Many faiths, one human spirit

A Christian contribution to spiritual care in multifaith contexts

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The content of this article stems from my work as a practical theologian engaged in teaching and research and in caregiving practice. The first part focuses on a way to understand and talk about human spirit and spirituality. The second part makes a case for the place and role of an interdisciplinary approach adaptable across faith traditions and in multifaith contexts.[1] The essay concludes with four normative claims about interfaith spiritual care from a Christian perspective.

A tridimensional anthropology

I work with a theological anthropology that has biblical—especially Pauline—grounding.[2] Viewed anthropologically, humans are embodied, animated, spiritual beings always to be understood within the contexts of family, community, and society at large. A tridimensional anthropology of body, psyche, and spirit can be pictured structurally (see figure 1).

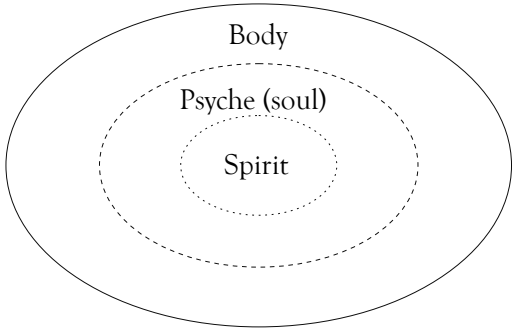

Fig. 1. A tridimensional view of the self
(within family, social, global, cosmic contexts)

1 "Multifaith" is here used descriptively to denote the presence of a plurality of faith traditions (religious and nonreligious—such as humanism) in a given social context; it should not be confused with "interfaith," a term that connotes dynamic interaction between persons of different faith traditions.

2 James D. G. Dunn, *The Theology of Paul the Apostle* (Grand Rapids: Eerdmans, 1998), 51–78.

The solid outside line symbolizes the self's bodily separateness; the other two lines represent the close connection of body-psyche (as so-called psychosomatic pathology and psychosomatic medicine noted long ago), and the inseparable relationship of psyche-spirit. The psychological dimension of the self and the spiritual dimension of the self are integrated and inseparable, yet they are also distinct and distinguishable.

A model of the human spirit and spirituality

Simply stated, we are humans because we are spiritual beings. The spirit is the essential dimension of being human—hence the Judeo-Christian claim about being created in God's image, according to the words of Genesis 1:26–27. In light of this model, spirituality can be understood as how our spirit manifests itself in ways of searching for, experiencing ("inner" sense), and expressing ("outer" manifestations) in three interrelated domains: (1) meaning-truth (wisdom, faith); (2) relatedness and communion with others, nature, the Divine, oneself; and (3) purpose–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: analysis of sacred texts and their function over centuries, cultural anthropology, comparative studies (including literature in the fields of pastoral and spiritual care and spiritual direction in particular), and my clinical work and supervision. The reference to "searching for" connotes a process of deep longing—that is, a fundamental need as well as potential.

With those notions in mind, we can identify a wide and rich variety of religious and nonreligious spiritualities, including diverse streams within a given tradition. For example, in the case of the Christian tradition, a plurality of spiritualities can be identified, such as contemplative, evangelical, charismatic, prophetic, and others.[3] The construct of spirit is therefore inseparable from that of psyche, so the content of the former's "longing" or "searching for" must be always considered in continuity with ongoing psychological process and content.

It should be clear that I intend this to be a transcultural model of the human spirit, one that is non–culturally specific in structure and in dynamics. In other words, "transcultural" here means universal. My ex-

3 Richard J. Foster, *Streams of Living Water: Essential Practices from the Six Great Traditions of Christian Faith* (San Francisco: Harper & Row, 1998.)

plicit anthropological claim is that, considered at their (spiritual) core, human beings demonstrate (contextually and particularly, to be sure) the need and potential for meaning, communion, and purpose. At the same time, we must recognize that the human spirit expresses itself uniquely within specific sociocultural 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 with the emphasis on "longing" and "searching for").

In the case of Christian theology, this model can be understood in light of Trinitarian anthropological conceptions of the human person developed through the history of Christian thought. From a theological perspective, we can also posit a direct connection between these facets of the spiritual self and the spiritual gifts of faith, love, and hope (see figure 2). I believe that caregivers from other traditions, including humanism, can also broadly consider the categories of (religious and nonreligious) faith, love, and hope, as potentially helpful to name three main sets of existential experiences or conditions concerning spirituality. Such consideration can especially illumine the tasks of spiritual assessment, setting goals, and evaluation of caregiving processes.

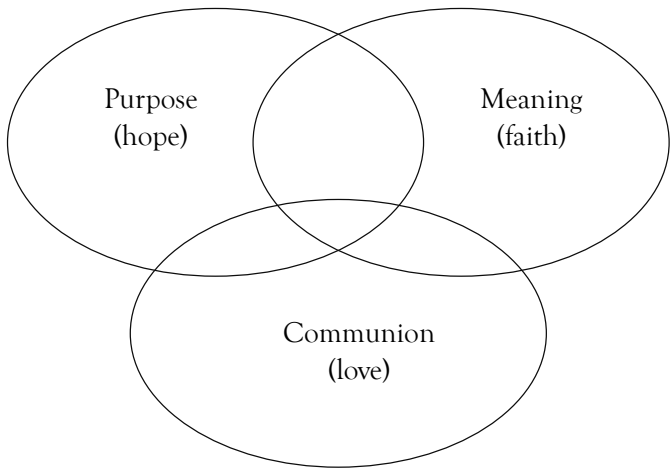

Fig. 2. A transcultural model of the human spirit
(within family, social, global, cosmic contexts)

Mental and spiritual health "connection": Intra-self dynamics

As asserted above, the psychological and spiritual dimensions of the self can be viewed as integrated and inseparable, but they are also distinguish-

able. The following claims are therefore assumed to be applicable across religious and other traditions.

The condition of mental health, emotional maturity, and wellness makes it possible to experience spirituality more freely (for example, less fearfully, compulsively, or obsessively) and to express it verbally and otherwise more authentically than in the case of mental illness. Mental disorders and emotional immaturity always affect the subjective experience as well as the visible expressions of spirituality and spiritual health in some way and degree.[4]

However, mental health and emotional maturity are necessary but not sufficient conditions for spiritual health and maturity. Progress in treatment or the restoration of mental health does not automatically enhance people's spirituality and spiritual health; the spiritual self must be engaged intentionally. This claim is analogous to the one applicable to the possible connection between "natural" psychosocial development and spiritual (including moral) development in the course of our life cycle. The fact that psychological development occurs in the natural flow of our life does not ensure that spiritual (and moral) growth will take place as well. Nevertheless, such psychological development has the effect of opening broader and more complicated worlds to us, thus increasing the range and complexity of our spiritual self; hence, the range and complexity of our spirituality (in terms of deeper awareness of one's existential situation, sense of life orientation, connectedness with others, transcendence, etc.) and ways to nurture it (contemplation, meditation, prayer, compassionate service, etc.) tend to increase as well. Development can thus bring with it enhanced intentionality in and responsibility for both the personal ("inner") experience of spirituality and its visible expressions or manifestations.

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4 Kenneth I. Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred I* (New York: Guilford, 2007); and James L. Griffin, *Religion That Heals, Religion That Harms: A Guide for Clinical Practice* (New York: Guilford, 2010). For a popular version, see Peter Scazzero, *Emotionally Healthy Spirituality* (Nashville: Thomas Nelson, 2006).

Toxic spirituality—for instance, in the form and content of sternly judgmental religiosity—can seriously undermine mental health. And the healing of the spiritual self—also known as inner healing—by the experience of grace and forgiveness, for example, always positively affects the psychological self. Therefore, even though pastoral and spiritual caregivers are not mental health professionals strictly speaking, their work always engages the psychological self in ways that can contribute significantly to improved mental health and emotional maturity.

On the contribution of pastoral and spiritual caregivers

The unique contribution of pastoral and spiritual caregivers in any healthcare team is that they can view and work with the care receivers holistically while primarily engaging them psychologically and spiritually. To do so, spiritual caregivers must develop the core competency of "bilingual proficiency": understanding the languages and resources of psychology and spirituality/theology (or nontheological worldviews) and employing such understandings and resources in spiritual assessment and all other verbal and nonverbal (rituals, for example) caregiving practices.[5]

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The main task of pastoral and spiritual caregivers, including chaplains, is to connect people in crisis to their spiritual resources and community. That task requires professional and ministerial wisdom with a profile of competency that will not be discussed in this essay because of space constraints.[6]

Given the plurality of sociocultural and religious variables at work, caregivers will normally face situations that present either commonality, complementarity, or contrast and even conflict. Dagmar Grefe helpfully refers to this issue with the aid of three concentric circles of interreligious spiritual care. She discusses the following three categories of situations

5 Deborah Vandeusen Hunsinger, *Theology and Pastoral Counseling: A New Interdisciplinary Approach* (Grand Rapids: Eerdmans, 1995).

6 See Daniel S. Schipani, "Pastoral and Spiritual Care in Multifaith Contexts," in *Teaching for a Multifaith World*, ed. Eleazar S. Fernandez (Eugene, OR: Pickwick Publications, 2017), 134–44.

that can be addressed: (1) "common (universal) human experience," in which the caregiver functions primarily as companion; (2) "interconnected spiritual practice," in which the caregiver functions as representative of the sacred; and (3) "particular religious spiritual practice," in which the caregiver functions primarily as resource agent who relates (and often refers) care receivers and their families to their spiritual communities and resources.[7] My take on this challenge is represented in figure 3.

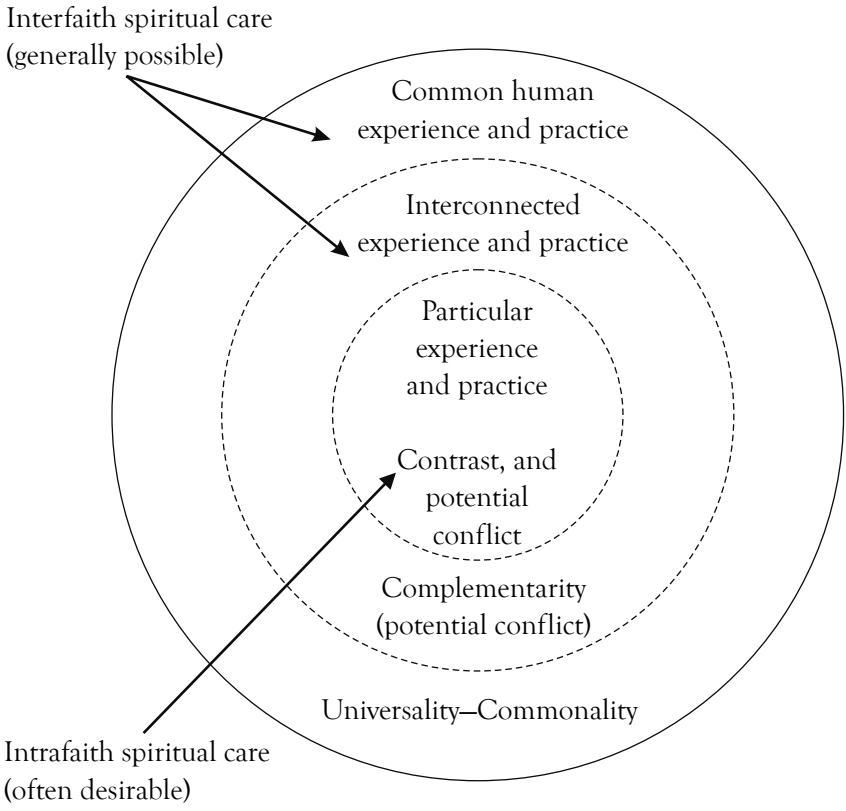

Fig. 3. Three circles of spiritual care

Guidelines for spiritual assessment

One way of exploring the question of healthy and toxic spiritualities consists in studying them with an interdisciplinary approach that includes psychological and theological norms, as suggested in the charts that follow. The examples are illustrative rather than exhaustive.

7 Dagmar Grefe, *Encounters for Change: Interreligious Cooperation in the Care of Individuals and Communities* (Eugene OR: Wipf & Stock, 2011), 138–45.

	theologically adequate	theologically inadequate
psychologically functional	1. life-giving, community-building spiritualities	2. spiritualities connected with "Prosperity Gospel," or with fundamentalism
	3. spiritualities that see the self-limiting Divine as a benevolent, partner in one's suffering and in one's healing process; God is closely present with compassion, in solidarity *Positive religious coping:* emotional-spiritual comfort; strength, peace	4. spiritualities that see a micromanaging God as one who "knows better . . . has a plan for my life . . . is testing me. . . . I suffer here but will be compensated in heaven. . . . I've been chosen for this test" *Positive religious coping:* meaning and purpose clarified; "blessings in disguise"
psychologically dysfunctional	5. prophetic spirituality confronted as antipatriotic	6. spirituality of People's Temple that led to mass suicide
	7. spiritualities that see God as "just and wise, and has made us free. . . . . We face the consequences of that freedom [accident, illness]" *Negative religious coping:* increased sense of vulnerability, weakness, diminished hope	8. spiritualities that see a micromanaging God as one who "is punishing me . . . has abandoned me. . . . I'm not worthy of God's love" *Negative religious coping:* increased angst, guilt, isolation, despair

Depending on the epistemological place given to theology in connection with psychology,[8] theological criteria and judgment may determine a priori that some spiritualities can never be healthy even if they are psychologically functional (integrating), as in the case of options 2 and 4. Conversely, theological norms may determine that certain spiritualities are healthy (faithful, from a certain theological perspective) despite their being psychologically dysfunctional, as in options 5 and 7. Pastoral and

8 Hunsinger, *Theology and Pastoral Counseling.*

spiritual care providers must be able to assess spirituality and help people access their spiritual resources in the direction of healthy integration—for instance, by moving beyond negative religious coping.

Interdisciplinary understanding of a spiritual care (or "pastoral") practice

We can apply the same kind of analysis to spiritual care (or pastoral) practices. Let's consider, for instance, the case of praying during a hospital visit, and let's assume that prayer was either requested by the patient or gladly welcomed when offered by the spiritual care provider. Of course, there are many different ways of praying wisely for a care receiver in a health-care center. We might simply say that, in all instances, such prayer should be a source of blessing; it must communicate a deep spiritual-theological truth (for example, the sustaining presence of grace, however understood or defined, in all circumstances). At the same time, such prayer must be mentally and emotionally helpful (for example, by fostering trust and hope in the face of anxiety and fear, by including the health-care team and the family, etc.). Regretfully, there are also harmful ways of praying for those hospitalized, as suggested below with several examples (which again are illustrative rather than exhaustive): see cases 2, 3, and 4.

	theologically adequate	**theologically inadequate**
psychologically functional	1. prayer that elicits a sense of grace and activates emotional and spiritual resources of the patient and family	2. prayer that momentarily alleviates anxiety and fear by persuading one that quick healing is available
psychologically dysfunctional	3. prayer that focuses on human fragility or vulnerability, while failing to alleviate present anxiety	4. prayer that associates one's medical condition with God's judgment and condemnation

Conclusion: Normative claims for interfaith care

In recent years I have had the opportunity to converse and in some cases collaborate with colleagues representing diverse faith traditions and nonreligious humanism.[9] Our interactions have been mutually enriching in several ways, and I have had to revisit a number of my theological assumptions along the way. The following interrelated normative claims suggest the kind of reflection necessary to engage in interfaith care from a Christian perspective, not only with professional competency but also with faithfulness and theological integrity. Again, the list is illustrative rather than exhaustive.

1. We approach caregiving work as a form of ministry that sees care seekers and ourselves in the light of God who is Creator, Redeemer, and Life-Giver, without exceptions. We have been created in God's image, we stand in need of redemption and reconciliation, and we are promised new humanity and abundant life by the power and grace of the Holy Spirit. These three aspects of our humanity must be always kept in creative tension, regardless of the spiritual condition, religious convictions, and theological or philosophical views of the care receivers.

2. We engage in caregiving ministry primarily as a special competent practice of love of neighbor. And love is the only gift we can actually offer! We do so in the manner and with the spirit (and the faith) of Jesus. While practicing such therapeutic love, we must be open to encountering Christ anew in those we serve. Therefore, by loving the neighbor therapeutically, we are simultaneously doing sacred work and serving and loving God. And all this is happening, again, regardless of the spiritual condition, religious convictions, and theological or philosophical views of the care receivers.

3. Our caregiving work must be inherently and thoroughly evangelical. It must communicate good news of human wholeness, peace, hope, and ultimate healing (glimpses of salvation). And it must do so in presence, word, and action. In other words, therapeutic love thus offered consists in relating to care receivers evangelically. Thus our motivation and goal is not to evan-

9 See, for instance, Daniel S. Schipani and Leah Dawn Bueckert, eds., *Interfaith Spiritual Care: Understandings and Practices* (Kitchener, ON: Pandora Press, 2009); Daniel S. Schipani, ed., *Multifaith Views in Spiritual Care* (Kitchener, ON: Pandora Press, 2013).

gelize (understood as fostering religious conversion) those vulnerable care receivers who represent other faiths and religious traditions. Our call is to be a blessing by becoming mediators of divine wisdom and grace.

4. Caregiving situations optimally become sacred spaces for manifestations of divine wisdom and grace pertinent to the specific circumstances faced by care receivers. Our ministry presents unique opportunities to partner with the Spirit of God together with the care receivers themselves. Hence, caregiving relationships must be viewed and experienced as collaborative and always "triangular," regardless of care receivers' view and/or sense of the Holy Spirit's participation in that relationship. Pastoral and spiritual caregivers can acknowledge a connection "Spirit to spirit" that sustains and guides their ministry work, including especially the confrontation with manifold expressions of evil.

About the author

For more than thirty years, Daniel Schipani has taught pastoral and spiritual care and counseling at Anabaptist Mennonite Biblical Seminary, Elkhart, Indiana. He is currently studying toxic spirituality across faith traditions and partnering with the Holy Spirit in pastoral and spiritual care practice.