

VU Research Portal

Interfaith spiritual care

Liefbroer, A.I.

2020

document version

Publisher's PDF, also known as Version of record

[Link to publication in VU Research Portal](#)

citation for published version (APA)

Liefbroer, A. I. (2020). *Interfaith spiritual care*. [PhD-Thesis - Research and graduation internal, Vrije Universiteit Amsterdam].

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

E-mail address:

vuresearchportal.ub@vu.nl

Summary

In multicultural and multifaith societies spiritual caregivers frequently care for patients/clients with a religious, spiritual or secular orientation that differs from their own. This dissertation focuses on the role of such differences for spiritual caregiving by answering the question ‘*What is the role of faith differences in spiritual care provision?*’ Four sub questions are formulated to answer this main question: 1) What is known about interfaith spiritual care and what central issues are at stake? 2) What are spiritual caregivers’ perspectives on interfaith spiritual care? 3) What are clients’ perspectives on interfaith spiritual care? and 4) What does interfaith spiritual care look like in practice? After describing the answers to these four questions, a general conclusion is presented.

To investigate what is known about interfaith spiritual care and what issues are at stake, chapter two and three analyze data identified through a systematic review of the literature. Chapter two reviews the empirical literature on interfaith spiritual care (ISC) in professional caring relationships. A systematic search in electronic databases is conducted to identify empirical studies published after 2000. Twenty-two studies were included. The quality of the included studies is assessed, and their results are thematically analyzed. The majority of studies are conducted in North America, mainly using qualitative methods and focusing on professional caregivers, who had a variety of professional and spiritual backgrounds. Based on these empirical, two core categories are distinguished. First, there are reasons for (not) wanting to provide ISC (‘normativity’). These include a universalist approach in which the caregiver’s identity is characterized by an open attitude to a variety of faiths, and a particularist approach characterizing the caregiver’s identity by a clear connection to a particular faith. Second, reasons for (not) being able to provide ISC are identified (‘capacity’). These encompass the competences that health care professionals may need when providing ISC, such as strategies and knowledge of various faiths, as well as contextual possibilities and restraints, such as language differences and institutional funding. This systematic review identifies gaps in the literature and indicates that future studies have to explore client perspectives on ISC.

Chapter three aims to rethink the integration of spiritual care into healthcare in spiritually plural societies. Based on the theoretical literature identified in the systematic review, we analyzed 74 studies and distinguish four positions regarding the integration of spiritual care into healthcare. These positions are described following two central questions: (a) Who should provide spiritual care? and (b) What is the role of caregivers’ spirituality when

providing spiritual care? Based on these two questions, there are generalist-particularists who see the spiritual domain as a field to be addressed by all professional caregivers and in which caregivers' own spiritual orientations play a vital role; generalist-universalists who advocate for all caregivers to provide spiritual care regardless of these caregivers' spiritual orientations; specialist-particularists who argue that experts should address the spiritual domain in light of their own spiritual orientations; and specialist-universalists who call for experts to provide spiritual care regardless of their spiritual orientations. We argue that these four positions give different weight to the professional, personal, and confessional roles of the spiritual caregiver. Each position has different implications for integrating spiritual care in a situation with many religious and spiritual differences between caregivers and clients. Following the literature reviewed in chapters two and three, a main question raised is how caregivers and clients perceive spiritual care encounters when they share the same faith compared to when they hold different faiths.

Chapter four and five explore spiritual caregivers' perspectives on interfaith spiritual care. Based on a survey among 208 spiritual caregivers in a secularized, European country (the Netherlands), chapter four investigates how religious and spiritual (R/S) diversity is dealt with by spiritual caregivers working in healthcare settings, the military, and prisons. Overall, the results indicate that most spiritual caregivers are willing and feel able to provide spiritual care to those holding a different R/S orientation than their own. Furthermore, this study shows how spiritual caregivers' personal as well as organizational factors relate to attitudes to R/S diversity. Spiritual caregivers who draw from several religious traditions in their lives have more positive views on spiritual caregiving to clients with another R/S orientation than theirs than those drawing from none or a single tradition. Authorization by a religious or Humanistic institution seldom relates to how R/S diversity is perceived. Rather, it is the position of spiritual caregivers within various organizational settings and the way in which spiritual caregivers work that matters.

Since spiritual caregivers from a Buddhist, Muslim, and Hindu tradition are few or absent in the conducted survey, chapter five considers perspectives on interfaith spiritual care from each of these traditions. Based on theoretical reflections, for each of these traditions the developments of spiritual care in the Netherlands are described, followed by a description of the characteristics of spiritual care as seen from these traditions, and a discussion of the implications of working authorized by that tradition for providing spiritual care to clients with a different R/S orientation. A comparison of these three perspectives indicates that, although

the faith-specific content of each tradition differs, several parallels can be drawn regarding the roles and practices of spiritual care provision. From a Buddhist perspective providing interfaith spiritual care seems to have been common practice from its origin, whereas spiritual caregiving from an Islamic and Hindu perspective primarily focused on adherents of the same faith tradition. However, possibilities for interfaith spiritual care provision are identified within these perspectives as well.

Chapter six and seven aim to investigate clients' perspectives on interfaith spiritual care. Some literature suggests that similarities in faith orientation between caregivers and clients relate to better professional caring relationships than encounters with dissimilar faith orientations, while other studies suggest that faith similarities do not, or only under certain conditions, relate to the way in which professional caring relationships are perceived. Chapter six supports the second line of thought: based on a survey among 209 clients and 45 chaplains in hospitals in the Netherlands, it shows that faith (dis)concordance in the chaplain-client interaction does not significantly relate to clients' evaluations of spiritual care encounters. In other words, clients evaluate interactions with chaplains who affiliated with a different faith tradition equally positive as interactions with chaplains who share the clients' faith. Furthermore, whether clients affiliate with the same or a different faith as the chaplain does not significantly matter for the way in which they experience the chaplain (i.e., as spiritual guide, counselor, or companion) nor for the activities that take place during the conversation (e.g., listening, speaking, praying, performing rituals). Also, this study does not provide empirical evidence that clients in same faith encounters discuss ultimate concerns more often than when in faith discordant encounters.

Chapter seven further examines the notion of *interfaith* encounters by describing an exploration of the phenomenon of 'multiple religious belonging'; a phenomenon in which people combine elements of various religious traditions in their lives. This exploration was conducted to gain more insight into multifaceted perspectives on *faith*, and into the variety of sources that may be important to clients drawing from such diverse traditions. Data for this exploration were collected among a sample of people who were likely to draw from various religious traditions in their lives. Based on a survey among 472 visitors of Dominican spiritual centers in the Netherlands, this chapter investigates to what extent and in what ways such visitors combine elements from more than one religious tradition in their lives, and what they perceive to be the benefits of combining elements. It links this information to their views on religion, the resources they draw from, their (religiously diverse) networks, and their motivations for attending spiritual activities. The results indicate that visitors who combine

elements from more than one religious tradition ('combiners') are more likely than 'non-combiners' to: a) see religion as something that is constantly changing during the life course; b) have networks which are religiously diverse; c) place importance on nature, in-depth conversations, personal rituals or practices, and theological, philosophical, and spiritual texts as resources; d) be motivated to attend spiritual centers because of a focus on self-exploration. This study suggests that, for these visitors, their faith develops in a personal and dynamic way, in which a variety of sources may be drawn from, including religious and non-religious or secular ones.

In chapter eight the focus is on what interfaith spiritual care looks like in practice. Based on an analysis of audio records of 34 spiritual caregiver-patient interactions, this chapter describes communication techniques used by spiritual caregivers to address existential themes in conversations with patients with various R/S orientations. A model with four quadrants is developed that describes these communication techniques according to two aspects that are particularly relevant. The first regards the extent to which spiritual caregivers comply with the patient's R/S orientation. These include confirming techniques, such as agreeing to and complimenting the patient's R/S orientation, or questioning techniques, such as asking in-depth or critical questions. The second concerns the extent to which spiritual caregivers disclose their own R/S orientation. These include techniques in which the spiritual caregivers' R/S orientation is disclosed, for instance by emphasizing commonalities or differences and by sharing narratives, and communication techniques that do not disclose this, such as by listening or paraphrasing. Overall, communication techniques from all four quadrants are used by spiritual caregivers, both in same and interfaith encounters. This suggests that a similar set of communication techniques is used when spiritual caregivers encounter patients with the same and with a different R/S orientation as theirs.

To conclude, the answer to the question '*What is the role of religious and spiritual differences in spiritual care provision?*' is a multifaceted one. Based on existing literature (chapters two and three), two main positions are distinguished. For those holding a particularist view on spiritual caregiving, a caregiver's own religious or spiritual orientation is important for providing spiritual care, and, consequently, plays an important role for spiritual care in an interfaith context. By contrast, for those holding a universalist view on spiritual caregiving, generic, universal aspects of spiritual caregiving is focused on, and the caregiver's own religious or spiritual orientation is of much less importance for the practice of interfaith spiritual

care. The survey among Dutch spiritual caregivers (chapter four) suggests that—although there are differences with regard to spiritual caregivers’ personal and organizational characteristics—most spiritual caregivers are willing and feel able to provide spiritual care to those having a different religious or spiritual orientation than their own. Also, the exploration of Buddhist, Muslim, and Hindu perspectives suggests that there may be opportunities for providing interfaith spiritual care by spiritual caregivers within these traditions as well (chapter five). The examination of clients’ perspectives shows that, overall, clients’ appreciation of the spiritual care encounter is not higher when they affiliate with the same faith as their spiritual caregiver compared to when they affiliate with a different faith (chapter six). This may be explained by the finding that, for many, faith evolves in dynamic ways, and they may draw from a variety of sources rather than from one religious tradition (chapter seven). In the interaction between clients and spiritual caregivers (chapter eight), no obvious differences with regard to spiritual caregivers’ communication techniques are identified. Therefore, this dissertation indicates that, although religious and spiritual differences may play a role with regard to certain faith-specific roles and acts, in most spiritual care practices religious and spiritual differences with regard to spiritual caregivers’ and clients’ religious affiliation play a minor role. These findings suggest that religion and spirituality in relation to faith traditions are not (or no longer) of central importance to the practice of spiritual care, and that spiritual care in pluralized and secularized society is mainly about existential themes in a broader sense. Also, it suggests that spiritual caregivers usually deal with religious and spiritual differences without difficulty by addressing existential themes in a general rather than faith-specific manner.