the teachings of traditional religions and to widely recognized fundamental human rights.

The so-called social action approach to spiritual care has been largely neglected by the *classical paradigm* as well as by the *clinical paradigm* of Christian spiritual or pastoral care. However, the process of caring for people, as well as care of the environment and the healing of institutions, is an integral part of spiritual care. According

to Stephen Pattison (1988: 88), spiritual care goes beyond the individual's psychological and spiritual needs:

> Pastoral care has social and political implications and consequences. Sometimes the only truly pastoral action is political action. There are factors which might suggest that the social and political dimension is, on occasion, integral to the nature of pastoral care.

I refer, widely, to the work of my colleague Sara Baltodano (2003), a psychologist and teacher of pastoral theology at the Biblical Latin American University, San Jose, Costa Rica. The following are some adaptations of her text. The text is divided into two parts: (a) practical and theoretical elements to be considered, and (b) guiding principles. Indeed, both parts overlap each other.

(a) Practical and theoretical elements to be considered

The elements named below should be considered together, in order to give consistency to the perspective of this proposal:

- It is essential to adopt a contextual perspective. That is, to take into account the interdependence of the systems of the environment where people live, such as their relationships, work, school, neighbourhood, and public services. It is necessary to know the entire context.
- Pastoral agents must develop a respectful relationship with the impoverished people. These are people who have skills that can be a resource to help change their situation. People who are aware of the factors that have contributed to their condition of poverty are ready to fight for the recognition of their dignity, their human rights, and for the transformation of their current condition.
- People wishing to act to eradicate poverty must themselves assume a personal attitude of identification and commitment to the suffering of the poor. This commitment should be a clear and firm personal choice.
- Pastoral actions of care should be developed from a communitarian perspective, that is, the community is a priority over the individual, and from the integrality of being. However, individual needs should not be neglected.
- The dualism of spiritual realm and secular realm must be rejected. The inseparability of the 'two reigns' is stated in Christian scriptures and recognized by system theories that advocate the interconnection of all the elements that make up a system. Existence and history are the spaces for the manifestation of the so-called secular and so-called spiritual dimensions. These two dimensions encourage the impoverished people to be active agents of social change.
- The struggle of the impoverished people must be marked by active hope and not as a passive waiting.
- Interdisciplinarity is to permeate the work of pastoral agents. Human problems are complex and demand a different look from the sciences that study humans. Psychology, sociology, and cultural anthropology – among others – can be important allies of pastoral theology and even a way to understand the motivation of spiritual caregivers.

- Adaptation of performance techniques may be necessary. For example: Literacy methods, sacred book studies, and advanced training to acquire a better understanding of the deeper causes of poverty must be thought of as a unit in order to find the best methodological resources which would apply to a given situation.
- The ideas and possible changes of direction in this pastoral accompaniment process must come from the target group of the work. This type of care is fundamental to avoid imposing themes or lines of action from outside. Inquiring about the participants' concerns and desires is good educational-pastoral practice.
- Constant review and evaluation of the lines of action and respective methods is a positive factor for achieving the objectives. Needs and changes in context may require changes to the action plan.
- Pastoral agents must be clear about the theological foundation of their ministry to the poor people. A theoretical-theological framework should illuminate the praxis from which the needs and aspirations of the care seeker emerge, in addition to providing a direction for the work.
- Adopt an attitude type of 'less solutions and more questions.' Some pastoral practices are so absolute that they explain everything and leave no room for criticism. It may become necessary to modify theoretical as well as methodological assumptions. The interrogative attitude helps to clarify ideas and situations. Many questions facilitate the ongoing evaluation process.
- Work with what you have, with the available people. Put aside what is missing. Thinking about what is lacking does not help to increase the available resources among the impoverished people or among the pastoral agents themselves.
- Conversations among the people who are willing to work as a team should lead to the creation of a working plan. The working plan might include the above suggestions, as well as other ideas. This, of course, should be a flexible working plan.

(b) Guiding principles

Although we may run the risk of judging that certain lessons – learned in pastoral work with impoverished individuals – represent unique and absolute parameters, I have set out some considerations, based on empirical work, which can be important factors for accomplishing these actions of care.

- Impoverished sectors have a huge variety of religious beliefs and experiences. They may also have more 'liberal' or 'conservative' ideas that combine superstition and magic. Also, they might have profound manifestations of faith, as noted by Charles Kemp (1972).
- It is important to take into account that people living in 'cultures of poverty' have rarely participated in any pastoral project in a consistent and lasting way; many distrust claims of 'help' or suspect that the real goal is evangelization while others are embarrassed by their social class. Long-term commitment is necessary to build trusting relationships.

- What is desirable is that the pastoral agent lives among the poor. Even so, poor people may be suspicious and show an attitude of mistrust. In addition, they may doubt that these caregivers will be able to change their situation. It is good to note that these two attitudes, together or separately, can be easily noticed.
- In such a project, a great deal of flexibility is necessary regarding time and the pace of people's growth. The concept of time amidst a setting of poverty is different; people live in the 'immediate' with the urgency of today. If the pastor does not attend to a person as soon as he/she asks for care, it is useless to ask him/her to come back when the caregiver has a free schedule. Generally, the person will not return because other problematic situations have arisen that changed the situation of the first request.
- Abandoned people, like the impoverished, need someone who is 'by their side,' especially in situations such as seeking legal help from public services, going to hospital, or visiting prisons. They feel insecure and even threatened in an environment that is a foreign land for them. Quite often, the pastoral agent needs to go along with them.
- It also should be noted that impoverished people may have difficulties expressing themselves. They do not feel comfortable talking about their feelings. They have been silenced by the dominant culture. They belong to a 'culture of silence.' The agent should refrain from abstract analyses, interpretations, or judgements when these people speak. It is better to listen more because they carry feelings of inferiority and of self-contempt. Encouraging them to speak and then listening carefully is essential. However, they can speak when, for example, they are asked to talk about what they did that day.
- Always remember that working methods with impoverished people are different from those used with economically privileged people. The methods here are more direct, more concrete, aimed at actions and empowerment.
- The conventional methods of pastoral counselling, aimed at introspection, do not work with poor people. It seems a waste of time for people whose dominant slavery culture did not teach them to find within themselves the strength to be helped (Clinebell 1984). It might be more helpful to help them to find a job.
- Dramatizations, festive events, and *gestalt* techniques linked to popular folklore can be quite significant instruments in increasing well-being.
- In these populations, the traditional method of scheduling a counselling session at the pastoral office does not work. People tend to identify an office with a police station or charity agency. Pastoral care and counselling can take place in homes, on the corner street, at hospital, at the market, or in the park.

Pastors who are dedicated to serving impoverished people have a dual role: Meeting people's aspirations through individual accompaniment and acting as agents of social transformation – that is, fighting for the elimination of established conditions by the financial, economic, and political powers that manage and keep people in situations of poverty. However, Howard Clinebell (1984: 98) stresses the importance of pastoral

agents overcoming the temptation to become paternalistic, or directive, and thus abusing their authority:

> Unconstructive uses of authority involve manipulating counselees by coercive advice or taking action and making decisions for them that they could do themselves with the counsellor's guidance and support. … [Hopefully the] uses of a counsellor's authority are aimed at gradually diminishing the dependence of persons on this authority.

In conclusion

Human dynamics and the unpredictable nature of social conditions teach us to be aware of the many factors that affect the establishment of a pastoral project to work with impoverished people. In this essay, I have relied on my own experience, as well as on the experience of my colleagues, in order to reflect on the situation of impoverished people and then propose preliminary considerations that can aid in the building up of a pastoral project for those in poverty.

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Chapter 16

Care and Counselling in the Interreligious Context of India and the Necessity of Social Change

Solomon Victus
India

Political aspects of religions in Indian society

India is a land of many living religions – Hinduism (the majority), Islam, Christianity, Buddhism, Jainism, Sikhism, and Animism.[1] Due to the interplay between religions, worldviews, and culture, the basic assumption is that religions indeed have an influence on social change. One can identify two primary ways this occurs, namely (a) to preserve and to protect (the priestly), and (b) to advocate for, and to act on behalf of the other (the prophetic). The priestly aspect of religion often points to a more conservative stance and is, thus, resistant to change, while the prophetic aspect calls for a more just and peaceful society on earth (Sivaraksa 1992: 57).

From my perspective, most religious approaches in contemporary India are in some way or another complacent and, to a large extent, satisfied with the situation (a conservative stance). The focus of religious institutions in most cases is more on individual, moral, and pastoral issues and not necessarily on structural issues. In general, one can say that religions are used to justify the status quo of traditional religious institutions. However, in India as in many other places, religious people are divided. While most approaches are more to the 'right,' some communities of faith are politically involved and critical of unjust tendencies in the social and public environment.

In recent years, fundamental Hindus are seeking to make India a religious state; previously harmonious Hindus are being pushed to become 'political Hindus' and to take a more rightist political position (Tharoor 2018: 180). The emerging trend of Hindu cultural nationalism within this minority group of 'ultra-Hindus' is to rid India of Muslims and Christians who they say belong to 'foreign Semitic religious movements' (Bidwai 2005). These ultra-Hindus are convinced that only Hindus were the original natives of the soil. For that reason, Hinduism is viewed as the only legitimate

[1] According to the 2001 census, 80.5 percent of the total population were Hindu, 13.4 percent Muslim, 2.3 percent Christian, 1.9 percent Sikh, 0.8 Buddhist, 0.4 Jains. Other religious groups represent less than a half percent of the total population, while forms of Animism can be found within some branches of Hinduism, as well (Indian Religion Statistics, 12 Feb 2014, Asia Pacific Economics Blog, https://apecsec.org/india-religion-statistics/).

official religion in India. The Hindu rightists' movement has been a reactionary force against foreign rulers in India since the 1870s. Many native Indians have converted to Christianity or Islam in this period for many social reasons. Despite their allegiance to the Indian national tradition, they have continuously been viewed as foreigners by the ultra-Hindus (Golwalkar 1996: 125).

One must bear in mind that Hinduism, although it has a vast heritage of sacred texts, was never formally based upon religious scriptures (it is not considered a 'religion of the book'). Furthermore, Hinduism has a strong belief in polytheism, and different forms of magic thinking are widespread. For centuries, this religious stance has prevented Hinduism from engaging in doctrinal debates with other religions. Given the recent rise of Hindu ultra-right movements, the relationships to the other non-Hindu religious people – especially to Muslims and Christians – became jeopardized. Non-Hindu religious groups, therefore, have formed a kind of common platform to defend and safeguard their minority rights and advocate for religious freedom and secularism as guaranteed in the Indian constitution. This helped to bring Christianity and Islam, who traditionally in India did not have much in common, closer to one another. Moreover, progressive Christians in India are beginning to take initiatives to have inter-faith, as well as intra-faith, dialogues to discuss common grounds in terms of faith traditions as well as political rights (Harris 2013).

Apart from the ultra-Hindus, the majority of Hindus in India are secular in nature. It is important to understand that within the Indian context, 'secularism' is not viewed as a kind of agnostic outlook. It represents rather a moderate outlook on life, namely the relativity of a specific conviction so that all religions are in fact equal and deserve due respect. In this sense, 'secular Hindus' tend to be more moderate and maintain good relationships, including interfaith marriages, with Muslims and Christians and other 'secular' oriented groups.[2] The secular Hindus are very happy to work with anyone who is involved in care and counselling in India. I even believe that some of the aspects of Indian culture like meditation, music, and yoga could be good platforms for interreligious therapeutic counselling ventures. Hopefully, these kinds of interactions will get more attention in future.[3]

Care and counselling within the local social dynamics in India

There are many different ideas and verdicts regarding what pastoral care and counselling in India entails. I was quite surprised when I started attending meetings of the Society for Intercultural Pastoral Care and Counselling (SIPCC) and discovered new

[2] The Tamilnadu Theological Seminary, Madurai, alone had more than 100 Interfaith Friends Dialogue meetings along with secular Hindus, Muslims, and Buddhists. This has been quite common since the 1970s and took place on several occasions. The interchange of reflections is not an exception.

[3] I am indebted to the discussion with Rev. S. Dhanaraj, who is actively involved in pastoral counselling and teaching in Tamilnadu.

ventures in counselling, outside the Christian tradition. For example, I became aware of Jewish, Islamic, or atheist ('ethical humanist') chaplaincies.[4]

In the Indian churches, pastoral care and counselling – as well as chaplaincy in some hospitals – is more or less restricted to listening skills and the art of comforting in caregiving. Nevertheless, in general, many Indians are still not yet comfortable with the idea of seeking counselling. The impression is that seeking counselling is equated to seeking psychiatric treatment. Quite a few people equate counselling with psychological services and psychiatric treatment. Most people in India are not aware of the difference between a counsellor, a clinical psychologist, and a psychiatrist (Pereira and Rekha 2017: 69-70).

In general, one can say that Indian versions of care and counselling are not comparable with North American and European models that are influenced by psychotherapy and were developed in the context of an industrialized world. Despite global processes of industrialization in India, formal pastoral care and counselling is often seen as a Western or North American concern stemming from Christian clinical approaches (Mondal 1999). This is changing somewhat, particularly among the highly educated in India, where broader processes of enabling, equipping, and motivating a counselee to deal with difficult life and existential crises are valued. However, the majority of the population are unaware of what counselling entails. The implication is that counselling processes are exclusively in the hands of experts and located in sophisticated social and medical institutions. In the meantime, however, the gradual disappearance of a coherent family system and a collective understanding of life due to modernization and industrialization have paved a way for new forms of caregiving. Pastoral care and counselling will, therefore, need to become more available to a broader spectrum of Indian society given these changes to the societal structure.

Interreligious socio-economic and socio-cultural contexts of care: Two case studies

The following two case studies will demonstrate how/why counselling should become more acceptable in India and that, in this context, the fostering of an interreligious dialogue is imperative. These stories show how socio-economic or socio-cultural issues should become part of the agenda for a community approach to pastoral caregiving. They will also reveal the existential needs of many people in India. Thus, the challenge to counsellors operating within the complexity of Indian culture and the daily circumstances of life is to consider a radical paradigm shift.

Case 1: Differentiation and religion as dividing factor

When I spent time at the Christian Medical College in Vellore for a Clinical Pastoral Education (CPE) course in the chaplaincy department, I was able to systematically

[4] Care and counselling can be practiced without involving religion.

visit many of the hospital wards where most of the patients were Hindus, rather than Christians or Muslims. One of the striking experiences to me was how people responded to the caregiving offered by a Christian pastoral counsellor.

Most of the Hindu patients were obviously aware of the fact that it was a Christian hospital. To my surprise, when any of the other caregivers or I approached the Hindu patients, we were welcomed warmly with folded hands. Only a few ultra-Hindus openly said that they did not need any caregiving, as they had reservations regarding Christianity and feared being pressured into a religious conversion. My experience with Christian patients was that while they welcomed me and were quite open to praying together, they were not willing to have an open conversation. Similarly, when I approached Muslim patients, almost all of them received me with a grim face. Some even responded with suspicion and clearly said they did not want any conversation or prayer. I never had any interactions with Muslims in my short period there. Although it was an unusual experience for me, I felt a need to understand them within their socio-economic context and cultural dimensions.

This experience caused me to ponder: Why the hesitation? Was there perhaps a religious form of suspicion behind their hesitation? As far as I understood it, the venue and the Christian atmosphere where I met them was basically the first reason for their reservation. Secondly, they had come exclusively for medical treatment, not for any chat or sharing with a Christian priest. To be approached by a Christian priest was not acceptable for them. Thirdly, in this particular setting, the more educated they were, the more they distanced themselves from any form of discussion; they lacked an understanding of intercultural, interreligious caregiving as articulated by SIPCC.

Some patients were Muslim and, as Islamic pastoral care or chaplaincy has rarely been available in India, any form of conversation about their condition by a Christian counsellor was totally unfamiliar. Although most Muslims understand theologically that Jesus or Christ is one of the prophets in their scriptures, they tend to avoid or reject discussions with Christians due to the fact that Jesus is considered a lower status than Allah. Thus, they view a Christian priest approaching them with suspicion.

Case 2: The commonality of our being human – humanitarian acts as uniting factor.

During the early period of the corona crisis, a *Muslim Tablighi International Conference* took place in New Delhi. Many members of this meeting were infected and became carriers of Covid-19 to other parts of India. This event caused a big hue and outcry, and Muslims in general – not only those with connections to this conference – were treated with suspicion all over the country. The organizers of the meeting were even arrested on suspicion of foreign connections and conspiracies.

In this controversial and critical context, five Muslim friends showed a bold humanitarian act by helping to conduct the last rites for a Hindu man who had died of tuberculosis and was ostracized by his Hindu neighbours. The Hindu was an auto rickshaw driver in the South Indian city of Hyderabad named Venu Gudiraj. On 16 April 2020, he had died at the Osmania General Hospital. Trouble started when his

family brought the body home the next day for the funeral. His two teenage children and uncle faced violent criticism from neighbours for bringing the body home. His brother defended the deceased and explained the desperate situation surrounding his death: "He was suffering from tuberculosis. During the lockdown, his condition deteriorated. And now, after his death, there is absolutely no one willing to take care of the children, and their mom had also passed away a few years ago." The children did not have money for the funeral and needed assistance, but the neighbours refused due to the rumours that the man had succumbed to the Corona virus. Just when the family was giving up hope, they received help from an unexpected quarter – a few Muslim youths offered to assist with the funeral arrangements. One of them was Sadeq Salam, a social worker in the area. He noted: "We decided to become engaged and help the family." Along with his four friends, he sought permission from the police and planned for the final rites. They arranged food for the family members and the few relatives who joined the funeral rituals. "At a time when our community is being targeted for spreading the Corona virus after the Tablighi meeting, we wanted to set an example of how we all stand united, despite negative attempts to create divisions and hatred," said Salam. "On humanitarian grounds, the five men not only stayed until the end of the funeral but also spent some time to alleviate fear by addressing unfounded suspicion and spreading appropriate information" (reported by Biswas 2020: 6).

The need for social analysis: The paradigm shift from the individual to the structural and systems approach

During the twentieth century, the tradition of *cura animarum* (care/cure of human souls) was mainly shaped within the context of individualized societies. The result was that counselling became focused mainly on the individual (person-centred counselling). Theory formation was influenced by the paradigm of psychotherapy; thus, the notion that healing is about talk therapy so that individuals are enabled to solve their own crises. No doubt, to some extent, it was inevitable and 'successful' in these kinds of affluent societies. Most pioneering books on counselling theories were written by European and North American scholars who continue to dominate the field of counselling. Case studies and models in counselling literature are very much connected to personal problems in mechanized and broken societies and corporate companies of the industrialized world (Lewis 1992). Moreover, most articles in the *Dictionary of Pastoral Care and Counselling* are written as if cultural differences are not that decisive (Poling 2002: 215).

With the development of modern individualistic structures in India there is, indeed, a high demand for mental health care and pastoral counselling. In the wake of globalization and neoliberalism, Western biomedical psychiatry is exported and propagated. But given the poor infrastructures in low- and middle-income countries such as India, these efforts often do not match the real needs of communities and people (Jacob 2011). Even the *Movement for Global Mental Health* (MGMH) takes a basically

individualistic approach.[5] Critics argue that emotional distress is a response to socio-political and economic conditions of conflict, social inequality, chronic poverty, and unregulated capitalism rather than being symptomatic of neuropsychiatric disorders. In person-centred counselling processes it is not common to think beyond the individual client's context. Questions such as: how people are being victimized in a systemic cycle, how they are impoverished, who are marginalized, why people are migrating, why certain migrants are behaving in unusual ways, why femicides still occur in certain parts of the world, and why certain cultures are discriminated against in many Asian contexts, do not get much attention (Sivaraska 1992: 31-33).[6]

My persistent question is whether care and counselling can be limited only to individual clients by comforting, motivating, enlightening, and enabling them to move in society smoothly without touching the factors of external, structural contradictions? Many Western researchers started to deal with a systems approach to counselling during the 1960s. However, this approach was focused primarily on care to the family system. Some psychiatrists even started to prefer the private family-atmosphere of people's homes for treatment. This change implied an important movement away from the ward-atmosphere of the institutions and clinics, as a means to understand the illness profoundly (Poling 2002: 217) to the more informal setting of the home. Yet, it may not be enough. James Poling, a North American pastoral counselling expert, admits that many pastoral counsellors do not know how to analyse structural issues such as the interlocking differences embedded in cultural settings and contexts of social injustice, particularly as they relate to power. Poling, therefore, discusses issues related to the impact of poverty, racism, and a social injustice on the predicament of many Black people living under poor social conditions in the US, citing cases of different structures like federal housing projects and educational approaches (Poling 2002: 217). So, overall, there is a need for a breakthrough to reorient care and counselling.

My basic premise is: In order to understand humans as social actors we need social analysis. Social analysis implies a thorough understanding of the social reality and the interrelational dynamics of human interaction, i.e., what happens to people socially and why and how, in order to identify the options to respond and to act in meaningful and helpful solidarity (Wielenga 1990: 183). A social analysis approach is meant to serve a practical purpose and, therefore, needs insight into the ways in which the various dimensions and factors of a society interact. It makes use of different disciplines but is not confined to any one of them (Dietrich and Wielenga 2009: 25). Social analysis, thus, cannot see any social problem without analysing structural issues.

The SIPCC has tried to break with this past tradition of individualistic counselling approaches. Since its beginning, SIPCC has striven to understand care and counselling as an inclusive approach that is working for social change by understanding different

[5] See the statement of MGMH on its homepage (www.globalmentalhealth.org, accessed 19 April 2021): "We use the term *global mental health* to refer to the mental health of individuals in countries all around the world, with an emphasis on low- and middle-income countries."

[6] See also: Nina Perkowski 2013: 54; Fibula Ortiz 2013: 59.

cultures and diverse religious traditions. The intention is to motivate people to change situations, contexts, and inhuman structures.[7] I have always argued that care and counselling need social analysis, seeing people in their social context and communal structures;[8] caregivers have to become advocates of the people who do not have a voice in society and politics. Discussions within SIPCC, including those on a personal level, have focused on the need to address structural issues and an understanding that well-being and healing are not possible without taking care to create just structures.

However, for wider readership and further research, I will highlight a few issues that are important from a social analysis perspective:

Social injustice

A concern that human beings are victims of social injustice and discriminatory, inhumane structures within a society is necessary. For example: What are the causes behind the rise of crime? Why does the number of thefts increase, or how do we explain the spread of corruption in Indian governmental offices? Why, at a very particular point in time, more individuals get involved in certain forms of crime? (Dietrich and Wielenga 2011: 18). If we look only at the individual, their private aspirations and deeds, we see a very small part of reality. To see the whole picture, we have to take into account political structures and social forces that shape people's lives and often force them to act in certain ways. On the other hand: We may not have murdered anybody directly, but we may be part of dehumanizing structures, profiting from them in an unfair way. In that case, we will be inclined not to see the reality as it is (Wielenga 1990: 183). For instance: Can one simply ignore certain unethical policies of the World Bank and the International Monetary Fund? Can one discuss the distribution of wealth but ignore the indebtedness of people or poverty issues in less developed countries? Development projects of the 'Two-Thirds World countries' in collaboration with transnational corporations continue to create victims. Such victims are gradually increasing in numbers.

We, as caregivers, should be aware that victims and scapegoats in a society are not the creation of God or nature; rather, they are by-products of the systems created by local, national, and international policies and politics. Consider certain developmental schemes introduced in countries like India by the government or promoted by transnational corporations: Subsidies are given to small farmers to introduce new crops, to use chemical pesticides and fertilizers. It may look very attractive, but people later discover the drawbacks and disadvantages in terms of wealth and health (Dietrich and Wielenga 2011: 18). In similar ways, hazardous medicines and drugs are introduced

[7] Themes of SIPCC's international conferences reflect how the leaders seriously pondering over such structural issues as: Justice, Peace, and Integrity of Creation; Economy and Violence; Global Economy and Everyday Life; Young People and the Experience of Violence, and the Dynamics of Migration (Sathler-Rosa 2009).

[8] One of my SIPCC workshops in Wuppertal, Germany (Sept. 2-7, 2001), on the theme of Global Economy and Everyday Life explained how economic structures of the state policy have connections to the everyday life of the South Indian village farmers and how it impacts their lives (Victus 2003).

by pharmaceutical companies with attractive advertisements and prices that ultimately affect the health of the poor.

The burning question still prevails, namely, how long are caregivers going to take until they start to concentrate on the victims in society? Can pastoral care and counselling move beyond the traditional approaches? Will there ever be a lasting solution or cure? Can we assess the durability of our counselling effect, i.e., how long will the counselee be able to manage his or her life predicaments on his/her own after the sessions?

Structural and eco-systems approach

The paradigm needs to shift from merely personal problems to a structural approach that identifies perpetrators of structural injustice and promotes a holistic, eco-systemic approach.

With reference to a North American counselling setting, few experts realize that many psychological theories have a male, Western-European bias that distort the experiences most of the world's population (Poling 2002: 214). Due to globalization, the number of victims of unjust societal structures on a global level is growing alarmingly fast. How do counsellors deal with the perpetrators and instigators of oppressive and unjust situations and systems? The real enemy may not be individuals, but the unjust context in which they are placed, and this may be our common focus. It may not be possible to compartmentalize individuals and, at the same time, try to heal relationships. How can a city hospital in India achieve success in healing diseases while the city corporation is unconcerned about the highly polluted industrial atmosphere, unsafe drinking water, and bad drainage system which breeds mosquitos? Can we be indifferent to such structural issues while dealing with merely individual issues?

More and more eco-therapists point out how the exploitation of the earth contributes to the quality of human health obstructs attempts for healing and the promotion of human well-being. "For the first time in the long human story, our species face a health challenge that if not resolved will foreclose the opportunities to solve humankind's countless other problems, including multiplicity of health problems" (Clinebell 1969: 1).

As a pastoral caregiver in a clinical setting, I personally heard many stories of patients' indebtedness due to medical treatment.[9] I was able to observe many agricultural, as well as landless, labouring families around Vellore who came for treatment. The alarming discovery I made was that they had lost their income and assets one by one in a drought situation and, eventually, became trapped in several forms of indebtedness. In the case of agricultural workers, due to erratic rain patterns in southern India, there are many cases of untold misery where people lost all their tangible assets like jewels,[10] cattle, and land and eventually ending up in a debt trap. When these people are admitted as patients into hospital, the general trend in India is that the

[9] My three months' experience as a clinical pastoral caregiver in 2019 at the Christian Medical College, Vellore, gave me a good picture of the connection between health and structural issues.

[10] In India, jewels are considered part of a family's assets, especially among the lower middle class.

private medical management does not want the patient to be discharged unless they first settle the bill. Even if the plea comes from the concerned family to discharge the patient due to a paucity of money, it is not heard by the hospital. This sort of inhuman 'medical approach' does not take into consideration the patient's capacity to pay the bill for treatment. Furthermore, there are double standards in terms of fake medicines, spurious and banned drugs which are still available in 'Second World' countries (Hitayezu 2019: 26). All of this is becoming a global phenomenon. Fritjof Capra (1982: 134) writes:

> Yet despite these great advances of medical science we are now witnessing a profound crisis in health care in Europe and North America. Many reasons are given for the widespread dissatisfaction with medical institutions – inaccessibility of services, lack of sympathy and care, malpractice – but the central theme of all criticism is the striking disproportion between the cost and effectiveness of modern medicine.

Where is the role of medical ethics? The modern hospital system in general works like an industry or a corporate management where questions of capital, investment, and profit cannot be totally dismissed because we are part of a global market economic system. Doctors, nurses, ward staff, and administration employees must be paid. Medicines and sophisticated machinery must be bought from other countries. In this system, we feel that the patients have no right to question the affordability of the medial care system. Despite the many achievements we have made in these modernized hospitals, the basic problem remains that they do not reckon with the impact of a patient's post-treatment needs and burdens and the consequences for personal economic conditions and financial positions.

Capitalism traps everyone in its cyclic system, and many people are born in debt, live in debt and die in debt. They are becoming disempowered entities within a mechanized whole. The medical system and caregiving institutions are all exposed to these same global exploitations. The point is: The paradigm for helping and medical services should be transformed. The entire health system should become reversed by the state.

The nexus between mental distress and socio-economic crises within a market-driven economy

Incidences of modern mental and physical crises are quite high in the Indian context. The more we modernize, urbanize, and industrialize our country to become in tune with the Western technological developmental models, the more we encounter new forms of illnesses and occupational diseases connected to external factors like global warming, severe drought, flooding, tsunamis, and pollution.

Technological developments put pressure on workers leading to all kinds of psychological side-effects, e.g., stress and different forms of depression, Global economic stress, a materialistic driven competition (the emphasis on production and

profit) (Fromm 1995: 85), and other political factors also contribute to different levels of dissatisfaction and disappointments, adding to heightened levels of hopelessness. The current model of economic development – promoted by both the capitalistic neoliberal market economy and a 'socialist market economy'[11] in the name of competitive trade – creates a growing number of psychological or mental problems. People become alienated from their natural environment and exposed to the phenomenon of self-estrangement.

Erich Fromm cites Hegel and Marx, who frequently used the term 'alienation' to indicate a form of self-estrangement which permits the person to act reasonably in practical matters, yet which constitutes one of the most severe socially patterned defects (Fromm 1995: 111). Marx used the term extensively to discuss human alienation from the product, alienation from the productive activity, and alienation from fellow humans (Morrison 2006: 121-126). Those forms of self-estrangement brought untold suffering, mental agony, and depression among the workers. Instead of upgrading the workers to meet the scientific demands of labour, they are exposed to the spiral of capitalistic downgrading. In the first systematic outline of industrial psychology, the psychologist Hugo Münsterberg (1913: 3) even declared his aim was to place the psychological experiment "at the service of commerce and industry." Harry Braverman describes how clerical workers have been subjected to the same process of degradation in the twentieth century as the industrial workers in the nineteenth century (Wielenga 1984: 76).

Moreover, market economy consumerism has seriously affected the lives of modern people. Capitalism and consumerism are driven by three poisons: Greed, hatred, and delusion (Sivaraksa 1992: 8-40). The market-driven economy has thrived by creating more and more wants and greed among humans. Humans are not asked to be ascetics (the simplicity of a minimalistic lifestyle) but to achieve optimal need-satisfaction. People do not know when to say "it is enough" (Victus 2002: 100ff). James Poling cites Maria Mies' argument for a new, responsible consumer model (Poling 2002: 162-164). Neoliberal economic policies have created havoc with people's ability to determine what is necessary or not necessary. The undisciplined freedom to choose the consumer goods in shopping malls and supermarkets creates confusion. A growing affluent society has exposed consumers to an overabundance of choices that then results in depression. "The depression seen in the community is often viewed as a result of personal and social stress, lifestyle choices, or as a product of habitual maladaptive patterns of behaviour" (Jacob 2012: 538).

The following question then becomes inevitable: How can the profession of pastoral care and counselling respond to these new kinds of social and structural side-effects on the human quest for meaning and dignity? What should be the role of pastoral care in this regard? Can pastoral caregivers ignore structural issues and leave the

[11] Prof. M. Mohanty, an economist, uses this phrase for the current Chinese model of market economy.

devastating industrial and technological impact on human well-being in the hands of only political leaders and economists?

The role of caregivers in addressing structural dehumanization and oppressive, social exploitation

The role of caregivers is vital in dealing with individuals and the *systemic understanding of structural issues* as connected to inhumane social disintegration. Human beings are shaped and moulded by many complex systems and invisible structures. For instance, structures like international economic institutions and economic developmental growth schemes have left many countries debt-ridden and even placed a few countries under debt-swap (Razu 1999: 145). Wangari Maathai, the 2004 Nobel Peace Prize winner, remarked: "The debt crisis remains one of the key obstacles to fighting poverty on the African continent, as well as other regions such as Latin America and Asia" (New Internationalist 2008: 37). Eighty-eight billion dollars of debt was cancelled for twenty-five countries in 1998-2008. Debt relief is working to tackle poverty. But $400 billion of debt remains (see also Ellmers 2014). This is especially applicable for 'Two-Thirds World' countries. Issues like poverty, unemployment, suicide, migration, refugees, civil wars, gun culture, mobile addiction, male chauvinism, bloody violence, caste and racial violence, and ecological disasters are increasing alarmingly in the everyday life of people in these countries. Life issues are intrinsically connected to the structures of political institutions and global economic developments of the respective countries (Poling 2002: 91ff).

Both the *International Agency for Research on Cancer* (IARC), the specialized agency of the *World Health Organization* (WHO), recently announced that outdoor air pollution has a carcinogenic impact on the well-being of humans, specifically impacting indirectly on the health of poor and underprivileged people. The predominant sources of the pollution are transportation, sanitary power generation, industrial and agricultural emissions and residential heating and cooking (Dhar 2013). Therefore, the current economic growth calculation like the *Gross National Product* (GNP) and *Gross Domestic Product* (GDP) are criticized by many (Gore 1993: 185-186). Sheila Zurbrigg (1984: 46), an expert in Indian health analyses, is of the opinion that:

> It is curious indeed that the planners rarely have looked at the reasons for the failures from the perspective and reality of the village poor. This is so because the planners' short-term positions, either as political figures or international agency consultants, prevent them from having the essential depth of perspective on the working of the previous schemes to be asking the most critical questions. It can also be argued that, for many of the advisors and planners, their own positions within the existing social system or agency made them, by definition, reluctant to be looking at the deeper structural questions.

The problem for many caregivers is that they would rather deal with the emotional issues of the patients, enabling them to ventilate their suppressed feelings, but without

taking into account the impact of structural issues on human well-being and the complexity of surviving in an industrialized society and market-driven economic system. It is time to understand the promotion of human well-being holistically. Caregivers and counsellors have to turn to the dimension of social and systemic advocacy. Apart from more family counselling projects, we need to move into community issues, council issues, and state national issues. The universal strategy for counselling as means for social transformation could be guided by the United Nations' formula: 'Think globally and act locally.' In a holistic approach, caregivers have to increasingly become 'activists' and combine counselling of individuals with tackling structural issues. Parthasarathi Mondal (1999: 365) argues that caregivers need to accept that:

> Human beings have developed a particular process of survival and civilization known as capitalism. …The oppressive socioeconomic conditions of capitalist societies (especially among the poor and the destitute) lead to the suppression and non-fulfilment of many types of elementary human needs and desires, which is articulated through particular forms of behaviour. …

I am in complete agreement with Mondal that only with a thorough social analysis within a Marxian framework of thinking can one gain insight into the connection between structural issues, economic development, human health, and overall welfare. Pastoral counselling needs an inclusive, systemic, and holistic approach to the promotion of human well-being. Ronaldo Sathler-Rosa (2015: 111) is of the opinion:

> Inclusion of other social sciences, such as cultural anthropology, political sciences, sociology, and economics enlarge the understanding of pastoral caregivers about the situation of those persons who look for pastoral care. Those sciences have the theoretical tools to cover aspects of human life which are not reached by psychology. Most importantly, those fields of knowledge can work together in an interdisciplinary mode aimed at a better comprehension of the human conditions.

B.J. Prashantham (2005: 138), after decades of therapeutic counselling experience, is convinced that:

> Dealing with the individual's thoughts feelings and actions, while certainly helpful, seem to be inadequate as it does not take into account the social structures, the systems in which people operate, the helpful and unhelpful dimensions of environmental psychology, community attitudes and cross-cultural perspectives.

He adds (p. 146):

> As a counsellor I had been trained primarily to deal with some of the individual attitudinal problems. However, I have realized the importance of all these (structural) factors when I am doing grief counselling with the survivors of an accident victim in the absence of effective traffic management or a starving farmer who may be a victim of an unscrupulous money lender or a flesh trade victim [who is] a casualty of shun[ned] realities or a wronged employee [who is] the victim of a dehumanising management system. This is not the same as the 'victim' of the psychological game analysis. These are the real victims of the socio-economic factors of their life environment or social situation.

Several counsellors in the US met on several occasions and took initiatives in the 1990s, informally discussing conservative trends in the counselling profession. They called themselves '*Counsellors for Social Justice*' (Lewis et al. 2012: 47-48). Since these community counsellors use the wide-angle lens to view their clients in context, they have every reason to know that their clients need and deserve a just and equitable environment. When they become aware that their clients are denied these rights, they know that the time has come for environmental intervention in the form of social justice advocacy (Lewis et al. 2012: 12).

Conclusion

So far, we have had glimpses of care and counselling in an inter-religious context, and the urgent need for social analyses within a holistic approach to caregiving. It has been argued that pastoral care (*cura animarum*) has to consider external structures that play a major role in shaping human well-being. Since there is no model universally available, we have to discover and explore new models which will be contextually relevant and sustainable. Even if there are some common models already available, it is always good to develop local models of solution-based approaches that take into account the impact of social structures, religious traditions, and cultural contexts on human health.

A systemic and structural approach to caregiving needs to consider the analysis of micro and macro systems. Integrating other modern social sciences into pastoral care is becoming imperative within the Indian context. B.J. Prashantham (1995: 4) emphatically stated:

> In a pluralistic society like ours, with micro and macro level changes [occurring] in great rapidity with varying degrees of political stability, more and more attention is required to respond to conflict whether it is caste related, gender related, economy related, religion related or even country related. …The future … development of a just society will depend upon our ability to recognize, anticipate, respond, handle, resolve and prepare for peaceful, non-violent social relations.

I am convinced that there must be a healing process not only at the individual level but also at the community level. The point is that, after the counselling process, the individual victim has to return to his/her local community or societal environment. If evil societal structures are not removed or healed or replaced by a proper counter infrastructure, the entire process of the individual counselling was in vain.

SIPCC is a pioneering organization in many ways, recognizing the shortcomings of traditional counselling approaches. In the future, I suggest SIPCC should increasingly address the impact of religion, culture, and economics on human health. The challenging questions to be posed could be: How do we move further? Can our counselling, while dealing with individual emotions, encourage individuals to take collective responsibility, empowering them to create new alternative structures and helping them question unjust systems and other oppressive situations? How should pastoral counsellors motivate counselees to contribute to collective, social change? I suggest

SIPCC should seek to achieve the maximum health for the maximum number of unprivileged people. As I've argued, the promotion of human well-being in caregiving is predominantly about social engagement and structural change.

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Chapter 17
Care, Healing, and Human Well-Being within the Context of Tanzania

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Tanzania

This chapter examines the challenges for care, healing, and human well-being within the cultural context of pastoral care and counselling in Tanzania. The intention is to reflect on some practical examples and theoretical perspectives from my own experience in the context of Tanzania and specifically at Teofilo Kisanji University (TEKU),[1] where I work as lecturer. TEKU belongs to the tradition of the Moravian Church and, as an ordained pastor, I also belong to the Moravian Church in Tanzania, located in the Mbeya region that forms part of the southern highlands of my country. I will use my experience as a pastor, lecturer, and counsellor to help the reader detect signs of what can be called *the methodology of participatory observation*. Furthermore, I will also try to suggest some directives referring to processes of doing care and counselling within the context of Tanzania in order to promote a general sense of human well-being.

Background of Tanzania: A brief outline

The United Republic of Tanzania gained its independence from Great Britain in 1961. In 1964, the areas comprising Tanganyika and Zanzibar united to become Tanzania. Tanzania has a population of about 59 million (World Population Review 2020), including more than 120 different ethnic groups and each with its own language. Tanzania's official language is *Kiswahili* (Swahili); English is a lingua franca.

Approximately 61 percent of the population is Christian of various denominations, 35 percent is Muslim, and other religious groups represent the remaining four percent. Despite many religious differences and various faith convictions, there has been harmony and peace in Tanzania for a long period. People have been living together as one cohesive group following the independence of Tanganyika and Zanzibar due to the joint efforts of political leaders such as J. K. Nyerere and A. A. Karume. They joined hands to overcome the barriers of tribalism, regionalism, and culturally infused

[1] TEKU offers different programs up to PhD. While it belongs to the Moravian Church in Tanzania, it takes students from all over Tanzania and outside of Tanzania regardless of gender, age, race, culture, and religion according to the rules of the Tanzanian government.

belief system by establishing a common language for all people – Kiswahili – and introducing policies of 'socialism and self-reliance' known as *Ujamaa na Kujitegemea*. These kinds of initiatives motivated Tanzanians to start living together with a sense of belonging in their villages and cities, irrespective of differences of religious beliefs and ethnic backgrounds. For example, at the Amani Orphanage Center, a faith-based organization under the Moravian Church in the South West Province of Tanzania where I volunteer as a counsellor, there have been successful attempts to accommodate all vulnerable children despite their different religious or denominational backgrounds. This is but one example of cultural and social organizations that have been founded in Tanzania by different faith traditions and denominational backgrounds in order to establish interreligious relationships and create a sense of harmony and peace.

The government of Tanzania has also been trying to bring people together by ensuring that public institutions are not biased in terms of religious convictions or other periphery issues across the different sectors of the government. This happened in political leadership positions in different institutions, offices, organizations, and religious forums (WFDD 2019). Outside of government, there has been good cooperation among Christians, Muslims, and other faith groups in economics, politics, academics, health, fundraising, funerals, parties, other social issues and, most recently, during the outbreak of Covid-19 These kinds of interconnected relationships and modes of cooperation were carried out through the *Inter-Religious Council for Peace Tanzania* (IRCPT). IRCPT is comprised of members from Christian, Muslim, and minority religious groups (Hindu, Buddhist, and African traditional religions). The experience of cooperation within IRCPT was instrumental in helping the pastoral ministry of care and healing to become more effective and culturally sensitive. Despite tensions due to the activities of radical groups in religious circles, there have been fruitful signs of moving together in promoting and sustaining peace and harmony in the country.

I now turn to specific initiatives based on governmental policies to promote human well-being as a public concern in Tanzania.

Governmental philosophies and theories for promoting human well-being in Tanzania

The uniting of the people

Language is a powerful communication tool that can foster a general sense of well-being within the community as a means of societal interaction. Tanzania has more than 120 tribes with their own language varieties. When Tanzania first gained independence in 1961, President Julius Nyerere advocated for the unity of the people by insisting on a single national language, *Kiswahili*. Tribal languages where no longer encouraged in public. This was seen as a means to move away from the threat of unhealthy forms of tribalism. *Kiswahili* is now widely spoken throughout Tanzania. It is used in everyday conversations, in politics, business, and in all public institutions.

The second national language is English, which is used primarily for international purposes and in academic spheres.

Through this insistence on the use of *Kiswahili* as a national language, we have been able to escape the temptations of tribalism and regionalism. In this sense, Tanzania is different when compared to some neighbouring African countries like Kenya, Uganda, and Rwanda where one sees much more racism, regionalism, and tribalism. Having different languages can be considered positively or negatively. From a negative perspective, it can create a cultural or regional gap among people who speak different languages. It can also create a sense of class distinction in that one language is viewed as better than others. However, one language can also bring people together by making the communication easier for people coming from different groups in society. The advantage of having a single language is that it cuts down the barriers of tribalism and regionalism by contributing to social cohesion and an interrelated sense of unity (Vilby 2007).

The African philosophy of ubuntu

Ubuntu is a word originally derived from the language of Zulu and Nguni people in South Africa. In simplified terms, *ubuntu* can be understood as a form of co-humanity: A human being is a person through others. The basic saying in *ubuntu* philosophy is: *I am because we are*.[2] It is believed that no human being lives in isolation. We live by depending on one another (Mugumbate and Nyanguru 2013). There is a Swahili proverb which reads: *Binadamu ni wengi, bali watu ni wachache*, meaning that "there are a lot of people in the world, but human beings are very few." Being a person without being human is like being an animal; therefore, human beings should exist and flourish and gain an authentic sense of communal dignity.

To be human means having dignity as it is related to the notion of a free will – the responsibility and ability to determine and distinguish between evil and good. *Ubuntu* stands for unity, love, respect, solidarity, dignity, humanity, compassion, care, and mutuality. Once Archbishop Desmond Tutu (2004: 25) said: "A person is a person through other persons. None of us comes into the world fully formed. We would not know how to think, or walk, or speak, or behave as human beings unless we learned it from other human beings. We need other human beings in order to become human." We live in a generation, and under living conditions, wherein we need each other more than before. Africa, for example, is occupied by people who are full of selfishness, corruption, oppression, and individualism. These attitudes and approaches threaten peace and justice (Nduku and Tenamwenye 2014: 340).

Nyerere's *Ujamaa* was an attempt to create a more just society. Unfortunately, it seems that this kind of philosophy is doomed to failure. To my mind, we need to return to the African philosophy of *ubuntu* in order to promote the health, welfare, and wholeness of our communities. *Ubuntu* encourages positive behaviour – compassion and caring for one another. *Ubuntu* advocates for tolerance, understanding, and

[2] This philosophical stance is closely related to the I-Thou philosophy of Martin Buber (1937).

reconciliation. The concept of *Ubuntu* can also inform approaches to care and counselling that seek to create opportunities for healthy relationships amongst people by breaking down barriers of selfishness and individualism.

Understanding the concepts of care, healing, and well-being within the context of 'African theology' and 'African spiritualities'

The notion of 'African theology' means a kind of contextualization of faith which should be understood from a grassroots perspective, from the people where they live. Tanzania and the entire African continent have gone through some historical challenges – politically, socially, economically, and religiously. One theological argument that has been applied to make the Christian faith and theology more indigenous is 'black theology' or 'black liberation theology,' i.e., a kind of theology which seeks to do away with injustices in the society. Some of the other typologies are 'reconstruction theology' (bringing about transformation of human rights) and 'contextual theology.' The latter uses vital cultural experiences from the past and present to gain theological doctrines. All these approaches are trying to bring theology back to what can be called 'home.' This is what is meant by the 'contextualization of theology' or the 'inculturation of theology' (Kurgat 2009).

The point is: Theological thinking should take place within the context of our communities, its cultures, and customs. Otherwise, theology becomes a vague constellation of abstract doctrines. For example, the understanding and meaning of confirmation in Christian communities can be better understood in African cultures by applying the traditional initiation customs and teachings known in Kiswahili as *Jando* and *Unyago*, which are applicable to children entering into another stage of youth/adolescence. Theologians and counsellors need to make our communities healthy and whole. Our theology must, therefore, reflect the culture of our people, coming to terms with all the challenges of life in the developmental processes of growing into maturity.

In the African context, especially in the African traditional religions, the concept of wholeness comes as the result of establishing good relationships with the whole of the cosmos/world. A kind of eco-spirituality needs to be understood which, first, is about the way human beings live in relation to the whole of creation, i.e., an intimate connection to animals, plants, soil, and other non-material things. Second, it also implies a close relationship between the living human being and the ancestors – the 'good-living dead.' This relationship is achieved by chanting or praying while using some local tools or items such as beads, bones, shells, or animals, which can represent something or someone. These spirits (ancestral beings), who are representing the living dead, are also responsible for the well-being of African people because they are the ones who mediate between people and the divine realm of life. If anything happens in African families or communities, or even with individuals during sicknesses, diseases, droughts, hunger, or curses, these predicaments can be traced back to a possible

lack of appeasement of the gods. Therefore, one brings about peace and blessings through appeasement (Juma 2011: 47; cf. Mbiti 1969).

As a spiritual endeavour, appeasement is accomplished by pouring the local beer on the graves of chiefs or great ancestors in the forests where it is believed that they still exist. Within these special places, worship should also occur. As Christian African pastoral counsellors, we need to develop the skills and intervention strategies that recognize this context and understanding of wholeness in order to help people and society at large to live in harmony with the spiritual realm of life.

Care, healing, and well-being is not a new practice in an African context. Traditionally, it was done by healers. These traditional healers are sometimes called *diviners* because they worked in close connection to the gods and ancestral belief customs. The healers were special elders of the clan who were identified by tribal ancestors through the mediators or clan-priests. These priests were known to be seers of the clan/kingdom who could speak on behalf of the gods or the forefather spirits. When a clan had to face a calamity or severe disaster, e.g., diseases, barrenness, curses, droughts, plagues, or wars, there was a procedure for handling the matter. For example, in cases of severe drought or famine, the elders of that clan had to go to the forest or a special area and seek the reasons for the draught. Their task was then to guide their people trying to appease the gods by seeking forgiveness for any wrong doings or pervasive acts. They were then responsible for performing acts of worship by praying, slaughtering an animal, as well as dancing some kind of traditional ritual while wearing some special dress to show remorse and humility to the gods.[3] White (2015: 6) quotes Truter (2007: 57) saying: "African traditional healing is intertwined with cultural and religious beliefs and is holistic in nature. It does not focus only on the physical condition, but also on the psychological, spiritual, and social aspects of individuals, families, and communities" (see also Mbiti 1969).

African spiritualities were deeply influenced and changed with the coming of missionaries and the subsequent processes of westernization. The impact of bringing Christianity to Africa was ambivalent, both positive and negative. With the coming of Western cultures and processes of acculturalization, the character of many indigenous customs and spiritual practices was undermined or destroyed. The missionaries could not understand the African traditional way of life nor how the world was understood within the contours of African philosophy. The use of traditional drums or even wearing traditional clothing, for example, were considered 'unchristian.' Many of the cultural customs were despised and considered barbaric and sinful (Ndung'u, 2009; Conteh 2008; Mbiti 1969). On the positive side, Christianity brought not only the gospel to Africa, but also education, healthcare, and connections to other parts of the world.

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[3] Another example: A person suffering from bad luck or curses will have to seek religious support by means of prayers and sacrifices, which the community will demand for reconciliation. The afflicted person will need to bring a chicken or goat or any crop that will be used for the sacrifice and worship ritual in order to receive the favour and blessings from the gods. The cursed person will also need to be presented to the elders of the community to be accepted and pardoned.

Practicing Christian care in an African context

Given this background, the concept of care in African pastoral ministry has to be understood in a broad way. The care of souls (*cura animarum*), traditionally known as pastoral care, encompasses the whole of pastoral work – preaching, teaching, worshiping, visiting people, struggling with various life issues, administering the sacraments, and other ministries. Generally, the care of the soul implies the 'five functions' in pastoral ministry, namely: Healing, sustaining, guiding, empowering, and reconciling (Hunter 1990. See also Eide et al. 2009).

It is indeed a fact of life that human beings are exposed to many kinds of tribulations on a daily scale (John 16:33), i.e., in this world we are obviously going to experience turmoil such as sickness, death, suffering, stress, trouble, lack, and different forms of existential crises. Counsellors addressing these issues in a Tanzanian context need to understand the importance of caring for the whole community. The need for empathy and the ability to effectively listen to stories are very important. Thus, there is the need for a holistic approach to caregiving and the challenges of spiritual wholeness.

Healing is a "process of being restored to bodily wholeness, emotional well-being, mental functioning, and spiritual aliveness" (Hunter 1990: 497). Theologically, the act of salvation – *soteria* in Greek – is described as wholeness, which encompasses the process of reconciliation and peace with God, humanity, and the whole of creation (*shalom)*. Healing is about a relational approach, therefore, the emphasis on having good relationships with the ancestors and the whole of the cosmos. Healing is not merely a physical issue, but also spiritual and personal.

Boyd (2000: 12) defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." Health is the fullness and unity of body, mind, and soul. In an African context, good health is a holistic phenomenon including bodily, spiritual, and psychological dimensions. Louw (1994: 10) refers to a developmental approach in health care in which health is about developing a 'mature faith.' Within a Christian context, this happens when we discover what a meaningful life in God entails and how it is exercised in human relationships. Hence, healing is a process of becoming 'whole' that involves, *inter alia*, the right relationship with God, ourselves, our family, society, and the whole of creation.

When we talk about healing and health within a Tanzanian context, we understand that the opposite of good health (well-being) is illness. But illness can be described not only as sickness but also as psychological and social ill-health. The latter can refer to different existential disorders. Therefore, sickness or illness can broadly be understood as a deficiency, lack, disunity, or disharmony with the relational networking that takes place within the social environment and community settings. The well-being of human beings depends on how a person balances and integrates body, soul, and spirit. The balancing of the person is what brings about the wholeness, which refers to the totality of being human within daily interactions and relational dynamics. In African spirituality, it is important to make sure that a good relationship is established with

the extended family, the society, the ancestors, and spirits that operate in the spiritual realm of human existence (White 2015: 2).

Individual wholeness and well-being need processes of individuation, as Carl G. Jung (1964) would call it. These processes mean self-actualization, growing into maturity, and being self-integrated by finding one's own role as person in the community. Therefore, the well-being of a person depends on the process of individuation, which ultimately leads to spiritual wholeness, to peace with oneself, the community and God.

The challenge to caregiving and healing: The contextualization of cura animarum

This section addresses some of the challenges care and healing should deal with within a Tanzanian context. What exactly are these challenges that caregiving has to face in order to promote human well-being and holistic healing?

The impact of a 'prosperity theology/gospel'

Due to different contexts, exegetical interpretations, and hermeneutical approaches to interpreting the Bible, communicating the gospel has become a very challenging endeavour. The Bible, the holy book for all Christians, is now used in Tanzania by leaders who call themselves 'prophets', 'apostles', 'pastors', and 'bishops' and have been reading, translating, and applying the scriptures in a new way. They use different means and ways to convince people to believe and follow what *they* preach and teach. Some of them are known as the so-called 'servants of God,' claiming to know the 'truth of the gospel' but without any thorough theological education or training. They have established churches or ministries where their convictions are spread as 'the true representation' of evangelical faith. In this regard, the Mbeya region in Tanzania is perhaps the leading region for religious sectarianism.

There are approximately 450 active groups proclaiming some kind of 'prosperity gospel' (Mwambona 2017). They use the Bible to tell people that if they only believe their teaching, the believers will prosper financially, bodily, and in all aspects of life. They convince people that if they only trust God, everything in life will be fine. They teach that a faithful Christian will eventually become materially wealthy (Goliama 2013: 142). Such contradictory teachings of the Bible become very dangerous when people remain lazy and fail to become creative and innovative with what God has entrusted to them. The outcome of such teachings is that people become rigid and conservative. They develop a tunnel vision by believing and following what their pastor or prophet proclaims. These false and artificial teachings hamper spiritual development, sustainable healing practices, and spiritual wholeness. If one accepts that authentic spiritual well-being develops from the inside out, these churches confuse people by insisting that spiritual welfare is about a kind of 'outside well-being,' i.e., about material gain versus spiritual sacrifice. These prosperity gospel preachers create huge challenges for the ministerial praxis of authentic practices of spiritual healing

and wholeness. Their emphasis on material wealth, e.g., finances, rather than spiritual devotion hampers spiritual growth and the development of a mature stance regarding the place of material means in life (Court 2020). The problem is that these believers are focussed on immediate and instant need satisfaction. But true healing and wholeness cannot be accomplished through self-righteousness and external blessings. In this way, the Christian faith becomes intoxicated and contributes to a spiritual pathology.

The role of witchcrafts/sorcerers

Another challenge for spiritual care within the Tanzanian context is the question of how to deal with traditional customs, specifically how to approach people devoted to practices of witchcraft and persons acting as 'professional witches,' i.e., sorcerers, wizards, magicians, diviners, spirits, and voodoo. These practices are most common in the Mbeya region. "Causes of illness and death that are rooted in the belief in sorcery, witchcraft, and superhuman forces, have continued to thrive in Africa" (Shizhal and Charema 2011: 167). This is a challenge for other faith traditions, as well. Witchcraft practices influence the whole of society.

Generally speaking, witches and sorcerers hamper people's sense of well-being by interpreting every happenstance in life as the result of evil. They infiltrate public views on life issues such as sicknesses and disease, curses and bad luck, poverty, and stagnation. People become afraid of these witches, even while are sleeping. They even fear doing something good, socially or economically, because they believe that if you do something good, one can become bewitched. In this way, witches control one's life, even destiny, and sense of purpose.

Contextual pastoral therapy and appropriate ministerial interventions must help people cope effectively with fear. Thus, my conviction that pastoral care in Africa needs to be rooted in an African version of Christian theology which recognizes the role of traditional healers, but does not imply practices of sorcerers or witches, e.g., consulting evil spirits. Rather, a sound approach to pastoral care and counselling relationships recognizes cultural practices, but it also discerns between those that heal and those that harm.

The threat of syncretism

Syncretism is about "the incorporation into religious faith and practice of elements from other religions, resulting in a loss of integrity and assimilation to the surrounding culture" (Dictionary of Bible Themes 2009). This is another challenge because, during processes of syncretism, some people start to merge their Christian beliefs with other views and practices. The problem is that one wants to act like a Christian but, at the same time, still adhere to ancestral practices or forms of worship as related to traditional African spiritualties and tribal modes of religiosity.

Local belief systems still operate in the context of Tanzania. Christianity is not the only belief, and Christianity is often viewed as a kind of skewed form of Westernization or a remnant of colonialization. For many Africans, traditional spiritualties seem

to be more practical and closer to their heart. This mixing of beliefs makes the pastoral ministry a most challenging endeavour. The point is that the phenomenon of syncretism is often very subtle. Syncretistic phenomena tend to continue operating on a very private and subconscious level. Therefore, the challenge to pastoral interventions, caregiving, and counselling is to consider appropriate attempts to link a community-oriented form of pastoral ministry (community care) to most valued life issues having their roots in sound African traditions and spiritual frameworks. Counsellors need to develop counselling skills that can bridge the gap between faith and life while addressing the negative impact of unhealthy evil practices by means of proper spiritual supervision and ministerial interventions.

Gender inequalities

Gender inequality in Tanzania can be directly linked to traditional patriarchalism – practices of male domination over women. This trend has a long history; traditional social, political, and religious structures created customs and attitudes whereby men treat women as inferior. It is, therefore, very difficult to break this historical trend and change the lifestyle people have grown accustomed to. Since childhood, people grow up knowing that there were issues and privileges belonging exclusively to men while other domestic issues are the responsibility of women only. This mindset has even infiltrated the religious views of Christian believers. The churches started to mould their teachings according to the convictions and perspectives emanating from a patriarchal system. This has poisoned a sound hermeneutics of grace and faith as found in the New Testament on gender equality.

Gender inequality manifests itself in various forms, e.g., gender-based violence and female genital mutilation (JICA and JDS 2016). Gender inequality contributes to severe forms of poverty, stagnation, violence, maltreatment, and pride. It defines social roles in society and harms community developments. Currently, the government of Tanzania is trying its best to eliminate all kinds of discriminatory practices against women. There are many attempts to create equal opportunities in all sectors of life. Devoted religious people, especially local communities of faith and churches, should find ways to continue fighting against these unequal practices and start advocating for the well-being of the community, the promotion of human rights, and the dignity of women. Therefore, as counsellors, we need to educate, intervene, empower, and try to become transparent. Pastoral caregivers should speak openly against gender inequality by conducting seminars, workshops, and offering family pastoral counselling.

Stigma, prejudice, and discrimination

Stigma, prejudice, and discrimination are prevalent in African societies, particularly when it comes to diseases like HIV and AIDS. Therefore, one of the roles of pastoral counsellors is to make sure we help our communities change their skewed perspectives that hamper the well-being of another person.

According to the *World Health Organization* (2018), Tanzania is one of the countries which still suffers most from diseases such as malaria, TB, and HIV. Life expectancy is about 62 years, which is indeed extremely low when compared to other countries. HIV and AIDS are still prevalent in Tanzania, especially in places like the Mbeya region of southwest Tanzania that borders Malawi and Zambia. Mbeya is the third most affected region after Njombe and Iringa. The prevalence of HIV and AIDS are the result of ignorance, male discrimination against women, taboos, stigma, prejudice, lack of knowledge in human sexuality, and poverty (Mpondo et al. 2017). All these issues create difficult challenges for the practice of caring and healing and need to be considered carefully in order to develop better intervention strategies for a community and public approach to the ministry of pastoral care and counselling.

Misuse of power in politics and social relationships

The political situation in Tanzania has changed rapidly since its independence in 1961. The political philosophy which originally controlled the growth of the country was designed, to a large extent, by Tanzania's first president, Julius Nyerere, and the *Tanganyika African National Union* (TANU) party. Tanzania was a one-party state that largely followed a socialist system until 1990, when a multi-party system was introduced. The country then became accustomed to a mixed philosophy between socialism and capitalism; this transition has caused challenges in terms of socio-economic development, politics, and the religious life of its people. The official stance regarding religion is that the governmental polity does not reside in any particular religious belief system and people are, therefore, allowed to adhere to their own beliefs.

But in many cases, misuse of power and domination has been manifested in politics, social issues, and also in religious structures. *The Concise Dictionary of Pastoral Care and Counseling* defines power as "the ability to act or to be acted upon" (Asquith 2010: 117). Power is defined in physical, psychological, and sociological terms which often describe abusive forms of coercion, authoritarianism, and skewed domination. These manipulative forms of power have brought many crises and challenges to the people because of the misuse of the power. Domination by political leaders has been persistent in African countries, including Tanzania. This creates challenges for counsellors to address power issues in public. Redekop (in Asquith 2010: 123) aptly points out: "From psychological, sociological, philosophical, and moral standpoints therefore, power is a given, necessary for human life. How it is applied is the crucial issue, and health and harmony depend upon its moral application."

As a result of the abuse of power, Tanzania is currently experiencing huge gaps in society: Between lay and ordained people in churches, between the rich and poor, between the political leaders and civilians. These gaps between people need effective intervention strategies, e.g., bringing people from different backgrounds together and to start a dialogue. Care and counselling have the task of building bridges to unity, peace, harmony, and relational cohesiveness.

Poverty

According to the *World Bank* and international measurements of per capita income, Tanzania is one of the poorest countries in the world. Even though Tanzania is naturally and geographically very rich and blessed with natural resources, e.g., minerals (gold, gas, tanzanite) and other natural resources (water, forestry, wildlife) and a growing national economy, its people are still poor. The causes of poverty in this country, and Africa in general, are very difficult to point out. Some of the causes of poverty in Africa are: Fraud, exploitation, oppression, bad governance, mismanagement of resources, skewed mindset of the people, bad politics, corruption, laziness, and a high population growth (World Bank 2020). All of these factors contribute to huge social crises leading to massive challenges for the ministry of the church and society as a whole. The real challenge, therefore, for faith communities and local churches is to start liaising with different organizations which can support them in their efforts to empower people to be involved in small businesses and entrepreneurship so that they can become self-reliant and independent.

Mixed marriages

I personally experienced the reality of a mixed marriage when my Christian cousin married a Muslim woman. They are living peacefully, despite what others predicted about them. Such mixed marriages are not uncommon in Tanzanian contexts, particularly between Christians and Muslims. Lee (2019: ii-iii) points out:

> Tanzanian Christians are related to Muslims through various relationships in their daily lives. Christians and Muslims recognize one another as *ndugu* (comrades or brothers), and this *ndugu* relationship enables Christians to enter intimate relationships with Muslims, such as friendships and even family bonds. Inter-religious marriages between Christians and Muslims are popular among Tanzanian people.

People have been taught to be tolerant of one another regardless of their religious beliefs. The 2019 *Religious Freedom Report* on Tanzania (U.S. Department of State 2020: 2) states: "The law prohibits any person from taking any action or making statements with the intent of insulting the religious beliefs of another person." But this does not mean there are not difficult challenges regarding the phenomenon of mixed marriages. Conflicts and misunderstanding arise in some of these families, often after the couples have been blessed with children. One question is: Where do these children stand concerning their religious beliefs and spiritual customs? Should they follow their mother or their father? This can cause a significant crisis when each partner decides to stay in his/her own faith tradition. However, when the couple decide to join only one faith or religious tradition, it becomes easier for the children to follow their parents.

In these types of cases, pastoral care and counselling is needed to establish a good relationship of love and tolerance among people of different faiths or religious backgrounds. Sharing stories and life experiences, along with empathetic listening skills,

can help pastoral counsellors to build a culture of peace and harmony for the future generation. Hence, premarital counselling becomes an important aspect in pastoral ministry to address these issues of beliefs and other challenges of life. In this way, communities of faith and churches can contribute to establishing a caring society that is just, peaceful, harmonious, and whole.

Some practical examples from my personal experience at TEKU

Cases of funerals and other parties

In the cases of funerals, as well as joyous such as weddings or graduations (which happen often at TEKU), the community collaborates to share the loss and grief but also the joy. When a funeral takes place, for example, within the TEKU community, it is not only family members and close friends who attend. It is believed that the funeral of a community member is something to be celebrated by all people; this communal form of getting together is viewed as paying one's last respects to the deceased. Everybody in the community needs to share and care for one another, and just being there is rendered as a kind of comfort by itself. This sharing and caring take place irrespective of faith, tribe, race, gender, or politics, which helps the bereaved family to cope with loss and grief. Thus, the reason why grief counselling cannot be only a private business but is also a form of communal caregiving.

Interreligious sensitivity and compassionate encounters as modes of caring

TEKU is required to follow the laws of the country and to adhere to the University Prospectus, which stipulates regulations for the well-being of higher education institutions across the country as whole (both students and staff). TEKU enrols qualified students and hires workers from different religious, political, and tribal backgrounds. As a private institution under the Moravian church, TEKU receives people from different denominations and religions.

During my time at the university, I have met several Muslim students and lecturers within various programs. At first, it was difficult for me to think about how I could work and study with someone who is not of the same faith. I was also frustrated and angry as a Christian watching Muslims wearing clothes which symbolize their religious identity. It was difficult to understand why we should accommodate them and accept them in our midst. Finally, I came to realize the context of my workplace. I learned to understand the rules and regulations of higher education institutions and how one should operate. The workplace challenges my level of maturity in the faith while testing the quality of my understanding of how the love of Christ should operate in my life. My prejudice towards Muslims started to diminish after I began working closely with them in a mode of sensitive accommodation.

At one point, I was the director of the office for continuing education while my associate director was a Muslim. I worked with him for over a year until he left for

further studies. My beliefs as a Christian did not hinder our working together efficiently and his belief system did not prevent him from cooperating with me. We followed our job descriptions and, if we had something to share or discuss, we sat together and discussed it as co-workers with a cooperative friendship. Personal beliefs never became a real stumbling block, and we were even able to tell stories without prejudice and distancing stigmatizations.

Religion, race, gender, and culture differences need to be looked at as enriching challenges and not as dividing schisms. Because if we want to make our community a better place to live in peace, justice, and harmony, we need to promote peaceful coexistence. Differences need to be recognized and appreciated, despite the reality of possible disappointments. I believe that people can change, not only by debating and talking, but through actions that reveal love and compassionate care. Jesus was sent not only to the lost sheep of the house of Israel, but to all human beings and traditions of faiths (Matt. 15:21-28, cf. John 10:16). Love and unity are crucial virtues in building strong relationships of peace and harmony.

Towards the establishment of fruitful interreligious dialogue in Tanzania

Tanzania has been making vast strides in exploring different means and ways to ensure that people live in peace and harmony in the midst of different ethnic and religious backgrounds. This context makes a powerful appeal to different sectors and organizations to establish bodies that will work together to accomplish this task of peace-building. One of the organizations which has been very active and fruitful is the *Inter-Religious Council for Peace in Tanzania* (IRCPT). Its aim is "to build sustainable peace through multi-religious cooperation on all societal levels, promoting interfaith relationships, harmony and peaceful coexistence, preventing conflict and fostering development including environmental protection in Tanzania" (URI 2020). Another is the Tanzania Youth Interfaith Network, which is a faith-based organization focussed on cooperating in peacebuilding and promoting national unity, interrelational interaction, and meaningful cooperation (Mandara 2017). Other organizations try to unite people from different tribes and religions by contributing to sustainable development in the economic, social, environment, health, and education sectors (PaRD 2019). This challenges caregivers to become involved in community care as a way of promoting a holistic view on becoming whole.

The Faculty of Theology at TEKU has been conducting workshops on interfaith or interreligious encounters. Their intention is to promote dialogue among members of different faiths where different facilitators – Christians, Muslims, and African traditional religions – become involved. The participants include students, lecturers from the theological colleges, and leaders from within, as well as outside, the church. The workshops present different topics where the challenges, solutions, and implementations can be discussed openly. The aim of these workshops is to empower and sensitize people on ways to begin respecting and understanding one another in ways that

ultimately develop into meaningful relationships. I have experienced this when we come together for social activities at TEKU and support one another, e.g., at weddings, send-off events, and graduation ceremonies, as well as during times of hardships such as funerals and sicknesses.

Conclusion

This chapter tried to examine the challenges to care and healing and the promotion of spiritual and general well-being within the diverse interreligious setting of Tanzanian society. I analysed some theoretical perspectives and some practical examples stemming from my personal context in TEKU. I pointed out how we need to be aware of and apply skills that are relevant to the culture of local people. When dealing with issues like severe poverty, gender inequality, mixed marriages, and power struggles at different levels in society, pastoral ministry should take tribal issues and traditional spiritualities into consideration. Simultaneously, it should incorporate *ubuntu* thinking in its theory formation for pastoral caregiving. The implication is that the ministry of care and healing should become socially effective. Thus, the plea for a communal approach within the paradigmatic background of several African spiritualities. To attend to processes of humanization that can foster a sense of 'home,' *cura animarum* needs to change from a private endeavour into a public engagement. By becoming engaged in promoting a praxis of spiritual healing in caregiving, human well-being in community outreach, and spiritual wholeness in personal development, *cura animarum* can begin the healing of life relationships within the confines of community care.

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Chapter 18

Religious-Spiritual Care and Counselling in Turkey: Discussions and Developments

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Turkey

Introduction

This chapter will examine various issues and developments surrounding, religious-spiritual care and counselling in Turkey. Attempts have been made in recent years to improve religious services, including religious education, that have been provided in prisons through a religious-spiritual care and counselling approach. Religious and spiritual care and counselling have started to be offered in hospitals and these services are becoming more widespread. Religious-spiritual care and counselling services have also emerged and are being expanded in institutions for children, youth, women, and the elderly. These developments have been accompanied by discussions of the following questions: Is religious-spiritual care and counselling necessary at all? If so, what kind of approach should it take and how should it develop further? What should these services be named? Who should provide them? What standards should be instituted and followed? Where and how should training for counselling be provided? We will provide information about these recent developments, as well as attempt to discuss and respond to these questions.

The discussions of religious-spiritual care and counselling cannot be considered independently of Turkey's particular state structure. According to its constitution, Turkey is a secular, democratic, social state, governed by the rule of law (T. R. Constitution 1982, Article: 2). Although it is a secular state, state institutions generally conduct religious affairs in Turkey – including religious education and services. The Ministry of Education provides school religious education; extracurricular religious education is provided by the Presidency of Religious Affairs (*Diyanet İşleri Başkanlığı*, DİB).[1]

As the implementation of Islamic religious affairs is the legal responsibility of the *Diyanet* as a state agency, it carries out religious-spiritual services in social institutions, such as elderly care and rehabilitation centres, nursing homes, orphanages and kindergartens, homes for youth, women's shelters, family education and counselling

[1] Diyanet İşleri Başkanlığı is a constitutional state organ whose establishment dates back to 3 March 1924. It is constitutionally directly subordinate to the president of the state and is responsible for carrying out the Islamic religious affairs of the population. See the Constitution of the Republic of Turkey 1982, Art. 137; The Law of 1965, no: 633 amended by Decree-Law of 2018, no:703.

offices, hospitals, and prisons. The Presidency for Religious Affairs (DİB) thus has the right to also determine the purpose, content, and method of religious-spiritual care and counselling services, as well as the training and commissioning of employees to carry them out. The Presidency develops and implements policy in this regard in co-operation with the relevant ministries to which respective social institutions are attached. This cooperation can often have the effect of increasing the influence of the respective governments, i.e., the policies of the ruling political parties, on authority. The questions concerning religious-spiritual care and counselling work are therefore to be analysed within this structural specificity of Turkey.

This paper first discusses the practice of religious-spiritual care and counselling carried out by the Presidency of Religious Affairs as 'religious services outside mosques.' It will then pay attention to developments and discussions on religious-spiritual care and counselling in Turkey.

Religious-spiritual services within social care

The task of the state

Securing and maintaining social and individual welfare is one of the constitutional tasks of the Republic of Turkey as a welfare state, which it does through its own state and/or civilian non-state institutions within the framework of the law. The scope of social welfare services provided by the state and non-governmental organisations is quite broad and based on the needs of the people they serve. There are, for example, agencies that care for orphans and youth, for the homeless, the elderly, and for women exposed to domestic violence or in need of shelter. They all receive psychological support and treatment, in addition to other assistance. Poor families affected by disasters, such as earthquakes, floods, and fires are also supported. Non-governmental organisations also help in the area of financial support. Psychological help is provided in all these institutions and organisations by "psychiatrists, therapists, psychotherapists, psychologists, clinical psychologists, educators, counsellors, psychological advisors, and social service specialists" (Söylev 2015: 287).

Religious and spiritual attitudes of the people

As Turkey is a secular state, the absence of references to religious-spiritual assistance in the list of social services provided by public institutions is not surprising. However, this does not mean that all these services do not have a religious-spiritual dimension. Although the state does not seem to regard these services as directly religious or spiritual, it is known that a significant part of the aid provided by the state is provided through voluntary donations from members of society, which is characteristic of Muslim culture. Many Muslims in Turkey often give their donations to state relief organisations, which then pass them on. When disasters occur, for example, the people are called upon to donate to such relief organisations.

Religious sentiments and attitudes often play an important role in voluntary support and contributions. Civil organisations in particular appeal to people's religious sentiments in order to collect aid. It is important to note that there is an increased willingness to donate on religious days and holidays based on an Islamic understanding of the religious-spiritual dimension of social aid. The most important motive mentioned in civil requests for gifts in extraordinary situations is 'gaining Allah's blessing,' which shows the religious-spiritual dimension. The Presidency for Religious Affairs, as a state institution, also plays a role in such appeals: It calls for donations, mentions them in Friday and other sermons, and organises or participates in them. It plays a mediating role in providing help to those affected. The *Türkiye Diyanet Vakfı* (Diyanet Foundation, TDV) also operates within this framework.

It is important to understand that although Turkey has a structurally secular state order for its institutions and organisations, the religious-spiritual imprint inevitably plays a role in the state context as the overwhelming majority (99.6 percent) of the people are Muslim. Since the foundation of the Turkish Republic, the general religious-spiritual understanding in Turkey is based on the traditionally Turkish interpretation of Islam, which can be characterised as non-denominational and oriented towards the Qur'an and Sunnah.

New developments in religious-spiritual care and counselling

Even if religious-spiritual elements operate in the background of support services offered by state institutions, one cannot speak *explicitly* of religious-spiritual offers of care and counselling in social institutions until the 2010s. The only exceptions are religious services and religious education in prisons since 1950 and a one-year trial in hospitals in 1995. The introduction of religious-spiritual counselling services in social institutions is quite recent. The following reasons led to changes after 2010:

(1) Changes in the understanding of secularism in the government. As pointed out above, Turkey is a secular state. The principle of secularism was enshrined in the constitution in 1937, but the distinction between religion and state goes back a long way. At first, it was a strict distinction similar to France. Beginning with the multiparty system in 1946, this distinction was increasingly relaxed so that the religious needs of the Muslim population could be met by the state. Religious minorities have their own rights under the Lausanne Treaty. Since the government of the *Adalet ve Kalkınma Partisi* (Justice and Development Party, AKP) came to power in 2002, attempts have been made to interpret secularism more in favour of the Muslim population so that they can be given more state support in religious-spiritual matters. This opened the gate wider to officially provide religious education and religious services in social institutions.

(2) Scientific developments in the field of religious-spiritual counselling and international linkages, as explained below, also contributed to the developments and expansion of religious-spiritual counselling.

(3) In particular, the encounter with religious-spiritual care and counselling in the social institutions by Turks living abroad has affected changes. They became effective

and skilled in theory and practice. Eventually, they put this issue (religious-spiritual counselling services in social institutions) on the agenda of Turkish politics, the religious administration, and academia (see: Uzuner 2019; Ilkilic and Göksu 2018).

It can be said that religious-spiritual care and counselling in Turkey is still quite new in a modern sense (see below). However, there are now rapid theoretical and practical developments in this field. Religious-spiritual care and counselling is discussed in academia in terms of character, purpose, content, and methods. The Presidency for Religious Affairs has also begun to implement the practice of religious-spiritual care and counselling in hospitals, prisons, and student dormitories, as well as in various social institutions. This is done through the *Diyanet* or state personnel assigned to various religious services.

Religious-spiritual care and counselling in public institutions

As already suggested, religious-spiritual care and counselling in the form that is common in modern Western societies is new to Turkey. However, those who study the historical development and rationale of counselling trace the concern back to the Qur'an and the Prophet Muhammad (*pbuh*) (Altaş 2017: 13, 14). They refer to specific Qur'anic verses and to the words, *hadiths*, and exemplary actions of the Prophet Muhammad and the Sunnah to justify the existence of religious-spiritual care and counselling in Islam. From Islamic history, they cite examples of the religious dimension of the various social assistance services, such as in hospitals for the mentally ill. They mention help in *Sufi* homes through *Sufi* education, an education that leads to the perfection of a person's soul and is based on an approach to the stages of development of the soul according to *Sufi* teachings (see Seyyar, 2010; 2015). These examples are historical realities. They can be understood as forms of religious-spiritual counselling, such as seeking healing through religious education and guidance, help and prayer. However, as a science-oriented activity and profession, religious-spiritual care and counselling is quite new to Turkey.

Looking at the development of the practice of spiritual counselling chronologically, it is appropriate to first describe the development in the following institutions and organisations: prisons, hospitals, and other institutions. Here it becomes clear that the state was primarily interested in religious and moral *education*.

Care and counselling in prisons

Religious-spiritual care and counselling in Turkey began in prisons in 1950 in the context of "guidance and spiritual improvement through religious instruction" (Özdemir 2002). Whether this religious instruction offered in prisons can be called religious counselling in terms of content and methodology is a question worth discussing (Keseli 2015).

Religious services in prisons, which began with a focus on the moral empowerment of prisoners through religious instruction and advice, have retained this

educational character to this day (Karademir 1997; Çınar 2016). These religious services aim to educate through sermons, talks, religious and moral teachings, and ritual offerings such as the performance of prayers, including Friday and festival prayers (Ramadan and the Feast of Sacrifice prayers). Teaching and learning to read the Qur'an also play an important role (see Özdemir 2002).

These services in the prisons were provided by DİB staff in accordance with agreements signed between the Ministry of Justice and DİB at various times. The most recent of these agreements was signed on 3 December 2019. This new protocol provides important guidance on the religious-spiritual approach to care and counselling in prisons. The protocol states: "In order to contribute to the religious education and moral betterment of prisoners, efforts are made to cooperate with relevant institutions and organisations to contribute to the rehabilitation process by providing counselling by religious education professionals." This protocol is about preventing reoffending through religious education activities that contribute to the national, spiritual, and social development of the inmates. As demonstrated by the continuing protocols, this understanding of providing moral support through religious instruction in prisons continues today (Özdemir 2012).

It should also be noted that, for the first time, a form of *religious-spiritual counselling* is also addressed with the statement: "Counselling and counselling services are offered by educated religious educators." These terms reflect the academic discussions and research on this topic in Turkey, which will be discussed further. Nevertheless, it cannot be said that the issue of religious and spiritual care and counselling in prisons has already been sufficiently addressed, as discussions on this topic have so far been conducted mainly with regard to hospitals. Therefore, the necessary steps have not been entirely completed regarding clarification of the standards of religious and spiritual care and counselling in prisons and the competences and training of staff, despite the mention of these services in the latest government pronouncements.

Hospital care and counselling

The second institution in Turkey where religious and spiritual care and counselling is now officially offered is the hospital. The issue was raised once before in 1994 during the budget negotiations of the Ministry of Health in the Turkish Grand National Assembly and it was quickly decided to implement it immediately; religious services for hospital inpatients were started in 1995. These services were also provided by DİB staff, as was already the case in prisons. In a circular, dated 19 January 1995, the DİB clarified what was meant by religious and moral services in hospitals and how they were to be carried out. In summary:

- Commissioned DİB staff visit in-patients.
- Teams consisting of at least two people carry out the hospital visits.
- Where possible, the teams should be made up of staff with religious university training.
- Staff members are employed who have strong communication skills, are sociable and persuasive, and have the ability to reach out to others.

- The DİB team strives to convince the patient of the importance of treatment, predestination by God, patience, and gratitude according to Islamic understanding.
- They will speak words to strengthen the patient's morale and read the Qur'an in a soft voice if the patient wishes (Altaş 2017: 17).

This kind of practice of religious instruction spread throughout the country in a short time. But this practice was eventually abolished by a court ruling after a complaint by the Ankara Medical Association. There were numerous complaints from patients, critical press reports and strong objections, especially from the medical profession, asking whether this practice was scientifically justified and compatible with the principle of secularism (Altaş 2017; Koç 2017).

When the complaints of individual patients and of hospitals as affected institutions were examined, it was found that the lack of training of the religious officials who went to the hospitals played a role in the rejection. There were also objections as to whether such religious care should be provided in the hospitals of a secular country (Koç 2017: 206). Due to the rapid introduction of the programme, preparations to clarify the content and method of these religious and moral services in hospitals were not carried out, and the assigned staff assigned could not receive the necessary training. The thematic focus on 'treatment, predestination, patience and gratitude' as the content of the talks and the mention of 'teaching' as a method show that the preparations were insufficient.

Another reason for the failure of this particular initiative in hospitals was that this practice was introduced with a government circular, which worried hospital staff and patients. The official dress for the staff was similar to that of an imam which, when coupled with the conversational content offered and especially the recitation of the Qur'an, led to negative associations which reminded the patients of death. Am I going to die soon; why has an imam come to visit me? This kind of visit is common in the Islamic tradition for dying patients. Usually, such visits are requested and welcomed by relatives of seriously ill patients at home – but not in hospitals – as they are believed to ease the sick person's transition to the afterlife. Traditionally, the person doing this is not necessarily expected to be an official employee. Any person from the family or neighbourhood who knows how to read the Qur'an and who has volunteered to do this activity before can make these visits. So, although this practice is quite common in normal life, meeting the imam in the hospital seems unusual to the patients. They come to the hospital with the hope and expectation of receiving treatment so that they can leave the hospital after recovery. Instead, the visit evokes fear in them.

It was only in 2015 that the issue of religious and spiritual care and counselling in hospitals could be taken up again. A cooperation protocol from 7 January 2015 between the Ministry of Health and the Directorate of Religious Affairs established new measures. On the basis of this document, the DİB began training for Diyanet volunteers throughout the country (for the trainings conducted, see Koç 2017). But there are still objections, discussions, and investigations around this form of activity. Some of these discussions call for the abolition of the practice, arguing that the state is secular and that the practice is not scientifically based. Others question who carries out

this practice, how, and with what approach. These discussions will be explored further in a broader context in the next section.

Care and counselling in some other facilities

In the 2010s, initiatives for religious-spiritual care and counselling in Turkey were extended to other institutions under various regulations, including institutions affiliated with the Ministry of Youth and Sports. The aim here is to "contribute to the physical and mental health and spiritual development of young people through social, cultural, and sporting activities; provide morale, motivation, spiritual guidance through education on religion and values, and religious services through personnel deployed by the central and regional organisations of the Presidency for Religious Affairs in institutions, hostels, sports clubs, camps, and youth centres affiliated with the Ministry of Youth and Sports" (DİB 2015a). Under this protocol, religious counselling services have begun to be offered in various educational institutions, especially in university dormitories. As can be seen, religious spiritual guidance and counselling is not explicitly mentioned here. But the mention of guidance for young people's mental health and spiritual development does indicate an understanding of counselling through religious education.

The DİB also signed an agreement with the Bureau of Disaster and Emergency Management at the Ministry of Interior (AFAD) on 23 December 2016. This reflected a decision to cooperate with the Presidency for Religious Affairs and offer religious-spiritual support in AFAD services during disasters such as earthquakes, floods, and fires.

Agreements on the provision of religious education and services in institutions affiliated with the Ministry of Family, Labour, and Social Affairs, were renewed in 2018. It is noteworthy that in this protocol, for the first time, the expression "provision of *spiritual support and religious counselling services* in institutions affiliated to the Ministry" is used, i.e., the field of religious counselling is mentioned. This statement shows that the Presidency for Religious Affairs has begun to abandon the understanding of religious care and counselling in terms of religious education and religious services and has embarked on a new quest to include a different understanding of spiritual counselling. Among other things, the debate in the academic field and the information from Western countries referred to above have played a role in this.

In parallel with these official DİB initiatives, master's programmes in religious-spiritual care and counselling[2] – which were established at universities after 2010 – provide a basis for discussions regarding the professional development of these new endeavours (Uğurlu Bakar 2016). In fact, the DİB has started to seek the support of academics in higher education in developing training content for its own staff and to train new staff at universities for own purposes. In addition, when selecting persons to be appointed as advisors, the DİB has given priority to those who are continuing or

[2] These master's programmes are completed without a master's thesis, as they are aimed at professionalisation rather than academic specialisation.

completing the aforementioned master's programmes (see the Spiritual Support Service Directive of 2017, DİB 2018a).

Another important development in the field of religious-spiritual care and counselling was implemented by the DİB in 2016; the Immigration and Spiritual Support Services Department was established and all religious and spiritual support services from various institutions were consolidated here. The tasks of this department include: "doing the necessary work to provide spiritual support in health institutions, correctional institutions, and houses of children's education," and "providing religious counselling and spiritual support to our citizens who need to migrate for various reasons" (DİB 2017). All this indicates that the search for religious and spiritual care and counselling in Turkey now has a long history, but it should be developed from a professional and scientific perspective. As will be seen below, discussions continue in this direction.

Issues of discussion

Parallel to these developments in the field of religious-spiritual care and counselling, other central issues are also being discussed: The question of a *theory of* religious-spiritual care and counselling, its status as a *profession* and questions of *training*. Basically, it is about clarifying the 'essence' of religious-spiritual care and counselling. Further related questions centre around: The relations between traditional and modern science, the personnel who provide this service, the standards and qualifications of this profession, and training. It must be mentioned that these discussions, which take place in academic circles or outside of academia, are not independent of the practice and institutions in which this counselling is now planned and carried out.

Traditional approaches to religious spiritual care and counselling

One of the strands of discussion on religious spiritual care and counselling deals with the question 'What is it?' The underlying question is about its traditional and/or modern scientific character, purpose, content and, even more, its methodology.

The traditional approaches to religious care and counselling, which tend to focus on *religious education*, are found in almost every religion although their characteristics vary. In Turkey, as seen in the example of prisons, this understanding has dominated until recently and still has an important place in the concept of the DİB.

There are people who argue that Islamic religious-spiritual care and counselling is grounded in tradition and should also be practised in this way. This is justified, among other things, by the claim that modern, psychologically oriented religious-spiritual counselling is influenced by Western culture, i.e., secular science and Christianity. Islamic religious-spiritual care and counselling, however, should be based on an Islamic-traditional understanding – on the Qur'an, Sunnah, and Islamic tradition – and implemented accordingly. Altaş (2017: 14), for example, suggests that religious-

spiritual care and counselling in hospitals should be based on an Islamic perspective, on the Qur'an:

> Although there is no systematic information in the Qur'an about the religious care of patients, we can mention two basic elements that determine the attitude towards diseases:
> 1. It is necessary to show good behaviour in order to endure all hardships and inconveniences, for fear, hunger, financial worries, and physical discomfort are inseparable parts of this world. … Humans should know that these are a part of life and that God, who created them, also creates these difficulties, and humans should practise being patient in this.
> 2. God who created the disease also created its cure. When the prophet Abraham explains the attributes of the one God to his people, who worshipped idols they had made with their own hands, he says: "Who created me, and it is He who guides me; who gives me food and drink. Who heals me when I am sick.

According to Altaş (2017: 14-15), it is possible to come to the following conclusions through the texts of the Qur'an and the Sunnah:

- It is God who gives both sickness and healing.
- Allah has created the cure for every disease.
- When one is sick, one should seek healing.
- There may be a variety of treatment options for healing.

Similarly, the Sunnah of the Prophet Muhammad and examples from tradition are used to justify and describe the understanding and practice of spiritual counselling. For example, there are various references in the Islamic tradition to religious-spiritual treatment methods that have been used in hospitals throughout the history of Islam, especially for the mentally ill. The research on this can then be used to determine the purpose of religious care, right down to its content and method. There are also approaches that refer to the understanding and methods of self-discipline in Islamic Sufism (Seyyar 2010: 124; 2015). Spiritual guidance is then grounded in the education of the human soul and spirit in patience, gratitude, *zikr* (meditative exercises to bring God to mind), trust, prayer, and the development of the perfect human being.

Those who prefer this religious-traditional character of counselling tend to describe its religious purpose, content, and methodology from a more traditional perspective. This background frames their understanding of counselling and how it can contribute to a person's mental and physical health through religious knowledge and guidance, as well as lead to religious salvation. Therefore, the content of the care and counselling process then usually consists of the promotion of religious knowledge and religious education methods are used. The question-and-answer approach occupies an important place as a method. The question-answer process usually takes the form of the counsellor giving information or a saying/*fatwa* in response to the client's questions and providing advice. Thus, while the religious-traditional approach generally has a religious-pedagogical character, it also includes the Islamic teaching of norms (*Fiqh*). It is a particularly effective way to answer the patient's questions regarding Islamic legal principles. These are questions such as the relationship between the illness and the patient's faith and prayers, or the relationship between illness and

predestination, or the status of some actions and prayers that may or may not be performed because of the illness.

Modern and scientific approaches

A very different view is held by those who favour modern scientific approaches in debates about the 'nature' and character of religious-spiritual care and counselling. Proponents of this view argue that religious-spiritual care and counselling has developed as a scientific discipline and as a learned profession in the advanced countries of the world and has taken its place in academic systems. They argue that this field should be approached as a scientific discipline and learned profession in Turkey, as well. In their opinion, it is mainly psychology that establishes the methods of counselling. The methods used in psychological counselling processes are also appropriate methods for religious-spiritual care and counselling (Ok 2018). However, it is also necessary to use the methods of modern religious education in training.

Since psychology and religious education are two separate and deeply rooted academic disciplines within the theological faculties in Turkey, there are also debates between the members of these two disciplines regarding which discipline religious-spiritual care and counselling belongs to. These debates reveal differences in the understanding of religious-spiritual counselling and guidance.

The field of religious-spiritual care, both in terms of practice and training, can be summarised under two headings: the pedagogical-religious-pedagogical approach and the psychological-religious-psychological approach. The DİB began in a pedagogical-religious way. The fact that DİB's constitutional mandate is to educate the public about religion may have motivated this approach. The practice in prisons remains the most striking example of this approach. A 1983 Council of Ministers decision states that: "The clergyman has the task of preaching to the convicts and detainees, providing religious education and guidance, and working towards their spiritual development." (Koç 2019: 146)

Since the topic of religious-spiritual counselling has been discussed from a scientific point of view, especially since 2010, it has been emphasised that the approach focused on religious education is not sufficient for spiritual counselling and that the approach of (religious) psychology should be chosen (Koç 2019: 137). Koç (2019: 139) emphasises that the religious education approach is the continuous 'imposing' of knowledge, whereas the counselling approach should be characterised by active listening, empathy, and support in decision-making processes. Based on this approach, he developed recommendations for religious-spiritual counselling training programmes, both for prisons and hospitals (Koç, 2017; Koç 2019). In developing these two programmes, he emphasises that there should be no religious-spiritual counselling from a religious education approach. He justifies this by pointing out the practices that have been introduced for DİB staff, especially in prisons, lack scientific evidence.

Interdisciplinary approach from theology, education, and psychology

It should be clear, however, that religious-spiritual care and counselling requires theological, pedagogical, and psychological counselling skills. In terms of content, its theological and religious-pedagogical dimension cannot simply be excluded. Its psychological aspect is related more to methodological issues. In general, there is a perception that religious-spiritual counselling is a field that operates on the borderline between counselling and clinical psychology. It is therefore an interdisciplinary field. There are even voices in Turkey that argue that religious-spiritual care and counselling should be an interdisciplinary, independent scientific discipline. With regard to its interdisciplinary nature, Karagül states: "As a result, a professional counsellor or 'spiritual advisor' must be a multifaceted companion who can learn and apply both psychological and theological models and methods" (Karagül 2019: 104).

Kaymakcan, as a religious educator, has proposed a "Religious Counselling Model Integrated into the Approach of Cognitive Behavioural Psychotherapy" in an article co-authored with Şirin. In this article, religious content and methods are included alongside psychological and psychotherapeutic content and methods. The proposal includes prayer, *dhikr* (meditative exercises), repentance, contemplation, introspection, Qur'an reading, religious preaching, and guidance. This shows that the authors perceive religious education as an integral part of religious counselling (Kaymakcan and Şirin 2013: 119-121).

There is a need to continue discussions on the current and future nature of religious-spiritual counselling services for Muslims in hospitals and prisons, particularly the reasons why their historical and current character is so strongly educational. There are many explanations for this: The tradition is so established, and the institution providing the service is DİB. However, it can also be said that Islam and the Muslim tradition, as well as the expectations of the Muslim clients, lead to such an approach. This finding is not limited to the case of Turkey. A similar picture emerges when looking at the examples of Germany (Uzeirovski 2019), the Netherlands (Akyüz 2019), Albania (Rruga 20019: 231-233), and Austria (Uzuner 2019). While there are differences between mosque religious education officers and religious-spiritual counsellors in these countries in terms of the purpose, content, and method of their approaches, it is evident that religious education (Qur'anic reading, teaching, sermons, talks), worship (Friday prayers, *Eid* prayers), and answers/*fatwas* to religious questions always occupy an important place in practice. These examples show that religious education as content and a methodology in care and counselling will not simply disappear. However, one should not be content with this but should also include psychological and religious psychological counselling approaches – especially at the methodological level – in the theory, training, and practice of religious-spiritual care and counselling.

In the discussion of the character of caregiving and its spiritual meaning, there are also religious educators who emphasise the religious-pedagogical character of religious care and counselling, although they do not deny its psychological dimension. Suat Cebeci (2010), for example, draws attention to the religious-pedagogical

dimension of spiritual counselling. According to him, "pastoral psychology is a branch of the psychology of religion when it comes to analysing the spiritual world of human beings. However, if it is about shaping the spiritual world of man, then it is to be understood as a branch of religious education." As a reflection on Cebeci, it must be pointed out that the normative aspect of religion in religious education does not have to be introduced in a direct, instructive form; learning result can also be achieved in an indirect, guiding way.

Söylev (2017) also discusses the field of spiritual counselling in an article entitled "An Islamic Approach to the Theological Foundations of Religious Counselling." He notes that, for a long time, the science of psychology was not interested in religion and even portrayed it as reprehensible; only recently have there been positive developments that overcome this attitude. He emphasises that religious counselling, which is situated between Christian theology and psychology, must be placed on an Islamic theological basis for Muslims. The basis of Islamic theology is the Qur'an, the Sunnah, and tradition. Although he also points to forms of suggestion and persuasion in the Prophet Mohammed, for him the dimension of religious education is relevant. Çelikel (2013) also sees religious counselling as the point where psychotherapy and religious education meet. Altaş similarly believes that religious education and religious knowledge are accepted as basic starting points in the psychology of religion when religion is about people's problems (Altaş 2017: 31).

Although these views and discussions tend to emphasise the scholar's discipline and point of view in an optimistic way, they all lead to the conclusion that religious education and religious psychology come together at the point where religious-spiritual counselling stands between theology and psychology. Furthermore, we believe that the expectations (on the part of clients) regarding the competencies of a Muslim religious-spiritual counsellor also support this finding. Therefore, researchers should consider and include all the different disciplines when dealing with the topic.

Religious-spiritual counselling as a profession

A very central point of discussion about religious-spiritual counselling in Turkey is the question of religious-spiritual care and counselling as an independent professional activity. There are those who reject this and those who argue that religious-spiritual care and counselling is possible or even necessary as a separate profession, as demonstrated by Western societies. Those who fundamentally reject a professional status for religious-spiritual care and counselling include professionals from medicine, psychology, psychiatry, and the strongly secular-oriented political circles. They start from a distinction between science and religion and argue that religious-spiritual care and counselling has no place among their scientifically oriented professions. Within psychology and psychiatry circles specifically, there are also voices that argue religious-spiritual care and counselling crosses professional-ethical boundaries. Counselling as a profession, they argue, already belongs to psychology and psychiatry (cf. Apak and Erdem 2019). Indeed, one may notice that DİB staff providing spiritual counselling

are referred to as 'religious counsellors' and 'imams' rather than 'religious-spiritual counsellors' by health workers in hospitals because of their work and because of the institution they come from. Obviously, they are not accepted as members of a distinct profession in the medical context. It is also argued that focusing on religious and spiritual counselling is not the task of medicine (Apak and Erdem 2019).

Many associations dealing with mental health have formed a platform opposing the profession of 'spiritual counselling' as it is done by the DİB in various institutions. Their rationale is that religious and spiritual disorders are essentially related to mental health and that it is the job of mental health professionals to take care of them. They have started to challenge this issue through the press and the courts (TPA et al. 2019).

Secular circles reject this profession on the grounds that education and science, as well as government services, must be secular. The mentality which ended religious and moral services in hospitals with the 1996 court decision still exists today. However, one should keep in mind that almost all these discussions are brought about by the fact that the definition and parameters of the profession in Turkey are not clear. For those who fundamentally reject religious-spiritual offers of care and counselling in the name of science and a secular understanding, an investigation of various countries around the world can help broaden their perspective. In the Netherlands, for example, religious and secular communities both provide religious-spiritual care and counselling services in institutions such as hospitals, prisons, and the military. In our context, we can be content with the observation that Turkey, as a secular country, interprets and applies religious services and education differently from other secular countries (Bilgin 2001; Tosun 2005).

In 2019, religious spiritual care and counselling was finally defined as a separate profession in Turkey and registered by law. It is called *Manevi Danışmanlık* ('spiritual counselling'), and its standards were set.

On the employment of spiritual advisers and counsellors

In addition to the question of whether spiritual counselling is a profession in its own right, the question of who should exercise this profession continues to be discussed. The main question is: Should spiritual counsellors be assigned to requesting institutions as DİB personnel within the framework of the various cooperation agreements? Or should each institution employ the necessary spiritual advisors on its own? However, as both the DİB and the institutions are official institutions of the state, the services are provided by the state in any case.

In certain institutions and academic circles, the opinion is to train and employ separate counsellors for each institution as the competences needed are very different. This opinion is particularly strong in hospitals because the hospital, as a business, is very complex and intensive communication between the departments is very important (Uğurlu 2017). However, DİB has the legal authority and responsibility to provide 'spiritual counselling' services to all institutions on the grounds that they have been constitutionally and legally entrusted with "the duty to educate the people in religious matters" (DİB 2002). Currently, DİB staff provides all advisory services.

From an academic and institutional perspective, the idea of directly employing counsellors is based on the conviction that the DİB, because of its understanding of spiritual counselling and practice, has no other choice but to engage in religious education and will, thus, constantly hinder the understanding and practice of religious-spiritual care and counselling in a modern academic sense. Furthermore, academics are critical of the fact that spiritual counsellors cannot be integrated into the company and adopt the corporate culture if they are not employed directly by the institutions they work for (Uğurlu 2017). Therefore, the issue of who employs spiritual counsellors, a prerogative that is still officially reserved for the DİB, continues to be debated.

Professional standards for spiritual counselling

Standards for Spiritual Counselling have been prepared by the DİB. They were accepted by the Professional Qualification Board with the title *Manevi Danışman* ('spiritual counsellor') *(Level 6)* and published in the Official Gazette on 25 October 2019. With this, 'Spiritual Counselling' was registered as a profession.

It is important that the designation and standards are set by this procedure. Because it shows that DİB plays a crucial role in the discussions and processes mentioned above. DİB thus defines the purpose, content, and methods of spiritual counselling. This also means that DİB will play a determining role in the training of 'spiritual counsellors'. It is, however, worth mentioning that the DİB organised multiple consultations, discussions, and training sessions with academics and related groups in this process, creating partnerships where academics, practitioners, and politics come together.

Since it would go beyond the scope of this article to list all the standards here, it will suffice to mention a few critical features. The first crucial point in the text of the Spiritual Counsellor Standards is that there is a holistic approach to spiritual counselling. Clients are considered holistically in their physical, psychological, social, and spiritual circumstances. This point is emphasised in the following definition of the job description (DİB 2018b):

> The Spiritual Counsellor (Level 6) is a qualified person who, within the scope of their authority and according to defined work instructions, applies modern counselling techniques and religious and spiritual methods together with a holistic approach in the processes of dealing with the problems associated with religion or spirituality of individuals at different stages of life, provides spiritual counselling and guidance services with the individual and the group to ensure that clients engaged with their problem achieve their goals, and undertakes professional development activities.

A second point regarding the professional standards is that they are drawn up taking into account the international classification systems; ISCO-08: 3413 is a professional auxiliary occupation related to religion. Although the name is 'spiritual,' it is also associated with religion and religious matters. Therefore, the religious dimension and religious duty cannot be left aside.

The professional tasks of spiritual counsellors are quite broad. Health institutions, prisons, all kinds of public and private social institutions and, if necessary, also emergencies and disasters have been identified as their areas of responsibility. The knowledge and skills that spiritual counsellors should have are listed in 78 points. The main headings include health and safety, work organisation, spiritual guidance and counselling, quality improvement and knowledge, and attitudes and skills related to professional development.

Interculturality and religious plurality as a challenge

When following the developments and discussions on spiritual counselling in Turkey, one cannot say that plurality is adequately addressed. This point is overlooked in both academic studies and practice-oriented discussions; only a few academic studies draw attention to this. In a recent paper, Tosun (2016) noted that the intercultural and interreligious dimensions of spiritual counselling should be seriously addressed, as it is a fact that spiritual counsellors in hospitals may encounter people from different religions and worldviews or even different understandings of the same religion. He emphasises (2016: 121-122) the need to evaluate the issues and requirements on this topic, to coordinate with representatives of other religions, and to benefit from the experiences of other countries. Referring to the paper, Çapçıoğlu et al. (2019: 113-114) said: "Pastoral care and counselling (MDR) staff must have enough experience and knowledge to adopt an intercultural and interreligious approach. Therefore, it is beneficial to have people from different religions in a hospital in addition to MDR staff."

There are several reasons why the interculturality of spiritual counselling is not generally on the agenda in Turkey. The most important is that the topic is new. The second is that although Turkey is a secular state, religious affairs are handled by the DİB as an official institution for Muslims. Non-Muslim minorities are expected to manage their own affairs autonomously. From a constitutional perspective, spiritual advisors, as employees of the DİB, should serve everyone on a voluntary basis. However, the fact that the DİB is an institution that focuses on Islam and acts in accordance with Sunni Islam may cause some problems. People who are not Muslim may refrain from using counsellors because it could lead to content and methods in the counselling process that are undesirable to them.

DİB standards currently do not contain any intercultural topics, meaning that one cannot expect the theme of interculturality to be addressed in counsellor training. Theological training contains sufficient knowledge about other religions and other Islamic directions, but work needs to be done to make interculturality a training subject for spiritual counselling. The DİB, in its present form, does have the constitutional and legal task of providing counselling for everyone. But the question of whether the DİB can be expected to act impartially on the issue of interculturality remains open and must probably be answered in the negative. For example, in the protocol signed between the Ministry of Health and the Presidency for Religious Affairs and which regulates cooperation in hospital counselling, the following stipulation is included on the

tasks of the Presidency for Religious Affairs: (C. 3.) "To review the religious books in the library of the institution and to ensure that new religious books are reviewed by the appropriate staff and inappropriate publications are reported to the head of the institution" (DİB 2015b). This definition of duty and responsibility suggests that spiritual advisors, as employees of the DİB, are supposed to act on the basis of a certain understanding of 'true religion.' They are supposed to act, even if not directly in counselling processes, in such a way that they teach people the right religion. Of course, this does not mean that every employee will do so. Since the DİB is the state institution responsible for this service, it is necessary to develop an understanding of education and practice that protects religious pluralism in Turkey.

Conclusion

As a welfare state, Turkey has recently added spiritual counselling services in various official and civil institutions and organisations to the social services already offered. Starting with a hospital-based approach, these developments are expected to spread to areas such as prisons, old people's homes, and youth institutions where a religious education approach is still more common.

The process of developing religious-spiritual care and counselling remains controversial. While *Spiritual Counselling* has now been officially registered as a profession and a religious service, the debates described above regarding scientific, secular, and professional boundaries continue. But these debates contribute to the further development of theory and practice of spiritual counselling. There is also a need for these discussions to take into account cultural and religious pluralism. The advantages and disadvantages of taking a more psychological approach to counselling should be further discussed, especially considering the objections to the implementation of spiritual counselling by the state and DİB personnel.

In terms of accessibility and sustainability, the provision of the services by the state can be seen as an advantage. The fact that a consensus on approach, content, and method has been reached and can be implemented and developed so far can also be seen as an advantage. Another advantage is the use of the state's financial resources.

What can be seen as a disadvantage is that decisions and practices are determined to some degree by party politics and the political-ideological approach is detrimental to the scientific value of the topic. A further disadvantage is that a plural advisory service cannot be realised because it is carried out by the DİB.

It is clear that the topic of religious-spiritual care and counselling in Turkey requires the contribution of all scientific disciplines and institutional partners. Therefore, it is necessary to address the topic with a holistic scientific approach that includes multiple dimensions of education, care, and counselling.

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Section D

Spiritual Care and Healing in Public Settings

Chapter 19

From Pastoral Care to Spiritual Health: Experiences, Observations, and Reflections on the Evolution of Healthcare Chaplaincy

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Introduction of self and my ministry experiences

This article is very much a result of my own vocational journey that began over 35 years ago as a theology student in Germany to my current responsibilities as the director of a chaplaincy department at an academic medical centre in the north-eastern part of the United States. It is autobiographical in nature as it focusses on my observations and reflections as derived from my experiences in ministry and as a pastoral educator. This methodology is influenced and congruent with the theory and practice of Clinical Pastoral Education (CPE), which has made significant contributions to the field of spiritual care and also provided me with a vocational home and identity. In CPE we often talk about the 'living human document' as the primary focus of pastoral care and theological reflection – whether those are the patients in a hospital, parishioners in a congregation, or CPE students. I begin each unit of CPE training with a new group of students by sharing my life story before I invite the students to share their own; this fosters caring relationships in the group and establishes the basis for mutual learning and their evolving pastoral care practices. In similar fashion, I will share some short notes about myself and my journey to describe the basis of my professional experiences which inform my observations and reflections on the continuing evolution of healthcare chaplaincy.

I was born in 1963 in Hanau, an industrial city near Frankfurt, Germany. In 1989, I moved to the Berkeley, California, after five years of theological studies at the universities in Frankfurt and Münster. Following a decade of theological studies on both sides of the Atlantic, it was my first experiences in clinical pastoral education at Stanford University Hospital that gave me a clear pastoral identity and distinctive vocational direction. These formative experiences during my education in different ministry and cultural contexts undoubtedly influenced my ministry practice and thus my perspectives on the topic at hand. Hence, I want to comment on three phases in

my professional life because these provide the context for my experiences and reflections that will inform this article.

First, from 1998 to 2004, I served as a pastor in a Lutheran congregation in rural north-western Alaska in a community predominantly inhabited by Iñupiaq Eskimo people. During those years, I witnessed the impact of Western 'civilization' on a Native population and a great deal of suffering as a consequence of the imposition of a dominant culture on another.

Second, from 2004-2011, I served as the Manager of Spiritual Care and Clinical Pastoral Education in an urban, faith-based hospital in Anchorage, Alaska. Anchorage is a very diverse city with a population comprised of many Alaska Natives of various indigenous tribes, as well as many international immigrants – particularly from South-east Asia and the Pacific islands of Samoa and Tonga. During this time, I continued to learn more about providing pastoral care to people who experienced displacement in its various forms, e.g., due to their immigration history or the impact of illness in their lives.

Third, since 2011, I have served as an Association for Clinical Pastoral Association (ACPE) certified educator/supervisor and, since 2014, as the Director for Chaplaincy at an academic medical centre in northern New England. The current population in the states of Vermont, New Hampshire, and Maine remains 91 to 94 percent Caucasian, primarily 'Yankee' in its English and Scotch-Irish origins and in its retention of many of the values and folkways of rural New England. The largest minority group is the descendants of French-Canadians immigrants who emigrated from the Canadian province of Quebec in large numbers in the first part of the twentieth century. It is also the most secular region of the US, which caused me to specifically consider the role of pastoral care to a growing population who identify as 'spiritual, but not religious.'

Spiritual care in the US health care system

This article will ideally reach an international audience due to the mission, values, and membership of Society for Intercultural Pastoral Care and Counselling (SIPCC). I will briefly describe how the chaplaincy department embedded in our medical centre as one example of healthcare chaplaincy in the US. While not all healthcare chaplaincy departments are like ours – I consider it to be one of the better staffed and supported – neither is it an exception to the current practices of spiritual care at large medical centres in the US.

The institution of Dartmouth-Hitchcock Medical Center

Dartmouth-Hitchcock Medical Center (DHMC) is an academic health system in New Hampshire and serves a population of 1.9 million across northern, rural New England in almost every area of medicine. Dartmouth-Hitchcock also includes a cancer centre, the state's only children's hospital, several affiliated smaller, rural member hospitals in the region, and a visiting nurse and hospice program. The Dartmouth-Hitchcock

system trains nearly 400 physician residents and fellows annually and performs world-class research in partnership with the Geisel School of Medicine at Dartmouth College. Our main hospital currently has a 396-inpatient-bed capacity with a building project under way for a new patient pavilion to add another 64 rooms. Our organization has more than 13,000 employees and it is the largest non-government employer in the state. We are guided by our mission: "We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time."

The chaplaincy department and interfaith spiritual care

The chaplaincy department is an integral part of our medical centre, which is common in the US. Most hospitals employ chaplains and have a department budget that includes salary and benefits for the staff and resources for supplies. Chaplaincy services are free of charge and thus do not generate revenue. The chaplaincy team at DHMC is currently comprised of ten chaplains, an administrative assistant, and a director; it is complemented by a contracted ACPE certified educator, a per-diem on-call chaplain, a part-time Episcopal chaplain sponsored by the denomination, and a small group of Roman Catholic eucharistic ministers. Spiritual care services at the smaller affiliate hospitals in the region vary greatly due to their own histories. This appears to be typical across the US; hospitals, hospice organizations, and nursing homes are staffed very differently for the provision of spiritual care. Some have no chaplains at all, some work with community clergy who visit on an as-needed basis, and some have a CPE program where students provide all or most of the direct care.

Larger medical centres have professionally trained chaplaincy teams with various numbers of board-certified chaplains and/or a well-developed CPE program. Our chaplains are required to be board certified or certifiable by traditional agencies such as the Association of Professional Chaplains (APC), the National Association for Catholic Chaplains (NACC), and the Neshama Association of Jewish Chaplains (NAJC). The certification process for each of these agencies requires a master's degree in divinity or related specialty field such as pastoral counselling, endorsement by a recognized faith community, and four units of Clinical Pastoral Education. Candidates present written materials demonstrating their ability to meet the 'Common Standards for Professional Chaplaincy.' They also meet a committee of professional chaplains for a review. Our chaplains are assigned to various – primarily inpatient – clinical areas according to service lines, such as oncology, cardiology, paediatrics, surgery, psychiatry, emergency, neurology, medical specialties, and palliative care and hospice. Their core task is to provide ministry to patients, families, and staff. Recently, our spiritual care services have expanded to several outpatient clinics, for example in geriatrics and the cancer centre.

All chaplains function as what is commonly referred to as *interfaith chaplains*. That means that they care for all patients and their families irrespective of their religious background or faith tradition, spiritual practice, or philosophical perspectives. This practice, which is a specific focus of CPE training, has been in place at DHMC

for several decades and seems to be typical in many hospitals today. (It was previously more common for Catholic priests and sisters, Protestant ministers, and Jewish rabbis to be assigned to care for members of their respective faith tradition.) While our chaplains do not use one specific spiritual assessment model, they focus primarily on existential and emotional needs of their patients and their families, typically related to the healthcare event; this might be an acute crisis, accident or new diagnosis or it may be dealing with chronic conditions that cause distress. If a patient mentions their own faith tradition and resources, the chaplain takes note of those, possibly inquires a bit more and makes use of prayer or a religious ritual that is known and meaningful to a patient.

Our geographic area, as previously mentioned, includes a large segment of the population without any clear religious identity. Those are often referred to as 'nones' or those who often self-identify as 'spiritual, but not religious.' In increasing numbers, some chaplains or prospective CPE students identify themselves as 'inter-faith,' meaning that they themselves are not rooted in one particular faith or religious practice but may draw from several or even a multitude of traditions. I have worked with CPE students who identified as 'Catholic and Buddhist' or 'contemplative animist.' The Catholic patient population is the largest group after the 'nones.'

Our chapel offers services in keeping with those demographics. Two Roman Catholic priests/chaplains celebrate Mass three times a week and on holy days. A small group of staff and visitors attend, and some patients tune in on a TV channel in their rooms. A Protestant service was abandoned for lack of interest and participation over a decade ago. In the past few years, the Buddhist relief chaplain and a graduate of the CPE program have offered mid-day meditations once or twice a week, which have attracted a very small core group of participants, including those who are interested in MBSR (Mindfulness Based Stress Reduction). MBSR can be described as a non-religious, secular, increasingly scientifically based reflective practice with spiritual roots. On Fridays, a lay-led Muslim group has been gathering at the chapel for the *Jumu'ah* where rugs are provided for prayer. Cushions are also provided for Buddhist meditations. From my colleagues in urban settings and/or more religiously diverse parts of the country, I know they often offer more religious worship services depending on the specific populations they serve.

Matters of faith are addressed in patient visits if a patient explicitly requests that or it is known to the chaplain that a religious practice is meaningful to the patient. However, efforts are made to avoid any imposition of one's own bias or tradition onto patients. CPE students, for example, are trained not to 'offer' prayer as a standard practice, but only to provide a prayer if it is evident that it would be meaningful to the patient. If that is not clear to me, it is my practice to ask at the end of a visit: "Is there anything else I can do for you?" which allows patients to request a prayer. Chaplains and CPE interns often engage in theological reflections typically related to the case and questions resulting from patient encounters. Those conversations may include reflecting on a patient's experience of suffering with respect to their understanding of suffering within their own tradition.

It is a common practice of most healthcare organizations in the US to provide spiritual care services, although there is generally no requirement to do so. The exception is hospice organizations, which are required to do so by federal law, although that requirement is fairly flexible. I do not know the explicit origins of this requirement, but imagine it is related to the perceived importance of spiritual/religious/existential needs in end-of-life care. Generally and, in my opinion, unfortunately, the appearance of chaplains is still primarily associated with *death and dying*, when medically there is nothing else 'that can be done' to restore a person to health. I often wonder why spiritual/religious/existential needs are seen as less important or unworthy of attention with respect to *life and living*, e.g., during the recovery from an accident or when a patient has been living for decades with a chronic, life-limiting illness. Spiritual questions in the hospital context are often centred on making meaning of life's experiences. Most people appear to be interested in living a purposeful life that includes a sense of joy and hope in the here-and-now. Chaplains are of great value when someone's ability to do that is altered or severely compromised by an acute or chronic health crisis.

Clinical Pastoral Education (CPE)

The spiritual care services at DHMC are enriched and expanded by the students in the Clinical Pastoral Education program, which has been accredited by the Association for Clinical Pastoral Education for over 30 years. Typically, a minimum of two CPE units are offered per year – a full-time summer program (10-12 weeks) and one or two part-time units over the course of 18-24 weeks. Most groups average six students but can include as many as eight. Ideally those groups are comprised of a diverse study body with respect to gender, race, age, sexual orientation, cultural background, and religious affiliation in order to foster inter-religious and inter-cultural interaction and understanding. From my perspective, a CPE residency is one of the highest standards of training and an excellent way to enrich the spiritual care services provided. Many CPE students come to the clinical setting for their first unit of training with some theological education, a seminary degree, a particular faith practice and often a calling to serve members of their respective faith tradition in a congregational setting, although some have already chosen to become institutional chaplains.

The initial goal of clinical training is the ability *"*to initiate helping relationships within and across diverse populations,*"* and the ultimate objective is to gain the capacity *"*to provide pastoral ministry with diverse people, taking into consideration multiple elements of cultural and ethnic differences, … without imposing one's own perspectives*"* (ACPE Outcomes). It is interesting that 'religious' or 'theological/philosophical' differences are not explicitly mentioned here, but those are implied in theory and practice. Reference is also made to fostering 'cultural humility' to which I would add 'theological/religious humility and tolerance.' The development of self-awareness is one of the key tasks in this process; ministry students and chaplains become aware of their own assumptions and unconscious bias in order to develop the core capacity of 'a non-anxious and non-judgmental presence' as a prerequisite for engaging those entrusted into their care from diverse populations.

Contextual considerations: The varying origins, histories and cultures of hospitals and healthcare organizations

The origins, history, and culture of a hospital can significantly impact the level of integration of spiritual care into the organization and clinical services. Spiritual care often has a long-standing tradition in faith-based hospitals and may be part of the 'DNA' of those institutions. At the Catholic hospital where I served, many long-term employees remembered the Catholic sisters of the order that founded the organization. The sisters had been very visible, initially in their habits, as they ministered not only to patients and families but also to the employees. Most often they actually led the hospital as administrators until their own numbers decreased and their organizations grew into ever-more complex healthcare systems where leadership shifted to professionals with medical or business degrees. Other hospital systems have Jewish, Baptist, Lutheran, Adventist, or Presbyterian roots. Questions of denominational identity and history may be especially important in the light of frequent mergers in times of consolidation and the creation of ever larger healthcare systems, often among partners with different roots.

Historically religious organizations often have a mission leader on their executive team whose primary function is to ensure that the modern healthcare business abides by their founding principles and values, e.g., serving the 'vulnerable and the poor.' However, in the past decade, even faith-based hospitals experienced a need for a diversification of their chaplaincy teams. Catholic hospitals, for example, began hiring Protestant, Jewish, Buddhist, and Muslim chaplains. Many healthcare organizations have also recognized the need to professionalize the work of their chaplains and have embedded CPE programs in their institutions in order to expand their training. From my experience, this process is enriched by the increasing diversity of CPE students entering the field of spiritual care in hospitals. This movement towards diversity in chaplaincy brings back memories of the times I first worked with a Muslim imam, a Buddhist priest, a Jewish cantor, contemplative animist, or a transgender or non-binary student. CPE has developed a tradition of embracing this diversity despite its roots in various Christian traditions. One of my key experiences was working with a Jewish rabbi as my first CPE supervisor; this was particularly moving for both of us due my German background. Looking at me, she may have been wondering how she could possibly supervise me given our cultural and religious histories and the pain those evoked; looking at her, I wondered if Anne Frank (whose diary I read as a child when I attended an elementary school named after her) might have become a wonderful rabbi like her if she would have survived the Holocaust. This particularly intercultural and interreligious experience became instrumental in pulling me into CPE as my primary calling and ministry.

The direct work with students and chaplains of different faith traditions continues to be exciting and enriching for me, as I often learn something about their varying beliefs and experiences. What deeply moves me is when I see how CPE training also enriches them in their own faith through their emerging pastoral care practice. No

matter what one's faith tradition, a significant transformation takes place in most students when they shift focus from the dogma and ritual practice of their tradition to the human existential needs and suffering they encounter. I enjoy witnessing when the desire or need to share one's own faith resources is diminished and replaced with a capacity for a deeply human compassionate presence that transcends all cultures and religions. Students and I often experience those moments as truly sacred or filled with a divine spirit independent of the names we use for God or what we believe to be larger than ourselves. Those tender moments filled with a shared human vulnerability provide surprising experiences of God's presence.

From chaplaincy to spiritual health

There are several words used for the discipline of spiritual care, as well as the departments where chaplains are housed. Three seem to be the most common: chaplaincy, pastoral care, and spiritual care, with an increasing shift to the latter over the past two decades. I believe those names reflect, to a certain degree, the evolution of the discipline, and I find the following reflections helpful as a way to introduce the work and ministry of chaplains during orientation of new hospital staff or in conversations with leadership. I know that there are greatly varying levels of understanding of our discipline, and I cherish every opportunity to talk about the evolution of our discipline.

Chaplaincy

The name *chaplaincy* focuses on the role of the chaplain, typically seen (and portrayed on TV) as a clergy person, who comes and may say a 'little' prayer or as a priest who provides 'last rights.' Importance is placed on the religious rituals typical of a particular faith. It corresponds, of course, with the *chapel*, traditionally a place in the Christian faith for prayer and worship.

Pastoral care

In *pastoral care,* I see a shift towards naming and highlighting a core task of the chaplain that is more important than what many typically associate with the general tasks of the clergy, e.g., to preach, teach, lead some form of worship, or act as an administrator. Pastoral care is a discipline and skill taught in seminary or theological schools within practical theology, as it developed first in Protestant theological education. It emphasizes one particular aspect of a pastor's or faith leader's roles and responsibilities, namely the 'care of souls.' Pastoral care and counselling is a further development of that discipline and skill set as it became influenced and informed to a large degree by developments in psychology and the social sciences. The emphasis has now shifted from the person and *role* of the chaplain to the task and *practice* of the chaplain, e.g., pastoral care, and the relationship between caregiver and the recipient of that care.

Spiritual care

Spiritual care indicates a shift away from a Protestant or Christian terminology, e.g., 'chaplain' or 'pastoral,' towards what is actually cared for, namely the *'spirit' of a person as a dimension of human existence*. That spirit is entrusted into a chaplain's care, like the body of the person is cared for by nurses, physicians, and other specialists on the healthcare team. I want to add that the emphasis in modern healthcare chaplaincy is on the 'human' spirit, not the 'holy' spirit although, at a patient's request, a chaplain may also explore what is sacred and holy in the context of the patient's experience, faith, or philosophy.

Thus, the term spiritual care brings us to the primary focus of care, e.g., assessing how the spirit of a patient is doing following an accident, a new diagnosis, the experience of a loss of function and declining health, the arrival of new baby, or facing various life stages such as aging or dying. The starting point has shifted further away from the religious and faith experience of the patient and/or the chaplain to the human experience in the here and now. In a healthcare setting, that starting point is typically related to a health crisis. Those experiences are often accompanied by emotional suffering, existential distress, and/or spiritual questioning about meaning and purpose. The term 'spiritual care' is currently better received than 'chaplaincy' or 'pastoral care' by a growing group of both patients and healthcare professionals who do not practice a particular faith and often consider themselves to be 'spiritual, but not religious.' They often see the term 'spiritual care' as more inclusive and universal, and therefore more practical and relevant to a larger population.

Spiritual health

In the past decade a fourth term, which I find intriguing, has emerged for the departments that house chaplains at various medical centres: 'spiritual health.' It seems a new shift is emerging that not only emphasizes the *process* and *focus* of caring, but the *goals* and *outcome* of that care. The term reminds us of other common terms in healthcare: 'mental health' and 'population health.' In my role as an ACPE Certified Educator, I am prepared to teach 'pastoral care' or 'spiritual care,' but as the director of a chaplaincy department, I want and need to be thinking about the final outcome(s) of our teaching and practice. The emerging and most relevant question in our evolving field appears to be: How does our skilful work and caring ministry impact the spiritual health of individuals, families, and whole communities or even a population at large? I see that question as the challenge and task for the current and next generations of practitioners in our field. This work has already begun with an increasing shift towards the standardization of competencies in our field and the development of evidence-based practices that are increasingly informed by research that will impact the further development of best practices and, consequently, the focus and methods of training in our profession.

Additional considerations

A significant development in general healthcare is a growing shift away from a traditional model focused on in-patient settings to models of care that increasingly use ambulatory settings in the community, such as hospice, rehabilitation centres, and outpatient clinics. Economic incentives to reduce the length of hospital stays are a significant contributor to this trend in addition to the desire to provide the best care in the right place, which is ideally close to home. This raises significant questions for chaplains and our spiritual care services. If chaplaincy developed in its earliest stages to provide pastoral care and faith resources during long hospital stays and the average length of stay is now two to three days, what can we accomplish in this shortened window of opportunity? What kind of spiritual care are we providing to patients when they are not in the hospital, but they are still suffering from chronic health issues that impact their lives in existential ways? I want to argue that our profession needs to become better prepared to move with this shift. In the US, I see that chaplain positions are growing in hospices and assisted living facilities, but the majority of chaplains, as well as CPE student training, are still based in the inpatient towers of hospitals. However, there are signs of change.

As chaplains, we will do well to think specifically about the efficacy of our contributions and become more articulate about the *why* and *how* of our practice. I see need for improvement in this area on the part of practitioners in our field. It is no longer enough for chaplains to respond to questions of what they do with some traditional, customary responses such as: "I visit with patients … I provide a ministry of presence … I journey with people … I bear witness to their suffering … I am an active listener … I support people." While those comments are all true – and amongst ourselves we understand what we mean with those statements – we need to be prepared to reply in a meaningful way to reasonable follow-up questions: "Why do you *visit* patients?" "What does *presence* mean and what does it do?" "How is this *journeying with* someone helpful?" "What difference does it make if someone *bears witness* to someone else's suffering?" "What are you *listening* for and why?" "How is your *offering support* as a chaplain different than the support of a social worker, a nurse or a friend?"

Most chaplains in US healthcare enter a record of their visit in their patients' charts, and a good chart entry will not only describe what a chaplain did but also reflect the impact or outcome of that care, e.g., how it addressed a patient's spiritual needs, relieved specific emotional distress, assisted them in making a healthcare decision, or contributed to particular care goals of the whole medical team. This need for our profession to become more articulate is not necessarily new but deserves continuous effort. This is especially relevant now in terms of identifying and articulating the lasting impact of one's interventions not only in providing support in a crisis situation, but also with respect to a patient's long term spiritual health and well-being. To have professional chaplains embedded in healthcare settings document their work in the patient's chart is in itself an evolution from the days when chaplains may have

visited with patients but did not leave a record of their interaction nor communicate with other healthcare professionals about their work. I think that this integration of pastoral care into the healthcare team is part of an evolving trend to attend to the larger questions of spiritual health within the medical community; it demonstrates progress in the sense that it brings the scientific and the spiritual dimensions of human experience closer together after centuries of separation. However, in our discipline, we would do well to embrace this trend and its opportunity with a critical stance when necessary, as the economic forces driving the healthcare 'industry' to become ever more efficient can take a toll on the soul of an organization and the spirits of its people. The presence and active participation of chaplains along with a more balanced attention to health in body, mind, *and* spirit within healthcare institutions ideally support the core mission and values of those institutions; however, economic realities can significantly challenge their overall vision and concrete strategic objectives.

In closing of this section, I want to comment briefly on a frequent question: "What actually do you do as a chaplain?" While I believe there is not one correct answer, I think that we benefit from having a simple, solid response to that question to seize on the opportunity to provide education to the interested. It helps to explain and – more importantly – demonstrate that we offer so much more than a prayer in times of distress and a comforting presence when someone is dying, although, of course, we do that, too. I typically respond with: "At the core I am listening for what 'inspires' people and what is 'dis-spiriting' to them." I also refer to *Seelsorge* (care of the soul), the primary term in my native German but less common in everyday English. I want to emphasize that I primarily care for the human spirit and do not inquire about someone's faith or religious practice. If the latter turns out to be relevant and important, I trust that a patient will let me know. I mention the notion of holistic care and the common ambition to care for people in 'body, mind, and spirit.' However, most of healthcare focusses on the body and its various parts. Then comes the mind, although resources for mental health are often limited. The question remains how we specifically care for the spirit and who has the authority and expertise to do so?

When asked "how do you care for the spirit," I explain that chaplains pay close attention to emotions expressed verbally or non-verbally by a patient and that those feelings can be a gateway to the soul, i.e., if attended to can lead to an understanding of someone else's innermost self or the core of their being. I remark that, as a chaplain, I also pay close attention to the language that is used when people describe their state of being: "My spirit is down," "an experience has been soul crushing," "someone or something inspires me," "that was good for my spirit," or "all is well with my soul." I also may introduce spiritual language when I summarize what I hear people say or express on an emotional level. When a patient shares that she enjoys the visits of her grandchildren and I see her smile at the very thought of seeing them again soon, I comment: "I can see the joy and gratitude you have for your grandchildren. They uplift your spirit." When a medical student talks with excitement about learning something new from and with a mentor, I may respond: "I enjoy seeing your excitement. I sense your mentor inspires you in your studies and your calling to become a doctor." When

a nurse refers a patient, who may not seem herself that day or who may be saddened after receiving bad news, I may introduce myself to that patient by saying: "I am Chaplain Frank. I came by to visit because your nurse mentioned your spirits are a bit down today." In those situations, I feel as if I am functioning as a translator. I pick up the feelings patients name and explore something deeper than a mere emotional state, something existential and thus spiritual.

Trends and opportunities for spiritual care within a health care system

I hope that the reflection on the evolving terms for spiritual care practices and the names for our discipline has been helpful. From my experience, chaplains themselves respond with mixed feeling about this evolution; some experience a sense of loss about our tradition and identity as chaplains as if we are giving in to the secularization of society in general and in our *work* or *ministry* in particular. Others seem to have been eagerly waiting for a change because they experienced the term 'chaplaincy' as an obstacle to connecting with many patients and families given its connotation of religiosity. Still others see the shift to 'spiritual care' or 'spiritual health' as more inclusive of various faiths.

In my opinion, all dimensions of our discipline – from chaplaincy to spiritual health – are alive and well, and each highlights helpful aspects of our ministry as it shifts from religiously-oriented or faith-based care to caring for the human spirit. For example, I recently responded to the request of a family in the intensive care unit to provide Last Rites. When I arrived, the nurse explained that neither the patient nor the family were Catholic, but they wanted something done before the patient was transitioned to 'comfort measures only' and life support was withdrawn later that evening. A friend of the family who was in tears at the bedside as she said her good-byes to the patient left soon after I arrived, despite my attempts to support her in her visible distress. The immediate family members had already left, and the nurse explained that they did not need or want to be present when I came to do *'whatever I do.'* That *'whatever I do'* this time turned out to be a prayer and a blessing before I sat in silence for a while alone with the non-responsive patient. This appeared to be a secular, non-practicing patient and a family who decided, for unknown reasons, that they did not want or need to be present during the ritual that they had asked for but also likely did not understand. The ritual, e.g., to have 'the chaplain do something*'* was nevertheless important enough that they requested it and it may have been comforting for them on some level, since it likely offered a certain respect and something *'*sacred*'* to the patient. While I missed the opportunity to directly minister to the grieving family members and possibly gather them into a meaningful ritual of closure at the bedside, I felt privileged to be sitting still – essentially to offer presence – with this dying patient for a short time in her last hours as a representative of the human community but also of something larger than ourselves.

A more concerning trend, or even threat to our discipline, is the continuing suspicion and fear of many patients and healthcare providers that a chaplain is essentially

only about religion and inevitably will attempt to proselytize. This concern is not unwarranted, since many religious representatives, clergy, and lay ministers operate consciously or unconsciously with a hidden agenda of bringing people to 'the faith' in its various forms. I have had many conversations with prospective CPE students who are initially enthusiastic about becoming chaplains because they want to witness their faith; they look forward to talking about God in the hospital and/or intend to bring patients 'to the Lord.' They often leave disappointed when I correct their expectations about professional chaplaincy and explain that we respect patients' own spiritual resources or non-religious stance and do not talk about our own faith or God unless invited by the patient. This topic may, however, still show in a professional chaplain's tendency to initiate, uninvited, prayer or offer to lead a meditation in a crisis situation because the practice has helped them and gives them something comfortable to do. While the offer may be well-meaning, it may confirm a patient's suspicion and reservation about chaplains that after all the emotional support, the visit is still primarily about 'having faith' or advertising some form of religious practice.

Another challenge in US chaplaincy circles for several decades is how we demonstrate our value and, thus, justify our existence to the institutions we serve because, in most cases, healthcare organizations pick up the cost for our services. In response to this very reasonable request, I have observed a much-needed and beneficial shift over the past decades from primarily collecting quantitative data summarizing what chaplains do to demonstrating the impact of what chaplains do by adding research into their practice. Instead of collecting meaningless data – e.g., the number of visits chaplains make – that only adds to the bureaucracy, the focus has shifted to evaluating the impact of the chaplains' contributions to the overall experience of the patients.

Initially, the collection of that data was often linked with 'patient satisfaction scores.' In an increasingly competitive environment, hospital administrators were very interested in their patients rating their care and stay at the hospital as a very positive experience, especially with respect to the 'likelihood to recommend' the hospital and/or return in the future for their care. The reputation of the hospital and, thus, its financial success became linked to the patients' voices. Patients would be sent a 'patient satisfaction survey' in the mail following their discharge, including the invitation to "Rate your satisfaction with the spiritual care services provided by the hospital chaplain" on a scale from 'very poor,' 'poor,' 'neutral,' 'good,' to 'very good.' Every morning, I reviewed the updated report that had come in overnight. I knew when and on which unit a patient had a 'poor' or 'very good' experience with a chaplain or CPE student. Sometimes, but not often, a patient would write a comment that shed some light on her gratitude or his disappointment. A positive comment may have been: "The chaplain visited with me not only before the surgery, but also came back to support me during my recovery." A negative experience may have resulted from missed expectations: "I had indicated I would enjoy a chaplain visit, but no one ever came while I was in the hospital."

The patient satisfaction data was benchmarked against other organizations, so I knew how our department compared to hundreds of other chaplaincy departments in

the country. I had regular meetings with the hospital administrator to discuss our department's action plan and tactics to improve our scores so we could, for example, move from the bottom of the ratings to above average or from average to the top. Each chaplain knew the data for the clinical areas they were assigned to and how it compared to our whole department, as well as the rest of the country. It was each chaplain's task to think about how they could improve their services in ways that would be reflected in their patients' ratings and thus their scores, and it was our task as a team to develop strategies to meet the expectations of our patients in a consistently better fashion.

That process, in my experience, was a mixed blessing. On one hand, it gave our work intentionality, a baseline that could help set specific goals and a means to evaluate our progress. On the other hand, the ratings often left a great deal of room for questioning a good or poor rating. The mere numbers did not validate, for example, the significant work our chaplains did with the dying since those patients did not receive the surveys for obvious reasons. That system fuelled some fear and resentment among chaplains to be rated in such seemingly crude fashion. While it gave us something concrete to work with, it also caused us to wonder if we were doing our work for the right reasons. Would we continue to serve those most in need or would we follow the temptation to make chasing numbers our top priority? However, I think this emphasis on data-based results provided a reality check for chaplains as we had to acknowledge that we were not excluded from performance expectations that were also the norm for doctors and nurses, and our food and environmental services staff. They received similar feedback and benchmarked ratings on their 'communication with patients,' for example, or the 'cleanliness of the patient's room.' One significant benefit of this process was that it elevated the work of chaplains in the eyes of healthcare leadership; research indicated that there was a strong correlation between 'the emotional and spiritual needs met' and the 'overall recommendation of the hospital.' That may not be much of a motivator for a chaplain with a deep sense of call, but it helped justify the costs for spiritual care services that otherwise were not reimbursable.

Today we no longer speak as much about 'patient satisfaction' but rather of the 'patient experience,' a broader term reflecting a more refined enterprise in healthcare. I noted earlier that our chaplaincy department was reorganized several years ago and placed within the Office of Patient Experience, which reflects the recognition of the positive impact of the chaplains' work on the overall experience of patients. In a similar fashion, our HR (human resources) leadership now also talks about the 'employee experience.' In addition, a connection has been recognized between the 'patient experience' and the 'employee experience,' which has underscored the value of chaplaincy services to the hospital staff. 'Staff ministry' has become our 'growth business.' As chaplains worked side by side with nurses and other medical staff, they always had a listening ear for the professional stressors and personal problems of the staff. However, we are now included in hospital-wide wellness or work-life balance initiatives; we also work together with the EAP (Employee Assistance Program) to offer critical-incident stress debriefing for various teams experiencing a significant event in various

areas of the hospital. Consequently, we have expanded our efforts in this area, which has been well supported by hospital leadership, who are very concerned about the overall impact of stress and/or moral distress on the ability of our staff to provide quality and safe care.

The changes that have taken place and continue to take place in healthcare chaplaincy deserve further attention in order to broaden and transform the scope of our traditional practice, as well as our professional training programs. As the director of a chaplaincy department in a healthcare institution, I am particularly interested in further developing our chaplains' capacity to provide a widening range of support services to our staff, something we have significantly expanded in the past few years. As an ACPE-certified educator, I am very interested in how the changing landscape in our field is impacting the training of our CPE students and thus the formation of future chaplains. Significant changes and initiatives by various professional chaplain organizations are already under way and will continue to shape our training and practice. As part of that continuing evolution, I imagine that sensitivity to issues of diversity and the continued development of cultural humility and competence will only increase in importance as the discipline of spiritual care broadens its scope and deepens its focus.

Chapter 20

Military Chaplaincy in the USA: An Unfolding of Roles and Functions [1]

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USA

When the legitimacy of military chaplaincy is addressed, critics question its relevance within a modern – or even postmodern – military ecosystem, its legal basis for existing (constitutionality), and whether it has been co-opted by the government (and therefore no longer stands within historical religious commitments). Particularly within a U.S. military setting, there is an expressed fear that more conservative Christian chaplains are proselytizing and demanding exclusivity. When approaching an essay on interreligious discourse within the military chaplaincy then, it is important to hold these tensions in mind. The assumption that *intra*religious dialogue (within the same religious tradition) is the norm underplays and diminishes the unique and multivalent roles of military chaplaincy. The chaplain, therefore, maintains deep commitments to interreligious, intrareligious, and multireligious discourses.

In this essay, I want to explore the role and function of a military chaplain from a largely U.S. military perspective. If a military chaplain is not willing to provide for the religious liberties of all service members, why are they paid a government salary? Put bluntly: There is little rationale in having chaplains if they are tasked merely with providing religious support to their own faith community. To put this even more bluntly: There is zero rationale for a military chaplaincy that is only interested in furthering a denominationally hegemonic dominance over the various military chaplaincies. Yes, there is some historical precedence for faith group-specific military chaplains assigned to their particular faith group. However, modern military chaplaincy has an overwhelmingly pluralistically dynamic and has continued to evolve both in role and function. Furthermore, the role of the U.S. military chaplain has evolved since its (official) inception in 1775 to fully include the chaplain as a professionally credible member of a military staff. Providing religious support to one's own faith community is merely one facet of being a chaplain; the other tasks and roles of

[1] Author's note: I am thankful to SIPCC member and retired Dutch military chaplain Rev. Kees Smit for his contributions to the Ministry of Presence section. More than anything, I am indebted to his collaborative spirit in pushing me to think about military chaplaincy within a global, joint perspective.

a chaplain represent a multivalent position of prominence – with some lingering ambiguity – within the U.S. military.

The focus of this chapter is to explore not only the history of U.S. military chaplaincy but also, in that exploration, critique the evolving roles and functional capabilities of chaplains within an interreligious context. Therefore, this discussion flows through four parts: First, I will consider the ambiguous phrase 'a ministry of presence.' This is essential because, in its vagueness, the phrase contains a fundamental role and function of a military chaplain. Second, I will provide a brief historical sketch of the U.S. military chaplaincy, highlighting emerging functions of care in providing religious support to service members within all 'religious locations.'[2] Third, I will address how the U.S. military chaplaincy, having evolved into a 'force multiplier' in the post-9/11 landscape, has adapted to respond to the new spiritual needs of the military. Finally, implicit within the military ecosystem is an interreligious aspect of pluralism with which chaplains must contend. Thus, in this final part I will review how chaplains have handled modern legal challenges in favour of pluralism. Inherent in these topics is a concern for institutional validity and ongoing theological reflection, which will be addressed as appropriate.

A 'ministry of presence'

Within the autobiographical nature of pastoral and practical theology, I begin this section offering some personal experiences from my time as a U.S. Army Reserve chaplain. Before my journey began as an army chaplain, the recruiter often mentioned the importance of a chaplain's ministry of presence. I was told that I would *be* where the soldiers were; I would *live* as the soldiers lived; I would *suffer* as the soldiers suffered. This, in my own theological reflection, was an incarnational understanding of ministry. The ministerial commitment was to all soldiers, not just those with whom I was theologically aligned. Contained in the vague phrase 'ministry of presence' are roles and functions that have remained consistent throughout the military chaplaincy's history. One of these is *presence*. Service members do not need to leave the military installation to find religious support; a chaplain is embedded with the unit (or, understood theologically, incarnated with them). Ideally, this is held aloft as the reason *for* the chaplain: Be with the service members.

Throughout this discussion, when I describe the chaplain's role and function as one of a ministry of presence, I am referring to the embedded nature of religious support. Within the function of offering religious support, a chaplain could provide the religious rites and services they are authorized to perform as an ordained or

[2] By 'religious location,' I have in mind the scholarship of SIPCC stalwart Kathleen J. Greider in which she redirects our attention from binary distinctions such as 'religious' or 'nonreligious' and towards an understanding in which "all persons inhabit a particular location relative to religion." All caregivers must keep in mind that "our attitudes and experiences relative to religion constitute a location, a position, that influences our clinical work" (Greider 2019: 11, 14).

credentialed religious leader. From a Christian perspective, this could entail holding worship services, preaching sermons, baptizing service members, or presiding over the Eucharist. The chaplain, operating in a 'priestly' role, is the ordained leader of (and expert in) religious rites. This authority is evidenced in the chaplain's credentialing process; a chaplain must meet U.S. Department of Defense's criteria to become a chaplain. Therefore, the individuals who enter this position are already 'specialists' in terms of education and training.

Outside of an official clergy ('priestly') role, however, a ministry of presence often entails providing spiritual care and counselling. These counselling sessions might cover marital problems, financial issues, ethical and theological concerns about the killing of enemy combatants, the morally injurious questions that arise when civilians are killed, or even the mundane aspects of everyday life. A military chaplain's presence enables them to be with service members. This is not without nuance and critique, though. For some, a ministry of presence is simply an empty presence. Indiana University Religious Studies professor Winnifred Fallers Sullivan (2014: 174) describes the multivalence of a ministry of presence as follows:

> In some contexts for some people, presence can be reassuringly immanent and down to earth, empty of formal doctrinal content, comfortingly abstracted from tradition, but in and for others, it can specifically evoke highly elaborated theological understandings and rituals.

I, however, want to recover and uphold the ambiguity of the phrase because it accurately depicts what a chaplain *does*. A chaplain occupies liminal spaces. For some, a chaplain is incredibly relevant and necessary for support; for others, a chaplain is irrelevant to the military's mission.

In the *Dictionary of Pastoral Care and Counselling* (Fackre 1990), ministry of presence is defined as follows:

> The ministry of presence has come to mean a form of servanthood (diakonia, ministry) characterized by suffering, alongside of the hurt and the oppressed – a being, rather than a doing or telling. The articulation or celebration of faith goes on within the individual or community that chooses these circumstances, but does so in the form of disciplina arcani, the "hidden discipline," with no program of external testimony.

I appreciate that *being* is emphasized rather than *doing*. The 'doing,' or what I understand as providing sacramental support, only comes after being present. The first impulse in describing chaplaincy is to focus on counselling, on programs, on rituals, on religious ceremonies and other kinds of planned, well-defined and purposeful activities or interventions which presuppose some kind of specialism and proof of the professionalism of the chaplain. But would all of this reflect a military chaplain's working day completely? How can we account for the time that a chaplain doesn't 'do' anything, but is just drinking coffee or a beer with the service members, walking around in the barracks or during an exercise and chitchatting with the service members? What about deployment and joining the service members on a patrol or sitting next to them

on an observation post? What about marching with the soldiers or just waiting for them to return?

The Dutch social scientist, philosopher, and theologian Andries Baart offers an approach that illuminates this *being*. Baart did research in the Netherlands on the practices of pastoral caregivers who work with people who suffer from poverty and social exclusion and, based on this research, he developed a *theory of presence* (Baart 2001). His theory can help clarify what a ministry of presence means for a military chaplain and what the meaning of seemingly meaningless activities might be. In this theory, 'presence' is understood as a *being-for* based on and, in a subtle way, springing from a *being-with*. This *being-with* is based on a fundamental co-human solidarity that exists when one joins the other in their fate and circumstances. That is exactly what embedded military chaplains do when they join the armed forces: Being with the service members, going where they go, living how they live, suffering what they suffer, and – in some cases – even falling as they fall. This *being-with* is unconditional, meaning that it ultimately does not depend on bureaucratic or religious rules which justify or demand this *being-there* (Baart 2001: 751).

This unconditional *being-with* constitutes the relationship between service members and chaplain. This relation is the soul and shapes the form of the chaplain's *practices in which this being-with transforms into a being-for*. From the perspective of this transformation, the doing and the letting (!) of the chaplains become meaningful. A further view from the Netherlands and the Dutch armed forces provides at least three fundamental principles of the theory of presence:

The first is being free. A chaplain is free to focus on the military member as a co-human, to free themselves from their own office and agenda and meet the military members where they are. This freedom also means freedom from the procedures of the military organization in order to be able to have free access to all military personnel, from the bravest private to the highest general. The needs of the group or the military organization or operation have to be taken into account but, for the chaplain, they are secondary. This is a paradoxical situation because to be able to operate freely in this way, the chaplain has to be firmly embedded in the military organization. They belong to the unit but as civilians, not as part of the chain of command or under military law. They are not in a position to give military commands, neither can they be commanded by a superior military officer. Dutch chaplains stand, so to speak, with one leg in the military organization and one leg in civilian society that includes their endorsing (religious) institution.

Freedom means freedom not only from the internal rules, regulations, and procedures of the military, but also from the constraints of their endorsing institutions. On the one hand, chaplains do represent their (religious) tradition and institutes. But, on the other hand, they fulfil their (religious) office in a non- or multi-religious context, which requires that they be free from the internal rules and regulations of their faith community and, even, their own personal beliefs and convictions.

Openness is of paramount importance for this 'presential' freedom. A chaplain can and must be open-minded (free) and receptive to what is meaningful for the other. And a chaplain must be able to work with an open agenda, free from internal and external pressure and attentive to what pops up. A military chaplain is constantly *crossing borders* between planning and actuality, borders of status and rank, individual and group or organization, and of culture and religion in order to be present *for* all service members.

The second principle is relation. This is the turning point in a chaplain's practice where they turn to the other and establishes connections, display their solidarity, actually gets involved in the life of the other, and commit themselves to the well-being of the other. This relationship has value in and of itself and does not derive its meaning from something else that might grow out of that relationship. But this relationship can only be established when the other allows it. The chaplain is present as a *guest* in the life of others. Spiritual care is rooted in relationship. It comes into being within the framework of the relationship, which is qualified by loyalty, faithfulness, and vulnerability. So all those times spent with the military members – the shared coffee, the chitchat, joining a patrol or a march, and all those other 'superficial' activities – are threads of the fabric of spiritual care and belong to the core business of the chaplain. In all those activities and encounters, spiritual care grows. If a chaplain is absent in the common life of the unit and they appear only when there is a problem, they will remain an outsider and will be treated as such. In a 'presential' approach, chaplaincy therefore is not problem-orientated but person-orientated regardless of rank or role.

The third principle is change of perspective. In a highly secularized, multi-cultural, and multi-religious context such as the Netherlands, the perspective of the chaplain cannot be leading or exclusive, particularly as there is only one chaplain embedded in a military unit. For a chaplain, the perspective of the other *should be* leading – what they see or believe to be the meaning or sense of life, its logic, and coherence. Providing spiritual care in this multi-religious and multi-cultural context requires a willingness to cross borders and shift from the chaplain's own religious perspective to the perspective of the other. Not to abandon or to deny those beliefs, but to be able to be open to the perspective of the other and to dwell with the other in his territory, unconditionally, and in mutual respect. This mutual respect presupposes that the chaplain still has personal convictions and beliefs – and holds on to their faith and values even when they leave their safe and comfortable home territory to dwell, to be, and to live with the other in their world, sharing their fate, however uncomfortable it may be. In this change of perspective, the chaplain fundamentally and fully respects and acknowledges the human dignity of the other.

From a Christian theological view, I would say that a 'theory of presence' reflects the core values of the kingdom of God as seen in the life and teachings of Jesus. From his birth (incarnation) to his suffering. In his two-way crossing the border between death and resurrection. And when He is presented by the prophet Isaiah as 'Immanuel'

and 'Servant of the Lord.' Thus the theory of presence, reflected in many forms of chaplaincy, makes visible what is not always high valued. A 'presential' approach makes visible as special and valuable those who are often not seen and easily excluded. Similarly, it also provides an alternative view of a chaplain's daily practices, a view that gives the sometimes vague and ambiguous phrase 'ministry of presence' more colour and texture.

A history of U.S. military chaplaincy: An emerging ministry of presence

Depending on who is asked, there are different answers to the question of when the U.S. military chaplaincy began. Ensconced in this discussion is the military chaplaincy's search for credibility. To identify a thorough historical precedence for chaplaincy solidifies its place within the military ecosystem. In other words, historical precedence lends a sense of legitimacy and *rightful place* within a military context. If we broaden our search, we can find ancient evidence for the place of religion in battle. The Hebrew Scriptures recount how priests joined the troops in battle. One such example is found in Deuteronomy 20:2-4, which states (NRSV):

> Before you engage in battle, the priest shall come forward and speak to the troops, and shall say to them: "Hear, O Israel! Today you are drawing near to do battle against your enemies. Do not lose heart, or be afraid, or panic, or be in dread of them; for it is the LORD your God who goes with you, to fight for you against your enemies, to give you victory."

Many historians, though, link the military chaplaincy to the Roman military, as Roman priests sacrificed animals in ritual preparation for battle. There are critiques of this historical thread, however. It is difficult to compare a chaplain who is assigned to a unit with a Roman priest being tasked to perform state cultic rituals. Further, the first use of the term *chaplain* dates to around 800 CE. Therefore, for the Roman imperial period of 27 BCE to 500 CE, one has to broaden the understanding of *chaplain* and focus more on presence and functions. Yes, spirituality was an important aspect of the military structure, but records of a priest serving alongside Roman troops are "sparse and sporadic at best" (Mathisen 2004: 39). In place of a priest, Roman generals – representing the state cult – presided over the ritualistic aspects of the military.

If one's historical analysis focuses on the term *chaplain*, then one is better situated to answer the historical question. Legend has it that Martin of Tours, a Roman soldier, stumbled upon a beggar shivering in the cold. Moved with compassion, Martin cut his cloak in half and gave it to the beggar. Later that evening, Martin had a vision of Jesus Christ wearing the cloak, which compelled Martin to convert to Christianity and devote his life to the church. His cloak, now considered a holy relic, was carried into battle. In Latin, a cloak is a 'cappa,' and the shrine in which it travelled was a 'cappellanus.' Later, the clergy who served in military roles were called 'capellini,' which is where we get our English word *chaplain*. Besides this etymological connection to the word *chaplain*, two preliminary functions of chaplains can be found in the fourth

century. According to Doris Bergen (2004: 6), these were the absolution of sin and a "repeatable penance [that] made it necessary for soldiers to confess their sins before each battle." Thus, a chaplain was present with the Roman troops.

Returning to the United States context, let us look at the early development of military chaplaincy. The ministry of presence of a chaplain alongside soldiers can be found in early colonial United States. Chaplains were present alongside their neighbours, simultaneously fighting and providing spiritual care and support. Local militias took their chaplains with them into battle. The minister was more than just another soldier, though. The minister was held in high esteem within the community as an authority figure and military strategist. Interestingly, in some regiments, few military operations took place before securing a minister to provide counsel, strategy, and motivation. This extraordinary role is best exemplified by Reverend Samuel Stone of Hartford, Connecticut. When Stone's unit was at a tactical standstill and unsure of how to proceed, Stone was asked to provide input. Only after spending time in solitude and prayer would Stone provide his strategic analysis.

During roughly this same time period, between 1689 and 1763, some semblances of a modern military chaplaincy existed. In role and function, the chaplain provided religious services, held prayer services, and visited the sick and wounded. The chaplain was present, on the battlefield, living a similar lifestyle to the service members. Moving forward a bit, an important development took place on July 29, 1775, when General George Washington lobbied the U.S. Continental Congress to pay chaplains the same sum of twenty dollars that judge advocates received. A salary afforded legitimacy to the role of the chaplain so July 29, 1775, is considered the birth date of the U.S. Army chaplaincy. Nearly a year later, General Washington ordered each regiment to staff their own chaplain. Another aspect that developed during this time frame was the addition of various duties. Created in part as a way to keep chaplains busy, the additional duties of schoolmaster and librarian – with some even providing soldiers with legal advice – were added to the traditional clergy roles. Thematically this is important because, with no central bureaucratic administration responsible for the chaplains, their undefined role led to others filling the chaplains' time.

One milestone from the late-nineteenth century was the expansion of the religious regulations and specifications for service. Prior to President Abraham Lincoln's order in 1861, only Christians were allowed (by military order) to serve as chaplains as it was assumed that "all U.S. military personnel (and, indeed, all U.S. citizens) would be Christians who need the solace of their faith in martial contexts" (Waggoner 2014: 705). The Board of Delegates of American Israelites pressured President Lincoln to make provisions for Jewish service members and Lincoln obliged by expanding the designation for qualifications from "a Christian denomination" to "some religious denomination" (Bergen 2004: 13). Starting in 1861, chaplains of Protestant, Catholic, and Jewish backgrounds now held the office of chaplain and expanding the discourse beyond a Christocentric perspective; the military had begun to recognize the possibilities for interreligious discourse. Another milestone of note, before moving into the twentieth century, is that in 1882 the United States signed the Geneva Convention,

which officially designated chaplains as non-combatants. Due to brevity and remaining tethered to my concerns, I will move to the Great War.

With the advent of World War I, the United States military chaplaincy continued to have a role of 'priestly' responsibility that upheld a ministry of presence mentality. Chaplains were often seen at first aid stations providing care to the sick, dying, and deceased. The chaplain was with the unit wherever it went. During World War I, the chaplaincy became more professionalized as an institution and less likely to have rogue chaplains operating outside the control of those in higher echelons. This is in contrast to the nineteenth century, during which the chaplain was able to operate freely – without an identified chain of command – either from the military or ecclesial. Neither side completely understood what the duties of the chaplain entailed.

To overturn this ambiguous relationship to a chain of command, it was a logical move for the army to establish a school to train and certify chaplains as recognized professionals. So, in 1920, the chaplaincy was recognized as an organized branch with a chief of chaplains. The importance of this cannot be overstated in how it applies to this present discussion. In 1923, soon after the chaplaincy branch was recognized, historical records show how the chief of chaplains pushed for legitimacy. The first chief of chaplains, John Thomas Axton, enacted Army Regulation 60-5 which stated that chaplains could not be tasked with duties outside of their profession as religious leaders. Chaplains were now protected via regulation against the aforementioned superfluous extra duties and could focus instead on providing religious support. In 1926, Axton ensured that chaplains would wear rank insignia on their uniforms.[3]

The debate around rank is not a minor grievance in U.S. military discourse. To be in the military is to be in an environment fuelled by rank and its hierarchy. Theologian Ed Waggoner addresses the sartorial implications of uniforms. The uniform encodes the minister not as a civilian clergyperson but rather as a military officer first and a chaplain second. Waggoner (2019: 713) asserts that "the symbolic transfer conveys the truth that it is not the civilian endorser but the military that selects, commissions, evaluates, commands, and decides promotions." Therefore, what is encoded through the wearing of a military uniform? At some level, the uniform communicates a support for military activity. Waggoner agrees and notes the dialectic role of the uniform at the level of decoding. The military 'certifies' a chaplain as a representative, and "chaplains agree to adhere to the military's norms, role expectations, and design of their evaluated skill set" (Waggoner 2019: 713). This brief excursus is important for critical reasons beyond what the fabric represents: Namely, at a critically theological level, what does the chaplain stand for? With whom does the chaplain's loyalty reside? Does the uniform disavow a chaplain's ability to speak prophetically? Does the

[3] Chaplain Axton's push for rank legitimacy was not without critique. To take only one – yet high-profile, example – US General John Pershing, commander of the American Expeditionary Forces in World War I, argued: "The work of chaplains would be facilitated if they were not given military rank. … Many of our principal ministers believe that their relations would be closer if they did not have military titles and did not wear insignia" (Stover 1977: 205).

uniform necessitate the chaplain serving as an enabler of military power?[4] These are not easy questions and there are no easy answers but, as some of these issues will be discussed in the next section, I will leave it at this for now.

'Ministry of presence' continued to be an apt descriptor for the chaplaincy during World War II. Over 8,000 chaplains served alongside service members in each theatre of conflict. This level of presence came at a cost, however, as the chaplaincy had the third "highest percentage of casualties behind the infantry and the Air Corps" (US Army Chaplain Center and School 1998: 32). At this point, I want to pause this historical look at the chaplaincy since the wars of the second half of the twentieth century and those after 9/11 exemplify a transition from chaplains serving in almost purely pastoral roles with no real tactical responsibility to a chaplaincy with the capacity to advise a commander as a religious staff officer on how religion might impact their area of operations (AO). These developments also place interreligious discourse more at the forefront of the discussion. Is there potential for peacemaking? Perhaps on the micro level: Are there opportunities for healing?

Tactical ministry and the 'Military-Spiritual Complex'[5]

It is important to think about the role of the chaplain and the methods chaplains use as one sees the paradigm shifting in the American military from a purely pastoral model to a tactical understanding of how religion impacts the battlefield. Inherent in this evolution is the capability of a chaplain to be both a religious leader and a competent military staff officer. The role of the competent staff officer is in direct opposition to what the chaplaincy previously represented. The perception among the officer corps continued to return to the topic of legitimacy – what does the chaplain do with the rest of their time outside of Sunday morning? A competent staff officer, by contrast, is able to decipher how religion impacts a commander's mission and is then situated to update the commander on better courses of action. Some of this is a repackaged question of legitimacy, but this time it is from the perspective of the various chaplaincies. Chaplains sought a place at the table and, through the role of advising, their duties evolved to include a functionally tactical role in military operations.

This is not meant to diminish the pastoral care role of the chaplain, as this is the fundamental capability or competency of the chaplaincy. Without methods or functions of care, the chaplain is just another line officer. At a pastoral level, within the U.S. Army chaplaincy, the chaplain is required to perform or provide religious support to assigned military personnel. Within this simple description is the methodology of a ministry of presence: The chaplain either accomplishes the religious support (i.e.,

[4] Christian ethicist and military chaplain Adam Tietje (2020) argues that chaplains should return to World War I era commitments of not wearing rank. A chaplain's allegiances between church *and* state have the unintended consequences of potentially obfuscating commitments to either and, thus, truly serving neither.

[5] This helpful phrase is the title of a chapter in Ronit Y. Stahl (2017).

performs the rite or ministry) or the chaplain locates an individual who can (i.e., provides another chaplain). The point of this methodology is to ensure that every service member is afforded an opportunity to worship however they deem fit. This right is protected in the Free Exercise Clause of the First Amendment to the United States Constitution: "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof."

Yet in the operating environment of the post-9/11 Global War on Terrorism, chaplains' methodologies have evolved. A chaplain is officially tasked to 'provide' and 'advise.'[6] 'Provide' and 'advise' are the two required capabilities of the U.S. Army Chaplain Corps. This is achieved through 'nurturing the living,' 'caring for the wounded,' and 'honouring the dead.' The methods of providing are merely the conflation of the former methods of 'perform' and 'provide.' However, the role of the chaplain has now evolved into a religious advisory role, and this is where an acute conceptualization of interreligious customs, doctrines, values, history, and cultural implications become paramount in creating any semblances of peace.

In the wars in Iraq and Afghanistan especially (with precedence set in the Balkans), the military has discovered what many religious leaders and scholars of religion already knew – these wars have religious overtones. Not only are they religious, but these wars are also asymmetrical. In contrast to a symmetrical war, which is a traditional conflict between states of roughly equal personnel strength and weapons capabilities, an asymmetrical war is fought unconventionally – without traditional nation-state backing – and it is fought on multimodal platforms in what Canadian chaplain Steve Moore (2013: 5-6) helpfully dissects as 'intrastate' warfare. To elaborate, the Islamic State in Iraq and Syria (ISIS, ISIL, or IS) is able to recruit from outside the Levant region because they are not a bounded state (although they seek to establish an Islamic caliphate in the Levant region). Individuals are able to pledge allegiance to ISIS without being in Iraq or Syria. This means that when terrorist attacks happen across the world – away from the Levant – ISIS is able to claim responsibility. This is asymmetrical warfare.

As current global conflicts are almost entirely asymmetrical with religious overtones, the military began requiring chaplains to develop methods that commanders could use at the tactical level to influence combat operations. It is precisely at the tactical level that battalion-level chaplains are confronting these 'religious wars' directly. Advising, as a function of chaplains, can be implemented internally or externally. At the internal level, advising requires a chaplain to understand how religion, morals, morale, and ethics could impact operations. At the external level, advising is concerned with how an aspect outside of the commander's sphere of influence might impact that unit's mission.

All of this is not accepted without critique and caution, especially within a book that is committed to interreligious discourse with peace as the teleological hope. So, what does it mean for the chaplaincy to now be an integrated asset in full-spectrum

[6] Among other places, this is outlined in ATP 1-05.01 (US Department of the Army 2014).

military operations? Waggoner (2019) goes to great lengths in textual criticism of Pentagon documents to show how the chaplain has become operationalized as a national security interest. This should be concerning to chaplains. Chaplains now "help the military to control the outcome of its operations" (2019: 707). How, then, do chaplains advise? Can their same interreligious ideals, such as peace, maintained? Or is the chaplain now considering the reach of the hegemonic power of the United States? An exploration of external and internal advisement is warranted.

External advisement

External advisement explores how religion and social class impact a community of believers where the military is involved. At the external level, chaplains are asked to research and produce a religious area analysis (RAA) of an identified area of operation (AO). The RAA deconstructs a region and reconstructs a narrative of the area that unpacks the multivalent impact of religion. In this task of providing care and grasping "something of the meaning and reality of the faith perspective, chaplains are more apt to appreciate how the belief system of the grassroots person may color their response to given mission initiatives, plans of action, troop movements, etc." (Moore 2013: 106). This may be something as common sense as military convoys avoiding patrolling a mosque or not drinking water in front of Muslims during Ramadan.

Early forms of an RAA took place during the U.S. military's activities in Bosnia. The cataclysmic events in Bosnia were the outcome of political and religious upheaval. This conflict, though, was more than Christian factions fighting against Muslim factions. Chaplain Jane Horton, for example, utilized critical thinking, research, and understanding of the region to advise her commander that religion was being used as a propaganda tool for Serbian Slobodan Milosevic's cause. Through analysis, Horton understood that "Milosevic and his followers had never been religious people," and she "showed religious issues were becoming a propaganda tool to incite nationalistic and pietistic fervor among a people who had mostly been irreligious for almost 70 years of communist rule" (Lawson 2006: 124).

Chaplain Horton exemplifies an emergence of the chaplain as a professional religious advisor tasked with understanding how religion impacts missions. Advisement, and the role and function of the military chaplain in a post-9/11 operating environment, are not without cautionary critique. What is different between advising the commander on religion and providing intelligence on targets? Are chaplains endangering their non-combatant status per the Geneva Convention by providing religious advisement? There is also a concern that not every chaplain is qualified to assess the historical nuances of and rigorously analyse how religion impacts an area. Advising is infinitely more challenging than listing statistics of religious preferences in an area. The challenge is to learn to think like a commander and conceptualize how religion, and the local populace's use of religion, might impact missions. This is a practical theological task that not every chaplain is interested in carrying out.

Another concern implicit within advisement is what happens when a chaplain is required to participate in a Religious Leader Engagement (RLE) or a Key Leader

Engagement (KLE) with local religious leaders? An RLE is precisely what it sounds like: "Help the military shape the perceptions of key individuals who wield influence and make decisions that affect their communities or countries" (Waggoner 2019: 109). These engagements are an opportunity to build rapport and, ideally, to work toward peace. The question that remains, though, is what happens to the information that is gained in those engagements? Is it actionable intelligence that can be used for operations? If it is, is the chaplain liable to the International Humanitarian Law (IHL) within the Geneva Convention for compromising the non-combatant status? Yes, it is about *intent* as the chaplain is gathering information and not compiling intelligence, but the concern comes when a chaplain's information is used as intelligence. A chaplain is "seen to possess the potential of *influencing* indigenous religious leaders via their common ground as spiritual leaders of faith group communities – a facility that others lack" (Moore 2013: 243). If a chaplain is not self-reflective and aware of how they are being used, the chaplain's role could be compromised. I hope it is clear that these are not easy questions with easy answers. Let us shift and focus briefly on internal advisement.

Internal advisement

The essential task of internal advisement is informing a commander about how their personnel are being affected by the mission. This is absolutely a chaplain's role; it is essentially asking the chaplain to report on the morale of the service members. There is a tension, however, as Waggoner shows (2014: 717); this role of 'moral calibration' has the potential of being cloaked within a chaplain's 'soft power.' A chaplain is asked to counsel service members on the effects of killing. This is a good thing. Chaplains, as the only people in the military ecosystem who hold complete confidentiality of privileged communications, can grasp the psycho-spiritual issues that are prevalent in combat. The tension arises, however, in that chaplains need to know – when they are asked about the morale of service members – whether the question is coming from a place of assessing combat strength or from a genuine concern for the persons? Adding to this, Waggoner states (2014: 718) that chaplains "as a multiplier of force … speak martially, patriotically, and divinely all at once." Clearly, then, the role of a religious advisor is a complex position. It has the potential to provide opportunities for 'bridge building' in wars that are driven by religious difference (Moore 2013: 243). A chaplain's role and competence can now be truly considered a 'force multiplier' or a 'combat multiplier,' in contemporary military parlance. As a way of concluding, though, I want to return to interreligious discourse.

An ecosystem of pluralism for whom?

One of the most important aspects of a military chaplain's job is that they serve within a pluralistic environment. Every U.S. Army chaplain signs a standardized application letter affirming the following:

> While remaining faithful to my denominational beliefs and practices, I understand that, as a chaplain, I must be sensitive to religious pluralism and will provide for the free exercise of religion by military personnel, their families, and other authorized personnel served by the Army. I further understand that, while the Army places a high value on the rights of its members to observe the tenets of their respective religions, accommodation is based on military need and cannot be guaranteed at all times and in all places.

The chaplain is expected to serve the service members assigned to them, not only by military regulations but also, hopefully, from their own commitment to be 'present' for anyone within their care. Pastoral theologian Kristen Leslie (2008: 92) reminds chaplains that we are "pastor to some, chaplain to all." This is more than a footnote in the evolution of the American chaplaincy, however, as this is an issue that reached Capitol Hill and brought into question the meaning of the First Amendment.

In 1979, two Harvard law students, Joel Katcoff and Allen M. Wieder, filed a civil lawsuit against the Department of Defense stating that the U.S. Army chaplaincy violates the Establishment Clause of the U.S. Constitution. Their argument further stated that service members' right to free exercise of their religion should protect them from a state-established religion and that civilian clergy could provide religious support. *Katcoff v. Marsh* was in litigation for six years. Finally, in January 1985, the Second Circuit Court affirmed the constitutionality of the chaplaincy. They noted that a primary function of the military chaplain was to "engage in activities designed to meet the religious needs of a pluralistic military community" (Loveland 2014: 169). Therefore, the Establishment Clause is what simultaneously makes the chaplaincy constitutional and unconstitutional. Chaplains perform or provide for religious support for service members, which protects their right to practice their religion. Without that provision of care, the chaplain is merely establishing religion within the state. I want to leave this legal discussion for a moment and unpack Evangelical chaplain, professor, and author John Laing's frustrations with pluralism.

Laing's book, *In Jesus' Name: Evangelicals and Military Chaplaincy* (2010), offers fascinating insights into how some Evangelical chaplains operationalize the role of chaplain. His section on pluralism is found within the chapter titled "Perform or Provide." Laing parses pluralism in helpful ways, but he lands on a view of pluralism that is untenable for him because it ontologically holds every religion as equal. In response, he states (2010: 166), "The very truth of the Gospel seems to be [at stake]." With respect to a chaplain's role in providing advisement, Laing is concerned that winning the 'hearts and minds' of local populations comes at too great a cost for Evangelical chaplains and that by "fostering good relations with local religious leaders, particularly those from a non-Christian tradition, chaplains may send a message that all religions are the same, and this could confuse some soldiers who may be moving toward a faith commitment to Christ" (2010: 219). Throughout Laing's book, the 'relativity' of postmodernism and pluralism is derided as untenable and incompatible with Evangelicals' understanding of the gospel of Jesus Christ. Laing's understanding of evangelism within a pluralistic context is of note. He views the Evangelical credo to 'lead souls to peace with God' as the bottom line for Evangelical ministry, and to fail

at this means "the chaplain may find that he has contributed little to the kingdom of God" (2010: 187).

What concerns me is his reticence to acknowledge the implicit spiritual abuse that a chaplain, as a commissioned officer, can perpetrate. Leslie points out (2008: 88) that a "call to evangelize can be understood as a direct order from a superior officer." As discussed earlier, there is privilege and power in rank, as there is tremendous power in religion; mixed together, they can definitely lead to oppression and spiritual abuse. A chaplain more concerned with their 'right' to pray in Jesus's name than to be present for all further marginalizes service members who are already inherently aware of the hegemonic power of Christianity.

By understanding the intersecting matrices of power and oppression through a historical lens, a chaplain can dissect what is actually going on in discussions about religious liberty within the military. While it is about the free exercise of religion for many, the religious cohort of conservative and Evangelical Christians who received considerable power during the Reagan administration is not willing to allow its hegemonic power to be taken away so that religious minorities can have their freedom.[7] But it is precisely because of the American right to religious liberty that a chaplain must build alliances and form coalitions to protect and provide for the religious freedoms of every service member. Kathleen Greider (2018: 107) reminds chaplains that one's care is "offered amid direct, daily experience of plurality in religious location." In other words, plurality is in the air chaplains breathe.

A ministry of presence and the plurality and religious liberty guaranteed by the First Amendment and military regulations are two aspects of a cohesive but multifaceted approach to military chaplaincy. One sees that chaplains have been valued for their spiritual presence and ministry to all denominations (or none) throughout much of their history in the U.S. military. One also sees that the rising influence of Evangelical Christianity and a post 9/11 approach to warfare have drastically changed the role (or the perceived role) of a military chaplain. The call for all chaplains then becomes which aspects of their ever-evolving role to embrace, which to question, which to reject and how to do it while offering care to all within their charge.

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[7] The rise of more conservative and evangelical chaplains can actually find more resonance in the Vietnam War era as some mainline Protestant denominations began to withdraw their endorsements due to ethical concerns with the war.

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Chapter 21

Care and Counselling with Police Officials in an Intercultural and Interreligious Context: South Africa

Itumeleng Julius Pudule
South Africa

Introduction

My foundational experience of interfaith encounters started during my theological formation at University of the Western Cape. This experience became the basis for an inclusive approach to diversities of faith in my ministry later. It also laid the foundation for my response to my calling as minister and chaplain in an ecumenical setting and my openness to people of other faiths.

I have been employed as a chaplain by the South African Police Service for the past 18 years in the sub-component called Employee Health and Wellness,[1] sub-section Spiritual Services. When I joined the police chaplaincy, I was a minister in the United Congregational Church doing ministry with Christian members from black South African communities although in a multicultural context. However, joining the police chaplaincy was a life-changing experience. I had now ventured into uncharted and unconventional territory, given my previous religious and cultural experience. Being part of the South African police service, with members from different socio-cultural and religious backgrounds, I could no longer take for granted that all members shared the same beliefs or faith.

I not only had to deal with varieties of experiences, backgrounds, cultures, and faiths, but I was also called to respond to these differences which events were in a state of flux and change through various interactions and influences. I was baffled by many questions: "How do I relate to or do pastoral counselling with Muslims or Hindus?" "What do I do when faced with Muslim or Hindu members who are in a critical care in a hospital?" Moreover, not only did I have to contend with the question of multiple faiths and cultures, I also experienced the challenge of a multi-disciplinary context with other professions. These were some of the critical questions that I faced as a Christian counsellor – immense challenges in a multi-religious, multi-cultural, multi-professional, and multi-racial context.

[1] Employee Health and Wellness is a unit in the SAPS that offers integrated health and wellness services to members, and is comprised of Spiritual Services, Psychological Services, Social Work Services, and Quality of Work Life sections.

Health and wellness in the South African Police Service (SAPS)

After joining the South African Police Service (SAPS) as a chaplain, I recognized that they regard human capital shortfalls as a significant threat to the institution's ability to achieve its mission and vision. Given the operational nature of policing services and the demanding conditions under which the services are provided, the SAPS acknowledges its responsibility to invest in the health and well-being of its employees. The Employee Health and Wellness (EHW) unit is a practical way of demonstrating the South African Police commitment to its employees and their immediate families.

The EHW unit has a multi-disciplinary approach towards care, counselling, and healing. The different disciplines, which include chaplains, social workers and psychologists, work in an integrated manner but each functions within their scope of practice to holistically promote the health and wellness of the police force. This is the model which Emmanuel Lartey (2015) emphasized with the concept of counselling the whole community: The pastoral counsellor does not work in isolation but respectfully engages the expertise of and practice of other health care professionals. The aim of this approach is to help people find internal and inter-personal wholeness.

Employee Health and Wellness is a means by which the South African Police Service aims to promote and maintain the highest degree of physical, mental, spiritual, emotional, and social well-being of employees in all occupations. It entails the prevention of illness caused by working conditions, the prevention of deviant behaviour, the protection of employees from occupational hazards and risks, and the placement and maintenance of employees in occupational environments adapted to optimal physiological and psychological capabilities. This approach believes that there are many facets to an individual, and every person must be equipped physically, socially, psychologically, and spiritually to be a complete human being. It is only when members of the South African Police Services are able to function as complete human beings that they can be happy and productive in their respective work environments.

Challenges to policing in South Africa

Being a police officer is one of the most dangerous and demanding occupations, wherein the operational demands and circumstances under which the profession is carried out predispose officers to a myriad of health and occupational risks. Within the South African context, the police officer faces operational risks (violent and aggressive crimes, handling of gruesome scenes, violent protests), occupational health risks (continuous and accidental exposure to diseases and injuries), personal issues (financial, relationship, and spiritual dilemmas), external risk factors (negative public perception and media pressure), and physiological risks (TB, HIV/AIDS and STI, lifestyle diseases, and mental health illnesses).

The well-being of police officers cannot be disconnected from the broader environment in which they operate. A police service works best when its agents feel safe enough to do their job, so adequate protection of police officers must be of central

importance to any functional police service. Stress and trauma experienced by police officers in their line of duty also have a negative impact on their health and well-being; therefore, the care of their socio-psychological and spiritual well-being is imperative to allow them to perform their duties efficiently.

One of the challenges the police officers have faced recently is xenophobic attacks marred by community protests. These involved violent attacks that had a serious impact on SAPS members who policed the protests. In many instances, SAPS members were deployed for long periods of time at violent protests and had to deal with the trauma experienced by victims of that violence. During their deployment, they were exposed to horrific incidents where community members and foreigners were violently killed by other members in the communities. In other incidents, these communities attacked them as the police were seen to be protecting foreigners. Some members of the SAPS come from traumatic backgrounds and are now being exposed to secondary trauma.

At times, officers supress their emotions as a coping mechanism. There is a misconception amongst police officers that they are supposed to be tough and resilient to everything, including the violent and traumatic aspects of their jobs, and they forget that they are also human. This 'tigers don't cry' attitude often comes with severe costs and consequences for many police officers.

SAPS members often have left their families behind and are alone when faced with physical, emotional, and social trauma. Their inner drive to protect and serve makes them neglect their personal well-being while also making it difficult to return home and become caring father and mothers.

Other incidents that require police intervention are when families have to be separated due to deportation, i.e., xenophobia which results in families being uprooted from the communities where they have been living. It then becomes quite difficult for the officers because it often involves minors. The trauma experienced by the police thus becomes more complex; they must both protect the victims and calm down the perpetrators, which can also lead to long working hours with very few or no breaks until the next shift takes over.

Chaplaincy service in the SAPS

The concept of chaplaincy has been in existence since the Reformation (1517), but only came into existence in the South African Police Service around 1952. The situation in our country became difficult during the 1960s, and political violence, *inter alia*, motivated the SAPS to employ chaplains to give moral and spiritual support to its members. During this period, chaplaincy was exclusively a White-dominated field; during Apartheid, provision was not made for different cultural and religious groups to be spiritually cared for by the chaplaincy. However, some Black African chaplains were later recruited, especially in the early 90s with the dawn of the democratic era. Provisions for cultural freedom and the prohibition of unfair discrimination on the

grounds of culture are entrenched in the Constitution of the Republic of South African Republic of 1996 (s14(1) of Act 200 of 1993m s15(1) / Act 108 of 1996m s9(4)/ and of /Act 108 of 1996). This provision of cultural freedom suggests that all cultural groups are equal before the law.

This equal recognition of all cultural service members in the workplace posed a challenge for the chaplaincy, however, in the sense that they were expected to address and minister to the needs of other cultural and religious groupings on an equal basis with Christianity. Therefore, the Spiritual Services section of the SAPS had to include the Christian ministers, Muslim priests, and Hindu priests. There is now a representation from different religions and denominations, all of whom are responsible for the spiritual empowerment of SAPS employees. As a Christian chaplain, you have to minister the word of God in the specialized environment of the transformed police service, keeping in mind the freedom of religion or faith of every employee. The chaplain now serves and cares for every employee, irrespective of faith, culture, or race.

To be inclusive of different beliefs, the South African Police Service also had to find a balance in accommodating employees' different religious needs. Such a challenge requires great sensitivity. The SAPS, as guided by the constitution of the country, must be sensitive to employees' desire for privacy with respect to religious expression and avoid the imposition of religious beliefs of some into the lives of others. The chaplain, as a religious leader, plays a vital role in this demanding context by working to change the status quo and bring about harmony among the diverse workforces. As a chaplaincy, we are running a programme on religious tolerance as a way of encouraging tolerance amongst employees of different faiths, which in turn sustains productivity and teamwork. In this way, the chaplain ensures that the basic ethical values of respect for human beings, for life and death, for authority, for marriage, for truth and respect, and for right and righteousness are observed by employees of the police when executing their duties.

Role of a chaplain in a policing context

In executing their responsibilities, the chaplains are guided by certain principles:

- Confidentiality,
- Accessibility and availability,
- Flexibility and adaptability,
- Integrity and honesty,
- Human dignity and respect,
- Consultation,
- Voluntary participation,
- Professionalism, and
- Service excellence

The role of the chaplain in the SAPS is to give spiritual support to employees in the work situation regardless of their religion. These services have to ensure that members are spiritually cared for by executing a ministry that promotes spiritual growth and sustains an ethos of high morality and ethical credibility, notwithstanding the fact that

these SAPS members are also members of various churches and religions. The SAPS chaplain does not take over the role of local ministers and religious leaders but is an extension of the ministry of the churches and other houses of worship in an ecumenical sense.

A chaplain's pastoral care and counselling in this culturally and religiously diverse setting is a distinctive way of walking with police officers – individually, as couples, as family members, or in small groups – in the face of their challenges and life struggles. The pastoral journey is aimed at developing the person's moral and spiritual growth in the face of crisis, conflict, trauma, disorientation, decision making, suffering, and loss. Expanding on this, for interfaith and interreligious pastoral practices to be effective within the police workplace context, the chaplain needs to:

- Become familiar with key religious holidays of all faiths that may require observances of spiritual disciplines, such as fasting, changing diets, meditation, prayer, or other practices that may affect employees during working hours.
- Allow for structured settings to permit employees to learn about the different religious practices of their fellow employees. This process is aimed at educating members to be sensitive to the beliefs of others and to avoid stereotyping.
- Incorporate religious diversity into existing diversity training to promote understanding and ease religious tensions in the workplace.
- Solicit (seek) feedback from the members of different faiths, to ensure they are perceived as equitable (equivalent) and treated justly.

Chaplain as a servant: A spiritual and religious perspective

A Christian chaplain is one who sees themselves as under the authority of God and a servant to the members of the organization for whom he or she is assigned to care. The chaplain's ministry has a theological foundation and the services performed are scriptural, aiding in the understanding of why a chaplain is willing to work in such an environment (Moosbrugger and Petterson 2008). The chaplain in the police force has to take the good news to the front line where others refuse to walk. The chaplain is called to bear others burdens even in difficult situations (Galatians 6:2).

The image of a servant embodies the relationship between the chaplain and the police officer and her/his spouse and family. This servanthood means a chaplain renders assistance by performing certain duties that are often of a humble or menial nature. Furthermore, this kind of servanthood is about the realization of what is called in the New Testament *diakonia* (Greek: 'service'), literally meaning an office or ministry in the Christian community viewed as the labourer or a servant to others. In John 13:1-17, Jesus Christ has exemplified this kind of service. Jesus served all humanity and never discriminated against any person. Therefore, a chaplain as a servant must render spiritual care and counselling indiscriminately beyond culture and religion. In order for a chaplain to be effective in ministry in the organization as a servant, he or she must be available, visible, adaptable, and credible to all members the chaplain serves, regardless of religious or cultural differences.

This servant challenge can sometimes be very difficult. Allow me to share from my own experience as a police chaplain. One night I was called out to a crisis in which the police officer had a conflict with his spouse. However, as a servant who can be called anytime, I drove to the house of the member, knocked at the door and, to my surprise, was welcomed with a firearm to my head by the police officer. He held his wife and I hostage for almost six hours. I was unable to contact anyone and had to just manage the situation from within the house, allowing the officer to be in control until he got back to his senses. It needed a hostage negotiator's skills to deal with this kind of situation, a situation that was even more difficult as substance abuse was involved.

This hostage situation reminded me of the biblical text in Matthew 5:39-41 that says: "But I tell you do not resist an evil person. If anyone slaps you on the right cheek, turn to them the other cheek also. And if anyone wants to sue you and take your shirt, hand over your coat as well. If anyone forces you to go one mile, go with them two miles." I had to try to be sympathetic and understanding of everything the troubled member was demanding in order to make him feel good and in control, which was a way of helping him manage his anger. He was able to release us after those six agonizing hours when the effects of the drugs and alcohol began to lessen but feeling the shame of holding a servant of God hostage.

Ministering to a stranger (the strange and foreign other)

Ministering to a person who is not a Christian – a Muslim, Jew, Buddhist, or Hindu – is like ministering to a stranger from a pastoral point of view. It is like stepping into the unknown, away from the safe and comfortable zone. The stranger in this case symbolizes faith (Schipani and Bueckert 2009). "For faith is the assurance of things hoped for, the conviction of things not seen" (Hebrews 11:1). As one gives pastoral care to the stranger – moving into the unknown – caregiving is, in fact, to step into the spiritual realm of God`s mystery. When a chaplain meets with a police officer from a different faith and culture, they are strangers to one another. In the book of Hebrews, we are reminded to welcome strangers and give them hospitality: "Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing" (Hebrews 13:2).

When I started in chaplaincy in the early 2000, it was difficult for me to minister to SAPS members of other faiths and races. For example, on one occasion I visited a SAPS member of another race (White) in hospital. After our conversation and prayer, he said he appreciated my services but then said: "Please don't come again to visit me because I have my own minister from my church who will visit me." I acknowledged and accepted what he said, but it was a struggle for me to encounter this kind of non-acceptance of my role as police chaplain.

Another incident comes to mind where I visited an Islamic police member in hospital. At first, I was not aware that she was a Muslim, something I eventually only realized through our conversation. At the end of the conversation, I asked her: "Can I call a Muslim priest to come and pray for you?" She responded: "Chaplain you can

also pray for me, but please also inform my *Moulana."*[2] What a contrast for me, at that time, that someone from another faith could accept my prayer as a Christian, yet someone who was a Christian like me could not accept me just because of a cultural difference.

The responsibility of chaplains: Delivering 'death messages'

It is cultural knowledge that police chaplains are carriers of death messages. This understanding comes from the context in which the chaplains are traditionally responsible to communicate the death message when a police official dies on duty through an accident, shooting incident, or at a hospital. The commanders of the deceased police officer will call a chaplain and provide complete information on the nature of the death and all the circumstances surrounding the death. This then enables the chaplain to deliver the death message and respond to all the questions that the family will ask.

Of all the roles of the chaplains, delivering the death message is perhaps the most demanding; it is physically and emotionally exhausting. As a chaplain, you are expected to use the right words, anticipate, and understand family emotions, and respond with empathy. Delivering the death message can cause harm to the family if inappropriate or inaccurate messages are delivered. A chaplain also needs to be considerate of the family's religion and culture. If the family of the deceased police officer belongs to a different religion than yours, it is always advisable to contact the relevant religious leader for assistance.

One cultural challenge is that some families believe if someone dies in a shooting incident, a ritual must be performed at the scene where the officer died. Performing a ritual is part of the healing process for the family. Some families go to the scene of the incident to speak to the deceased, and they carry his or her spirit back home for the funeral. This means that the chaplain needs to drive with the family to the place where the police officer died.

If a Muslim police officer dies, depending on the time of death, the funeral arrangements have to be made immediately. For this reason, it is essential for non-Muslim chaplains to seek assistance from a Muslim chaplain or religious leader so that the family can be properly advised.

Religious tolerance

Research regarding the different religions in the SAPS was conducted among all SAPS members from 2008-2009 (SAPS Religious Survey 2008/2009). The results indicated that religion plays an important role on individual, group, organizational and community levels. The majority of the participants in the study belonged to the Christian religion (79.4 percent), followed by the African (15.9 percent), Hindu (0.9 percent), and Islam (0.4 percent). An analysis was conducted of the distribution of religious beliefs within the nine provinces (and the Head Office as a collective), as

[2] *Moulana* is a name used for a Muslim religious leader

well as the four race groups. The analysis of the distribution of religious beliefs was also conducted among 177 Christian denominations. Christian denominations in our context include: Catholic, Protestant, Charismatic, and African Zion Christian. We current do not employ any chaplains from the traditional African faiths, as their educational training does not fit the criteria for chaplains in the SAPS.

The survey found that the modern workplace needs to attract employees with a variety of talents, disciplines, and religious backgrounds in order to maximize team effectiveness and company profitability. In many cases, this involves hiring and retaining employees from varied cultural and religious backgrounds. It further illustrated that religious diversity, or the practice of encouraging religious tolerance among team members, is necessary for employee work satisfaction and to minimize conflict that could inhibit productivity. This is what is captured so well in the South African Constitution (1996), which stipulates that no person may be unfairly discriminated against, either directly or indirectly, on one or more grounds, including: race, gender, pregnancy, marital status, family responsibility, ethnicity or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language, or birth.

It is sad to note that some in our workplace want religious people to keep their convictions to themselves and leave their religion at home. The law, however, does not require that religious employees and employers check their religion in at the office door when they come to work. To do so would be impossible in a society that should celebrate its diversity. Our recent history has demonstrated that, as a nation, we can provide a mirror for other communities that find it impossible to address tolerance, racial harmony, and accommodation of diversity even if, at times, we fall short.

As a chaplain, therefore, it is vital to know how religious practices differ from one religion to the other. Religious practices and rituals must be treated with consideration and understanding. The understanding of one another's viewpoints can lead to more meaningful communication and conversations between people of different faiths. This approach may dissipate some of the hatred in the world, as well as in countries and organizations and especially in those work places where hatred is based on religious differences.

Building relationships between police and community

The police chaplaincy in South Africa also has the responsibility to mobilize religious bodies in the communities in the fight against crime. Chaplains become part of the different religious fraternities in their area of operation and participate in the community projects of these groups that are focused on moral regeneration and spiritual crime prevention. The aim of this pastoral intervention is to create a sound partnership between the police and communities and religious bodies. This partnership focuses on redressing the ills of immorality, crime, and its multifaceted derivatives. This also puts into practice ethical policing (as contained in the SAPS code of ethics), as well as moral restoration in communities. The members of the communities and their

religious leaders thus bear witness to how the police perform their activities in communities.

These religious groupings should also engage in spiritual activities, for example, by praying against crime and also by praying for the employees of the SAPS. The chaplains and religious leaders together can fulfil this challenge by organising different activities, like police prayer day. Police appreciation services are also arranged, in which different religious groups express their appreciation for the performance of the police and especially for the SAPS upholding ethical principles and values in their policing and action against crime. This relationship between police and community is sometimes expressed by the police and religious leaders organising healing services after a serious catastrophe or civil unrest.

Conclusion

The South African Police Service, perhaps like never before, is faced with complex changes and challenges. Some of the challenges involve acknowledging the cultural and religious diversity in our workplace. Communities where policing has to take place, including those with high levels of crime, deserve the services of a highly professional and productive police service which is ready to serve people regardless of cultural and religious difference. Therefore, chaplaincy services and other caring professions within the Employee Health and Wellness unit must continue to provide services that ensure police officers are prepared mentally, spiritually, and physically to serve these diverse communities. Chaplaincy services provide spiritual empowerment to the police so that the organization can continually strive to uphold its mission, vision, and values towards ethical policing. The chaplains should instil in police officers the spiritual strength to conduct themselves in a professional manner and to be committed to service excellence and ethical policing in an intercultural, interreligious environment.

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Chapter 22

Pastoral Caregiving as 'Dredging':

Probing the Unique Cultural Framework of the Maritime Context within a Spirituality of Multi-Partiality

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The course of my work as a dredging pastor implies regular ship visits. This time, it will take 20 minutes to get to the dredging vessel. A crew tender will bring me there. This little boat is dancing on the waves. From afar, I can see the dredging vessel working. It is almost fully loaded. I am glad because it will make it easier to climb the rope ladder. Via radio contact, I get permission to go on board. Grabbing the rope ladder is always a bit of a scary moment; however, I succeed in moving up. Once on deck, I shake hands with the Filipino deckhand who is operating the rope ladder. The Baltic second mate, one of the officers on board, accompanies me to the bridge where I shake more hands. The Dutch captain comes up to the bridge to welcome me. My ship visit has started.

Not too many people have heard of a 'dredging pastor.' It is a position in which pastoral care is given to people working in a special branch of the international maritime industry. In this essay, I intend to sketch the multi-cultural scenario and multi-religious context of this type of pastoral caregiving. Since it represents a quite unique dimension of chaplaincy, it becomes imperative to discuss some of the challenges I encounter on a daily scale.

The maritime scenario: An international and multi-cultural world of cosmopolitan interaction

Nowadays, it should not be a surprise that one encounters three or more nationalities when on board a commercial vessel. It is quite common that a crew consists of people from Western and Eastern Europe, as well as Asian countries.[1] Historically, the maritime

[1] Numbers given by the *International Chamber of Shipping*: "The worldwide population of seafarers serving on internationally trading merchant ships is estimated at 1,647,500 seafarers, of which 774,000 are officers and 873,500 are ratings. China, the Philippines, Indonesia, the Russian Federation, and Ukraine are estimated to be the five largest supply countries for all seafarers (officers and ratings). The Philippines is the biggest supplier of ratings, followed by China, Indonesia, the Russian Federation, and Ukraine. While China is the biggest supplier of officers, followed by the Philippines, India, Indonesia

world has always had an international orientation. For centuries, ships from all kinds of countries have been sailing to ports everywhere in the world. Until very recently, despite this very divers scenario, the ship's crew was usually recruited from one country. Currently, the arrangement has changed rapidly. Most of the vessels are now operated by a 'mixed crew.' Since the introduction of the 'flag of convenience' during the 1950s, there is no longer a fixed connection between the flag state, ownership, and crew. Crews are recruited from low-wage countries so that the costs for the ship's owner will become, thus, limited. Due to several economic reasons and processes of globalization, one should bear in mind that there exists a fierce competition in the maritime world.[2]

The position of the maritime welfare organizations kept pace with these developments. Many of these organizations were founded in the nineteenth century, when the miserable life and work conditions of many seafarers became an issue of concern. In many ports all over the world, 'seamen's clubs' were established, operated by seamen's missions. In these clubs, seafarers could get cheap lodging, decent entertainment, and also juridical assistance. Most of these welfare organizations had a Christian identity and nationalistic roots. In the bigger ports, one could find seamen's missions from many different nationalities so that every seafarer could go to his own club and speak his own language.[3]

Nowadays, this whole infrastructure of missions and clubs has changed in character. There is a less nationalistic and denominational focus. Many organizations have disappeared. And yet despite these global changes, the need for a kind of maritime welfare work still prevails. With reference to tradition and conditions at seaports, there are many valid reasons to proceed with a kind of 'mission' to mariners, not least because people at sea still appreciate personal attention.

For many European seafarers, circumstances on board might have improved but there is still a lot of abuse and poor treatment by shipowners. The *Maritime Labour Convention* was constituted by the *International Maritime Organization* (IMO) in 2006 and ratified by 97 countries. It has set a great standard and, therefore, also created a huge challenge for the seafaring industry. Despite efforts to improve conditions, one must bear in mind that life at sea is still not an easy job, i.e., crewmembers serve long contracts, they receive poor wages, and they have to work under most dangerous circumstances.[4]

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and the Russian Federation" (ICS 2021). A good impression of the international mix of crewmembers can be found in the report of Deloitte (2011).

[2] For a quick overview of some of the consequences of the 'flag of convenience' for the seafarers' lives, see Smita Singla (2019).

[3] Seafaring has been a male-dominated profession for ages. Nowadays, only two percent of the seafarers are female and 94 percent of female seafarers work in the cruise industry (source: International Maritime Organization). A classic overview of the history of maritime mission is given by Roald Kverndal (2008). The nationalistic motives in maritime mission are described well by Virginia Hoel (2016).

[4] Laleh Kahlili wrote the instructive book *Sinews of War and Trade: Shipping and Capitalism in the Arabian Peninsula* (2020) in which she gives a very good impression of the difficult circumstances in maritime industry.

One of the traditional services of maritime welfare which is still offered is pastoral care. In many cases, one or more chaplains are connected to a centre for seafarers. Pastors also do 'ship visits' and are available in special circumstances. Pastoral care is welcomed by the maritime world because it opens up opportunities for sharing one's exposure to feelings and experiences of homesickness, worries about the family, bad circumstances on board, and conflicts with colleagues, for example. One pastoral function is to listen empathetically, helping many to find direction or meaning in their situation. There are opportunities for pastors to celebrate happy events with crewmembers or to share in their losses and sadness (Rom. 12:15). Despite differences and barriers in terms of culture and language, different kinds of pastoral encounters are available for everyone, regardless of nationality and religion.

Work of the dredging pastor

The position of the dredging pastor was created and formulated more than fifty years ago.[5] Dredging is a special type of maritime industry. Dredging vessels are equipped to dig in the seabed and to suck up the material, i.e., sand, clay, rocks. The so-called 'trailer suction hopper dredgers' and 'cutter dredgers' are targeted to create waterways for transportation vessels while keeping them at depth. They take away soil from the sea- or riverbed, so that there is enough room for the larger ships to manoeuvre. With the dredged materials, new land can be created (reclamation areas). At a dredging location, temporary project sites are created to facilitate the work of the vessels.

Apart from small local dredging companies, there are a few leading companies responsible to carry out big international projects.[6] Therefore, workers in dredging and marine construction travel spend a lot of time away from home. Despite the many dangerous challenges in performing dredging work, and the particularities to many other branches of the maritime tree, circumstances on dredging projects are quite good. So, unlike the work of other maritime missions, my chaplaincy mainly consists of pastoral care. It operates according to some of caregiving's basic functions: Listening, guiding, supporting, directing, nurturing, encouraging, and comforting. In this respect, there is not much need for material support, as in the case of diaconal assistance and other ecclesial or ministerial projects.

With reference to the many complexities regarding place and schedule, my work as chaplain compels me to travel with the crew and accompany them. Since dredging vessels operate at a certain project location (they are not sailing from point A to B), crews

[5] The chaplaincy services started in 1965 when one of the pastors in a 'dredging hometown' (Sliedrecht) was asked to visit dredging projects abroad. In 1979, the *Stichting Pastoraat Werkers Overzee* (Ecumenical Foundation Providing Pastoral Care to Workers in Dredging and Marine Construction) was founded. For an overview of the SPWO history, see Rijken and Jaarsma (2015). The SPWO is totally sponsored by the Dutch dredging companies and their partners.

[6] The leading companies are Royal Boskalis Westminster, Van Oord DMC (Netherlands), DEME, Jan de Nul (Belgium), Chinese State Dredging Company (China), followed by Great Lakes Dredge & Dock Corporation (USA), and National Marine Dredging Company (UAE).

cannot make use of the facilities of the different centres for seafarers. Therefore, I need to reach out to crewmembers where they are located. Dredging changes the dynamics of chaplaincy: Instead of expecting members to come to me for caregiving, caregiving is about the movement of me to be there where they are.[7] While visiting the projects, I meet many people from different countries, with different religious and cultural backgrounds, as well as a huge diversity in worldviews. I always try to start a conversation with everyone on an equal basis.

It should further be noted that projects and vessels function and operate as little communities. Despite ongoing crew and staff changes, most employees work together for a long time. It is also important to know that crew and staff have different contract lengths, depending on their type of work, rank, and nationality.

I will now turn to the first of three case studies to provide a better outline of what chaplaincy in a marine context implies, as well as the complexity of challenges and variety of different personal needs as they relate to cultural and religious differentiation.

Case 1: Imam versus pastor

I had to fly to a project in the Middle East where a heavy accident took place. The young local, a third skipper who was operating the dredging equipment, felt very guilty, although he could not be blamed for the accident at all. I had been called for mental support. For the European crew, it was important that they could tell their stories in order to work through this traumatic incident. Instantly, I noticed that for the Middle East crew something was missing. Advice from an imam provided a solution: The victim and his family had to convey to the skipper that they did not have resentment so that the third skipper could be discharged of possible guilt. And so, it happened. For me, as a Western European-trained pastor, it was important to assess the psychological needs of the individuals stemming from different cultural and religious backgrounds in dealing with the trauma of incident and the stress emanating from the disaster. From the perspective of the imam, however, the juridical aspect was of paramount importance for its impact on the harmonious interaction within the community. This case reveals how important an intercultural and interfaith approach is in chaplaincy. Both approaches do not exclude each other but are, in fact, complementary to one another.

Religion on board

European crewmembers often ask me: "What is the purpose of your visit?" Many of them are not related to any religious institution or specific cultural tradition. The Asian crewmembers, however, immediately welcome me as their pastor or some other 'spiritual official' or representative of a faith tradition. When the position of the dredging pastor was established, one of the purposes was to 'locate the Church on board,'

[7] So far, I have visited projects and vessels in 40 countries.

establishing a kind of crew ministry. However, due to the secularization on the European continent, the focus shifted to a more general focus on 'spiritual caregiving.' The mission statement of the SPWO describes the work of the dredging pastor as being "an independent discussion partner, regardless religious belief or worldview."[8] Becoming a kind of independent discussion partner forced me to change my position. I not only have to deal with different cultural backgrounds and different religions, but also with different concepts of what religion entails and its value for finding meaning in life.

The *Seafarers International Research Centre* in Cardiff (SIRC) has investigated the role of religion on vessels with international crews.[9] One of the main findings was that, on board, religion is not a dividing factor. First, there is the tacit agreement that one does not talk about religion on the ship, for it might be a sensitive topic (the same holds for politics and money issues). Furthermore, crewmembers tend to respect each other's religious or even irreligious positions as a private matter.

From my ship visits and crew chaplaincy, I share my unique experiences in order to highlight this special branch of caregiving. Sometimes, crewmembers feel a bit uncomfortable when a Christian pastor is trying to have a conversation with them. But as soon as it becomes clear that I am not trying to convert them, people have no trouble talking and opening up in a spontaneous manner. Another interesting phenomenon that I often observe is the so-called 'non-believing' Europeans consider it very important for me to organize a religious meeting for the 'religious people' on board (often the Filipinos). They sometimes take over a watch shift, so that everyone who wants can attend the meeting. All in all, I have the feeling that my role as a pastor/spiritual caregiver is respected by basically everyone on the vessel. The same holds for the project staff on shore.

Case 2: Seeking peace

Once I had to travel to a Muslim country, this time because of a fatal accident. The accident caused a lot of tension between different nationalities working on the project. The Christian Asian crane operator had not felt safe when a group of local people (their culture is known for its 'expressive behaviour') had closed in on him. Fortunately, the brother of the victim was able to calm down the emotions. I arrived at the project after the victim had already been buried. We decided to organize a memorial meeting at the spot of the accident. The local safety officer, who was a Muslim, was very cooperative in the preparation of the ceremony. We discussed which Qur'an text would be appropriate to use and what symbols would be recognized and accepted by everyone. Lighting candles was no problem, but it was still necessary to explain the use of Holy Water.

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[8] "In different situations, the pastor of SPWO is an independent discussion partner, regardless religious belief or worldview. This pastoral work is carried out from an ecumenical-Christian inspiration, contributing to the wellbeing of employees and their families of the Dutch Dredging and Maritime Engineering Companies, who are working and living abroad. … Offering respect to the variety of beliefs and worldviews, Christian faith forms the basis or our work" (SPWO 2021).

[9] See for further reading: Sampson et al. (2020).

The case illustrates that, basically, everything is possible if we are able to create an atmosphere of respect for each other. On the day of the memorial, the HSE (Health, Safety and Environment) officer acted as an interpreter. A very diverse group gathered at the place that was burdened with the memory of a sad event. Candles were lit, although approached by some with some hesitancy. At the end of the ceremony, we asked permission to wish each other 'peace' and 'comfort.' The ceremony helped to discharge a lot of tensions and ventilate emotional turmoil that had built up during the previous week. We all felt that this was a healing experience bringing about a sense of spiritual wholeness.

Four layers in the art of pastoral caregiving

At this point, I want to focus on some of the general principles underlying my pastoral caregiving and counselling.

To my mind, the meaning and purpose of pastoral care can be defined in different manners.[10] I discovered that dredging as a metaphor helps provide a good description of my pastoral activity. Thus, my research endeavour is to clarify what is meant by a stage model within the praxis of 'dredging in caregiving.' Four different stages can be identified:

(1) A dredging project starts with a contract stage (as in the case of all authentic pastoral encounters). I first have to make a connection to the crew and individual crewmembers (trust and relationship building). When I come on board, I enter not only their working space but also their habitat and space of personal orientation. It is, therefore, paramount to be granted permission to enter that very private and individual space of the human 'I.' Between me and my conversational partner, we need to arrive at a kind of agreement (contract) in order to establish an equal and safe basis for mutual conversing, i.e., for the willingness to start talking as a free expression of a personal contract (I agree and am willing to talk to you). Otherwise, an authentic and appropriate pastoral encounter will not take place. There needs to be a certain basis of trust from both sides.

(2) The next step is the survey. In a dredging project, you need to know what exactly is going on in the seabed. For example, one has to become acquainted regarding advanced technology such as the multi-beam: How it is used to map the surface and to gain exact knowledge about what is underneath? In a pastoral encounter, the most appropriate 'tool' to listen contextually is the ears of the pastor. Pastors should always listen to several layers of meaning. They should try to figure out what is going on and what undergirding issues might need extra attention. Sometimes (or perhaps often), a conversation remains at the surface. That does not mean, however, that this encounter will not be valuable. Seafarers often say that just talking to 'a new face,' even if it is only about football or the weather, can be refreshing.

[10] There are many introductions to pastoral care theory. I used: Menken-Bekius and van der Meulen (2007).

(3) In a pastoral conversation, we also might to start digging deeper (the third stage and the art of probing 'behind'). This metaphor compares well to the actual dredging itself. A pastor can ask challenging questions or offer different perspectives. A crewmember might also ask for a more specific spiritual approach or put questions of meaning on the table.
(4) At the fourth stage, a pastoral encounter may require some problem solving. During a dredging project, the operational team can run into all kinds of issues that have to be tackled. Issues concerning future planning, housing, equipment, financial troubles, and accidents, for example. It is also the task of a pastor to assess if the seafarer has any urgent needs (mental, physical, material), which is the art of pastoral probing and questioning. Sometimes, I realize the necessity for professional references to obtain psychological or medical aid, or even to consult with the HR department of the company. Praying together also offers some concrete relief in many stressful situations.

In the context of offering pastoral care in the maritime industry, to my mind, step 1 requires extra attention. In a congregation, the contract is more or less already signed: A visit by the pastor is expected or even required. However, for me, every visit starts with gaining enough trust so that an authentic pastoral encounter can be properly established. I also realize that it is impossible to connect to everyone on a vessel. Nevertheless, the challenge to create proper encounters with everyone is always an ongoing pastoral endeavour, a try.

Step 1 is also very important from a multi-cultural perspective. One needs special relational skills for making contact, namely: The way we greet, body height, volume of the voice are all factors in determining whether someone will be willing to sign a 'pastoral conversation contract' or not.

I do not find too much trouble with step 2 in an intercultural and/or multi-religious context. The art of good listening seems to be a universal skill. Once the contract is signed (you have gained trust on a deep existential level), people generally like to be heard by someone who listens attentively.

Step 3, however, is more sensitive. When it comes to probing deeper, one should be aware of culturally determined taboos one might touch upon. It is easy to overstep (hidden) boundaries. Moral standards differ from culture to culture, as well as from person to person. Family issues will be determined by totally different contexts (different relationship arrangements, expectations of relatives, etc.) In order to arrive at a kind of intercultural openness (the widening of horizons), I always try to expand my perspective by reading about the histories and cultures of different countries.

In step 4, I especially deal with different expectations that are partly determined by differences in cultural backgrounds. In some cultures, it might be normal to ask a pastor for financial assistance. It all depends on the cultural background and customs. For example, in the case of Western Europe, the position of a pastor has lost a lot of its prestige. However, in other cultures, a clergyman is still considered to be very close to God and operating as a representative of the spiritual and transcendent realm of life. Some crewmembers think that I have a very important position within the company so that I have a

lot of influence on decision-making. These kinds of perceptions put a lot of pressure on my own integrity and professional identity as a chaplain.

All these differences in values and behavioural patterns can turn a simple pastoral encounter into a quite complicated event. Well, no one said that dredging is an easy operation and neither is a deepening conversation self-evident. I always keep a few 'ground rules' in mind: When meeting someone, one is not dealing first with cultures as such but with people. Furthermore, you learn by doing. And it helps to make people aware of possible cultural frictions. By attending to the factuality of conflicting cultural concerns, a kind of existential realism in the pastoral conversation is established. This is important because counselling is not merely about consoling but also about revealing the reality of conflict, tension, and disagreements.

In the final part of this chapter, I will raise three other issues regarding the cultural framework of the maritime context.

Case 3: Borrowing from each other's customs and local traditions

When I visit a project, I always try to attend kick-start meetings of different units. During these gatherings, staff members and workers evaluate the current state of the project and prepare for new operations. In one case, I attended the morning meeting (at 6 a.m.) of the rock department. These workers were busy covering the sprayed sand walls with rock protection. This work, operating on the water side, is indeed dangerous and quite risky. Thus, it was paramount that everyone gave their thorough attention to the safety measures and understood the importance of everyone's responsibility. I was asked to say something on these measures for the gathered crowd of Indian, Pakistani, and Bangladeshi workers.

I told the story of Gajendra, the elephant bull. He thought that there was no risk to go into the water. But as soon as he entered the water, an old crocodile grabbed him. It was only by praying to the Lord of the heavens, who descended as a giant eagle, that Gajendra could be saved.

What do we gather and learn from this story? Do not be ignorant and arrogant when it comes to the risk of falling into the water. It also reveals the power of prayer and the impact of the spiritual realm of faith on our daily existence and character of unexpected happenstances. After the story, we prayed together for safety and for our loved ones at home. After the prayer, Christian and non-Christian workers come to me for a personal prayer and more private encounter.

Reclaiming land

From what I have learned over the past years, the most important intercultural and interreligious challenge regarding my pastoral caregiving is what I would like to call *finding*

a kind of common ground.[11] A shared basis of trust is needed to build up a pastoral encounter. Difference and distance should not become an obstacle to a meaningful pastoral conversation. This challenge involves three important concerns:

Power distance[12] – As a visiting pastor, I have to be aware that I am a tall, white, big-nosed and relatively rich man who has quite a direct communication style. So I must remain conscious of the fact that crewmembers of other cultures might be intimidated by my presence, which could hinder an open and honest conversation. The notion of power distance might be enforced by the high position that a pastor has in some cultures. Even if I like to speak to someone on an equal level, the other person might not feel comfortable with this. Furthermore, I need to be sensitive when it comes to some expectations crewmembers might have of me. For example, I cannot arrange contracts for them; neither can I give financial support. On the other hand, being a pastor from another culture also opens doors. For example, there is no fear that I will become involved in domestic, homeland affairs. My presence might also have a symbolic value conveying the message: "The company really cares for me."

Multi-partiality (multi-sided bias) – As an independent person of trust, I move around in a world full of hierarchical structures. The pastor should realize that a ship is compiled of different hierarchical issues, i.e., every project has a hierarchy and even the company is a hierarchical organization. One of the biggest work-related issues I encounter is the tension that arises between the top structure and the work floor. Decisions of the higher management are not always understood by the lower ranks and vice versa.[13] Pastoral care requires an understanding of each perspective without taking sides, namely, the art of running with the hare while hunting with the hounds. One of the strategies is to assist one side by trying to take the other side's perspective (position switching and substitutionary thinking). I usually implement this by posing the challenging question: What would you have done in that same kind of position? I must admit this is not always an easy task. Sometimes, in rare instances, I have to take sides when I judge that boundaries are crossed.

Entering the public place of religion – In Western Europe, religion has become a personal, private matter.[14] The public space has become so-called 'neutral/secular.' So, Western crewmembers will shift the relevance of contact with a pastor to a more private sphere of interaction. In other parts of the world, however, one religion or different

[11] From a Biblical perspective, finding ground is a creational activity. In the Genesis story, water is separated from land – the imagery will be very familiar to workers in dredging. I recognize myself in the words of Jean-Jacques Suurmond, who wrote a nice column in the Dutch newspaper *Trouw* (28 April 2009): "No, we really don't know what we start when we open our mouths. You pour a beer, you clear your throat, you speak a few words, as does your conversation partner – and before you realize, you are in the middle of the Genesis story, where words bring light, and solid ground, and new, green life" (Translation by the author).

[12] The concept of 'power distance' plays an important role in intercultural studies. It was coined by Geert Hofstede (Hofstede et al. 2010).

[13] Another source of tension might be the relationship between vessel and office. For some of the issues, see Sampson et al. (2019).

[14] See, for example, Krzywosz (2017).

religions are present in the public space. For them, the pastor plays a public role. This means that on one vessel I have to switch my positions several times. For example, I will first collectively approach the Filipino crew while Dutch seafarers feel better in a one-to-one conversation.

In conclusion

During my pastoral work as a 'dregger,' the intercultural and interreligious task is most often to 'reclaim land,' i.e., to find/create a common ground in order to converse properly and to start talking on a deep, existential level. While the pastoral work of dredging is being done (contract, survey, digging deeper, problem solving), a kind of common ground emerges and becomes visible in most cases. Metaphorically speaking, 'land' will appear above the 'water.' The advantage of 'dredging' is that we can start walking around on 'stable subsoil.' In fact, each pastoral encounter feels a little bit like materializing a complex construction project.

The advantage of pastoral care in the maritime context is that the reclamation work is just an extension of what is already there: A kind of common cohesive factor already exists due simply to the fact that the crew is gathered together, sharing the same space of the vessel, partaking in the same living conditions, and working under circumstances that every crew member is exposed to. The crew is used to working with different cultures, and they accept each other. Or, at the very least, there is a mode of peaceful coherence. In that sense, ships and dredging projects can be an example to the rest of the world where cultural differences often create tensions and lead to violence that there are ways to dredge for common ground.

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Chapter 23

Listening to the Needs of Immigrants: Qualitative Research in Turkey

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Turkey

The immigrant dilemma and quest for spiritual counselling

This research was carried out with immigrants[1] who live in Turkey, specifically for this book project. Migration is one of the oldest human problems. It is also one of the most important universal problems of our modern world. Turkey, due to its geographical location, has been a destination for immigrants and refugees from various other countries for centuries. Recently, the impact of this problem has escalated significantly. The refugee influx has increased with the Afghanistan and Iraq wars and reached incredible proportions with the Syrian civil war. The inevitable migration caused political, social, economic, cultural, and ethnic problems. It also impacted on religious issues and encounters in Turkey. In addition to other challenges, this situation has had psycho-social effects not only on the immigrants but also on the people of the accepting country (Sağır 2019).

As a result of the ongoing wars in the region, refugees residing in Turkey, have essential human requirements. In addition to the immigrants' basic humanitarian needs, they have several problems and requirements ranging from education to health and security, from socialization and integration to preservation of their own culture and identity. While many refugees gained the right to stay in Turkey temporarily, many will likely be staying permanently, which calls for a variety of measures to be taken in meeting their needs and lawful rights. Besides this, it is evident that their spiritual needs should also receive proper attention.

During the war, difficult and traumatic incidences, such as "escaping from death, witnessing the deaths of helpless people, exposing threats, sexual harassment and rape, being ill, being injured, and losing relatives," occurred (Sağır 2019). In addition to several traumatic experiences due to merely being a foreigner in a foreign country, other hardships surfaced such as the struggle to survive, to integrate into the culture and to overcome the anxiety of not being accepted. Failure to cope with the hardship of adaptation also caused a lot of psycho-social disorientation. Appropriate spiritual

[1] This research concentrates on immigrants who came to Turkey as refugees. In international law, there are distinctions between immigrants and refugees. We use the terms interchangeably because their spiritual and existential needs are similar.

counselling can support immigrants in coping with their pain and trauma (Sağır 2019). At the same time, it can help to prevent or resolve problems that occur in the future. In order to provide spiritual support, it is first necessary to determine what problems immigrants are trying to cope with in the country they immigrated to, what are the factors that facilitate or hinder their social integration, and what are their spiritual needs.

The aim of this study is to identify the spiritual needs of immigrants in Turkey when they encounter differences in their host country. The overall effect of the socio-cultural and economic environment in which immigrants live in has been studied. At the same time, the effect/importance/value of cultural similarities and differences between the refugees and the local people will be evaluated. The aim of this research is not to offer a formalised theoretical concept of spiritual care and counselling for immigrants in Turkey or in other contexts. The intention is rather to inspire people to become sensitive and listen carefully to the needs of immigrants as an important part of care and counselling. In this way, immigrants' spiritual needs can be properly identified, contributing to appropriate spiritual counselling processes. This might also shed some light on methods appropriate for scientific approach and research protocol.

Method of research

To address the predicaments of immigrants in Turkey, thorough attention should be given to their spiritual needs, including issues like human dignity and an overall sense of purposefulness. Therefore, in terms of methodology, qualitative case studies were used to gather appropriate data concerning their living conditions. Semi-structured interviews were conducted with immigrants through the snowball technique of purposeful sampling. The participants consist of seven people: six from Syria and one from Yemen. Participants range in age from 23-45, six men and one woman. All the participants are the defectors and refugees who have left their countries because of war. The demographics of the participants are shown in the table below:

	Age	Gender	Profession	Educational Level	Country	Migration Time
P1	39	Male	Computer Engineer	BSc	Syria	2015
P2	45	Male	School Teacher	BSc	Syria	2016
P3	35	Male	Electrical Engineer	BSc	Syria	2015
P4	30	Male	Lawyer	MSc	Syria	2015
P5	36	Female	Housewife	High School	Syria	2014
P6	23	Male	Journalist	Student	Syria	2014
P7	27	Male	Arabic Translator and Interpreter	Student	Yemen	2013

Table 1

Semi-structured interviews were conducted between May-June 2020 and participation was voluntary. Three other religious education specialists' opinions were obtained to prepare the interview questions (see Patton 2002), which were put into final form after conducting a pilot scheme. Interviews were conducted by the researchers in person or online in English and Turkish after participants signed a consent form. Each interview was audio-recorded and then a direct, orthographic transcription of the interview was constructed. For the purposes of authenticity, the English text for this article is a literal translation of the original Turkish interview.

Interview transcripts were examined using descriptive content analyses (Creswell 2017). An inductive method was then used in the analysis of the data obtained from the transcripts (cf. Yin 2011). As related to the inductive method of research, open coding has been applied (cf. Creswell 2017). In order to eliminate possible mistakes which may have occurred during the coding process, the whole data set was re-examined by all the researchers and a comparison was made with the coding of another field specialist. Our findings follow and are categorized by themes.

Research findings and discussions: Differences, challenges, and social integration

As refugees migrate to Turkey, they encounter a different society and culture. It is therefore quite normal for them to experience adaptation problems. The immigrants try to protect their own culture while, at the same time, adapting to a new culture. These two different missions may create socio-cultural adaptation stress. But becoming aware of the differences and hardships in intercultural encounters may help them in applying for help.

Experiencing differences

Differences regarding religious traditions and understanding

Encountering a new environment includes a critical process of self-reflection (Erkan 2016). Even people who belong to the same religion but live in different geographical regions may have a different understanding of religion due to tradition, culture, and history. Therefore, as immigrants' religious affiliation is an element of identity, the differences in religious understanding can be an element of dissociation.

Perceiving religious unity in human relations as a difference

The immigrants from Syria, Yemen, and Afghanistan come with different religious traditions. In their own countries, sectarian religious differences sometimes cause conflicts and even clashes. The most important difference they experience in Turkey is that here, different denominational points of view play no role concerning the public, social, and political aspects of daily life. The fact that they were not questioned

regarding their religious stances and views on the Islam faith was evaluated very positively by them. One of the participants stated:

> In Turkey, no one has questioned me about my *madhhab*[2] until today. People do not question each other about their *madhhab* and they do not act according to their *madhab*. Everybody is seen as human and values each other as human beings. In our hometowns, even names show clues about one's *madhab*. In Turkey, neither sectarian point of view nor political view has an importance. 'Syrian immigrants have just migrated' they say (P4).

It can be said that this approach in Turkey has a positive result for the adaptation of immigrants.

Differences regarding daily religious practices and religious patterns of expression

Religious socialization is one of the important parts of social and cultural adaptation after someone immigrates. It requires "the individual's learning of the religious patterns, religious habits and the course of conduct or hermeneutical framework of interpretation and complying with them" in the new environment (Coştu 2009). Religious socialization with these characteristics is one of the most important phases of social and public integration. However, according to the results of this study, religious socialization is not easy for immigrants and can be a stumbling block when trying to adapt to the social sphere of life in Turkey. One participant stated that:

> 88 percent of Turkey is Muslim, yet in my opinion it cannot be so high. People only go to the mosque on Fridays to pray; they don't pray five times in a day (P6).

It can be seen that there is a considerable difference between religious life in Turkey and the home countries of the immigrants. A participant who said that all daily activities are lived according to religion in his country stated that:

> I think there is an alienation from living religion in Turkey (P7).

These responses show that immigrants evaluate the religiosity of their host country according to their own country's understanding of religiosity. These findings are comparable with the results of other similar studies carried out on this subject (see Erkan 2016).

The same participants who stated that the dimension of lived religion seemed incomplete in Turkey also pointed to the lack of religious knowledge. One participant noted that:

> they asked me to become imam on the first day at the student hostel because I speak in Arabic. When I spoke Arabic, they thought as if I were a religious authority... (P7).

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[2] *Maḏhab* (Arabic: مذهب) means different traditional forms of practicing Islam according to different schools of Islamic jurisprudence.

These words show that certain refugees perceive a lack of religious knowledge among Turks who think there is a relationship between the knowledge of Arabic and religious competence to perform religious rituals.

At the same time, refugees' different religious understandings and practices can create attitudes among the Turkish population that negatively affect adaptation among local people. Some participants stated that when differences in religious understanding are noticed, local people accuse them of not having the same religious belief:

> …(I)t is like we are doing something wrong. We do not pray the four-Rakat sunnah of mid-afternoon prayer like Turks. The community who is in the mosque criticize us with saying: 'are you unreligious?' They see us as if we did not know the religion (P4).

Again, these findings can reveal how immigrants may encounter religious acceptance, self-righteousness, and misunderstanding/exclusion in Turkey.

These interview extracts demonstrate the necessity of educating both immigrants and the host population about varieties of Islamic worldviews. Although everyone belongs to the same religion, one clearly sees that differences in religious understanding and daily practices can lead to attitudes and behaviours between both populations that negatively affect adaptation and integration. It can also be stated, however, that the non-confessional approach followed by the Turkish government in terms of religious services and education and the effects of this approach on members of Turkish society can help prevent these same differences in religious understanding and daily practices from creating problems for immigrants.

Cultural differences

Cultural awareness, understanding, and misunderstanding should be recognized in order to facilitate a successful adaptation process between refugees and the host population. Even among people with the same religious beliefs but from other countries, cultural differences are normal. This research showed multiple cultural topics that immigrants find different and difficult to adapt to. Cultural conservatism and nationalism were two of the things most frequently mentioned. One participant stated that:

> In my opinion, Turks are not open to new ideas and initiatives. Nationalism is too much for me (P6).

Another difference participants commented on is the position of women in daily life.

> There are differences in women's place in their daily lives. Women in Syria do not walk alone. My wife does not go to the market alone here. We get used to it in this way [it is our tradition] … but here in Turkey, women do everything on their own (P4).

> In my country, the girls do not have the right to speak about marriage and to get education. … Unless she gets married maybe a girl can go to school somehow until high school. … I have not seen that in Turkey. Women here work everywhere, can achieve what they want (P7).

These statements indicate that cultural differences contribute to confusion in public interactions. But they can also play a constructive role in the processes of intercultural exchange and cultural interpretation. According to Hall and Hall (1989), to be able to adapt in a culture is to understand its practices and then internalize them (as cited in Aksoy 2012).

Challenges for migrants

The migration process itself and the hardships refugees endure disrupt their efforts to adapt. This study shows that immigrants experience hardships, including exclusion, loss of rights, a failure by the host population to understand why they immigrated, and a negative public attitude towards them in Turkey.

Social exclusion

Social exclusion has many dimensions with cultural, economic, political, and social aspects. Topgül (2016) states that it is a situation of not being included /not being able to be included in the social structure that creates opportunities for unfair social relationships and unequal participation. There are multiple studies that examine the social exclusion of immigrants and demonstrate that immigrants are the most excluded social group (cited in Bağcı and Canpolat 2019).

Immigrants stated that they are excluded even from acceptable minimum living standards (Topgül 2016), as in the example below:

> On Sunday, I went to rent a house near my elder sister's house. We rented the house. We signed the protocol. After five minutes, the host called me. He told us “We gave up.” I said: “We have signed the protocol, what happened?” He said to me “some of the people in the building do not accept Syrian neighbours.” They say “you cannot rent the house to a Syrian.” I experienced the same situation at the house I live in now. The host said: “I cannot rent.”

Working conditions and abuse of rights

Studies show that immigrants, especially those who are defectors and refugees, tend to work in manual jobs with lower salaries and do their work unregistered because of legal problems (Tosun and Azazi 2019). That is an abuse of labour laws and rights. Some of the participants noted:

> After all, they made us work hard, they give us little money; sometimes, they don’t even give any money. There were conflicts all the time. ... We used to leave the work unnecessarily when there was nobody to support us. They did so because they knew we had to (P6).

> You have to work for about 12 hours just to eat. And we weren't treated as refugees at all (P2).

One participant stated that the lawful rights of immigrants in a foreign country allow defectors and refugees to work under international protection six months after gaining a legal status (DGMM 2016). However, an electrical engineer stated:

> From my personal experience, I have had great difficulty learning the Turkish language. I now speak Turkish in an average way and I can understand Turkish people. But the biggest problem is finding the right job. I have searched a lot for a suitable job and could not find it yet (P3).

Local people's perception of immigrants

When the perspective of the local people in the host country is positive towards the immigrants, it makes social integration easier but if it is negative, it makes it hard. In this sense, the participants in this study stated that the perception of the Turkish population is not always positive and they have faced problems. One participant said:

> There is a group who does not want our staying forever in Turkey. … They say that we have to go back to our countries (P5).

Our research corresponds with other studies. According to the *Transatlantic Trends* survey 2013 (GMF 2013), 54 percent of the Turkish participants said that migration is a problem for Turkey, while only 18 percent thought it is an opportunity. However, beginning in 2013, there has been a significant increase in immigration to Turkey and studies show that a negative perception of immigrants has grown stronger during this period (Arıcan 2019). Negative generalizations can be seen in the statements below:

> If you do better individually, they do not say: "all the Syrians are good," but if you do something bad, they say: "all the Syrians are bad." They do not accept us as individuals, but they generalize (P4).

> At school, when the Syrian subject is mentioned, they talk negatively. I do not answer them but I feel sorry. Once I came to class, they were talking about Arabic people. They said: "Arabic people wash their hands only 90 percent." Some classmates in the class said; "are Arabs such clean? I thought that they are dirty." I was angry and upset then and came out of class. I almost cried (P6).

Another negative perception of immigrants is that they always are seen as victims.

> The local people think that we should always be in a bad situation because we are migrants. When we are a little bit better, they reproach it. For example, anything I brought to my previous flat that would be a problem … neighbours think I cannot afford it …. They say: "you have a lot of money, relaxed, rich, your life is good but you're migrant and it shouldn't be" (P4).

He stated that this perception of being the victim created by social media is a problem for them. Indeed, there are negative discourses about immigrants in social media. But, at the same time, the reliability of this news about immigrants becomes a subject for academic studies (see Ünal 2014; Uluk 2019).

Talking about the reasons for migration

Immigrants frequently complain that the local people do not understand why they immigrated. Participants in our study said that the local population questions them why they immigrated, why they had to talk about themselves and the situation in their

country, why they chose to leave their country instead of staying there and fighting for it, and when they will return to it. This can be seen in the following excerpts:

> They mostly question to us about: "Why do you not return to Syria?" For example, my sister bought a sweater for her daughter. She called me to go there together and change it. As my sister was changing it, the shop owner came close and asked me: "When will you return to Syria?" I told him that we couldn't return (P4).

> Once, we got in a taxi, the car driver asked me "where are you from?" When he got the answer, he asked at once: "When will you return?" When I told him "We are not going to return" he got angry with me (P1).

Another question is why the immigrants did not stay in their own country to defend it.

> Local people said: "Why did you come? Why didn't you defend your country?" I told them: "please empathize with us. You are in a war but the enemy is your brother. Can you fight against your brother? Can you kill him? Brother kills brother in Syria, where the enemy is not obvious" (P6).

It is supposed that these types of questions originate from the *jihad* aspect of Islamic thought. According to the idea of *jihad*, fighting to defend your country is considered sacred and death for one's country is accepted as martyrdom (Kurt 2012). Therefore, the immigrants, as committed believers, are expected to have this sacred attitude. Participants, however, noted that constantly hearing such questions and talking about their situation is very tiresome.

> Local people do not know our situation. When they learn about it, some of them change their ideas. ... We, as immigrants, are always trying to explain ourselves (P6).

Factors that facilitate social and cultural integration

The final aim of immigration is to ensure social integration so that individuals live healthy in psycho-social harmony. An understanding of the facilitating and the impeding factors will help for a successful social integration. The findings of this study can contribute to that.

Having common historical, cultural, and familiar ties

The research findings show that origin and historical togetherness contribute positively to the adaptation of immigrants. According to Lee's migration theory, such ties could make the host countries attractive (Lee 1966, cited in Çağlayan 2006). This attraction also ensures motivation for cultural adaption. Several participants underlined their closeness with Turkey:

> We are close to each other historically. I learned about the Ottoman history at university. I think we have common roots from the historical perspective. This made me feel closer to Turkish people (P4).

> I had extra love for Turkey. We have Turkish roots from my father. In fact, we have many daily practices in common with Turkish culture (P7).

Religious unity

The most important reason for preferring Turkey as country for immigration was, according to all participants, that the local population shared similar religious beliefs. Although the role of language and culture has decreased in recent years, there are also discourses emphasizing that the role of religion is still strong (see Martikainen 2010). And although there are differences in the various understandings of Islam (which were previously noted by some participants) it can be said that visiting the same mosques, hearing the *azan* (public call to prayer) and the presence of shared religious rituals in the country of immigration are helpful for the integration process.

> If I went to Europe or another country that is not Muslim, it would not be like here. In terms of religion, culture, and living, I wouldn't be adapted. Even if we are alienated sometimes, having different cultures and problems with local people, at least we can find a common point because we believe in the same religion. When we see the crescent in the Turkish flag, it relaxes us (P4).

> We did not prefer to go to another place. This is a Muslim country. It is *azan* here. We are people of the same religion. Because of that, we wanted to come to Turkey (P5).

Some of the participants found the protection of their religion important:

> We thought to go to Germany and other Western countries but gave up. We did not want it due to religious reasons. Protecting our religion would be hard in other countries. We said that at least, the religion of Turkey is Islam. Not only us but most of the people said that Turkey is close to us and they are Muslims (P6).

Learning the language

Language education is seen as the most important condition to ensure cultural integration (Akıncı et al. 2015). The ability to speak the local language helps to create better opportunities to socialize and meet others. It also contributes to better mutual understanding and sound communication. For these reasons, language education is a precondition of integration policies (TCC 2019). In order to achieve this, Turkish language training centres have been organized at universities specifically for immigrants (AU TÖMER News 2019). Three participants stated that they participated in this training, which aided in their adaptation process:

> The most important point is to express your problem to other people. Let’s say I have a problem but there is an obstacle, language. I was willing about language. When I came to Turkey, I could not learn Turkish at first. I had a lot of difficulties. Later on, I had a certificate from Gazi University TÖMER. My wife and I are currently arguing a lot about it. She cannot speak Turkish because she is shy. And despite how many years she has come to Turkey, she still has not adjusted here. I broke this language barrier, and it gives me courage to adjust (P4).

From uncertainty to meaningful life

As a result of the traumatic events they experienced, the challenges in the host country, and their struggle for life, migrants sometimes feel uncertain and stuck between their past and the future (Kok et al. 2017 as cited in Karakaya-Aydın 2019). Setting a goal and holding on to that goal will play an important role in overcoming this sense of uncertainty. One of the participant's noted:

> When I first came to Turkey, I always thought of Syria. I wondered if I could go back there. But I knew I could not. There is no living condition for me. … When I started university, my mood and motivation got better because I had a purpose in my life (P6).

Where do immigrants need spiritual counselling?

The main issue of this research was to find, through interviews, answers to the question where immigrants feel the need for spiritual support. Understanding how they cope with challenges can also provide a perspective for those who try to give spiritual support to immigrants.

The meaning of life and religious coping

Under difficult circumstances, individuals trying to cope with new challenges will start questions regarding meaning and purposefulness. For believers, religion offers a space of meaning and a positive view for the future to the individual. "It guides, gives a positive view of life. Thanks to religion, beliefs and values, the individual gains hope, consolation and confidence in understanding and making sense of life" (Can 2019). Some people who experience difficult times and question the meaning of their life grow religiously and spiritually stronger. However, others may start to question the appropriateness of their religion (Pargament 1997). Obviously, religion and spirituality can be a resource for individuals to cope with difficult and distressing situations. On the other hand, it can become part of the problem itself, when the validity of religious convictions becomes questionable. Individuals who have experienced a forced migration process, such as one caused by war, must find ways to cope with these burdened experiences (Ayten and Sağır 2014).

This study showed that immigrants in Turkey do, indeed, have questions about the meaning of life. But, at the same time, our research shows that an increased attachment to God and faith is a way to cope with the experiences of misfortune:

> One may ask: why did this happen to us? I also think about it. Allah gives suffering to his beloved ones. Because there are two choices when it happened. Either a person forgets Allah or comes closer to Allah. I came close to Allah more. I didn't get away from God; on the contrary, I got closer. The sufferings affected me positively (P6).

> I was in depression for a period. I was not aware of myself and the world. It was very difficult for me to get used to this place after I migrated. ... I moved away from my prayers and God. I still did not want to talk about my family. Because my family stayed there. … Later on, I thought there is a turning point for everything. I thought these are challenges (P7).

> …[My] uncle's son and also my close friend were killed. Uncle's son suffered for three hours on the street but people did nothing because they could not come close to him. His baby was just born. After that day, life became meaningless for me; I did not have any strength in me. But later on, I said everything will be better. First, we need to understand. If you have a problem, then there is a problem between you and Allah, it seems to me that there is a problem in your communication with Allah. Only if you solve that problem, things get better (P4).

The respondents also explained which teachings of Islam shed light on their situation or which rituals supported them in difficult times.

> … Allah knows everything. There is wisdom behind everything. We came to this world not to be happy, but to find the wisdom in our doings. Islam is to be happy despite all the troubles. There is a verse - do you know it? "O, you who believe, seek help through patience and prayer. Surely, Allah is with those who are patient" [Quran, Al-Baqarah 2:153]. I am patiently waiting to find the wisdom in my experiences (P7).

> Of course, infinite happiness is in afterlife according to our beliefs but we become happy in every condition. For example, our prophet Mohammed ate the dates and drank water for three months. He suffered a lot. Prophet Jacob also suffered. As we see their life, I think unhappiness is not suitable for us" (P4).

> When we were in Syria, bombs fell; only God and we know how we lived. Even when there is horror, we hold on to Allah by reciting the Holy book. My father and mother told us: "all of these will pass. Allah will help us. If we die, we will be martyrs. It is quite sacred." We read the Quran all together, prayed. Some people said: "why did it happen to us? Why Allah gave this to us?" However, we did not go to that. We said: "It is Allah's test." We said if we suffered, so we are the beloved people of Allah. Allah tests his beloved ones all the time. We are grown up in this way. So, we hold on to that (P6).

> Especially in this process, my faith became stronger. Religious consolation statements were good for me. I believe Allah will one day come and punish the tyrants. Destiny, providence are the words that soothe me. This is our destiny; it is Allah's providence. These make me accept the situation. But hearing them from someone else that you care about makes me feel more comfortable. You can't realize it while you're living it, when someone else says it, it becomes an awareness (P7).

These research findings show that the participants tried to overcome their doubts about the meaning of life with their beliefs about calamity and testing in Islam. According to Islam, the troublesome situations that Allah sends to test his servants can be expressed as calamity (Quran, Al-i Imran 3:140), and the process in which these troubles are experienced as a test (Quran, Baqarah 2:155) (Ateş 2019). Based on to this belief, a Muslim can interpret the negativity he/she experiences as a test. Another point of view that supports this belief is the idea that there is wisdom in everything that Allah gives to his servant (Quran, Baqarah 2:32), that seeing this wisdom is a special ability (Quran, Baqarah 2:269), and that even negative things can be experienced in order to obtain positive results. At the same time, Allah's promise of goodness and help to those who are patient in these difficult times (Quran, Baqarah 2:153-155) is one of the

viewpoints that makes it easier to accept the process. The examples of the patience of the prophets (Quran, Sâd 38:42-43, Yusuf 12:15; 20) also make this understanding stronger.

Islam's belief has a positive coping effect: The challenges experienced in this world which you cannot change as an individual will also be compensated in the heaven (Quran, Fatiha 1:2; Zümer 75:70). Moreover, this belief, together with the belief that martyrdom during a war is praised by Allah as a blessing, can help to see even the loss of life positively (Quran, Âl-i İmrân 3:169). The comments in our study show that these understandings of Islamic faith have a positive effect on the religious coping mechanisms of immigrants, especially those who went through a war process.

Acceptance

The finding that *social exclusion* made adaptation difficult was presented earlier. On the other hand, *social acceptance* facilitates social integration. Acceptance also has the effect of offering spiritual support. In this respect, one example of acceptance of immigrants can be the interpretation of immigration as *ensar-muhajir.*[3]

> When I was walking to my work, an old man came close to me and said: "You are a muhajir and we are ensar, welcome to our country." At that time, I felt as if I were in heaven. I was feeling so lonely, but this statement changed my view about Turkey. I felt so happy then! (P4).

Another participant explained that the most important elements of the acceptance process are learning the language, adapting to the culture, but also the contact with others:

> I believe that firstly they should accept you in the host country. You have to learn the language and culture of that country in order to be accepted. For example, I tried to do this. Sometimes there are presentations in class. I made presentations a few times. I talked about Syria. …I told about Syria before the war. I explained how beautiful Syria is and rooted in civilization. Friendships were startled (P6).

One participant summarized the effect of acceptance for their mental well-being with the following statements:

> At university, what I feared most was if they did not accept me. But then it was sufficient for me to be accepted. They embraced me. When some Turkish people talk about Syria, friends answer on behalf of me or they say to me: "forget it, he does not understand. …take it easy." They embraced me and see me the same as themselves (P6).

Be valued and not feeling alone

Migration can lead to feelings of loneliness, alienation, and feelings of worthlessness especially when one must leave their familiar environment and culture. The continuity of these feelings may prevent integration into the new culture and may also cause the emergence of psychological problems (Şahin 2001).

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[3] *Ensar*: Medina citizens who welcomed the Prophet Muhammed and his followers. *Muhajir*: Prophet Muhammad and his followers who migrated from Mecca to Medina.

In our study, findings related to these emotional states showed that participants feel better when they receive support. Some examples:

> … I think the biggest spiritual support for an immigrant is to find someone, to have someone you can call, consult, and hold on to. Sometimes, one feels lonely. Not a foreigner but lonely. … For example, I have a man like a brother. … He is interested in my problems. When I feel sad, I call him and talk to him. I consult him about everything. … He supports me financially and spiritually. Mostly, he gives me spiritual strength. He has embraced me and does not see me as a foreigner. He does not exclude me. I do not feel myself like a foreigner next to him (P4).

> … I was very afraid. How will the school class be? Will I be the only foreigner in my class? Perhaps they will say: "why did you come? If it weren't for you, one of us was going to come to this quota instead of you." But it never happened as I expected. … I saw that in a friendly environment, they approached me as a human. They were not interested in who I am, where I came from, whether I am an immigrant. … (P6).

To be understood

In communication with others, people need to feel that their experiences are understood, especially when they have gone through traumatic processes. Therefore, high levels of empathy are required to understand the hardships and traumas that refugees face in Turkey. Interview participants expressed two separate examples of positive psycho-social results of being understood:

> …I never talk about the war. …. They always follow me. Friends wonder if my morale is okay. When they see me a little down, they come to me and say: "Are you all right? Are you depressed? Is there anything we can do?" Sometimes I tell the details, and sometimes I do not. … It is enough for me even when they are with me. It is enough for me when they appreciate me. These all fixed my mood (P6).

> The ones who do not know me closely can say: "Why have you come from your country?" They understand that I am a foreigner from my speech. They do not understand and know about Yemen. I have to tell them about myself. If I talk in a good way, I can change their ideas. But we cannot talk to everyone, because some of them do not understand. ... When the one who talks to me understands me, I feel better (P7).

Being beneficial for others

There is a link between a person's self-confidence and their ability to overcome difficulties (Senemoğlu 2015). One can say there is a reciprocal relationship between one's inner contentment and their ability to hold on to life. Being able to cope with traumatic events such as migration and illness is related to feeling competent and being connected to life (Wrosh et al. 2003). Feeling useful for others positively affects one's self-worth. One of the participants stated that he started to feel good in his spirit by becoming useful to others in their migration process:

> I work for Damla Project (a project belonging to the Youth and Sports Ministry) and I feel valuable. Working here as a volunteer gave me a completely different perspective. I have seen that

> I can be helpful to people in a country where I migrated to. We performed an activity with handicapped children. This affected me a lot. I said: 'Look at what I am in for and what these children are in for.' These children's ability to hold on to life affected me a lot. I opened a new page just at that point. This activity caused me to hold on life again. … This was just like a spiritual therapy for me. It taught me the feelings of affection, hope, and compassion. I stayed away from pitying myself. I felt better to create a difference in the places we went. Creating awareness in little children and building self-confidence in them created these feelings for me (P7).

Guidance

Guidance refers to "a process of assistance to guide and help someone find the truth'' (Ege 2015). Guiding can be considered as one mean of spiritual counselling. Guidance can be an important aid activity for immigrants who experience anxiety and turmoil about the meaning of life after migration and how it will shape their lives. As one participant noted:

> Then I met a university lecturer and his social studies took me to another dimension. I learned what it means to take responsibility. …. Because he guided me as a professor, directed me for the future. What can I do here as an immigrant? He ceased my fear and anxiety. He gave me responsibility and made me feel valued. He included me in social responsibility projects. He made me share my experiences with newcomer foreign students. He made me feel important (P7).

Conclusions

The phenomenon of immigration is a multi-faceted phenomenon with economic, social, communal, cultural, political, ethnic, and religious dimensions. Each dimension affects the immigrant as well as the people of the host country. Therefore, migration is not a one-way relationship and aid to immigrants will not be one-way aid either. Evaluating the issues related to migration requires a holistic perspective that includes all of these aspects and their impact on migrants' quest for meaning. The issue of the psycho-social as well as the theological/spiritual well-being of immigrants must take all the mentioned elements into consideration.

In this study, it has been shown that immigrants are faced with many religious and cultural differences in Turkey. They experience difficulties such as social exclusion, employment problems and violation of their human rights. All these hardships can cause them to feel deprived. However, they also acknowledged that religious unity, learning the language, and finding some meaning in life were positive ways to adapt to the host country in the processes of immigration.

The findings also reveal the necessity of creating a bilateral integration process, not only with the immigrants but also with the local host population. It is necessary to conduct educational and awareness-raising activities for the local population to understand the religious and cultural perspectives of the immigrants and their experiences during the migration process.

The immigrants participating in this study described how they managed to cope with their difficulties, individually or with assistance. They expressed in detail their questions related to the meaning of life and how they coped with those questions. Factors that helped them to adapt in psycho-social terms included: feelings of acceptance, feelings of not being alone, and discovering value in their lives by being useful to others or through direct guidance.

The question surfaces: How can this knowledge have an impact on the processes of spiritual counselling? If spiritual counselling is primarily a process of mutual understanding between counsellor and counselee, these findings can help to provide a better insight regarding the immigrants' perspectives and their thinking processes. This could help spiritual counsellors to become more competent in choosing their content, approaches, and priorities in spiritual counselling. This study also helps counsellors to recognize differences that are important in the experience of immigrants but often go unnoticed, for instance differences in the practice of religion. The process of integration should be evaluated by taking all these points mentioned by the participants of the research into account. It shows that the starting point of the spiritual counselling process is gaining an understanding of the world of the individual immigrant in order to aid the process of integration at more than a superficial level.

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