

## RELIGION, SPIRITUALITY AND INTER-CULTURAL COMPETENCE

Kelvin F. Mutter, D.Th.<sup>1</sup>

Postmodern approaches to spiritual care focus on the contextual nature of ministry and knowledge, positioning the spiritual care provider as representing one of many cultures or faith systems. The key in a postmodern approach to spiritual care is that the spiritual care provider enters into a respectful dialogue with individuals from other cultural and faith communities. This posture of respectful dialogue invites the care giver to engage the “other” in a collaborative manner; acknowledging that the care recipient has the best understanding as to the influences of and resources in his/her culture and spiritual community. Thus the beginning point for engaging persons from other cultural and religious communities is the care-provider’s recognition of his/her lack of knowledge of the other’s cultural and religious context.

### Developing Inter-Cultural Competency

The nature of the intercultural encounter and the development of intercultural competencies may be seen in the relationship between two words employed by a variety of professions engaged in the study of other cultures.

The first term, *etic*, refers to the gathering and describing of data about another culture that reflects the perspective of someone from outside that culture, such as the spiritual care giver. Ideally, an etic approach to intercultural knowledge or competency utilizes categories of description that are broad enough that they can be applied to other cultures. The strength of this approach is that it provides the spiritual care provider with an understanding of the client’s<sup>2</sup> culture or spirituality which can be classified, thus facilitating comparison to what the care-provider knows about individuals from similar or other cultures and/or faith communities. This is both a strength and a short-coming of the etic approach in that knowledge gained in this manner readily permits the care-provider to understand salient points of difference between cultures or faith communities but may prevent the care-provider from hearing the client’s unique understanding his his/her culture or faith community.

The second word, *emic*, refers to the gathering of data in which the spiritual care provider seeks to ascertain the client’s description of events, values, customs, rites etc. which are important to that person. Thus, an emic approach to intercultural knowledge or competency is culture-specific. The strength of this approach is that it provides the spiritual care provider with the client’s understanding as to the meaning s/he make of these events, values, customs, rites etc. Knowledge gained in this manner is context specific, thus the care provider is only oriented to those aspects of a person’s culture or spirituality which are relevant in the present context. This

---

<sup>1</sup> Kelvin F. Mutter is an ordained Baptist minister and a Specialist – Pastoral Counselling (CAPPE). His clinical context is a community agency where he works with individuals from many cultural and faith traditions. In addition to this, he teaches at Heritage Seminary in Cambridge, Ontario where he directs their program in chaplaincy in counselling studies. Correspondence concerning this study unit may be directed to: kfmutter@gmail.com.

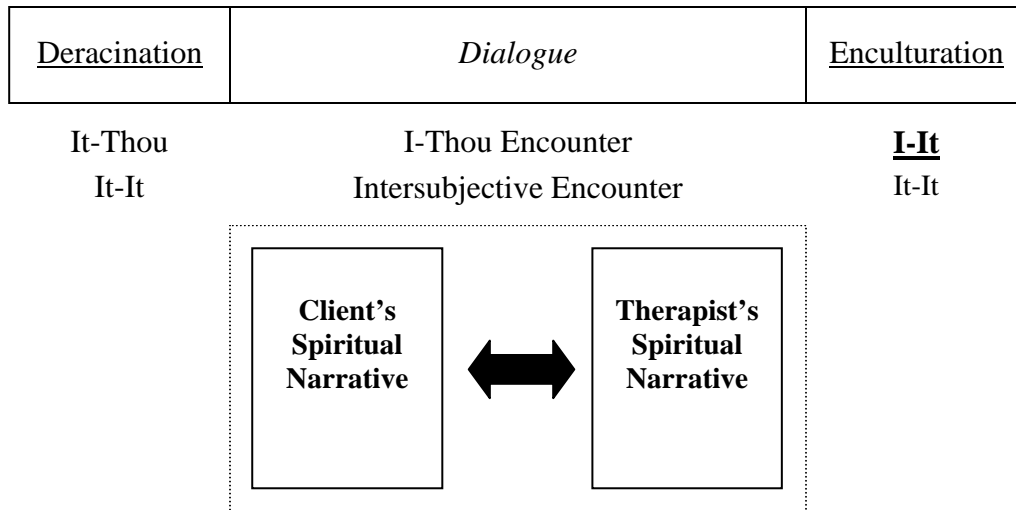
<sup>2</sup> The word “client” is employed here and elsewhere to refer to any individual who is a “spiritual care recipient” and thus includes patients, inmates, counselees, employees of an institution and anyone else who falls within the scope of the spiritual care provider’s responsibilities.

**KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY**

is both a strength and a short-coming of the emic approach in that knowledge gained in this manner may be idiosyncratic and thus not readily generalizable to others from the same culture or faith tradition.

While it may be tempting to attempt to qualify one approach as superior to the other, both perspectives are essential to effective intercultural ministry. In fact, the care-provider approaches the intercultural or interfaith encounter equipped with the lenses of his/her training. These lenses can be used to help the care-provider organize what s/he learns in his/her encounter(s) with the client. Thus, the care-provider’s inquiry into the client’s cultural or spiritual perspective is likely to begin from an etic perspective. However, as the care-provider learns more about his/her client the encounter shifts from obtaining a general understanding of the client’s context to eliciting an understanding of the client’s meaning constructs with respect to specific behaviours, rituals, etc..

This naturally raises the question, “What framework does one use when engaging clients whose life experience is significantly different from that of the spiritual care provider?” One model of engagement that seeks to respect the client’s experience advocates creating a dialogue between the experiences and meaning constructs of the client and care provider (c.f. Mutter & Neves, 2008).<sup>3</sup> This model utilizes Buber’s I-Thou framework to envision a continuum which places a respectful dialogue between the client’s and the therapist’s respective socio-cultural narratives in the mid-zone (Diagram 1). The goal of this encounter is to draw upon the client’s experience in ways that inform the practice of spiritual care.



**Diagram 1.**

In order for this to be a true dialogue, both persons need to be fully present with each other (Buber, 1970). Consequently, the inter-personal encounter needs to be a meeting of persons such that the spiritual care provider is present with the client in a way that acknowledges both the care recipient’s and caregiver’s connections to specific socio-cultural communities and how these

<sup>3</sup> The following discussion is adapted from: K.F. Mutter & C.M. Neves. (October, 2008). A dialogical model for engaging spirituality in therapy. *Clinical Social Work Journal*. Published online. <http://dx.doi.org/10.1007/s10615-008-0178-9>.

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

experiences shape her/his understanding of who s/he is. Clinical experience suggests that clients respond positively when a practitioner acknowledges both his/her socio-cultural context and its potential limits and invites the client to help the practitioner understand the client's socio-cultural context. As with all forms of professional self-disclosure, the practitioner's goal is to communicate to the client that this aspect of his/her life (e.g. culture or spirituality) can be discussed in an open and non-threatening manner.

Admittedly, it is not easy to achieve or maintain a balanced dialogue. Indeed, every encounter risks the possibility of underemphasizing one side of the conversation. Thus, on the one hand, there is the danger the provider will become detached from his/her experience or values to the point where s/he ceases to be fully present with the client. Within this model, this stance is characterized as *deracination* because the provider is no longer grounded within a framework that gives him/her a sense of meaning (Diagram 1). There is also the danger the provider will be so focused on his/her own perspective or values that s/he fails to attend to the client's experience or understanding. In such a situation the process becomes a vehicle for the transmission of the practitioner's values, thus the term *enculturation* is used to describe practices at this end of the continuum (Diagram 1).

The process of creating this dialogue begins when the client is provided with the emotional and verbal space to describe and engage his/her experience with diversity. Experience indicates that this process is supported when the therapist acknowledges his/her socio-cultural experience. The second step in creating a meaningful dialogue with respect to matters related to cultural and spiritual diversity is to conduct an assessment of role cultural and spirituality play within the client's life, noting whether the client wishes to include or exclude these areas of his/her life from the discussion. Finally, a meaningful dialogue requires that the spiritual care provider is sensitive to and respectful toward the differences and similarities between his/her socio-cultural context and that of the client. In this regard the therapist is wise to be alert to the countertransferences that can occur when the client's socio-cultural context is either very similar to or very different from that of the therapist.

### **Helpful Questions for Discerning the Client's Cultural Context**

*What do I know about this individual's or family's country of origin and/or their culture of origin? Does their ethno-cultural or spiritual community belong to the majority or minority population? Prior to migration was the client poor or well-off? Were they part of a persecuted or otherwise repressed community? How do these identities shape the client's sense of him/herself?*

*What do I know about this individual's or family's story of immigration and how this affects their sense of 'well being'? Did they migrate directly to Canada or did they come via another (or more) country? Was their departure clandestine or in the open? willing or forced? Which family members are still in their homeland? How do they feel about this? What (if any) family members died or were detained when they tried to come to Canada?*

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

*What do I know about this individual's or family's process of acculturation? How long have they been in this country? To what extent has the family and its individual members become acculturated to the host culture? Who hasn't become acculturated? Who is the most acculturated?*

*Does this individual/family participate in activities with other members of their cultural community? Does this take place at a community centre? a church? other venue?*

*What do I know about the way in which this culture organizes or structures its kinship groupings? What don't I know? How can I get this information? Who is included within the family boundary? Is it just the 'nuclear family'? Does it include other relatives? Is it a three (or more) generational model? What is the dominant dyad within this family as it has been described? Is it: father-son, husband-wife, mother-son, mother-daughter, brother-brother, etc.? What other dyads are important to bear in mind?*

*Has the family process been disrupted in any way? How has this affected the dominant dyad? The subdominant dyad?*

*What are my cultural biases, values, etc.? What are the cultural and/or philosophical biases and values, of the therapeutic models or interventions which I may wish to employ? Do these fit with what I know to be the values of my client?*

### **Levels of Inter-Cultural Awareness and Competency.**

Although the terminology varies between writers, the literature on cross-cultural counselling describes the development of cultural awareness as proceeding from a state of "Unawareness" to "Transcendent Awareness". The challenge facing the spiritual care provider is to reflect on his/her experience(s) with clients so as to develop in his/her ability to work with persons from other cultures. In some cases this may mean reflecting on the life, values, and experiences of the client (and his/her culture), in other cases it may mean challenging the trainee to reflect on his/her own culturally defined assumptions and biases. The intent of such a challenge would be to encourage the spiritual care provider to explore how his/her values influence (positively or negatively) his/her interactions with clients. Two additional points need to be made about this developmental process. First, this process applies to each and every culture a spiritual care provider is asked to work with. Knowledge of and competency with one cultural community does not automatically translate into competency in working with another cultural community. Second, spiritual care providers cannot expect to achieve an equal level of cultural competence with every cultural community they come into contact with. Indeed, thus we approach the work of intercultural ministry with a sense of deep humility that is informed by the realization that while we may gain consolidated awareness of one or two cultures there are many more cultures concerning which we know virtually nothing.

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

### Unawareness

A spiritual care provider at this level assumes all people are basically the same. While there are many commonalities between cultures there are also significant points of difference. The provider who overemphasizes sameness, that which is common or similar between cultures or faith systems, will in all likelihood lose sight of the distinctions of between individuals and between cultural and faith communities. The major task at this level of intercultural awareness is to begin to recognize that at least some differences between groups are significant and need to be understood. It is as the spiritual care provider becomes aware of these differences that s/he begins to learn about both customs that are significant to the client as well important cultural sensitivities (e.g. taboos). This process of learning extends through to the level of consolidated awareness.

### Beginning Awareness

In this phase the spiritual care provider is somewhat aware of cultural differences (i.e. behaviours) but lacks any awareness of the values which inform those behaviours. Augsburger (1986, p.26) describes this level as an "awareness of superficial or very visible cultural traits". At this level other cultures are perceived as being: unbelievable, exotic, bizarre, intriguing, exciting, etc.. Lartey (2006, p.9) notes this phase is characterized by feelings of confusion, rejection, helplessness, and bewilderment. The task at this level is to look beyond the obvious (i.e. manifested behaviour) and consider the function which "different" behaviours might serve. What function, for example, is served by a strong father-son dyad in a rural hunter-agrarian society? What values might this behaviour support in that context?

A danger in the second and third levels of cultural awareness is that *all* differences are attributed to culture. When this happens culture can become either an excuse/restraint for behaviours which are problematic or a scapegoat on which is placed the blame for problematic behaviours. In both cases the effect is that individual choice, responsibility and individual psychology are minimized. One of the challenges, therefore, at these stages is to ensure that the spiritual care provider's perception of the client is one in which the client's individual and cultural identities are balanced. The spiritual care provider must therefore be aware when stereotyping and/or cultural knowledge may bias him/her so as to overlook contextual and individual variables or needs.

### Conscious Awareness

In this phase the spiritual care provider is not only aware of culturally different behaviours, s/he is also beginning to become aware that these behaviours are informed by culturally specific values or beliefs. This awareness applies equally to the spiritual care provider's personal behaviour and cultural identity as well as to that of his/her client(s). Lartey (2006, p.9) characterizes this phase as "understanding the system." Augsburger (1986, p.26) describes this level as an "Awareness of significant and subtle cultural traits that contrast markedly with one's own." This level of awareness is often gained as a result of culture-conflict situations and may be accompanied by a sense of frustration.

## **KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY**

Clarification of the spiritual care provider's and client's goals and expectations is critical at this level of development. Spiritual care providers in this stage of intercultural awareness are advised to consult with the client, as well as with a cultural informant, to identify expectations and values which are being frustrated. Providers at this stage of intercultural awareness may require support and guidance as they discern that the things they value for the client are not the things the client values for him/herself. Unless there are strong and compelling legal ethical issues (i.e. child abuse) it is most beneficial at this stage to consider things from the client's perspective.

### **Consolidated Awareness**

In this phase the spiritual care provider begins to integrate or consolidate what they know of themselves and others with a view to developing a 'multi-cultural' identity. In so doing, the spiritual care provider is able to identify both the negative and positive aspects of his/her own culture as well as and the client's culture. It is important to highlight that while the care giver may now possess an ability to describe both cultures his/her perspective is still that of an outsider. In addition to this the spiritual care provider develops the ability to discern between those elements which are "individual" and those which are "cultural". Augsburger (1986, p.26) describes this level as an "awareness of the meanings of the cultural traits that contrast sharply with one's own." For Lartey (2006, p.9) this is the point where the person is able to live within the system as s/he participates in the customs and rites of the culture.

Spiritual care providers at this level reflect on the 'meanings' attributed to behaviours, opinions etc.. At this point the spiritual care provider ought to be able to differentiate between the client's individual and cultural identities and to be able to work with each (separately and together). Movement through this phase and into the next occurs when the spiritual care provider begins to experience the client's culture from "within the culture."

### **Transcendent or Transcultural Awareness**

At this phase the spiritual care provider seeks to employ his/her therapeutic skills in a culturally appropriate manner with clients from a variety of cultural communities. Augsburger (1986, p.26) describes this level as an "Awareness of how another culture feels from the standpoint of an insider." This is the level of cultural immersion where the spiritual care provider is able to live the culture. At this level the care provider has experiential (subjective) familiarity with the culture. According to Augsburger this moves the spiritual care provider beyond sympathy and empathy to "Interpathy" (1986, p.27-35). Lartey (2006, p.9) characterizes this level of development as one in which the person's knowledge of the culture is such that they possess, and are able to use, authority within the culture. This is an earned authority based on the person's acculturation as opposed to an imputed authority conferred by virtue of his/her role, education, etc.

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

### Film Resources (selected)

- The American Experience: Becoming an American* – presents the experiences of three American families to illustrate the process of change and assimilation which all immigrants face.
- Becoming American* – portrays the story of a Laotian refugee family in the United States.
- City of Joy* – set in India, this film portrays a western trained medic who lives and works among India's poor.
- Double Exposure* - reflects on the challenges a young Chinese immigrant girl trying to understand the differences in customs, social values and traditions between her Chinese past and American present.
- Dr. Lucille: The Lucy Teasdale Story* – this film educates the viewers on the deteriorating living conditions, including the dramatic increase in AIDS, in Uganda and other developing countries .
- Harvest of Fire* – portrays the story of a female “English” FBI agent sent to investigate a series of arsons in an Amish community.
- Journey of Hope* – portrays the story of a family of illegal immigrants and the difficulties of their journey from Turkey to Switzerland.
- Molokai* – the story of father Damien who lived in a leper colony in Hawaii
- A Tajik Woman* - explores challenges faced by Muslim women from Afghanistan and Iran living in the United States. Among the issues examined are: war and revolution, loss of homeland, and religious values values.

### Intercultural Ministry / Counseling: Selected Annotated Reference List

- Augsburger, D.W. (1986). *Pastoral counseling across cultures*. Philadelphia: Westminster.  
The focus of this book is to map the territory rather than develop a specific methodology for intercultural spiritual care. Provides a comprehensive introduction to major themes that arise in the work of intercultural spiritual care.
- Augsburger, D.W. (1992). *Conflict mediation across culture*. Philadelphia: Westminster.  
Develops a comprehensive intercultural model both for understanding conflict as well as the work of mediation. Well illustrated with case examples.
- Farris, J.R. (2002). *International perspectives on pastoral counseling*. Binghamton, NY: Haworth.  
An important collection of essays written by individuals with ministry experience outside of North America and Europe. These essays provide insights that can guide the work of spiritual care with individuals from other cultures.
- Hesselgrave, D. (1984). *Counselling cross-culturally*. Grand Rapids, MI: Baker.  
An introduction to the work of intercultural spiritual care written by a missiologist. Reflects a conservative Christian perspective.
- Ivey, A.E. (ed); Ivey, M.B. (ed), & Simek-Morgan, L. (ed). (1997). *Counselling and psychotherapy: A multicultural perspective*. 4<sup>th</sup> ed. Boston: Allyn and Bacon.

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

A solid introductory text on the methodologies and challenges of intercultural counseling and psychotherapy.

Lartey, E.Y. (1997) *In living colour: An intercultural approach to pastoral care and counselling*. London, ENG: Cassell.

The author explores the complexities of ministering to individuals whose lives have been shaped by a cultural or social context that is significantly different from that of the spiritual care provider. This text reflects both Clinebell's influence as well as an interest in separating the practice of spiritual care from the Western Christian tradition.

Lartey, E.Y. (2006) *Pastoral theology in an intercultural world*. Cleveland, OH: Pilgrim Press.

This book explores the theological and existential tensions of ministry in a post-modern global context. The author locates the practice of pastoral theology within a matrix of polarities (e.g. individual and community, intrapsychic and the interpersonal, the emotional and the economic, illness and health, scripture and experience, theory and praxis, self and other, not to mention relativism and essentialism). Through this exploration the author invites the pastoral practitioner to espouse a theology of ministry that recognizes cultural diversity and embraces the tensions of ministry in the 21<sup>st</sup> century.

McGoldrick, M. (ed), Pearce, J.K. (ed), & Giordano, J. (ed). (1982). *Ethnicity and family therapy*. New York: Guilford.

This text, along with the two revised editions that have been released, is an excellent guide for discovering how marriage and family life is shaped by culture. While each edition of the text contains chapters not contained in the other chapters, the beginner will find any edition is worthwhile consulting.

Pedersen, P.. (1995). *The five stages of culture shock: Critical incidents around the world*.

Westport, CN: Greenwood Press.

This text explores the phenomenon of cultural transition with a view to informing the practitioner as to how to best respond to those who are in transition.

Sue, D.W., & Sue, D. (1990). *Counselling the culturally different: Theory and practice* (2nd. ed.). New York: Wiley.

This is another solid introductory text on the methodologies and challenges of intercultural counseling and psychotherapy.

van der Veer, G. (1992). *Counselling and therapy with refugees: Psychological problems of victims of war, torture, and repression*. Chichester, NY: Wiley.

This is a valuable text for those who work with refugees and victims of cultural violence.

Wicks, R.J. (ed), & Estadt, B.K. (ed.). (1993). *Pastoral counseling in a global church: Voices from the field*. Maryknoll, NY: Orbis Books.

A series of brief chapters describing the spread of the CPE movement around the globe. One of the strengths of this text is its ability to demonstrate how spiritual care providers in various cultures have sought to contextualize the work of spiritual care to meet the distinct issues faced within these communities.

## **KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY**

### **Religion, Spirituality and Inter-Cultural Competence**

Given the role that religion and spirituality play in most cultures a vital dimension of inter-cultural competency entails the care-giver's ability to work with persons who embrace religious and spiritual perspectives which are different from those of the care-giver. Indeed, a 2003 consultation on marriage in African-American communities resulted in a recommendation that "cultural competence should be expanded to include the significance of spiritual resources and grounds for marriage and family norms" (Franklin, 2005, p. 45).

Historically, religion has been understood to be "a broadband construct, that encompasses the individual as well as the institutional, the functional as well as the substantive, and the good as well as the bad" (Pargament, 1999, p.5). The value of this definition is the fact it is inclusive of both individual and corporate formulations of religious beliefs, as well as the role, rituals, and effect of the religion within and on the life of an individual or community. In recent years, however, there has been a tendency to separate individual and informal expressions of spiritual beliefs from corporate and formalized institutional expressions. As a result religion tends to be equated with the institutional and, in keeping with the value western society places on the individual, religion has sometimes been equated with that which limits and inhibits people (Pargament, 1999, p.6).

This narrowing of definitions may also be observed in discussions of spirituality where the tendency is to differentiate it from religion by emphasizing the individual (Pargament, 1999, p.6). While writers such as Fowler (1981) make an excellent case for the development of a personal faith perspective, the move to separate religion and spirituality is not without its difficulties. For example, a theory of spirituality that is set against religion can become ungrounded (Pargament, 1999, p. 7-8) and/or polarize the individual and the institutional, resulting in a good-bad polarization – often with the individual (spiritual) characterized as being "good" (Pargament, 1999, p. 8-10).

### **Developing Inter-Faith Competency**

The Association for Spiritual, Ethical, and Religious Values in Counseling has identified nine competencies for engaging spiritual themes in counseling (below). These relate to three broad areas of understanding, the nature and role of spirituality, the practitioner's self-awareness of his/her spiritual values, and the spiritual care provider's awareness of the client's spiritual values and his/her manner of dealing with these.

#### **Culture and Worldview**

1. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.
2. The professional counselor recognizes that the client's beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

### **Counselor Self-Awareness**

3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.
4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.
5. The professional counselor can identify the limits of his or her understanding of the client's spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.

### **Human and Spiritual Development**

6. The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

### **Communication**

7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and that are acceptable to the client.
9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

### **Assessment**

10. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

### **Diagnosis and Treatment**

11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.
12. The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.
13. The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.
14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

*(ASERVIC, Competencies for Integrating Spirituality into Counseling)*

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

Case Study 1: Client M is a devout adherent to her faith, participates regularly in the activities of her faith community, and engages in spiritual activities on a daily basis. M's medical doctor referred her to B for counseling when she revealed she has been experiencing panic attacks. Although B was raised in a religious environment it was not at all like M's. As an adult B became disenchanted with her faith community. B is not currently connected to a faith community, she does not engage in any form of spiritual practice and considers herself to be an agnostic.<sup>4</sup>

Case Study 2: Client H was raised in an a-religious non-western household. For much of H's life his participation in the spiritual practices of his community had more to do with cultural identity than religious commitment. His wife, who is from the same cultural-religious community, is a very devout practitioner of her faith and has been encouraging him to participate in the spiritual practices of their faith tradition. Wanting to make her happy, and possibly recognizing a desire to explore his spirituality, H has begun to explore his spirituality. H's medical doctor referred him to T for counseling when he revealed he has been experiencing high levels of anxiety. T is a member of a different cultural community and is a devout Christian, participates regularly in the activities of her faith community, and engages in spiritual activities on a daily basis. Although T understands the importance of spirituality in her own life, she has no understanding of H's spiritual tradition, its teachings, values or practices.<sup>5</sup>

Effective spiritual care in these cases will begin by understanding the role of spirituality and religion within society and to differentiate between them (c.f. ASERVIC Competencies 1, 2 & 7). In Case Study 2 a spiritually sensitive individual would recognize the need to employ an understanding of spirituality and religion that is broader than his/her religious experience. In contrast, B (Case Study 1) will likely need to become attuned to a dimension of life she may tend to overlook or dismiss. As these spiritual care providers listen to their clients' stories they will learn the extent to which their clients identify with their respective faith communities as well as to how this identity is experienced in their interactions with others (c.f. ASERVIC Competencies 6, 10, 11 & 12). This exploratory work might be enhanced through the creation of a spiritual genogram, as in Case Study 2, or the creation of a spiritual ecomap, an exercise which might prove fruitful with both clients.<sup>6</sup> The goal in choosing to create a spiritual genogram might be to identify whether the individual's spiritual heritage contributes to, or may serve as a corrective to, the presenting problem. The purpose of a spiritual ecomap would be to locate the client within his/her current ecological/relational space. The goal of this exploration is to identify themes,

---

<sup>4</sup> This case study, along with the following discussion, is adapted from: K.F. Mutter & C.M. Neves. (October, 2008). A dialogical model for engaging spirituality in therapy. *Clinical Social Work Journal*.

<sup>5</sup> This case study, along with the following discussion, is adapted from: K.F. Mutter & C.M. Neves. (October, 2008). A dialogical model for engaging spirituality in therapy. *Clinical Social Work Journal*.

<sup>6</sup> For further information on the use of spiritual genograms and ecomaps the reader is directed to: M. W. Frame (2000). The spiritual genogram in family therapy. *Journal of Marital and Family Therapy*. 26(2), 211-216; D. R. Hodge. (2000). Spiritual ecomaps: A new diagrammatic tool for assessing marital and family spirituality. *Journal of Marital and Family Therapy*. 2000, 26(2). 217-228; D. R. Hodge. (2003). *Spiritual assessment: Handbook for helping professionals*. Botsford, CT: North American Association of Christians in Social Work; and, D. R., Hodge, & T. R. Williams. (2002). Assessing African American spirituality with spiritual ecomaps. *Families in Society*. 83(5/6). p. 585-595.

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

values, beliefs, etc. which can be used for the client's benefit within the spiritual care encounter (c.f. ASERVIC Competencies 13 & 14). While this does not mean the spiritual care provider has to be an expert in the client's spiritual tradition, it does invite the spiritual care provider to utilize the client's spirituality in much the same way s/he would engage the client's family of origin or social network as a therapeutic resource (c.f. ASERVIC Competencies 8 & 9).

Finally, the spiritual care provider needs to acknowledge (to him/herself) her/his connection to his/her specific socio-cultural community and how this experience shapes both his/her worldview as well as his/her response (whether positive or negative) to the client (c.f. ASERVIC Competencies 3, 4 & 5). In this way the spiritual care provider acknowledges his/her intrapersonal state with respect to spirituality and is better attuned to his/her responses to references to spirituality in the client's life narrative. Thus B might need to acknowledge that her attitude toward spiritual themes may be affected by past encounters with individuals who are very religious or very spiritual (Case Study 1). Similarly, a highly religious spiritual care provider such as T would need also to reflect on how her spiritual values color her view of her clients and shapes her responses to these individuals (Case Study 2).

### Spiritual Assessment

Assessment of the client's spirituality and religious values systems is an important component in working with spirituality and religion. Specifically, this process of assessment is geared towards identifying the nature of the client's spiritual and religious practices, the role these practices play in his/her life (e.g. are they a source of distress or comfort), the degree to which the individual may be connected to his/her community of faith, and whether the client's spiritual and religious practices may be utilized as resources for coping or change. As with other types of assessment, an assessment of spiritual and religious practices needs to be based on the factual evidence of the situation and related to the practitioner's theory of health or well-being.

A review of the literature reveals a variety of spiritual assessment tools, each of which explores a different dimension of the clients system of spiritual or religious practices and values. These approaches explore: the client's spiritual history (e.g., Hodge, 2003), the client's spiritual self in relation to others (e.g., Fitchett, 1993; Hodge, 2003), the client's engagement in spiritual and religious practices (e.g., Fitchett, 1993; Worthington et al., 2003), the role of the client's beliefs and values in providing meaning in his/her life (e.g., Fitchett, 1993; Puchalski & Romer, 2000).

**Reflection questions:** How do you define "spiritual health?"

- What do you understand to be the defining factors or elements that are characteristic of "spiritual health?"

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

### Helpful Questions for Discerning the Client's Spiritual/Religious Story

*What things give meaning to his/her life? Who or what provides the client with strength and hope? How would the client describe his/her philosophy of life? What is the client's faith or belief system? Does s/he consider him/her to be a spiritual or religious? How does his/her faith help the client cope with the present challenge (e.g., illness, disaster, etc.)? How does the client keep going day after day? What are the client's spiritual goals?*

*How does the client express his/her spirituality? Does the client pray? Read sacred texts? Other?*

*Are the client part of a spiritual or religious community? Does the client experience this community as being supportive? What type of spiritual/religious support does the client desire? What is the a role of religious community (e.g. church, synagogue, mosque) in the client's life? What is the name of the client's spiritual local leader (e.g. minister/pastor, rabbi, imam, priest)?*

### Varieties Of Religious Beliefs, Traditions And Rituals/Rites

If *spirituality* is descriptive of a person's (or community's) yearning for meaning, purpose or grounding in something that transcends the present reality while giving meaning to the present, then *religion* is descriptive of the manner in which a community is organized with a view to facilitating the spiritual quest or yearning of its members, and *faith* refers to the commitment individual members place in the tenets and practices of the religious community. These religious communities reflect a wide diversity of understanding with respect to the spiritual quest. Indeed, not only do systems of spiritual beliefs range from a-theism (e.g. Buddhism), to animism, to monotheism (e.g., Christianity, Islam, & Judaism), to a multi-theistic perspective, but these religious systems vary in terms of their understanding of authority, cosmogony, the means of salvation or spiritual transformation, the nature and content of revealed truth, and lifestyle requirements. As a result, the spiritual care provider will encounter individuals whose spiritual or religious belief systems will range from being very different from to very similar to the spiritual or religious beliefs of the care provider. Table 1 (next page) serves to illustrate this continuum of religious difference.

In light of such religious and spiritual variety, the spiritual care provider is advised to exercise caution whenever s/he engages individuals from outside his/her spiritual tradition. Specifically, the spiritual care provider would do well to bear the following challenges in mind. First, when working with those who appear to come from the same spiritual tradition, the spiritual care provider needs to be alert for the existence of seemingly subtle differences in beliefs or values that may significant to the care recipient. Blindness in these areas has the potential of undermining the care relationship.

Second, whenever one encounters someone from a spiritual tradition that is radically different than one's own, the spiritual care provider needs to ascertain the following. "What does the

**KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY**

spiritual care provider and/or the institution need to know about this person’s spiritual values and practices in order to support this person for the duration of his/her stay within the institution?” This information is best gathered from the care recipient and other members of the recipients spiritual community. In the absence of these resources, some of this information may be gathered from printed or on-line resources.

<b>Table 1</b>					
<b>A Typology of Religious Difference</b>					
<i>Relative Degree of difference</i>	<b>0</b> (least)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b> (greatest)
<i>Cosmogony</i>	Same	The same or similar	Similar	Similar	Differ
<i>Sacred Texts</i>	Same	Same Text, differing views on the use of the text.	Similar texts, some differences	Differ	Differ
<i>View of Salvation</i>	Same	Same or Similar	Differ	Differ	Differ
<i>Ethics / Lifestyle</i>	Same	Some similarities, also differences	Some similarities, also differences	Some similarities, many differences	Differ
<i>Examples</i>	Two groups sharing the same perspective	Conservative and Liberal variants of the same religious tradition	Christians and Jews	Jews and Muslims	Christians and other religions

Third, irrespective of the degree of difference between care provider’s and the care recipient’s spiritual traditions, the spiritual care provider is advised to ask, “Is this individual connected with his/her spiritual community? Would they prefer to have someone from this community coming to see them to provide spiritual care and/or minister the rites of their faith tradition?” In many cases the person desires the sense of comfort which comes from feeling connected to his/her own faith community. In some cases the degree of difference between the care provider and the care recipient requires a visit from someone who can authentically represent that faith tradition. In both situations, the spiritual care provider has fulfilled his/her role by facilitating the connection between the care recipient and his/her spiritual representative.

Finally, it is impossible for a spiritual care provider to be an expert in all systems of spiritual belief or religious practice. At best, the spiritual care practitioner may become conversant in the major spiritual traditions present within his/her immediate community. To obtain this information, the spiritual care provider can consult with cultural and religious leaders within the community as well as make use of print and on-line resources. More importantly, however, care providers do well to remember that being conversant in the beliefs, values and practices of a spiritual community may not always translate into being deemed (by the care recipient or his/her family) as qualified to provide a level of care that goes beyond that of visiting or conversation.

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

For this reason, spiritual care providers are advised to create relationships with persons within all faith traditions who are willing to minister the rites of that faith community to persons who have a need for these rites.

### Film Resources (selected)

*Beliefs and Believers* – (available on CD ROM and/or Streaming Video – depending on the source) a video-based course produced by Governors State University that takes a look at the nature and function of the religions and secular beliefs which comprise the major "worldviews." Included are: Hinduism, Buddhism, Taoism, Confucianism, Judaism, Christianity, Islam, Neo-Paganism, New Age religions, and Civil religion. Explores these worldviews in using six dimensions of study: mythic, experiential, doctrinal, ritual, ethical, and social.

*On Common Ground: America's Religious Diversity* – (available free online) discusses the growing presence of non-Christian faiths in America (e.g. Muslim, Buddhist, Hindu, Sikh and others) and suggests how people of all faiths should celebrate this rich diversity.

*Religious Diversity in America* – (DVD) explores the beliefs and the systems that guide America's religions, e.g. Judaism, Islam, Christianity, Hinduism and Buddhism.

### Multi-faith Ministry / Counselling: Annotated Reference List

\_\_\_\_\_. (1995). *Multifaith information manual*. Ontario Multifaith Council On Spiritual And Religious Care (OMCSRC).

Provides brief summaries of key beliefs and practices associated with a variety of religious communities within the Province of Ontario.

Dowd, E.T., & Nielsen, S.L. (eds.) (2006). *The psychologies in religion: Working with religious clients*. New York: Springer.

A collection of essays exploring the psychological assumptions within several of the major religious communities in North America. Included within this volume are essays focusing on: the sacramental Christian tradition, mainline Protestantism, conservative Christianity, Judaism, Islam, and spiritual traditions.

Kirkwood, N.A. (1993). *A hospital handbook on multiculturalism and religion*. Harrisburg, PA: Moorehouse.

Provides summaries of key doctrines and practices associated with a variety of religious communities.

Pargament, K.I. (2007). *Spiritually integrated psychotherapy*. New York: Guilford.

Pargament describes this book as a sequel to his *Psychology of Religion and Coping* (Guilford, 1997) and the culmination of a life of research and reflection. In this text he seeks to provide an empirically grounded approach to think about spirituality as the basis for the practice of psychotherapy.

Walsh, F. (ed.) (1999). *Spiritual resources in family therapy*. New York: Guilford.

Written from a Family Systems perspective, this collection of essays explores the roles of spirituality and religion in the families with a view to highlighting how spirituality can be used as a resource in the work of therapy.

## **KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY**

### **SUMMARY**

In the postmodern context, professionalism in the delivery of spiritual care is measured by the care-giver's capacity to enter into a respectful dialogue with individuals from other cultural and faith communities. At issue is not the comprehensiveness of the care-giver's knowledge of other traditions but rather his/her competence to humbly and collaboratively engage the "other" in ways that elicit the care recipient's understanding of his/her culture and spiritual values, beliefs, and community. The challenge, therefore, facing the spiritual care provider is to develop the skills required to engage others in what Lartey (2006) describes as "the difficult, respectful, dangerous and enigmatic encounter between autonomous, different but integrated persons self-aware and vulnerable in their full humanity" (p.137).

## KNOWLEDGE OF CULTURAL/RELIGIOUS DIVERSITY

### REFERENCES

- Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC). *Competencies for addressing Spiritual and Religious Issues in Counseling*. (Revised and Approved, 5/5/2009. © 5/5/09). Retrieved June 25, 2009. <http://www.ASERVIC.org>.
- Augsburger, D.W. (1986). *Pastoral counseling across cultures*. Philadelphia: Westminster.
- Buber, M. (1970). *I and thou*. New York: Charles Scribner's Sons.
- Fitchett, G. (1993). *Assessing spiritual needs: A guide for caregivers*. Minneapolis: Augsburg.
- Fowler, J.W. (1981). *Stages of faith*. San Francisco: Harper and Row.
- Franklin, R.M. (2005). Healthy marriages in low-income African-American communities. *Family Ministry*, 19(3), 24- 56.
- Hahn, C. (2006-06-16). "Clear-cut concepts vs. methodological ritual: Etic and emic revisited" Paper presented at the annual meeting of the International Communication Association, Dresden International Congress Centre, Dresden, Germany. Online. [http://www.allacademic.com/meta/p92120\\_index.html](http://www.allacademic.com/meta/p92120_index.html) downloaded January 12, 2009.
- Hodge, D.R. (2003). *Spiritual assessment: Handbook for helping professionals*. Botsford, CT: North American Association of Christians in Social Work.
- Lartey, E.Y. (2006) *Pastoral theology in an intercultural world*. Cleveland, OH: Pilgrim Press.
- Mutter, K.F., & Neves, C.M. (October, 2008). A dialogical model for engaging spirituality in therapy. *Clinical Social Work Journal*. Published online. <http://dx.doi.org/10.1007/s10615-008-0178-9>.
- Pargament, K.I. (1999). The psychology of religion and spirituality? Yes and no. *The International Journal For The Psychology Of Religion*, 9(1), 3-16.
- Puchalski, C.M., Romer, A.L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine*. 3:129-37.
- Worthington, E.L., Jr.; Wade, N.G., Hight, T.L., Ripley, J.S., McCullough, M.E., Berry, J.W., Schmitt, M.M., Berry J.T., Bursley, K.H., & O'Connor, L. (2003) The religious commitment inventory-10: development, refinement, and validation of a brief scale for research and counseling. *Journal of Counseling Psychology*. 50(1), 84-96.